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

The structure of the strategy is clear and well-set. The outcomes whilst ambitious are key to the improvement of the nation's mental health and wellbeing. However, whilst the need to address mental health inequalities is addressed in section 9, it is felt that an embedded approach, considering mental health inequalities across all sections of the strategy, is needed to ensure meaningful impact. Unless 'at risk' and minority groups are considered in relation to every element of our work to improve mental health there can only be partial success in meeting targets and fulfilling outcomes.

The responses we give ih this response are recommendations for embedding an equalities approach throughout the strategy. We hope that these recommendations are helpful and would be happy to be contacted to develop or discuss any points made.

Improvement Challenge Type 1

We know where we are trying to get tb 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

- Psychological Therapies
  The HEAT target for this area focuses on reducing the length of time from referral to treatment. Whilst this is undoubtedly a critical area of importance, it does not tackle access (self-referral or GP-referral) itself as an area of concern for equalities groups who are more likely to experience mental health problems than the general population (for example research points to 4 in 5 LGBT people experiencing a

mental health problem against 1 in 4 for the general population) and less likely to access services. A key finding from the Equally Connected project was that referral to psychological therapies (and wider mental health services) was critically low because of complex cultural and equalities barriers faced by BME communities. Strong evidence mounting within the LGBT Mental Health Demonstration Project shows that access is similarly limited for LGBT communities. This evidence is corroborated by research projects such as 'Count Me in Too' (Brighton University, 2008), There's More to Me (Glasgow Anti-Stigma Partnership, 2010), and 'Supporting LGBT Lives: A study of Mental Health and Wellbeing' (GLEN, 2008).

Action at a national level should include a review of findings from the Equally Connected project and the LGBT Mental Health Demonstration Project to review access options, in particular for minority communities and co-ordinating a national approach to increasing access for minority 'at risk' groups to psychological therapies as well as wider mental health services.

- Community, In patient and Crisis Services

A key challenge in examining the balance between community and impatient services – and what these should look like – is ensuring that the "robust analysis of need and activity" takes into account the needs and take-up services by different sections of the community. This is not currently possible because monitoring information on service usage for particular communities such the LGBT community is not collected.

Action at a national level needs to see the implementation of sexual orientation and gender identity monitoring to ensure that such analyses take into account needs of different communities, embedding equalities practice within all aspects of service development and delivery.

- Preventing Suicide

Cross-sector working is key to this outcome and also needs to ensure that appropriate interventions are targeted that those groups most likely to attempt or complete suicide. Research shows that LGB people are 3 times more likely than the general population to attempt suicide and transgender people 10 times more likely. (Count Me in Too 2008 & Supporting LGBT Lives 2008).

Action at a national level should ensure that representatives from appropriate community organisations working to the interests of minority 'at risk' groups are able to feed in to national working groups.

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.

Questipn 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.

- The LGBT Mental Health Demonstration Project has already accumulated significant learning in meeting the mental health needs of LGBT Communities in its first 18 months and the project is set to continue for a further 2 years. Draw on the Project's Impact Report (available from www.lgbthealth.brg.uk) to feed into service development and consult with the project to ensure learning is incorporated within both mainstream and specialist service development.

- Ensure voluntary sector are involved in mapping change and development of seryice provision, and within relevant consultation and strategic implementation groups. This is particularly critical for organisations representing minority 'at risk' groups.

- Map data available upon which to develop service provision and take decisive action to fill gaps, for example sexual orientation and gender identity monitoring within NHS health services.

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?

- Disproportionately high rates of suicide amongst LGBT communities were reported in response to question 1. Self-harm rates are also chronically high for LGBT Communities with LGBT people being 10 times more likely to self-harm than the general population (source Count me In Too 2008).

  Action at a national level, as per response to question 1, involves ensuring access to national relevant working groups, organisations who are able to represent communities at particularly high risk of both self-harm and suicide in relevant national working groups.

- It is critical that the Choose Life national campaign recognises the increased risks to particularly marginalised communities such as LGBT within its strategies and implementation programme.

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

- It is critical that 'see me' broaden its campaign scope and takes a more strategic approach in its campaign delivery. To date the campaign has been very broad its ambitions to appeal to the general population of Scotland but it must start to use

knowledge we have regarding 'at risk' groups and those experiencing multiple-marginalisation (for example individuals who are LGBT and/or BME and also have a mental health problem). Such work needs to be incorporated into mainstream campaign images rather than being small pockets of funding that create materials with very limited distribution. It needs to be clear that the campaign takes seriously the inclusion of minority groups in its campaign message.

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?

- As question 4, a more targeted, strategic approach is needed to delivering a campaign message that speaks to 'at risk' groups, including the LGBT community.
- A new dynamism is required to try new methods of campaign delivery and new forms of engagement with communities.
- Ensure 'see me' has input from equalities based organisations to ensure input into the campaign's development. For example this could be through a cross-strand equalities forum.

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

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?

