

## **OPENING ADDRESS**

### **Geoff Huggins, Head of Mental Health Division, Scottish Executive**

To give some background to what we do, we are an integrated division within the executive. We do various tasks, including forensic case work, and social inclusion - we are quite unique across the UK and although most departments separate these parts, we look across the piece to see how policy works for all people with mental health problems, and in terms of seeing what we can do to promote well-being and help prevent mental illness in the first place.

I would like to cover three main aspects in the time I have today.

I will spend a few moments to:

- Set out the main direction for mental health in Scotland – which is now attracting international recognition;
- The Legislation and National Programme; and of course
- Our ongoing attention to the service needs of those within the Deaf Community.

### **Populations**

The background to our considerations on all these aspects takes account of four broad 'populations,' and of course the individual needs within these populations:

- Population mental health – 5 million people in Scotland who all need positive mental health and well-being and where action is needed at national level to reduce risks for poor mental health and address issues of stigma and all forms of discrimination.
- People who experience mild to moderate mental health problems – 25% of the population.
- People who experience severe mental health illness – the 1% to 2% of us who will experience severe and often recurring mental ill health and who may require long periods of hospitalisation.
- The forensic population – the 0.05% to 0.1% who are subject to ongoing restriction because of the risk that they pose to themselves or others.

## Delivering for Mental Health

The needs of these populations informed the **forward direction set in *Delivering for Mental Health*** which provides a translation of promises into action and offers what I think is the clearest possible statement of intent for the future of mental health services in Scotland.

*Delivering for Mental Health* sets out 3 targets and 14 unambiguous commitments and more besides - all underway and all timetabled for delivery between now and 2010.

This represents a significant shift from the single specific timetabled target [on suicide] for mental health that applied before.

All concerned now have a shared, concise, clear statement of intent, and clear benchmarks for change and improvement.

Statements of intent including:

- Reduced readmissions;
- Reduced prescribing practice;
- Improved access to alternative therapies;
- Attention to crisis; and
- Attention to the specific needs of children and young people.

And more.

We are working in a coordinated way on all these fronts and are providing added support including a leadership programme and other initiatives to help, progress and sustainable change.

We are seeing the first shoots of progress on a range of fronts

- Primary care –a practice guide on depression, building on the work already done by 'Doing Well by People with Depression' **will be in place by 2009.**
- Draft national standards for integrated care from NHS QIS are out for consultation and will be introduced on time and have an **accreditation process by 2009.**
- Specialist services – better coordinated approaches to Eating Disorder, and perinatal mental health care are in place already.
- A national standard for crisis services has been published already and a national crisis network has been set up and a practice tool for delivery will be out early next year.

- A forensic care network is operating and supporting the development of new medium secure units.
- We are working with others on improving the physical health and well being of those with mental illness with consultations planned and pragmatic outcomes by December.

We have achieved much but we certainly have much more to do.

However, I am greatly encouraged not only by the commitment of all involved but also by the new ownership we are seeing at the higher levels among the NHS Boards and other agencies.

Our approaches have also caught the eye internationally.

It is worth pausing to reflect that at the April conference of the National Association of State Mental Health Programme Directors in Albuquerque *Delivering for Mental Health* was held up and referenced for its attention to change, to the needs of service users and for its inclusive processes and clear timetable.

Targets are one thing delivering is another so we have introduced ways to performance manage the process in a supportive but where necessary challenging way.

We have work underway to deliver shared benchmarks, shared language between agencies, and through the work on a new Scottish recovery \Indicator we are piloting improved attention by services to equality, social inclusion, recovery and rights.

Our processes include robust systems to allow the Scottish Executive, NHS Boards, Local Authorities and partners to track progress with each commitment

The system is transparent, open and supportive.

There is a local Implementation Review visiting programme to mark, review and discuss performance and progress by the partners in each Board area, set within the context of agreed national trends and baselines.

An Implementation Board has been appointed to provide an informed and engaged overview and to promote change locally and wider within the networks they represent.

Addressing openness, the documentation for the visits, the outcome notes, the papers for the Board meetings, their minutes are all published on our web site.

## ACT

**I would now like to say a few words on the Act**, and the continuing attention provided through the **National Programme**.

