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.

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.

This Strategy states that it aims to build on the work already achieved through Delivering *for Mental Health, Towards a Mentally Flourishing Scotland* and Choose *Life. Single Outcome Agreements* are also already in place and informing practice, and this strategy also sits alongside Scotland's National Dementia Strategy and *Healthcare Quality Strategy*. This is supported through this consultation, in that there was recognition that effective practices are taking place, implemented through previous action plans and strategies, but these need to be developed and built on. How these are overviewed nationally needs to be considered to ensure that they are informing changes in practice and priorities. Showing how these interact with each other would be beneficial and informative, and clarity about how the work undertaken through *Choose Life* will continue and be built on was requested. Concerns were expressed that if this does not have its own strategy, momentum of the work undertaken will be lost.

Certain themes did reoccur throughout, including the importance of work already underway, being resourced to ensure that it can continue. Multi disciplinary and agency work is taking place, but this needs to be developed further with the resources being made available to encourage this to be effective. Early intervention – in relation to life stages and the onset of a mental illness - was often referred to as maximising benefit to the clients and maximising effectiveness of resources. Throughout, the importance of training and education for all was referred to, the benefits of which continue to be promoted. There needs to be commitment to this at a national level.

The focus on medical services and targets was criticised, with a wider more integrated perspective being sought. This was clearest in the focus on service provision for young people concentrating on CAMHS, rather than looking at more preventative work or supports provided through social work and the voluntary sectors.

The need for ongoing work to promote and enable positive mental health and wellbeing was repeatedly referred to in the consultation. There is no specific reference to work in relation to public health and the need for development in this area. Mental health and mental ill health remains low on the general agenda, and unless there is specific reference with clear lines of responsibility, in times of very limited resources, any work achieved to date will be undone. A commitment to mental health being everyone's business needs to be clearly made.

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.

Systems and forums already exist to enable feedback about service provision or the lack of it, to allow for planning and development at national and local levels. These need to be developed, with the service user and carer being ensured of true representation. To maximise the benefits of these processes, training for representatives to ensure clarity of individual roles and the responsibilities of the forum would be beneficial.

Prisoners and offenders were identified as vulnerable groups whose supports in relation to their mental health is limited. While positive work is taking place, this work needs to be developed.

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

Responses to each of the questions under this outcome tended to merge and have similar themes. The benefits of education, information sharing and awareness programmes through community groups, schools and employers was repeatedly emphasised. This needs to be led by a strategic framework, with the resources being available to support this. Investment at this stage is considered good use of financial resources which are acknowledged as being limited. Early intervention noted as being particularly important.

Despite the progress and achievements attained under *TAMFS* and *See Me,* stigma and discrimination remain problematic. This needs to remain highlighted, with support in education and training to enable increased understanding of the impact of mental illness and how it can manifest. With the *Choose Life* strategy nearing its end, there are anxieties that if there is not a further focused strategy to continue with the work undertaken, that there will be slippage and this will no longer be on the local and national agenda.

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

Working with younger people through schools, universities and colleges to educate and inform about mental wellbeing, how to maintain good mental health and how poor mental health can manifest itself. Part of this work should include stress management. While there is good work taking place, this needs to remain high on our agenda, with parents being included in training opportunities where possible.

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

While anti-discriminatory legislation supports this, there remains a lack of understanding about how mental illness or poor mental health can manifest itself, resulting in a lot of discriminatory practice going un-detected. The importance of training to impact on this was emphasised. The need for those who may have direct contact with those with a mental illness, whose behavior or symptoms has resulted in contact with agencies such as the police, GPs, A&E staff and district nurses was specifically noted. The risks to individuals, particularly young men, whose behavior is the result of poor mental health, becoming part of the criminal system remains high. The need to reduce discrimination at this level is very important – for the individuals and to reduce these long terms costs to society. Training opportunities are already in existence – efforts need to go into ensuring that this training is priority or even statutory. Joint training between agencies was noted as being particularly beneficial and of good value.

The benefits and need for education of employers in relation to mental illness and ill health was referred to. The need for employers within the health and local authority fields undertaking essential training in relation to mental illness and ill health was proposed.

Discrimination within the NHS was referred to, with concerns being expressed about how run down mental health resources are and the commitment to improve them.

