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
The NHS has never made good use of well established voluntary groups and is slow to offer then support. These agencies are good at providing self help and in some cases, such as Alzheimer's Scotland, high quality day care The NHS needs to learn to work more in partnership with these groups. The scarce resource of expert psychological care in Older Adults has meant that the provision of psychological care to this group has been inequitable for many years and this should not be disguised by provision of self help or low intensity care. The provision of highly specialist psychology assessment whether it be neuropsychology, assessment, or assessment of challenging behaviour can be critical in long term management of patient and their family. The cost benefit of good quality clinical psychology assessment can have a direct cost benefit as well as quality of life impact. This can be seen in reduction of psychotropic medication or assisting family in home care. The expertise offered by clinical psychology can also have cost benefits in larger patient groups, for example, those with unexplained

medical symptoms or patients with long term neurological conditions such as cardiac or Multiple Sclerosis. However these specialist psychology services have been for many years under resourced.

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
The large older adult population need a robust multidisciplinary service which can be flexible in response seeing the whole person not just the illness. Quality of life for dementia patients and there larger family group is priorty if we are to expect families to bear the burden of this care. The dementia strategy clearly identifies the importance of earliy diagnosis and neuro psychology asessement which assits in the diagnosis but also assist in long term preparation for both patients and there families. There has been little investment in clincal psycholgy services within older adults for many years but this specialty can add value for money to care in assisting in management of challenging behaviours and adjustment to chronic illness

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
The strategy which have been adopted nationally have raised profile of this problem and while mental health can be a major risk factor there are a number of other factors culturally which the individual has little control of attention not least employment and poverty but they can have a significant impact on mood..

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
The campaign should focus on the normal effect of stress and how we all can feel depressed. Many of the campaigns only focus on the concept of

stigma itself rather than how many people do experience anxiety or depression at some point in their lives. The campaign used to discuss stress STEPS is a much more entertaining way of helping people understand their mental health. Telling people about stigma is just likely to emphasis the stigma.

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
I feel focusing on the stigma just makes it worse. I would prefer campaigns like the STEP video which allow discussion and entertain and are not threatening. Everyone has mental health just like cardiac health any campaign should be directed at all the population

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

Comments
GPs as gatekeepers should have access to highly specialist staff to allow efficient triage so that even if individual has a wait they get to the correct treatment quickly. Any campaigns for community should be accessible and entertaining and should become part of school curriculum.

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
They do appear to have considerably more resource than many other services. It may be worth looking at management systems and how patients are triaged.

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
We need to make the entry system easy for people. In some areas this is working such as in older adult services.

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

Comments
I think the simple answer is we need to be able to give people time to discuss there problems and direct them to the correct service. The first point of contact is often primary care and they need to able to access the relevant specialist services quickly for patients even if this is just for initial assessment .

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
I think the simple answer is we need to be able to give people time to discuss there problems and direct them to the correct service. The first point of contact is often primary care and they need to able to access the relevant specialist services quickly for patients even if this is just for initial assessment.

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
In older adults evidence based treatments rely on good quality supervision from staff who already are working flat out in there clinical role. The older adult service already provides a variety of psychological approaches and works well with other partners. There service has for many years been only able to provide evidence based practice due to the limited resources. In older adult psychology this is even more limited where evidence based practice for challenging behaviours is sorely limited due to restricted staff numbers. Staff working in older adult psychology has not increased for many years and we are struggling to provide even evidence based care.

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

Comments
For the ICP in Dementia additional clinical psychology resource is needed. Currently in Ayrshire and Arran there is 1.8 for whole geographical area and even a small increase would have a significant impact on quality of 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?

Comments

The individual has to feel comfortable communicating there needs and this requires time. As clinicians our ability to assist patients in expressing there needs is critical. It is a basic human need to be understood and being able to communicate with patients effectively is critical. This communication allows the self management and recovery lack of communication can lead to hostility and complaints. Psychology offers this whole person approach and communication is a core component to be offered by psychology at all

levels of the organisation.

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

Comments
The key resource the NHS has is it staff . They are the key contacts for all patients ,families ,carers and staff being able to communicate efficiently openly and effectively will improve partnerships.

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
If I consider myself as a potential user of the service for there to be embedded person centred values I would wish my problems a to be discussed and options of care discussed. If I had to wait to be seen a regular update by phone would reassure I was not being ignored or forgotten.

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
I think this does happen significantly within older adults services. The sytem could not operate without family carers. Families are keen to have ascees to someone to discuss isssues and concerns this has to be supported

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
I think within older adults this does happen to a significant extent. The system relies heavily on family to support patients. If anything I think , consideration should be given to help families withdrawing from care either as it has started to effect there mental health or the patient requires hospital care.

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
We already know that small units provide evidence base care but are expensive. This has been know n for any years but there is little provision of this

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
I think it will be important to monitor delivery of low intensity interventions and ensure they are effective and that patients are not re-emerged.
Assessment for low intensity interventions should be completed by highly skilled staff .

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

Comments
I think staff knows what would make services accessible but psychology as a small resource is torn between provision of direct therapy as well as supervision of others.

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

Comments

Provision of clinical psychology to a wider clinical health population would be cost effective as would provision of psychological assessment of patients with unexplained medical symptoms ,this groups of patients do use up a considerable resource within NHS

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
Locally there is excellent work in liaising with nursing homes but within clinical psychology this is limited. The evidence base and dementia strategy would suggest investment in this are would improve delivery of patient cantered care.

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
I think much ore work has to be done in the acute hospitals in management of psychological reaction to illness which can impact on recovery. There is already good evidence base practice in helping medical and nursing staff communicate with patients and families improves outcomes.
Clinical psychology resource in mental health older adult inpatient units to assist with older adult challenging behaviour .

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
I think our board does go some way in reflecting good practice in clinical governance events and encouraging staff in best practice approaches.

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
I think more information on staff as to what capacity they have. The HEAT target is imposed top down but there has to a realistic description of what resource we have to meet it . In specialty area the resource is tiny and at breaking point. If the low intensity intervention does not help and patient referred on this needs to be monitored. Low intensity therapy has to be provided by staff who have time and within older adults there are two HEAT targets and a huge population

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

Comments
Training for clinical psychologist is ongoing .but posts in specialist area are rare. Clinical psychologist is expensive and as a resource should be use within specialist area only.

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

Comments
There needs to be investment in clinical psychology services for older adult service which has been under resourced for a very long time.

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
There needs to be careful review of evidence base of effective interventions and supervision required. In older adult the service has been under resourced for many years and have no extra capacity for supervision. However to provide these Heat Targets and keep patients safe further resource is needed.

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

Comments
Quick effective tool. Minimise disruption to treatment. Appropriate interventions measured for different patient groups.

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
A small investment in clinical psychology resource in older adult would reduce inequality and provide increase in evidence base assessment and care through direct provision but also through consultancy and supervision.

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

Comments
Nationally government should look more closely at evidence base practice in specialty areas not just adult and child. The specialty areas do often provide evidence base practice on very limited resources. Locally where effective practice is available supervision should be encouraged.

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
Staff require clear support from management .