## CONSULTATION QUESTIONS

### Overall Approach

This consultation reflects a continuation and development of the Scottish Government's current approach for mental health. There is a general consensus that the broad direction is right but **we want to consult on:**

- The overall structure of the Strategy, which has been organised under 14 broad outcomes and whether these are the right outcomes;
- Whether there are any gaps in the key challenges identified;
- In addition to existing work, what further actions should be prioritised to help us to meet these challenges.

The Royal College of Nursing (RCN) is the UK's largest professional association and union for nurses with around 400,000 members, of which over 38,500 are in Scotland. Nurses and health care support workers make up the majority of those working in health services and their contribution is vital to delivery of the Scottish Government's health policy objectives.

The RCN welcomes the fact that the Government is developing a renewed strategy for mental health in Scotland, and appreciate the opportunity to comment on the draft so far. The general view from RCN members is that the strategy represents an impressive overview of the good progress made to date in many areas of mental health but that the future strategy is far too NHS-service focussed to deliver on its aspirations. We discuss this point in greater detail in our response. Furthermore, the strategy feels in isolation from other significant key strategies, such as those focused on alcohol, housing, employment, the criminal justice system and education. Generating the links and relationships between sectors is a key role for Government, and will provide the national leadership/guidance required to support local areas to implement the changes required.

This strategy must build more explicitly on the momentum behind the drive to integrate health and social care to ensure mental health is embedded within a whole-systems approach to the delivery of care. Mental health as a field of practice also has many good practice examples to share with the wider integration agenda and should be seen as an important stakeholder in the development of the proposals for integration.

RCN members consider the 14 broad outcomes as a sound set of outcomes. However, the public sector is already expected to deliver upon a wide range of existing outcomes, targets and indicators. The Scottish Government could better support practitioners by ensuring consistency and a joined-up approach across all existing performance management systems, rather than adding significant additional priorities.

Finally, whilst many of the consultation questions ask for new ideas to deliver against stated outcomes, the RCN is clear that in many cases the Scottish Government and its local partners would do well to continue to emphasise existing good practice and positive approaches. Innovation will not be the answer in all cases.

**Improvement Challenge Type 1**

**We know where we are trying to get to and what needs to happen to get us there, but there are significant challenges attached to implementing the changes.** An example of this is the implementation of the Dementia Strategy. There is a consensus that services for people with dementia are often not good enough and we already know about a range of actions that will improve outcomes. However some of these changes involve redesigning the way services are provided across organisational boundaries and there are significant challenges attached to doing this.

Question 1: In these situations, we are keen to understand whether there is any additional action that could be taken at a national level to support local areas to implement the required changes.

Mental health cuts across almost every policy area, and as such the Scottish Government has a real opportunity to bring about meaningful change by embedding mental health activity more explicitly across all of its work. There are many risk factors to developing poor mental health: unemployment, poverty, inequality, discrimination, poor housing, poor early years, violence, abuse, drug and alcohol abuse and poor physical health. The strategy needs to recognise the impact of all of these issues on mental wellbeing and the role that all sectors can play in ameliorating their detrimental impact on mental health.

We believe that, in its current form, the strategy is too heavily concentrated on aspects of NHS service delivery and the HEAT performance management framework and that this wrongly reinforces a message that mental health is only the business of the NHS. Supporting local areas to work collaboratively with service users, across organisational boundaries, must be supported by an emphasis on partnership approaches at governmental policy level and embedded across all targets and outcomes set for the public sector, including Single Outcome Agreements.

The strategy must be more clearly embedded in the current national drive to further integrate health and social care in Scotland. The significant service re-design that may accompany the Government's proposals for the integration of health and social care services will impact on mental health service provision. The RCN would welcome clarity from the Scottish Government how it envisions the strategy will support local areas to implement more collaborative health and social care services.

**Improvement Challenge Type 2**

**We know we need to improve service provision or that there is a gap in existing provision, but we do not yet know what changes would deliver better outcomes.** Supporting services to improve care for people with developmental disorders or trauma are two areas where further work is needed to identify exactly what needs to happen to deliver improved outcomes.

Question 2: In these situations, we are keen to get your views on what needs to happen next to develop a better understanding of what changes would deliver better outcomes.

This question needs to take into account the current financial context. During the lifetime of this strategy organisational and family budgets will be under real pressure, impacting on the ability to deliver services but also the demand for support services. In the current climate marrying efficiency with effectiveness in service delivery is clearly essential. The work of the mental health pathway task group within the Quality and Efficiency Support Team (QuEST) may therefore be a valuable source of information and support for how to increase productivity and efficiency with mental health in Scotland. The Government needs to give more detail about how QuEST will support the strategy's delivery. In addition the RCN is keen to understand, in the context of this strategy, how QuEST's work will link to the clinically-focused re-design work that has moved to the remit of the Quality Alliance Board.

