



COT/ BAOT Briefings

Delivering for Mental Health - Scotland's plan for improving mental health services

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Introduction

This briefing, written in collaboration with the COT Specialist Section - Mental Health, is aimed at all occupational therapy staff and their managers working in mental health services, in both health and non-health settings. It gives an overview of the Scottish Executive's plan for Mental Health and its implementation, in addition to implications for occupational therapy services.

Background

The Scottish Executive's aim of delivering integrated mental health services is reflected in the approaches set out in Our National Health: a plan for action a plan for change, Partnership for Care: Scotland's Health White Paper, and most recently Delivering for Health.

Delivering for Health has 9 clear commitments for mental health (table 1) of which Delivering for Mental Health fulfils the first part.

Delivering for Mental Health

The mental health plan:

- will build on previous developments in local and community services
- focuses on non-health settings in addition to NHS Scotland
- will be delivered by partnerships between NHS and Local Authorities, Statutory and Voluntary sectors, and service providers, users and carers
- covers a wide range of disorders including depression, anxiety, and severe and enduring mental illnesses such as schizophrenia, bi-polar disorder and dementia
- recommends social inclusion and recovery approaches especially in relation to helping tackle the issue of stigma



- is based on a functional model of what works best in each area rather than being prescriptive
- focuses on the key elements of services that need to be in place at each point in a journey so that clinicians, service users and carers can be clear about what needs to be delivered.

Principles

The plan's objectives are grounded in the following principles set out in Delivering for Health:

- delivering NHS services as locally as possible
- Providing systematic support for people with long-term conditions
- reducing the health inequality gap
- actively managing admissions to and discharges from hospital.

Key aims

- **promoting** the mental health and well-being of the people of Scotland
- **preventing** mental health problems and suicide, and
- **supporting** improvements in the quality of life and social inclusion of those experiencing mental health problems or illness.

Scottish Executive Commitments and Targets

Commitment 1: We will develop a tool to assess the degree to which organisations and programmes meet our expectations in respect of equality, social inclusion, recovery and rights. The tool will be piloted in 2007 and be in general use by 2010.

The Scottish Recovery Network is currently devising this tool. Key areas include social inclusion, especially the new duties under sections 25 to 31 of the Mental Health (Care and Treatment)(Scotland) Act 2000; recovery in a range of domains including employment and housing; and rights, in particular the Millan Principles - reciprocity, benefit and participation.

Commitment 2: We will have in place a training programme for peer support workers by 2008 with peer support workers being employed in three board areas, later that year.

Peer support workers are expert patients, being trained staff who themselves have direct experience of mental illness who are part of the care team.

Commitment 3: We will work with GPs to ensure that new patients presenting with depression will have a formal assessment using a standardised tool and a matched therapy appropriate to the level of need. We will also develop treatment models for those who have depression and anxiety and who have coronary heart disease and/or diabetes who are identified under the new Quality Outcome Framework (the 'GP contract') arrangements



World Health Organisation advise that by 2020, depression will be the highest cause of disability. The work from the 'Doing Well by People with Depression' programme and its National Evaluation Report 2006, will be taken forward using National Institute for Clinical Excellence 'Stepped Care' approach and a range of appropriate treatment options. A better response will be provided to inmates in the Scottish Prison Service with depression, anxiety and stress.

Commitment 4: We will increase the availability of evidence-based psychological therapies for all age groups in a range of settings and through a range of providers

NHS Education for Scotland, Health Boards and other service providers will enable increased capacity to deliver psychological therapies in order to reduce anti-depressant prescribing.

Target 1: Reduce the annual rate of increase of defined daily dose per capita of antidepressants to zero by 2009/10.

Commitment 5: We will improve the physical health of those with severe and enduring mental illness by ensuring that every such patient, where possible and appropriate, has a physical health assessment at least once every 15 months

It is acknowledged that people with severe mental illness often have difficulties accessing services appropriate to their physical health care, prevention and health promotion needs.

Commitment 6: NHS Quality Improvement Scotland (QIS) will develop the standards for Integrated Care Plans (ICPs) for schizophrenia, bi-polar disorder, depression, dementia and personality disorder by the end of 2007. NHS Board areas will develop and implement ICPs and these will be accredited from 2008 onwards.

