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.

The Rivers Centre considers the 14 outcomes to be appropriate, but believes that they should be embedded in an explicit acknowledgement of the links between mental health problems and poverty. Mental health interacts with family systems, schools, communities, housing conditions, the state of the labour market and the wider social structure. Mental health interventions should consequently be firmly rooted in this broad context, particularly in the current economic recession.

The emphasis on improving access to psychological therapies is welcomed, but the solutions to mental illness clearly do not just lie in mental health services. We would encourage the Scottish Government to transcend the artificial boundaries of our current systems and actively promote a more integrated approach to patient care, linking the fields of employment, housing, education, social work, community care and health. Other traditional boundaries, such as age cut-offs for child, adolescent, adult and elderly services should also be reviewed, with a view to moving towards seamless services across the lifespan.

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.

The Rivers Centre agrees with the move to deliver more services in the community as we believe most people seek help for their mental health problems from their families and communities, in preference to professionals.

The third sector will play a crucial role in implementing the changes required by the Strategy document, and the Rivers Centre strongly calls for the services voluntary agencies provide at a local level to be protected and supported wherever possible.

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.

> There is already good evidence that childhood adversity and trauma have strong links with social, mental and physical health problems in later life. There have been few longitudinal studies carried out on Scottish populations, however, and we would therefore encourage these to be commissioned by the Scottish Government.
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> In particular there needs to be a re-focusing on the protective factors that keep people resilient in the face of significant adversity and deprivation. We have a reasonable understanding of the factors that contribute to making people mentally ill, but we have a much poorer understanding of why so many people do not become ill given their exposure to trauma and adversity. Part of the answer may lie in their effective use of community resources. If this is the case we need to know what resources they use in order to strengthen them.

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 to address the challenges in 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?

CAMHS and adult mental health services should work closer together to address the possible negative impact on parenting of parental mental health problems and support should be available to ameliorate this. This is something the Rivers Centre has tried to do through the provision of support and guidance to parents affected by trauma, and by collaborative working with Social Work and relevant third sector organisations.

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?

First we need to have a good understanding of the actions people take. Many of these will not involve traditional or professional sources of help, but will be based on a person's understanding of what "works for them".

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

The "one-stop-shop" approach of "Veterans' First Point" has been successful in encouraging people to seek help when they need it. People can self-refer, do not need an appointment, and can "drop-in" when they need help. They usually present with a practical problem (e.g. benefits, employment, housing, debt) and mental health problems are often subsequently identified in discussion with their peer support worker. Access to mental health specialists is then fast and on-site, with all services being provided under one roof.

This indirect approach to mental health seems to work well and avoids some of the stigma of our current system which by enlarge expects people to seek help specifically for a mental health problem.

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?

See answer to Question 10 abbve. Services need to be more accessible, more co-ordinated and more credible.
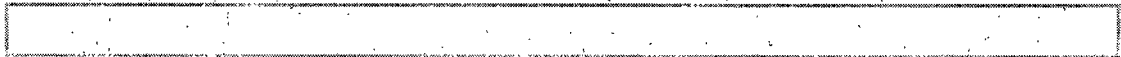
Outcome 5: Appropriate, evidence-based care and treatment for mental illness is available when required and treatments are delivered safely and efficiently.

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?

There is still work to be done on the development of resources for carers, their families, and especially the children of parents with mental health problems, to explain about mental illness, treatments and 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 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?

> 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

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: Hdw do we ensure that information is used to monitor who is using services and to improve the accessibility of services?

> GP practices hold databases of information on the populations they see and their risk factors in terms of health problems, socio-economic background etc. These data could be used in an anonymised format to provide information on who is, and is not, using services.

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

The prevalence of traumatic stress reactions and of mental health problems more generally is known to be high in the prison population and an integrated approach should therefore be applied across this population (including young offenders) and not just limited to female offenders.

Although a lot of work has already been done on improving services for serving military and for veterans of the Armed Forces, the links between Armed Forces welfare services and civilian services still need to be strengthened. There is currently no formal system that routinely transfers the care of vulnerable service leavers to civilian services.

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

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

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.

Specialist trauma services throughout the UK and Europe have made various efforts in the past to develop standard datasets, so that services, patient populations and intervention outcomes could be compared in a meaningful way. These efforts have not yet been successful but it might be feasible for trauma services operating in Scotland to agree on a standard set of measures that could be routinely collected.

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?

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