SCOTTISH GOVERNMENT: NEXT MENTAL HEALTH STRATEGY

Background

The current Mental Health Strategy covers the period 2012 to 2015. We are working on the development of the next strategy for Mental Health.

KEY QUESTIONS

What outcome do you want to achieve for mental health in Scotland? What specific steps can be taken to achieve change?

The ask

- To be aware of outline plans for a new Mental Health Strategy.
- To discuss key areas to be considered as part of the development of the next strategy, within the framing and anticipated priorities outlined below. Please note that if you have other items outwith these, we are keen to hear them also.
- To collectively put forward key areas to **Lauren Murdoch**, Scottish Government, Mental Health Division.

Overall framing for the next Mental Health Strategy

i. **Putting concerted effort into developing and measuring outcomes.** Data on mental health and services has developed considerably in the last 5-10 years. However, we need data that will support efficient and effective service provision and redesign.

ii. **Developing new models of managing mental health problems in primary care.** Demand for specialist mental health services is increasing and primary care services do not always meet the needs of people experiencing mental health problems or distress. New models of supporting people with mental health problems, involving peer workers, offer opportunities to provide a less medicalised and more person-centred approach.

iii. **Reconsider our priorities in the balance of healthcare.** Mental illnesses are under-treated at a level that would be unacceptable for common physical illnesses. There are significant benefits to the wider healthcare system if more people with mental health problems are treated effectively. The scale of change is considerable. Making that change requires us to think about the balance between mental and physical healthcare, and the opportunities for making fundamental change.

Anticipated priorities

- child and adolescent mental health: adverse childhood experiences, further improve child and adolescent mental health services, bring down waiting times
- address inequalities: for example through improving access to services (in particular psychological therapies), removing geographical variation, moving treatment rates closer to expected prevalence
- better responses to mental health in primary care and better responses to distress
- promoting wellbeing through physical activity

- better responses to trauma: for example, targeted in delivery and population wide in access
- improving patient rights.

We intend that the new strategy's commitments are focused on work at a high level and that they take account of how and where strategic responsibility for mental health sits with Joint Boards. We intend, because of this, to have fewer commitments than 36 (the number in the current strategy) in the next strategy.

Next strategy timeframe
The next strategy will run over a 3 year period (i.e. mid 2016 to mid 2019).

Discussion period
Early part of 2016. We expect to produce the next strategy after the May 2016 election, subject to the next administration's priorities.

Guide questions

You may find it helpful to use the following questions in any discussion:

- Where do we want to be? What would success look like? (the what)
- Why is it important? (the why)
- Who will it affect? How many people? Who needs to be involved? How many people? (the who)
- Where should it happen (geographic locations/ settings)? (the where)
- How do we get there? What actions are needed to get there? (the how)
- How much will those actions cost us? (the cost)
- What things should we stop doing to make time and release funds for these actions? (the switch)
- How long should each action take us? And when will we arrive at where we want to be? (the when)

Other questions
Where does suicide prevention sit in this? How do we address population needs?

Contact *re the above*:
Lauren Murdoch, Head of Mental Health Unit, Scottish Government
Email: lauren.murdoch@gov.scot
Phone: 0131 244 1837

Annex A: Commitments in the Mental Health Strategy 2012-2015

The current strategy has 36 commitments covering a range of areas with a particular focus on mental health services. The access targets (maximum 18 week waits for access to psychological therapies and access to child and adolescent mental health services) are included within those commitments.

We will be working to finalise the assessment of progress in meeting the current commitments, as part of engagement on the future strategy.

Commitment 1: The Scottish Government will commission a 10 year on follow up to the Sandra Grant Report to review the state of mental health services in Scotland in 2013. The review report will be published in 2014.

Commitment 2: We will increase the involvement of families and carers in policy development and service delivery. We will discuss how best to do that with VOX and other organisations that involve and represent service users, families and carers.

Commitment 3: We will commission a short review of work to date in Scotland on peer support as a basis for learning lessons and extending the use of the model more widely.

Commitment 4: We will work with the management group for see me and the Scottish Association for Mental Health, who host *see me*, and other partners to develop the strategic direction for *see me* for the period from 2013 onwards.

Commitment 5: We will work with the Scottish Human Rights Commission and the Mental Welfare Commission to develop and increase the focus on rights as a key component of mental health care in Scotland.

Commitment 6: During the period of the Mental Health Strategy we will develop a Scotland-wide approach to improving mental health through new technology in collaboration with NHS 24.

Commitment 7: In 2012 we will begin the process of a national roll out of Triple P and Incredible Years Parenting programmes to the parents of all 3-4 year olds with severely disruptive behaviour. We will include more information about the delivery of this commitment in our Parenting Strategy which will be published in October 2012.

Commitment 8: We shall make basic infant mental health training more widely available to professionals in the children's services workforce. We shall also improve access to child psychotherapy (a profession which specialises in parent infant therapeutic work) by investing in a new cohort of trainees to start in 2013.

Commitment 9: We will work with a range of stakeholders to develop the current specialist CAMHS balanced scorecard to pick up all specialist mental health consultation and referral activity relating to looked after children.

Commitment 10: We will work with clinicians in Scotland to identify good models of Learning Disability CAMH service delivery in use in different areas of Scotland or

other parts of the UK which could become or lead to prototypes for future testing and evaluation.

Commitment 11: We will work with NHS Boards to ensure that progress is maintained to ensure that we achieve both the 2013 (26 week) and the 2014 (18 week) access to CAMHS targets.

