SIHR
40 Years of Promoting Mental Health

The Scottish Institute of Human Relations
- *understanding people* –

# Mental Health Strategy for Scotland: 2011-15

INTROPUCTION

The Scottish Institute of Human Relations (SIHR) is a national educational resource working with children, adolescents and adults to promote positive mental health. A national charity, SIHR provides training in psychoanalytic psychotherapy, psychodynamic counselling, family therapy and therapeutic skills alongside professional services in psychotherapy, counselling and organisational consultancy. The Institute also delivers a range of shorter educational programmes focused on, for example, infant mental health, personality disorder, and working with older people, groups and couples.

The Institute welcomes the opportunity to contribute to the consultation on a Mental Health Strategy for Scotland 2011-2015.

RESPONSE

General points

Understanding our own mental health and being able to take action to maintain or improve it is vital. The idea that our personality and personal qualities are influenced by our relationships, rather than being constants, is at the heart of this process. Viewed in this way, mental ill-health can be remedied more often than is supposed and the concept of recovery is well supported. Resilience is a key quality for individuals in maintaining and improving mental health. SIHR believes the counselling/psychotherapeutic relationship encourages and facilitates resilience and that therapeutic relationships have an important role in a network of recovery-orientated support.

The Institute applauds the work done so far to support mental health improvement and would like to see that continue and expand. A key element should be co-operation between professional bodies, training providers, the NHS and other public sector bodies to pool resources and develop greater understanding of common themes. This should included developing and assessing the evidence base for psychological therapies and further broadening access to it, particular for guideline-developing bodies such as NICE and SIGN.

The HEAT target for more rapid access to psychological therapies encourages a faster throughput of patients and an emphasis on short-term treatments. This can be effective and efficient but complex and difficult problems remain that do not respond to brief interventions.

**Outcome 2:** Action is focused on early years and childhood to respond quickly and to improve both short and long-term outcomes.

HEAT targets to improve access to CAMHS encourage referrals with the result that Boards focus on short-term treatment and moving patients through services as efficiently as possible.

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However, while this is a welcome step to increasing the likelihood of a child or adolescent having some contact with the service it may not guarantee that the individual receives the service they need. In particular, there is a risk that CAMHS may not be able to deal appropriately with complex problems.

CAMHS teams should be multidisciplinary with close attention paid to the skill mix and competences in the team. An increase in the number of child psychologists is welcome but building the capacity within teams to offer specialist psychotherapies would also improve outcomes. CAMHS teams heed professionals able to consider not just what children communicate but how they convey these experiences, according to their developmental stage. This requires a multidisciplinary team offering not only a range of short and long-term treatments, but also the opportunity within the team for joint working and reflection on the complexities of cases. This is especially important, for example, when working with children and families living in severely deprived or highly complex social conditions. Access to a range of professionals trained in different disciplines and approaches is essential for this sort of reflective practice.

SIHR believes that early intervention should not focus narrowly on treatment options but should broaden to include professionals with specialist skills in supervision, the emotional aspects of the therapeutic encounter and containing anxiety within the team, all of which are important considerations for populating multidisciplinary teams.

Early intervention tends to refer to early years, but it is important to recognise that periods of transition at all developmental levels are times when intervention can be especially effective. Children making the transition to school from nursery, to secondary from primary school, and from school to the world of work, are all periods when early intervention can be especially effective.

Child psychotherapists are ideally placed to do this but numbers of suitably trained therapists are small for several reasons:

- Significant numbers of senior therapists have retired in the last few years
- Training places are limited
- There are insufficient clinical posts with adequate supervision by a senior therapist

A general concern about the strategy is the absence of infant mental health. CAMHS should begin at birth and there is a need for CAMHS teams to be competent in working with babies and infants as well as older children and adolescents. Parent-infant psychotherapy offers a well-established model and access tp this specialist treatment is consistent with the Government's focus on anticipatory care.

**Outcome 5:** Appropriate, evidence-based care and treatment for mental illness is available when required and treatments are delivered safely and efficiently.

Including an element of reflective practice in the implementatipn of Integrated Care Pathways would improve services. In CAMHS, for example, opportunities for the child psychologist and social worker to reflect together on the delivery of services to individual children and families would improve care by giving team members the opportunity to explore together the strengths and weakness of interventions, review how the ICP has worked in practice and develop their personal understanding and competences.

**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.

Implementation of ***Pro**moti**ng Exc**ell*ence
A wide array of training relevant to dementia care exists at many different levels. Alzheimer Scotland provides courses for care workers through to senior practitioners and the Dementia Services Development Centre at Stirling University runs academic courses to degree level. However, SIHR believes there is a gap in training tp address emotional responses, self-awareness and psychological impacts. Plugging that gap will enhance the skills of the health and social care workforce and their ability to care effectively for people with dementia.

Training capacity & effectiveness
In the field of counselling and psychptherapy training, self-funding is common for people working in the voluntary sector. As a result, some groups, including people from minority groups and lower-paid workers, may not have the financial support needed to undertake and sustain appropriate training. SIHR would welcome greater equality of access to professional training for those working in the voluntary sector as a complement to the capacity of the NHS workforce to deliver psychological therapies.

Training in specific skills is always more effective when it is accompanied by opportunities for reflection, supervision/consultation and peer group support. Courses which can incorporate these over a period of time are of particular benefit because adult learning is a developmental process which accrues depth over time. Such training will lead to staff being better able to participate as teachers/supervisors in the future.

Workforce development
The evidence from SIHR members is that increasing the psychodynamic understanding staff hold is helpful in improving the efficiency and quality of their work and maintaining good mental health themselves in the face of, at times, disturbing and disturbed patients.

Although NICE guidelines recommend psychoanalytic psychotherapy at tier **3** for complex cases, those working at lower tiers can benefit from psychoanalytic thinking to reflect on their practice and develop greater understanding in their work. Such psychoanalytic consultation does not involve direct work with the patient and is, at present, often requested piecemeal by NHS staff from psychoanalytic resources inside and butwith the NHS. Greater support for this need for reflection, and the wider provision of a psychoanalytic perspective would be welcome and make a valuable contribution to workforce resilience.

Hilary Robertson
Director
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