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

We welcome this consultation on a new mental health strategy for Scotland.

We agree it is possible to combine improvement in population mental health and improvement in the delivery of mental health services in one strategy.

We agree that there is a broad (unwritten) consensus amongst practitioners, providers and service users about the direction of travel, however there is still some disagreement on where the main focus should be. This strategy does not articulate a shared vision for mental health in Scotland.

The structure of the consultation seems to suggest this is more a short term action plan for 4 years rather than an overarching strategy. Whilst it is important to have specific and measurable actions we feel that this should be combined with an overarching vision and objectives.

We feel that the listed outcomes are heavily weighted towards NHS activity, which, whilst important, does not reflect the totality of services and activities for mental health and wellbeing in Scotland. Throughout all of the outcomes the focus on mental wellbeing, the promotion of positive mental health and early intervention support is lacking. More emphasis should be given to promotion of mental health and wellbeing and prevention and early intervention for people experiencing or at risk of mental health problems.

The 14 outcomes will largely be the preserve of NHS community and hospital based services and will do little to improve the integration of community (statutory, voluntary and private),primary and secondary care. it is also not clear to us that all 14 outcomes are actually outcomes as some could be seen as outputs which may still leave questions about what has actually changed or improved for people using services.

in terms of what other work should be prioritised: We are aware that the Mental Welfare Commission has suggested using rights based approach, similar to that used for the dementia strategy. We would support this and feel that this supports both the principles of the MH Act and the aspiration in the NHS quality strategy to make services more person centred.

We would also like to see some priority given to looking at what outcomes we should measure for people with mental health problems, these outcomes should consider individual recovery journeys. This is an area where Penumbra has invested significant resources and will shortly have a validated outcomes tool that carl address this issue.

Other identified gaps are the lack of a pridnty to do with employment and employability for people with mental health problems. Also there is a lack of emphasis on inequality and inclusion and the duties in the MH act of the Local Authority under section 26 etc.

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 statement at the beginning of this section about 'knowing where we are and where we are trying to get to' is a rather generous generalisation. As mentioned above we need to agree and focus on a shared vision for mental health that will ensure that people understand the aspirations and direction of travel. The Dementia strategy does offer a template that could be copied.

We have a clearly articulated Government commitment to increase integration between health and social care services and a presumption towards a more preventative and early intervention approach in services. It would be good to see these current Government policies better reflected throughout the strategy.

Currently the social care sector provides important services for many thousands of people with mental health problems each week. These services are person centred and recovery focused offering hope and the possibility of a more fulfilling life. However these services are often marginalised and underfunded and not fully recognised as equal partners in discussions about service redesign and improvement. Yet these services form an important aspect of prevention and early intervention and could do more to ease the burden on acute NHS services by being actively seen as partners and not merely as contractors.

We are concerned about life transition and in particular the transitions from children's to adult service and adult to older peoples services. It does seem that we sacrifice continuity and service user satisfaction for the sake of relatively arbitrary age restrictions. Assessment for services should be on the basis of need and not simply discontinued because someone reaches the age of 65 for example.

The physical health of people with long term mental health problems still requires action. Delivering for MH had a commitment to ensure GP check-ups every 15months. We are not clear that this work has been fully implemented. In the meantime we understand that the gap between life expectancy of the whole population and those who experience long term mental health problems may actually be increasing.

Improvement Challenge Type 2

We know we need to improve service provision or that there is a gap in existing prpvision, 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

in our work with young people and people who self harm we often hear about childhood trauma and the effects it has had on people. We are pleased to see attention being paid to this important area. Young people are often reluctant to see themselves as having a 'psychiatric' problem and are sometimes reluctant to seek help from statutory services. We feel that we need to offer more timely opportunities for people tb talk safely about their experiences in informal settings which are non medicalised.

Self harming can often be a coping mechanism used by people who have experienced trauma and offering formal peer support and self-management tools such as WRAP have been beneficial to many people we work with. However services such as ours are not available consistently across Scotland and are often only funded on a year to year basis which makes planning and development very difficult.

Our Edinburgh crisis centre is another example of a service where many people who have experienced trauma seek help. Again the support offered is seen as non-judgemental and informal where people have the time and space to discuss issues with staff and others. We believe that this service offers an important service that can intervene early to avert a further

significant crisis and also complements and supports the work of the Intensive Home Treatment Team of the NHS. However we are also aware that the Edinburgh Crisis Centre is unique in Scotland. We would welcome more research on which community supports work well for people who experience trauma.

