ANNEX B

MENTAL HEALTH STRATEGY FOR SCOTLAND

RESPONDENT INFORMATION FORM

Please Note this form **must** be returned with your response to ensure that we handle your response appropriately

1. Name/Organisation

Organisation Name

Church of Scotland Social Care Council

Title **Mr** ☐ **Ms** ☐ **Mrs** ☒ **Miss** ☐ **Dr** ☐ ***Please tick as appropriate***

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3. Permissions - I am responding as…

Individual ☐ / **Group/Organisation** ☒

Please tick as appropriate

(a) Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

Please tick as appropriate ☐ **Yes** ☐ **No**

(b) Where confidentiality is not requested, we will make your responses available to the public on the following basis

Please tick ONE of the following boxes

Yes, make my response, name and address all available ☐

or

Yes, make my response available, but not my name and address ☐

or

Yes, make my response and name available, but not my address ☐

(c) The name and address of your organisation ***will be*** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

Are you content for your ***response*** to be made available?

Please tick as appropriate ☒ **Yes** ☐ **No**

(d) We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Please tick as appropriate ☒ **Yes** ☐ **No**

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 report is not very user friendly and is designed more for organisations and professionals which limits the responses of the lay person i.e. service users and carers ; those with lived experience of how the legislation and services work in practice. The format makes it less likely that services user or carers will inform the consultation process which makes any recommendations more at risk of not being what is needed on the ground.

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
Good practice needs to be identified and resources allocated to roll out good models of dementia care nationally. This will help to target needs better and earlier and will, in the long term, be more cost effective. Better means of communication and understanding the needs of people

experiencing dementia are essential. Also from diagnosis of dementia having a key professional who will support all way through Dementia journey making various stages a seamless process is helpful to the service user and relatives and carers As a society we need to consider Dementia friendly towns and communities and develop strategies of how this would look.

Possibly more centres with support workers should be introduced but certainly more social support services based on evidence based practice and creative approaches to communication.
There also needs to be quicker routes for diagnosis and more research. Diagnosis of symptoms are not picked up early enough and there needs to be more study on the hereditary side of the problem.

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
There needs to be more allocated time with community health services as well as a reduction in waiting times for referral to these services. There also needs to be inclusion of service users, family and carers (bearing in mind confidentiality). More support is needed for the person centred care and (safe) strategies to move care into the community. Perhaps integrated care packages where one provider is resourced to provide support to service users, in partnership with others as necessary, so as needs change there would be helpful relationships in place supporting the service user and family throughout.

Self directed care packages might also be helpful so that service users are able to build their own packages of support as their needs and choices change.

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
There is a good initiative in ‘See Me’, but there needs to be better support of

self help groups. The current climate which increases deprivation and poverty increases the risk of incidents of self harm and suicide. Increased crisis intervention and education in terms of breaking down stigma and allowing people to speak more openly about their own experience is a way forward. Better aftercare from hospital with an extension of the training to the general public for suicide awareness and mental first aid training.
The 'See Me' campaign is a good initiative and should receive expanded budget with local initiatives tailored to local need continuing to be supported.

One to one counselling can also have a hugely beneficial effect in tackling both these areas, both to reduce rates and prevent future incident by exploring the roots and offering positive alternatives. More commissioning of counselling services should be considered.

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
With increased input from community health services and the continued input from media campaigns then perhaps the word stigma can be removed. Perhaps more inclusion into the school curriculum and general promotion into education as well as the current influences in the media through such campaigns as 'See Me'.

Financially support the voluntary sector, allowing more volunteering opportunities and therefore involving more people in supporting mental health charities particularly those who have lived experience of a mental health problem and would be in a good place to support. More funding would increase the sector's ability to promote services through advertising

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
Look at the examples of other countries that have had successful campaigns on promoting mental health such as NZ, Australia and the US and take lessons from them. Have more forums where stigma and mental health can be spoken about openly with medical staff or at least clinical staff. Also include this in the education of clinical staff in an attempt to reduce poor or ignorant attitude in them. Stop treating mental ill health within a silo but recognise that it can affect all sorts of people in different ways at different times in their lives and become more holistic when dealing with health generally, for example recognising that people with substance misuse issues will also have a mental health issue and that any intervention needs to recognise that.

