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

We feel that the strategy should state clearly what the vision is for the mental health of the people of Scotland, specifically relating this to the Government's National Outcomes, the Recovery principles and placing it firmly in the public health domain. The strategy should also focus more on promoting mental health rather than responding to mental illness.

We are concerned that there is a lack of consensus on the best way fonward for mental health services in Scotland. In pur experience the absence of an agreed and jointly owned shared vision makes change processes harder and could lead to an increase in resistance to change. We think that there is more work required to create a shared vision and ensure ownership for the changes that may then be required to achieve the vision. We would be happy to participate in such a process and would point to the success of the previous good work in creating the National Programme for Imprpving Mental Health and Wellbeing.

We welcome and support the Government's focus on mental health in Scotland over the past decade; however we believe that significant differences of opinion exists about the best way fonward, particularly in relation to the recovery approach.

We would have liked to have seen a greater emphasis on early years and preventative approaches generally. We feel the focus is very strongly on working with problems as they arise rather than preventing or anticipating them.

The strategy should also support ah asset based approach and identify what resources we have in Scotland to achieve the vision. For example we have a thriving and diverse voluntary sector and a growing peer support movement.

We also feel that the strategy is currently too NHS focused and does not reflect the reality that to achieve positive mental health outcomes requires input and support from a broad spectrum of activities and sectors.

Specific consideration relating to Children and Young People
We believe that targeted investment in the mental health of children and young people must go beyond Child and Adolescent Mental Health Services (CAMHS), incorporating mental health in early years education, early intervention programmes for parents and families, early years health visitors trained in mental health and training for GP's and primary care workers.

We also believe that particular groups of children and young people are at greater risk of poor mental health, such as children aged 5 to 10 who are looked after at home or accommodated and young people who self harm.

We strongly support the cross policy approach to Mental Health and Wellbeing, to include Early Years intervention, Education, Employment, Criminal Justice, Poverty, as well as a commitment to promoting well being and preventing illness across all policy areas.

We support a commitment to Recovery and the Rights of Children and Young People, and a commitment to early and targeted intervention.

We support a commitment towards stronger partnership working between sectors and agencies i.e. NHS and Local Authorities and between those agencies and third sector organisations, as well as enhanced communication and joined up working between the Sectors.

We call for support for local community-led health and well being organisations.

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
We are keen to see the Government's stated intention to integrate Health and Social Care reflected in the strategy, particularly in relation to the range of things that can help recovery, that are not within the remit of health.

We believe that there is a case for fully integrating health and social care mental health partnerships as a way of better supporting the process of

recovery.
A more holistic approach should create a better opportunity to support all aspects of recovery.

Elsewhere we feel there is a need to review the separation of seryice by arbitrary age bandings. Moving between services can be disruptive and upsetting for people and also impacts on continuity of support which is an important and under recognised aspect of personal recovery.

We also believe that more can be done to support the user voice in the design and delivery of services. We fully support the use of co-production approaches.

We believe that there are particular policy areas that require additional support to help implementation at a local level. For example the Curriculum for Excellence identifies the importance of health and wellbeing; however pupils may find it difficult to discuss some issues, which affect their mental health, with teaching staff. One of our members has had some success with a pilot offering access to talking support, from non-teaching staff, for pupil's and this has been well received by pupils. The Government could support this activity which is low cost by making funds available to schools to provide this additional support for pupils.

We were disappointed by the lack of emphasis on inequality and inclusion, both significant and well evidenced consequences of, and predictors of, mental health issues. In particular we were disappointed to see no mention of employment within the strategy and feel supporting people into and in work should form a key part of any modern mental health strategy given its well evidenced impact upon recovery. This could build on the work done by the Government in relation to the Section 26, of the Mental Health (Care and Treatment) (Scotland) Act 2003, duties of Local Authorities to advance wellbeing.

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.

We welcome the recognition of trauma within this consultation document. The link between childhood experiences, including trauma (in all its forms), and the later development of mental health problems is clear. Responding to this type bf evidence will require better service responses, with a particular emphasis on preventative approaches designed to avoid people unnecessarily becoming part of the mental health service system. We would also encourage new and preventative approaches that focus on working with families and communities.

