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.

There needs to be more emphasis on promotion of positive mental health for the whole population if there is to be long term improvements in mental health. This includes awareness raising that everyone has mental health and how to look after it, both from an individual perspective but also from services and organisations, particularly those who do not work in the mental health service arena.

Re. specific actions, actions that focus on reducing structural inequalities in our society, developing more social cohesion, trust and less individualistic mentalities.

The document currently reads as though mental health is solely the responsibility of mental health service providers. An outcorhe relating to other relevant services recognising their role in promoting positive mental health and integrating it into their business plans is essential in achieving the norm that 'mental health is everyone's business'.

A focus on promoting understanding of why a mentally healthy population is better for society at all levels (individual wellbeing, less demand on services, more economically productive etc) and everyone's role in achieving & maintaining this. This can be achieved by continuing to invest and support the mental health improvement structures we currently have, and making the continuation of this a priority.

A priority must be to continue to reach out to the non-mental health services.

Links with Single Outcomes Agreements must be improved re promotion and prevention of mental health improvement on a population level.

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.

National support for peer support programmes (see q. 6).

Reviewing current welfare legislation – are both the current legislation and processes involved promoting or demoting to mental health?

Recognise and support the implementation of recommendations from 'Good Places, Better Health for Scotland's Children' about the importance of the impact of the quality of 'places' – home, green space, neighbourhoods, on the positive development of children as being integral to good mental health and wellbeing.

Government across the board needs to place impact on mental health central to its planning and decision making processes – beyond service provision.

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.

Reflecting comments made above about the strategy being very mental health service focused, within that it is also NHS focussed. Voluntary orgs can be ideally placed to provide some services (inc health improvement work) in many areas including support for those with recognisable difficulties and in promotion and prevention.

We need more of this community based, professional service with psychologists and others who have specialist experience in the field of child and adult suryivors of abuse. It isn't necessarily cheaper to NHS-ise

everything. However, services do need to be professional with professional accountability, supervision, info sharing protocols, etc. 'Open Secret' is an organisation that previously offered an excellent service, but funding was withdrawn last year.

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?

See Me campaign to link up with Choose Life again around reducing stigma of suicide and haying suicidal thoughts.
Scottish Government to repeat or continue it's suicide prevention media campaign. Anecdotally, awareness of it is low.

There needs to be more work on prevention and promotion.
Supporting people to understand their own mental health and how to keep well.

Increase understanding of the role of place especially green space and contact with the outdoors in promoting wellbeing and providing appropriate places and activities to facilitate this to happen (refer to recommendations in Good Places, Better Health for Scotland's Children)

Providing either telephone,1:1 or group support when a problem occurs.

When a person is in crisis they are unlikely to use reading or internet resources. Telephone help lines can help but there needs to be increased access to face to face support as well.
Psychological referral may not be necessary if the person in crisis can access support quickly. Early intervention and triage to support services

Targeting those with increased likelihood of experiencing mental health problem.

Support for teachers encountering young people who self-harm. Many teachers don't feel well equipped to respond appropriately.

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

Issuing guidelines for National Union of journalists (as done with Choose Life re suicide) on responsible reporting of mental health issues.
In particular, the media seems to over represent mental health problems experienced by young women.

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

We need to raise awareness of mental health being relevant to everyone. That it is important to maintain good mental health and the ways of doing this. Stigma exists because of lack of knowledge and fear, and perception that you 'should' be able to cope.

See Me campaign could focus on raising awareness of warning signs for common mental health difficulties e.g. feelings of not being able to cope, everything getting on top of you, disturbed sleep, changes in appetite, loss of interest in usual activities. Focusing on reducing stigma around 'should' be able to cope, to notice and take action at this stage, rather than letting it go on. If people become aware that everyone has mental health, then the stigma associated with when there are difficulties should reduce.

Campaign developing more focus on the impact of discrimination.

Question 6: What other actions should we be taking to support promotion of mental wellbeing for individuals and within communities?

