
Mental Health Strategy for Scotland: 2011-15

A Consultation

September 2011

Mental Health Strategy for Scotland: 2011-15

A Consultation

September 2011

© Crown copyright 2011

You may re-use this information (excluding logos and images) free of charge in any format or medium, under the terms of the Open Government Licence. To view this licence, visit <http://www.nationalarchives.gov.uk/doc/open-government-licence/> or e-mail: psi@nationalarchives.gsi.gov.uk.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This document is also available from our website at www.scotland.gov.uk.

ISBN: 978-1-78045-330-9

The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

Produced for the Scottish Government by APS Group Scotland
DPPAS11910 (09/11)

Published by the Scottish Government, September 2011

MENTAL HEALTH STRATEGY FOR SCOTLAND

A CONSULTATION

2011 - 2015

FOREWORD

This consultation on a Mental Health Strategy, one of the first published by the Scottish Government since the election, indicates the priority that we place on mental health. The document is structured into 14 high level outcomes quite deliberately, so we can identify what action we are going to deliver over the next 4 years to contribute to improving each outcome. I want the result of this consultation to be a national strategy which sets out a programme of work through which we can, at the end of the 4 years, identify clearly what has been achieved and where we still have work to do.

Services, delivered by the NHS, local authorities, the third and private sectors, need to support and enable people to keep well and take responsibility for their mental health. When people do experience mental health problems and mental ill health, they should know how to access help, and services should be able to intervene quickly. Services should put the person, their families and carers at the centre of care and treatment.

For the first time we are bringing together in a single document our mental health improvement work, our mental illness prevention work and our work to improve mental health services. These are mutually supportive and bringing them together recognises the importance that each strand has on the success of the other. It signals our intention to take forward Scotland's mental health policy in a more joined-up and systematic way.

Since *Delivering for Mental Health*¹ and *Towards a Mentally Flourishing Scotland*² were published we have made real progress in promoting positive mental health, preventing mental health problems and improving mental health services. We have supported change on the ground and worked with a wide range of partners to develop a strategic approach to promote mental wellbeing and tackle areas where we know we need to improve services and outcomes.

We have some successes to celebrate. We have delivered the HEAT target to reduce psychiatric inpatient readmissions, highlighting the development of community mental health services. We have delivered the HEAT target to increase the number of people with dementia who have their diagnosis recorded by their GP, which is the gateway to better information and support. We have delivered the commitments in *Towards a Mentally Flourishing Scotland*, supporting people to look after their own mental wellbeing. We have delivered the HEAT target to train 50% of all frontline, primary care, accident and emergency and substance misuse staff in suicide prevention awareness training and the suicide rate continues to fall.

¹ [Delivering for Mental Health](#), Scottish Executive, December 2006

² [Towards a Mentally Flourishing Scotland](#), Scottish Government, April 2009

I would encourage you to take part in this consultation, to shape what we do over the next 4 years to continue to improve the mental health and wellbeing of people in Scotland.

MICHAEL MATHESON
Minister for Public Health

September 2011

INTRODUCTION

This document focuses on 14 high-level outcomes that an effective mental health system should deliver. Under each outcome we have set out some of the key achievements over the past 3 years. We have also set out some of the key challenges that will need to be addressed over the next 4 years if we are to continue improving our performance.

However, we are not starting with a blank sheet of paper. Our approach to date has been attempting to do three things. Firstly we have been encouraging a change in the way in which all of us think about mental health, so that promoting good mental health becomes a matter of importance for us all. Secondly we have been trying to ensure that all our mental health services are person centred, safe and effective. Thirdly we have been embedding a culture of continuous improvement into mental health service delivery.

We have an existing set of HEAT targets and a HEAT standard and activity to support their delivery. HEAT (**H**ealth improvement, **E**fficiency, **A**ccess and **T**reatment) targets³ are improvement targets set every year with all NHS Boards. We have a commitment to deliver *Scotland's National Dementia Strategy*⁴. We have also launched the *Healthcare Quality Strategy*⁵, focusing on ensuring that our services are person-centred, safe and effective.

This consultation and the final Mental Health Strategy that will follow is aligned to the *Healthcare Quality Strategy*. It was launched as a shared understanding of healthcare quality for Scotland for everyone. It aims to build upon quality healthcare services in Scotland and ensure all work is integrated and aligned to the Quality Ambitions, with measurable improvements which include patients' experience, to deliver the highest quality healthcare services to people in Scotland. The Quality Strategy emphasises the importance of partnership working – with service users as well as service providers – and includes local authorities and the third sector too.

This consultation reflects a continuation and development of this approach. 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.**

We also ask a series of more specific questions throughout this consultation under each of the 14 outcomes.

³ [Scotland Performs](#)

⁴ [Scotland's National Dementia Strategy](#), Scottish Government, June 2010

⁵ [Healthcare Quality Strategy](#), Scottish Government, May 2010

IMPROVING MENTAL HEALTH OUTCOMES – OUR APPROACH

Our approach to prioritisation

In this consultation we are looking to set our priorities for the next 4 years. Implicit in setting priorities is a recognition that we can't do everything at once. Rather we need to identify those key issues that, if addressed, will have a significant impact on outcomes. We have already identified 4 areas where focusing time and effort to make improvement will deliver better outcomes across the whole pathway of care:

- improving access to psychological therapies;
- implementing the National Dementia Strategy;
- examining the balance between community and inpatient provision and the role of crisis services; and
- preventing suicide.

Each of these priorities, in different ways, is enabling us to look at provision in the NHS, local authorities, the third and private sectors, and work with a range of different professional groups to deliver improvements.

Psychological Therapies

We have introduced a HEAT target to deliver faster access to mental health services by delivering 18 weeks referral to treatment for psychological therapies across all age groups from December 2014. We want to ensure that across Scotland people who are experiencing a mental illness or disorder, including those suffering from anxiety or depression, get safe, effective, evidence-based treatment in a timely way.

This target measures one part of a well functioning mental health service. Its delivery will depend on the availability of other tiers of delivery, for example, availability of information and advice, and easily accessible low-intensity treatments which can meet the needs of people who are experiencing psychological distress or low mood, but have less complex difficulties. One of the aims of the low intensity tier of service will be to prevent some of these less complex difficulties from developing into mental illnesses which may prove more difficult to treat. The service also needs to be able to respond quickly to the needs of people experiencing more severe illnesses.

