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

- There should be explicit links to the Scottish Government's Strategic Objectives for Scotland.
- The Strategy would benefit from a greater emphasis on the values and principles of 'Towards A Mentally Flourishing Scotland' and previous Scottish Government Mental Health Strategies.
- Good to see an integrated approach is being taken; however, there needs to be greater emphasis on mental health promotion and improvement, taking a wider perspective and focusing on all aspects of peoples' lives. This means acknowledging that much of the mental health and wellbeing work that happens for individuals and communities happens outwith the NHS. The Strategy needs to emphasise both the significance of other organisations and places, and the need for joined up working and thinking around this agenda.

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

- Ensure the Mental Health Strategy is owned by all partners locally - NHS, Local Authorities and 3rd sector. This can be done be ensuring the strategy emphasises the importance of partnerships working as a delivery mechanism and is explicit about the broad spectrum of national

policies that have local relevance and impact for mental health and wellbeing work.

- This Strategy states that it aims to build on the work already achieved through *Delivering for Mental Health, Towards a Mentally Flourishing Scotland* and *Choose Life. Single Outcome Agreements* are also already in place and informing practice, and this strategy also sits alongside Scotland's National Dementia Strategy and *Healthcare Quality Strategy*. This is supported through this consultation, in that there was recognition that effective practices are taking place, implemented through previous action plans and strategies, but these need to be developed and built on. How these are overviewed nationally needs to be considered to ensure that they are informing changes in practice and priorities.

- Multi-disciplinary and agency work is taking place, but this needs to be developed further with the resources being made available to encourage this to be effective. Early intervention – in relation to life stages and the onset of a mental illness - is maximising benefit to the clients and maximising effectiveness of resources. Throughout, the importance of training and education benefits needs to be a commitment at a national level.

- There is no specific reference to work in relation to public health and the need for development in this area. Mental health and mental ill health remains low on the general agenda, and unless there is specific reference with clear lines of responsibility, in times of very limited resources, any work achieved to date will be undone. A commitment to mental health being everyone's business needs to be clearly made.

- There is a gap in service provision around transitions from Child & Adolescent Mental Health Services to Adult Mental Health Services. It would be great if Scotland could be active participants in the MHCC proposed international research initiative to investigate and develop models to improve effectiveness of supporting transition between CAMHS and Adult Mental Health Services.

- Social media and IT could be used on a national level to enable young people to support one another and on a more local level to facilitate service users' involvement in service planning and service development.

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

- Need to have clear vision and approach for how the population-public, people with lived and living experience of mh problems, people who use services, carers, 3rd sector, L/As, and the NHS can work together to improve both mental health and wellbeing.
- Systems and forums already exist to enable feedback about service provision or the lack of it, to allow for planning and development at national and local levels. These need to be developed, with the service user and carer being ensured of true representation. To maximise the benefits of these processes, training for representatives to ensure clarity of individual roles and the responsibilities of the forum would be beneficial.
- Prisoners and offenders are vulnerable groups whose supports in relation to their mental health are limited. While positive work is taking place, this work needs to be developed.
- There is no emphasis on the present economic climate and the impact of this on the implementation of this strategy or where our priorities might be because of this.

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

- Mental health improvement is fundamental to promoting mental health and reducing ill-health and needs to be more encompassing rather than just focusing on reducing suicide and self-harm.
- Lothian's Joint Mental Health and Wellbeing Strategy 2011- 2016 draws together work on increasing social capital and wellbeing, tackling inequalities, embedding recovery and improving services.
- The benefits of education, information sharing and awareness programmes through community groups, schools and employers need to be taken account of and recognised.
- Despite the progress and achievements attained under *TAMFS* and *See Me,* stigma and discrimination remain problematic. This needs to remain highlighted, with support in education and training to enable increased understanding of the impact of mental illness and how it can manifest. With the *Choose Life* strategy nearing its end, there are

anxieties that if there is not a further focused strategy to continue with the work undertaken, that there will be slippage and this will no longer be on the local and national agenda.