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 existing Choose Life plan has made a major contribution to improving understanding arid knowledge about suicide and has made a positive impact on suicide rates.

However we should not conflate suicide and self harm. They are separate (but related) issues. We know that self harm is a major public health issue that for a long time has been the subject of stigma and discrimination. We would like to see more work on raising awareness and understanding of self harm and the ways people can be supported to address the reasons for their self harm.

Our experience as one of the very few organisations offering specific self harm services is that offering a combination of self-help techniques, awareness raising and information and support for families and carers seems to make a difference. However, our services only exist in 5 parts of Scotland and tend to haye few staff and resources. We would like to see support, treatment and information about self harm as being delivered more clearly and consistently by all mental health services.

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

As partners in the 'see me' campaign we have taken the view that attitude and behaviour change will take at least a generation. Therefore it is important to recognise the importance of the Scottish Government commitment to this issue over the last 10 years. It is clearly a good time to

step back and refocus our thoughts so that we can refresh and re-invigorate the campaign. 'see me' has already started collecting views of stakeholders on this. The action required is for continued support for 'see me' but also that all services (not just mental health services) recognise that it is not simply the duty of 'see me' to challenge stigma and discrimination but is the duty of all. ideally all public authorities should have policies on reducing the stigma and discrimination towards people with mental health problems.

Question 5: How do we build on the progress that see me has made in addressing stigrna to address the challenges in engaging services to address discrimination?

Comments

See above. it is important to maintain the commitment to a national campaign but to look at ways that each service also addresses its responsibilities. Dlscriminating against people because they have a mental health problem should clearly be seen in the same light as any other form of discrimination such as race, gender, sexuality etc.

Quesfion 6: What other actions should we be taking to suppqrt promotipn of mental wellbeing for ihdividuals and within communities?

Comments

The question is whether we can sustain financially, or otherwise, a whole population approach to promoting mental health and wellbeing and whether this is the most cost effective, targeted and evidence based way to achieve better mental health and wellbeing for all.

Continued work on making psychological therapies more accessible, promoting self-help and increasing general understanding of mental health issues will continue to be important.

Work carried out by the Centre for Healthy working lives could be usefully incorporated into the mental health strategy to ensure employers understand their responsibility in promoting mental wellbeing. Equally education authorities should ensure work continues on building resilience and coping skills for mental wellbeing amongst our young people. Support for parents of children in their early years will also be important and again we would like to see more 'crossover' with other Government policies to share and enhance this work.

Given the likely funding constraints, activity might also be targeted at ensuring a person centred, preventive and early intervention approach in existing services whilst ensuring that social care services providing lower level support are adequately supported and maintained to continue to focus on aspects of positive mental wellbeing for people who experience mental health problems.

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

Whilst there has rightly been a focus on developing CAMH services, we believe that part of the challenge is the absence of other community supports for children and young people and their families. We feel that earlier intervention and preventive services for young people experiencing emotional and psychological distress may relieve some of the pressure on CAMHs so that crises are prevented and support delivered earlier.

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

Comments

It is totally unacceptable that young people are expected to wait 26 weeks to receive a specialist appointment relating to their mental health when the target for adults is 18 weeks. 26 weeks is a long time in the life of a young person and simply means that problems are often more deep rooted or challenging, this may also be infringing their human rights as they are not being treated equitably. We feel strongly that waiting times for young people must be shorter than they are for adults.

We believe that if more and better developed community alternatives existed then the number of referrals to secondary services may reduce. We also feel that an action plan to increase access to psychological therapies and self-help should be introduced for young people. This would also reduce the burden on secondary services.

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 maihtain and improve their mental health?

Comments

The continuing development of activities to promote WRAP and other self-management tools should be sustained and encouraged. More opportunities to adopt an educative approach to maintaining wellbeing should be developed. Too often people see themselves as passive recipients of mental health services when we feel that they should become 'students of their own wellbeing' where they are offered tools, tips and techniques (such as WRAP). There are opportunities for community groups, adult education classes and other universal services to make such tools and techniques a bigger part of their 'curriculum' and activities.

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

Comments

GP's are often the first point of contact for people seeking help. More work needs to be done to support GP's to understand mental health problems, the resources and services available (not just NHS services) and the application of the principles of recovery.

Thought could be given tp introducing peer support workers in GP practices and also having specialist mental health staff located in GP practices. Mental health problems consume a significant part pf each GP's appointments on a dally basis yet GP's are often in the dark about the wider community and social care services available.

We need to raise awareness and understanding of mental health issues amongst the general public. This can be done in a targeted way through parenting classes, schools and workplaces. More information about basic self-help techniques that people can use to reduce stress should also be developed.