We believe that alternative crisis models may have a particular benefit here in avoiding the need for hospital admission for people who have experienced past trauma. For example peer crisis services or open access community crisis services.

We are concerned that at a time when community based services are being cut significantly that we could, due to the reduction of support infrastructures, see a continued increase in the use of short terms orders under the Mental Health (Care and Treatment) (Scotland) Act 2003 and that statutory services in turn could be required to work more than ever in a crisis management type role. We believe that a greater emphasis upon community services and better recognition of their role and importance within this consultation might go some way to safeguarding their future.

In addition to this we acknowledge the aim of encouraging shorter admissions to hospital but are concerned that in some instances this can lead to quick fix approaches that could lead to poor long-term outcomes.

Recovery is strongly associated with empowerment and control so we have a strong interest in compulsory powers beipg seen as a last option and their use minimised wherever possible.

We would like to see a stronger emphasis on self determination amongst people experiencing mental health problems as well as people affected by mental health issues including carers. We would emphasis the use of self management approaches including the use of Wellness Recovery Action Plans, which is one of a number of approaches to enabling people to move and assume a greater degree of control over their wellbeing and recovery.

We also feel there is more to do to encourage the effective use of Advanced Statements. As well as support for Named persons to ensure that their participation is enhanced.

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?

We acknowledge the recognition of the separate yet related natures of self harming and suicide. We encourage the continued emphasis upon recognising the impact and consequences of self harming behaviours and coping strategies and encourage the increased involvement of people with lived experience of self harming in developing and implementing appropriate responses. We call for extended Self Harm Awareness training for staff in universal services.

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

We welcome the distinction in this strategy between stigma and discrimination. Stigma is a complex concept and strategies to address it are still being debated. Discrimination is more clear-cut and we would like to see more encouragement and support for people to challenge the very real discrimination that exists in, for example, the employment field.

We believe that an effective way to reduce stigma and discrimination is through sharing experiences of recovery and through people with experience of significant mental health problems having valued roles. We also believe that the best way to challenge stigma is through community based approaches designed to enhance empowerment.

Allied to a new emphasis upon challenging discrimination we believe it is important to focus mental health awareness raising efforts on children and young people to ensure future generations are more tolerant and have improved mental health knowledge.

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

We believe that the Government should take forward lessons from the 'See Me' Campaign by funding and delivering a further campaign to consolidate awareness of the realities faced by people experiencing discrimination and undertake awareness raising sessions with targeted audiences – policy makes, practitioners, community members - on addressing discrimination facing people on issues related to mental health. We would particularly like to see a children and ypung people specific advertising campaign, similar to the previous adult adverts funded through 'See Me'.

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

Comments

Through the innovative and ground breaking work already developed in Scotland in relation to the promotion of wellbeing (e.g. Indicators, WEMWEBS and outcomes models) we believe there is a very strong foundation for further development. While we recognise the huge complexity of promoting wellbeing and the extent to which it is a 'crosscutting issue' we would like to have seen a greater commitment to future work in this regard through for example a commitment to wellbeing measurement and the development of wider policy informed by the potential to positively or negatively impact wellbeing.

We believe the Government should also recognise the contribution that local organisations make to promote, enhance and support increased levels of social capital, through provision of safe social spaces, increased volunteering opportunities and increased opportunities to take action for positive change on many aspects of community life. All of these activities promote mental well being although they may not be 'badged' as such.

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

We agree that access to CAMHS services should be improved. However, we feel that any strategy would benefit from highlighting preventative approaches that focus in particular on early years support including parenting programmes and support in schools for those at risk of exclusion

or bullying. We believe that we should also endorse referral routes into established community support groups for parepts with children with mental health problems, as well as raising awareness in Community Mental Health Teams of local community-led initiatives which can support parents and families in their activities. Services could also offer group support to those on waiting lists. Parents with similar issues may be well placed to support each other and existing local community organisations are likely to have many of the skills and approaches to facilitate this process.

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

Comments

Raise awareness with the mental health improvement workforce of the community and voluntary sector's services and approaches which complement and bring added value to existing statutory service provision. For example access to community based third sector services while waiting on a CAMHS service could provide enough support to keep the service user well.

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.

Questipn 9: What further action do we need to take to enable people to take actions themselves to maintain and improve their mental health?