- Working with younger people through schools, universities and colleges to educate and inform about mental wellbeing, how to maintain good mental health and how poor mental health can manifest itself. This needs to remain high on our agenda, with parents being included in training opportunities where possible.

- A focus on transition from CAMHS Services to Adult would be helpful as we know the years of highest risk of completed suicide in young people happen in the late teens and early twenties. Completed suicide rates for Scotland (2010) show a steep increase in suicide rates of young people aged 18-24, which coincides at a time when young people are often transitioning from one mental health service into another.

- Opportunities for at co-locating services for youth. For example providing drop in centres where interventions can be provided alongside advice about Benefits, Employment and Housing. Youth friendly sexual health and health services could also be provided.

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

- Refocusing the national see me campaign to have a strong inequalities focus.

- While anti-discriminatory legislation supports this, there remains a lack of understanding about how mental illness or poor mental health can manifest itself, resulting in a lot of discriminatory practice going un-detected. The importance of training to impact on this was emphasised.

- The need for those who may have direct contact with those with a mental illness, whose behaviour or symptoms has resulted in contact with agencies such as the police, GPs, A&E staff and district nurses is specifically noted.

- The risks to individuals, particularly young men, whose behaviour is the result of poor mental health, becoming part of the criminal system remains high.

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

- Utilising the national campaign to promote the use and effectiveness of developing local multi-partner led action, with a focus specifically on

services and organisations.

- Joint training between agencies is particularly beneficial and of good value.

- Focus on eradicating discrimination within the NHS - look at making NHS an exemplar employer.

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

Comments

- Making explicit the benefits of taking a local partnership approach to all mental health and wellbeing work.

- Explicitly reference should be made to Single Outcome Agreements and how these can measure and support mental health and wellbeing.

- Importance of focusing on inequalities as research documents the major risk factors for poor mental heath -poverty, inadequate housing, unemployment, poor local resources, poor access to support networks and neighbourhood violence.

- Training in relation to mental illness and ill health for staff employed by housing organisations and Work and Pensions staff.

- Provision of nationally supported training should be ongoing.

- Greater emphasis on infant mental health and awareness of the ongoing impact of adverse critical events can have on very young babies and children and how early intervention with parents and with babies themselves can help prevent further adverse consequences. The development of the early mother-baby relationship is a key factor in the development of infant mental health and has significant consequences for well-being over the lifespan.

- Promotion of a relationship based approach to infant mental health is needed which highlights the role of prevention and early intervention. This could be done with the support of local work such as Creating Confident Children (Edinburgh City Council).

- Interventions such as the Family Nurse Partnership, which has well-established evidence base, aims to enhance parenting in order to prevent the associated long-term sequalae of problems in the early mother-infant relationship. Other parenting programmes, such as Triple P and the Incredible Years, both of which have shown to significantly strengthen parent-child relationships from the pre-school period onwards, are now extending their models downwards to the infant age group.

- We welcome the statement that identifies plans should be developed to

roll out Triple P and Incredible Years Parent Interventions for parents and carers of 4 year olds with disruptive behaviour disorders. Again, it would be helpful if funding streams are developed which help to integrate Local Authority, Health and Voluntary Organisations planning and capacity building around these interventions.

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 a wealth of evidence about the significance and importance of positive, loving relationships and attachment especially in the early years, though not exclusively. Any additional actions must focus on what services/ people/ communities not just from within CAMHS can offer. For example the benefits of intergenerational work; the role of 3rd sector organisations, parenting community programmes; young parent support.

- The mental health allocations which come to Health Boards from the Scottish Government should clearly identify CAMHS allocation.

