

Community Health Exchange (CHEX)

Scotland's Mental Health Strategy

A briefing and response to consultation



Synopsis

The Scottish Government has recently completed its initial consultation process for the [Mental Health Strategy for Scotland 2011-15](#). This briefing is aimed at highlighting key elements of the document, the CHEX response to these and further steps to influence the proposed outcomes and actions.

The strategy sets out 14 high-level outcomes that it views as central to an effective mental health service. Together with the main challenges facing development and implementation. The consultation sought to harness responses to these outcomes and challenges, as well as identify further suggestions and actions to shape high quality and responsive service.

The outcomes and challenges are grouped into broader headings – 4 priority areas and 2 main challenges. The 4 priority areas are:

- 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.

The 2 main challenges cited:

- the difficulty of implementing change; and
- identifying what changes are needed

The strategy then identifies 14 outcomes the Scottish Government views as priorities, and sets them out alongside corresponding achievements and future challenges.

The Mental Health Strategy for Scotland 2011-15: Outcomes and key challenges

Outcome

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

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

Future key challenges

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

Eliminating stigma of mental illness and ill health and discrimination.

Promoting mental wellbeing.

Understanding what makes a difference for children's mental health.

Ensuring that specialist Child and

Adolescent Mental Health Services (CAMHS) work effectively with other children's services.

Improving 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.

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

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.

Early recognition and treatment of mental illness and disorder.

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

Using information to improve the safety, effectiveness and efficiency of Services.

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

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

Ensuring service users are at the centre of care and treatment.

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

Embedding recovery approaches within services.

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

Effective engagement of families and carers to support care and treatment.

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

Getting the right balance between community and inpatient care.

9. The reach of mental health services is improved to give better

People can experience barriers to accessing mental health services.

access to minority and high risk groups and those who might not otherwise access services.

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.

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.

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.

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.

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.

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

Providing person centred care that works effectively across organisational Boundaries.

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

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

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

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.

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

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

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.

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

CHEX's consultation response

General Points

For each of the above outcomes, the strategy document outlines what is already being done in these areas. It asks what else can be done and what supports are needed, as well as some more specific questions relating to individual challenges.

CHEX has responded to these questions, making the general points that the strategy should reflect:

- A commitment towards stronger partnership working between different public sectors agencies i.e. NHS and Local Authorities and between those agencies and third sector organisations.
- Enhanced communication and joined up working between the Sectors.
- Support to local community-led health organisations
- Increased commitment to unified referral procedures and processes e.g. note - good practice example Lifelink North Glasgow.

CHEX makes a number of broad recommendations on priority outcomes and implementation of the strategy. Primarily, we recommend at a time when strong national leadership is paramount, it is crucial that leadership promotes a listening, collaborative approach, which is authoritative and inclusive of all key stakeholders. Local delivery must be person-centred, participative and empowering, providing meaningful opportunities for negotiation and influence. Significantly, cognisance needs to be taken of economic evidence beginning to emerge that demonstrates the social return from the contribution of community and voluntary health organisations to preventative approaches to health care and tackling health inequalities.

CHEX then makes individual recommendations particular to the Scottish Government's 14 outcomes.

Community-led priorities

Some of the Government's priorities fit with what could be described as a community-led approach, such as making care person-centred and service users and their carers more involved. CHEX advocates building on these approaches so that more services are co-produced with service users and carers, and recommends more staff training in these areas, including participatory planning. Furthermore, we advise health and care planners to use and build on existing evidence demonstrating the effectiveness of person-centred and community led approaches. CHEX welcomes specific moves in this direction, including increasing the role of the Scottish Recovery Network. (SRN) We recognise fully the work of SRN and would suggest this is built on

with increased collaboration between mental health professionals especially in the sharing of information, good practice, training and development.

Prevention

CHEX very much welcomes the strategic commitment to preventative approaches and would recommend that greater emphasis is placed on this within the overall Strategy. CHEX calls for the Strategy to reflect the contribution that local organisations make to promote, enhance and support increased levels of social capital, through provision of safe social spaces, increased volunteering opportunities and increased opportunities to take action for positive change on many aspects of community life. All of these activities promote mental well being and have a key role in preventing ill health and limiting demands on health care services.

Joined-up services

Several priorities focus on conventional mental health treatment rather than prevention, and while CHEX acknowledges the vital importance of having first rate mental health care we would recommend that treatment and care for mental illness will be improved through service providers fully utilising the knowledge and expertise of those who have used their services – with the use of tools such as Participatory Appraisal and Learning Evaluation and Planning (LEAP). Further, we would recommend that NHS Boards and partners ensure full involvement of community and voluntary sector organisations in partnership work and integrated local referral systems. We highlight that such partnership brings together a wide range of expertise and offers good value for money.

Equality

The Strategy underpins the need to ensure that services are inclusive and made available to all. We would fully endorse this and recommend that the Strategy is explicit in working with community and voluntary organisations to reach those people who for some reason might not access services. The community and voluntary sectors hold extensive experience and expertise in reaching and engaging with these groups and health partners should make every attempt to draw on this; making effective use of national and local intermediary organisations. .

Future Steps

The closing date for this consultation was 31 January 2012. The Scottish Government is now analysing and distilling the responses together with any other available evidence. It aims to make its findings available on the Scottish Government consultation website by summer 2012. Meanwhile, CHEX will continue to monitor the shaping and implementation of the Strategy via engagement with community mental health and wellbeing organisations within the CHEX Network and participation in the Mental Health Improvement Network and Food & Mental Health Group (facilitated by NHS Health

Scotland). Please visit the CHEX website for ongoing developments and any future opportunities to influence implementation of the Strategy.
www.chex.org.uk

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