

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.

We need a wider awareness of positive mental health and understand what increases emotional resilience so that we can cope with the difficulties we all experience throughout life. Mental health problems are wide ranging and influenced by many aspects of life such as early life, environment, employability, income relationships and lifestyle. Strategies need to be in place where policies and services work together to understand the issues involved and the needs of all age groups.

Relationships are central to every aspect of our lives from the start. We need them to enable our development and to thrive from birth. They support us in our education, employment and daily lives.

Evidence shows that parental relationships impact on us pre birth Babies relate to their parents before they are born. There is overwhelming evidence that mums and dads-to-be have an influence on their baby's brain development.

Given this and subsequent environment from birth we have the power to shape our children's lives either negatively or positively with subsequent impacts on mental health throughout life. Relationships support us at school, in the community and at work. They teach us how to get on with one another.

Unresolved issues, poor relationship skills and knowing how to deal with emotions, lower our confidence and self-esteem, conflicted parental relationships impact on children. 40% of children's behavioural and emotional difficulties arise from this.

Scottish Marriage Care delivers services to adults, children and young people and would offer to the consultation our experience in the community.

We think recognition should be given to early intervention services and relationship support as a long term strategy to improve mental health in Scotland. Through our services we know that couples, families and parents talk about the impact of their past role models. Home is where we learn to love, grow, take responsibility and develop into positive citizens. If families experience issues that may include continuous conflict, mental health problems, addiction and poverty this affects children. We also know that people can become vulnerable at any time, particularly in the current financial climate where we are unsure of our future. This becomes a generational issue.

"Having high levels of stress, is like turning a thermostat up on a central heating boiler – you know the boiler will wear out faster". And that stress is evident in the brains of children before primary school." (Harr Burns, Chief Medical Officer, Scotland)

SMC's young people's project REACT (Relationship Education and Counselling Team), works in schools where at any one time the norm tends to be that 10% of the school populations would benefit from counselling, group work and emotional support. REACT works with the Staged Intervention Model in partnership with school teams and CAHMS. In 2009 we conducted a Peer Education led Consultation Project engaging with over 400 young people resident in the East End of Glasgow.

The findings evidenced that many young people struggle with negative emotions. All express anger. Most experience stress. 60% are frightened, 72% say they are sad. When a young person feels constantly upset they are likely to look for ways to express themselves.

The evidence demonstrated that many do not know how to deal with emotional issues, family upsets and use disruptive behaviours to express their feelings such as drink/drug abuse, aggression, including, 57% of young people who would break something, 45% end up in fights, 35% destroy something, 41% damage something, 33% would hurt someone. Without the ability to express negative emotions or learn coping strategies they can become caught in a vicious circle that will continue to damage them, with obvious health, social and economic consequences for the wider community.

Influences on mental health is also evidenced by considering looked after and accommodated children. Research identifies that mental health problems for them are markedly greater than their peers in the community.

Reasons include their experience of poor parenting, including parental mental health difficulties in one or more parents, alcohol and substance abuse and they are also disadvantaged by poor housing, deprivation and social exclusion.

Further challenges occur for looked after and accommodated young people when leaving care and many are linked to their family of origin. Relationships skills are poor as is their ability to form attachments; this causes continuing harm, mental health problems and pain. Thereafter, young people struggle with relationships over their lifespan.

Relationship Support for Parents at key stages in their lives would help build resilience and positive mental health and impact on their children. Early intervention services working alongside Community teams in schools would help children and young people at an early stage before their mental health and emotional wellbeing deteriorates into acute illness.

(The Missing Link, 2006)

There is now compelling evidence that problems in the parental relationship (whether or not the parents live together) impact on the wellbeing of children, that parental conflict undermines the effectiveness of parenting education programmes and that more schemes offering support programmes to parents do not address adult relationship issues (Reynolds 2001)

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.

N/A

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.

The NHSGGC Health and Wellbeing Survey 2008 recorded 85% with a positive perception of mental health and wellbeing, mostly in the 16 to 24 age group, those least likely to do so included were those who felt isolated from family and friends (65%). There is a very strong body of evidence demonstrating that certain fundamental human needs, particularly the ability to undertake personally meaningful activity and to sustain reciprocity in relationships with others, are vital for sustaining good mental health. Family structures, family dynamics, relationships including inter-generational relationships and parenting skills enable us to build our resilience and positive mental health

We believe building relationships and positive families and increasing emotional literacy will enable positive mental health and this can be supported by:

- Commencing pre birth with relationship education and support for all expectant parents
- Support for Parental Relationships
- Relationship Counselling
- Step Family Support
- Relationship Education to support the Curriculum for Excellence
- Intensive counselling support for Looked After and Accommodated young people
- Counselling & Groupwork in all schools for our young people to help them resolve difficult family situations, increase their self awareness, building resilience and empowering them to achieve their potential

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?

Continuation of the programmes available in the community such as ASIST and Mental Health first aid

Increasing education about relationships. Emotional literacy would increase understanding of our emotions, help us to negotiate life stages, build resilience and develop self awareness and insight. Linked to up up-skilling all frontline staff to meet their client/patient needs, would enable them to listen without becoming

overwhelmed, to offer brief early interventions and signpost clients to appropriate 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

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?

REACT work in a Universal Partnership Model with staged interventions. We see referrals increasing with an average 10% of school populations in need of support for emotional distress, mental health, bereavement, family problems, addiction, self harm, behavioural problems, anger aggression and violence. REACT can help by working with young people at Stages 1, 2, and 3, firstly at Stage 1 to offer help at an early stage before problems escalate into acute mental ill health and at the acute Stages 2 and 3 to help improve emotional wellbeing, and to move back down stages and cope with daily life.

95% of young people them found REACT to be 'Very Helpful', non stigmatising, they said they were able to resolve their mental health/emotional problems, and would recommend REACT to others. Interestingly, young men talked about being surprised at being able to discuss their feelings, particularly as Scottish young men are very unlikely to discuss emotions. Young people have reported increased happiness, self confidence, improved behaviour and getting along with others from attending REACT.

100% of school staff would use REACT services again for pupils. Psychological Services, Schools, Children & YP Mental Health Services, report that REACT benefits young people.

The above approach works with people at an early stage and reduces the

impact on young people needing support at an acute stage from CAHMS, thereby increasing access at an early stage to CAHMS. The Government's aspiration was to have Counselling in every school by 2015, achieving this vision would improve Mental Health in Scotland.

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?

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?

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?

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 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.

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