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

Broadly yes these are the right outcomes:

. Generally yes. The outcomes are user friendly and measurable. They do not however make reference to the concept of recovery. The outcomes should also make clear that improvements in community services and moving the balanace of care to the community should not be achieved at the expense of those receiving care in hospital settings

Gaps in the Key challenges :

The outcomes do not sufficently empahsise the importance of good connections with the community in the promotion of good mental health and well being.

There are aslo gaps regading employment issues. Employments is a vital part of connection to the community. While fully recognising the Health Works Strategy will aim to address employment issues including mental health problems / illness, as individuals with mental health problems are disproportionately likley to be unemployed and consequently disadvantaged and excluded from society. The Strategy should include reference to this as a priority for action. The best predictor of wellness and recovery is stable employment. There is a robust evidence base to support job retention, and the Individual Placement and Support model.

ICPs should ensure the employment issues are addressed. Training programmes should become standard for staff to ensure they sign post onto services or take direct action to address employability issues. A key group of staff who can support this priority are AHPs and in particular Occupational Therapists.

The Document is very NHS health orientated and secondary prevention / tertiary care orientated. Recognition of Public Health role in primary prevention should be referenced. More explicit reference and recognition of Health & Social Care, Partnership Organisations, Advocacy, Third Sector Organisations, link to single outcome agreements, integration agenda and Health Works Strategy.

The outcomes should also empahasise the importance of the lived

experiecne of services users and carers especially in regard to service user defined outcomes. To achieve the strategy should emphasise the value of independant advocacy, both indidvual and collective.

Psychological Therapies matrix excellant, value of all tiers not recognised : high volume, low intensity and AHPs. Only 2/3 rds people benefit from talking therapies, non talking therapies provided by AHPs including approach to addressing physical health, meaningful occupation, diet, communication, and life roles is crucial to addressing patient needs and should be valued within the Strategy, including support to develop evidence base. Interventions and approaches without an evidence base must not be automatically excluded, it may not exist purely due to lack of research in the area rather than lack of effectiveness.

Further actions should be prioritised:
Support Boards locally to implement NHS Health Scotland's Mental Health Improvement Outcomes Framework and The Health Works Strategy. Driver diagrams and logic models offer methodologies for local redesign not to be constrained by resources.

Roll out standardised approach utilised in CAMHS, New to CAMHS, Competency Framework, and Passport. Work with NES to introduce across age ranges. Good practice, evidence and published standards should be achieved no matter where the care is delivered. Published standards should be the norm.

Support rapid implementation of Condition Specific ICPs. Generic ICP mainly focused on currently in Board areas.

Maximise use of telehealth/telemedicine/e-health to redesign services – AHPs have a significant contribution to make to this agenda esp around supported self management and recovery, not simply CBT approaches

Homelessness:
The Strategy correctly highlights the issue of barriers faced by many people in accessing the services. However, it misses a vital issue in not referring to the risk of homelessness. 43% of those presenting as homeless identify themselves as having some form of mental illness. 32% of people receiving housing support report a mental health issue. (Both figures are 2010/11). Mental health issues are particularly prevalent in those who tend to sleep rough and who have difficulty in engaging with services. Mental health issues can contribute to someone losing their home and can also make it much more difficult to resettle in a home. The strategy must therefore reflect the high incidence of mental ill health among homeless people.

The City Housing Strategy and the Homelessness Prevention Commissioning Plan outline the key priorities as preventing homelessness wherever possible and minimising the time in crisis where homelessness does occur. In order to do this, it is vital that mental health services take into account the potential risk of homelessness and are able to support individuals who may be at risk. Further improvements in this approach would

help to reduce homelessness and the further damage which this can cause to people's mental health.

Similarly there is a vital need for easy access to good mental health services where people have become homeless. Often in this situation it becomes more difficult to access GPs and other specialist services. While housing support cannot provide the specialist mental health services required, it can when combined with effective with specialist mental health services, help to ensure that people successfully resettle in the community.

We welcome the strategy's approach to services being well balanced and community focused so that provision is nearer to where people live and to be more accessible. This should also extend to accessibility to those who do not have a home.

An important part of designing services to identify issues early and ensure access to service will be to provide training for non-specialist staff (including those who are delivering housing support) to recognise signs of mental illness. This will help to allow prompt referrals to be made to the right specialist services. These staff will have a key role in initiating Integrated Care Pathways for the people they are working with to maintain their accommodation and to prevent them becoming homeless. Similarly, training in housing options may well be useful for mental health staff.

People who have served custodial sentences often experience homelessness on their release, which may or may not be related to issues with mental health. More work is needed to address housing issues and to ensure that suitable accommodation is available offenders at the end of their sentence. Those with diagnosed mental health problems are more likely to be at risk of losing accommodation if they are not provided with the appropriate level of advice and support. This should begin before release with help and advice being available and easily accessible afterwards as necessary.