Commitment 12: In addition to tracking variance and shorter lengths of stay, we will focus on reducing admissions of under 18s to adult wards, with a new commitment to reduce figures across Scotland to a figure linked to current performance in the South of Scotland area.

Commitment 13: We will continue our work to deliver faster access to psychological therapies. By December 2014 the standard for referral to the commencement of treatment will be a maximum of 18 weeks, irrespective of age, illness or therapy.

Commitment 14: We will work with NHS Boards and partners to improve monitoring information about who is accessing services, such as ethnicity, is consistently available to inform decisions about service design and to remove barriers to services.

Commitment 15: We will work with partners, including the Royal College of General Practitioners and Long Term Conditions Alliance Scotland, to increase local knowledge of social prescribing opportunities, including through new technologies which support resources such as the ALISS system which connects existing sources of support and makes local information easy to find. We will also raise awareness, through local health improvement networks, of the benefits of such approaches.

Commitment 16: NHS Health Scotland will work with the NHS, local authorities and the voluntary sector to ensure staff are confident to use Steps for Stress as an early intervention approach to address common mental health problems.

Commitment 17: We will work with NHS Boards and partners to more effectively link the work on alcohol and depression and other common mental health problems to improve identification and treatment, with a particular focus on primary care.

Commitment 18: We will develop an approach to support the better identification and response to trauma in primary care settings and support the creation of a national learning network.

Commitment 19: We will take forward work, initially in NHS Tayside, but involving the Royal College of General Practitioners as well as social work, the police and others, to develop an approach to test in practice which focuses on improving the response to distress. This will include developing a shared understanding of the challenge and appropriate local responses that engage and support those experiencing distress, as well as support for practitioners. We will develop a methodology for assessing the benefits of such an approach and for improving it over time.

Commitment 20: We will take forward the recommendations of the psychological therapies for older people report with NHS Boards and their statutory and voluntary sector partners and in the context of the integration agenda. Access to psychological therapies by older people will be tracked as part of the monitoring of the general psychological therapies access target, which applies to older people in the same way that it applies to the adult population.

Commitment 21: We will identify particular challenges and opportunities linked to the mental health of older people and will develop outcome measures related to older people's mental health as part of the work to take forward the integration process.

Commitment 22: We will work with the Royal College of GPs and other partners to increase the number of people with long term conditions with a co-morbidity of depression or anxiety who are receiving appropriate care and treatment for their mental illness.

Commitment 23: We will identify a core data set that will allow effective comparison of the effectiveness of different models of crisis resolution/home treatment services across NHS Scotland. We will use this work to identify the key components of crisis prevention approaches and as a basis for a review of the standards for crisis services.

Commitment 24: We will identify the key components that need to be in place within every mental health service to enable early intervention services to respond to first episode psychosis and encourage adoption of first episode psychosis teams where that is a sensible option.

Commitment 25: As part of the work to understand the balance between community and inpatient services, and the wider work on developing mental health benchmarking information, we will develop an indicator or indicators of quality in community services.

Commitment 26: We will undertake an audit of who is in hospital on a given day and for what reason to give a better understanding of how the inpatient estate is being used and the degree to which that differs across Scotland.

Commitment 27: Healthcare Improvement Scotland will work with NHS Boards to deliver the Scottish Patient Safety Programme – Mental Health.

Commitment 28: We will continue to work with NHS Boards and other partners to support a range of health improvement approaches for people with severe and enduring mental illness, and we will work with the Royal College of Psychiatrists in Scotland and other partners to develop a national standard for monitoring the physical health of people being treated with clozapine.

Commitment 29: We will promote the evidence base for what works in employability for those with mental illness by publishing a guidance document which sets out the evidence base, identifies practice that is already in place and working, and develops data and monitoring systems. Change will require redesign both within health

systems and the wider employability system to refocus practice on more effective approaches and to realise mental health care savings.

Commitment 30: We will build on the work underway at HMP Cornton Vale testing the effectiveness of training prison staff in a 'mentalisation' approach to working with women with borderline personality disorder and women who have experienced trauma. The pilot will be extended in that prison and also introduced in HMP Edinburgh.

Commitment 31: We will also work with NHS Lothian to test an approach to working with women with borderline personality disorder in the community by extending the Willow Project in Edinburgh. We will use the learning from the test to inform service development more widely across Scotland.

Commitment 32: We will promote work between health and justice services to increase the effective use of Community Payback Orders with a mental health condition in appropriate cases.

Commitment 33: We will undertake work to develop appropriate specialist capability in respect of developmental disorders as well as improving awareness in general settings. As part of this work we will review the need for specialist inpatient services within Scotland.

Commitment 34: We will continue to fund the Veterans First Point service and explore roll out of a hub and spoke model on a regional basis, recognising that other services are already in place in some areas. We will collaborate with the NHS and Veterans Scotland in taking this work forward and will also explore with Veterans Scotland how we can encourage more support groups and peer to peer activity for veterans with mental health problems.

Commitment 35: We will work with COSLA to establish a local government mental health forum to focus on those areas of work where local government has a key role, including employability, community assets and support and services for older people, and make effective linkages with the work to integrate health and social care.

Commitment 36: To support progress on this agenda the Scottish Government will put in place arrangements to coordinate, monitor and performance manage progress on the national commitments outlined in this strategy. In doing this we will build on the successful experience of managing the implementation of the Dementia Strategy.