

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

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

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

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?

Self Harm

- People have to be taken seriously within services (often a perceived attitude of poorer treatment of self harmers due to the self inflicted nature of damage caused)
- There should be clearer public access to the Scottish Mental Health First Aid course
- Access should be provided to the right services, coping strategies and understanding being built in early

Suicide

- What can we learn by looking across country barriers?
 - Lower prevalence of self harm & suicide in other European countries versus Scotland which has one of the highest
 - Research into the causes
 - Where do we fail where other countries succeed?
- Advertising campaign showing the survivors of suicide. This could be high impact such as the seatbelt/ drink driving/ sexual health advertisements previously seen on TV

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

Stigma

- There are some key contributors to the stigmatization of mental health
 - What can be done to limit press headlines of sensationalist mental ill health stories?
 - Negative reporting in general
- Appropriate use of celebrities
 - Some celebrities have both recently and historically spoken up about their own mental ill health. This can have a positive impact on people.
- Mental Ill Health sufferers find Police often have a lack of awareness or understanding of conditions
 - Specialist education may be required

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?

See Me

- Continue and expand the good work of See Me in Scotland
- Target campaigns against specific people groups
 - Universities, colleges, schools, workplaces etc
- Could there be a radio/ billboard campaign?
- T-Shirt campaign. Supporters could be encouraged to wear promotional T-shirts

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

- Drop in centres for easy access
 - Offering a low intensity treatment
- Work towards breaking social isolation improves wellbeing
- Targets
 - Waiting time in services varies enormously across Scotland depending on council area, work to standardise this, championing the best areas as a model for others to follow

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 Child Adolescent Mental Health Services (CAMHS)?

Educating communities (from a school level)

- Schools have Physical Education departments, what about a Mental Health Education department?
- Embed mental health education within the curriculum
- Early intervention for Young People
 - Looking to make mental health routine (normalising services rather than segregating them)
- Educating the educators to ensure teachers know what to do with mental health problems
 - Could this link into the 'Guidance' curriculum?

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

- Giving school children easy access to childhood/ educational psychologists

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?

- How can we get away from the 'production line' model of Mental Health service provision to a more tailored service for the individual?
- The profile of mental wellbeing must be raised with employers
- We could simply make the most of what already exists:
 - Mood Juice
 - Breathing Space
 - Samaritans
- These are good resources, how can we connect them into what we are offering people
- Raise self awareness of individuals own mental health (self-monitoring)

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

Comments

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?

Focus needs to be given to early intervention and speed of access to services

- The time between presenting to a GP and access to treatment could be needs led (urgent referrals being dealt with quickly vs routine appointments)

Aim to catch mental health problems in the early stages before family/ work life impact. Too often services allow a person to deteriorate to a certain stage before stepping in.

Focus on assessment and right diagnoses first time round

- Avoid diagnoses followed by a lengthy (6 months for example) waiting list for treatment in a specific service
- Adjusting the balance of psychiatric versus psychological services

Move from a severe treatment focussed service to one that balances prevention, mild to moderate and severe treatment. Make the most of mild to moderate talking therapies to provide support & prevent further decline.

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?

Development of 'new' services where another local agency, group etc is already doing something similar. Utilise partnership meetings to share information on who is doing what as well as who would be best suited to developing a new service. This could be utilising the third sector.

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

Be aware of the big picture of services and not be so isolated/ focussed on one aspect. The third sector has to be respected for their role and remit as equal partners.

Identify where the gaps are and which service is best suited to cover these.

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?

Involving people not just in their own care but also in the design of their services. We need to network service users and involve them in decisions throughout.

Managers should not be isolated from service users. Service user involvement needs to be valued and done in true partnership.

Stress the need to involve service users in their own care and treatment.

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

Comments

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?

Tailored packages of care for individuals.
Develop better 'transition' methods to support major life changes

impacting mental health

- Move from employment to unemployment
- Difference in services experienced by a 14 year old, 25 year old or 70 year old

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

Comments

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

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?

Carers education and support is vital (with permission from the individual and with a respect for confidentiality).
Time & value placed on the role of carers within treatment plan for individuals
Responsibility to provide support for carers (1:1 or in a group)

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?

Signposting people to the right groups/ services appropriate to carers

- Staff education to know what is available for carers
- Up to date database of services in each area that could be easily accessed

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?

Promote best practise

Bringing in partnerships across NHS and local authority systems
Strike a balance between psychiatry and physiological services.
Success has been demonstrated using a central referral pathway for new clients.

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?

Appropriate use of forms (i.e. the type of form given and timing of this). The standardising of forms across the service to make things accessible.

Ensuring the availability of feedback in other languages.

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

Staff training

Use of networks

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

Ethnic minorities can often have family structures that make it very difficult for individuals to access services.

Service provision for the homeless or those without a permanent address.

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

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?

Comments

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?

Comments

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?

Comments

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

Comments

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

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?

Comments

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

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?

Comments

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

Comments

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?

Comments