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.

- The 14 high level outcomes are rather vague in nature when compared to similar documents such as the Delivering for Mental Health.
- The concept of bringing together improvement work, prevention work and traditional mental health work is welcome.
- Much of the progress reported on is about the Health Improvement, Efficiency, Access Treatment (HEAT) target achievements in health as opposed to the outcomes of integrated working, third sector successes etc.
- The third sector is largely unmentioned.
- The strategy is consistent with themes in the Tayside five year mental health strategy which is helpful.
- The strategy needs to factor in equity issues and the difference in service availability across age groups.

Gaps include:
- Improving the interface between mental health services, substance misuse services, criminal justice services and forensic services.

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 guidance and programmes to support the development of local outcomes e.g. Releasing Time to Care, Leading Change.

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.

- Need to learn between and across national organisations, but be able to adapt to local needs.

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?

- Increase use of the Care Programme Approach – A national method for working with people with severe mental health problem.
- Deliver commitment 13 of Delivering for Mental Health – Working more efficiently with people with substance misuse and mental health problems.
- Integration of adverse significant incident reviews/adult support and protection processes and procedures.
- Encourage the media to portray suicides or para-suicidal behaviour without sensationalising.
- The relationship between substance misuse and mental health requires greater understanding.
- There is a gap in research regarding the most effective interventions for those who self harm – further research would be beneficial.
- All staff in frontline services should complete suicide awareness training.

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

- Follow up on Mental Welfare Commission's reports such as 'Starved of Care: Investigation into the care and treatment of Mrs V' and link work across social work and the NHS. Greater integration could help to carry this forward.
- Create opportunities for individuals with mental health problems to work within services.
- Develop early interventions.
- Promote social inclusion.
- Expand initiatives in schools.

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?

- This campaign has been very successful and similar approaches in the future would be welcome.
- Encourage the population to understand and look after their mental health e.g. 'five a day for mental health'.
- Widen the focus to include those with mild/moderate difficulties. Support the message that mental *health* is for everyone.

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

- Improve communication between GPs and community mental health services.
- Shift the balance towards anticipatory care.
- Support well-being in the workplace e.g. Healthy Working Lives.
- Tackle the institutional discrimination associated with mental ill health.
- Ensure wide availability of good information about maintaining mental wellbeing.
- Develop policies and strategies that support and strengthen family networks.
- Support greater education in schools aiming to build psychological awareness and coping strategies, personal development focus in schools, focussed interventions at life transition points, stress management groups.

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 Child and Adolescent Mental Health Services (CAMHS)?

- Continue to improve multi-disciplinary and multi-agency working.
- Support the development of teachers, support workers, social work staff, housing staff and police to identify and intervene when required.
- Encourage education of young people and their families and friends regarding mental health issues.
- Continue work to decrease harmful use of alcohol and illegal substances, including pro-active substance misuse services, working closely with criminal justice services.
- Where services are limited they must be prioritised to those in greatest need and to the most vulnerable; specifically 'looked after' children and children affected by parental substance misuse or parental mental health problems.

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

- The Heat target should be a priority in a similar way to delayed discharges.

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?

- Encourage better use of third sector services.
- Increase investment in psychological therapies.
- Provide national support to explore the best method of providing local information.
- Ensure that good quality information is readily available to people through use of internet, social media etc.

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

- Continue work on reducing stigma.
- Encourage strong partnership approaches, for example the Mental Health Reference Forum in Angus.
- Increase GP awareness and a strong educational/awareness raising campaign in the public arena.
- Encourage the public to take responsibility for maintaining their mental wellbeing.

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?

- Support the joining up of services so waste and delay can be avoided.
- Services need to be effective, flexible and responsive.

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?

- Stress the importance of partnership with regards to this agenda.
- Support improvements in cross-partnership training and development, to include front-line staff beyond social work and NHS.
- Support the development of a single information, communication and technology (ICT) infrastructure.

