

## 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

Questions are quite specific, respondents felt pushed into commenting on certain areas but felt this took away from other areas.  
Important not to exclude areas

There seem to be numerous outcomes but needs to be more information on how the Scottish Government will support organisations to achieve these.

### 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

- Increase funding
- Joint training to make better use of funding shared training as integral part of university courses so all professionals signing up to same basic principles (ie Learning disabilities and Mental Health)
- Provide opportunity for services to be person centred
- The strategy must be pro active rather than reactive, early intervention is important.
- Joint training – there needs to be a fundamental change in the way professionals are trained, ie Social work, NHS, Education
- Engage service users when setting training schedules
- Identify overlap of services to ensure money is not being wasted, joint working would remove that
- Change in attitudes would happen if there was more joint working, cross sectoral working
- Feedback from service users, at beginning, throughout and at end.

## 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

- All services should be mapped.
- Better understanding of what services are available, which must be kept up to date,
- 1 stop shop for information, hub, signposting service.
- "Silo" working needs to be addressed to make services more effective and meet peoples needs, more holistic services to meet peoples needs.
- Named contact for service users
- See me campaign, aimed at general public, should be kept up to date, built upon
- Crisis intervention services need to be developed
- Immediate response/ crisis intervention for Mental Health. Mental health 999
- Equivalent mental health crisis line to NHS 24
- Greater focus on preventative

**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

- Further Develop see me campaign, build upon good work it has progressed so far
- Highlight message "your responsibility to look after your own mental health".
- Help people to recognise warning signs
- Education on MH First aid
- Implement systems in workplace
- Designated mental health person in workplace, same as designated first aid person
- Training, awareness should begin in schools, primary to reduce stigma, must be focussed quality training that has real impact
- Opportunities for people who have had mental health issues to talk in

- schools, personalise, normalise from a young age.
- More dialogue with doctors, Doctors do not have enough time to talk to patients
  - More Investment in supportive, inclusive communities
  - Greater access to information via public places such as NHS health points, hubs

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

- Better media reporting of mental health matters
- See people in the media with mental health issues – ie Jamie Oliver dyslexia
- Show children from a young age, ambassadors for mental health, ie sports personalities
- Show path through mental illness, include recovery and positive outcomes
- People with mental health issues will listen to people with mental health issues – peer education
- Show as being normal across the board, show that it is something that has happened but there is life after.
- Show mental health as part of a life cycle, life event

**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**

- More of See me, keep it going – See me now. Must be sustainable, funding continues
- Terminology has to be positive, part of natural cycle
- Stereotyping to be addressed
- More emphasis/targeting of young men, more stigma for men, men are less likely to engage with services/discuss matters related to their mental health
- Show progression for people – where I am now – continuation

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

**Comments**

- Good community support
- Community Nurses available 24 hours a day
- Doctors should be enquiring about Mental Health as part of a general check up
- Funding must be consistent, not just short life projects then stop, must look at what is working and continue funding and eliminate funding projects that are not effective just because they have been historically funded.
- Look at funding for community centres and community workers
- Enable communities to support each other
- Look at community initiatives and build on them rather than creating new. Duplicating.

**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**

- Highlight in schools
- Mental Health awareness from early stage Ante natal classes/midwives/health visitors
- More counsellors in schools
- Teaching assistants back in classrooms, teachers so busy with big class sizes, do not have time to identify children having problems
- Joint working between Education, Health, third sector
- Need consistency in dealing with children with mental health issues

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

- Promote their learning as their own tools and responsibility. Help them learn how to look for information to support them - self help books, reputable websites etc

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

Comments

- Improved interpersonal skills in communication and conflict resolution

**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

- 6 monthly or 12 monthly 'check ins' similar to General health checkup

Question 17: How do we encourage implementation of the new Scottish Recovery Indicator (SRI)?

Comments

- Additional funding must be put in place to allow services to deliver
- Must be preventative
- Community initiatives/ more funding for a preventative approach would cut costs in more expensive areas, medicine, SW etc.
- Links between third sector and private sector to find funding but also to get issue in public eye
- Identify what can be privately funded and what must be publicly funded

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

- Scottish Mental Health first aid training – make available to families and carers. Adapt for general public, half day course, could be rolled out to schools, workplaces
- Training should be delivered by service providers and service users
- Interactive website
- Change in Government approach to carers, campaign to value carers, more recognition and support to carers needed, includes more support for young carers
- Consistency of information for carers, confidentiality vs certain level of knowledge. Confidentiality is a big problem
- Share it culture, remove stigmas
- Normalising but understanding seriousness of issue, do not underplay
- Service users should be involved in delivery of training ie, talks on Post Natal Depression to expectant mothers delivered in a

meaningful way

- Stereo typing in media ie soaps – needs to be more realistic portrayal of mental health

**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

- More integration between all practitioners and other departments - links between community workers, Social workers, teachers, educators, GPs and Mental Health professionals

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

Comments

- Suggestions :-When things work well, people will talk to each other and pass on the news. Newsletters, Community Centres, evening classes, Evening papers, with Lottery tickets

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

Comments

- Gap in mental health provision for 16 – 18year olds, transitional period from child to adult.
- Gap for young people on autistic spectrum
- Must be more Support for family during transition from child to adult services
- GPs cutting boundary areas, not allowing patients to find new GP, complex cases, MH and substance misuse.
- Incidents of people being struck off on methadone programmes, cannot find new doctor willing to take on, puts massive pressure on MH and substance misuse, ends up putting more pressure on more expensive 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?

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

- Psychological aspects related to factors such as self image and Self esteem – obesity and alcohol/substance misuse needs to be a priority
- Providing more accessible service/information for general public
- Community Planning partnerships bigger role in planning services/mapping of services

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

- Training, more cross sectoral working
- Involvement of service users
- More mental health sufferers involved in planning and delivery of training.
- More carer involvement.

Question 30: How do we ensure that we have sustainable training capacity to deliver better access to psychological therapies?

It might become important to train the therapists in new techniques in view of the developments in Neuroscience. Involve existing therapists in the training programs so their experience is carried forward along with the new theories and developments

**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

- Perhaps get a general view of the laymans perception of what is happening - this might give suggestion about how to be seen go forward and also about which myths have to be tackled

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**

- Mental health has to be seen as an important part of health at all levels. Perhaps tackle the Stereotyping around the 'Scottish man' and 'Scottish woman' and our 'get on with it' attitudes

**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**

- Support, Supervision and ongoing Education