Dementia Strategy

Dementia and the care of older people continues to be a priority. In 2010 we published Scotland's first National Dementia Strategy which sets out how we will change and improve the whole system of dementia care, providing more consistency in the quality of post-diagnosis support, improving the experience of people with dementia in general hospital settings and ensuring that people are treated with dignity and respect. In taking forward the Strategy, we are focusing on two key change areas. The first is providing excellent support and information to people with dementia and their carers after their diagnosis. The second is improving the response to dementia in general hospital settings, through alternatives to admission and better planning for discharge. Both will provide immediate benefits to people with

dementia and their carers, as well as improving efficiency and quality of the care system, releasing resources to improve access to care.

Community, Inpatient and Crisis Services

We have seen a change across Scotland in how mental health services are delivered as we move towards more services being delivered in the community, with many areas undertaking major re-designs of services. This provides us with an opportunity to work with partners to consider what a well-balanced community-focused service should look like, based on a robust analysis of need and taking into account the activity taking place in inpatient and community mental health services in the NHS and its partners.

Preventing Suicide

The publication of Choose Life⁶ in 2002, introduced a target of reducing the population suicide rate by 20% by 2013, and provides a strong focus for a wide range of actions to be developed across Scotland to help tackle suicide.

Preventing suicide requires action across many services, including in the NHS, in local authorities, in the third sector and in communities. It requires sustained action over a period of time. Ensuring that depression and anxiety are recognised and responded to, providing a response to alcohol misuse and good discharge planning all make a significant contribution across services to preventing suicide. There has also been significant progress made in training frontline NHS staff in suicide prevention.

Our approach to supporting improvement

In addition to agreeing a deliverable set of priorities for the next 4 years, we also need to be clear on how we will support services to make change happen. Essentially the issues fall under two headings:

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.

⁶ [Choose Life, A National Strategy and Action Plan to Prevent Suicide in Scotland](#), Scottish Executive, 2002

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.

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.

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.

Responding to this Consultation Paper

We are inviting written responses to this consultation paper by 31 January 2012. Please send your response with the completed Respondent Information Form (see "Handling your Response" below) to:

MHStrategy@scotland.gsi.gov.uk

Or by post to:

Katherine Christie
Scottish Government Health Directorate
Reshaping Care and Mental Health Division
Mental Health Service Delivery Unit
3ER, St Andrew's House
Regent Road
Edinburgh
EH1 3DG

If you have any queries please contact Katherine Christie on 0131 244 5207.

We would be grateful if you would use the consultation questionnaire provided at Annex B as this will aid our analysis of the responses received.

This consultation, and all other Scottish Government consultation exercises, can be viewed online on the consultation web pages of the Scottish Government website at <http://www.scotland.gov.uk/consultations>.

The Scottish Government has an email alert system for consultations, <http://register.scotland.gov.uk>. This system allows stakeholder individuals and organisations to register and receive a weekly email containing details of all new consultations (including web links). It complements, but in no way replaces Scottish Government distribution lists, and is designed to allow stakeholders to keep up to date with all Scottish Government consultation activity, and therefore be alerted at the earliest opportunity to those of most interest. We would encourage you to register.

Handling your response

We need to know how you wish your response to be handled and, in particular, whether you are happy for your response to be made public. Please complete and return the Respondent Information Form which forms part of the consultation questionnaire attached at Annex B as this will ensure that we treat your response appropriately. If you ask for your response not to be published we will regard it as confidential, and we will treat it accordingly.

All respondents should be aware that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

Where respondents have given permission for their response to be made public and after we have checked that they contain no potentially defamatory material, responses will be made available to the public in the Scottish Government Library (see the attached Respondent Information Form). These will be made available to the public in the Scottish Government Library by 28 February 2012. You can make arrangements to view responses by contacting the SG Library on 0131 244 4556. Responses can be copied and sent to you, but a charge may be made for this service.

What happens next?

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us reach a decision on the content of the final mental health strategy. We aim to issue a report on this consultation process by summer 2012.

After the consultation period which runs to 31 January 2012, all responses will be analysed and considered along with any other available evidence. A final strategy will be published including an updated set of actions to be delivered between 2012 and 2015 to improve mental health services and support mental health improvement.

Comments and complaints

If you have any comments about how this consultation exercise has been conducted, please send them to the Reshaping Care and Mental Health Division at the contact details shown above.

1. People and communities act to protect and promote their mental health and reduce the likelihood that they will become unwell.

What We Have Done

- We have delivered the actions set out in *Towards a Mentally Flourishing Scotland (TAMFS)* to support mental health improvement across 6 priority areas that include 22 commitments that have targeted national, local and individual levels to support people in looking after their own mental wellbeing.
- We have continued to work to tackle stigma and discrimination including through support for the *see me*⁷ campaign to improve public attitudes towards people with mental illness and encourage local anti-stigma initiatives.
- In collaboration with the Scottish Centre for Healthy Working Lives we have developed a comprehensive programme of work to promote mentally healthy workplaces with a specific focus on public sector workplaces and small-medium sized enterprises.
- Together with NHS Health Scotland we have developed *well Scotland*⁸ a national web portal providing information on mental health improvement, set out under the TAMFS strategic priority headings of: mentally healthy infants children and young people; later life; communities employment and working life; reducing the prevalence of suicide self harm and common mental health problems; and improving the quality of life of those experiencing mental health problems and mental illness.
- We have enabled planning in local areas to be more systematic and evidence-informed through NHS Health Scotland's development of a *Mental Health Improvement Outcomes Framework*⁹ which brings together and presents high level evidence to map out logical pathways towards improving mental health outcomes.

Key Challenges

Reducing self harm and delivering the HEAT target to reduce suicide rates by 20% by 2011-13

We already have a commitment to deliver the actions that have been agreed in the final report on self harm¹⁰. The report sets out a number of specific objectives that were developed to help with awareness raising, addressing learning and workforce development, and stigma reduction with regards to self harm as well as developing guidance on information sharing, protection and confidentiality for those working with children and adults where there is a concern about self-harm.

We are also continuing work to reduce the suicide rate in Scotland with the aim of achieving the HEAT target to reduce suicide rates by 20% by 2011-13. Between

⁷ [see me Scotland: Anti-stigma mental health campaign](#)

⁸ [well Scotland.info](#)

⁹ [NHS Health Scotland Mental Health Improvement Outcomes Framework](#)

¹⁰ [Responding to Self Harm in Scotland Final Report: Mapping Out the Next Stage of Activity in Developing Services and Health Improvement Approaches](#), Scottish Government, March 2011

2000-02 and 2008-10 there has been a downward trend in suicide rates with an overall decrease of 14%.

Preventing suicide and self-harm are everybody's business. All sectors and all communities will need to continue to work together to reduce suicides and self-harm.

Question 3: Are there other actions we should be taking nationally to reduce self harm and suicide rates?