- CAMHS will support only a small section of the younger population who present with mental ill health. This was recognised as being invaluable, but supporting and accessing those not receiving such a specialist input was considered essential. Action considering how to improve both short and long term outcomes for the work carried out, outside of CAMHS, should be considered within this strategy. The need for education within schools has already been referred to. Youth work, community groups, leisure activities and work undertaken to support parents and families all need to be considered within this document. The importance of supporting good parenting cannot be underestimated in relation to mental health – for child and parent.

- The other key group to look at are looked after children and young people who we know have poor outcomes in all areas including mental health. Emphasising inequalities and the need for partnership working in relation to this group would be beneficial.

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

Comments

- A focus on outcome measures is required.

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

- Be very clear about setting this within an inequalities framework- recognising and being explicit about the impact of multiple disadvantages.
- Highlighting preventative spend approaches, and noting their success and positive impact especially around supporting wellbeing.
- Use the learning and recommendations from national pilots such as Equally Connected.
- Support peer to peer and parent to parent initiatives and awareness raising exercises such as Re-Capture by Young Scot, (the photography exhibition for young people who have recovered from eating disorders).
- The work already being undertaken through *See Me,* the provision of *Breathing Space, Living Better: Improving Mental Health and Wellbeing of People with Long Term Conditions* and *Choose Life* should continue and be developed.
- For individuals to be able to take appropriate action themselves or seek help as required, they need to be educated about their mental health. This means sending clear messages about the important and day to day steps people can take can keep themselves well (link to physical activity, greenspaces, mental wellbeing 'daily 5', etc.).
- Information to be widely available, accessible, and understandable.
- Access to this information away from the home – noted that online CBT is not always easily accessed at home. Safe and trusted environment needs to be available.
- Access to leisure facilities without boundaries (staff educated and informed of mental ill health and its impact).
- Promote use of exercise to improve mental health through GPs prescribing use of gyms/walking groups.
- Self referrals allowing walk in clinics.
- Preventative and education work within educational settings.
- Encourage referrals for support needs to non-medical supports, e.g. advocacy.
- Encourage understanding and referral to advocacy services among GPs.

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

Comments

- Recognising that a variety of approaches at different levels is required.
- For some people before they can seek help for mental health problems they need support to see how areas of their life are impacting on their mental health. In this context being supportive in the strategy of local community health projects, building social capital and linking to an asset based approach rather than simply focusing on services is crucial.
- Ensuring GPs and Primary Care are seen as key to signposting and first line of support for many people.
- Utilising community settings, e.g. libraries, schools, community centres for self-help and information.
- Developed web-based and social media-based platforms so people can support one another but also advocate for the help that they need.
- Youth friendly web-based CBT treatment approaches could be developed, building on information already available from web developments designed for adults.

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

- Linking statutory and 3rd sector services, so that people can be given further support following treatment would be useful.
- Training for front line staff in other non-mental health specific teams and settings to enable them increased recognition of symptoms of mental ill health. There remains a lack of understanding about how mental illness or poor mental health can manifest itself.
- The use of telecare and non-threatening ways to ask for help, such as texting, should be developed.
- The importance of avoiding multiple referrals with the intention of providing a quicker responsive was noted, with the importance of matching care for the client.

- Clients should leave services with a relapse plan they have written and have practised. Tool kit approach considered important. The importance of the client having control as quickly as possible, in relation to their support needs and of them becoming the expert, particularly with a long term condition, should be focused on.

- Build in time for staff and clients to jointly consider and research what does not work – this would avoid time being wasted in the longer term.

- The benefits of GPs having a better understanding of and a closer relationship with frontline social work and education services to improve better and more efficient communication was noted.

- Points raised in the document specifically highlighting the role of Early Intervention Services for Psychosis within NHS Lothian and NHS Greater Glasgow and Clyde are welcomed. This evidence-based approach has been demonstrated to deliver better outcomes for people in a Scottish context and to be cost effective.

- Services should be organised around individual needs rather than according to traditional age-defined service organizational structures. For example, the Early Psychosis Support Service in NHS Lothian is a CAMHS based service but accepts referrals up to the 19th birthday and will continue working with the young person for up to three years over the critical period. Other Early Intervention Services for Psychosis accept referrals from 14-16 years up to ages 25-35 years in order to capture the age-range most likely to experience onset of psychosis.