- Ensure that sources of information on available support options are targeted at particularly 'at risk' communities (including LGBT communities), as well as through generic information provision.

- Ensure that national sources of information (such as Breathing Space) have input from equalities based organisations to ensure input into the services equalities practice and development. For example this could be through a cross-strand equalities forum.

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

- Ensure that the range of options available for 'seeking help' include those that diverse communities do not experience cultural barriers to (drawing on findings from Equally Connected project and LGBT Mental Health Demonstration Project). These may include alternative referral routes to psychological/psychiatric support other than GPs, crisis services and emergency services.

- Ensure that where cultural barriers to services are identified develop a strategic approach with appropriate organisations and communities to reduce and/or remove barriers.

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?

- Establish mechanisms for 'direct referral' to mental health clinical services, where there are perceived 'barriers' for communities within traditional routes, as exemplified by findings from Equally Connected and LGBT Mental Health Demonstration Project. Current access routes to psychological services through GP, Crisis Centre or emergency mental health services are often too limited for these groups and direct referral may be the only route where quick access to treatment is realistic.

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

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?

- Use existing resources to draw information from communities of interest. For example LGBT Mental Health Demonstration Project focus group findings.

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

- Mutually beneficial partnerships must be built on understanding and trust between services users/carers and staff. 'Towards a Healthier LGBT Scotland' (2003) produced a set of guidance still relevant today to ensure such partnerships can be formed but today has no continued implementation framework within mainstream services. Action needs to involve looking at continued focus on building the knowledge, experience and capacities of staff teams and departments to build potential for beneficial partnerships with LGBT and other diverse communities. The LGBT Mental Health Audit Tool being developed by the LGBT Mental Health Demonstration Project will also aid this work, but will need as assistance at a national level to ensure broad take up of the tool.

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

- We need to ensure that we are asking the right questions to make sure any demonstration of outcomes does not just tell us 'what impact we have' but 'what impact we have *for whom*'. Demonstrating outcomes for LGBT communities, who are more likely to have a mental health problem and less likely to access services, is only possible if we begin to monitor sexual orientation and gender identity within mainstream/NHS services. Are our person-centred and values based approaches working generically or are we still needing to work on getting it right for different sections of the community? We cannot know unless the data is made available.

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

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

- The LGBT Mental Health Demonstration Project has engaged in limited partnership working with SRN on developing the SRI tool to include guidance that encourages professional groups to consider their equalities practices as part of their recovery based approach. This work needs to continue and develop, but would be most effective if informed by other equalities based groups to ensure a cross-strand approach. A cross-strand forum to feed into development of the tool would provide this.

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?

- From an LGBT perspective it is important to remain aware of the barriers that exist for many LGBT people to participate in the care and treatment of a loved one, especially where this may involve disclosing LGBT status. Implementation of the Carers Strategy must consider diverse needs of LGBT carers, ensuring not just equal rights and equal say in relation to their caring role, but ensuring professional staff within the system of care better understand their needs.

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?

- As question 19.

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

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?

- Throughout this response we have indicated ways of embedding an approach to widen access to minority and high risk groups throughout the strategy and improve access to services.
- As indicated previously, sexual orientation and gender identity monitoring is critical to ensure that we have a clear picture of the extent to which we are meeting the needs of LGBT communities accessing mental health services, and what we need to do to improve.
- It is also critical that findings from the LGBT Mental Health Demonstration Project feed into any subsequent data analysis of equalities monitoring to build a fuller picture of LGBT engagement in mental health services.

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

- Health Scotland will have an important role in ensuring the learning from specialist projects like the LGBT Mental Health Demonstration Project is distributed to the wider professional community. Hosting information on their website, distributing through their networks and providing a platform at learning events.
- It is vital that learning feeds into an action plan for taking the needs of minority and 'at risk' communities forwards. Demonstration projects such as Equally Connected and the LGBT Mental Health Demonstration Project make a difference to the service users that access their services but their primary impact should be as an investment for the future, and laying the foundations for services that make a national impact long after the projects end.

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

- The LGBT Mental Health Demonstration project has made a well evidenced impact within Edinburgh and the Lothians. Whilst the project intends for its learning to be nationally applicable we remain aware of its obvious limitations in providing a service to the rest of Scotland. This gap in service provision needs innovative models due to dispersal of populations, and we hope that our learning can provide these by the close of the project.
- Beyond the life of Equally Connected there remains a gap in services for BME populations and it is critical that the learning of this project is not lost, but leaves a legacy in effective, targeted and well-resourced projects that continue to meet the needs of these communities.

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 ahd 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 spcial care settings?

- Promoting Excellence, whilst a useful tool for supporting people with dementia and their carers, lacks any reference to diversity needs in relation to sexual orientation or gender identity and has very limited guidance around any other aspect of diversity. In any revised versions it may be useful to reference guidance provided in 'Towards a Healthier LGBT Scotland' (2003) and learning from the LGBT Mental Health Demonstration Project.

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?

