

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

Lanarkshire Links' Management Committee has responded as part of NHS Lanarkshire's partnership response.

These are the additional comments from our members that do not fit neatly into any part of the consultation. In addition to these comments we answered Questions 4, 6, 9 and 14

- This was not an easy consultation process for service users and carers.
- Much of the strategy is about services and less about what this means for individuals.
- Relationships are important to people when they are going through health and social carer services. Doctors, nurses, social workers, voluntary sector workers, peers, carers, friends and family
- Use the media to portray positivity in mental health tackle negativity with integrity
- Transport continues to be a difficulty for people to engage
- Housing issues whilst they are improving continue to cause concern for many service users
- Changes to benefit systems have a huge impact on mental health and wellbeing
- Assessments eg. ESA focus mainly on physical ailments and have a narrow view, if any, of the impact of mental health illness
- Health Promotion needs to demonstrate the benefits gained from interventions other than medication:- self-help, peer support, volunteering, giving back, learning, being active, working or engaging in activities in your community
- Acknowledge the importance of practical life skills, shopping,

cooking, budgeting, personal hygiene, problem solving, esteem building, capacity building, assertiveness and resilience

- SRN seems to be the poor relation to 'see me' and 'choose life' in terms of publicity and profile, whilst all are equally important recovery is the theme that runs through all of these government programmes.
- What is needed to improve mental health, wellbeing and understanding is ...
 - Better or more of the good community support
 - Better or more of the good hospital discharge support
 - Better or more of the good work in schools
 - Better or more of the good work with teachers
 - Better or more of the good work with the public
 - Better or more of the good engagement with GPs
 - Better or more of the good links with carers
 - Better or more of the good partnership working

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?

Comments

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

- Extend support of the national and local 'see me' campaign.
- Extend support of the national and local 'Recovery' Networks.
- Gather and disseminate LRN and LsmP Recovery Stories
- The public need to see and hear positive experiences of mental health illness and self management for day to day living with a mental health illness.
- Educate, raise awareness and train the wider community of how mental health illness affects people's lives and how they cope with it.
- Sharing does not always equal caring. Some people have had a truly bad experience of sharing their story. Wherever possible we must give support in order to minimise this as an outcome.
- Communities need to be more open and accepting of people who have mental health illness. People will then feel safer and more confident to relate their experience.
- Equip people with the skills and tools to challenge stigma without fear of retaliation.
 - Use positive messages to combat stigma and self-stigma.
 - Forge stronger links with the media both nationally and locally.
 - Engage with schools (particularly primary schools)
 - Forge a stronger link between 'see me' and 'SRN' as breaking down barriers helps to promote a more fertile environment for recovery.
 - Engage with advocacy services in order that people can have their voices heard.
 - Service user and carer involvement supported wherever possible

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

- Ensure that what is already being actioned is working. Demonstrate through monitoring and variance recording.
- The existing actions for mental health and wellbeing need to be embedded in all tiers of service 0 – 4 where possible.
- This has to be monitored, measured and evaluated to demonstrate that safe, effective, person centred and values based services are being delivered.
- Promotion of mental health and wellbeing must go hand in hand with prevention and treatment and not just an add on.
- For the current patient group living with serious and enduring mental health problems these actions are part of a continuum, from living well at home to being treated well in the community or in hospital.
- People must be supported to embrace their own strengths and to change a mindset in acknowledging they have a part to play in their own mental health wellness or illness.
- Primary care and in particular GPs have a vital part to play in a person's mental health and wellbeing. If under the GMS contracts GPs are being tasked to have a SMI then there should be some agreed or negotiated measurable outcomes ie; waiting times, access to appropriate services, early intervention and prevention.
- Awareness raising and training across the communities.
- If we are sincere that mental health and wellbeing is everyone's business and that there is no health without mental health then we need at least one measurable outcome for national, local, community and individual level of understanding of mental health and wellbeing. eg. Interactive public health messages around mental health and wellbeing.
- Include a person's natural networks and what part they have to play.
- There is evidence that paid peer support workers have an influence on peoples' understanding of their own mental health

and wellbeing. We need more peer support workers in the community. In Lanarkshire we have part-time workers in the three hospitals but their hours need to be extended to allow follow up work in the community.

- Huge concerns were raised that services are being cut and that this is a financial decision rather than a needs led one. eg a service to support someone for 2 or 3 hours per week being reduced may lead to periods of crisis with possible hospital admissions. Prevention is preferred to deterioration.

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

- Requires measurable outcomes around joined up, partnership working of all agencies involved in a person's care including their own natural networks.
- Demonstrate that a coordinated approach delivers better outcomes for the person at the centre. eg LRN, SMHAFF, SPAW, Joint Experiences.
- A coordinated approach is vitally important particularly around discharge and relapse planning. This needs work in Lanarkshire.
- Increase support for people to receive their treatment and care at home or in their community.
- Health and social care need to be integrated as there is so much

cross over with this care group. Requires a mandatory, coordinated approach.

- Engage more with service users to help them understand their responsibility as an equal partner in their own care.
- Create independence rather than dependence on services.
- Build on peoples' strengths to give them tools and coping strategies to maintain their mental health and wellbeing.
- Train and raise awareness nationally and locally.
- Engage with carers.
- Learn from peer support workers and their experience of staying well.
- Encourage and provide appropriate support to people to get involved at a level that suits them.
- Engage with advocacy services in order that people can have their voices heard and their rights upheld.

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

- Encourage planners of mental health services to create meeting times and conditions that will allow sustained involvement of service users and carers
- Support service users and carers to be involved at all levels to have their voice heard
- Facilitate networking of service users and carers in order to develop and encourage peer support
- Invest in existing service user and carer organisations.
- Provide and source training opportunities locally for service users and carers to be involved.
- Develop and promote support, to enable individuals to have their voices heard
- Hold meetings which present topical mental health issues and service provision issues in the statutory and voluntary sector specifically for service users and carers individuals and organisations.
- Produce an update of service user involvement for wider circulation
- Source and increase the range and flexibility of support and assistance for involvement
- Develop and promote working partnerships with Community Health Partnerships and Community Planning Partnerships.
- Develop and promote partnerships with local stakeholders.
- Highlight access needs of service users and carers throughout Lanarkshire.
- Contribute to research and development of mental health issues at a local and national level.
- Arrange ongoing consultation with service users and carers to determine user and carers needs and appropriate delivery levels.
- Encourage inclusion in all service developments for individuals who may experience difficulty in accessing services.
- Monitor the quality of the involvement process and the adherence to user and carer guidelines where they are in place in such a way that there is equity across Lanarkshire.
- Develop a strategic role for local service user and carer input to influence national mental health issues.
- Constantly review channels of communication with the wider public.
- Continue to develop a culture of evaluation, to constantly improve service delivery.

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

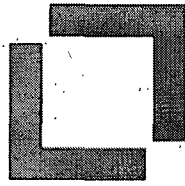
Question 34: What specifically needs to happen nationally and locally to ensure we effectively integrate the range of improvement work in mental health?

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



Lanarkshire

Service User
and Carer

Links

Involvement in Mental Health

Response to the Scottish Government's
consultation on the
Mental Health Strategy 2011 – 2015

from Lanarkshire Links members' meeting
on 14th December 2011
at Strathclyde Hilton, Bellshill

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

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Any other comments:

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