What changes are needed in NHS Scotland?

- Despite the challenges involved in redesigning services across Scotland to adopt the approach outlined above, this new way of working would provide significant benefits to the individuals accessing services in line with the direction of travel outlined in NHS Quality Strategy for Scotland.

- As highlighted above, the development of appropriate service structures should not be bound by age defined service organisation but organised according to the developmental needs of those accessing such 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

- Further development of multi disciplinary and agency practice, to ensure needs are met most effectively. Use of community resources

was thought to allow professional staff to be more efficient with their time - for example this would allow for more group work and allow for an alternative to visiting individuals in their own homes, unless necessary.

- GPs as gatekeepers should be kept well informed of services and their availability, to ensure appropriate and timely referrals- this means investing in training medical students, pre and post graduate level, as well as GPs once in post.

- Access to training in service improvement methodologies but also education in cultural and change management strategies so that service improvement is sustainable.

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

Comments

- It would be helpful to have a SIGN guideline on the treatment of depression in children and young people.

- Regarding Releasing Time to Care – can health and partners do more around negotiating shared priorities? An example given is within the universal responsibility for early years which presents a challenge to some health colleagues in taking on Named Person/Lead Professional roles because of an apparent lack of administrative support. If there is an expectation that they are released to meet these priorities, they need to have adequate support.

- There are continuing issues regarding integrating care across health and social care / local authority especially in relation to IT solutions to creating a single record or at least sharing records continued work around this should be regarded as a priority.

- Continue to provide clear guidance and expectations in relation to development of the ICPs through clarification regarding actual or planned process for monitoring boards' performance in relation to implementation of standards - i.e. are we continuing with accreditation process similar to phase 1 accreditation or taking a different approach?

- It is noted that there have been changes to help integrated various work strands i.e. ICPs, Releasing Time to Care and Scottish Patient safety. It would be helpful to see this progress and also consideration given to augmenting this with learning from the work around long term conditions and self management models. There would appear to be huge potential to explore this approach more systematically with people with long term mental health needs and develop it via an integrated care pathway approach.

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

- Actively promote service user led research.
- Encourage Health Boards to employ peer to peer workers to work in Services.
- Continued promotion of use of Person Centred practice, through for example WRAP with commitment to training to ensure full understanding and proper implementation.
- Develop the use of systems and support groups already in place, e.g. Mental Health Forum, Advocacy, Carer's Forums. Ensure there is a commitment to the contribution offered through these forums by making training available. Raise the expectation of carers so that they feel they have the right to be involved.
- Online exit questionnaires for all service users.

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

Comments

- The importance of having suitably experienced workers who can liaise between services and service users, and the importance of having people who can really represent families and carers as a wider group and not as a minority voice.
- Families also need to have access to education and guidance and support that they need in order to foster resilience, recovery and wellbeing and to respond to their own needs. Wherever possible, families should be treated as partners in the delivery of care and should be integrated into decision-making in a way that respects consent and privacy. Roles have been developed in other countries to assist families to navigate both the National Care Systems and the realities associated mental health problems and illness. This is a role which could be developed in Scotland. Any programmes support or information which is developed for families should be recognised cultural differences amongst the population.

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

- Building on work already being implemented, time and training needs to be invested on systems with measurable outcomes (Talking Points).
- Support early intervention, with post discharge being managed with a coordinated group and should include education and plan of support (considering model already being implemented within the field of dementia work).
- Enable self management of illness with care plans being developed in partnership.
- Use of telecare should be further developed, and explicitly supported in the strategy.
- Training, education (for example in recovery and WRAP) and supervision and support to be a priority for staff to ensure self reflection and improved practice.
- Supporting local recovery networks and again seeing mental health services as only one part of a much bigger picture in relation to mental health and wellbeing would be beneficial within the strategy.

