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

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

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?

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?

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

Consultation response to the draft Mental Health Strategy for Scotland.

About Parenting across Scotland

Parenting across Scotland (PAS) is a partnership of voluntary organisations working together to provide a focus for issues and concerns affecting parents and families in Scotland.

The PAS partners are CHILDREN 1ST, Aberlour Childcare Trust, Capability Scotland, One Parent Families Scotland, Relationships Scotland, Scottish Adoption Association, and SMC (formerly Scottish Marriage Care).

The Parenting across Scotland partners work with thousands of disadvantaged families throughout Scotland. Partners provide services to families living in poverty, lone families, families affected by disability, families affected by substance abuse, kinship carers, adoptive families, separated families, stepfamilies and many others. We use the views and experiences of those using partner services to inform our policy responses.

PAS provides ***information and support*** to parents through

- its website www.parentingacrossscotland.org
- its partner helplines (Parentline, Lone Parent helpline, Advice Service Capability Scotland and the Relationship Helpline)
- our Ten Top Tips publications for parents

PAS works on ***policy*** through consultation responses, engagement with politicians and decision-makers, participation in government working groups, conferences and seminars, and its e-mail newsletter for practitioners.

PAS uses ***research*** to inform its policy and information work. We commission research and work with others to inform their research.
Surveys of parents - PAS conducts representative surveys of parents in Scotland (undertaken on behalf of PAS by Ipsos-MORI); we feedback parents views on a wide range of issues to policymakers and decision-makers. The results of out MORI polls can be found on the PAS website (http://www.parentingacrossscotland.org/publications/polls-and-surveys.aspx).

About Families – the About Families project (www.aboutfamilies.org.uk) examines the evidence base around parenting with a particular emphasis on the inclusion of families affected by disability. It provides user-friendly topic reports which help services to use evidence to inform service provision and improvement

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PAS Response to the Mental Health Strategy for Scotland 2011 -15

Parenting across Scotland welcomes the Mental Health Strategy for Scotland 2011 – 2015, is largely supportive of its content and feel that its publication early in the life of this Parliamentary term demonstrates the Government's commitment to improving mental health services in Scotland. We welcome the Strategy's emphasis on prevention as well as intervention and its clear focus on emotional wellbeing.

Within a Mental Health Strategy for Scotland, the approach must be proactive and preventive; as well as reducing costs in the longer term, this approach is essential in valuing the health of Scotland's people. In the current financial climate, value for money is paramount and so the Strategy needs to ensure that the NHS, local authorities, justice services and the voluntary sector work together to deliver mental health services fit for the 21st century.

Given that the Office of National Statistics estimates the lifetime's cost to the state of a case of untreated childhood conduct or behavioural disorder to be approximately £150,000, and that one in 5 to 15 year olds will exhibit some form of mental ill health, promoting emotional and mental wellbeing and preventing mental ill-health among Scotland's children has to be at the forefront of a Mental Health Strategy for Scotland.

We have confined our comments to our area of expertise which is around parenting and around child welfare.

"The quality of family relationships in childhood, and more specifically adverse parenting experiences in childhood in childhood, have been shown to predict a range of common psychiatric disorders in adult life."[1]

Parenting

The quality of parenting and of parent-child relationships is critical to a proactive and preventive approach to improving mental health in Scotland. It is part of a life cycle approach to improving outcomes in mental health by investing in preventive services. Preventive services to improve mental health need to create a virtuous circle which runs through the lifecourse, starting with early childhood and going through to parenthood. Interventions with parents to support them and to improve the quality of their parenting will pay double dividends in improving both parents and children's mental health. Early intervention with young children to improve their mental health will produce rich rewards later in ensuring that children grow up to become mentally well adults who in their turn parent their own children well.

Developing secure attachment patterns between parent and child in the early years is crucial to child development and future emotional wellbeing. "*Ignoring or neglecting children, while much more subtle and difficult to identify than physical abuse, can have a more devastating impact on children's emotional and social development. ...This important observation has been used by those developing parenting programmes ...*"[2]

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[1] Weich S, Patterson J, Shaw R and Stewart-Brown S. 2009. Family relationships in childhood and common psychiatric disorders in later life: systematic review of prospective studies. *The British Journal of Psychiatry*. 194,392-398.

[2] Why Parenting Support Matter by Sarah Stewart-Smith in *Thinking Ahead: Why We Need to Improve Children's Mental Health and Wellbeing*, Faculty of Public Health 2011

There is a wide range of parenting programmes which have a growing evidence base around improving both parent's mental health and children's outcomes. While many of the commercially franchised programmes have a sound basis, it may also be that UK grown programmes such as Family Links Nurturing Programme, also have much to offer and may be more appropriate to the UK setting. The work of the National Academy of Parenting Research at Kings College, London and of Renz and Brack for NES Scotland provide valuable evidence of what works.

The Scottish Government has already committed to rolling out the Family Nurse Partnership model throughout Scotland. While we welcome this and it has sound credentials in improving outcomes for very vulnerable parents, it nevertheless has a very high cost associated to serve a very small client base, and will by necessity be a targeted programme. Targeting is likely to be by predicted indicators of vulnerability such as teenage pregnancy, lone parent etc and runs the risk of missing other vulnerabilities which may arise in parent/child during the early years of a child's life, for example, post natal depression and language difficulties. *"One argument for universally offered, regular, child health surveillance contact with both sets of professionals [GPs and health visitors] is that there is now robust evidence that vulnerability is not a static characteristic, but can become apparent at any time in a child's early years."*[3] For this reason, it is imperative that universal services such as midwifery, health visitors and GPs are maintained at adequate levels and appropriately resourced so that early identification of emerging problems can be made and resources then directed to those in need.