Meaningful outcomes are far from easy to define and measure and the approach is still relatively new to the public sector. We do not yet have sufficiently strong evidence on which to base the efficient allocation of overall public budgets on the basis of improved outcomes alone. The RCN would support the Scottish Government in taking a lead on gathering and commissioning further research and evaluation in this area to ensure limited resources are wisely spent.

It is also important for the Government to recognise that outcomes are influenced by issues such as staffing and skill mix; internal processes such as team work; and safety systems and supervision[1,2]. NHS Scotland does have researched and tested tools on which to base workforce and workload planning for nurses. For the strategy to be successful, and to ensure it meets the ambitions of the Quality Strategy, these tools must be further developed and their implementation monitored by Government. The recent decision to cut the student nursing numbers by 10% is a short-sighted decision in light of the aspirations of this strategy.

**Outcome 1: People and communities act to protect and promote their mental health and reduce the likelihood that they will become unwell.**

[1] Plesk, P. E (2001) *Redesigning health care with insights from the science of complex adaptive systems. In: Crossing the quality chasm: a new health system for the 21st century*, Washington: National Academy Press

[2] RCN Guidance on safe nurse staffing levels in the UK (2010)

Question 3: Are there other actions we should be taking nationally to reduce self harm and suicide rates?

Economic pressures may have a significant impact on self-harm and suicide rates due to the exposure many more people will have to known risk factors for mental health problems such as unemployment, limited opportunities for work, poverty, stressful work environments, debt and financial strain.

Addressing rates of suicide and self-harm requires a population-based approach, as advocated by the National Suicide Prevention Working Group[3]. The new strategy should implement the recommendations of this group in full, which set out sensible, linked aims and objectives for different relevant stakeholders to impact on suicide and self-harm rates.

The Choose Life campaign should continue in its endeavours to train a wide range of relevant staff in suicide prevention, particularly focussing on people outside of mental health services given that most suicides are carried out by people not known to formal services[4].

The mental health strategy could explore the role of custody nurses in supporting the reduction of suicide and self-harm rates. Custody nurses, who work within police forces across the UK, have demonstrated their professional value and worth in respect of mental and physical health assessment, ongoing monitoring and evaluation of conditions in police custody, and appropriate referral to other services[5]. The RCN understands the evaluation of a three year pilot which introduced NHS nurses into the police custody environment in Tayside is due later this year. We would encourage the Government to look to these results in light of the possible impact of custody nurses on reducing self-harm and suicide rates, alongside their impact on other mental health issues.

Question 4: What further action can we take to continue to reduce the stigma of mental illness and ill health and to reduce discrimination?

The Scottish Government should continue to partner initiatives such as the Scottish Mental Health Arts & Film Festival (http://www.mhfestival.com) and fund work to raise awareness of mental health and mental health problems, for example through the *see me* campaign.

Reducing discrimination, and achieving equality of outcome, will require targeted support being available to the most excluded communities and individuals to achieve positive mental and physical health and wellbeing. This requires more than the NHS and social care services can provide. Transport, education, literacy support, housing and community networks are all also essential. The Government needs to ensure that decisions taken to reconfigure services which are key to the delivery of this aim, will take into

[3] Refreshing the National Strategy and Action Plan to Prevent Suicide in Scotland: report of the National Suicide Prevention Working Group (2010)

[4] National Confidential Inquiry into Suicide and Homicide by People with Mental Illness, Annual Report – England, Wales and Scotland (2011)

[5] Norman, A. British Journal of Nursing, 2010, Vol 19, No 21

account their impact on the most excluded people in local communities. The Government should also demonstrate how it is investing in the full range of support services needed to enable the most excluded members of our society to improve their mental and physical wellbeing.

Question 5: How do we build on the progress that *see me* has made in addressing stigma to address the challenges in engaging services to address discrimination?

In the RCN's view there is a continued need to maintain a high level national campaign able to keep the issue high on the radar and act as a resource for people to draw upon. However, the complexity of the issue suggests that the next stage requires broadening out of responsibility, including to the public sector, so that the stigma and discrimination experienced by people with mental health problems is more clearly integrated into actions to tackle fundamental sources of inequality. In planning for the next phase of the *see me* campaign, the management group should carry out an exercise to define what the campaign wants to achieve over the next 12 months.

The Scottish Government has already provided some important openings that *see me* could capitalise on. For example, Scotland's Economic Strategy emphasises the importance of mental wellbeing. Building on this platform, *see me* could develop strong links to employers and employment agencies with the aim of removing barriers faced by people with mental health problems to access to and retention of employment.