Actions that increase community participation, ownership and pride in local areas, resulting in increased social capital.
Supporting community development projects in areas experiencing greatest inequalities.
Increasing salary levels of community workers to make it a position that attracts and retains people to the post.
Identifying those with specific needs e.g. BME communities and design services so that needs are met.

Peer support is mentioned a few times within the document and there is a strong evidence base behind it when used appropriately. However peer support initiatives should not be considered as an added extra or a little side-line that staff should be able to set up and support in half an hour a day on top of their day job! Establishing effective peer support mechanisms required robust recruitment, support and supervision, on-going training and other learning opportunities, processes to deal efficiently with expenses etc. to prevent high volunteer turnover and the project becoming all about the recruitment and retention of volunteers. Well supported projects reap massive rewards.

Wider community needs greater emphasis in the document, the importance and responsibilities of communities e.g. govt when policies negatively impact on mental health, workplaces that aren't family friendly or emplbyee friendly, planning departments that build on too many of the green spaces in urban areas or don't take care of greenspace so that it promotes use of it, benefits reform that puts pressure on carers and others.

Scottish Government should support initiatives like Investors in People and

Healthy Working Lives to be less award-focused - so that mental health at work is taken seriously both in itself and in terms of impact on productivity. Culture change needed around recognition of work-life-family balance and Government could support this, particularly in prbyiding affordable childcare and childcare that actually aligns with the working day more closely. 2 ½ hrs in separate chunks does not allow this. E.g. 15 hours, or more, allocated in more flexible ways to suit working patterns. Encouraging employers to provide working hours that fit in with the school day.

Outcome 2: Action is focused on early years and childhood to respond **q**uickly 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

We welcome the recent plans to extend of the Family Nurse Partnership across Scotland.

The waiting list standard of 26 weeks is still too long for both the child and carer(s). ½ a year is proportionally a very large part of a child or young person's life - the situation could deteriorate and/or become entrenched in that time making the recovery longer and more difficult.

One-off crisis assessment shpuld happen within 4 weeks. Then they could be sign posted to other types of support if needed e.g. parenting support, healthy reading, peer led support groups.

To reduce demand on specialist services and inappropriate or minor referrals, mental health nurse therapists or Associate Clinical Psychologists could be assigned to groups of GP practices, who can assess difficulties, treat more minor and/or transient difficulties, or appropriately refer to specialist services.

Improve referral mechanisms and information provided to ensure appropriate referral to appropriate service, will reduce waiting lists, time wasted etc

Role of schools in promoting mental health and wellbeing isn't recognised within the document. As well as supporting the schools to do more themselves (some do already) to promote mental health and wellbeing (Curriculum for Excellence does provide opportunities for this but schools need support to implement), they (and early years practitioners) can also be supported to identify difficulties early, respond appropriately and have increased support available to them more **q**uickly and easily e.g. more availability of designated nurse therapists, Ed Psych, counsellors etc.

Some CAMHS staff could get more involved in preventative, health promotion work e.g. establishment of Healthy Reading schemes with libraries or in schools.

Slight concern with all emphasis on early years (which is the highest priority) and transitions in later childhood, the middle years 7-11 overlooked. All ages need to be considered.

Increase availability of family therapy, parenting programmes for at risk groups & families.

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

Decentralise services from NHS, increase partnership working but with a central case manager (essential). Encouraged, or mandated to, use Clinical Psychology/Associate Clinical Psychology & Nurse Therapist and OT resources more flexibly e.g. working within voluntary sector and organisations and Local Authority services e.g. social work, and to consider preventive approaches.

Some concern exists over minority ethnic groups accessing specialist services, availability of translation and interpretation services. Are we losing children and young people who or whose families may need support because of language and/or cultural barriers to the way we provide these specialist services? Is attendance at specialist CAMHS representative of the population in terms of equality and diversity? Has this been audited or reviewed in any way? To improve the access of CAMHS to these groups would require more than an annual equality and diversity mandatory training session but is essential.

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?

Continued provision of the services noted in the consultation report and gaps noted in q. 24.

See answer to overall approach and q. 5&6 re increasing mental health literacy amongst general population.