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

Comments

As stated previously, more and longer input from community health services as well as more social support services. Also identify best practise from those services that are achieving it and promote it amongst other services. There needs to be clarification between the Mental Health Act (2003) and Disability and Discrimination Act (2010) with regard to mental health conditions.
Greater access to exercise and activities with reduced prices available to allow access to these activities., access to free bus travel has already helped and the 'My Bus' for those over 65 or physically impaired to allow access to activities has been good.
The current trends in commissioning services for those with mental health services mitigate against 'self referrals' as local authorities put stricter controls over budgets. Supporting people to self refer and take the first steps in their own recovery should remain on the agenda. Funding counselling services which can support people by offering short and longer term talking therapies should also be prioritised and recognised as a legitimate intervention in a mental health service delivery portfolio.

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

Early Intervention in the Early Years should continue to be a priority for the Scottish Government and integrated service provision models worked on and consolidated in HUB type approaches.

Understanding of attachment and the implications for Infant Mental Health should be further researched and early intervention strategies developed, with particular emphasis on children in the care system and for those living in families where parents are experiencing episodes of (or long term) poor mental health. Postnatal depression support should be widely available with emphasis on whole family support. Give more financial support to complimentary provision of support for children and young people e.g... play and creative therapies that compliment what CAMHS is offering and has the capacity to work with the less acute cases and therefore act as prevention as well as cure – early intervention can and does negate the need for CAHMS intervention at this early stage

Improved diagnosis, especially of ADHD and understanding of the condition, this has improved but is still needing further development.
Improved communication and understanding between departments and aligned health visitors/partners.
Better awareness of CAMHS and again rolling out examples of good practise nation wide. Ayrshire and Arran has a nurse allocated to each school.
Improved knowledge understanding with other community health workers such as health visitors.

It is clearly evident in the care system that current referral procedures do not prioritise need. Significant numbers of children accommodated within the residential schools have significant mental health issues from early life experiences but struggle to get a service from CAHMS. Although there are guidelines in place to facilitate access to CAHMS service for looked after and accommodated children living outwith their Health Board area, they do not work in practice. There are significantly different approaches and practices between children mental health provision and that provided for adolescents. They need to be better integrated to ensure smoother transitions.'

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

Comments
Terminology is often assumed and abbreviations are not helpful when they are not known what they mean.
Much of what was said in question 7 applies here but with increased capacity.

O**utcome 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
Develop routes for self referral, especially self re-referral, service user know themselves, especially if they have has previous issues but find having to go the long route to be referred back into services not only discouraging but damaging to their health hence making recovery longer. There should be more services, especially third sector as well as more self directed support. There should be more information available too so therefore available from GP and other Mental Health services about what support is available. There needs to be better access to psychiatrist as well as community mental health services.

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

Comments
The media campaigns have done well promoting what poor mental health actually is, Continue work so that people are able to be clear about the signs and symptoms of mental distress and illness and about what needs medical input and when people can access other services directly and how to find them. Make sure training is in place so that the NHS and voluntary sector staff are able to respond and help people access the most suitable service.

Removing some of the barriers that people fear in terms of implications of disclosing a mental health problem for employment, care of children, and application for insurances etc should also be worked on and solutions sought.

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
Better promotion of inclusion as well as previously stated, better training for clinical staff to identify issues quicker. Also for front line staff such as the police, social work, ambulance and fire.

Having easily understood and streamlined referral routes are also important, so that people understand what is happening at every stage and are not having to wait on unbearably long waiting lists for a support intervention when they are possible at their most vulnerable.

Provide rapid response and then good signposting from both statuary and voluntary sectors.

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
Consistency of staff seems to be an issue as staff teams can changes quickly and use of bank staff exacerbates this. There needs to be more training or explanation as to the roles of staff especially in the community health services and resources allocated to allow development of services that staff should not be providing.
More resource should be made available to the third sector as they can often do these tasks better and more cost effectively. Clinical staff should also be made more aware of the purpose and proper use of the third sector.
Integrated care packages would help identify and guide here, training of front line staff again would be a positive move forward.
Paperwork should be appropriately targeted and kept to a minimum as this often keeps practitioners away from service users for long periods of time, tying up valuable resources. There is much duplication within the system and whilst evidencing outcomes is important it should not become a self perpetuating task.

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

Comments
Health Boards NEED to work properly with other agencies such as the councils and voluntary agencies and not just talk about it developing closer links with Social Work which may reduce the referral/allocation process as well as integrated budgets. Funding for key partners should be in place so that when they are part of Integrated Care Pathways they are able to respond effectively Understanding and respecting the role and expertise that each partner brings to the process is vital and perhaps introducing more shared training and secondment opportunities would also help.
As stated previously, more crisis intervention teams will help as well.
Ayrshire and Arran are a good example of good practise.