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

The government should pormote an the agenda of integration at all levels. This includes battling stigma , promtoing social inclusion and ensuring the that the mental health and well being strstegy is integtreted will all other public health, community devlopment and employment intitlaives. This should include developments as a result of the Change Fund.

The government should also promote the evalaution of evidence based implementations to provide evidence on what works best for people and communities.

The government should promote a national network for the promotion of mental health and well-being. This would incude accessible website links that hightlight good servcies and practice examples. They should encourage Boards and Local authorities to joinlty implement succesful innovations in other areas.

Visits to Boards and Local Authorities should showcase exemplar practice, ensure dissemination.

The governement should continue to progress accreditation and roll out of generic and condition specific ICPs. As part of this there should be a national strategy to build up data to support redesign through benchmarking across the development of ICPS .

As part of this process the government should set sepcific targets for shifting the balance of care.

The governement should work with e-health to reduce barriers to sharing information across organisations and agencies

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 exaptly 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

The goyernment needs to promote interventions with proven added value and not those were their is no evedicne base to support good service user and carer outcomes.

As part of this promotion the government should give a strong steer to move

to this practice within agreed and negotiated timeframes.

The strategy should Improve resilinace of individuals to sustain recovery and promote social inclusion by ensuring all staff are trained in secondary prevention.

Every health professional should ask a range of questions related to : self harm, substance misuse, smoking cessation, weight mangement, employability and then sign post / directly offer intervention as part of treatment approach.

Evidence from Public health and primary prevention programmes indicates if we tackle substance misuse, poverty, obesity and smoking we could improve health including mental health.

The startegy should seek to capture patient experiance and utilise this evidence as a valued contribution to evidence. This can be achieved by the use of independant advocacy.

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

The government should continue with the Choose Life policy and should include links with work in self-harm. There are difficulties with the later development as self -harm has a distinct character to suicide , so this needs to be explicit.

The government should maintain national publicity, education about link to self harm and suicide. There should also be primary and secondary prevention, including multi-media programmes in schools, good parenting classes, and drug and alcohol awareness programmes.

The government should also promote the use social networks in these forms of health promotion.

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

Comments
The government should continue to promote the See Me campaign. This should include greater training and awareness for all NHS and local authority staff in Mental health training and awareness. This should include greater use of MH 1ST Aid for health staff and people in communities. There should be greater Investment in service user involvement in the development and delivery of services.

The strategy should include targeting different populations such as school age children mental health awareness training

The strategy should encourage exemplar employer in mental health status be adopted by all Boards and Local Authorities Continued work with employers, and links to Health Works Strategy to promote healthy workplaces and job retention.
The strategy should continue the promotion of the Scottish Recovery Index 2

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
There should be a re-launch of the campaign. This should include linking to self help literature & websites e.g. NHS Inform/Breathing Space.

The new campaign should include school and workplace schemes to educate students, employees and employers of the damaging effects of discrimination, and the value to society and productivity of challenging and addressing the problem.

It should also include training and education in the value of independent advocacy in the promotion of Mental Health and well -being.

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

Comments
There should be a national website of resources, information services and good practice . This will also promote more about recovery & living well with mental health problems. It would also include promoting initiatives that increase social capital and the use of Social prescribing.

There should also be a national event that promotes good practice in Mental health and well-being and the development of Community Campuses for the promotion of mental health and well-being.

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 imprdve access to CAMHS?

Comments
The strategy should promote increased capacity of specialist CAMHS in order that HEAT target "Time To Treatment Target" can be met at multidisciplinary level
Dedicated funding for AMP's and the recognition of impact and outcomes, particularly in the areas of work, rest and play. Promoting age appropriate, valued life roles and social inclusion.

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

Comments

There should be dedicated funding to Tier **3** CAMHS (out patients) for multidisciplinary team. This should include dedicated funding for AHP Staff. Large areas in Scotland have very limited access to AHP's – in particular Art Therapy, Occupational Therapy, Dietetics, SPLT

Outcome 3: People have an understanding of their own mental health and if they are not well take appropriate action therhselves or by seeking help.

Question 9: What further action dp we need to take to enable people to take actions themselves tp maintaih and improve their mental health?

Comments

There needs to be greater education in the community about Mental Health and Well-being and about the impact of Mental Illness and how Recovery can be achieved.

Local authorities and NHS should improve performance on numbers of staff off with sickness absence due to stress at work (This would need stigma oh this to be reduced.)

They should be encouraged to utilise e-health, telehealth, and telemedicine to promote healthy lifestyles and self management, the benefits of work, exercise and diet.

They should expand approach beyond psychological therapies to include social prescribing, bibliotherapy, art and culture.

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

Comments

The development of Mental Health and Well-being "campuses" would encourage people to get help. This would also Improve availability and access to managing stress.

