

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

Policy Response



equality • choice • control

Capability Scotland
31st January 2012

Capability Scotland campaigns with, and provides education, employment and care services to disabled people across Scotland.

Mental Health Strategy for Scotland 2011 - 15

Summary

- We agree with the four priorities for action set out by the Mental Health Strategy, particularly improving access to psychological therapies and implementation of the dementia strategy. We remain to be convinced that there is the workforce and service infrastructure in place to achieve the HEAT targets in relation to these priorities.
- We have concerns that the current scope of the strategy is far too narrow with the focus on NHS provision, targets and service improvement. Mental health is intimately connected to the world around us. Capability therefore believes that a strategy for mental health in Scotland must go beyond the NHS, and address the importance of mental health in employment, the welfare system, education, criminal justice and housing. Indeed, in every part of Scottish society.
- For the strategy to succeed, it must be fully understood and acted upon by many Scottish Government departments. For that reason, a Cabinet member should be given specific responsibility for embedding the new mental health strategy across the Scottish Government.

Our Response

Overall Approach

Capability agrees with the four priorities for action set out by the mental health strategy, particularly improving access to psychological therapies and implementation of the dementia strategy. We are concerned however that there are workforce pressures and insufficient service infrastructure in place to achieve the HEAT targets in relation to these priorities. For example in September 2009 there were 614 Applied Psychologists in Scotland. This equates to almost 12 Applied Psychologists per 100,000 of the population as opposed to the 19 per 100,000 required¹. The small psychology workforce is thinly and inequitably spread across clinical service areas, both by the age of the target population served and geographically across NHS boards. Unless NHS boards are able to invest in this workforce through recruitment and training the priority to improve access to evidence-based psychological services may not be met.

In relation to all four priorities, the new strategy should undertake to audit capacity in the voluntary sector so as to meet targets. During the lifetime of the strategy, budgets will be under greater pressure than at any time in the last fifty years, leading to the need to get maximum value from every penny. Therefore the strategy must incentivise joint work between the NHS, local authorities, justice services and the voluntary sector, and clearly relate to other frameworks such as 'Getting it Right for Every Child (GIRFEC) and the Additional Support for Learning system.

Are there other actions we should be taking nationally to reduce self harm and suicide rates?

In Scotland, 781 people died by suicide in 2010. The Scottish Government has successfully reduced suicide rates since introducing its Choose Life strategy, but Choose Life ends in 2013. The strategy should continue suicide prevention work beyond 2013, in particular by providing suicide intervention training outwith the NHS, as most people who commit suicide are not known to the mental health system².

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

The strategy should include a focus on anti-bullying work in relation to disability. The impact of bullying on disabled children and young people, both during childhood and in later life, can be substantial. Research suggests that disabled children are three times more likely than their peers to be bullied. A survey by Mencap discovered that 8 of 10 children with a learning disability had been bullied³. We would therefore like to see the needs of disabled children met by anti-bullying work such as the work of *respectme*, managed by the Scottish Association for Mental Health (SAMH) and LGBT Youth Scotland. We would like to see anti-stigma campaigns engage with disabled people in residential care who often experience mental ill-health but can be largely missed out by public education campaigns. This would require materials to be accessible to disabled people across a broad spectrum of learning and communication support needs.

¹ Applied psychology and psychologists in NHS Scotland working group discussion paper (2010)

² SAMH <http://www.samh.org.uk/news/latest/samh-comments-on-suicide-prevention-figures>

³ Bullying Wrecks Lives Mencap (2007)

Capability would like to see a real drive by the Scottish Government to assist the justice sector to enforce the new hate crime legislation. Convictions for disability aggravation included in the Offences (Aggravation by Prejudice) (Scotland) Act remain very low despite our own research that has highlighted the high prevalence of hate crimes against disabled people in Scotland (47% of whom have experienced a hate crime⁴) and the implications of these crimes for mental health. We would like to see Police forces, solicitors and members of the judiciary being trained in the new legislation and methods of enforcement.

In relation to the discrimination experienced by those with mental health problems when interacting with society we feel that the disability movement and the social model of disability may be particularly instructive in the field of mental health awareness which at present is still very much working on a medical model of illness. A user-led rights and recovery-based approach to mental health and mental-health awareness is starting to take hold in Scotland and we are pleased to see the strategy supporting this. We would like the strategy to explicitly note the part that voluntary sector organisations can play in tackling discrimination on the grounds of mental health.

Anecdotal evidence suggests that attitudes and inaccessible environments can create real barriers for disabled people accessing mental health services. Given that NHS services are covered by the Equality Act 2010 we would like to see the Government monitor compliance with the Act and the provision of accessible mental health services. Urgent action is particularly required to address the needs of people with physical impairments in acute psychiatric services. Attention needs to be paid not just to the physical environment but also to reasonable adjustments to the service provided.

There is a need to provide all mental health staff with disability equality training. Research has shown that many disabled people who seek counselling or therapy from 'mainstream' services find they have to 'educate' the counsellor or therapist about impairment and disability. Negative attitudes can mean 'there is sometimes oppression within the counselling room'⁵. The strategy should seek to address the need for disability equality training, acknowledge that the voluntary sector can provide this training and recognise that disabled people are best placed to deliver the training.