Continuing to challenge stigma and discrimination will also help people to seek help in a timely manner.

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 cah idehtify mental illness and disorder as early as possible and ensure quick access to treatment?

Comments

We believe that the general public already think that NHS and local authority services are joined up. They think that if they enter the system via the NHS they can also access social work this way. Unfortunately services are as separated and isolated as ever. In some cases this separation has been heightened by increased pressure on budgets as managers seek to protect their 'patch'. Integration of mental health services across the NHS, Local Authorities and the Third sector is essential.

Third sector organisations need to be seen as important partners and not just contractors. Almost all innovation and most service delivery in the social care field is carried out by Third Sector organisations.

Many preventive and early Intervention services in the community run by Third Sector organisations are npw under severe threat as local authorities will only fund services that react to crisis or substantial need. This is short termism that will cost the public purse dearly in the long term.

Crisis services such as the Edinburgh Crisis centre offer an important and cost effective resource that prevents issues escalating to the point where emergency admission is required. More services like this need to be developed as an intermediate step before full psychiatric emergency or crisis services.

Supporting the introduction of personalisation and self-directed support for people with mental health problems will also ensure that people have more choice and control in how they access services and will ensure that services respond in a more flexible and timely manner. At present people with mental health problems are underrepresented in relation to uptake of direct payments. Why is this? Possible reasons are that they are put off by the bureaucracy involved, are told they lack capacity or that the rigid way in which direct payments are applied makes no difference to their choice and control.

We must also guard against the introduction of personalised services simply being a 'front' for cutting services and resources.

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 parthers need to apply service improvement approaches to reduce the amount of time spent on non-value adding activities?

Comments

More Integration and joint working across NHS, Local authorities and the third sector is required. Pooled and joint budgets are essential so that we have a genuine 'Scottish mental health and wellbeing service' that is more effective than simply the sum of its parts.

Appropriate shared putcomes and objectives would aid this work.

A review of the various assessments that service users are subject to would also release more direct time for value adding activities.

Joint approaches via the two improvement bodies (HIS and SCSWIS) would be helpful so that a more integrated inspection and improvement system is in place.

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

Comments
The development and Introduction of ICP's has had significant resources applied over a number of years, yet uptake and use within the NHS seems slow and patchy.

The use of ICP's has certainly not been something we have been involved in as Third Sector providers.

We do wonder from our distant viewpoint whether the whole industry around ICP's has become too bureaucratic and we do not know what value has been added to the experience of service users or indeed what improvements in service quality have been achieved as a result. Is a rethink on the current use/practice around ICP's required?

Outcome 6: Care and treatment is focused on the whole person and their capability for growth, self-management and recovery.

Question 14: Hbw do we continue to develop service user involvement in service design and delivery and in the care provided?

Comments

As mentioned previously the implementation of personalised services and self-directed support will offer service users more choice and control over the support they receive.

Ensuring that adequate collective and individual advocacy services are available is also critical to achieve this outcome.

The Third Sector has considerable experience of ensuring service user involvement and in delivering person centred services, more could be done to share this learning and experience.

Peer support workers offer a potentially important role in achieving this outcome and we would like to see continued support for the further development of peer support work across all services. Penumbra currently is the largest employer pf peer support workers in Scotland and now has considerable experience in this area.

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

Comments

This question could equally be turned the other way round and ask 'how do services ensure they are focused on the needs of people and not simply the needs of the service'. Understanding customer care and using feedback to make changes are important.

We would also point to the need to ensure sufficient advocacy services are available.

The increased use of WRAP and other self-management tools will enable service user and their families to better understand roles and responsibilities.

Achieving the NHS quality strategy of making services person centred will also add to this outcome. This is more about changing the culture of the NHS but the results should achieve more mutually beneficial partnerships.

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

By ensuring that all staff are trained in the 10 essential capabilities and recovery practice.

By personalising more services and promoting the use of tools such as the SRI2 and the Individual recovery outcomes counter (i-ROC).

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

Comments
The new SRI2 is easier to use and applicable to all services. Ensuring that networks of support and sharing of learning are encpuraged will be important to ensure its use. SRN are well placed to support this.

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

Comments

The SRN has been highly effective in promoting recovery to many people and services across Scotland. We are aware that GP's have been hard to reach with regard to the recovery message. Joint work between NES, Universities and the RCGP would help to embed recovery in the training and CPD of GP's.

SRN can continue to develop its range of support and tools and techniques that aid recovery given continued support from Scpttish Government.

