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: We support the existing priority of improving access to psychological therapies and the aim to deliver faster access to a range of safe, effective and evidence based treatments.

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: The stated approach which holds the needs of the individual at its centre is to be applauded. By definition, this approach involves patient choice and means that a range of services must be available so that individuals have access to the most appropriate treatment for their particular needs. We emphasise the need for patient choice and the provision of a range of psychological treatments across all health board areas.
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> We endorse the need for a rigorous evidence base to underpin service provision but this needs to be approached in a way which is inclusive of a range of approaches. Some therapies and psychological conditions are more easily defined than others. However many patients who are seen in secondary and tertiary care in the NHS have multiple, long term and complex difficulties and as such require more complex or intensive treatments. These patients may not fit neatly into RCT criteria and are therefore more difficult to study in that rather narrow definition. It is vital that the Matrix tables are not used prescriptively and in isolation from the text.

There is real concern amonst NHS staff that if the Matrix tables are used in an unthinking way then the most complex and potentially most vulnerable patients will be seriously disenfranchised, their needs will not be met and there may, in fact, be less choice of appropriate treatment options than there are at present.

The delivery of psychological therapies is not just the remit of specialist services ie psychology and psychotherapy departments but other professionals should be supported to develop as therapists with continuing supervision to broaden the opportunity for patients to access appropriate treatment by trained and accredited therapists.

It is important to have a system for ongoing updating of the evidence base in the Matrix which includes input from the different professionals involved in providing a range of psychological therapies.

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
Trauma occurring in childhood or in adulthood can have lasting impact on the individuals. However there are many people who experience trauma and do not go on to develop psychopathology. The clinical workforce needs to be educated to consider that many people with a history of trauma do not need therapeutic interventions and that this is an acceptable decision for a patient to make.
Sexual abuse is widely recognised and its impact understood in a way that seems incredible just 30 years ago – the next real challenge is to recognise emotional neglect and abuse and tackle it at all stages of development.

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

Not confusing self harm and completed suicide would be a useful starting point. Self harm is often a means of regulating emotions. Completed suicide is not an indicator of psychiatric illness.

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

Comments: It is important to continue to train all staff to be psychologically literate, to promote reflective practice and communication skills to ensure all contacts with users, carers and the wider public are as positive and constructive as possible so as to minimise the perpetuation of negative stereotypes. Working in mental health inevitably often involves dealing with issues of conflict, risk and distress.
Encouraging openness requires actions across society – employers, insurance etc

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

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

Comments
Early intervention and supporting families especially those that are known to be vulnerable.

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

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

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?

Comments: People need to be encouraged and supported to take responsibility for their own health, physical and emotional. How people relate to others has a great bearing on how people use services. Those individuals who have personality disorders often get the least benefit from services and can be disruptive and costly to manage. Mental health services need to have staff who are psychologically literate and who work in a context which promotes reflective practice – a healthy working environment for both patients and staff. Dynamic psychotherapists (medical and non-medical) can help to provide this focus.

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?

Comments; Treatment approaches for people with personality disorder which have both a specialist element and also appropriate links with other community and inpatient settings should be developed. There is evidence to suggest that dedicated personality disorder services can lead to more appropriate use of services and therefore cast savings in the long term.

There needs to be more training for all staff across all disciplines, preferrably with a team-based focus in community and in-patients settings to improve awareness and to develop skills in working with patients with personality disorder.

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?

Comments

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

Comments

Information technology is extremely important and is very patchy across the Health Boards. Further emphasis on ICPs from the Government is required as many people seem to think that the ICPs have disappeared and are relieved. This seems mostly a response to not understanding the nature and proper implementation of the ICPs.

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?

Comments

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

Comments

Communication skills and psychological literacy.

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?

Comments

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?

Comments

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?

Comments
The suggestion in the ICPs of staff discussing diagnosis and giving information and suggestions of access to support networks.

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?

Comments

Understanding that services can succeed or fail not just because of delivery style differences but the geography of an area, the infrastructure of the professional groupings, the personalities of those involved.

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?

Comments

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

Comments

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

Comments

Patients with personality disorder still meet prejudices and hostility from professionals.

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

Psychological literacy for the mental health workforce.

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
Broader conceptualisation of who can do what – avoid professional silos and encourage cooperative inter professional working.

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

Comments
The focus of NES needs to be developing trained therapists and maintaining their accreditation not running brief courses whose impact is minimal when not followed up with continuing supervision.
Therapists do not need to be solely from psychology and psychotherapy - the nursing group are the largest clinical group and have opportunity to deliver therapy in their everyday roles.

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
The IT to support this

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