Question 6: What other actions should we be taking to support promotion of mental wellbeing for individuals and within communities?

Scotland needs to invest in a range of interventions in the area of mental health promotion, prevention and early intervention. Whilst the strategy clearly needs to widen its focus beyond healthcare, we are also clear that nursing has a prominent role to play here:

***Mental health nursing***

Mental health nursing has been guided by a national action plan – *Rights, Relationships and Recovery* (RRR) – since 2006. This has been a transformative programme promoting values-based and recovery-focused practice. Even now in 2012, however, there remain important actions to achieve within the RRR plan which the Scottish Government should ensure are delivered upon.

***Health visiting***

A growing body of evidence is demonstrating the significant impact of poor attachment and neglect on a child's physical, cognitive and socio-emotional development, which has lifelong effects into adulthood. Early interventions, when well planned and co-ordinated, reduce problems in later childhood,

promote self-care and resilience in communities, and prevent ill health occurring in the first place[6].

Health visitors are well placed both to identify families at risk, particularly mothers suffering from postnatal depression and to provide early interventions. A range of UK trials with interventions provided by health visitors have been positive: women were more likely to recover fully after 3 months; targeted ante-natal intervention with high-risk groups has been shown to reduce the average time mothers spent in a depressed state; and a combination of screening and psychologically informed sessions with health visitors was clinically effective 6 and 12 months after childbirth[7].

A study carried out by the universities of Leicester, Nottingham and Sheffield[8], has also demonstrated that post-natal depression can be *prevented* in new mothers who are attended by a health visitor trained in assessing psychological needs and offering psychological approaches based on cognitive behavioural or listening techniques. The project looked at over 2,000 women over 18 months and found that those who were attended by the specially trained health visitors were 30% less likely to develop depression six months after child birth compared with women receiving usual care.

Health visitors are uniquely placed to work with parents and families, building trusting relationships, enabling and facilitating behaviour and lifestyle changes for the benefit of babies and children. Positive outcomes have been demonstrated by evidence based parenting programmes involving health visitors or mental health nurses such as The Triple P – Positive Parenting Programme, Mellow Parenting and The Incredible Years. In addition the Family Nurse Partnership programme, now being rolled out across Scotland has been shown to have a positive effect on maternal and infant wellbeing outcomes.

Given its proven importance in early intervention, the RCN considers it essential that the Scottish Government continues to invest in health visiting and this should include ensuring that this strategy is fully aligned with the work of the Modernising Nursing in the Community Board.

Finally, whilst we emphasise our support for early years' intervention to deliver a step change in Scotland's mental wellbeing, the Scottish Government must more clearly support local partners in setting realistic priorities to ensure difficult decisions over resource allocations can be made transparently. In the current climate any decision to spend the sorts of money needed to effect significant change across the population is highly likely to result in other services losing current funding.

[6] The RCN's UK position on health visiting in the early years (July 2011)

[7] Mental health promotion and mental illness prevention: the economic case, Personal Social Services Research Unit, London School of Economics and Political Science (April 2011)

[8] Brugha et al. Universal prevention of depression in women postnatally: cluster randomised trial evidence in primary care, *Psychological Medicine (2010)v*

**Outcome 2: Action is focused on early years and childhood to respond quickly and to improve both short and long term outcomes.**

Question 7: What additional actions must we take to meet these challenges and improve access to CAMHS?

The School Nursing team play a central role here as is well-evidenced in the Health and Wellbeing in Schools Project[9]. The school nurse within the Belmont school cluster in Ayrshire & Arran provides monthly consultation sessions for education staff to raise their awareness of mental health issues in children and young people. Staff have embraced the opportunity to develop a better understanding of children in their class who were experiencing emotional difficulties and a number of school staff have been upskilled in early identification and intervention options. School staff now have increased confidence in dealing with young people who have mental health issues and their families and can help prevent inappropriate referrals to CAMHS and thus increase access for those that need CAMHS intervention.

There is a robust case for strengthening investment in mental health promotion in schools, building on current interventions in support of Curriculum for Excellence and Getting it Right for Every Child. Health and wellbeing is one of the eight curriculum areas of the Curriculum for Excellence, and is defined as mental, emotional, social and physical wellbeing. This provides an excellent opportunity to educate children and young people about mental health and make a real difference to their health throughout life.

There is little within the draft strategy that acknowledges the importance of upstream and early intervention actions to ensure a 'flying start' for children. A child's mental wellbeing is often a result of healthy development within a nurturing environment. Infants make emotional attachments and form relationships in the early years that lay the foundations for future mental health and may, therefore, prevent the development of mental health problems to the stage that they require formal CAMHS.

