Healthcare Improvement Scotland

Healthcare Improvement Scotland Mental Health Reform webinars: Looking back, looking forward – renewal and reforming of Mental Health services in Scotland.

Webinar Q&A Follow-Up

Mental Health in Scotland Questions

Question:	Response:
1. How do we create a system that responds to the often dynamic state of an individual's mental health? I would advocate for a far stronger patient voice and ease of access, ideally self-referral, or carer initiated response?	Please see answers to question three and five.
2. EIP teams have been in existence in England, and in Glasgow, for a long time and there is a strong evidence base behind the success of these. Will there be a legislative requirement to offer these services in other localities where they don't currently exist, or is it for each trust to decide on their own approach?	**Gavin Gray:** There are no plans to legislate for this at the moment. It is for Boards and IJBs to decide whether to launch their own service, and HIS are able to provide the support and guidance needed. NHS Tayside and NHS D&G both have EIP services in place following work with SG and HIS, and NHS Ayrshire and Arran are due to launch their EIP service in the summer. We also continue to monitor and evaluate the impact of the existing sites, and the wider work to improve the knowledge, literature and resources (including this webinar) around EIP to inform next steps, in partnership with HIS colleagues.
3. Are there plans for NHS Scotland to work closer with organisations like Social Security Scotland/DWP? Disability assessments can greatly affect our patients' mental health and need for treatment. We also have patients who feel they have to remain a CMHT patient in	**Gavin Gray:** These responsibilities lie more locally, but yes, it is important that these areas are connected in a person-centred way.

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order to qualify for benefits, thus preventing discharge.	
4. Harbinger of doom but being in health service for a few decades working in major city in past, now working in an area that is covered by 2 different health boards with already pathway of cares looked at in different ways by each health board how are these further changes not going become changes for changes sake by the time it comes to frontline working or the more common is so watered down due to a number of the resource issues already highlighted. Currently it seems that waiting times is more important than what is important to the patient/service user.	**Gavin Gray:** While access and waiting times are important, we have been looking beyond that, through the Core Mental Health Standards and specifications in areas like CAMHS, Neurodevelopment support and Psychological Therapies to ensure we can take a wider view. Future reform should absolutely be undertaken with people with lived experience and frontline staff. **Diana Hekerem:** The work of the Scottish Approach to Change aims to enable what matters to people who need and use services to be central to redesign. We know access to services matter, but binary waiting time miss the complex holistic needs a wider reform needs to look at. We hope to be able to share tools and case studies which will facilitate this kind of redesign. Scottish Approach to Change – Healthcare Improvement Scotland
5. I am interested in the concept of 'focus on quality over quantity'... One issue that has faced each CMHT I have worked for, has been the huge pressure on mental health services in the increased demand for ASD and ADHD assessments, result in enormous multi-year (or decade) waits for assessments, and causing huge reputational damage for MH services. Are there any plans to unwind these demands from general MH services, and fund specialist services to ease the pressure on CMHT's and inpatient services?	**Gavin Gray:** We know that some people are having to wait longer than they should for a diagnosis due to a combination of factors, including a significant increase in referrals. Together with NHS Boards, local authorities and community partners we are working to improve access to the best possible neurodevelopmental care and support services for children and adults. We have also commissioned the National Autism Implementation Team to support NHS Boards to develop, enhance and redesign adult neurodevelopmental services. The National Neurodevelopmental Specification for children and young people (published 2021) sets out the Scottish Government's approach to neurodevelopmental support for children and young people. It makes clear that health boards and children's services partners should work together to ensure that children and families receive support and access to services that meet their needs at the earliest opportunity. For some children, this will include diagnosis and it is often the case that CAMHS is not the correct service for children seeking a

	diagnosis for a neurodevelopmental condition like autism or ADHD, unless they have co-existing mental health condition. For many young people, it is more likely that placement onto a ND pathway will ensure that the right help and support is provided. The Scottish Government have undertaken an implementation review of the ND specification with COSLA, and are preparing recommended next steps. **Diana Hekerem:** See the answer for question 4 on SATC. Models we have supported at for A&E have taken this approach to really understand the system needs from a person's point of view and then assess which approaches / services would best meet those needs, and encourage strategic planning which enables that transition. hisengage.scot/equipping-professionals/strategic-planning-in-health-and-social-care/resource-directory/rethinking-unscheduled-care-within-strategic-planning/

