

principles and the mental health delivery plan

The Mental Health Delivery Plan identifies 14 commitments for mental health services across Scotland. Consultation with service users, carers and service providers who are part of the Network has highlighted ways in which the principles could help inform these commitments and improve mental health service delivery.



targets

Information and participation

Service users need to be well informed about their diagnosis and the range of treatments and services available. Integrated Care Plans (ICPs) should reflect this need and should also reflect the service user's choices in relation to care and treatment options.

Full range of options for care and treatment

ICPs should include a 'menu' of options for care and treatment that can be tailored to suit the individual. It is important that involvement in meaningful activity is on that menu.

Information and support for carers

The information and support needs of carers need to be acknowledged within the ICPs. Assessment of the needs of carers needs to happen and carers should be involved in reviews.

Minimum restriction

The Commitment to avoiding inappropriate admissions and increasing community based options means delivering help where and when people need it. Better support is needed to help people avoid crises. It would be useful for individuals who have been discharged from services to have a 'fast track' back to care if their health starts to decline.

To support achievement of all of these we need other underpinning commitments, such as a commitment to:

- Developing and sharing best practice
- Taking a more positive approach to risk management as part of care improvement
- Leadership development to promote a principle-based culture in organisations
- A global approach that encompasses statutory services, voluntary organisations, but with meaningful involvement of services users and carers
- Minimising bureaucracy that might detract from actual service delivery
- Rewards for good practice

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.

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.

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 QOF arrangements.

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.

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.

Commitment 6: NHSQIS will develop the standards for 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.

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 by 2010.

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.

Commitment 9: We will establish acute inpatient forums across all Board areas comprising service providers, service users and carers as well as other stakeholders such as Local Authority colleagues.

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

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

Commitment 13: We will translate the principles of Mind the Gaps and a Fuller Life 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.

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.