The 2003 Act is not just a weighty piece of legislation of interest to lawyers. It is proving to be an important agent for change in mental health services.

While it is a bit too early to assess the full impact of the new Act I am pleased to be able to say that it appears that positive changes are indeed taking place.

Most people know the Act is founded on the Ten Millan Principles – respect for diversity, reciprocity, maximum benefit to all individuals and informing all interactions.

These principles are being taken into account by professionals when planning care; for instance, thinking about the least restrictive option, taking account of the views of the service user and their carer, and the user's background and any special needs they have when discussing care plans.

The principles have also become a key element of the training of mental health professionals.

This Act is the first piece of Scottish legislation to provide a right of access to independent advocacy. Many service users tell us that advocacy services are now playing an important role in helping them find their voice in their dealing with mental health services and in tribunal hearings.

I am pleased to see that there are now around 8 organisations across Scotland which can provide advocacy services **specifically for people with sensory impairment** – a small number but it is early days and I hope to see this increase in time.

The Act also places a specific duty on Boards and local authorities to ensure that information on compulsion is provided in a form or way, which the service user can understand. The Scottish Executive already publishes its guides in a number of formats.

But I will be interested to hear your views on whether enough is being done to help service users access all the information they need.

As many here will know the Mental Welfare Commission has a duty to monitor the operation of the Act and reports its findings on its website.

It is clear from their reports that changes in practice in relation to compulsion are taking place with fewer emergency detentions being made and good use of the new community orders. Further research is being carried out into the impact of the Act and the results will be published shortly.

One of the biggest changes and challenges of the new Act has been the introduction of the Tribunal to consider applications for compulsion and to review orders.

Establishing the Tribunal and its 300 members was a considerable undertaking. Understandably there have been a few practical issues arising in its operation. Nevertheless, the overall feedback is that the Tribunal process is better than the Sheriff Court.

At its best the Tribunal provides a less formal and more supportive forum for both the service user and their care team to discuss care and treatment issues.

So while in general the Act's implementation does appear to be successful we are not complacent about this. We are aware of some practical issues, which have arisen.

For instance, professionals can find their time for patient clinics used up by having to attend Tribunal hearings; indeed, meeting some of the Act's requirements may be having an adverse impact on the time of professionals available for service users who are not subject to compulsion; advocacy services are prioritising support for services users who have a Tribunal hearing.

This can mean other requests for support cannot be responded to as quickly. And it can be frustrating for everyone involved when the Act requires the Tribunal to hold a hearing at short notice resulting in an interim order and a further hearing.

The operation of the named person provisions is another area, which we think, needs to be looked at further. The idea – allowing users of services to identify the person who they wish to support them - is right.

But again problems have arisen in practice, for instance, what to do when the service user does not want to appoint a named person? We want to look further at this.

Again our work is not finished. But be assured we won't make any changes without further consultation and your views on any of these issues or other aspects of the Act's provisions will be welcome.

## National Programme

I touched upon “population” mental health earlier - the National Programme for Improving Mental Health and Well-being aims to improve the mental health of *everyone* in Scotland, and to improve the quality of life of people experiencing mental health problems or mental illness.

We know that good *mental* health is fundamental to underpinning health improvement and bringing about changes in attitudes and behaviour in terms of positive changes in diet, physical activity, smoking, alcohol and drug misuse.

We also know that poverty, social exclusion, unemployment and poor educational opportunities all contribute to poor mental health and exacerbate existing mental health problems. That is why we are committed to work that tackles health inequalities.

Key components of the National Programme’s work include promoting positive mental health; increasing public awareness of mental health and mental illness; eliminating stigma and discrimination around mental ill-health; preventing suicide, and promoting and supporting recovery from mental illness.

All agencies, and the media have a part to play help realise the Executive’s population mental health vision.

Supporting local services to meet change and improvement in well being, illness prevention and reduced stigma is a priority for the National Programme – raising awareness, increasing access to employment for those in recovery and helping to build community-based supports, such as self-help groups, are examples of how this can be achieved.

I would like to move on to some examples of how the National Programme has made itself accessible to sensory impaired users.