Eliminating stigma of mental illness and ill health and discrimination

In recent years, across Europe, there has been an increasing emphasis on not only tackling stigma, but addressing discrimination. Challenges exist in developing appropriate strategies to address stigma and discrimination at the level of individual attitudes and behaviours, and addressing the wider structural elements that can lead to discrimination. This suggests that there needs to be a new approach that differentiates more sharply between the processes resulting in stigmatising attitudes and those processes resulting in discriminatory behaviour.

Dealing with discriminatory behaviour will require active engagement of delivery organisations to ensure integration and understanding of the stigma and discrimination experienced by people with mental health problems.

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

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?

Promoting mental wellbeing

Building on the progress made through Towards a Mentally Flourishing Scotland, we need to ensure that mental wellbeing, early recognition of mental distress and prevention of illness continue to be supported for individuals and within our communities. This needs to be embedded within local service planning and delivery across organisational boundaries.

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

2. Action is focused on early years and childhood to respond quickly and to improve both short and long term outcomes.

What We Have Done

- We have introduced a HEAT target to deliver access to specialist Child and Adolescent Mental Health Services (CAMHS) within 26 weeks by March 2013.
- We are supporting faster access to specialist CAMHS by investing in the workforce, providing £6.5 million during 2009-2012 for additional psychologists and an additional £2 million each year since 2009/10 to support and accelerate development of specialist CAMHS. We have seen a 33% increase in the size of the specialist CAMHS workforce between the end of 2008 and March 2011.
- We have supported the development of 3 regional consortia of NHS Boards to increase the number of adolescent inpatient beds and to grow the supporting intensive community services and networks. In 2009 the new CAMHS facility, Skye House, opened in the west of Scotland.
- We have established properly articulated links between specialist mental health services and all schools.
- We have supported the delivery of psychological therapies for children and young people by developing the matrix of evidence based therapies for CAMHS, through the funding of child and adolescent psychotherapy training and through the NHS Education for Scotland training in evidence-based psychological interventions in CAMHS.
- We have commissioned NHS Education for Scotland to develop the 'Psychology of Parenting' project to examine evidence around targeted intervention programmes and make recommendations about implementation including training, model fidelity, capacity, models of delivery and sustainability.
- We have published standards for integrated care pathways for child and adolescent mental health services¹¹.

Key Challenges

Understanding what makes a difference for children's mental health

We need to continue to improve our understanding of trajectories for positive mental health, building on current work¹² to develop child and adolescent mental health indicators (to be published in late 2011), so that decisions which are made about children's lives and experiences are better informed. We also need to improve our ability to measure, understand and improve outcomes for children receiving services, capitalising on development of the CAMHS balanced scorecard.

¹¹ [Integrated Care Pathways for Mental Health, Healthcare Improvement Scotland](#)

¹² [NHS Health Scotland Children and Young People's Mental Health Indicators](#)

Ensuring that specialist CAMHS works effectively with other children's services

There is the ongoing challenge of ensuring that specialist CAMHS continue to improve the consultation, training, supervision and service delivery links with other children's service providers and that these links are focussed on early identification and on the provision of a quick, effective, safe and properly coordinated response. Contained within these links should be a capacity to intervene early with specific interventions targeted at specific infants and pre-school children. One example of where plans are already being developed is the proposed roll out of Triple P and Incredible Years Parenting interventions for parents and carers of 3-4 year olds with disruptive behaviour disorders.

Improving access to specialist CAMHS

We need to make sure that we are continuing to grow the capacity of specialist CAMHS in order to continue to improve access to specialist services. There are probably 4 main elements to this challenge:

- Improving the general access to CAMHS for all patients, implementing the current HEAT target;
- Improving access for specific groups such as children with a learning disability;
- Improving access to limited treatments such as child psychotherapy;
- Improving access to appropriate inpatient treatment and care and reducing the number of inappropriate admissions to adult psychiatric wards.

Question 7: What additional actions must we take to meet these challenges and improve access to CAMHS?

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

3. People have an understanding of their own mental health and if they are not well take appropriate action themselves or by seeking help.

What We Have Done

- We have provided information and support by for example, continuing to fund Breathing Space¹³, the Scotland wide free and confidential phone line aimed at supporting people experiencing low mood or depression; and providing resources aimed at stress reduction among the general public, including booklets, CDs and the Steps for Stress website¹⁴.
- Worked with *see me* to challenge the stigma associated with mental ill-health thus encouraging people to seek help when they need it and also ensuring that people know how to support those experiencing mental health problems.
- We have supported Living Better: Improving Mental Health and Wellbeing of People with Long Term Conditions¹⁵ to improve detection and diagnosis of mental health problems in people with long term conditions. It currently operates in 6 Community Health Partnerships, focusing on people with coronary heart disease and diabetes.
- NHS Health Scotland, through the Choose Life national programme, ran a successful campaign (*Suicide. Don't Hide It. Talk About It.*) to raise awareness about suicide and seeking help in Scotland. Different media were used. This included showing the first suicide prevention TV advert in Scotland.

Key Challenges

Ensuring that we enable people to take ownership of their own mental health and take appropriate action themselves when they need help

People should be able to access a range of information, supports and services to enable them to take ownership of their mental health. We also need to further promote mental health literacy, enabling people experiencing mental health problems, and their families, to access information and support more easily.

As well as supporting Breathing Space, we have piloted other approaches that encourage people to take ownership of their own mental health including the self-help CBT pilot, Widening Access to Self Help Therapies (WISH), and NHS Living Life, which is a telephone based CBT service. WISH provides multiple ways of accessing CBT self-help for people experiencing mild to moderate depression and anxiety. Following a successful pilot of WISH, a number of NHS Boards intend to use this model. The NHS Living Life service, incorporating telephone-based CBT, has faced some challenges around low referral numbers and we have agreed with NHS 24 how they will develop the model to roll it out and to improve efficiency of delivery.

¹³ www.breathingspacescotland.co.uk

¹⁴ www.stepsforstress.org

¹⁵ http://www.rcgp.org.uk/college_locations/rcgp_scotland/initiatives/living_better.aspx

Question 9: What further action do we need to take to enable people to take actions themselves to maintain and improve their mental health?

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

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.

What We Have Done

- We have developed guidance on matched/stepped care models of service delivery for psychological therapies as outlined in 'The Matrix-2011: A Guide to Delivering Evidence-based Psychological Therapies in Scotland'.¹⁶
- We have mapped the provision of crisis services across Scotland, to support NHS Boards to understand how their approach compares with other Boards across Scotland and to help them understand the impact the different approaches are having.
- We are working towards achieving the HEAT target to reduce the suicide rate by 20% between 2000-02 and 2011-13. We have delivered the HEAT target to train 50% of all NHS frontline, primary care, accident and emergency and substance misuse staff in suicide prevention awareness training.
- We have seen a significant increase in the number of people who are registered with their GP with a diagnosis of depression.
- We anticipate that when the data is published this autumn, we will have achieved the HEAT target to increase the number of people registered with their GP as having a diagnosis of dementia by 33% by March 2011.
- We have published national crisis standards for crisis services¹⁷ complemented by a crisis services practice toolkit¹⁸ providing practical advice and guidance for service providers.