Interventions that support family life are therefore among the most effective. Indeed, it has been estimated that for every £1 spent on this, there is an £8 return[10]. Positive parenting programmes, such as Mellow, Incredible Years, Triple P, and intensive family support, such as the Family Nurse Partnership, help to promote emotional resilience in children and readiness for transition into education, adulthood and employment.

Question 8: What additional national support do NHS Boards need to support implementation of the HEAT target on access to specialist CAMHS?

RCN members report that additional measures to support NHS Boards to

[9] Health and Wellbeing in Schools Project Final Report, Scottish Government (2011)

[10] Supporting continued investment in mental health improvement in Scotland in an economic downturn, NHS Health Scotland (2011)

implement the CAMHS target, carried out nationally, could include having access to data on: re-referral rates; problem type so that an analysis can be carried out about who benefits most from attending CAMHS services and who may be more appropriately seen by other services; and qualitative data about user satisfaction. Funding is obviously also critical in increasing capacity of CAMHS.

**Outcome 3: People have an understanding of their own mental health and if they are not well take appropriate action themselves or by seeking help.**

Question 9: What further action do we need to take to enable people to take actions themselves to maintain and improve their mental health?

The Commission on the Future Delivery of Public Services[11] recommended that "in developing new patterns of service provision, public service organisations should increasingly develop and adopt positive approaches which build services around people and communities, their needs, aspirations, capacities and skills, and work to build up their autonomy and resilience". Building individual and community resilience may have a role to play in promoting individual and community mental health and wellbeing through encouraging people to utilise their strengths and assets and to forge supportive relationships with people in their communities.

There needs to be easy access to a range of easily understood self-help type approaches, which do not just focus on mental illness, but on the wider mental wellbeing needs of the individual. The RCN would support the development of the ability to self-refer to more 'low-level' services such as 'stress control' classes or services similar to the Crossreach Morven Day Centre in East Ayrshire. Access to the Day Centre can be made through a simple telephone call. The Day Centre provides varied therapeutic opportunities and support according to individual needs. One of the main focuses of the service is on enabling people to access and be part of their community.

Specific settings such as the workplace have an important role in promoting mental wellbeing. Substantial potential economic costs arise for employers – and for the public purse - from productivity losses due to depression and anxiety in the workforce. Employers need to raise awareness among their staff about the importance of mental health and make use of existing initiatives such as the Scottish Centre for Healthy Working Lives.

The Boorman Review[12] of NHS Health and Wellbeing highlighted the significant costs of staff ill health to the NHS and the impact on quality of care. It claimed that NHS sickness absence rates could be reduced by a third with an estimated annual cost saving of £555 million for the NHS in England, and made clear links between staff health and wellbeing and the patient experience and their safety and care. The review stated that investing in occupational health nursing was one of a range of preventative measures recommended to achieving an exemplar service that would mean

[11] http://www.scotland.gov.uk/Publications/2011/06/27154527/0
[12] Dr Steven Boorman Review of NHS Health and Wellbeing (2009)

3.4 million additional available working days a year, drastically cutting staff costs. The RCN fully endorses the priority given to mental health and wellbeing in the new Occupational Health and Safety Strategic Framework for NHS Scotland and considers that the Government should continue to support occupational health nursing as a key occupational health staff member.

Question 10: What approaches do we need to encourage people to seek help when they need to?

To encourage people to seek help when they need to, we must educate and raise awareness in the community. Activities already referred to in this response, such as school nursing input, will clearly help.

Community-based services such as the STEPS services[13] run by the NHS primary care mental health team in South East Glasgow have been designed to promote people taking ownership of their symptoms, identify mental illness as early as possible and help reduce the stigma and discrimination of stress, anxiety and depression. The STEPS programme is a suite of web-based resources, community groups, telephone advice lines and therapeutic services. Services in the community such as the Edinburgh Crisis Centre[14] also break down barriers and provide valuable 'safe houses' for people in immediate crisis. The Scottish Government should support development of, and share learning from, such frontline, community based services.

Through implementation of this strategy, if the Scottish Government can support a reduction in stigma, ensure information is available to help people decide what their options are, encourage the development of community-based support services that people can easily access, make people's experience of first contact with professionals positive on each occasion and ensure the right services are in place across Scotland and accessible to all, this should theoretically mean people will be encouraged to seek help when they need it.

**Outcome 4: First contact services work well for people seeking help, whether in crisis or otherwise, and people move on to assessment and treatment services quickly.**

Question 11: What changes are needed to the way in which we design services so we can identify mental illness and disorder as early as possible and ensure quick access to treatment?