It would also be helpful to see recovery and a recovery focus being made a core objective/ambitipn in this mental health strategy.

Outcpme 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

Please see response to question 15

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?

Cpmments

Awareness of the roles and support that families and carers play should form a core part of any induction training in mental health services.

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

We would welcome direction from the Scottish Government on what an appropriate balance between hospital and community would look like. From our perspective we feel that too much resource is tied up in providing acute and emergency services in hospital and that more should be done to shift resources to an early intervention and preventive model.

The integration of Health and Social care services offers an opportunity to map current services and spend across the country. It seems to be incredibly difficult to get accurate figures for local authority spend on mental health services, this needs to be addressed so that we can begin to have discussions about the appropriate mix.

Penumbra has been successful in redesigning 4 existing day services/centres (building based) into community based services working to utilise ordinary services and to enable social inclusion. This work has been

very successful and could be replicated elsewhere. We would welcome the opportunity to share this work.

Often we are not given the opportunity to meet collectively with NHS and Local Authority commissioners beyond contract negotiations. Given the collective history of innovation in the Third Sector an opportunity is being missed to share experience and knowledge. The third sector has an important role to play in highlighting gaps in services, new ways of doing things (e.g. recovery focused services, person centred services etc.) and testing innovative practice.

Currently this important role is challenged by the prevailing model of procurement and reductions in funding.

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

We are not aware of how information is gathered at present on this issue.

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
People who self harm are a significant but under supported group. People who have hearing loss and people who have a long term condition and mental health problem may also fall between parts of the service system.

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

Further roll out and use of the 10 essential shared capabilities training and the realising recovery training would be helpful.

Use of outcomes focused assessments that emphasise personal strengths and assets could be introduced.

More support for the use of SRI2.

More use of personalised approaches and self-directed support.

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

Developing a clear action plan for Health and Social care integration as it applies to mental health services.

A project that identifies models for the right balance between hospital and community care and between crisis and early intervention and preventipn services.

Work is required on employment and employability for people with mental health problems.

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

Ensuring that we have a clear picture of mental health services and resources across Scotland seems to be an essential baseline for beginning to develop mpre integrated services. This may require surveys of various sorts.

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

Comments

Ensuring that more staff are supported to develop a recovery and strengths based approach in their work. Training already exists to support this but uptake is not always consistent across Scotland.

The social care workforce is undervalued, more support to recognise and develop this Important aspect of the workforce is Important. Opportunities for joint learning with NHS and other colleagues will enrich the experience of all. Involving people with lived experience in training is also crucial to Improving the recovery focus of the workforce.

More training and awareness raising on the issue of self harm and how to support someone who self harms is required.

Question 30: How do we ensure that we have sustainable training capacity to deliver better access tp psyeholpgical 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

We have mentioned the need to carry out a mapping exercise a number of times in this response. Ensuring that Local Authorities and NHS boards share this information is essential. Identifying the current use of resource transfer monies would also help to identify current spend.

Do we have clear outcome measurements are we measuring processes and outputs. More needs to be done to ensure that outcomes focus on the person rather than service outcomes. Often outcome measures seem to be about service/customer satisfaction which is not the same as measuring whether the service has made a positive difference to someone.

Local Authorities measure outcomes via the single outcome agreement, however we are not aware of any scrutiny applied to these outcomes and how they are measured.

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

Comments

Do they not do this already?

The NHS and Local authorities have different reporting and monitoring systems. Could a single approach be developed looking at an agreed number of indicators and outcomes.

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.

Questibn 33: Is there any other action that should be prioritised for attention in the next 4 years that wouid support services to meet this challenge?

Comments

Creating a shared vision and objectives for mental health and wellbeing that enables leaders of services (NHS, Local Authbrities and Third Sector) to agree actions locally whilst being guided by national indicators and measures.

Currently we are aware of NHS leadership programmes, Local Authority leadership programmes and some leadership work in the third sector. This simply continues to support 'silo' thinking and does not encpurage a new generation of leaders to think beyond the confines of their own service area. More combined work to develop leaders and leadership for improving mental health and wellbeing is required.

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

Comments

See above.

Also we need to ensure that the promotion of mental health and wellbeing is a responsibility shared across Government and public services and is not simply seen as the domain of the NHS and Social Work services.

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

Develop a mental health strategy where rights and responsibilities are at the core of all work.

Ensure that Local Authorities are meeting their statutory duties under section 26 etc of the MH act

Ensure that the Mental Welfare Commission for Scotland has adequate resources to carry out its functions and that the 'principles into practice' network is given more support and prominence