- The National Programme’s suicide prevention strategy, *Choose Life* provides resources on suicide prevention and awareness training in Braille and large print. These are provided on request and to date have been distributed to 6 local authority areas: Fife, Highlands, North Ayrshire, Falkirk, North Lanarkshire and Edinburgh.

*Choose Life* also provided funding to Deafblind Scotland to help with the establishment of self help groups throughout the central belt of Scotland.

In addition, from a global pool of 3,000 Applied Suicide Intervention Skills trainers (ASIST), there are now over 200 active in Scotland including two Deaf trainers based in Deaf Connections in Glasgow - the *first* Deaf/deafened ASIST trainers globally, who have delivered ASIST using

BSL. The first ASIST course by the Deaf/deafened trainers took place in March this year.

- In addition, *Breathing Space*, the National Programme's confidential advice and signposting telephone service provides access to its helpline using Type Talk which provides a third party service which types messaging for hearing-impaired callers.

There is also a minicom number: 0800 31 71 60. The website has adjustable text for visually impaired users and has been designed specifically so that users browsing with audio browsers can utilize the different resources on the site.

- Also, see *me-* the National Programme's **campaign** to combat the stigma and discrimination of mental ill health have taken steps to ensure accessibility of their website and have subtitles on their TV ads. Have also done interviews on a web-based radio station for blind people.

The National Programme and the new legislation also served as significant catalysts in the design of the forward strategy for mental health in Scotland, which has been captured, neatly but with purpose within *Delivering for Mental Health*.

### **I will now move on to ongoing attention for those within the deaf community.**

I know Lillian was disappointed at the absence of mention within *Delivering for Mental Health* on addressing the specific needs of those with sensory loss. However I hope you will be assured that in terms of all the approaches, targets and commitments, the expectation and the objective is for *all* with a mental health condition to benefit from the changes and improvements delivery will provide.

I can assure you that absence of mention does not mean absence of attention by the Scottish Executive or our Agency partners in progressing these issues - attention that was highlighted in our 2005 guidance on improving access to mainstream and specialist services for those with sensory loss and a mental health problem.

It is important to note that accessibility is a service wide issue and is not restricted to mental health services or indeed to the NHS alone.

Our guidance is clear that responsibility does not rest only with specialist teams but with all services, all settings.

That document serves as a planning and audit tool, which the agencies will use to help their response for those with sensory loss in terms of delivering for mental health and other service change.

Certainly the Implementation review visits I mentioned provide a further opportunity to consider any specific difficulties and to explore solutions.

That guidance also fits with the drive behind the Achieving Fair Access report, produced by Fair for All – Disability, the Health Department's partnership project with the Disability Rights Commission, which aims to better integrate disability into mainstream provision.

I know that Lilian has also been instrumental in work on implementation of the Sensory Impairment Action Plan, which identifies common community care priorities for people with a sensory impairment.

Research was commissioned by the Executive as part of that plan to identify the needs of those with a sensory impairment that have mental health problems and the findings are being used to generally inform work in this area to benefit sensory impaired service users.

Using the guidance as a catalyst for change, several NHS Boards working with their Local Authority partners have now established strategic working groups to address the issues in a co-ordinated way. I am particularly pleased with the approach adopted by Glasgow and being looked at by others.

### **Glasgow service**

Glasgow is developing a specialist Deaf awareness team. This team will be multi-agency and multi-disciplinary with staff trained to at least Council for the Advancement of Communication with Deaf People BSL 3.

Team members based in mainstream Community Mental Health teams will support the integration of Deaf clients into mainstream services while also widening Deaf awareness among mainstream staff.

The Executive is also taking action to assist this approach through the Community Care Sensory Impairment Action Plan, with funding to the Council for the Advancement of Communication with Deaf People and other organisations to develop a training pack, on basic awareness for social care staff.

Guidance, which ties in with the new Disability Equality Duty, has also just issued to local authorities on action to meet the needs of those with a sensory impairment, including the training of frontline staff.