Key Challenges

Early recognition and treatment of mental illness and disorder

One of the broad themes identified as a grand challenge in global mental health¹⁹ is that many mental illnesses and disorders begin early in life, emphasising both the importance of prevention and care for children, and of reducing the duration of untreated illness by focusing resources on the earliest definable clinical stage of illness.

The early detection and treatment of mental illness poses challenges for service design and delivery but also provides opportunities to improve outcomes for patients and make cost savings to the NHS, local authorities and other services. For example, a study involving service users in NHS Lothian and NHS Greater Glasgow and Clyde who were presenting with first episode psychosis illustrated how early intervention, which is an evidence-based approach to providing services, delivered better outcomes for people in a Scottish context.

¹⁶ The Matrix: A Guide to Delivering Evidence-based Psychological Therapies in Scotland, NHS Education for Scotland

¹⁷ [Delivering for Health: delivering for mental health National Standards for Crisis Services, Scottish Executive, 2006](#)

¹⁸ [National Standards For Crisis Service: Practice Toolkit – Scotland](#)

¹⁹ Collins, PY, Patel, V, & Joestl, SS Nature **475**, 27-30 (2011)

We already have HEAT targets to ensure that no one waits longer than 18 weeks from referral to treatment for a psychological therapy and that no one waits longer than 26 weeks for referral to specialist CAMHS. These are powerful drivers in the system to speed up the time it takes for people to access treatment. We are keen to understand whether there are other areas where access is a problem and what else we can do to enable earlier recognition.

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?

5. Appropriate, evidence-based care and treatment for mental illness is available when required and treatments are delivered safely and efficiently.

What We Have Done

- We have developed a HEAT target to improve access to psychological therapies, so no one will wait longer than 18 weeks from referral to treatment by December 2014.
- In partnership with NHS Education for Scotland and other stakeholders we have published a revised version of the *Matrix: A Guide to Delivering Evidence-based Psychological Therapies in Scotland*. The *Matrix* summarises the current evidence base for the effectiveness of various psychological therapies, and offers guidance on the service models and governance structures which are essential to the delivery of safe, effective and efficient care.
- We have supported the safe and effective delivery of psychological therapies by developing a competence framework for psychological therapies supervision, and rolling out training for psychological therapies supervisors across Scotland.
- We have developed a SIGN guideline on non-pharmaceutical interventions for depression and have selectively updated the SIGN guideline for management of attention deficit and hyperkinetic disorders in children and young people.
- We have supported alternative delivery methods for people to access to improve their mental health. For example, we piloted NHS Living Life, a telephone Cognitive Behavioural Therapy service for people who are feeling low, depressed or anxious. We have also piloted the Widening Access to Self-Help (WISH) pilot to provide multiple ways to accessing CBT self-help for people experiencing mild to moderate depression/anxiety. Both services are now being rolled out on a wider basis.
- We have developed our understanding of how anti-depressants are prescribed on the back of the HEAT target to reduce the level of increase of prescription of anti-depressants. The Mental Health Collaborative commissioned research to analyse new anti-depressant prescribing in Scotland which demonstrated that prescribing was generally in line with clinical guidelines.

Key Challenges

Using information to improve the safety, effectiveness and efficiency of services

Using information routinely about the outcomes of treatment provides a powerful tool for ensuring that treatment is both effective and delivered efficiently.

NHS Healthcare Improvement Scotland is continuing to support implementation of Integrated Care Pathways (ICPs)¹¹, and will be testing how operational definitions for a small number of the ICP data points can be implemented. The aim is to support NHS Boards to collect information on variation from best practice standards, analyse the reason for it and implement changes to reduce unwarranted variation. It is also

developing the Patient Safety Programme in Mental Health. ICPs and the Patient Safety Programme will both support the delivery of safe, effective and efficient care.

There is considerable variation in how Critical Incident Reviews into the circumstances of suicide are carried out, when they are carried out and the criteria that are considered. We have an opportunity to review how to improve the process across the country and how to make better use of the learning from them to inform service improvement.

Increasing the capacity of our workforce to deliver effective care within the current financial constraints

We know there are particular areas where we need to develop additional skills, for example, in psychological therapies we have identified some priority areas for training, targeting staff delivering psychological therapies across professional boundaries (see Outcome 11 for further information). However, extending our capacity is not just about training people. It is also about ensuring that we make effective use of current staff and reducing the amount of time they spend on activities that don't add any value for the service user.

The Scottish Government's Quality and Efficiency Support Team (QuEST – replacing the Mental Health Collaborative, a support programme for NHS Boards in the use of improvement approaches to deliver HEAT targets) has been working with NHS Ayrshire and Arran and NHS Lothian to demonstrate how work to effectively manage psychological therapies demand and capacity can deliver quicker access within current resources whilst delivering the same or better outcomes. Through this work it is developing resources and guidance that will help other NHS Boards to reduce the amount of time spent on non-value adding activities.

The Releasing Time to Care programme also focuses on making better use of existing resources. We are currently scoping what work is needed to customise the new community resource for a mental health setting and ensure appropriate linkages to the work to deliver the psychological therapies HEAT target.

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?

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

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

What We Have Done

- We have established the Scottish Recovery Network which has promoted the concept of recovery in mental health at national and local levels and has developed the Scottish Recovery Indicator²⁰ to support mental health services in promoting recovery-oriented practices.
- The National Review of Mental Health Nursing: Rights, Relationships and Recovery led to the development and implementation of a range of person-centred and recovery focused resources and initiatives including the 10 Essential Shared Capabilities and the Scottish Recovery Indicator²¹.
- We have examined the evidence base for physical healthcare improvements for people with severe and enduring mental health problems and published guidance²².
- We have published guidance on social prescribing for mental health problems²³.
- We have supported development of the Veteran's First Point²⁴ pilot, a one-stop shop for veterans and their families in the Lothians, with NHS Lothian and the Ministry of Defence. The service was evaluated positively as one of 6 community mental health pilots for veterans of the armed forces in the UK demonstrating many successful features including the choice of support offered; use of peer support workers; and how far the service has improved the client's situation.