QIS will lead on the development of ICPs which set out the process of Assessment, Care and Treatment for service users with similar diagnoses or symptoms looking beyond the disorder to all needs and capabilities of the individual.

Commitment 7: Key frontline mental health services, primary care and accident and emergency staff will be educated and trained in using suicide assessment tools/suicide prevention training programmes. 50% of target staff will be trained in using these tools by 2010

People with a mental illness are the highest 'at risk' group for suicide, with the rate of suicide 10 times that of the general population. Work will be continued in line with 'Choose Life' strategy (2002) to train staff to identify and assess those at risk of self-harm and suicide. Suicide risks have already reduced by 12% from 2000-2005.

Target 2: Reduce Suicides in Scotland by 20% by 2013 (existing target).



Commitment 8: Ensure that people are managed and cared for more effectively in the community and avoid inappropriate admissions by ensuring that the crisis standards are achieved by 2009.

Standards for crisis services (2006) have been developed by the Mental Health Foundation and the Scottish Association for Mental Health. The introduction of crisis response services is key to the redesign of services and treatment in community settings.

Local crisis services will:

- have rapid, same day response times
- provide intensive, specialist input of assessment, treatment and risk management including that for self-harm, in a community setting
- focus on those who would otherwise require hospital admission.

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Commitment 9: We will establish Acute Inpatient Forums (AIF's) across all Board areas comprising service providers, service users and carers as well as other stakeholders such as Local Authority colleagues.

Target 3: Reduce the number of readmissions (within one year) for those that have had a hospital admission of over 7 days by 10% by the end of December 2009.

These AIFs will map services looking at policies around admissions, re-admissions and discharge planning; assess ward environments and activities; look at the quality and usefulness of information provided to service users and carers; and make recommendations for improvement.

Commitment 10: We will improve mental health services being offered to children and young people by ensuring that by 2008:

- a named mental health link person is available to every school, fulfilling the functions outlined in the Framework.
- basic mental health training should be offered to all those working with, or caring for, looked after and accommodated children and young people.

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Delivering for Mental Health supports the implementation of commitments in The Mental Health of Children and young People: A Framework for Promotion, Prevention and Care (October 2005) Milestones to track progress will be published in Delivering a Healthy Future: An Action Framework for Children and Young People's Health in Scotland (2007).

Commitment 11: We will reduce the number of admissions of children and young people to adult beds by 50% by 2009.



There is currently a plan to increase the number of Child and Adolescent Mental Health Services (CAMHS) beds in Scotland.

Commitment 12: We will implement the new Care Programme Approach (CPA) for all restricted patients by 2008.

Statutory guidance on how CPA should operate for patients subject to the provisions of the Management of Offenders (Scotland) Act 2005) is pending. Further work to develop forensic services is detailed in HDL (2006) 48 Forensic Mental Health Services.

Commitment 13: We will translate the principles of Mind the Gaps (2003) and a Fuller Life (2004) into practical measures and advice on what action needs to be taken to move the joint agenda forward and support joined-up local delivery by the end of 2007.

Mind the Gap and A Fuller Life set out the issues in relation to meeting the needs of people with co-occurring mental health and substance misuse problems and while highlighting good practice in some areas, paint a picture of unmet need, service gaps and lack of clarity about pathways and ongoing support.

Commitment 14: We will work with the Dementia Services Development Centre at Stirling University and NHS Forth Valley to undertake a pilot programme in improving dementia services. The Pilot will be evaluated in 2008.

As the numbers for dementia, depression and anxiety continue to rise, services will require further development.

Learning Disability co-morbidity

Local and regional networks will be developed during 2007/2008 to build on positive practice.

Mental Health and Employment

The key role of employment in supporting social inclusion is acknowledged and pilot work in primary care and particular labour markets will be evaluated including the work on the Scottish Development Centre for Mental Health on behalf of the European Commission.

Supports for Change

The following are being developed to support implementation:

- a National Improvement Programme run from April 2007 to ensure target delivery
- an improvement programme, a 'Collaborative', commissioned with the Health Department Improvement and Support Team as a method of facilitating teams, including front line staffs use of a variety of design tools and techniques. These will aim to diagnose the cause of waits and delays and then test potential solutions through small scale, rapid cycles of change



- a Leadership Programme for a wide range of staff, users and carers identified by NHS Board Chief Executives in selected NHS Board areas
- NHS Education for Scotland, NHS Boards, Local Authorities, Voluntary Organisations and others will contribute to development of training and education to ensure a stable and adaptable workforce
- benchmarking and information work to identify potential mental health and social care indicators
- robust Performance Management systems to enable progress to be visible to all building on existing systems including Joint Local Improvement Plans and taking into account the outcomes work being undertaken by NHS and Local Authorities
- an external evaluation
- Scottish Executive funding of the central support programme to assist Boards and partners to deliver solutions and improvements.

