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.

The Strategy contains little reference to the Mental health Needs of People with a Learning Disability who have a higher prevalence of mental health problems than the non learning disabled population. It has also been shown that risk factors for the development of Mental Health Problems in this group may differ.

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.

People with Learning Disabilities may develop dementia at a younger age than the non learning disabled population, It is important that this is factored into strategies to ensure that services can appropriately meet their needs.

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 Autism Strategy will go some way to setting the national direction for people who suffer from Autism Spectrum disorder. Further work is required to scope the extent of services currently available to people with ADHD. With respect to trauma services for People with a Learning Disability, it is essential that a better understanding and evidence base of what psychological therapies are effective and how available and accessible these services are to People with a Learning Disability.

Often children with developmental disorders will have com-morbid health & psychosocial difficulties. They are likely to have a paediatrician or other health professional who provides some case management & liaises with other health professionals & agencies. Families still complain about a lack of continuity & "having to tell professionals our story every time we see someone new". They often ask for better co-ordination between professionals & agencies, access to professionals with expertise in developmental disorders & their input in the training of Primary care professionals, who are often side-lined in complex cases. The Additional Support for Learning system can provide the structure for some of this but professionals need to have enough notice to attend school-based meetings. When young people graduate to Adult services, co-ordination is generally lost unless they are known to adult Learning Disability Services. They may also have to see a range of health professionals across a number of hospital/community sites as opposed to seeing a range of specialists in the children's hospital.
Families also ask for on-going support from services which is at odds with the current push for services to provide episodes of care & then discharge. It would be helpful to have a proper consultation exercise across all agencies, including Health, Education, Social Services, Voluntary agencies & user/carer groups to explore the issues.
The needs of people without a history of developmental disabilities but who have suffered trauma after after the age of 18 or individuals with Autism Spectrum Disorders but who do not have generalised learning disabilities are currently not being appropriately met. Adult Learning Disability services do not have the resources to meet their needs & agencies are not geared to supporting them & their families over the longer term.

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?

For a range of reasons People with a Learning Disability can experience stigma in health and social care settings leading to less equal access to care. Further training and information sharing is required, along with information about communication issues in this population group. Care professionals need to be aware of communication difficulties and how to support people to allow more positive care experience.

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?

Ensuring that information is accessible to all.

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

Better Tier 1 & 2 services so that potential mental health difficulties or children vulnerable to these can be quickly identified & appropriate early interventions started.

This would allow CAMHS to focus on the children that need specialist Tier 3 services.

Appropriately resourced services to ameliorate the psychosocial difficulties that significantly increase children's vulnerabilities to mental health difficulties.

Ring-fencing of monies to CAMHS which are still under-resourced and sometimes lose money to other services.

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?

Information needs to be accessible to People with a Learning Disability.

Some People with a Learning Disability have a limited understanding of their own mental health and are not able to take appropriate action themselves or to seek help. Those who care for People with a Learning Disability need to be educated about the presentation of Mental Health Problems in this population group in order that they can support People with a Learning Disability to seek help.

Question 10: What approaches do we need to encourage people to seek help when they need to?

Specialist and mainstream services need to be more accessible to People with a Learning Disability.

Professionals with in these services need to be aware of the communication needs of People with a Learning Disability to allow them to communicate their problems, as well as the increased incidence of a variety of conditions within this population group

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?

Professionals and carers need to be more aware of the increased prevalence of mental health problems for People with a Learning Disability and also that for a variety of reasons the presentation of mental illness may differ from that of the non learning disabled population.

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?

A greater evidence base for effective interventions for People with a Learning Disability needs to be developed.

Question 13: What support do NHS Boards and key partners need to put Integrated Care Pathways into practice?

Boards and Key partners need to ensure that Integrated Care Pathways cover the mental health needs of people with a learning disability. This may mean the development of Integrated care pathways within Learning Disability Services that can be used when the General Services' Integrated Care Pathway is unsuitable to ensure that People with a Learning Disability are not disadvantaged.