The development of the Government's emerging plans in relation to the integration of health and social care is central to this question. As a key part of this, the Government and its partners must ensure people can access services through clear referral processes that provide them with timely and

[13] http://glasgowsteps.com/home.php
[14] http://www.edinburghcrisiscentre.org.uk/wordpress/

relevant interaction with the right staff. If service users are to receive high-quality, timely and smooth transition between staff groups and different services in this new landscape, traditional assumptions about professional control of access to services should be reviewed and referral pathways clarified. Eligibility criteria, where they must exist, should be transparent, consistent and equitable.

The Scottish Government must ensure that existing and new care pathways take account of an integrated service delivery landscape.

**Outcome 5: Appropriate, evidence-based care and treatment for mental illness is available when required and treatments are delivered safely and efficiently.**

Question 12: What support do NHS Boards and key partners need to apply service improvement approaches to reduce the amount of time spent on non-value adding activities?

NHS Boards and key partners need to engage with national programmes, such as QuEST and the Scottish Patient Safety Programme to support local activities that will enable increased efficiencies to be achieved and sustained. Consistent use of service improvement methodologies such as the Demand, Capacity, Activity, Queue (DCAQ), a tool set out in the Mental Health Collaborative Programme toolkit, would help to promote effective, efficient service delivery.

Investment is needed in IT systems to support transformational change in this area.

Question 13: What support do NHS Boards and key partners need to put Integrated Care Pathways into practice?

See answer to Q11.

In addition, RCN members report that a joined-up IT infrastructure across all relevant partners would go a long way to facilitate their use of Integrated Care Pathways and would promote partnership working.

We appreciate the Scottish Government is working on a joint health and social care IT strategy, due for delivery in 2014, and we hope that this will support the use of Integrated Care Pathways, and also more general moves to integrate care.

**Outcome 6: Care and treatment is focused on the whole person and their capability for growth, self-management and recovery.**

Question 14: How do we continue to develop service user involvement in service design and delivery and in the care provided?

As much good work is already underway locally, the Government could support frontline staff by supporting the evaluation of, and dissemination of learning from, projects which have successfully engaged service users.

For example, The Royal Edinburgh Self-Harm Service is managed by a Clinical Nurse Specialist (CNS) in Self-Harming Behaviours but was designed, and continues to be developed, by service users. The Self-Harm Service, running since 2005, is a multi-pronged approach to supporting in-patients at the Royal Edinburgh hospital who self-harm and staff who work with them. For in-patients, it offers an art-therapy initiative, access to support groups, and 1-2-1 carer support for those with loved ones who are inpatients. Key services offered have been developed in partnership between the CNS, service users and the British Red Cross, such as a self-camouflage clinic which provides specialist creams and powders to offer a way to cope with scarring and improve self-confidence. The service also supervises a women-only swimming group for those who are self-conscious due to scarring. All of these services were developed with and by users. The Self-Harm Service won an award in 2010[15]. This kind of approach should be shared as best practice in involving service users in the design of services.

The use of trained peer support workers, who have a lived experience of mental ill health, is advocated through *Rights, Relationships and Recovery* and is supported by RCN members working in mental health services. However, there are few currently in post[16]. An independent evaluation of the peer support worker role in five health board areas carried out on behalf of the Scottish Recovery Network[17] supports further roll out across Scotland. The RCN strongly asserts the value of peer support workers and believes their role and / or peer support practices must be maximised, supported and developed.

Question 15: What tools are needed to support service users, families, carers and staff to achieve mutually beneficial partnerships?

Wellness Recovery Action Planning (WRAP) offers a structured means by which people can maintain wellness and recovery while working to anticipate and reflect on crisis. RCN members working in mental health fully endorse tools such as WRAP and the Scottish Recovery Indicator as a means of enhancing their partnerships with service users and their families. The RCN believes they should continue to be invested in and rolled out across Scotland.

Carers save the Scottish economy £10.3 billion a year[18] and need support and recognition. *Caring Together: The Carers Strategy for Scotland 2010 –*

[15] http://www.principlesintopractice.net/PiP-Awards/AwardsProgramme2010-11/Serviceuserparticipationandinfluence.aspx

[16] Keeping Going – Rights, Relationships and Recovery Annual Report 2011

[17] Developing peer support worker roles: reflecting on experiences in Scotland, *Mental Health and Social Inclusion* Volume 14 Issue 3, August 2010.

