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

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

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 dh the progress that see *me* has made in addressing stigma td address the challenges ih engaging services to address discrimination?

Comments

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

Comments

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

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

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?
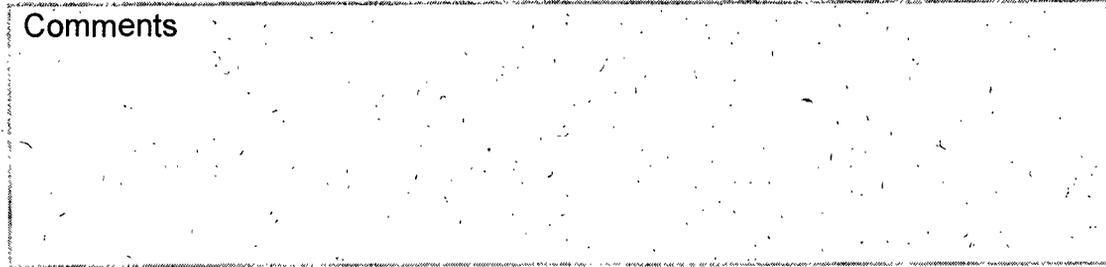
Comments

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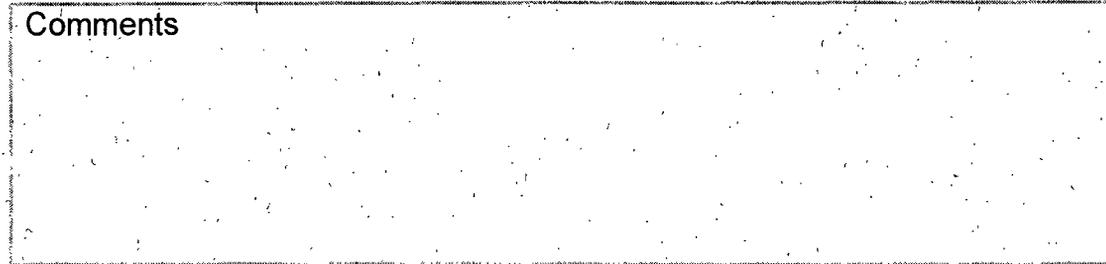
Comments

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?
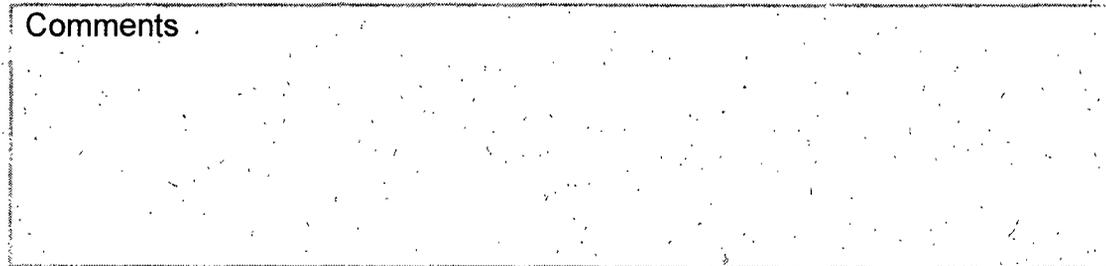
Comments

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?
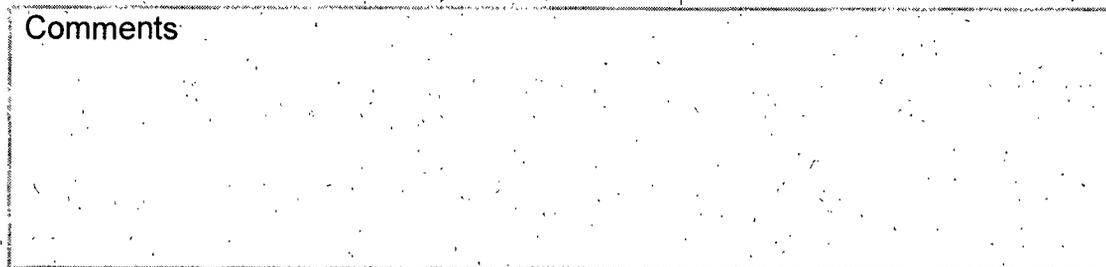
Comments

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?

