

Views obtained through the use of a Survey Monkey link were collated to form Aberdeenshire Council's response to the Consultation. Questions were answered by use of comment / essay type boxes.

https://www.surveymonkey.com/s/Consultation_Mental_Health_Strategy_for_Scotland_2011_to_15

The survey was sent out to all Aberdeenshire Council Social Work Services, relevant Community Planning Partners, Users of Services, Carers, Mental Health Aberdeen, Penumbra, Advocacy-North East and Advocacy Services Aberdeen.

CONSULTATION QUESTIONS

Overall Approach

Overall we feel the strategy does not reflect the extent of the positive partnership working that currently exists across Aberdeenshire. There is a shared sense of the document being a NHS entity.

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.

We believe it is important to raise awareness of the issue of dementia experienced by people with learning disabilities where early stages are more likely to be missed or misinterpreted.

People may find it hard to express how they feel their abilities have deteriorated and problems with communication may make it more difficult for others to assess change.

We know that People with downs syndrome may have increased pre-disposition to early onset dementia and this strategy needs to ensure it considers the needs of this specific group of people.

As with the population as a whole, persons with learning disabilities are living longer and subject to the health concerns affecting everyone. There is, however, a particular issue for people still living with family carers where the relationship between carer and cared for person becomes increasingly blurred.

The 'Valuing People' report estimated that at least 25% of people living with family carers over the age of 70 were not in contact with services and this represents a significant number of people with learning disabilities who may be caring for someone with dementia or who may be at increased risk of developing dementia themselves. Further research is required in this area. Further information is available at

http://www.respond.org.uk/support/resources/articles/people_with_learning_disabilities-_an_ageing_population.html

There is a need to create time and space for Practitioners to impliment changes otherwise success and quality are affected if an add on to current work load approach is taken.

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.

MENCAP have highlighted the discrimination experienced by people with learning disabilities using the NHS and developed a charter for improving the healthcare:

- ensure hospital passports are available and used
- ensure all staff understand and apply the principles of mental incapacity laws appoint a learning disability liaison nurse in our hospital(s)
- ensure every eligible person with a learning disability can have an annual health check
- provide ongoing learning disability awareness training for all staff
- listen to, respect and involve families and carers
- provide practical support and information to families and carers
- provide information that is accessible for people with a learning disability
- display the Getting it right principles for everyone to see

This Charter is supported by 176 English Health Authorities; 6 Welsh Health Authorities and 1 in Northern Ireland. There are no Scottish Health Boards signed up to the Charter.

People experiencing Learning Disabilities and Mental Health problems often face double discrimination from society at large and from services where for example, "challenging behaviour" is sometimes conflated with "forensic risk".

There is an urgent need to review the experience of people with learning disabilities in acute psychiatric wards - both specialist and general, where there are still people detained far longer than the general population. It is imperative that each person with a learning disability subject to psychiatric intervention has access to an independent advocate - this is important for voluntary as well as involuntary patients.

We further extend this view by seeking amendment to the definition of Mental Disorder in Scotland to reflect that of England where Learning Disability is not considered to be a Mental Disorder "unless that disability is associated with abnormally aggressive or seriously irresponsible conduct".

Making more use of local knowledge and social networks can lead to best effect.

In addition, the current financial climate means that we are increasingly faced with the challenge of delivering improved outcomes with the same or less resource.

In agreeing our priorities for the next 4 years we will need to have an eye on those actions which will deliver better outcomes for the same or less resource and those actions which will save money without impacting negatively on clinical outcomes.

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?

We consider Choose Life and TAMFS to have had a positive impact on perceptions of self-harm and suicide and on the way different agencies perceive their responsibilities. Training for those working in schools and communities needs to be maintained and monitored to ensure the right messages are delivered to the right people.

We believe greater impact could be achieved through increasing the use of social prescribing by GP's.

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

There is evidence to support the efficacy of more local and community-based initiatives to tackle stigma as opposed to top-down initiatives. Access to funding is an essential component to make this possible as demonstrated by the 'see me' grants. Examples of anti-stigma and anti-discrimination work in Aberdeenshire includes –

'see me' Opening Up Project <http://www.youtube.com/watch?v=10eyy-fBhTc&NR=1>

<http://banffdayservices.blogspot.com/>

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?

Campaigns such as 'see me' have helped raise public awareness of the damaging myths surrounding mental illness and mental ill health and this sort

of high profile approach needs to be maintained. However, more attention needs to be paid to the stigmatising practices of some mental health professionals since this is an area where it should be possible to exert greater influence.

All mental health practitioners, including psychiatrists, should be required to consider their role in creating and perpetuating stigma on a routine basis. The medical model encourages practitioners to reach for a convenient label rather than try to understand what is going on for a person. The result can be that people who are in distress are traumatised by the stigmatising processes they experience when they seek help from professionals.

Of course there are some very good practitioners and some people will report positive experiences of services, however, poor practice is still tolerated to a far greater extent than it should be.

It may be beneficial to refresh the 'see me' campaign. People can get used to seeing the same format over and over and may switch off to it.

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

We believe the practice of upholding basic human rights should be a central component of efforts to promote well-being. Encouraging and promoting people's connections with their local community would support much of the preceding.

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?

We are of the opinion that Scottish Government should ensure CAMHS services are fit for 21st Century purposes by promoting working practice which meets the needs of local communities eg Outreach or Duty CAMHS Community Psychiatric Nurses and Duty CAMHS Approved Medical Practitioners.

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

NHS Boards could be further assisted to address the barrier to accessing services which is created by a 9-5 approach.

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?

The strategy needs to fully recognise the role and influence of friends and families, especially for people who find it challenging to do these things by or for themselves.

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

The strategy should promote and support a significant increase in the role of Peer Support across Scotland.

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?

Scottish Government should ensure services are fit for 21st Century purposes by promoting working practice which meets the needs of communities eg Duty Community Psychiatric Nurses and Duty Approved Medical Practitioners.

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?

The culture of meetings and their subgroups if tackled would free up a significant amount of resources that would be better used for shifting the

balance of care into the community. We favour an increased use of WebEx type facilities to hold meetings where necessary.

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

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

Free access to Penumbra's i-ROC or the outcomes star suite with associated support to introduce the methods across Scotland.

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?

A Scots Law equivalent of the following self-audit tool may be of assistance and could be merged with the Talking Mental Health website -

<http://www.amcat.org.uk/>