[18] Carers Scotland http://www.carersuk.org/scotland [Facts and Figures page]

*2015* was a welcome introduction to the policy landscape in Scotland. Assessment of carers' needs should be routinely carried out as an integral part of care planning. The RCN believes it is a positive step forward that the updated Scottish Recovery Indicator tool now additionally provides for input and feedback from carers. Acknowledgement should be given to the fact that a carer or family members may also suffer periods of crisis because they can't cope with the person with mental illness. Periods of carer respite can save money in the system and in the long-term.

The Triangle of Care approach, developed by the Princess Royal Trust for Carers and mental health staff in England to improve carer engagement in acute inpatient and home treatment services, emphasises the need - in appropriate cases - for better involvement of carers and families in the care planning and treatment of people with mental health problems. RCN members consider the Triangle of Care contains a useful assessment tool to help achieve good carer engagement when there is express consent of the service user. This approach could usefully be rolled out across Scotland.

Advocacy organisations also have a key role to play in enabling service users use their voice in areas such as service redesign. The consultation document makes no mention of independent advocacy despite it being a right under the Mental Health (Care and Treatment) (Scotland) Act 2003 which the RCN considers an omission.

Question 16: How do we further embed and demonstrate the outcomes of person-centred and values-based approaches to providing care in mental health settings?

The 10 Essential Shared Capabilities (ESCs) continue to be an excellent resource supporting staff development across mental health services in Scotland. Mental health nurses in particular have embraced the 10 ESCs as a result of *Rights, Relationships and Recovery*. NES should continue its work to disseminate the 10 ESCs learning and training across all mental health settings.

Question 17: How do we encourage implementation of the new Scottish Recovery Indicator (SRI)?

Many mental health services are still considering the best way to fully implement the Scottish Recovery Indicator (SRI)[19]. *Rights, Relationships and Recovery – Keeping Going* rightly acknowledges the importance of supporting mental health nurses and other practitioners to use the SRI to continue to develop and hone their recovery-oriented practice. The RCN believes the Scottish Government should do all it can to support the Scottish Recovery Network to continue to deliver regional training programmes to support the roll out of the SRI tool. There also needs to be realistic performance targets set in relation to the completion of the tool and evidence that findings are acted upon.

[19] Evaluation of the Scottish Recovery Network, 2011

Question 18: How can the Scottish Recovery Network develop its effectiveness to support embedding recovery approaches across different professional groups?

The SRN needs a higher profile nationally and the Scottish Government can play a leading role here in endorsing and promoting its value. The Government could support the SRN in its delivery of the Realising Recovery training to all professional groups working in mental health by funding an increase in the number of Realising Recovery training facilitators across Scotland.

**Outcome 7: The role of family and carers as part of a system of care is understood and supported by professional staff.**

Question 19: How do we support families and carers to participate meaningfully in care and treatment?

See also our answer to Q15.

The starting point is for services to strive to engage with families and carers as equal partners in care, when the consent of service users is in place. It needs to be acknowledged that families are often expert at recognising relapse and should be supported to be involved in care planning. Equally, there are times when carers and families' views are in stark opposition to those of the service user and their meaningful participation becomes difficult. Professional staff have a clear role in recognising this dynamic and supporting the family accordingly. To assist in the process of gaining consent, people using services should be supported, when well, to plan how they would like to be treated if they become too unwell to make decisions about treatment and who is to be involved in their care in the future. To this end, advance statements have a significant role to play here.

In any circumstance, carers and families must be provided with easy access to appropriate, easily understood information about the relevant mental illness, services and care pathways at each stage of the care journey. Nurses have a key role to play in sign-posting and ensuring this information is provided in a timely fashion.

Question 20: What support do staff need to help them provide information for families and carers to enable families and carers to be involved in their relative's care?

RCN members are clear that there is often a genuine benefit to having families and carers as partners in care. But as described in our answer to Q19, family/carer involvement may not always be the wish of the service user, which must be respected.

Wider training and guidance for staff on the best ways to navigate these

conversations and on sharing appropriate, relevant, and easily understood information would be welcome. The Scottish Government could assist by identifying, analysing and helping to share good practice in this area.

**Outcome 8: The balance of community and inpatient services is appropriate to meet the needs of the population safely, efficiently and with good outcomes.**

Question 21: How can we capitalise on the knowledge and experience developed in those areas that have redesigned services to build up a national picture of what works to deliver better outcomes?

The RCN welcomes the Government's wish to learn from the variation in the number of acute psychiatric beds across Scotland, and what role community infrastructures and responses have to play in this. This may lend useful information about models of service provision and provide data to support decision-making, particular as the health and social care integration agenda develops.

In order to capitalise on the knowledge and experience from areas that have redesigned services, the learning needs to be captured and shared across Scotland in a consistent way. National networks that share learning and knowledge such as the Crisis Learning Network could be utilised as tools for this sharing of best practice.