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?

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

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

Outcome 11: The health and social care workforce has the skills and knowledge to undertake its duties effectively and displays appropriate attitudes and behaviours ih their work with service users and carers.

Question 27: How do we support implementation of *Promoting Excellence* across all health ahd social care settings?

Comments

Question 28: In additibh td 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

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.

Comments

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 tp 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
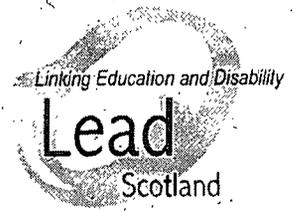
Mental Health Strategy for Scotland: 2011-15

Response from Lead Scotland (Specialists in Linking Education and Disability)

Lead Scotland is a charity that enables disabled adults and carers to access inclusive learning opportunities. At a local level, we do this by providing direct support to learners[1] through flexible person-centred learning opportunities and individualised guidance and support to help them plan their learning journeys. At a national level, we provide information and advice on the full range of post-school learning and training opportunities, as well as influencing and informing policy development.

Our response to this consultation

Lead Scotland has significaht experience of supporting people with mental health problems in learning, volunteering and pre-employment support. There is a significant range of research which indicates the positive value of learning and volunteering on mental health and well-being, and our experience of working with learners with mehtal health problems confirms these findings.

Our response to this consultation therefore specifically focuses on mental health and well-being in relation to learning, volunteering and transition to employment. Consequently, our response primarily refers to the ways in which employers and learning providers can take action to improve support for people with mental health problems, as well as creating a more positive environment to facilitate mental well-being. The suggestions we have put forward are also likely to be relevant for other service providers and partner agencies.

Our response has been directly informed by the views of a range of disabled learners and carers, as well as relevant Lead Scotland staff and volunteers.

General comments

Lead Scotland welcomes the development of a mental health strategy for Scotland, however we would recommend that the focus should be wider than health and social care. Participation in learning and volunteering have been shown to lead to significant benefits upon mental health, including improved confidence, social skills, and general happiness and well-being. Taking part in learning and volunteering can also be rehabilitative for many people with mental health problems, often allowing many to take the first steps back into employment or other opportunities.

We would therefore recommend that the strategy includes a clear focus on education, and incorporates all types of learning including school education, further and higher education, as well as community learning and development and volunteering.

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[1] We receive local authority funding to community learning and development services in Aberdeenshire, Dundee, Fife, Highland, North Lanarkshire, Moray and West Lothian.

Case study: positive impact of volunteering on mental health
Susan, who was unemployed at the time, contacted Lead Scotland as she was
interested in volunteering with us. The Lead Scotland Learning Coordinator met with
Susan, and completed the application and disclosure process. During her
application, Susan disclosed that she had experienced mental health issues during
her university course, and she was keen to take up a volunteering role to improve
her mental health.

After completing training, Susan was matched with a learner, who required support
in literacy and computing skills. Susan was also involved in a pilot project to support
a group of literacy learners from a local college. These learners had attended
groups in the past, but later disengaged due to lack of support.

Susan at all times demonstrated commitment, ingenuity and adaptability in
supporting the learner tp a positive outcome. At the end of her volunteering project,
Susan gained valuable skills, experience and confidence, and went on to gain
employment in an advocacy project.

Consultation questions

**1. People and communities act to protect and promote their mental health and
reduce the likelihood that they will become unwell.**

What further action can we take to continue to reduce the stigma of mental
illness and ill health and to reduce discrimination?
Many people with mental health problems are reluctant to disclose mental ill-health
to potential learning providers or employers due to fear of rejection or discrimination.
Many feel that employers/learning providers will take their mental health problems
into account during recruitment and admissions, and that they make negative
assumptions about the person's abilities and support needs.