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

People with mental health problems are disproportionately found within the criminal justice system and are 11 times more likely to be a victim of crime than the general population⁶. There is a need for the mental health strategy to openly engage with improving the criminal justice system for those experiencing mental ill-health.

The Scottish Prisons Commission has found that about one in nine young men from the most deprived communities in Scotland will spend time in prison before they are 23⁷, highlighting substance misuse and mental health problems as contributory factors.

⁴ Hate crime against Disabled People in Scotland Capability Scotland and the Disability Rights Commission (2004)

⁵ Oppression Within the Counselling Room Reeve, D. 2000

⁶ SAMH <http://www.samh.org.uk/our-work/policy-campaigns/criminal-justice>

⁷ Social exclusion and imprisonment in Scotland. A report. Houchin, R. Glasgow Caledonian University 2005

Research we conducted in partnership with SAMH found that people with mental health problems had also experienced prison staff failing to recognise mental health problems and recommended that staff throughout the justice sector should receive mental health awareness training.⁸ As the NHS is now responsible for healthcare within prisons, a strategy for Scotland's mental health should take the opportunity to improve mental healthcare in prisons and young offenders' institutions. This transference of responsibility for prison healthcare to the NHS should also be closely monitored to ensure that it has a direct effect on the mental health care and treatment of patients. NHS Boards must be appropriately funded to meet the additional costs of meeting their regulatory and legal obligations.

The Bradley review of people with mental health problems or learning disabilities in the criminal justice system in England and Wales⁹ holds many lessons for Scotland. The new strategy should include a commitment to adopt those of the Bradley Report recommendations which apply in Scotland, and to undertake an additional review of specifically Scottish areas relating to criminal justice and mental health.

In relation to other front-line professionals it is clear that many do not feel sufficiently trained to offer appropriate advice. For example around a third of GP appointments are about mental health problems¹⁰ - yet research suggests that GPs do not feel confident in providing information on mental health¹¹. The strategy should offer GPs regular continuing professional development opportunities in positive mental health and common mental health problems especially when relating to children.

It is estimated that 10.4 per cent of the Scottish population aged 15 and over make daily use of antidepressant drugs¹². There is no method to ensure that those people's treatment is regularly reviewed to ensure that it is still the best way to help them towards recovery. The strategy should therefore make clear that people receiving mental health treatment should have regular reviews to ensure a focus on recovery.

What additional actions must we take to meet these challenges and improve access to CAMHS?

Research shows that one in ten 5 to 15 year olds experiences a mental health problem¹³. The lifetime costs of a single case of untreated childhood conduct disorder are approximately £150,000¹⁴. Investment in the mental health of children and young people must go beyond Child and Adolescent Mental Health Services (CAMHS), incorporating mental health in early years education, early intervention programmes for parents, and early years health visitors trained in mental health.

⁸ <http://www.capability-scotland.org.uk/what-is-capability-doing-for-me-now/campaigns/jdsg/>

⁹ The Bradley Report. Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system, 2009

¹⁰ Scottish Executive Health in Scotland: Report of the Chief Medical Officer, 2003

¹¹ Mental After Care Association First National GP Survey of Mental Health in Primary Care. London: MACA, 1999 and Rethink survey of GPs, 2010

¹² Mental health: prescribed drugs for anxiety, depression or psychosis. Scottish Public Health Observatory, 2011

¹³ The Mental Health of Children and Young People in Great Britain, Office for National Statistics, 2004

¹⁴ Friedli, L. and Parsonage, M.: Mental health promotion: building an economic case. Northern Ireland Association for Mental Health, 2007

How do we continue to develop service user involvement in service design and delivery and in the care provided?

We are pleased to see the Mental Health Strategy promoting service user involvement. We would like to see lessons from co-production techniques that have worked for Disabled People's Organisations being applied within mental health. Meaningful involvement requires a long-term commitment to supporting service users to be able to input into high level decisions about service design, it should be considered, well-planned and well resourced. Where participants are disabled, all access, communication and support needs should be met.

How do we disseminate learning about what is important to make services accessible?

Capability Scotland undertook a six month involvement project in 2010 on behalf of the Justice and Disability Steering Group aimed at improving disabled people's access to the justice sector¹⁵. Accessibility in relation to justice sector services was discussed in considerable depth at user events around the country. The project culminated in a solutions-finding event where users and professionals were able to share and highlight best practice in relation to accessibility. Such an event was an ideal way for services to learn from each other and could easily be replicated for mental health services.

About Us

Capability Scotland campaigns with, and provides education, employment and care services for, disabled people across Scotland. The organisation aims to be a major ally in supporting disabled people to achieve full equality and to have choice and control of their lives by 2020.

More information about Capability can be found at www.capability-scotland.org.uk.

Contact Us

Thank you for the opportunity to comment on this consultation. If you require more information on this response, please contact:

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¹⁵ <http://www.capability-scotland.org.uk/what-is-capability-doing-for-me-now/campaigns/jdsg/>