There should be greater access (such as in Libraries, schools) to self help materials written & computer information.

There should be more public information campaigns using supermarkets, Daytime TV, and Social Networking sites about mental health and well - being.

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
The strategy should recognise a lot is already happening in this area.
The strategy should welcome the uses of matched/stepped care models. It should also promote the use joint assessment with statutory and third sector service providers.

NHS Services should also be developed to accept self-referral from patients.

The strategy should ensure that Nursing staff and other members of general practice receive MH awareness training & education . There should be more Drop In MH Clinics in GP surgeries
The target of 50% MHS front-line staff training should be increased to 90% (SAFETALK Training is half a day)

There should be greater access to job retention and employability services

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
There are excellent tools to redesign and modernise the workforce , including identifying and reducing unnecessary variation in practice. These use should be promoted within the strategy.

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

Comments
There needs to be greater Technological support for the audit of ICP s.
There should be greater use of Knowledge Transfer Partnerships.
ICPs should have greater links to single outcome agreements and the

commissioning of services from the Third Sector.

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
The strategy should promote greater use on independent advocacy in service development. We believe that in Edinburgh we have developed a good network of advocacy services to ensure that service users and carers can have their views clearly expressed as part of service development.

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

Comments
All of the above, plus ensuring greater use of carer assessment of need.

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
There should be greater focus on outcomes/clinical indicators
There should be greater use Patient Stories in service development.
There should be greater use Knowledge Transfer partnerships to ensure service development is evidence based.

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

Comments
A HEAT Target is required to ensure it is implemented
The SRI 2 tool should be simplified and be compatible with NHS IT Systems. (now is – so should probably delete this statemement)

Question 18: How can the Scottish Recovery Network develop its effectiveness to support embedding recovery approaches across different professional groups?

Comments
Greater visibility of the SR Network in service development would help.

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
There needs to be effective signposting to support groups

There needs to be clearer training and education on boundaries of confidentiality including working with the client to promote the benefits for them of inclusion of carers and other supports.

Ensuring they carers can access an assessment of their needs and as an outcome and appropriate services as required.

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

Greater clarity on sharing confidential information, and boundaries to supporting carers when patient is not providing informed consent.

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
Sharing examples of service redesign & models of care . Investment in Knowledge Transfer partnerships would greatly assist in this.
Investment to support service leaders to visit areas of good practice.

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.

Questibn 22: How do we ensure that information is used to monitor who is using services and to improve the accessibility of services?

Comments
We would welcome an Annual Report on demographics highlighting high risk groups in relation to incidence of mental illness. There should be within IT systems greater recording of ICP outcomes, the balanced score card, MH Benchmarking.

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

Comments
We have mentioned this earlier in the use of "Campuses" and Networks.

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

Comments

The strategy should address the need for specific services and models of care to minority groups of service users. This would include : Brain Injury , Huntington's Chorea, Adults with ADHD/Developmental Disorders.People with Dual Diagnosis

The strategy should also be explicit about meeting the needs of families where one of the family members e.g. parent is involved in active military service.

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 dp you

think we should be doing nationally to support NHS Boards and their key partners to work together to deliver person centred care?

Comments All of the developments recommended above would assist in the development of greater 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 pnsoners, 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
There needs to be an integrated national strategy regarding the health of prison inmates, including issues of mental health and well-being.

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
It should be included in Job Descriptions with mandatory training for each level.

Questioh 28: In additipn to developing a survey to support NHS Boards' workforce planning arouhd the psychological therapies HEAT target – are there any other surveys that would be nelpful at a national level?

Comments
Survey of scale obesity problem within mental health in Out Patient clinics.
Positive destinations of these users of MH service e.g. employment, truancy, community involvement, education
Employment awareness among mental health staff.

Questioh 29: What are the other priorities for workforce development and planning pyer the next 4 years? What is needed to support this?

Comments

Support worker training in MH
Training strategy for all working in primary settings in mental health awareness.

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

Courses need to be developed to appropriate level e.g. CBT Techniques. Not every patient will require a highly specialist intervention, only the most complex. Workforce planning essential to identify requirement and succession planning.

Outcome 12: We know how well the mental health system is functioning oh 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 resourees, is there anything else we should be doing to enable us to meet this challenge.

Comments As stated earlier we need to make greater use of carer and service users experience and outcomes.

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

Comments There needs to be agreed standard reporting of performance data that would also include outcome measures for service users.

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 attentibn in the next 4 years that would support services to meet this challenge?

Comments As stated earlier there needs to be stronger links between single out outcome agreements and the national strategy.

Question 34: What specifically needs to happen nationally and locally to ensure we effectively integrate the range of improvement work in mental health?

Comments

The Mental health Collaborative should be refreshed and relaunched.

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

The strategy needs to make specific references to independent advocacy as an important safe guard in ensuring patient's rights.