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?

No comments

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

In light of the recent review of the benefit system and the implementation of new housing legislation, consideration needs to be given to the impact of this on those with mental health problems. Priority needs to be given to support and protect those who are already vulnerable within these systems.

Again, the benefits of training in relation to mental illness and ill health was referred to for staff employed by housing organisations and Work and Pensions staff.

Provision of ASIST training should be ongoing

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

Concerns were expressed about the focus on the work undertaken by CAMHS. CAMHS will support only a small section of the younger population who present with mental ill health. This was recognised as being invaluable, but supporting and accessing those not receiving such a specialist input was considered essential. Action considering how to improve both short and long term outcomes for the work carried out, outside of CAMHS, should be considered within this strategy. The need for education within schools has already been referred to. Youth work, community groups, leisure activities and work undertaken to support parents and families all need to be considered within this document. The importance of supporting good parenting cannot be underestimating in relation to mental health – for child and parent.

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

In East Lothian discussion between CAMHS and Children Services is ongoing. It was noted that it is this discussion, based on mutual professional respect, which makes more of a difference than specific targets. Building on this, identifying the importance of multidisciplinary work and referring to the importance of developing good professional relationship across agencies, should be promoted.

Where parents and/or carers are reluctant to work in partnership, for instance, where appointments are broken or carers will not engage, all staff should consider whether the needs of the child are such that they should continue to offer appointments, or work with other professionals to support and protect the child. If engagement with the specialist service (CAMHS) has broken down, this should be shared with the referrer.

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

No comments

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?

As already noted in the Strategy, the work already being undertaken through *See Me,* the provision of *Breathing Space, Living Better: Improving Mental Health and Wellbeing of People with Long Term Conditions* and *Choose Life* should continue and be developed. The duration of the latter two are nearing their conclusion – will this work continue and will it remain on the national agenda?

For individuals to be able to take appropriate action themselves or seek help as required, they need to be educated about their mental health. Feedback recognised the importance of this within the self management of acute and chronic illness, and for those with poor mental well being. To enable this to happen, the following were noted:

Information to be widely available, accessible, and understandable.
Information covers how to maintain good mental health and how to access services
Access to this information away from the home – noted that online CBT is not always easily accessed at home. Safe and trusted environment needs to be available.
Access to leisure facilities without boundaries (staff educated and informed of mental ill health and its impact)
Promote use of exercise to improve mental health through GPs prescribing use of gyms/walking groups etc
Self referrals allowing walk in clinics
Preventative and education work within educational settings.
Encourage referrals for support needs to non-medical supports eg advocacy
Encourage understanding and referral to advocacy services among GPs

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

As outlined in question 9.

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?

Training for front line staff was considered essential here, to enable them to recognise symptoms of mental ill health. There remains a lack of understanding about how mental illness or poor mental health can manifest itself.

Groups particularly noted for consideration for training, because they have direct contact with clients when they are at their most vulnerable, were our colleagues in police and A&E. Those working in leisure areas were also noted. ASIST through *Choose Life* does start to address this- ongoing funding and commitment to this is required nationally, with local commitment to ensure this training is given priority, and even a statutory responsibility with Health and Local Authority.

The use of telecare and non-threatening ways to ask for help, such as texting, should be developed

The importance of avoiding multiple referrals with the intention of providing a quicker responsive was noted, with the importance of matching care for the client.

Clients should leave services with a relapse plan they have written and have practised. Tool kit approach considered important. The importance of the client having control as quickly as possible, in relation to their support needs and of them becoming the expert, particularly with a long term condition, should be focused on.

Having little time for staff and clients to jointly consider and research what does not work should be taken into account – this would avoid time being wasted in the longer term.

The benefits of GPs having a better understanding of and a closer relationship with frontline social work and education services to improve better and more efficient communication was noted.

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?

Promoting multi-disciplinary and multi-agency consultation, planning and practice at a national level legitimises this practice. This hopefully ensures that needs are met in the most effective and efficient way available, maximising use of resources.

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Encouraging clinicians to use community resources to meet with individual clients or groups, was suggested as making more efficient use of their time, move away from support being provided within medical environments and encourages a degree of integration.

