

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

- No setting of the context of the strategy
- Structure of consultation too complex, making it less accessible
- Needs to look more closely at ways to address multiple barriers faced by service users (eg work, benefits etc)
- Needs to focus on ways other organisations can contribute to the strategy and ensure good communication between them (eg education, voluntary sector etc)
- Reduce focus on service provision being just within existing mental health resources and make better use of other resources within the community, reducing stigma and improving accessibility

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

Website to share experience of good practice and major difficulties experienced in implementing strategy. Case study examples

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

Use of website and provision of case studies to indicate where service provision has failed allowing other organisations to provide support. Ensuring service provision is what service users actually want and what is beneficial to them via service user feedback.

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

Earlier identification of those at risk, particularly those from areas of multiple deprivation, for example via schools, voluntary sector. Wider and immediate availability of creative flexible services, not necessarily within existing mental health services. Peer support within the community.

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

Continue with awareness raising via See Me and events such as the Mental Health Arts and Film festival. Continue to locate mental health resources in a variety of locations and examine the language used in the context of mental health. Closely monitor reporting and representations of people with mental health issues within the media. Support projects based in and working with communities.

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

Note and disseminate good practice.

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

Comments

The draft strategy underplays much of the work which has already been done (eg GIRFEC, With Inclusion in Mind) and the range of services involved (eg education, voluntary sector etc)

Self referral should be increased to a range of organisations.

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

The promotion of child and youth mental health services should also be accessible through a variety of other organisations (e.g. voluntary sector).

The focus on early intervention and preventative services could also be emphasised.

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

Comments

Raise awareness in Community Mental Health Teams of community organisations which could support families and parents

Triage system implemented within voluntary organisations to ensure those most in need access CAMHS
Peer support with young people with experience of mental health issues supporting those most at risk, aiding with prevention

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

Continued provision of mental health first aid and ASSIST for members of the public. Wide availability of quality information from non-statutory organisations

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

Comments

Use of variety of media e.g. mobile phones, social networking sites. Wider availability of accessible literature and awareness-raising of available resources.

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

Ensure services are well informed about referral criteria and appropriate referrals are made.

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

Increase flexibility of existing providers by ensuring immediate access, varied opening hours, outreach and telephone support. i.e.. ensuring the service is designed around and meets the needs of service users.

An appreciation that organisations who take an holistic approach to the provision services have a burden of accessing finance from a range of funders to cover the various bits of the jigsaw in addition to a general reduction in funding.

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

Comments

Further evaluation of the cost and implementation of Integrated Care Pathways to ensure an adequate budget to ensure quality exceeds current provision. Good communication amongst partners to ensure unwanted variation in service provision.

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

Ensure service users with experience of using the service are consulted and valid improvements integrated into practice.

Use of service user forum.

Opportunity for the service users to produce a newsletter documenting the service from their perspective.

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

Comments

Design and deliver training
Ensuring language used is mutually understood.
Peer support and access to advocacy for service users and families.

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

Ensure up to date with current evidence based practice.

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

Comments

Via staff supervision and support. Embed into current monitoring routines.

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

Comments

Continue to support the Scottish Recovery Network at a strategic level to disseminate research and development through recognised professional bodies e.g. British Psychological Society etc

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

Strengthen the links between different organisations that are providing service to ensure better communication and less duplication. Ensure sufficient resources available for service. Education of families and carers to ensure that support they provide is recovery focussed.

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

Work with service users, families and carers to co-produce a directory of local 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

Use existing services to disseminate information. Ensure stake holders are familiar with the benefits of community-led practice. Develop services based on those providers that provide a varied mix of services that compliment the 'paid-for' services e.g. setting therapeutic services in a community setting and at the same time providing good food, financial advice, health advice etc as we do at the Coach House Trust

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

Ensure information gathered is used to design new, more effective and cost effective ways of working. Cultural awareness training (e.g. Health Scotland)

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

Comments

Identify and link in with current areas of good practice. Link in with projects with specific expertise, using their experience to improve service.

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

Comments

There could be more emphasis on improving service provision particularly in relation to early intervention for young people using a variety of non-statutory organisations.

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

Ensure monitoring involves service users, their families and carers.

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

Outcome 11: The health and social care workforce has the skills and knowledge to undertake its duties effectively and displays appropriate attitudes and behaviours in their work with service users and carers.

Question 27: How do we support implementation of *Promoting Excellence* across all health and social care settings?

Comments

Question 28: In addition to developing a survey to support NHS Boards' workforce planning around the psychological therapies HEAT target – are there any other surveys that would be helpful at a national level?

Comments

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

Comments

Capacity building in regard to co-producing services amongst users, community and statutory organisations.

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

Be wary of how much information services that are hard pressed are asked to provide – no one minds scrutiny but security of funding would be a good pay off for that.

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

Comments

Outcome 13: The process of improvement is supported across all health and social care settings in the knowledge that change is complex and challenging and requires leadership, expertise and investment.

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

Comments

Recognition of the good value community organisations provide.

Support those providers that help to reduce the stigma around mental health by providing services in and with the community.

More security around funding

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

Comments

An increased focus on recovery potential and improved quality of life for the individual leading to a reduction in the need to access other services- ultimately a cost effective and effective approach.

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?

Through supervision and support and ensuring staff complete CPD.