Key Challenges

Ensuring service users are at the centre of care and treatment

The Quality Strategy states that person-centred care is a mutually beneficial partnership between service users, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continually clear communication and shared decision making. These concepts which are strongly aligned to recovery based approaches, which recognise the value in lived experience and the importance of self direction, strengths, hope and connectedness.

We need to ensure that we understand the range of needs and choices that people have. We also need to ensure that we maintain a focus on the way in which, for individual patients, treatment and care is provided. We need to ensure that each and

²⁰ [Scottish Recovery Indicator Website](#)

²¹ [National Review of Mental Health nursing in Scotland](#), Scottish Executive, 2006

²² [Mental Health in Scotland: Improving the Physical Health and Well Being of those Experiencing Mental Illness](#), Scottish Government, 2008

²³ [Developing Social Prescribing and Community Referrals for Mental Health in Scotland](#), Scottish Government, 2007

²⁴ <http://www.veteransfirstpoint.org.uk/>

every person feels valued, that their care experience is of the highest quality and that the care they receive is an appropriate and respectful response to their unique needs.

There are examples of how service users are involved in decisions about their own care and treatment and in service design and planning. Talking Points is being used increasingly to combine user and carer involvement with an outcomes approach to planning, delivering, evaluating and improving services. This approach is being used to different degrees in the dementia demonstrator sites (Midlothian, North Lanarkshire and Perth and Kinross) where we are testing how services can be redesigned across the whole dementia pathway.

Ensuring that people can access information to manage their own mental health

Successful self management relies on people having access to the right information, at the right time and having access to a range of support and services. NHS 24 has been developing information to support self-management, delivering effective evidence-based triage and providing tele-rehabilitation which delivers rehabilitation services over telecommunication networks and the internet.

This is underpinned by the principle of participation, embedded in the Mental Health (Care and Treatment) (Scotland) Act 2003 where service users should be fully involved, to the extent permitted by their individual capacity, in all aspects of their assessment, care, treatment and support. Account should be taken of their past and present wishes, so far as they can be ascertained. Service users should be provided with all the information and support necessary to enable them to participate fully. All such information should be provided in a way which renders it most likely to be understood.

Embedding recovery approaches within services

We also increasingly recognise the role that people with experience of mental health issues have, not only in influencing services, but also in helping to directly promote and support recovery. People with a lived experience bring a unique and valued contribution and are well placed to support recovery education and learning through concepts like peer support and Wellness Recovery Action Planning. This may be within or outwith mental health services and suggests new and creative responses to mental distress where concepts like mutuality and wellness education come more to the fore.

Promoting recovery approaches across large numbers of staff with different professional backgrounds, often working in different services is challenging. The Scottish Recovery Network has made progress in influencing the values, attitudes and beliefs of professionals and structures and practices within organisations, for example, by developing training materials; providing a platform for the collective voices of service users to be heard; facilitating opportunities for services users to work alongside professionals; and developing, facilitating and supporting the use of practice tools, which help people to understand clearly what the practice of recovery

looks like. The revised Scottish Recovery Indicator (SRI) will be published in October 2011 as a practice tool for supporting recovery approaches.

Question 14: How do we continue to develop service user involvement in service design and delivery and in the care provided?

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

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?

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

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

7. The role of family and carers as part of a system of care is understood and supported by professional staff.

What We Have Done

- We have modernised our mental health legislation in the light of developments in the treatment and care of persons with mental disorder, taking account of issues relating to the rights of patients, as well as their families and carers.
- We have ensured that the 2003 Act's principles do not sit in isolation, either within the Act itself or within mental health care and treatment generally, but that they have been a fundamental and holistic attempt to improve the way in which mental health services users and carers are treated generally in Scotland.
- In Scotland's National Dementia Strategy we have set out the importance of the role of families and carers in supporting people with dementia and in being involved in decision making about care and treatment.
- We have ensured that the needs and opinions of parents, families and carers are sought and assessed throughout the Standards for Integrated Care Pathways for mental health, where that is appropriate.
- We have published *Caring Together: A Carers Strategy for Scotland 2010-15*²⁵, setting out the role that carers have as equal partners in the planning and delivery of care and support.
- We are piloting a Young Carers Authorisation Card to help young carers access information and to be involved in decision-making about their relative's care where that is appropriate.

Key Challenges

Effective engagement of families and carers to support care and treatment

The Carers Strategy promotes a vision of a society in which carers are recognised and valued as equal partners in care. We, with partners, are working to help ensure that carers are part of mutually beneficial partnerships.

Mental ill health and contact with mental health services affects the lives of families and carers as well as the person who is ill. Families and carers can play a crucial role in care and treatment. We need to continue to recognise the importance of families and carers, balancing the need to inform, consult and support them with an individual's basic human right to confidentiality about their illness or treatment. We also need to have a better understanding of the availability of and need for treatments, such as family therapy, which address contextual elements of recovery. A common theme emerging in a number of recent suicides was that families found it difficult to engage in their family member's care and treatment.

In developing the Dementia Strategy, one of the strongest themes that emerged was the importance of maintaining and making use of the personal networks of families and friends in the quality of care for the person with dementia. The same approach

²⁵ [Caring Together: The Carers Strategy for Scotland 2010-15](#), Scottish Government, June 2010

could be applicable in wider mental health services, where, with the person's consent, decisions about care and treatment focus on the whole of a person's networks. Supporting families and carers to be able to participate meaningfully in decisions and delivery of care and treatment could support this.

Provision of information by staff to carers to ensure that they are properly equipped to care for their relative was one theme in the Carers Strategy. The Royal College of General Practitioners Scotland will be issuing guidance about identifying and supporting carers and young carers and involving them in decision-making processes to all GP practices in Scotland.

Question 19: How do we support families and carers to participate meaningfully in care and treatment?

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?

8. The balance of community and inpatient services is appropriate to meet the needs of the population safely, efficiently and with good outcomes.

What We Have Done

- We have supported the roll out of Releasing Time to Care (a programme focusing on improving ward processes and environment which frees up more nurses' time for direct patient care) across 70 mental health inpatient wards, empowering front-line nurses to re-design their own processes to deliver safer, person-centred, more effective care. This has been led by nurse leaders but has had a positive impact on the wider multi-disciplinary teams that are integral to patient care.
- We have delivered and exceeded the HEAT target to reduce the level of readmissions to psychiatric inpatient units by 10%. Total readmissions across Scotland have been reduced by 23%. This target was designed to measure the effectiveness of community mental health services.
- We have seen a number of areas deliver significant changes to the way they deliver mental health services with major re-designs of inpatient and community mental health services, for example, in NHS Dumfries and Galloway and development of the new Gartnavel Hospital in NHS Greater Glasgow and Clyde.
- We have supported the development of CAMHS Intensive Treatment Teams Where they are in operation these teams are having the effect of shortening many admissions to CAMHS inpatient units.