The lack of administrative support within health settings was noted, with the result being that clinical staff are undertaking administrative tasks which they are not skilled to do. This is expensive and inefficient.

Improved channels of communication and information sharing with GPs needs to be encouraged. As gatekeepers, they need to be kept informed of services and their availability to ensure appropriate and timely referrals.

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

Regarding Releasing Time to Care – can health and partners do more around negotiating shared priorities? An example given is within the universal responsibility for early years which presents a challenge to some health colleagues in taking on Named Person/Lead Professional roles because of an apparent lack of administrative support. If there is an expectation that health colleagues are released to meet these priorities, they need to have adequate support.

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?

Continued promotion of use of Person Centered practice, through for example WRAP and the Recovery Model, with commitment to training to ensure full understanding and proper implementation.

Develop the use of systems and support groups already in place eg Mental Health Forum, Advocacy, Carer's Forums. Ensure there is a commitment to the contribution offered through these forums and agencies. Raise the expectation of carers so that they feel they have the right to be involved. On line exit questionnaires for all service users was proposed to ensure they have easy access to a means to provide feedback.

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

The importance of having suitably experience workers who can liaise between services and service user was referred to, as was the importance of having people who can really represent families and carers as a wider group and not as a minority voice.

With reference to the development and use of tools, any tool to be considered should evidence that they have actually asked service users for their views. This should feature throughout any contact (assessment, planning and evaluation) rather than only at the end of service involvement.

When any tool is to be developed is should be done so at a local level. The process of developing the tool can be equally valuable as the end result.

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

Building on work already being implemented, time and training needs to be invested on systems with measurable outcomes. Training, education and supervision and support has to be a priority for staff to ensure self-reflection and improved practice. Agencies need to evidence this and be accountable to their commitment.

Commitment should be shown to early intervention. Considering leaving services, discharge should be planned by a multi-disciplinary group and should include education and a plan of support, created in partnership. This would enable self-management of the illness, a theme which should weave throughout this strategy.

Commitment to the development and use of telecare.

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

No Comments

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

No Comments

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?

Developing Self-Directive Support would encourage client, carer and families to engage meaningfully with care arrangements. Throughout this consultation the benefits of ensuring control is maintained by client and carers is referred to. Self Directed Support would encourage this. Self-Directed Support is not well used by people with mental health problems. There needs to be more confidence by those facilitating the implementation of Self-Directive Support that this is a viable option.

Consideration should be given to the role of Young Carer, who are often overlooked when discussions take place and decision are being made about the person they are caring for. Getting it Right for Young Carers National Strategy highlights this. Promoting this further through this strategy would be of further benefit and encourage this good practice. Health professionals could also be encouraged to link in with those organisations who support young carers.

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?

Promote the need for training for qualified staff in the perspective of the carer and their roles. Training should give consideration to the issues around confidentiality and how this fits in with the role of the carer and the relationship between client and carer.

There needs to be a commitment to the provision of flexible and responsive respite. Those in a position to refer for this service, need to be aware of its existence, the criteria for use and how it can be assessed.

Readily available professionally produced booklets and information. Specialist carer support organisations need to be resourced to provide this properly. GPs should be informed of local supports for carers, but also be aware that attending groups is not for all carers and they may respond better to support provided on an individual level.

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?

Ongoing development of Joint Improvement Team – they already share information and experiences so that examples of best practice can be learnt from. This could be built on. Consideration could be given to sharing of best practice across agencies and geographical boundaries through shared 'events'.

Consider how Benchmarking mechanisms can be used to feedback quality of service provision, rather than just numbers, to provide evidence of what is actually working.

Develop further the use of forums, where information from established carer and user groups is already shared, to ensure this is effective and good use of time. Training for members of these groups and ongoing evaluation of how these forums are being used and who should attend. Liaison groups for example, housing and social work, should also be monitored and reviewed.

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?

Increased use of self-evaluation by users and carers, along with information provided through statistics in relation to equality. Commitment needs to be given to collating this information, ensuring that it is used for learning and development through planning groups.

Training for those who may be in the position to facilitate access to mental health services for harder to reach groups, for example police, housing staff and staff in leisure facilities, would encourage more appropriate referrals to different agencies.

