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 14 outcomes that are outlined are welcomed - however, it is a dsappointment that at this time when there has been a recent paradigm shift in our understanding of brain development and early life that infant mental health is not a priority within the proposed mental health strategy.

This is an urgent issue which needs leadership to help define the role that CAMHS needs to play in providing services to this vulnerable group.

CAMHS is the designated mental health servce for under two's but there appears to be little attention being paid to how the workforce will develop the skills to offer services. In particularl the tier 3 specialist service that CAMHS should provide if there is to equity pf access and provision under the new HEAT target fro psychological therapies.

Attention needs to ne paid to both training and service development as our current understanding of infants is that the first two years of life are the time of maxximum growth and development of the brain. It is the time when the foundation of future emotional life are laid down and the time of the greatest potential for impairment and harm. It follows therefore that this is the time of life where, given that we know these things, we should be applying our greatest effort to secure good mental health.

There are well evidenced interventions such as parent infant psychotherapy, there are accessible trainings that can be offered to develop knowledgee and awareness of infant mental health.

There are serious obstacles to intervening to help infants that are already suffering mental health difficulties such as the reduction in universal provision of ante natal care, the worry abotu stogmatising mothers and that there is little joined up working between paediatrics and CAMHS. These are obstacles that need to be overcome and I hope that there will be targets developed in the published strategy will include infant mental health.

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
See response to question 33

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 see response to overall structure

Question 8: What additional national support do NHS Boards need to support implementation of the HEAT target on access to specialist CAMHS?

Comments
A strategy needs to be developed for the training of Child Psychotherapists. Whilst this discipline is given a specific mention in relation to the HEAT target for psychological therapies at present there s no long term detailed plan agreed to maintain and grow this small profession. The current training cohort of 6 child psychotherapy trainees will not substantially increase the number of Child Psychotherapists in Scotland which is currently 12.4, with a number who will retire within the next ten years. In 11 of the 14 health boards there is not access to Child Psychotherapy. The current cohort has been supported by NES who have commissioned and paid for the academic component of the training. In the current climate Health Boards are likely to

need financial incentives to meet the costs of offering training posts for any future trainees.

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
To support the HEAT target on psychological therapies health boards could be asked to provide information on how many; 0-2 3-5 6-12 13- 18 are receiving a being seen

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

To respond to this question I include as an example a description of the service I have been involved in 'designing' because I wanted to demonstrate how the challenges to redesign and developing services across organisational boundaries can be overcome. **Good local leadership is important, and if the organisational structure is supportive and clinicians have the skills they need, re-designing from the point of delivery is likely to be the most effective, thus creating effective, efficient and user friendly services. By bringing their existing skills, experience and knowledge together small teams can discover the most efficient use of resources without massive amounts of re-organisation or cost.**

The Springfield Project is a tier 3 LAAC therapeutic service organised by Fife Council and NHS Fife. The project is funded co-ordinated and administered by Fife Council, and some staff have been recruited and others seconded by NHS Fife. Some of the seconded staff also have sessions within Fife CAMHS. There is a multi-agency steering group with senior managers from Social Work, Education, CAMHS and Clinical Psychology. Their remit is to oversee and advice but also to deal with any cross boundary organisational issues that arise and the members are at a senior enough level to be able to make decisions. In this way key stakeholders are kept fully informed about the project and have ownership of it.

The Project is jointly managed by a Social Services Team Leader/ Coordinator and a Child Psychotherapist who as Lead Clinician provides the clinical leadership for the project. The Administration systems are organised by Social Services but the premises provided are by the NHS and are based within a CAMHS resource. There is easy access to NHS systems and this proximity enables a seamless referral across organisational boundaries when this is necessary. It is our view that this organisational structure provides for good governance and containment and allows the service to offer a greater range of interventions than if it were not embedded within both systems

The Springfield has a small team consisting of:

1 Fulltime social work Team leader
0.4 Lead Clinician/ Child and Adolescent Psychotherapist
0.4 Clinical Psychologist
0.2 Head OT/ Play Therapist
0.6 Art Therapist
0.5 Project Secretary

The project has been running 6 years and its funding is now mainstreamed

by Fife Council following on from its original pump priming money provided by the Scottish Government. It has a remit for training and support of foster carers and residential workers and for providing specialist therapies to infants, children and young people. This wide ranging remit is unusual in LAAC services but we have worked at maintaining this wide focus.

From the start, in addition to our remit, we have had as our focus the establishment and support of good attachment relationships between children, young people and their carers as a core aim; as this is the primary need of all children and the basis for resilience and emotional development. We have also wanted to create a space for thinking about the needs of individual children in care that aids the decision making around each child but also serves to support the development of the wider service for looked after and accommodated children..

We used our usual clinical work and some pilot projects to develop the service. From previous experience we decided that we would start each new case with certain key objectives. One was to gather a full and comprehensive history. This is necessary for a comprehensive assessment, but also because past experience had taught us that often foster carers are unaware of a child's full history. We decided that Social Workers should be the referrers as the representative of the corporate parent, this was to ensure that Social Workers were fully engaged in the project's intervention. In this way we hoped engage all those with parenting responsibilities and to establish ourselves as part of the network around each child.

We have used audit measures and small scale research undertaken by clinical psychology students alongside an annual review process to help us develop the project, and to demonstrate clinical and cost effectiveness. Alongside consultation to foster carers and residential workers and a range of individual therapies that we offer, we now use manualised interventions for training and standardised attachment assessment tools that give good clinical data for clinical decision making, and can also to demonstrate that we are targeting the children with the most severe difficulties. For example, we are aware that most of the children and young people that we see have avoidant or disorganised attachments difficulties. We have a review form which helps us collect qualitative outcome data as each case progresses. As a targeted and matched care service we are able to have an overview of local need that enables us to prioritise and minimise waiting times.

A number of small measures that have helped us to improve our practice have made a very great difference to our being able to work well between agencies. We have discovered that foster care link workers are crucial to the success of our work and are now included in a range of meetings. We have found that we are able to offer a better service if we can arrange meetings at a time when everyone can attend, we use e-mail and gather agreement on the date and time from everyone involved before we arrange meetings. We find that having a Social Services Team Leader as the first point of contact for referring Social Workers helps us receive high quality referrals with good engagement in the work of the project from the beginning. We have a referral form but most Social Workers prefer to discuss referrals before they submit the form.

I am including a description of this service as an example of how it is possible to make the best use of specialist tier 3 CAMHS in providing looked after and accommodated children and their carers access to specialist treatments and support by developing a joint service that is embedded both in the NHS and Social Services. I would like to repeat the key point that we have done this by using the existing skills and expertise that exists in CAMHS. By putting staff from different agencies together and with a clear remit they are able to develop services that are efficient and targeted using the least intrusive intervention and can ensure that looked after children and their carers have an individualised response and access to a high quality service.

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