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

Comments

- SRI2 appears to be a positive development from the first SRI and feedback suggests better ease of implementation. Awareness raising needs to continue, and a whole team approach to learning and development of the indicator at a local level needs to be encouraged, building on and reinforcing national training sessions.
- Important to link the SRI2 with the role of the peer support worker as it develops.
- Important to link the SRI2 work with local recovery networks, and to emphasise the significant role local recovery networks can play in developing this work.
- Potentially asking local areas to feedback on how many SRI2s have been undertaken.

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

Comments

- The SRN has succeeded well in raising awareness of recovery approaches and needs to continue to support the development of recovery networks at local level and to build on the good work already underway on such recovery tools as peer support and WRAP. National

learning networks for WRAP, SRI2 and peer support are positive developments which go in tandem with the values base of recovery at local level and for people using services and their carers.

- Education and training focusing on different professional groups about the benefits of these developments and how to access them could be a helpful way of embedding recovery approaches. This training could also examine issues round organisational and professional boundaries in relation to partnership working in recovery. Lothian is doing this, for example, through use of the Realising Recovery learning materials and roll out of WRAP training. Events such as these are particularly effective if people using services are supported to co-facilitate them – these learning events could be held for professional groups nationally and locally.

- SRN should continue to promote the usefulness of local recovery networks and how these support national work.

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

- Put into practice Releasing Time to Care.

- In order to fulfil their role as carers/supporters, they need to be respected for their knowledge of the person and have real opportunities for appropriate and high quality information, education, training and communication with staff on all aspects of care including medication and side effects.

- Sometimes responses to carers can be disjointed because of communication problems (perhaps due to work/shift patterns) so there is a need for a co-ordinated approach so that carers/supporters get consistent and up-to-date information and advice.

- Peer support for carers should be encouraged.

- Families and carers often need as much support as service users in order to carry out their caring role most effectively. Good Practice for staff would be to offer and encourage carers and families to participate in the care and treatment of service users providing them with the appropriate information and training so they can to be more effective in proving the appropriate care and treatment at home for the service user. Families and carers can be an invaluable resource for staff to utilise if they too are given the right information and training this would be cost effective in this economic climate.

- To recognise and support carers in mental health where the person

they care for has no diagnosis or does not wish to use services but whose behaviour may continually put themselves or family members at risk of harm.

- More Family therapy/individual therapy offered to carers and their families, which is easy for them to access.

- To promote independent advocacy for carers both to address their own issues as carers and to recognise their responsibilities if they are Named Persons or Guardians.

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

- Encourage uptake of Self-Directed Support.

- Consideration should be given to the role of Young Carer, who are often overlooked when discussions take place and decision are being made about the person they are caring for. Getting it Right for Young Carers National Strategy highlights this and it could be emphasised in this mental health strategy.

- More encouragement of health professionals linking in with those organisations who support young carers. The strategy could also emphasise the need to protect all young people, including those who live in a family where someone has additional needs.

- Promote the need for training for qualified staff in the perspective of the carer and their roles, with open discussion about confidentiality and how this fits with care provision.

- Respite – knowledge of its existence and how it can be used. Commitment to the provision of flexible and responsive respite.

- Readily available professionally produced booklets and information. Specialist carer support organisations need to be resourced to provide this properly. GPs should be informed of local supports for carers, but also be aware that attending groups is not for all carers and they may respond better to support provided on an individual level.

- For staff to be aware of relevant organisations that are available to help families and carers and for staff to proactively encourage carers to access such services. Good Partnership working between NHS staff, Health & Social Care and the Voluntary Sector is conducive to mental health and well being of both carers and service users.

- GPs could be much more proactively involved through the Strategy in knowing how to access and make referrals to the relevant mental health services within the Voluntary Sector that are more able to provide the

time and relevant care and treatment necessary for carers and their families.