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

- Integrated Care Pathways (ICPs) need supported through efficient/effective ICT systems.
- Support to gain commitment from stakeholders, including consultant psychiatrists/GPs etc.
- Need to involve all other key stakeholders i.e. In-patient services, substance misuse services etc.
- Increase support through community care partnerships, to further develop integration and co-ordination across services.

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?

- Involvement needs to be meaningful and authentic.
- Develop further the use of the Scottish Recovery Indicator (SRI) tool.
- Encourage honest service self assessment using agreed tools.
- Support improved partnership with the third sector.
- Encourage planning and commissioning systems that focus on involvement.
- Encourage creativity and challenge traditional barriers to service-user involvement.

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

As above.

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?

- Pursue the use of outcome stars and SRI audits becoming a national requirement.

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

- Use the success of the SRI tool in Angus as a national example.

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

No comment.

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?

- Encourage effective use of the SRI tool.
- Develop self assessment tools.
- Support more effective use of Part 5 of the Adults with Incapacity Act, to take account of the wishes of the adult.
- Improve partnerships and engagement with carers and family members who have power of attorney or are guardians etc, the legislation is intended to be inclusive in its design.

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?

- NHS and social work staff need to more fully understand the interface between the relevant legislative options in order to inform families and carers.

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?

No comment.

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?

- Current information regarding equality and diversity needs, dedicated ICT support to allow analysis and interpretation of this data.

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

- Develop the ability to disseminate learning from positive and negative outcomes, with cross-fertilisation.

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

- Younger people with organic brain disorders e.g. Huntington's Disease.
- Autism.
- Psychological issues in criminal justice services.
- Long-term care needs for learning disabilities.
- There are gaps, or severe limitations, in services for;
  - those with psychological problems resulting in contact with the Criminal Justice Service
  - psychological problems associated with physical health problems
  - psychological interventions for obesity
  - adjustment and rehabilitation in neurological disorders and injury.
  - assessment and treatment of functional disorders
  - military personnel on discharge from the services
  - services addressing problems experienced by men in current society – e.g. absent fathers, anger issues.
- Multicultural services should be extended across Scotland.
- Young homeless people.

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?

- Breaking down of boundaries between mental health and substance misuse services is vital.
- Multi-professional and multi-agency training is beneficial.
- Police and criminal justice services have important role to play when managing people with mental health issues who have offended and would benefit from further training regarding mental health issues.
- Need to continue to develop opportunities for partnership working. Housing services, for example, often deal with issues of anti-social behaviour or other problems associated with managing a tenancy that are as a result of mental health problems, and were the mechanisms for pro-actively supporting people require to be further developed. Community Planning Partnerships are in a position to support the development of services that would lead to more responsive, pro-active help for people in these circumstances.

- Homelessness; currently in Angus there is a pre-discharge homelessness assessment, for use with people coming out of institutions, this could be expanded to become more multi-agency.

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.

- Improve integrated working in the public sector.
- Encourage joint training.
- Further develop inter-agency and inter-professional support when dealing with difficult situations, including use of the care program approach when appropriate.

No comment.

- Analysis of workforce issues at a strategic level, including accurate analysis of future staffing needs.
- Consideration of geographical variations.
- Better used of validated workforce tools.
- Improvement of basic training for staff.
- Training the workforce to the appropriate level (accreditation, practitioner level, and supervisor) needs to be funded to ensure quality in service delivery.

- Invest in the workforce and training for trainers to ensure sustainability.

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.

- Link the NHS benchmarking with social care benchmarking, and third sector care providers.

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

- Integrated ICT systems.

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?

- Implementation of electronic case records and dedicated ICT support.
- Integrated ICT systems.
- Continue to invest in the development of staff.

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

- Improve communication regarding improvement work.

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?

- Strengthen understanding of how legislation inter-relates.
- Develop training and awareness-raising across all sectors.
- Good staff governance.
- Invest more in effective ICT solutions.