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
The Lead Clinicians for Sexual Health network welcome the opportunity to comment on the Mental Health Strategy for Scotland. The document appears to be largely illness based with a lack of emphasis on mental health improvement. We suggest that further work is required to ensure that the document aligns with other strategies and to recognise that significant health outcomes other than the treatment of mental illness are dependent on mental health service provision. The importance of prevention and early detection could be much more strongly emphasised and a recognition that people may present to a variety of services with a range of presentations is required.

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

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.

Comments

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?

Sexual health services see large numbers of young people who may not, particularly in the case of young men, present to other health services and may be at risk of harms including suicide. In conjunction with the actions suggested in our response to Q24, suicide awareness and prevention training should be rolled out to sexual health services. Several of the determinants of self harm and suicide are also discussed in response to Q:24 below.

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?

Counselling and support services are integrated into some sexual health services, which are free for the community to use and have significant levels of psychological morbidity as detailed in Q24 response. All sexual health services should have some form of psychological support available, which will also facilitate psychoeducational interventions and help to reduce stigma

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

Ensuring that all sexual health services have some form of psychological support available, through training of sexual health staff as well as specialist provision, would improve the early detection of significant mental illness and disorder.

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

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?

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?

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?

We perceive significant gaps in service provision for our clients.

With regards to trauma, sexual health services throughout Scotland see significant numbers of patients who are adult survivors of sexual abuse, who experience intimate partner abuse or gender based violence. Sexual risk and unwanted pregnancy may be the presenting problem in those with anorexia nervosa, self harm, alcohol or drug abuse. Complex problems including gender dysphoria, sexual identity, psychosexual problems and sex addiction commonly present to or are referred to sexual health services. Joint approaches to problems such as premenstrual dysphoric disorder by sexual health and mental health services are helpful. It has also become clear that challenges around an aging population living with HIV will emerge in the next few years, hence strategic and clinical links with older peoples services will be required.

The group noted that although there was a single reference to substance abuse and one to female prisoners in the draft strategy, there was a striking lack of reference to services for individuals who do not present with a diagnosed mental illness or disorder. We feel very strongly that the overall emphasis of the document could better reflect recognition of the importance of prevention and early detection. The commitment to improve access to psychological therapies and for low-intensity interventions is welcome, but recognition is required of the need to deliver interventions outwith mental health services, and to those who may not present with a mental health problem.

In our area of concern, the Sexual health and BBV Outcomes Framework 2011-15[1] delineates the sexual health priorities for Scotland. All outcomes are to some extent affected by the points we raise below, but Outcomes 1, 4 and 5 are very clearly both directly and indirectly affected by the availability of mental health services and levels of stigma and discrimination which impact on mental wellbeing;

Outcome 1: Fewer newly acquired blood borne virus and sexually transmitted infections; fewer unintended pregnancies.

Outcome 4. Sexual relationships are free from coercion and harm.

Outcome 5: A society where the attitudes of individuals, the public, professionals and the media in Scotland towards sexual health and blood borne viruses are positive, non-stigmatising and supportive.

In addition, the Health Improvement Scotland standards for HIV Prevention, Treatment and Care[2] require the provision of behaviour change interventions to reduce the risk of HIV transmission:

Standard statement 5: NHS boards provide access to HIV risk reduction behaviour change interventions

5.1: All specialist sexual health and adult HIV clinics have a member of staff available at each clinical session, at which STI testing occurs, who is trained in delivering a brief intervention focused on sexual risk reduction

5.2: A clear referral pathway for access to intensive, tailored behaviour change interventions is in place for those presenting with ongoing HIV risk behaviour.

5.3: A range of tailored, intensive behaviour change interventions are offered, where required, by a dedicated team led by an individual with specialist training in this area, usually a clinical psychologist

[1] http://www.scotland.gov.uk/Resource/Doc/356286/0120395.pdf

[2]Health Improvement Scotland. *Standards for Human Immunodeficiency Virus (HIV) Services* 2011. available at: http://www.healthcareimprovementscotland.org/default.aspx?page=11954. last accessed 30th December 2011

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?

onsiderable work is required to support mental health improvement work that is not part of mental ealth services. In many boards in Scotland, strong links exist between mental health, addiction and lood borne virus services because of the historical link between blood borne virus acquisition and

ıtravenous drug use. We also suggest the addition of a clear statement to the effect that mental ealth services should support the delivery of wider health improvement outcomes, in particular those ıithin the above national Framework for 2011-15 relating to sexual health and the transmission of lood borne viruses. These recognise the strong strategic and clinical relationship with alcohol and ubstance misuse, mental wellbeing and gender based violence and parallel acknowledgement of ıis inter-relatedness is suggested.

lthough some work has been done to build on these links to meet the broader sexual health genda, clear national support and drivers are required to ensure that appropriate mental health xpertise (in particular through psychological services) is available for the delivery of health nprovement through sexual health:

- the development of referral pathways for intensive psychological support for adults and for adolescents falling between young peoples and adult mental health services.
- delivery of brief behavioural interventions and the establishment of motivational interviewing techniques within sexual health services is required to address HIV prevention, repeat unwanted pregnancy, alcohol abuse and other harm to health and wellbeing.
- psychological interventions for those at risk of suicide or self harm, living with HIV, or with current or past history of sexual abuse or intimate partner violence
- psychological interventions for sexual dysfunction, sex addiction and gender dysphoria.
- Standards for psychological support for adults living with HIV[1], recently published by British Psychological Society (BPS), British HIV Association (BHIVA) and Medical Foundation for AIDS & Sexual Health (MedFASH), describe the level of service provision required to ensure that all those living with HIV can access appropriate care.

ome of these requirements may be developed and largely delivered by staff within sexual health ervices but there is a clear requirement for specialist mental health support in guideline evelopment, training and particularly supervision. It is clear that throughout Scotland the existing apacity for delivery of such supervision is completely inadequate. Increased capacity for specialist rovision for complex cases is also required. We suggest the addition of a statement and supporting ext stating that Boards will be supported in the delivery of health improvement to patients attending ervices other than mental health services, including sexual health services.

ıttp://www.medfash.org.uk/publications/documents/standards_for_psychological_support_for_adults_living_with_HIV.pdf

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?

Within mental health services; clinical psychologists with expertise in Sexual Health and HIV. Mental health professionals of all cadres trained in brief behavioural interventions including motivational interviewing. Wider workforce training needs are apparent for non-mental health specialist staff in early identification, counselling and brief behaviour change interventions.

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

Training of specialist and non-specialist staff will be strengthened in particular by standards of care for those living with HIV through the standards cited in the Q:24 response. Sustained psychological support for vulnerable adults accessing sexual health services as discussed above in Q 24 and Q 25 responses will require the development and maintenance of skills and competencies among the workforce. In order to ensure that the workforce is appropriately trained in future, training in motivational interviewing or other brief interventions should be introduced to the university curricula for all nurses and doctors, so these skills are seen as core and are acquired at the start of their professional lives. Existing training capacity within boards and within networks such as MCNs should be utilised to reduce duplication of effort in designing training programmes and to encourage cross-profession and cross-disciplinary working.

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