Key Challenges

Getting the right balance between community and inpatient care

We have already done a lot to shift the balance of care into the community, but there is still more to be done. For instance, we still have significant variation in the number of acute psychiatric beds across Scotland. We need to understand whether this variation is justified by demographic differences or a result of differences in community infrastructures and responses. Further we need to explore whether bed usage could be further reduced by improving community responses. We also have an opportunity to learn from the experience of the services which have been recently redesigned.

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?

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.

What We Have Done

- NHS Health Scotland has delivered a Mental Health and Race Equality Programme, identifying learning for how to improve services for people from ethnic minority groups.
- We have funded the Wah Kin project in Glasgow and the Equally Connected project in Lothian which aim to increase the engagement of minority groups with mental health services.
- We have funded the Lesbian, Gay, Bisexual and Transgender (LGBT) Centre for Health and Wellbeing to develop the demonstration project to improve the mental health of LGBT people and build the evidence base around mental health interventions with LGBT people.
- We have established a new national community specialist mental health and sensory impairment service.
- NHS Education for Scotland has provided training in the delivery of large-scale psycho-educational stress management evening classes which are likely to be more accessible to hard to reach groups.
- We have ensured that health assessments for children and young people who are looked after and accommodated include a mental health assessment.

Key Challenges

People can experience barriers to accessing mental health services

Some people can experience more difficulty than others in accessing mental health services that meet their needs. This can be because some groups are less likely to try to access services, for example, due to stigma, or because there are gaps or lack of capacity in some services.

The HEAT target for access to psychological therapies covers anybody who receives a psychological therapy for mental illness or disorder, regardless of age, gender, ethnicity, sexuality or geography. This presents particular challenges for remote and rural areas, or where language or culture can present a barrier to accessing services. We also know that there are currently issues around older people accessing psychological therapies services, for example, due to the location of services, or because referrers may be less likely to consider treatment for older people.

Learning from the projects supported through NHS Health Scotland's Mental Health and Race Programme includes issues such as ensuring that services and information sources take account of underlying societal issues such as racism and isolation, the barriers of language and communication, and challenging assumptions that the GP is the first place that people go to look for support for depression or anxiety. Dissemination of this learning to inform service design will be important.

Consistent recording of information about who is accessing services to identify gaps in provision

The learning also showed that we need to understand who is accessing services to identify where there could be unmet need. For example, consistent recording in services of data about ethnic background and other information can tell us about whether services are being accessed by minority groups and whether services are being delivered in a culturally sensitive way.

We want to identify and prioritise areas where service development at a national level is likely to be needed to tackle gaps in provision, for example, through examining service delivery models, workforce development and treatments. Examples could include psychological therapies for older people, services for developmental disorders and approaches to recognising and dealing with the consequences of trauma.

Question 22: How do we ensure that information is used to monitor who is using services and to improve the accessibility of services?

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

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

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.

What We Have Done

- As part of delivering the HEAT target on dementia, there has been an improvement in joint working between specialist health services and dementia care home providers.
- We have supported the introduction of Alzheimer Scotland Dementia Nurses in acute care settings, acting as catalysts to embed a dementia-aware culture, and funded 3 Allied Health Professional consultants in dementia care.
- As part of implementing Scotland's National Dementia Strategy, we have developed specific dementia care standards²⁶ setting out our expectations of the quality of services for people with dementia at each stage of their dementia journey and in any care setting including their own home, a care home or in a general hospital setting.
- We have set up a sub-group of the Psychological Therapies Group to look at mental health services for people with substance misuse problems, and to increase access to effective psychological interventions.
- Published *Closing the Gaps - Making a Difference* offering guidance to support joined-up local delivery to improve the awareness, support and service provision for people who have both mental health and substance misuse problems.²⁷

Key Challenges

Providing person centred care that works effectively across organisational boundaries

Mental health services work most effectively when they are well integrated with other services (regardless of who is providing the service) and able to tailor themselves to individual needs and circumstances. We know there are many challenges to organisations working together to provide person centred care – but we also know that there are real opportunities here to deliver better outcomes for the same or less resource.

The Learning Disability CAMHS Network Scotland has developed a discussion document on how the Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care²⁸ could be effectively implemented to improve the mental health of children and young people with learning disabilities. It has identified significant gaps and variation in service provision across Scotland. It is also starting to develop proposals for how services could be developed to meet unmet need, including how specialist CAMHS services can support universal services to meet the needs of children with learning disabilities and their parents and carers.

²⁶ [Standards of Care for Dementia in Scotland](#), Scottish Government, 2011

²⁷ [Closing the Gaps – Making a Difference](#), Scottish Government, 2007

²⁸ [The Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care](#), Scottish Executive, 2005

In the Dementia Strategy we have already committed to supporting 3 demonstrator sites (partnerships of the local authority and NHS Board in Midlothian, North Lanarkshire and Perth and Kinross) to test how services can be redesigned across the whole dementia pathway with the aim of delivering better outcomes for more people with the same or less resource.

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?

Effectively meeting the mental health care needs of individuals who are presenting in a range of different settings

Challenges exist in providing services in different settings. For example, a significant proportion of patients over 65 in acute general hospital have dementia or a cognitive impairment. There is evidence that responding effectively to their needs can both improve clinical outcomes and reduce lengths of stay. We have already asked the Patient Safety Programme to develop a programme of work in acute hospitals focused on responding more appropriately to the needs of people with dementia.

Understanding and meeting the mental health needs of prisoners also provides challenges and we are already supporting a project to understand the prevalence of borderline personality disorder in the female prisoner population and test the delivery of a Mentalisation skills-based training programme for staff working with female prisoners.

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?

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.

What We Have Done

- NHS Education for Scotland has developed evidence-based competence frameworks for the delivery of psychological therapies, and has put in place a psychological therapies training programme focusing on priority areas – older adults, forensic, trauma, substances misuse and learning disability.
- NHS Education for Scotland and the Scottish Social Services Council have completed the first stage of the education and training strand of the Dementia Strategy, developing a skills and competency framework for all staff who work with people with dementia.
- We have carried out a national review of mental health nursing and published a new action plan for 2010-11, *Rights, Relationships and Recovery Refreshed*²⁹, setting out Values Based, Essential Capabilities and Recovery focused training for mental health workers.
- We have developed an action plan for allied health professionals in mental health, *Realising Potential*³⁰, to maximise the contribution of allied health professionals in supporting people with mental health problems of all ages both within mental health services and in other settings.
- We have commissioned NHS Education for Scotland to develop a competencies framework for CAMHS and a new educational package, Essential CAMHS.