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

- Having good links to each local area, and having an ongoing conversation about how services are considered locally. In light of the current economic climate, being clear in the strategy about continuing to deliver best practice while acknowledging this means thinking differently about services and where and how they are delivered and designed.
- Lothian's Mental health and Wellbeing Strategy has a clear commitment to considering the location and accessibility of services and this is crucial to emphasise in the national strategy also.
- This is a piece of work which could be developed further in Tier 4 CAMHS across Scotland using data with a clear expectation that all of the Regional networks around the Regional Inpatient Units should be able to provide information about length of stay, treatment outcomes, pattern of referrals and discharges to the different areas .
- Ongoing development of Joint Improvement Team – they already share information and experiences so that examples of best practice can be learnt from. This could be built on.
- Consider how Benchmarking mechanisms can be used to feedback quality of service provision, to provide evidence of what is actually working.
- Develop further the use of forums, where information from established carer and user groups is already shared, to ensure this is effective and good use of time. Training for members of these groups and ongoing evaluation of how these forums are being used.
- Events to share best practice – across agencies/geographical boundaries.

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

- Use information provided by self-evaluation by users, information from carers and statistics in relation to equality – ensure that this information is used for learning and development through planning groups.
- Representation at forums needs consideration to ensure there is no conflict of interest.
- Training for those who may be in the position to facilitate access to mental health services for harder to reach groups, for example police, housing, staff leisure facilities.
- Increase staff awareness of the impact of discrimination and hence create better informed staff who will be more mindful of the need to ask questions relating to ethnicity, sexuality or gender.
- Take and implement learning from Equally Connected and Mosaics of Meaning.

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

Comments

- Having a clear focus on inequalities and diversity within the strategy is crucial for this.
- Holding annual feedback sessions- whether through online information or small local discussions about new or improved learning for this area would also be useful.
- Additionally, linking this accessibility question to other areas within the strategy- people keeping themselves mentally healthy, recognition of the importance of non-statutory services in people's lives, and the significant influence of local community mean this question is bigger than simply being about services per se.
- Utilising national and local existing forums- for example mental health information websites to highlight and publicise learning.

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

Comments

- There is a gap in infant mental health provision and very early years provision. At present, infant mental health is directly promoted through the Family Nurse Partnership pilot intervention for young mothers living in difficult circumstances and for infants of mothers with severe mental health difficulties who receive specialist treatment in Mother and Baby Units. Service provision to promote a healthy mother-infant relationship

for mothers who are experiencing mild to moderate symptoms of postnatal depression is not routinely available but would be beneficial and would be early intervention.

- In addition there needs to be greater thought about transition. In particular what successful transition means from CAMHS to Adult Services.

- In addition the mental health needs of at risk groups such as those involved with Youth Justice, looked after children and young people, BME young women, those affected by violence, and older people could be given more thought from both a national and local perspective.

- Having an inequalities focus, as well as a wellbeing/ asset based overview would draw this together. Using the learning from Equally Connected and from the LGBT national demonstration project would be two useful examples to draw on.

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

- The importance of the sharing of information without breaching confidentiality is very significant. Using a shared language and IT systems which allowed this reduces time wasting and duplication. Good and productive multi-disciplinary practice is happening and should be encouraged through the strategy.

- To encourage person centred practice there needs to be a holistic approach to service provision. There is definitely progress in this area, with the development multi-professional mental health teams. The use of 'hubs' for all client groups where they could access services and information would encourage a needs led approach, rather than by diagnosis or client group.

- Criteria to access to services is becoming increasingly restricting and does not encourage preventative work. Services need to be responsive, holistic and flexible. The need for statistics and use of benchmarking requests that information is provided under client groups or by ages, yet strategies (Sense of Belonging) now encourage a needs led approach without age dictating service provision. There needs to be better alignment.

- To encourage and ensure person centred care across all settings, training and education was again raised as being essential. Resources

need to be made available for front line staff to be able to inform of more appropriate resources or recognise the need for appropriate specialist services.