Lead Scotland therefore recommends that employers arid learning providers (as well
as other service providers) are supported and encouraged to improve their disability
disclosure procedures as a means of encouraging disclosure of mental ill-health.
This should include a clear statement on why this information is being sought, and
information on how the employer/learning provider will use this information as a
means of putting in place the necessary support and reasonable adjustments
required by the individual. Consideration should be given to language and tone to
ensure that people with mental health problems do not feel that that providing this
information will be in any way held against them during recruitment or admissions.

We would also recommend that employers and learning providers have access to
appropriate support and training around mental health, to help them avoid
discriminatory actions and behaviours as well as providing them with a better
understanding of mental health and well-being. Many public sector organisations are
already likely to be engaging in work to promote disability equality as part of the UK-
wide Public Sector Equality Duty. This is a useful means of helping public authorities
take action to ensure that their services, policies and procedures have due regard to
the elimination of discrimination, the promotion of equality and the fostering of good
relations. Lead Scotland would therefore recommend that further guidance is

produced and disseminated to ensure that mental health is given adequate consideration among the more general concept of disability.

What other actions should we be taking to support promotion of mental wellbeing for individuals and within communities?
It will be important for the Scottish Government and other support agencies to utilise and promote a social model of disability in relation to mental health. Such a model sees the way our society is structured as the barrier(s) for the individual, rather than their individual impairment.

This can be a particularly useful model for supporting those with mental health problems, as it encourages support agencies (as well as society in general) to create an environment which is more conducive to positive mental wellbeing. It also moves the focus away from mental 'ill health' (which primarily includes those with mental health problems) towards mental wellbeing for all (which is concerned with the mental wellbeing of everyone). This approach is likely to reduce any stigma associated with mental health as it does not single out those with mental health problems. Although those with mental health problems will still require tailored support to meet their needs, this approach is a step towards mainstreaming mental health and wellbeing, and reducing stigma and discrimination for those who disclose mental health problems.

3. People have an understanding of their own mental health and if they are not well take appropriate action themselves or by seeking help.

What further action do we need to take to enable people to take actions themselves to maintain and improve their mental health?
Many people are likely to be unaware of the information and support available to people with mental health problems. It is therefore vital to ensure that appropriate and accessible information regarding mental health is widely available to allow people to find out more about their particular mental health problem, and take steps to seek appropriate support.

Many colleges and universities employ specific staff to support learners with mental health difficulties, as well as carrying out work to promote positive mental well-being among their student populations. Given that education providers engage with such large sections of the community, this is an important means of providing information and support to people who may not engage with (or be aware of) mental health services in the health and social care sectors. Lead Scotland would therefore recommend that other public sector organisations consider employing specialist mental health staff to allow them to provide similar services.

7. The role of families and carers as part of a system of care is understood and supported by professional staff.

How do we support families and carers to participate meaningfully in care and treatment?
As well as supporting disabled learners, Lead Scotland also provides tailored learning support for (unpaid) carers of disabled people. As well as tailored learning opportunities, this also includes learning about relevant care or treatment for the

person they are caring for. This is an important means of providing the relevant information (as well as signposting to other sources of information and support) which families and carers need to be able to provide appropriate care and to cope with their caring responsibilities. Lead Scotland would therefore recommend that information on this type of support is widely promoted to families and carers.

It is also important for carers to be able to access peer support as well as finding out about the experiences of other people who care for people with mental health problems. This can be an invaluable means of social support, as well as providing an opportunity to learn from other carers. In 2008, our Aberdeenshire Coordinator set up a group for young carers to share their experience of being a young carer with others, as well as a respite break from their caring responsibilities. The group produced a written report and a DVD which is a very useful resource for carers of all ages. The group received a Youth Achievement Award for their project from the Scottish Youth Pariiament. You can read the 'Do I Care?' report on our website at http://www.lead.org.uk/article.asp?art_id=301.