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
It appears that Health Board Executives and Government have commitment to involvement (nationally, VOX and consultations like this (although it could be more user friendly)Locally is another matter and although some areas such as Ayrshire and Arran have good examples other local examples in other areas need to be established and supported.
Moves towards the person centred care project should be progressed.

Help the voluntary sector providers generate data which lets user voices be heard at both local and national level. There are many good tools for promoting service user involvement but often these are not used strategically. Having a clear understanding of the tools and what they are most helpful for will be increasingly important. When services are commissioned the strategy for service user involvement should be asked for as part of this process.

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

Comments
Staff in all areas of service provision need to be trained to see that this is part of their role not an an ‘added burden’. Management time and support should be given to ensure that these supportive partnerships are given time and space to develop. Innovative ways of explaining what a service offers and and dealing with common questions should be developed. Information should be easily available and accessible and when family members or carers contact a service they should be clear about how their issue is going

to be dealt with, by whom and in what timescale.
There needs to be more education for carers about Mental Health Issues and although Prince's Carers Trust do an excellent job, more specialisation into Mental Health Issues and the carers of those who have these issues needs to be invested in.

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

Things have greatly improved so continue with these improvements and share good practice examples. The voluntary sector has vast experience of this but the evaluation and research expertise often does not meet the level expected by the NHS. Help with this would mean NHS staff could gain much from the voluntary sector in working using a person centred model.

Expanding into others areas so that greater carers/ family based approaches can be developed. Have tools to measure improvement and be able to benchmark improvement nationally. Find ways of broadcasting the tangible benefits of person centred planning and how it has improved the lives of so many and in what ways it has benefited them so that they can be integrated into other areas of support.

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

Comments
Show and share examples of good practice, promote the recovery model more. Understand the barriers as to why agencies are not using it and find ways of removing there.
Find ways of improving promotion of the tool in professional publications and through media opportunities and encourage MSP's to talk more about the improvements already made.

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

Comments
Better education of the recovery model to GP's and other clinical staff showing best practice examples of this to let them see its effectiveness compared to clinical/ medical solution only. Help different groups understand the SRI 2 tool and what benefit completing it might have within their organisations. More inclusive training and education opportunities. Think about what incentives there are for different professional groups to adopt this approach and promote these more cohesively.

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
As stated previously, promotion of person centred care project showing the successes already achieved as well as the benefits to the health service not to mention the service user and carers. Also more information to clinical staff about the benefits of including family and carers.
More promotion of the 'Named Person' and 'Advance Statement' part of the Mental Health Act (Scotland (2003)

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
Staff need to consider more than the clinical requirements, having the management support to know that it is ok to communicate with family and carers, that it is acceptable to listen and care. That time spent in this way is contributing to the overall care of the service user, training needs to include an holistic approach.

Different ways of communicating which makes it easy and accessible for families of all types of groups should be developed and maybe a national resource base could be started so that staff can pull on information to need different needs as they present?

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.

Giving examples of best practise from re-designed services gathering information from service users and finding different ways to looking at the models they use and rolling them out to other areas whether it is Health Board, Social Work or Third Sector. Consider publishing comparative data so that Health Boards and their partners can learn from each other. Continue to improve the communication between these groups. Building up a national picture and the paperwork and investment this will take is only useful if we know what we are going to do with it at the end of the day. Being clear about that from the start may help with buy in. Also being inclusive. Mental health can be supported in many different ways-what groups on the margins, including counselling and alternative support agencies are not really contributing to this picture at the moment? How do we make it easier for them?

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
Possible comparisons between similar areas and how they are solving problems and improving accessibility might help. Publishing demographics showing ratios of service provision to actual population to gauge whether that is a factor to success of models.
Mapping of the voluntary sector so the NHS are aware of what is available. National statistics held of both sectors. Financial support of those services which can show they "make a difference".
Speak to representatives of hard to reach groups so that barriers can be understood. These are not always language barriers but can take many different guises. Work with these group representatives to remove as many barriers as possible.
If this can be done with less tick-boxing and form filling then good.

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

Comments

Use of modern technological solutions could be considered. E learning forums for example might be helpful for practitioners to post and share. Using existing networks and umbrella bodies to reach members. Better understanding of the word 'accessible' could also be worked on.

Through the media where the information is needed by the general public. Have a recognised forum for dissemination of relevant information to professionals.

Use of service user groups and forums could also be important so that service users can better influence service direction by understanding what has worked for others in terms of making services more inclusive, transparent and available to those who need them with appropriate methods of delivery.