The Mental Health Benchmarking Toolkit is also an important aid in the improvement of mental health service by using a range of data to compare key aspects of performance, monitor progress, identify gaps and identify opportunities for improvement across the NHS in Scotland. This type of toolkit could usefully be expanded to other relevant sectors in Scotland.

While early intervention and community services are essential, some people will always need hospital care. In-patient care needs to have a seamless connection with the community. Nurses have an important role to play here, as a key worker bridging the gap. Again, the Government must more clearly set the delivery of this strategy into the future development of integrated services.

In Forth Valley the Acute Adult Mental Health Unit provides a nurse-led 'step down/step up' service where patients can move quickly from an acute admission environment to a separate unit where there is still an emphasis on recovery from an acute illness, but in a more rehabilitative environment. Equally, if the illness intensifies, there is scope for the patient to have a rapid response and a short stay in an IPCU but can transfer directly back to the recovery unit once the symptoms stabilise. The unit won the acute in-patient services award from the Mental Health Nursing Forum in December 2010 as an example of best practice. Intensive home treatment teams and nurse-led community crisis services are also now opening positive options to service users and carers. The RCN supports further development of nurse-led step up-step down approaches.

**Outcome 9: The reach of mental health services is improved to give better access to minority and high risk groups and those who might not otherwise access services.**

Question 22: How do we ensure that information is used to monitor who is using services and to improve the accessibility of services?

See also our answer to Q4.

We need to ensure that there is consistent use of a core national data set that can be interrogated to inform redesign of services where access issues are identified.

Members have told us that it may be helpful to understand from a service user perspective why they use particular services. This could help to highlight some of the potential barriers that affect user participation in services. The Scottish Government could play a dissemination role here.

Question 23: How do we disseminate learning about what is important to make services accessible?

RCN members consider this could be done through a national best practice briefing process, stakeholder events, or through use of existing networks of professionals that share learning and best practice such as the Crisis Learning Network.

Question 24: In addition to services for older people, developmental disorders and trauma, are there other significant gaps in service provision?

RCN members report that there are specific gaps in service provision for: people with neurological mental health conditions such as Parkinson's and acquired brain injury; younger people with dementia; carers in need of respite and people with personality disorders.

**Outcome 10: Mental health services work well with other services such as learning disability and substance misuse and are integrated in other settings such as prisons, care homes and general medical settings.**

Question 25: In addition to the work already in place to support the National Dementia Demonstrator sites and Learning Disability CAMHS, what else do you think we should be doing nationally to support NHS Boards and their key partners to work together to deliver person centred care?

There should be more reference within the strategy to the role of collaborative, multi- agency and stakeholder involvement in the delivery of

person centred care. The current drive to further integrate health and social care in Scotland provides a significant opportunity for the Government to support NHS boards and their key partners to work more collaboratively together. The RCN looks forward to engaging with the Scottish Government in detail on its plans to increase collaboration in the delivery of adult health and social care over the course of 2012.

A key step in facilitating better joint working is to link and where possible share information sources. The 2009 Audit Scotland review of mental health services pointed out "different information systems are used by NHS Boards and councils and this limits their ability to deliver joined-up, responsive services"[20]. The fact that many IT systems are not compatible must be tackled. In addition, staff must have access to computers within their workplace to be able to carry out their IT duties, such as updating patient records, in a timely fashion.

Question 26: In addition to the proposed work in acute hospitals around people with dementia and the work identified above with female prisoners, are there any other actions that you think should be national priorities over the next 4 years to meet the challenge of providing an integrated approach to mental health service delivery?

To meet the challenge of providing an integrated approach to mental health service delivery, the RCN maintains that the Scottish Government has a role in ensuring the workforce is equipped with the right skills to deliver the health and care services needed. Please see our answer to Q29 for more detail.

**Outcome 11: The health and social care workforce has the skills and knowledge to undertake its duties effectively and displays appropriate attitudes and behaviours in their work with service users and carers.**

Question 27: How do we support implementation of *Promoting Excellence* across all health and social care settings?

The RCN supports the wider implementation of *Promoting Excellence*, which makes appropriate links to other frameworks such as the NHS Knowledge and Skills Framework, and to specific standards such as the Standards of Care for Dementia in Scotland which the RCN helped to develop.

A clear timetable for implementation of *Promoting Excellence* needs to be set out by Government. There needs to be a centrally driven process of monitoring of the delivery of the framework. This monitoring data could be published nationally, with partners held to account for making improvements.

[20] Overview of mental health services, Audit Scotland, 2009

Question 28: In addition to developing a survey to support NHS Boards' workforce planning around the psychological therapies HEAT target – are there any other surveys that would be helpful at a national level?