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?

Continued links with user and carer groups.
Ensuring accessible information.

Question 15: What tools are needed to support service users, families, carers and staff to achieve mutually beneficial partnerships?

Improved communication support for People with a Learning Disability when they need to access services. Communication screening tools can help improve communication throughout consultations. Information needs to be given in such a way as to allow PLD and their families to participate in health care decisions which affect them.

Ability of the service to be responsive to needs – e.g. People with a Learning Disability may need longer appointment times, or appointments early in the day to minimise the anxiety caused by waiting at clinics etc. Service users and carers require clear information about appointments and also what to do should they be unable to make an appointment.

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?

An increased focus on Patient experience and patient satisfaction questionnaires, alongside other outcome measures.

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?

Staff require time to support family and carers to participate meaningfully. Whilst patient confidentiality is crucially important, ways can be found to allow family and carers to participate whilst confidentiality is maintained. Often families will be acting as carers for more than 1 person. E.g. a mother of an adolescent with a learning disability may also be caring for a parent with dementia. It is there fore important that proper & timely community care assessments are carried out to explore what families need to give the care that many of them want to provide.

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?

They need the information to be readily available and accessible and in a range of formats. They also need time to effectively provide information.

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?

Increase the ability of staff to share what works, whether the knowledge and experience has been developed by health, local authority, 3rd sector or users and carers.
A national database of successful redesign would be helpful.

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?

There is a lack of admin support in many mental health services. This can mean that patient databases are not maintained because clinicians need to prioritise data entry & providing clinical care. Therefore patient demographic information is not available or there is not the time to review it & explore some of the changes that might improve the access of vulnerable groups.

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?

Gaps in services exist for people who do not have a major mental illness or learning disability but who have complex psychosocial problems or developmental disorders that require specialist management. These people do not usually meet the criteria for either mental health or learning disability services and can at time find that their needs are not met by existing services.

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?

Closer partnership working needs to be developed between Health, social care and the 3rd sector

Children with Learning Disabilities have a significantly increased risk of mental illness, not just because of medical problems but also because of increased risk of psychosocial difficulties e.g. parents with mental health difficulties, increased poverty and exposure to adverse life events. Systems that support better joint working between agencies would help person-centred care.

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.

Question 31:
There has been much work to improve benchmarking of mental health services at local and national level, statistical information is routinely collected on psychiatric contacts, and mental health indicators are being developed. The same arrangements are not in place for people with learning disabilities, even though they experience much higher rates of mental health problems than the rest of the population. At present the eSAY database cannot be linked to ISD data nor local health data; and the GP learning disabilities registers (quality and outcome framework) cannot be linked at an individual level with other local or national health data, nor in an aggregated fashion with other reported QOF data. Relevant mental health indicators are not available for people with learning disabilities and we are not aware of government supporting their development. This inequity should be and could easily be redressed, so that the mental health needs of adults with learning disabilities does not remain hidden, benchmarking between Board areas becomes possible, and progress can be monitored.

Question 32: What would support services locally in their work to embed clinical outcomes reporting as a routine aspect of care delivery?

Question 32:
For each mental health patient group (adult/child/adolescent/elderly/learning disabilities), develop a toolkit including very brief common mental disorders outcome measures (e.g. a score out of 10) to be used at each secondary care health psychiatry and psychology contact and to be recorded in the clinical IT system. This could then be included in statistical reporting/safe haven repositories. Consistency across Scotland in this regard would allow benchmarking of population mental health impact on services, and both individual and aggregated clinical outcome measures following service contacts.

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?

The current legal frame work can be cumbersome and there is a view amongst professionals that thought should be given to merging the Mental Health (Care and Treatment) (Scotland) Act. The Adults with Incapacity (Scotland) Act and the Adult Support and Protection (Scotland) Act.

Additionally using a Human Rights Based approach to health care would allow staff a way of balancing competing rights and allow a framework from which to execute a rights based approach, allowing the further embedding of a rights based approach in practice.