Comments

We think there is much to be learned from work related to self-management in relation to how all members of communities can become more empowered to take greater responsibility for their health and wellbeing. We also feel that we would benefit from a renewed emphasis upon mental health literacy in its broadest sense to build on programmes like mental health first aid, with the potential to increase awareness and reduce stigma and discrimination.

There is a specific concern regarding Advance Statements, which are not well used by professionals or service users. The Government could conduct research into why this is the case.

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

Comments

We feel that one of the reasons people do not seek is help is related to anticipated stigma and discrimination. We feel that having more accessible, non 'mental illness' services, such as well being centres and universal services.

The required shift public attitudes will require a continued emphasis on normalising mental wellness and more recovery stories.

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

We welcome the recognition of the value and role of early intervention services. New evidence suggests where people are helped at the earliest possible opportunity then recovery is more likely. We would like to see early intervention approaches becoming standard across Scotland, based on recovery principles and designed to make peoples interaction with services as supportive and as brief as possible. We recognise the impbrtance of

access to treatment but feel this question is limited in that it does not emphasise the need to better evidence the outcomes of services and treatments provided.

We feel that we could do more to support good quality early intervention through better linkages between services and family members and friends to ensure people enter services (at whatever stage) in as supported a manner as possible. We worry there may be too much reliance upon the police to bring people to services during crisis which can cause significant trauma and distress and that wherever possible this should be a last resort.

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
Safety and efficiency should not be a means to an end in its own right. We feel that the primary driver for service improvement should be the experience of using the service and how recovery is supported. We also feel service users and carers are excellent sources of information when it comes to identifying and addressing non-value adding activities and should be fully linked in with initiatives like Releasing Time to Care.

Question 13: What support do NHS Boards and key partners need to put Integrated Care Pathways into practice?

Comments
We believe that there is more to do to more fully assess how the implementation and use of ICPs may positively and negatively impact upon personal recovery and recovery focused practices and would be interested in working with partners in this review. There is a concern that badly implemented or unnecessarily prescriptive ICPs could hinder recovery and we are interested to know more about the reality of the experience within services. We would welcome the opportunity for service providers, users and community members to participate in planning and evaluation events.

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
We would support the design and delivery of training and opportunities to support the building of confidence and skills in service users and support staff to use participatory planning and coproduction of service methodologies. In addition to service user involvement we would encourage the inclusion of additional and separate involvement of informal carers as a central aspect of service improvement as described in policy.

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

Comments
We want to see a greater emphasis upon employing tools that can bring together service users, providers and informal carers in local dialogue. We support training for all in participatory planning and co-production of 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
We feel that to better evidence these outcomes requires services to routinely required to report on how they are realising these ambitions, as they are on other targets. We believe that there are existing tools and approaches that could be used in this endeavour, e.g. the Scottish Recovery Indicator, Talking Points and My View, and that it may be as much a question of promoting or requiring the use of relevant tools rather than creating new ones.

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

Comments
We would support the continued funding of the Scottish Recovery Network, NHS Education for Scotland and other partners to ensure that the revised Scottish Recovery Indicator tool is implemented.

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

Comments
We acknowledge the work of the Scottish Recovery Network to date and would support continued funding within the whole system to promote recovery approaches, particularly encouraging stronger partnership working between statutory sector providers and community and voluntary sector organisations.

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
We would support the promotion of approaches that enable carers to fulfil a recovery supporting role. We recognise that in some instances it may not be appropnate to share information but are concerned that confidentiality is used too often as an excuse not to better engage carers and family members. Carers should be better consulted about the role they play and should not be expected to perform roles that they do not necessanly want to perform. Rather they should be fully consulted on how they could offer support in collaboration. Linked to this we would like to see the more routine use of carers' assessments across Scotland.

We also believe that the that there must be more support for named persons, to ensure the full participation in care and treatment.

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

Carers views should be taken seriously and where appropriate acted upon. We understand that the opportunities for carer's views to feed into training and education programmes have become more limited through budget cuts and are concerned that this will reduce the understanding of mental health professionals as to the key role of informal carers. We must support work with families and carers to co-produce information resources, and ensure that resources address issues of importance to families and carers and that material is produced in the most appropriate languages/format.