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

- Promote joint working with schools.
- Increase in social workers working as part of multi-professional teams.
- Keep a focus on improving outcomes for those with dual diagnosis for whom the experience of working across two service settings can be frustrating or mean their care is not always joined up well.

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

- Continue to provide "training for trainers" opportunities.
- Use the Social Care and Health Care Academy model.

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

- The survey noted above should be accelerated so that results can be collated and analysed before data submission for new target commences.

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

Comments

- To maximise benefit, joint training across health and social services, with cross boundary training being used is most effective and ensures maximum benefit in times of limited resources.

- Including in this the use of people with lives experience as trainers gives a direct and useful focus to training- the Lothian Recovery Network has developed this locally to great success.

- Ensuring that mental health awareness training is part of any induction programme for those non-specialist workers who will make decisions about individual's futures and may not understand the impact of mental illness.

- Codes of Practices should be implemented in policy and procedures. If there is a model of practice or 'excellence' which is to be adhered to in relation to working with those will mental ill health, this would inform training needs at individual, local and national levels.

- How the Scottish Government is briefed about training needs should be considered- in Lothian there is regular focus on the needs of a wide range of practitioners, and to have this supported nationally would be beneficial.

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

Comments

- To assist NHS Lothian to increase access to Psychological Therapies through the provision and governance of good quality training, education and supervision, we plan to measure our Workforce's current capacity to deliver a range of mainstream evidence-based psychological therapeutic interventions and frontier therapies (those we are delivering and developing an evidence base for). We shall conduct an online survey in February 2012. This information will assist in identifying the training needs of our current workforce which will inform the NHS Lothian Psychological Therapies delivery and training plan for 2012-13.

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

- Greater focus on patient narratives and service user led training and research.

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

Comments

- Good IT and admin support.

- A requirement to use outcome measures, and for this to include outcome measures suitable to be used with children and young people, perhaps from the newly developed mental health indicators. This requirement needs to be set nationally alongside outcome measures.

- It would also be helpful to routinely measure patient experience i.e. via questionnaire and focus groups. There needs to be National and Local recognition that this will have both administrative and clinical staff impact in order to gather and analyse data and write reports that are able to inform service re-design and improvement- this would need to be supported and worked on from a national level.

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

- Health and social care being encouraged to work in partnership at a local level and to demonstrate this, opportunities to highlight best practice and work with service users, carers and the 3rd sector being seen as core business.

- A focus on Change Management programmes.

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

Comments

- Taking an approach such as that in Lothian's Sense of Belonging Mental Health and Wellbeing strategy where mental health improvement is seen as core and fundamental, and where the four key priority areas- tackling health inequalities, building social capital and wellbeing, improving services and embedding recovery are all supported by a fifth area- entitled delivering on the strategy. This means that the strategy looks at both the how and the what of mental health and wellbeing work. It also means there is no distinction between the importance of mental health improvement and a population approach, and mental health services for those that need them.

- Additionally, a delivery of A Sense of Belonging Lothian Strategy is defined by 6 by high level outcome measures which support key performance indicators.

- The national strategy needs to be supported by a range of delivery mechanisms, and supported through events and opportunities for local areas to meet and discuss how the work will be developed by local partner groups.

- Ensure that there are clear links to local plans, for example Integrated Children's Services Plans.

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 need for on-going multi-disciplinary training is essential. This should include others who do not have a direct statutory responsibility under the key pieces of legislation which provide this framework. Under social work registration it is essential that social workers working within the field of adult care undertake training in relation to the protection of children. This is not reciprocated and there is no expectation that those working with children under take training in relation to the protection of vulnerable adults, but this would clearly be beneficial.

- Beyond the social work field, other professionals need to be clear of their responsibilities and the legal frameworks which exist to protect adults with mental illness, learning disability and personality. This training should include the Human Rights legislation.

- Service user input to mental health act training.

Some key references are included:

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