Other NHS Board areas are in the process of scoping their area needs. The Highland Strategic Working Group, for example, has begun a needs assessment of their area with key areas for change including:

- Accurate needs assessment of numbers requiring services and what type of response is required;
- Appropriate training in BSL; awareness of sensory impairment; competencies required to provide treatment; and

- Developing high quality specialist sensory impairment crisis intervention services, which is in line with recent DFMH published guidance.

### **Specialist in-patient services**

Whenever services are discussed and planned the full spectrum of need should be taken into account, including in- patient need.

Planning and delivery of services are of course for the NHS Boards to decide. However, we remain persuaded that for the spectrum of need the focus should remain on combined efforts to improve the ability of mainstream community, primary and secondary care mental health services to work and communicate better in order to improve access to mainstream services.

In-patient care is an on going issue between us I know. However given long standing low referral rates – as few as 5 referrals in one year is not unusual and considering the specialist skills required, referral to England for NHS specialist in-patient care for those who need it remains an appropriate care option.

We recognise this important aspect of care and for this reason all referrals for specialist in-patient care to the John Denmark Unit in Manchester are fully funded by our NHS National Specialist Division.

### **Training Event/ engagement**

I am grateful for SCoD input on the forthcoming joint training event organised by Scottish Executive and the Royal College of Psychiatrists.

This event will include a range of clinicians (nurses, doctors and social workers) expert in sensory impairment. We will look to identify several professionals in each Board area to act as “champions” to develop services in their area. These professionals will also form the basis for a cross-disciplinary learning network on this topic.

I am also pleased to advise that as part of our *Leading Change* initiative, under the *DFMH* programme, we have approved a bid from Greater Glasgow and Clyde NHS Board for support for their planned recovery project, within which is an intention to use an agreed recovery tool and focus on two mental health groups, those from ethnic minorities and those from the deaf community. I will be particularly interested in the progress of this initiative.

### **BSL/Linguistic Access**

Thinking now more widely than mental health or even health services, the Executive has demonstrated a longstanding commitment to improving linguistic access for deaf people in Scotland.

As many of you will know, research entitled 'Investigation of Access to Public Services in Scotland using British Sign Language' commissioned by the Executive's Equality Unit and published in 2005 found that BSL users were almost never able to access public services directly using BSL, and had difficulties using interpreters, mainly because there were not enough interpreters available. This will of course be a familiar story for many.

In recognition of the critical shortage of BSL/English interpreters, and an understanding of how this impacts on the lives of Deaf people in Scotland, the Executive has provided nearly £1m to a variety of initiatives since 2004.

These initiatives include supporting the development and delivery of a Graduate Diploma in Teaching British Sign Language Tutors at Heriot-Watt University and funding the Scottish Association of Sign Language Interpreters.

Increasing the number of registered interpreters is a long-term objective but it is encouraging to note that the numbers of registered interpreters has increased to 51, and a further 12 trainee associate members are now working towards full registration. Progress, but yes more to do.

A few words now about the work of the Scottish Executive are BSL and the Linguistic Access Working Group.

This group has been meeting since 2000 but has recently entered a new phase. The Executive's Equality Unit has now recruited a BSL and Linguistic Access Project Manager – Lynne Hawcroft.

Lynne has expertise across the deaf field to develop a detailed plan for improving linguistic access for Deaf, deafened, deafblind and hard of hearing people in Scotland.

This includes a specific remit to consider ways of increasing interpreters and other personnel working with people with hearing loss. I am delighted to say that cross cutting interest meetings are already taking place within the Executive with the new Project Manager and we hope that this will contribute to real improvements.

All this action underway and planned will support an appropriate and hopefully timely delivery of the DFMH objectives and will have further common ground in the aforementioned 2005 guidance and related material.

## **Close**

I mentioned that the key local and regional planning and investment decisions on all services are principally matters for the NHS Boards and their partners for which The Government plans to provide over £10 billion this year alone.

Our shared task – your interests and the Executive's - is to inform that thinking; to promote barrier free thinking, planning and delivery across all services and approaches in line with the premise that holds the new Act, the National Programme and - Delivering for Mental Health together.

The changes we are seeing in Glasgow and elsewhere show what can be done, what a difference can be made and what improved outcomes are within our grasp.

I look forward to continue to work with you all in supporting advising and delivering that change in the coming months and years.