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.

> **Comments**
>
> Overall structure of the strategy seems appropriate but lacks an emphasis on the integration agenda which includes services, agencies and communities working in partnership.
>
> The first paragraph also identifies four key areas which don't convey any approach which supports children and young people and which has a focus on preventing suicide as opposed to improving mental health and wellbeing. Overall the focus of the strategy is very health led.
>
> Additionally children and young people who are looked after and accommodated should be prioritised as a preventative measure/early intervention.
>
> Reference to specific gaps in current responses would be welcomed, specifically in relation to disenfranchised groups eg addictions, ARBD, ASD, long term conditions and Learning Disability services, and transition between services at key life stages.

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.

> Comments
> Support to break down existing barriers, both administrative and financial, which get in the way of delivering locally agreed outcomes.
>
> A clear steer towards integration, including a central point for managing budgets/resources which will promote and support partnership priorities in delivering positive outcomes for communities

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.

> Comments
> We require an improved understanding of current available evidence base for effective service delivery within this area which would enable more positive outcomes.
> Information could be shared in terms of current effective practice which will inform local developments.

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

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

> Comments
> Current drive in relation to Choose Life agenda has proved effective – it would be important to continue the current level of financial backing to this agenda.
>
> Closer links could be forged more robustly between Choose Life and ADP's and education to promote positive mental health and how to seek

appropriate support

Comments
Ongoing education throughout communities, public awareness etc, as above

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?

Comments
Maintenance of high profile see me campaign within and across all Community Planning Partners.

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

Comments

Commitment to addressing identified service gaps.

Include this agenda in performance management across all services

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?

Comments

It would be helpful if there could be a recognition that CAMHS also has a key role to play in building capacity, advising and supporting other key professionals. Incredible Years Parenting Interventions are currently used with CAMHS but the outcome of these parenting programmes within the context of parents and carers of children with three and four year olds are unclear.

There is no specific mention of the impact of children and young people arising from their parent/carers mental health and there is significant research to suggest that the impact of parent/carers mental health on children and young people is considerable.

> Continue ongoing commitment to improvement within this service in line with specific HEAT targets
>
> Requirement to develop local inpatient services for children and young people as a priority.
>
> Increase capacity for supporting children and young people across all public services eg. Use of educational psychology in the diagnosis of ASD

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

> Comments
>
> Increased capacity across all agencies to ensure early intervention within mainstream services would reduce the demand on specialist 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?

> Comments
> As above, ongoing promotion of mental well being across education, public health, community responses.
>
> Promotion of social prescribing for mental health and acknowledgement of the need to promote personal responsibility
>
> Accessible information about range of local resources which would promote and support positive mental health

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

> Comments
> This would be included within the educational aspect of mental health wellbeing awareness.
> The continued promotion of the See Me Campaign
> The promotion of a central point of contact where individuals could then be signposted to appropriate services e.g. website access to appropriate sites promoted through all public forums

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?

Improvement is required to ensure mainstream response to someone presenting with symptoms of mental ill health.
Through education from early years the general population should be able to identify mental ill health symptoms in self or others
Single point of access to those service users requiring assessment and treatment to improve speedy access and shared responsibility (self and others) to promote improved mental health and early identification of mental ill health

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?

Agreed outcome measures based approach would ensure all activities were focused and could be demonstrated

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

This requires shared resource allocation as mentioned previously to ensure equal access to meet ICP requirements

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?

Service user involvement should be encouraged and promoted at Community Planning to consider service development. Through education all members of the community should be made aware and supported to contribute to plans for services, etc.

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

Sufficient and continuous information should be available to all to ensure they are aware of the broader agenda and their role within it

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?

Continue to promote the person centred approach to care and the values based approach to care
Continue to promote and action individual rights and responsibilities
Agreed outcomes should be established at outset of engagement

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

Continued education and promotion of the benefit of application of the SRI to outcome improvement for service users
The information relating to the SRI and the reablement agenda needs to be promoted in the public domain to ensure an understanding of the value to the general population

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

The information needs to be promotedacross the professional groups and the public to promote the continued recovery approach
Standardisation of all available information/tools/activities would support an improved understanding across all service users groups

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?

Continue to promote the inclusion of family and carers as equal partners in all decisions/discussions around care and treatment, where appropriate
There is a need to ensure access to appropriate and relevant information is available to support their inclusion and involvement in decision makingrelating to care and treatment.
Family and carers need to have access to information which increases their knowledge and understanding of mental health symptoms, treatment options, decisions around appropriate responses, etc.

> Access to necessary training/awareness sessions to support them in delivering appropriate care and treatment to family member

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?

> Staff need the necessary knowledge and skills to impart relevant information in an individual way to meet needs of family/carer.
> There needs to be an acknowledgment that information provision is integral to the role when supporting family/carers

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?

> Areas of good practice need to be highlighted and promoted at a national level through easily accessible means e.g. electronic information sharing

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?

> There needs to be systems in place which enable this information to be collated and shared easily

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

> As per Q 21

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

> This was responded to in the introduction

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?

Comments
As discussed previously in the introduction

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?

There appears to be a particular gap in reference to ARBD and LD and these should be considered as national priorities given the current concerns highlighted in Mental Welfare Commission reports around care in General Hospitals specific to vulnerable groups and the increased risk of ARBD resultant from alcohol misuse

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?

Staff need to be trained in the delivery of appropriate care considering the increasing population of those over 65 and the increased incidence of dementia diagnosis.
This has to be much wider than MH Services and local authority

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?

No Comments

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

There needs to be consideration for what skills and knowledge will be required to meet the needs of the aging population, both within communities and when requiring care in hospital or within services

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

We need to ensure that all those involved in care delivery/therapeutic intervention have their skills utilised with the psychological therapy delivery agenda

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.

No Comments

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

A framework developed to report clinical outcomes through ISD for example.

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?

> There is a requirement to bed down changes and take time to evaluate these changes with effective and efficient leadership

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

> There is a need for consolidation of previous activity, agendas and legislation
>
> The reference to the work in relation to a framework for promotion, prevention and care to improve the mental health of children and young people with disabilities is to be welcomed as is the role for specialist CAMHS services to support universal services to meet the needs of children with learning disabilities and their parents and carers.

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?

> Ongoing education of current legislation, robust supervision structures and joint forums
>
> The strategy talks about the health and social care workforce having the skills and knowledge to undertake its duties effectively and display appropriate attitudes and behaviours in their work with service users and carers. This shouldn't be limited to health and social care workforce-teachers, early year's workers and classroom assistants all have a fundamental role with children and young people and will often be the constant person or constant professional in an individual child or young person's life. This group of staff therefore need to be reflected in that priority.