To sum up, parenting support and interventions have an important role to play in improving both parental and children's mental health.

Children's services

One in ten 5 to 15 year olds experiences a mental health problem[4]. Currently CAMHS provision is patchy throughout Scotland. The Strategy proposes that "By March 2013, no one will wait longer than 26 weeks from referral to treatment for specialist CAMHS services" Even if this target were to be achieved, it is too long for children, young people and their families waiting for treatment and having to cope with issues of mental ill health.

Schools have a major role to play as they can contribute both to risk and resilience in relation to mental health. We need to ensure that the role that they play is a positive one with schools acting to create positive and protective influences and to create positive mental health patterns. We need a strong focus on mental health among children and young people, both because the numbers of young people experiencing mental ill-health are increasing and because mental health problems in childhood are a strong indicator of subsequent problems in adulthood. There are a number of interventions which have been shown to be effective and which are well evidenced. Universal approaches in schools not only promote positive mental health for all, but encourage a culture where stigma is not so prevalent and where people feel more able to come forward with problems and where there is more likely to be people to support them. Interventions need to take place over the long-term and to take a whole school approach. The Scottish Government needs to ensure that the health and wellbeing strand of the Curriculum for Excellence provides a holistic education which places wellbeing and social and emotional wellbeing at its core; it should do

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[3] Wright CM, Jeffrey SK, Ross MK, Wallis L, el al, 2009. *Targeting health visitor care: lessons from Starting Well, Arch Dis Child. 94(1): 233-27* (quoted in ibid1)

[4] *The Mental Health of Children and Young People in Great Britain*, the Office of National Statistics, 2004

this by ensuring that the whole school environment are consistent with this approach and that interventions which are used are well-evidenced.

Relationships matter

Good relationships, whether parent-child, family or friendship, are a key indicator and sustainer of good mental health, and conversely their breakdown is a high stress factor which can often lead to mental ill health. For this reason, support for relationships, both early intervention in educating children about good relationship models and support for families in healthy parenting apart when relationships break down, should underpin a Mental Health Strategy that is about generating mental and emotional wellbeing.

Recent demographic and social changes have resulted in families that are more diverse and complex; children now have a higher probability of experiencing parental separation, having a lone parent or being part of a stepfamily than ever before.

There is considerable evidence about the importance of the adult relationship in determining outcomes for children. Whatever the shape of the family and whether parents stay together or not the functionality of the adult relationship is crucial to the children in that family.

Whether it is about supporting parents to stay together or about ensuring that parents living separately still act together in the best interests of their child, government has a responsibility to optimise positive outcomes for children. By engaging in supportive work at this stage, problems further down the line can be prevented.

"Policies which focus on supporting maternal mental health, facilitating cooperative parenting between parents, and communication between parents and their children, reducing and managing parental conflict, encouraging good parent-child relationships, and strategies for reducing financial hardship are just some of the areas that may help to maximise positive child outcomes following parental separation" (Relationships Matter: Understanding the Needs of Adults (Particularly Parents) Regarding Relationship Support, Walker, Barret etc, 2009)

There needs to be adequate resourcing for services which support the adult relationship and children in families which are troubled by conflict; relationship counselling, family counselling, family mediation and child contact centres all provide essential preventative services which protect children. There is much evidence that, where possible, solving problems outside of the judicial system through a collaborative approach, for example, mediation, can reduce conflict between partners later on. Minimising familial conflict and providing stable family relationships is a key building block in the early intervention and prevention structures which provide support for families and prevent problems becoming crises.

Relationship education is important in creating positive models for conducting relationships, particularly where young people have not had positive relationships modelled in their families. We would draw your attention, in particular, to the model of REACT, a relationships education programme, run by one of our partner, Scottish Marriage Care. This takes relationship education out to schools, and is having very impressive results both in terms of engagement and results. We would be happy to provide more information on this.

Working together
It is essential that services are joined up and work together according to the GIRFEC model. Unfortunately, it is still the case that there are times when an adult is taken into or discharged from in-patient care and where no assessment or consideration is made of their parenting capacity or need for support. This needs to change for both the adult and the child's wellbeing.

Equally when a child or young person is experiencing mental ill-health or diagnosed with a mental health problem, there needs to be support in place for parents; often parents are unsure of how to best support their child or young person through periods of mental ill health and often find that there is little guidance from professionals for them in this.

Workforce training
Some of the primary points of contact that people have with services do not feel that they are adequately trained to recognise and deal with signs of mental ill health. About a third of all visits to GPs are mental health related. However those working in primary care lack training in infant mental health, but express a desire to know more[5].

Using online resources
Finally, a brief section to draw attention to innovative and evidenced work which is ongoing around delivering mental health support online. This may be appropriate in the Scottish context for a number of reasons: cost, delivering services in remote areas and stigma. Australia which has even more issues in terms of delivering services to rural communities is increasingly using online solutions to delivery problems. There is increasing evidence that online solutions can produce comparable results to existing practice. For example, treatment of anxiety among adolescents through CBT online and traditional delivery was trialled using RCT; the results are startlingly positive[6]. http://preventionaction.org/research/therapy-online-anxiety-treatment-digital-generation/5736

[5] Scottish Needs Assessment Programme, 2003. *Needs Assessment Report on Child and Adolescent Mental Health, Final Report.* Glasgow: Public Health Institute of Scotland

[6] Spence, S.H., Donovan, C.L., March, S., Prosser, S., Gamble, A., Anderson, R.E., & Kenardy, J. (2011). A Randomized Controlled Trail of Online Versus Clinic-Based CBT for Adolescent Anxiety. *Journal of Consulting and Clinical Psychology, 79* (5), 629-642.