Mental Health – Clinical and Service Questions

Question:	Response:
1. Hi - not sure if this question is relevant so please ignore if so! I'm interested in why Clozapine is the chosen medication for the early intervention for PD and psychosis?	**Dr Suzy Clark:** Clozapine is not usually first line treatment for Psychosis, usually considered after other anti psychotics have been tried unsuccessfully.
2. Regarding improving access to psychological therapies for these groups, is there any current consideration for how Clinical Associates in Applied Psychology could be utilised? There is an increasingly large pool of qualified staff and very limited jobs at present - how could NHS services be utilising this specialised skill set more?	**Dr Suzy Clark:** People with personality disorder and psychosis tend to need highly specialist psychological therapists when they access psychological therapy. However, I agree that Clinical Associates in Applied psychology have a range of skills best utilised in mild to moderate mh groups.
3. We know that formalised peer support plays a powerful role across the mental health system. What role does lived experience play in the design and delivery of services? Would be great to hear reflections on current work and thoughts on the future commitment to this.	**Dr Suzy Clark and Reform team:** This work has been developed with experts by experience since its inception and each EIP team will reach out to service user groups as it is developing to ensure meaningful service user and carer input. We remain committed to ensuring the voice of lived experience is integral to our future work through reference groups and Third Sector input.
4. Will there be any opportunities for people living with these enduring mental health conditions to be involved in discussions going forward. We support people both 1-2-1 and in peer group format and many of the conversations are around the difficulties in accessing correct support. And, as mentioned, good quality support that is individualised for that person	**Dr Suzy Clark:** As above. Most EIP services will have peer support workers as core part of service model.
5. It is great to see such low levels of compulsory treatment for those in the EIP services - could you comment on what has made this possible?	**Dr Suzy Clark:** Low levels of compulsory treatment for those in EIP are probably because the focus of the service model is all about engagement, collaboration and assertive outreach. Service users and families often reach out to the service for support and advice before crisis develop and thus compulsory treatments can be avoided.
6. Have services not considered investment in an occupational therapy workforce?	**Dr Suzy Clark:** All EIP services have an OT as core part of team.

7. Is there a risk with more specialist teams that we create more interfaces that make it harder for everybody to navigate services and make recruitment and retention more challenging? Working with people with psychosis is one of the most rewarding parts of being a psychiatrist because we add so much value. If you take this away from generalist teams you dilute our skills and leave us with a higher proportion of complexity and risk but less resources.	**Dr Suzy Clark:** Most clinicians agree that patients with psychosis do not get access to all the evidence based treatments that maximise their recovery such as psychological therapy and family interventions. The EIP services developed in pathfinder boards are embedded in the wider mh system and have RMO's from general adult locality- the EIP service provides the specialist interventions. The focus needs to be on patient care and what is best for them.
8. Do you have an idea on the reach of the mental health reform webinars to people in senior management and operational lead roles? Clinicians and practitioners doing the work are sometimes also the ones expected to do the change and there is no always the operational support and leadership. Would be interested in other folks' perspective.	**Reform team:** We have an extensive mailing list which we continually update and aim to reach as wide a range of staffing groups as possible. If staff are able to share these webinars and increase our reach, it would greatly help.
9. Are under 18's being actively considered as part of this work? They also experience psychosis and personality disorder and are usually cared for in CAMHS, though the numbers are much lower than in adult services. I would not want service boundaries to negatively impact on their care.	**Dr Suzy Clark:** Yes, Most EIP services see people above 16 years of age.
10. I welcome the vision of equity and fairness and reducing inequalities in peoples experiences and outcomes . one of the major barriers to this is stigma and discrimination. addressing it is foundational to much of what the panel have raised. How can we embed action on S and D at scale and as central to all of this?	**Dr Suzy Clark:** Much has changed in the past few years about stigma and mh is discussed more openly in the public arena. It would be nice to see more open discussion about complex mental health and hope/ recovery is possible.