Key Challenges

Developing the skills and knowledge of all individuals who are involved in delivering care to people with dementia.

*Promoting Excellence, A framework for all health and social services staff working with people with dementia, their families and carers*³¹, was developed to support the wide range of people in a wide range of settings across all sectors who work with people with dementia, their families and carers. It is designed to support services for people with dementia which meet the dementia standards, which apply regardless of where care and treatment for somebody with dementia is located or who is providing it. It provides a reference point for individual staff, managers and services to decide what their staff development priorities are. It also sets a direction for national workforce development.

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

²⁹ [Rights, Relationships and Recovery Refreshed, Action Plan 2010-11](#), Scottish Government, 2011

³⁰ [Realising Potential, An action plan for allied health professionals in mental health](#), Scottish Government, 2010

³¹ [Promoting Excellence, A framework for all health and social services staff working with people with dementia, their families and carers](#), Scottish Government, 2011

Sufficient trained, competent staff to deliver evidence-based psychological therapies

Having a trained, competent and supervised workforce is fundamental to ensuring safe care and treatment. NHS Boards need to know what capacity they have across professional groups and different services to deliver psychological therapies. This will include information about which therapies individuals are trained in and what arrangements for supervision are in place. They also need to increase capacity, through both staff training and making better use of existing resources, in order to deliver faster access to psychological therapies. We are considering piloting a workforce survey for staff delivering psychological therapies, to support Boards' local planning and to develop a national picture of workforce capacity to inform decisions about national training priorities. It will build on the existing psychology workforce survey, and the specialist CAMHS workforce survey.

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?

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

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

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.

What We Have Done

- We have made significant progress in developing mental health data in order to track progress, drive change locally and provide a basis for service redesign including:
- We have published adult mental health benchmarking information³², allowing NHS Boards to compare themselves with other areas, understand the reasons behind the variation and build this into service improvement activity.
- Through the work of the Mental Health Collaborative we have developed the capacity and skills of staff working in mental health to make more effective use of information to drive improvement and are starting to see an increase in teams using local data to improve their services. In particular, the Releasing Time to Care Programme has supported staff on inpatient units to use data to improve care.
- We have created the National Suicide and Self Harm Monitoring and Implementation Group to provide a national lead on suicide and self harm policy development.
- We have created the Monitoring and Implementation Groups to support delivery of the Psychological Therapies HEAT target, the CAMHS HEAT target, and delivery of the Dementia Strategy.
- We have developed a set of indicators to provide systematic assessment of the adult population's overall mental health and will shortly complete a set of indicators for children and young people's mental health.

Key Challenges

Developing our information sources to cover more services and ensuring that the data is well presented, up to date, easy to interpret and of use in service improvement.

NHS Boards have found it helpful to be able to compare information about their services with those in other areas, identify where their services are “outliers” and ask questions about why that is and whether that is right for the service or whether it might be an area for redesign. Benchmarking data also provides us with a starting point for comparing models of service delivery with the aim of identifying potential areas for redesign to deliver improved outcomes for the same or less resource.

We are already committed to developing balanced scorecards for dementia services and for CAMHS; and to developing the presentation of the existing adult benchmarking data so it is easy to understand and interpret. We are also developing benchmarking in social care services which should, for the first time, allow us to understand the whole picture of how services in the NHS and in local authorities are interacting. Finally, through the Dementia Demonstrators we are testing possible uses of the Integrated Resource Framework data to better understand care pathways and associated costs.

³² [National Benchmarking Project - Mental Health](#)

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.

Embedding the use of clinical outcomes measures into the routine delivery of care

Most of the information we have and are able to compare at a national level, and at a local level, measures inputs and outputs of services. To complete our understanding of services we are interested in how we measure the outcomes of services, for example, through standardised measurement of outcomes of psychological therapies.

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

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.

What We Have Done

- Through the work of the Mental Health Collaborative we have trained over 1000 front line staff on redesign processes and implementing change focused on better quality care.
- Through the work of the Mental Health Collaborative we have supported the effective sharing of practice across NHS Boards and key partners. This enabled delivery of the Dementia HEAT target and supported development of targeted improvement plans in those areas which needed additional support to deliver the target.
- We have invested £225,000 to support 3 NHS Board and local authority partnerships to demonstrate how whole system pathway redesign can lead to better outcomes for people with dementia within existing resource constraints.
- We have used the Mental Health Delivery Team and regular performance discussions with NHS Boards to provide a coordinated approach to support NHS Boards and partners in their delivery of mental health HEAT targets and improvement activity.
- We continue to participate in the International Initiative for Mental Health Leadership which provides an international infrastructure to identify and exchange information about effective leadership, management and operational practices in the delivery of mental health services.

Key Challenges

Supporting services to deliver improved outcomes for the same or less resource

Throughout this document we have referred to opportunities to redesign services so that we deliver better quality care for the same or less resource. We believe that we have significant scope to identify and capitalise on productivity and efficiency opportunities in mental health services. In addition to the work already mentioned on clinical outcomes, we are committed to producing guidance for NHS Boards which identifies the known areas for productivity and efficiency savings in mental health, highlights practical support to help with releasing them and identifies potential areas for further testing.

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?

Ensuring national improvement programmes work towards common aims and there is effective co-ordination on the issues held in common so as to reduce duplication and contradictory messages

We already have a range of national improvement programmes in place, or about to start, that impact on mental health services including the Mental Health Patient Safety Programme, Integrated Care Pathways Programme, Releasing Time to Care and work to support the implementation of the psychological therapies HEAT target. The programmes have already committed to working together nationally to ensure there is clarity on their commonalities and differences, consistent terminology used and integration of training and support resources wherever possible. However we are keen to understand what an integrated approach to improvement might look like from a services perspective.

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

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.

What We Have Done

- We appointed a review group to consider the operation of the processes of the Mental Health (Care and Treatment) (Scotland) 2003 Act in the context of the Millan principles that underpin the legislation, and to provide recommendations on how to change the Act to improve its efficiency and operation, and to improve the experience of patients.

Key Challenges

Ensuring that legislation continues to develop in response to changing societal needs, for example, the care and treatment of people with dementia.

The Report of the Review of the operation of the Mental Health (Care and Treatment) (Scotland) Act 2003³³ was published in 2009. The Scottish Government's response to the Review³⁴ was published in 2010. We will make the agreed changes through a new Bill, secondary legislation and policy changes. Development of the Bill and secondary legislation will be subject to the usual scrutiny through the Parliament's legislative process, so we are not looking to consult on it as part of the consultation on the Mental Health Strategy. However, the legislative framework is clearly part of the overall picture of how mental health services should be provided, so we have included it as part of the context.