We have no further suggestions at this time.

Question 29: What are the other priorities for workforce development and planning over the next 4 years? What is needed to support this?

The Scottish Government must take full account of the workforce implications of implementing the new strategy within integrated teams, with a wider view that on the delivery of psychological therapies.

Nursing is key to the mental health agenda and delivery of the strategy. However, the Scottish Government intends to cut mental health student places by 10% for 2012/13. The RCN believes this is short-sighted and risks the long-term ambition to ensure we have a workforce fit to support improved mental health and wellbeing in Scotland.

The Government must ensure that links are made to other, parallel, workforce reviews such as the Modernising Nursing in the Community (MNiC) programme. Clearly, as nursing teams are key to the delivery of community healthcare, any proposed changes to models, processes, structures or priorities arising from the strategy must engage with this nursing review group urgently to ensure the workforce is fit to deliver.

The approach taken in *Rights, Relationships and Recovery* could be a useful resource for other sectors of the workforce. A clear example of this is the action plan for allied health professionals (AHPs) working in mental health, *Realising Potential*, which builds on the route set by RRR to carve out a specific, but complementary, path for AHPs.

Equally, we need to consider not only the development needs of those working in mental health services, but those of others working for large employers, such as teachers and police officers. A strategy for Scotland's mental health presents the opportunity to think about improving the mental health literacy of the Scottish workforce in general. Mental health and emotional support issues should be embedded as a core element within training/education in all educational/workforce settings, and must equip people with a genuine understanding of emotional wellbeing, resilience and recovery: not simply provide a list of diagnoses.

Question 30: How do we ensure that we have sustainable training capacity to deliver better access to psychological therapies?

Mental health nurses are well-placed to deliver psychological therapies and many in Scotland have received training to do so. They will be critical to delivering the access target for psychological therapies but many nurses tell

us that their skills are lying dormant. Sustainable training capacity is only one aspect in securing improved access. Particular constraints reported by our members are the lack of available supervision and protected space to practice. The Scottish Government has an important role to insure that investment in training, and delivery on the ambition to widen access to therapy, is not lost because of these practical limitations in service configurations. The RCN considers it key to have an accurate understanding of the workforce already trained and able to deliver psychological therapies, and of the barriers to delivery. We are supportive of the work being taken forward to capture psychological therapies workforce data as part of the supportive measures for implementation of the HEAT target.

**Outcome 12: We know how well the mental health system is functioning on the basis of national and local data on capacity, activity, outputs and outcomes.**

Question 31: In addition to the current work to further develop national benchmarking resources, is there anything else we should be doing to enable us to meet this challenge.

We believe the drive for service improvement can be enhanced through greater openness and transparency surrounding budget decisions, analysing the costs of service delivery and the degree to which services achieve their stated objectives.

Question 32: What would support services locally in their work to embed clinical outcomes reporting as a routine aspect of care delivery?

Clinical recording systems must be fit for purpose if they are to be widely used and valued. CORE (Clinical Outcomes in Routine Evaluation) has been identified as a core clinical outcome measure – the use of this online tool should be supported.

**Outcome 13: The process of improvement is supported across all health and social care settings in the knowledge that change is complex and challenging and requires leadership, expertise and investment.**

Question 33: Is there any other action that should be prioritised for attention in the next 4 years that would support services to meet this challenge?

Please see our answer to Q2.

Question 34: What specifically needs to happen nationally and locally to ensure we effectively integrate the range of improvement work in mental health?

The national improvement programmes mentioned in the strategy are all health-related. In the coming months and years as health and social care become more integrated we ask the Government to consider the strategic

integration of cross-sector improvement approaches, such as the Single Outcome Agreements. In this way, improvement methodologies can work beyond health and reflect a more integrated landscape to support local practice.

**Outcome 14: The legal framework promotes and supports a rights based model in respect of the treatment, care and protection of individuals with mental illness, learning disability and personality disorders.**

Question 35: How do we ensure that staff are supported so that care and treatment is delivered in line with legislative requirements?

Staff require ongoing training in this area. Training could be made available for a broader range of staff groups, covering the wide legislative framework relevant to mental health and, importantly, the principles/values base for practice. This needs to cover all current legislation, including the Adults With Incapacity (Scotland) Act 2000, the Adult Support and Protection (Scotland) Act 2007 and the Protection of Vulnerable Groups (Scotland) Act 2007.

During 2008-09, a comprehensive review of the Mental Health (Care and Treatment) (Scotland) Act 2003 was carried out. The McManus Review made many recommendations to improve the Act or its implementation. The new strategy must include timescales to implement the recommendations of the McManus review.