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

We feel that there needs to be a stronger direction from the Government as to what the preferred make up of a service system might look like. We see considerable variation in provision across the country with well recognised centres of progressive practice and service design. We feel that some parts of the country continue to be too heavily reliant upon inpatient beds with inadequate provision of community based and crisis alternative support services that could prevent the need for a disruptive and potentially traumatic hospital admission.

We believe that future discussions on integration offer one means by which the Government may be more prescriptive in relation to expected provision and design. We also feel there is a strong potential within the voluntary sector to assume greater responsibilities for a wider range of service provision including the provision of crisis alternative options. This may provide a better balance on strength based approaches against the predominant focus on risk management. The Government should support activities to ensure that strategic managers are familiar with the benefits of community-led practice and take steps to implement it at an operational level.

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

Ensure that monitoring is embedded into established procedures and act on information gathered. Ensue that services are open to new ways of working which will reduce barriers to services e.g. changing venues of services, hours at which services are available providing expenses for travel, respite care for carers, etc . Continue to work with community and voluntary sector partners to develop services which are inclusive of people i.e. addressing barriers such as income, language, culture, disability, age and sexual orientation.

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

Comments

increase the use of national and local community-led health networks e.g. CHEX, Community Food and Health Scotland, and Scottish Healthy Living Centre Alliance, Mental Health Cooperative, CCPS etc

Build knowledge of and make contact with pre-existing organisations with specialist awareness of removing barriers to services e.g. disability groups, black minority ethnic organisations, lesbian gay bisexual and transgendered people's organisations etc.

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

Comments
In our work we are aware of considerable differences between the quality and types of services available to different age groups and feel that there should be greater consistency as well as smoother transitions between age limited services. This would help promote continuity – an important recovery supporting element in services – and reduce the potential for service discrimination on the grounds of age. There is a need for more focus on early intervention and preventative services, particularly in schools and children's services.

Outcome 10: Mental health seryices 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 Demeptia 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
We would like to see some of the existing tools and resources that have been designed to support person centred approaches being more effectively used. For example, the further promotion and dissemination the recovery approaches and the SRI.

We would also support an increase in the number of Peer Support Workers within multidisciplinary services and approaches.

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
The strategy should ensure that early intervention and prevention is the focus, as previously stated we believe that the increased integration of health and social care services alongside more cross policy work will offer real opportunities for service improvement and the development of a more holistic recovery focus within 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
We support the continued Voluntary Sector Development fund and implementation of the SSSC qualification requirements in all service sectors.

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
We feel that service user and carer involvement is crucial to all mental health training delivery and that it must be supported, guided and encouraged at a national level.

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

Comments

IWe would support the continued emphasis on values based and recovery focused training and the wider training of staff in education and primary care. We would also support the implemeritatibn of the Professional Development Award in Mental Health Peer Support.

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

Comments

By delivering more early intervention and prevention approaches we will better manage the access to psychological therapies as there will be less demand for this treatment.

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

While we recognise the burden on service providers in relation to providing data and how this can get in the way of care and support we believe that it would be helpful to more routinely gather information about the experience of using services across Scotland, directly from the people who use them and from their carers and family members

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 atteritipn in the next 4 years that would support services to meet this challenge?

Comments

In our experience the extent to which service improvements are adopted and good practice promoted is highly variable across Scotland. As far as we can tell this is significantly linked to the extent to which there is good leadership in an area. Given this we feel there would be merit in revisiting some kind of leadership development programme. However, we feel that leaders are to be found in all relevant stakeholder groups so would encourage approaches that brought together leaders from service providers, service users and carers and family members. These leadership sets could be focused around how best areas can lead the development of recovery focused and person centred services.

Questibn 34: What specifically needs to happen nationally and locally to ensure we effectively integrate the range of improvement work in mental health?

Comments
As stated previously the integration of health and social care is the best way to ensure that services work together,

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

As described eariier we are concerned that at a time of seryice reduction, particulariy in relation to community based social care services, that the use of Compulsory measures under the Mental Health Act may increase and feel that it will be important to more closely monitor this. We are concerned that in these circumstances the Act could be used as a means to allow greater access to services. We also would like to see closer connection between the functioning of the act with the principles of recovery, and the rights of children.