Integrated legislative framework to support and protect people

We need to ensure that we have an integrated legislative framework that supports and promotes the best possible support and protection for people at different stages in their mental health and capacity needs and we have an opportunity to examine the interaction of 3 major areas of legislation (Adults with Incapacity (Scotland) Act 2000, Mental Health (Care and Treatment) (Scotland) Act 2003 and the Adult Support and Protection (Scotland) Act 2007) to ensure that the legislative framework is working effectively.

Question 35: How do we ensure that staff are supported so that care and treatment is delivered in line with legislative requirements?

³³ [Limited Review of the Mental Health \(Care and Treatment\) \(Scotland\) Act 2003: Report, As Presented to Scottish Ministers](#) March 2009

³⁴ [Scottish Government Response to the "Limited Review of the Mental Health \(Care and Treatment\) \(Scotland\) Act 2003: Report"](#), 2010

THE SCOTTISH GOVERNMENT CONSULTATION PROCESS

Consultation is an essential and important aspect of Scottish Government working methods. Given the wide-ranging areas of work of the Scottish Government, there are many varied types of consultation. However, in general, Scottish Government consultation exercises aim to provide opportunities for all those who wish to express their opinions on a proposed area of work to do so in ways which will inform and enhance that work.

The Scottish Government encourages consultation that is thorough, effective and appropriate to the issue under consideration and the nature of the target audience. Consultation exercises take account of a wide range of factors, and no two exercises are likely to be the same.

Typically Scottish Government consultations involve a written paper inviting answers to specific questions or more general views about the material presented. Written papers are distributed to organisations and individuals with an interest in the issue, and they are also placed on the Scottish Government web site enabling a wider audience to access the paper and submit their responses (www.scotland.gov.uk/consultations). Consultation exercises may also involve seeking views in a number of different ways, such as through public meetings, focus groups or questionnaire exercises. Copies of all the written responses received to a consultation exercise (except those where the individual or organisation requested confidentiality) are placed in the Scottish Government library at Saughton House, Edinburgh (K Spur, Saughton House, Broomhouse Drive, Edinburgh, EH11 3XD, telephone 0131 244 4556).

All Scottish Government consultation papers and related publications (eg, analysis of response reports) can be accessed at: Scottish Government consultations (<http://www.scotland.gov.uk/consultations>)

The views and suggestions detailed in consultation responses are analysed and used as part of the decision making process, along with a range of other available information and evidence. Depending on the nature of the consultation exercise the responses received may:

- indicate the need for policy development or review
- inform the development of a particular policy
- help decisions to be made between alternative policy proposals
- be used to finalise legislation before it is implemented

Final decisions on the issues under consideration will also take account of a range of other factors, including other available information and research evidence.

While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments, which should be directed to the relevant public body.



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

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

Surname

Forename

2. Postal Address

Postcode	Phone	Email

3. Permissions - I am responding as...

Individual <input type="checkbox"/>	/	Group/Organisation <input type="checkbox"/>
<i>Please tick as appropriate</i>		

(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

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

Improvement Challenge Type 2

We know we need to improve service provision or that there is a gap in existing provision, but we do not yet know what changes would deliver better outcomes. Supporting services to improve care for people with developmental disorders or trauma are two areas where further work is needed to identify exactly what needs to happen to deliver improved outcomes.

Question 2: In these situations, we are keen to get your views on what needs to happen next to develop a better understanding of what changes would deliver better outcomes.

Comments

Outcome 1: People and communities act to protect and promote their mental health and reduce the likelihood that they will become unwell.

Question 3: Are there other actions we should be taking nationally to reduce self harm and suicide rates?

Comments

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

Comments

Question 5: How do we build on the progress that *see me* has made in addressing stigma to address the challenges in engaging services to address discrimination?

Comments

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

Comments

Outcome 2: Action is focused on early years and childhood to respond quickly and to improve both short and long term outcomes.

Question 7: What additional actions must we take to meet these challenges and improve access to CAMHS?

Comments

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

Comments

Outcome 3: People have an understanding of their own mental health and if they are not well take appropriate action themselves or by seeking help.

Question 9: What further action do we need to take to enable people to take actions themselves to maintain and improve their mental health?

Comments

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

Comments

Outcome 4: First contact services work well for people seeking help, whether in crisis or otherwise, and people move on to assessment and treatment services quickly.

Question 11: What changes are needed to the way in which we design services so we can identify mental illness and disorder as early as possible and ensure quick access to treatment?

Comments

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

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

Comments

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

Question 14: How do we continue to develop service user involvement in service design and delivery and in the care provided?

Comments

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

Comments

Question 16: How do we further embed and demonstrate the outcomes of person-centred and values-based approaches to providing care in mental health settings?

Comments

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

Comments

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

Comments

Outcome 7: The role of family and carers as part of a system of care is understood and supported by professional staff.

Question 19: How do we support families and carers to participate meaningfully in care and treatment?

Comments

Question 20: What support do staff need to help them provide information for families and carers to enable families and carers to be involved in their relative's care?

Comments

Outcome 8: The balance of community and inpatient services is appropriate to meet the needs of the population safely, efficiently and with good outcomes.

Question 21: How can we capitalise on the knowledge and experience developed in those areas that have redesigned services to build up a national picture of what works to deliver better outcomes?

Comments

Outcome 9: The reach of mental health services is improved to give better access to minority and high risk groups and those who might not otherwise access services.

Question 22: How do we ensure that information is used to monitor who is using services and to improve the accessibility of services?

Comments

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

Comments

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

Comments

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

Question 26: In addition to the proposed work in acute hospitals around people with dementia and the work identified above with female prisoners, are there any other actions that you think should be national priorities over the next 4 years to meet the challenge of providing an integrated approach to mental health service delivery?

Comments

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

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

Comments

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

Comments

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

Comments

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

Outcome 12: We know how well the mental health system is functioning on the basis of national and local data on capacity, activity, outputs and outcomes.

Question 31: In addition to the current work to further develop national benchmarking resources, is there anything else we should be doing to enable us to meet this challenge.

Comments

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

Comments

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

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

Comments

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

Comments

Outcome 14: The legal framework promotes and supports a rights based model in respect of the treatment, care and protection of individuals with mental illness, learning disability and personality disorders.

Question 35: How do we ensure that staff are supported so that care and treatment is delivered in line with legislative requirements?

Comments



**The Scottish
Government**

© Crown copyright 2011

This document is available from our website at www.scotland.gov.uk.

ISBN: 978-1-78045-330-9

Produced for the Scottish Government by APS Group Scotland
DPPAS11910 (09/11)