

Mental Health Strategy for Scotland: 2011-2015
Consultation: 562

Dear Katherine,

Thank you for the opportunity to respond to the Consultation on the Mental Health Strategy for Scotland 2011-15.

While this is a very comprehensive document setting out the current developments and key challenges, some of the language used appears specific to professionals engaged in either mental health services or more generally across NHS.

In particular, there is reference throughout the document to the term "outcomes" and as I note in the reference to Talking Points (Page 21), this may be the type of language which merits clarification in order that it can be fully understood across a range of care, health and other sectors.

The Care Inspectorate currently works with a range of stakeholders including other scrutiny organisations, local authorities, independent and Third Sector provider organisations, to ensure that a high priority is given to the experience of people who use services and those who may be caring for them across our inspection programmes.

In reviewing the specific questions included within the Consultation, I include some comments which I hope will be of some assistance to you in evaluating the range of viewpoints from stakeholders. These are as follows:

1. Q1. There is a need to consider a 'broader remit' for the national posts (Dementia Nurses and AHPs etc), which have been introduced to support the Dementia Strategy that would cross all the care settings, in addition to those already focussed on NHS acute and primary care provision.
2. Q2. Suggest the focus be on how we ensure we are delivering on personal outcomes for people who use the service and hear more from them, and then consider what changes need to be made. Would this give a better understanding?
3. Q 3, 4, 5, 6, 9, 10. Suggest these questions link to the extent to which services are inclusive and how ongoing awareness raising and listening to people who have mental health issues assists in finding solutions.
4. Q12, 13. Suggest that explicit reference is made to the role of technology/telehealth or where the use of video conferencing may support services in rural/remote areas. The Care Inspectorate is aware of where certain services are able to make positive use of VC links with specialist Dementia Nurses in order to support care staff in improving anticipatory approaches.
5. Q19, 20. Inspections of social work and regulatory social care services which demonstrate strong leadership promote confidence and understanding of families and carers. Staffs ability to listen and understand are often the keys to improved recovery. This may require some culture shift from traditional medical models, requiring joint training and learning opportunities.

6. Q21. Suggest that sharing practice and exchange of knowledge through websites is currently impeded by differential access to IT and internet.
7. Q 25. The announcement by the Cabinet Secretary regarding health and care should promote improvements to how partners will work nationally, and often predicated on good relationships within localities.
8. Q27. Suggest that local partnerships and infrastructures, utilising key personnel such as dementia nurses, allied health professionals can be further developed. The provision of care home and care at home may benefit as large organisations where training personnel can contribute to staff development.
9. Q35. The shared responsibilities for protecting people who use care and health services is already developing and some matrix approach to demonstrating respective health and care staff responsibilities could promote this further.

I hope you find these comments of use.

Susan Polding-Clyde
Nurse Consultant