

## 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?

Scotland Together- A study examining fire deaths and injuries in Scotland (<http://www.strathclydefire.org/news--campaigns/features/julv-2010/scotland-together.aspx>), in conclusion states individuals with mental illness, addictions and cognitive impairment, together with older adults are at more risk of injury or death caused by fire.

The opportunity to make comment on The draft Mental Health Strategy for Scotland 2011-15 enables us to continue to establish and build on the existing partnership arrangements in place across Scotland.

### 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.

In support of our above statement and in taking cognisance of an ageing population and the example of the Dementia Strategy, Strathclyde Fire & Rescue (SFR) research and intelligence reports that over a five year period from 01 April 2006 to 31 March 2011, a total of 46 people aged 60 and over died as a result of fire within the SFR area. This equates to 35% of all fire deaths for that period. Taking account of the predicted increase in the number of older people, more individuals in this age group are likely to be affected by fire.

It is imperative that Fire & Rescue Services continue to build on mechanisms to share information across partner agencies and that reciprocal arrangements are put in place. Currently, SFR is working in partnership to develop robust referral pathways with our partners, to focus on those individuals at particular risk from fire.

## 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

**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?

Scotland Together reports that from April 2005 to March 2008 a total of 177 individuals perished as a result of fire; 16 of these individuals committed suicide. Figures taken from SFR fatality studies from April 2008 to the present day (fire, water and other, not including road traffic collisions) indicate that within the SFR area, 245 individuals have lost their lives with 51 being confirmed as suicide; this number may be under reported due to a host of factors.

We continue to conduct multi-agency Case Conference/Case Studies as necessary to identify learning points and put in place measures to avoid reoccurrence. Some victims may be known to other services and the multi-agency meetings help ensure appropriate action is taken. As part of this overall process, SFR colleagues have attended Care Programme Approach Meetings.

Training is soon to be underway to SFR operational, front-line fire and rescue crews via Choose Life; we would wish to roll this out across all Fire & Rescue 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?

Key training could be delivered to agencies other than the traditional services mentioned. For example, NHS Addiction Services within Ayrshire & Arran are in the process of training all operational fire crews on signs, symptoms and recognition of addiction and mental health, including issues of stigma and discrimination.

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?

As per Q4

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

There needs to be more awareness of programmes set within community fire stations, for instance healthy eating for individuals with severe and enduring mental illness, thus reducing stigma and giving over a 'cook safe' message.

Additionally Community Fire Stations across the UK are used by Addiction and Mental Health Services, as part of the local Community Safety approach.

**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?

There are identified links between child and adolescence mental health and deliberate firesetting; a greater understanding of this issue would assist our personnel in planning interventions, understanding their parameters and knowing where, when and how to refer.

**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?**

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?**

Fire and Rescue staff deal with individuals suffering from mental illness from time to time and would welcome clear guidelines in relation to processing of specific

cases.

**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?

Recognition and support from the NHS Boards and partners of the need and requirement for robust information sharing protocols to assist all in the sharing of appropriate information.

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

**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?**

Guidance for MH staff on the support that can be provided by a wider range of services including Fire & Rescue where there is an identified link to fire setting behaviour.

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

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?

SFR personnel are involved in the development of the National Dementia Demonstrator Site and also are to liaise and action plan with LD and CAMHS. We continue to work alongside our colleagues within Mental Health and Addictions and wish to roll this out nationally.

Fire and Rescue services continue to develop a range of joined up services and these should be utilised as appropriate. Actions include providing Home Fire Safety Visits, the provision of advice to mental health professionals or, if appropriate, the delivery of an educational input to the client guidance to professionals.

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 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?

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 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