All strategies need to be encouraged to take a holistic approach – equalities practice has already started to address this but needs to be developed. The work already started through the Equalities legislation should be used to inform the use of our services.

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

As noted previously – sharing of good practices and evidence of what helps and works. Shared forums need to be effective.

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

With poor mental wellbeing and mental illness having a high representation in the offending population, accessing this population needs priority.

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 centered care?

The importance of the sharing of information without breaching confidentiality was thought to be very significant. Using a shared language and IT systems which allowed this was considered to reduce time wasting and duplication. Good and productive multi-disciplinary practice is happening. For this to be developed further, this needs to be led at a national and strategic level, encouraging a culture of trust and mutual respect for others' roles and responsibilities. The need to break down barriers further across professions and agencies is essential.

To encourage person centered practice there needs to be a holistic approach to service provision. There is definitely progress in this area, with the development of multi-professional mental health teams. The use of 'hubs' for all client groups, where they could access services and information would encourage a needs led approach, rather than by diagnosis or client group.

Criteria to get access to services is becoming increasingly restricting and does not encourage preventative work. Services need to be responsive, holistic and flexible. The need for statistics and use of benchmarking requests that information is provided under client groups or by ages, yet strategies (Sense of Belonging) now encourage a needs led approach without age dictating service provision. How services provision is being encouraged to be developed, and how information is stored and requested, needs to be brought into line and provided with uniformity.

To encourage and ensure person centered care across all settings, training and education was again raised as being essential. Resources need to be made available for front line staff to be able to inform of more appropriate resources or recognise the need for appropriate specialist services.

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?

No comments

Outcome 11: The health and social care workforce has the skills and knowledge to undertake its duties effectively and displays appropriate attitudes and behaviors 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?

Reference was made to the Patient's Charter – this already provides a framework of practice which addresses non-discriminatory practice. This needs to be implemented more fully.

The work undertaken through Equalities legislation should be developed and encouraged. Those not directly related to its implementation should be afforded the opportunity to increase their understanding and awareness of this work.

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?

Commitment to continuous learning and multi-agency training by the key agencies and budget holders. Consideration needs to be given to the broad range of professionals who could be involved in supporting vulnerable people with mental health concerns. To maximize benefit and where resources are limited, cross boundary training should be encourage. In line with Child Protection training and awareness, this standard of essential training for professionals should be considered in relation to this client group. It was proposed that mental health awareness training become part of any induction programme for those non-specialist workers who will make decisions about individual's futures and may not understand the impact of mental illness.

Codes of Practices should be implemented in policy and procedures. If there is a model of practice or 'excellence' which is to be adhered to in relation to working with those will mental ill health, this would inform training needs at individual, local and national levels.

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

To assist NHS Lothian to increase access to Psychological Therapy through the provision and governance of good quality training, education and supervision, we plan to measure our Workforce's current capacity to deliver a range of mainstream evidence-based psychological therapeutic interventions and frontier therapies (those we are delivering and developing an evidence base for). We shall conduct an online survey in February 2012. This information will assist in identifying the training needs of our current workforce which will inform the NHS Lothian Psychological Therapies delivery and training plan for 2012-2013. Ongoing support for this work is sought.

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.

Feedback expressed concerns about the use of benchmarking as a guide to how well agencies are functions. These concerns included focusing funding and resources into key areas, often at the expense of the provision of other services and clients. Benchmarking does not show who is not getting a service, or give indication of the quality of the service

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

No comments

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?

Ensure national change management programmes are implemented 'top down'. Use of advocacy should be promoted.

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

Ensure that there are clear links to local integrated Children's Services Plans.

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?

The need for on-going multi-disciplinary training is essential. This should include others who do not have a direct statutory responsibility under the key pieces of legislation which provide this framework. Under social work registration it is essential that social workers working within the field of adult care undertake training in relation to the protection of children. This is not reciprocated and there is no expectation that those working with children under take training in relation to the protection of vulnerable adults. Beyond the social work field, other professionals need to be clear of their responsibilities and the legal frameworks which exist to protect adults with mental illness, learning disability and personality. This training should include the Human Rights legislation.

While the Mental Welfare Commission act in an advisory capacity, they also have an investigative function which can result in ambivalences.