

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

The idea of a new mental health strategy for Scotland is to be welcomed and while the development of this strategy signals continued momentum for policy development it does have significant limitations. The current draft document seems to be focussed on existing issues and matters already being dealt with rather than forward looking and strategic. It is focussed narrowly on health services rather than mental health and the environment in which people can be well. It is very focussed on particular areas of policy interest, for example child and adolescent mental health services and dementia. There is a need to consider strategically the clinical model by which services are driven and to consider the potential contribution of other areas of Government, policy or public service.

There is no mention of specific forensic psychiatry agenda items. However, there are several items on the agenda that are relevant to Forensic Mental Health Services. In particular, access to psychological therapies, the use of appropriate, evidence based care and treatment, involving carers and embedding a recovery based approach.

The strategy pays very scant attention to mental health and offending, which is surprising given the considerable interest from the Cabinet Secretary for Justice.

It is disappointing that the strategy makes no specific reference to managing individuals with complex mental health care needs. In particular there is no clear focus on the management of co-morbid substance misuse or the identification and treatment of personality disorders.

In terms of the approach to supporting improvements (pages 6 -7) the strategy does not set out in many areas "where we are trying to get to" although within the Forensic Network we have a clear idea on this.

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

Within Forensic Services, The Forensic Network has provided a useful Pan-Scotland approach across agencies, there is a clear idea across services on "where we want to get to" in terms of supporting improvements.

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

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

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

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

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

Comments

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

There is no secure inpatient facility for people under 18 within Scotland. Forensic Mental Health Services welcomed the advice issued by the Mental Welfare Commission about managing young people in Adult Services, which we have interpreted as being adult forensic mental health services. In addition there is only one distinct forensic CAMHS service in Scotland, located in Glasgow. On a more general note, access to more specialist CAMHS Services for those between the ages of 16 and 18 is variable.

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

The Forensic Network agrees that the early identification of psychosis is important. There is some evidence that psychosis can present, in the first episode, or in the prodrome with violence. We believe that General Practitioners may require training to equip them to identifying the early stages of mental illness and ensure that there are local protocols (possibly as part of an ICP) to allow early referral to specialist 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

Integrated Care Pathways (or at least variance analysis) would be supported by an electronic patient record. In many services the ICP is paper based which limits the ability to analyse variance.

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

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

Comments

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

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

Comments

The Scottish Recovery Indicator should be included as part of the Quality Outcome Indicators.

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

Comments

From a forensic perspective, the recent document "Towards Work" provided a useful template about overcoming the hurdles to employability in forensic patients. This initiative supports the principle of "recovery."

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

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

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

The additional significant gaps in service provision are:

- Services for those with Autistic Spectrum Disorder (who do not suffer from a co-morbid learning disability)
- Services for patient with a head injury or other acquired neurological disorder
- Services to identify and treat those with a Personality Disorder

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

We need clear strategic direction on the linking of forensic mental health services and criminal justice systems. There are many individuals in Scottish society with both mental health and criminal justice needs. A joint working approach and much better understanding of the issues of problem behaviours/personality disorders is needed. This should be developed within the strategy.

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

There are several national priorities which would allow an integrated approach to mental health service delivery. In particular, it would be helpful to establish the effectiveness of Substance Misuse Services in patients with co-morbid mental illness to find out which interventions are of benefit. We are aware of a large study being undertaken in Manchester/Liverpool. Substance misuse makes a significant contribution to community violence and self-injury and would support a number of the other strategies.

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

The New to Forensic Workbook has been extremely successful in skilling all staff to an appropriate level of knowledge for working with mentally disordered offenders. This has improved multi-disciplinary working and patient understanding. Similar programmes should be developed in other area of mental health practice.

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

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

Comments

The Forensic Network would support the strategy around the systematic delivery of evidence based psychological therapies. In Forensic Psychiatry there is limited evidence base available (summarised in the Matrix). It will be a priority to conduct the necessary research to establish the evidence base. There are some routine psychological therapies where the evidence base is poor but could be improved with additional research.

The Psychological therapies agenda is an ambitious one which can only be delivered in partnership (through delivery on a multi-disciplinary basis) and with nationally approved training programmes (such as are available through NES). There may require to be a national strategy for supervision of those who are undertaking Level 4 interventions (to maintain their expertise in low frequency disorders).

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

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

Comments

It would be helpful to have debate on outcome measure to see whether there are a small group of measures which could be implemented

nationally. This would be assisted by the introduction of an electronic patient record.

In addition the development of a national patient database.

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

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