What support do staff need to help them provide information for families and carers to enable them to be involved in their relative's care?
It is important for staff to establish relationships and appropriate protocols with relevant agencies to allow them to share information about the individual's needs (including the needs of the family/carer). This should allow them to obtain the most appropriate information and support for families and carers, as well as eliminating the need for the individual and their family member/carer to provide the same information to various support agencies.

Lead Scotland would also recommend that any information provided to families and carers is produced in a concise and accessible format to take account of young carers and those who may have reading or learning difficulties.

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.**

What else do you think we should be doing nationally tp support NHS boards and their key partners to work together tp deliver person-centred care?
Given that learning providers engage with such large proportions of the community, it is vital that mental health services develop closer working relationships with the education sector. In 2009-10, around 11% of the student population in colleges and 7% in universities in Scotland declared a disability. Within this group, around 8% of disabled college students and almost 9% of university students had a mental health problem[2]. Although there are no national statistics on the number of disabled people who take part in community learning opportunities, we know that this is particularly attractive option for people with mental health problems due to the flexible and informal nature of learning.

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[2] Statistics from Scottish Government and Scottish Funding Council

Case study: good practice in partnership working to support people with mental health problems

Between 2009 and 2010, Lead Scotland took part in a collaborative pilot project with NHS Integrated Mental Health in Moray ('Positive Lead'). The aim of the project was to:
- empower individuals with mental health problems to make well informed choices and engage confidently in lifelong learning;
- provide person-centred individualised support and mentoring to gain confidence and core skills;
- combat exclusion and develop socialisation and participation skills.

Over the course of the project, a number of learners with mental health problems met regularly with the Lead Scotland Learning Coordinator to plan their individual learning journey. Lead Scotland also arranged free laptop and printer loans, as well as assistive technology and software for those learners who required it. Learners met regularly with both the Lead Learning Coordinator and Occupational Therapists for ongoing support and guidance.

Participation in the project led to a number of benefits for those who took part, including:
- easier transition to learning;
- one-to-one support and mentoring;
- empowering individuals to make well-irifprmed choices and to engage confidently in learning;
- improved self-confidence, self-esteem and social skills;
- learning new skills and enhancing existing skills;
- engaging with mainstream college courses

One of our learners told us "It gave me a focus, and a sense of worth. I've enjoyed getting back into education and learning something new. I feel like I'm achieving something."

In question 3, we noted that many colleges and universities employ specific staff to support learners with mental health difficulties, as well as carrying out work to promote positive mental well-being among their student populations. Lead Scotland would also recommend that mental health services provide advice, training and appropriate referral mechanisms for staff in colleges, universities and community learning. It may also be useful to develop strategic partnership agreements between mental health services and large learning providers in order to facilitate joint working and sharing of expertise.

What should be our national priorities over the next 4 years to meet the challenge of providing an integrated approach to mental health service delivery?
It will be important to formalise any partnership working arrangements between mental health services and other agencies, as well as promoting good partnership working practice.

In the education sector, the Scottish Government's 'Partnership Matters' guidance has been a useful resource for the various agencies involved in supporting learners

with additional support needs. This guidance has worked well in terms of helping to set up regional partnerships between various partner agencies, clarifying roles and responsibilities, and allowing agencies tp share good practice with each other.

Lead Scotland would therefore recommend that similar guidance is developed for those agencies supporting people with mental health problems, and that such guidance should widely promoted and disseminated to all relevant agencies.

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.

How do we ensure that staff are supported so that care and treatment is delivered in line with legislative requirements?
It is vital that staff receive the appropriate information and training to help them understand both the individual's rights, as well as the agencies' responsibilities as a service provider. Lead Scotland would also recommend that further consideration is given to the way in which the Equality Act interacts with Scottish legislation regarding mental health. This is a key piece pf legislation for people with mental health problems, specifically setting out their rights in relation to reasonable adjustments, as well as detailing the way in which service providers must not discriminate against disabled people.