CONSULTATION QUESTIONS

Overali 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 tb 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?

Comments

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

Question 5: How do we build on the progress that see me has made in addressing stigma tp address the challenges in engaging services to address discrimination?

Comments

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

Comments

There is a wealth of information available on mental health issues, but it is not always easy to locate. Similarly, resources and services come and go and it can be difficult to keep abreast of developments. It would therefore be helpful if there were one point of contact for information, resources & services available, locally and nationally.

There are three factors in the older adult population that limit this population's ability to access information. These are (a) high rates of physical health problems which can limit an individual's ability to access information (i.e. through impaired mobility), (b) high rates of cognitive impairment and / or mental health problems, (c) low rates of computer literacy, compared to younger adults.

A regularly updated website which provides information on and links to services within the local area would be an invaluable resource both for professionals and for patients / carers.

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 imprpve access to CAMHS?

Comments

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

Comments

Outcome 3: People have an understanding of their own mental health and if they are nbt well take appropriate aption 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! Also we need to provide education at population level for older people in order that they can better recognise eariy symptoms of rhental health problems.

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 whieh we design services so we can identify mental illness and disorder as early as possibie and ensure quick access to treatment?

Comments
Adults in in-patient settings often do not have access to a psychologist. In some areas, adults under the age of 65 have access to iri-patient psychology services whereas adults over the age of 65 do not. There is often a lack of psychiatric nursing staff who are trained in high intensity psychological interventions. Therefore high intensity therapies usually cannot be accessed until discharge.

We should ensure that GPs are aware of the evidence base of psychological therapies for older adults so that they refer on to appropriate services. There is some evidence that GPs are reluctant to refer older adults for psychological therapy, despite tne research evidence which attests to the effectiveness of psychological therapy across the age range.

Primary care services need to become more pro-active by inviting patients to attend for regular screening checks of mental and physical health. Secondary care

referrals should be triggered by the outcome of primary care screening assessments. The present system is overly reliant on the patient presenting to primary care. This is a particular problem with dementia, where there may be a lack of insight on the part of the patient as to their impairment.

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
At local level, bottlenecks in ICPs need to be identified and associated resource issues tackled. This may have implications for national funding of services.

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
A variety of methods is likely to be required, e.g. comments boxes widely available, seeking informal feedback from service users on a routine basis, random audit of samples of service users regarding particular issues that have been identified as requiring improvement.

The role of service users in design and delivery of services needs to be carefully considered. Service users and health professionals have different but complementary areas of expertise.

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

Comments

- Clarity about confidentiality, the limits of confidentiality and the right of the family member or carer to be aware of some aspects of the patient's treatment / condition.
- A clear indication from the patient as to what information is permissible to share with carer / family.
- Electronic records with various tiers of access so that information-sharing can take place in a controlled manner between various NHS services (primary care, secondary care, mental health services).
- Consideration given to the careful arid appropriate sharing of some information with non-NHS organizations (social services, voluntary sector). For example, advice given to an in-patient medical ward team on management of aggressive behaviour might later be very useful for an Alzheimer Scotland day-care centre, but at present this level of information sharing is not permitted. There are ethical questions that need to be considered regarding the kind of information that is shared and the purpose of sharing that information. However, the current situation is that the voluntary sector is moving into areas of care traditionally provided by the NHS, but without the benefit of relevant clinical inforrhation that is available to NHS staff. This makes it more difficult to provide 'seamless services'.

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 Recovory Network develop its effectiveness to support emoedding recoyery apprpachos across different professional groups?

Comments

Outcome 7: The rble 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
Routinely ask exactly this question of the service user, also once again easy access / availability of services, information and support.

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

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

Outcbme 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
Regular audits regarding uptake of services by various age groups should be undertaken arid the results disseminated, e.g. Boddington (2011), Broornfield & Birch (2009), Robson & Higgon (2010). Variation in uptake of services between age groups is a major issue for older adult services. It is clear that older adults tend not to be referred in the same numbers as younger adults for psychological therapy, despite there being high levels of psychological need amongst the older adult population. This population is growing, older adults are frequent users of the NHS, often experience complex cq-morbidities, often are carers for others, and are also at high risk of suicide. Despite this, there is a perception within Community Mental Health Teams that older adult psychology services exist to aid in the identification of cognitive impairment, whicri leaves us wondering what is happening to those with emotional problems.

Question 23: How do we disseminate learning about what is important to make serviees accessiole?

Comments

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

Comments
Services for people *under* the age of 65 who have early-onset dementia are very patchy. Diagnosis could be conducted by existing memory clinics but there will be associated resource implications. Post-diagnostic support for this group is more difficult to achieve within existing models of services because the needs of this group differ in some respects from the needs of the more typical dementia population, which tends to be older.

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 additipn to the proposed work in acute hospitals around people with dementia and the work identified aoove with female prisoners, are there any other actlons that you think should be national priorities over the next 4 years to meet the challenge of prbviding 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 sbcial eare 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 wpuld be helpful at a national level?

Comments
Surveys of clinician confidence in the delivery of psychological therapies may be useful. Local audit within a CMHT for older adults in Glasgow has highlighted that clinician confidence is separate from skills / knowledge. This has implications for training and supervision. Staff may attend training events which equip them with

knowledge and a level of skill, but they may lack the necessary confidence to integrate training into their day-to-day practice.

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

Comments
To continue to support the cohort of mental health professionals working with older adults who have been trained in IPT, to enable them to reach supervisor status and thus be in a position to extend the availability of this therapy to older adults. This will require funding for supervision and support from management to dedicate the time required to this.

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

Comments
The tiered model of delivery of psychological interventions needs to be further embedded and consolidated. Clinical psychologists are keen to provide training and supervision to other professions but are often constrained by their own clinical workloads. Other professions sometimes question whether they should have a role in delivery of psychological interventions, and this is an issue that requires further negotiation and clarification. The issue of confidence in delivery of psychological interventions (see Q28) needs further examination.

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.

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

Comments
It has been decided to use CORE as an outcome measure within psychological services. CORE is a well evidenced outcome measure for use in one-to-one mental health services, and was designed with this in mind. It has a place in older adult psychological therapy services, but it does not capture some of the work that older adult psychologists undertake: for example, consultation and indirect working. Other outcome measures may be required. However, there is a lack of clarity about which outcome measures are subject to copyright restrictions and which are free to use. Funding should be made available for those measures for which a charge is payable. It may be appropriate to consider instituting a HEAT target regarding use of outcome measures.

References:

Boddington, S. (2011) *'Where are all the older people? Equality of access to IAPT services'* PSIGE Newsletter 113, pp 12-14

Broomfield, N. & Birch, L. (2009) *'Primary Care Mental Health Teams: Where are all the older people?'* Clinical Psychology Forum, 198, pp 16-19

Robson, A. & Higgon, J. (2010) *'Where are all the older people? They're not here either Referral rates of over- and under-65s in Dumfries & Galloway'* PSIGE Newsletter 110, pp 46- 51

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