Implications for occupational therapy staff

Occupational Therapists and their managers should be aware of the changes in direction and have an understanding of the 14 commitments and 3 targets outlined in the plan. This plan, in addition to the College of Occupational Therapists involvement in *Mental Health: new ways of working for everyone: developing and sustaining a capable and flexible workforce* (DfH 2007) and *Recovering Ordinary Lives: the strategy for occupational therapy in mental health services 2007-2017* (COT 2006) should underpin all service developments and re-design.

It is recommended that occupational therapy staff:

- seek membership of their Acute In-patient Forum
- ensure they have an understanding of Recovery and Social Inclusion Models of care and deliver services within these frameworks
- familiarise themselves with the NICE guidelines and 'Stepped Care' model for the treatment of depression
- be creative in looking for opportunities to utilise *Mental Health: new ways of working for everyone: developing and sustaining a capable and flexible workforce* (DfH 2007) and *Recovering Ordinary Lives: the strategy for occupational therapy in mental health services 2007-2017* , whilst implementing *Delivering for Mental Health*
- ensure that any psychological therapies they adopt are evidence based and not used to the exclusion of their occupational therapy skills
- who are involved in psychosocial interventions, promote the value of meaningful occupation in recovery and promote the role of occupational therapy in this area to other disciplines



- ensure their services address the principles of health promotion and prevention, promoting healthy living and balanced lifestyles
- seek involvement in the development of and adhere to the NHS QIS Integrated Care pathways for the different disorders
- undertake training in the recognition of patients at risk of self-harm and suicide
- put themselves forward as potential leaders in service redesign and attend Leadership Programmes
- support peer worker development
- contribute to the Care Programme Approach
- if working in Dementia services, become actively involved in the work being carried out by the Dementia Services Development Centre at Stirling University
- become involved in service redesign, addressing the need to promote healthy lifestyles in order to reduce readmissions.

Table 1. Mental health commitments in Delivering for Health:

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| Bring together the work to improve mental health services in a national Mental Health Delivery Plan | By 2006 |
| An evidence-based practice guide on depression will be produced for primary care together with proposals for how the <i>Doing Well by People with Depression</i> work will be rolled out across Scotland. | By 2006 |
| National standards will be developed and published for crisis services and out of hours work, based on the crisis pilots funded by the Executive | By 2006 |
| A national and regional analysis of specialist service needs will be prepared together with an assessment of the action and timetable required to meet those needs. | By 2006 |
| National Standards will be developed for Integrated Care Pathways (ICPs) for the main diagnoses with implementation of the standards to be accredited by NHS QIS. | By 2007 |
| The Forensic Mental Health Managed Care Network will put in place delivery of the new local forensic psychiatric services and accommodation including medium secure units and the related redevelopment of the State Hospital | By 2009 |
| Children and Young People's Mental Health: A Framework for Promotion, Prevention and Care will be implemented adopting agreed timetabled milestones. | By 2008 and 2010 |
| National Programme for Mental Health and Well-being will continue to focus on population mental health, promoting positive mental health, tackling stigma and discrimination and improving the quality of life and social inclusion of those experiencing mental illness | Ongoing |
| Work to improve the physical health and well-being of those with mental illness and continue work on smoking cessation, diet and physical activity. | Ongoing |



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Links:

Choose Life-A National Strategy and Action Plan to prevent suicide in Scotland

www.chooselife.net

Mental Health Foundation

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

National Programme Team

www.wellscotland.info

NHS Education for Scotland

<http://www.nes.scot.nhs.uk/>

Scottish Association for Mental Health

<http://www.samh.org.uk/frontend/index.cfm>



Quality Improvement Scotland

http://www.nhshealthquality.org/nhsqis/qis_display_home.jsp?jsessionId=5802B444A1E1DB77AB9F04DCA08C2374?p_applic=CCC&p_service=Content.show&pContentID=43&

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