Increase the general populations understanding of their own mental health, increase understanding that everyone has mental health that can and does go through normal fluctuations and to recognise the warning signs and what can help maintain good mental health and how to access resources to do this. Possibly through a public awareness campaign. The See me campaign currently focuses on those who are ill.

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

Comments
For people to know when to go for help they need to know what is normal mental health and when it is a problem. Many areas of the population may not tend to understand when they are experiencing a mental health issue and may present with physical problems covering the real issue e.g. anxiety / depression, until a crisis occurs. Therefore need to increase mental health literacy around positive mental health (see response to **q**. 9).

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?

Early access for assessment to triage and provide appropriate referral.
In Midlothian they have been providing information on letters on Midspace and healthy reading scheme in libraries and community-based support centres (Orchard Centre).

Access to CBT / living life to the full programmes for those with low level anxiety.

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

Questibn 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

Qiuestibh 18: How ean 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?

We welcome the inclusion of an outcome on the role of families and carers as part of the care system.

Increase focus on the assets of carers and especially with young carers, to develop their confidence and pride in the role they have, when they are receiving the necessary support for them so that the role is not overwhelming.

Continue to support young carers projects and raising awareness, particularly in schools so that young carers are indentified and receive support.

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?

Creating a norm of involving families, with clients' consent, where possible.
Included as a routine question in assessments.
Recognition of both advantages and limitations of involving families in care.
What is helpful in what circumstances for each case.

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?

This outcome could be subsumed into some of the others about improving access and effectiveness of services.

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 rhonitor who is using services and to improve the accessibility of services?

See comments about equality and diversity in answer to q. **8**

Question 23: How do we disseminate learning about what is important to make services accessible?

E-briefings e.g. similar to Scottish Government weekly round-ups.
If real change is to come about in terms of accessibility of services, significant shifts in practice will be required, workforce development and structural changes with strong leadership and involvement of all levels of the workforce.

Question 24: In addition to services for older people, developmental disorders and trauma, are there other significant gaps in service provision?

Seryices to be defined by need rather than age, in case of older peoples services. Could be considered ageist to have services specifically for people over a certain age. Can also disrupt continuity of care. Often difficulties can begin well before 65, or not until well after, if at all.

Gaps in target groups:
Those with health or life challenges that are known risk factors to mental health/that may increase the likelihood of developing mental illness.
e.g. newly, short and long term unemployed
Carers
Those with substance or alcohol addiction
Long term conditions
Those on probation
Children and adult survivors on child sex abuse (risk factor for poor mental health and drug and alcohol abuse)

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?

Acknowledgement of service providers of the socio-economic context within which person's difficulties exist. What is realistic & achievable? What are the broader factors that contribute to their difficulties and what can be drawn upon to facilitate their recovery? More linking up of supports available in local community with specialist services and recognition of the valuable role of community orgs. People are multi-dimensional as are their difficulties, therefore both they and their recovery need to be considered holistically. Services need to link beyond 'treatment and care' services, think more broadly regarding people's difficulties and lives, and link with organisations not strictly in the health social care arenas.
Moving towards an assets based approach by specialist services.

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 priprities over the next 4 years to meet the challenge of providing an integrated approach to mental health service delivery?

See response to q. 25

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

Questioh 28: In addition tp 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?

The current focus on promoting bnef interventions such as Motivational Interviewing and Health Behaviour Change for issues such as alcohol, weight management, smoking, could be extended to mental health service practitioners. Providing training on Health Behaviour Change tailored for use with mental health service users who struggle with motivation and confidence to act on behaviours which could help them with their difficulties.

Extend the NHS Health Scotland HBC framework to include mental health related behaviours.

Increase suicide prevention training amongst children and young people's workforce especially teachers and those working with vulnerable groups e.g. LAAC.

Improve & support links between services with local NHS Health Promotion Service capacity building programmes, to increase their capacity to increase capacity on tackling health inequalities and broader determinants of health. Opportunities for joint working to deliver workforce learning and development opportunities.

Questioh 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