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.

> **General comments:**
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> Policing mental health in Scotland is a pressing issue for the Scottish Police Service. The Association of Chief Police Officers in Scotland (ACPOS) is delighted to contribute to the development of a Mental Heath Strategy for Scotland. The comments contained below reflect the views of the ACPOS Group in relation to the challenges around policing mental health. In doing so, it recognises the need for a collaborative response across relevant agencies, and that no single agency can achieve successful outcomes on it's own.

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 situatiphs, 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.

> **General comments:**
> ACPOS considers the Strategy requires to include provision for the Scottish Police Service in responding effectively to the growing demands from policing mental distress, arising in the main from attempted suicide and self harm.
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> Consideration of bringing together the provisions of the three main pieces of legislation in Scotland (Adults with Incapacity (S) Act 2000; Mental Health (Care & Treatment) (S) Act 2003 and the Adult Support & Protection (S) Act

2007) to better support an integrated approach to mental health.

At national level, greater scrutiny of, and accountability by local agencies delivering on their responsibilities contained within local Psychiatric Emergency Plans.

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.

Continued engagement at national level between ACPOS and the Scottish Government, and for this to continue beyond the establishment of the Police Service of Scotland.

This is critical to a shared understanding of the mental health policing challenges that exist in Scotland, and how they need to be addressed. In addition, the transition to a single police force is considered to be an opportunity to bring a more unified corporate approach to this area of policing, which currently presents the same issues and dilemmas across Scotland.

Development of a national Mental Health Training Strategy.

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?

ACPOS endorses the continuation of the Choose Life agenda to reduce suicide rates in Scotland. In respect of self harm, ACPOS considers the establishment of a clear Self Harm agenda as relevant to the current policing challenges that arise from dealing with people who self harm.

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

Continuation of a robust approach to the provisions within the equalities

legislation.

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?

Continuation of this area of work including consideration of recourse to as wide a range of media as possible.

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?

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

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?

People encountered by the police in a mental health crisis frequently face obstacles in getting help and resolving their situation. They may be considered 'hard to reach' groups in terms of their requirement for dual diagnosis, ethnicity, lifestyle choices, etc. As such, ACPOS considers it relevant that action is focused on those who are harder to reach in communities, as well as those who are more self aware. In addition the Group considers that continued support of service user groups is a key element of this area of work.

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

> Provision of information about local services and how to access them. It is critical that in practice, services are accessible, in particular in remote and rural areas of Scotland.

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?

> Currently in Scotland the policing experience is that mental health services are frequently inaccessible at a time of crisis. The Group considers that future service provision to address this increasing challenge requires a model that better uses current service provision e.g. use of informal place of safety within a Health or local authority setting; A&E Units developed to better support police; greater use of IT e.g. tele-conferencing to support an initial discussion between police and health professionals; joint crisis response by police and paramedics; up-skilling existing staff to respond effectively to crisis scenarios; development of forensic nursing services.

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?

> Continued development of an Integrated Care Pathways.

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

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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?

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

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?

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?

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?

ACPOS recognises the indirect benefit to families and carers where an effective policing response to a person in mental health crisis is undertaken. Families frequently do not know how or where they can access help and support either for the person they are caring for, or themselves. Development of simple but effective strategies that allow intervention to be offered or provided in crisis by police are worthy of scoping and development.

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?

Police officers frequently encounter families and carers when a person is in crisis. As such, there is an opportunity for police to support the provision of useful information, offer reassurance and support onward referral to a family or carer at a time when they need it most.

Outcome 8: The balance of community and Inpatient services is appropriate to meet the needs of the population safely, efficiently and with good outcomes.

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.

ACPOS considers it highly relevant that information from a range of sources including frequent attendees to Emergency Departments, callers to NHS 24, callers to Police, callers to SAS (to name but a few) is analysed to support effective service development. In addition this information should be analysed against a demographic profile in order to identify where further work is required to address inaccessibility of services.

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

Policing mental health frequently involves responding to a person in crisis and who requires to be transferred or referred to an appropriate service. Options are often limited whether due to a lack of service provision, or due to barriers in accessing existing services. Previous comments reflect the view of ACPOS in respect of how this can be addressed through service development, a more creative approach to joint working and a shared understanding of how outcomes can be better delivered for a person in crisis. Importantly, this will reduce the number of people criminalised through unintended interaction with the police.

For those who have committed offences, there is a need to develop the provision of forensic nursing services in Scotland in order to ensure a

person's needs are met in a custody environment.

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 Natibhal 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?

ACPOS considers dual diagnosis to be an area which requires increased service provision and consistency in delivery.

A clear Mental Health Multi Agency Training Strategy requires to be developed to ensure staff in relevant organisations are adequately skilled to ensure their responses are person centred and deliver the best outcomes possible.

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?

Please refer to the range of points outlined above.

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?

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?

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

ACPOS considers it essential that key staff within all workforces responding to mental health receive joint consistent training and continuous

professional development. The abovementioned Multi Agency Training Strategy would provide a vehicle for this activity.

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 oh 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.

The ACPOS Mental Health and Adult Support and Protection Groups have identified relevant Key Performance Indicators. The Scottish Government may wish to consider using the data collected to inform it's work around mental health.

Question 32: What would support services locally in their work to embed clinical outcomes reporting as a routine aspect of care delivery?

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?

The ACPOS Mental Health Reference Group has already been in dialogue with Scottish Government in an effort to address persisting issues relating to Places of Safety and the use of Section 297 of the MH(C&T)(S) ACT, 2003. Essentially, there appears to be a lack of common understanding and / or purpose between Police and partners, which frequently results in vulnerable individuals not being admitted to said Places of Safety, but instead being taken into police custody as a perceived safety measure, or simply being discharged. What may be required is an amendment to the existing legislation or a Government Directive, in conjunction with more effective control / scrutiny / co-ordination of Psychiatric Emergency Plans.

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

Development of a robust and clear Mental Health Strategy encompassing the points outlined above in a comprehensive Action Plan which outlines priorities, outcomes, timescales, roles and responsibilities.

To succeed, it must work alongside, but also link to existing strategies and frameworks such as Changing Scotland's Relationship with Alcohol, Road to Recovery and GIRFEC.

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?

The Multi Agency Training Strategy referred to above is key to ensuring staff are supported to deliver care and treatment in line with legislative requirements.

In addition a clear commitment is required to develop an effective infrastructure of integrated services through improving existing services, creative service development, targeting services to meet demand where it is needed most, and identifying where it is required but not accessible.