- It would be extremely helpful to survey the health and social care workforce training and development needs around working with LGBT service users, with a view to resourcing workforce development. In particular we increasingly receive requests to support health and social care workers in their care of transgender service users and this is an area within which there has been no co-ordinated work-force development. We would be happy to be consulted over such a co-ordinated process.

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

As question 28.

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.

- Similarly to question 16, we need to ensure that benchmarking does not just tell us 'what impact we have' but 'what impact we have *for whom*'. Demonstrating outcomes for LGBT communities, who are more likely to have a mental health problem and less likely to access services, is only possible if we begin to monitor sexual orientation and gender identity within mainstream/NHS services and cross-reference this with bench-marking data.

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?

Question 34: What specifically needs to happen nationally and locally to ensure we effectiyely integrate the range pf 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

Scottish Government Mental Health Strategy Consultation

Brief Paper to Accompany Response from LGBT Centre for Health and Wellbeing

Introduction

Our response to the Mental Health Strategy Consultation raises several points in relation to reducing mental health inequalities for LGBT (Lesbian, Gay, Bisexual and transgender) people and other minority 'at risk' groups. This brief paper summarises these and provides additional information around LGBT Mental Health to provide further context for our points.

The high level of mental health problems experienced by lesbian, gay, bisexual and transgender people is the most critical health inequality this minority faces. Research consistently indicates that mental health problems may affect as many as 4 in 5 LGBT people. LGBT people are also at significantly higher risk of attempted suicide.

Summary of Key Points in Response to Consultation

1. It is critical that an equalities approach is embedded across the whole strategy, as well as having named projects (such as the LGBT Mental Health Demonstration Project).

2. At a national level we must enable robust analysis of activity, location of gaps in service provision and meaningful benchmarking by introducing monitoring of sexual orientation and transgender status with NHS and Scottish Government funded services.

3. National mental health projects and campaigns (including 'see me', Breathing space, Scottish Recovery Network and Choose Life) need to reflect pressing mental health inequalities within their work in order to make a much wider impact that small scale specialist projects can alone. We suggest an equalities reference group with representation from key equalities organisations representing 'at risk' minority groups to feed into strategy and implementation.

The mental health of LGBT people

Largely because this is such an invisible minority there has been relatively little research into the experiences of lesbian, gay, bisexual and trarisgender people, their needs and the health inequalities they experience. However, the emerging evidence includes:

A 2008 survey in Brighton[1] of 819 LGBT respondents found:

- 79% reported mental health difficulties over the last 5 years
- 30% had had serious thoughts of suicide in the past 5 years
- 7% had attempted suicide, including 3% in the last year; this rose to 26% among transgender respondents in the past 5 years, and 16% in the last year.

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1 *Count me in too; LGBT lives in Brighton and Hove*, K Brown and J Lim, University of Brighton, 2008.

In addition a 2008 study by Stonewall Scotland looking at lesbian and bisexual women's health[2] found that of 514 respondents:

- 20% reported self-harming in the last year
- 5% had attempted to take their own life in the last year
- 25% have or have had an eating disorder; this includes 9% of respondents saying they have or have had anorexia.

Experience of mainstream services

In general, awareness of the needs of LGBT people continues to be very low among mainstream mental health providers. Very few services monitor sexual orientation or gender identity, which means that the experience and needs of LGBT people and their uptake of services are not understood. There is also limited understanding of the potential mental health risk factors particularly affecting LGBT people, such as lack of integration into the community, problems of self-acceptance and experiences of discrimination, harassment and hate crime. This has meant that the response of mainstream mental health services to LGBT people often fails to meet their needs.

Although the beginning of the 21st century overall marks an unprecedented era of positive change and progress for LGBT people, the reality is that LGBT people continue to face considerable discrimination and ignorance when accessing healthcare services. The 2008 Brighton study[3] found that 42% of those who reported experiencing mental health problems rated NHS mental health services poor or very poor.

In Scotland, the 2002 Beyond Barriers survey[4] found that 15% of LGBT respondents had experienced difficulties in accessing mainstream healthcare due to their sexual orientation or gender identity. 25% of respondents had experienced inappropriate health care advice or treatment due to their sexual orientation or gender identity.

LGBT people are often not 'put' when accessing healthcare services due to fear of and/or past experience of discrimination, which means they can be invisible to service providers, unable to get the services and support they need because their needs are ignored or overlooked. Moreover when LGBT people are 'out' they can face lack of understanding and acceptance from healthcare providers. In mental health services, where sexual orientation and gender identity are so fundamental to identity, recovery and wellbeing, this means the mental health problems of LGBT people are often not treated holistically and with the required cultural competence.

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2 *Prescription for change; lesbian and bisexual women's health check*, Stonewall Scotland, 2008.

3 *Count me in too; LGBT lives in Brighton and Hove*, K Brown and J Lim, University of Brighton, 2008.

4 *First Out Report: Survey of LGBT People in Scotland*, Beyond Barriers, 2002.