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

Comments
Postnatal Depression service provision is still patchy and could be better resourced, particularly as there can be a huge impact on infant mental health. Perinatal illness in men is rarely recognised and mental health problems in infants and children may stem from parental mental health problems and need treated as part of their parents treatment rather than as a separate issue.

Provision of Play and creative therapies for children and adolescents is patchy at best and seriously underfunded. Examples of good practice can be found in the third sector e.g. Crossreach, the Social Care Council of the Church of Scotland , is doing hugely innovative and creative work in this area in many different parts of Scotland.

There are also significant gaps in understanding and provision of support for care leavers who are at high risk of developing a mental health problem. Most gaps have been identified, there is a need now to prioritise them.

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

Identify opportunities for cross sector training and opportunities for different 'groups' of service users and relatives and carers to respond to the same sorts of questions to inform development of more integrated practice.

Investing in supporting research and evaluation in the voluntary sector which would bring it into line with the NHS and mean that provision was based on what is best for the individual rather than what providers perceive is available.

Find ways of supporting NHS Boards to understand the implications for family members mental health of having a relative in prison or experiencing the effects of substance misuse. Develop forums for having these issues explored and further develop services to support families in these situations before crises develop.

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

Question 25 answers this question as well with a greater emphasis on transition between services. As well as better access to training for front line staff such as emergency services.

Attention paid to research which shows the correlation between parental mental health and the wellbeing of infants and children. Funding put in place

to ensure that parents are prioritised and that childcare is available for services which offer treatment/support.
Research and evaluation in the voluntary sector.

Care Leavers should also be prioritised for additional support for mental health as they have a high risk of presenting in a mental health service or criminal justice service or with an addictions issue or in a homeless unit.

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

Make funding available in the voluntary sector to educate and support staff to become involved. Seek out and listen to the voluntary sector experience of working with Promoting Excellence.

Better and easier access to current publications and published results. Engaging with the learning and development departments for large organisations so that the principles can be adopted within ongoing training packages and appraisal systems. Working with SSSC to ensure principles become embedded in continuous learning framework.

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
Provide tools for staff to record success and not just incidents, encourage the recording of such events as part of their daily routine.

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

Comments
Once best practice has been identified make steps towards making it the 'norm'.
As self directed care becomes more of a service delivery option within Scotland identify ways of tapping into this new workforce who may include families and friends of service users. Identify different and easy ways for this new workforce to access training and development opportunities for supporting people with a mental health issue.

Help service users purchasing their own services, along with their realatives and carers to recognise quality and what appropriate training and values

might look like. This could be offered as service users go through the assessment process to negotiate hours of support

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

There are accredited training opportunities for delivery of psychological therapies within the 3d sector which are often overlooked. Maximise use of what is there already and identify gaps so that training can be commissioned on a needs led basis.

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
Create avenues and ways of promoting the success that has been recorded by staff, thus promoting best practise. Continue to ensure that service user views are represented even if this means developing softer indicators about what recovery looks like for individuals

Include the voluntary sector when assessing the effectiveness of Mental Health provision. Make financial provision to support good practice outside the NHS.

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

Comments
Promotion of the person centred approach and built into person centred planning tools. Make systems simple and transferrable so that staff working in partnership in different areas are reporting on the same outcomes in the same way.

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
Take evidence not just from those best qualified in academia, but more knowledgeable in terms of practice and experience and willing to take more ‘safe’ risks.
Encourage debate of how best to support mental health delivery within leadership events
Ensure that service user participation is embedded in services so that

service users are facilitators of change rather than ‘done to’
Creative solutions to integration of services and possibly budgets which will allow for the current, ‘doing more for less’ strategy. A further movement towards ‘care in the community’ as it has proven to be, in general, better care for the individual and more cost effective than hospital care. Support for services to change without necessarily being forced into tender situations which may disrupt service user /staff relationships

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

Comments
The strategy needs to be adopted widely and there needs to be widescale ‘buy in’ to ensure it translates into practice. Nationally this means investment and training for lead organisations to ensure they are ready to adopt recommendations and work towards them together. Locally services need to be supported to change paperwork, develop service user protocols, access training, and work in increasing partnership to ensure that supporting mental health becomes a pillar within each area of service delivery within health and social care services.

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
Make it easier and create the culture of it being acceptable to ‘whistle blow’ when bad practice is seen but balance it out with identifying good practice as well. Allowing staff to spend time with service users showing they care and doing the job with compassion as well as professionalism.
Training on the legalities but allowing more freedom of interpretation rather than the ‘big brother’ approach and without fear of being bogged down in paper and management duties. Ensure that regulatory bodies check for compliance and have mechanisms for improvement planning where problems are identified.