

**MENTAL HEALTH AND WELL BEING  
SUPPORT GROUP**

**ANNUAL REPORT**

**2002-03**

**MENTAL HEALTH AND WELL BEING SUPPORT GROUP:  
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The following review of the Mental Health and Well Being Support Group's activity over 2002-03 is presented in 4 parts:

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This and earlier reports are available on the Support Group web site at [www.show.scot.nhs.uk/mhwbsg](http://www.show.scot.nhs.uk/mhwbsg)

## Part One

### Executive Summary

1. Since the Support Group was appointed in 2000, all the relevant organisations in Scotland have been visited for a second time with reports and follow up assessments published in each case.
2. The web site<sup>1</sup> continues to build a sizeable library of outcome reports and local follow up assessments which allows progress in each area to be tracked and reviewed. It contains more than the visit reports and offers:
  - Access to the complete *Framework for Mental Health Services in Scotland*<sup>2</sup> document;
  - A wide range of supporting documentation;
  - Examples of current practice from across the country in the provision of Postnatal Depression and Child and Adolescent Mental Health Services;
  - The first report on Neurosurgery for Mental Disorder Services in Scotland by the Standing Advisory Committee;
  - Guidance on managing drug and alcohol misuse in mental health care settings;
  - Guidance on Observation of People with Acute Mental Health Problems, (CRAG);
  - A link to *Our National Health* (2000); and
  - A link to *Partnership for Care* (2003)
3. The Support Group, with others, participated with the Scottish Executive Health Department in developing *Mental Health: Moving the Agenda Forward*<sup>3</sup> which set the new direction for mental health services in Scotland. The Support Group will be working to take forward to the outcomes, some of which of course are already carried forward in *Partnership for Care*<sup>4</sup> (Joint Future, Workforce Development, Community focus, Care Networks, etc).
4. The Support Group's activity and approach continues on the basis that there can be no good health without good mental health. With this in mind the Support Group welcomed the focus of the *National Programme to Improve the Mental Health and Wellbeing of the Scottish Population*<sup>5</sup>. During this reporting period the Support Group met with the Programme Director and discussed the early proposals, progress made and the planned next steps of the initiative. The Support Group recognises the intrinsic link between strategy, services and the well being agendas, each impacting on the other.
5. The Support Group also had the advantage of briefings from those involved in, and leading on, a range of mental health initiatives including, among others, the Scottish Needs Assessment Programme and their work on Child and Adolescent Mental Health. A full list of the "contacts" made is offered in the next section.
6. The Support Group remains of the view that the agenda for mental health services be properly focussed on bringing services and support "closer to home". *Our National Health*<sup>6</sup> set the tone by calling for the further development of extended mental health services in community settings and progress is indeed being made with that objective. The 2003 Health

White Paper, *Partnership for Care*<sup>4</sup>, reflects that progress in this area has been steady but not dramatic. It confirms that the focus should remain on care provided locally by a wide range of skilled staff working together as a team. The Care Network proposals will of course advance these developments for seamless care.

7. The pace of change and the move from a reliance on institutional care must indeed be planned and thought through, but must not stall. The need for continued attention to the planned shift from hospital to community based services is shown in the rate of reduction in the number of psychiatric in-patient beds from last year's 7,700 to 7,300 this year. The new focus for mental health services drives and assists that agenda by basing the creation of these expanded services on joint working between the organisations and promoting a locality focus for the *Our National Health*<sup>6</sup> and *Partnership for Care*<sup>4</sup> ambition for extended mental health services in primary and community settings.

8. Taken together the objective remains to provide a spectrum of care from care and support in the community to specialist provision. That is a broad but necessary range of provision reflecting the wide range of needs and the range of partner organisations that will be involved. In terms of person centred care and support these need to be sufficiently sensitive, not only to match the needs and aspirations of the users of services, but also to have regard to the needs of carers and wider family members.

9. The Support Group is of the opinion that the partner organisations should continue planning care and support with the emphasis on effective delivery in communities, with care at home where that is a deliverable option. This continues a message from last year's Support Group report and is carried forward to *Partnership for Care*<sup>4</sup>.

## Part Two

### Activity

10. The visiting programme was again central to the work of the Support Group last year.

11. The Support Group continued its contact and outreach with and to those sharing an interest in mental health. Learning and sharing ideas, offering and gaining insights from others, has been an essential part of the Support Group's approach. That inclusive and outreach approach will continue.

12. Together with those met by the Support Group on its 15 area visits the following contacts were made (listed in no particular order) since the last Annual Report:

- Dr Ken Black (Hearing Impairment and Mental Health)
- Dr Graham Bryce (Scottish Needs Assessment Programme on Child and Adolescent Mental Health Services)
- Gregor Henderson (National Programme to Improve the Mental Health and Wellbeing of the Scottish Population)
- Ms Jackie McRae (Child Health Support Group)
- Dr Alastair Philp (Improving Mental Health Information Project)
- Mrs Pam Whittle (Quality and Standards for Health in Scotland)

### The Mental Health Services Improvement Network

13. The Support Group has continued to share and discuss matters of common interest with the other mental health quality, service and improvement groups in Scotland. In this regard the Support Group welcomed the Scottish Consumer Council (2002) report - *The Regulation of Mental Health Care*<sup>7</sup>. That report drew attention to the benefits of effective joint working by the regulatory bodies, which of course is ambition is shared by all in the Services Improvement Network. The establishment of NHS Quality Improvement Scotland (NHS QIS) is a significant and welcome step in that direction, merging as it has the functions of the former Clinical Standards Board for Scotland, the Scottish Health Advisory Service, the Health Technology Board, the Clinical Resource and Audit Group and the Nursing and Midwifery Practice Development Unit within a single cohesive organisation. The Support Group endorses the objective set by the new organisation for full participation of NHSScotland and patient representatives. The Support Group will continue its links with the former organisations under this new arrangement and, as set out before, will aim to complement, not duplicate, the work, approaches and visits of the Network partners.

### Web Site

14. The Support Group has updated and improved its web site.<sup>1</sup> This continues as the main source of published material and contains information on the Support Group, membership, visiting programme and links to related sites, materials and events. Comments on ways in which it could be further improved are always welcome.

## **Examples of Services (formerly known as "Thematic Reviews")**

15. Plans are in hand to publish examples of services provided across the country in relation to *Liaison Mental Health Services* and *Psychological Interventions*. These follow the information already provided on the Support Group web site which added *Child and Adolescent Mental Health Services*<sup>8</sup> during 2002.

## **User Friendly Text**

16. The Support Group continues its effort to be more user-friendly in the language used in published material. The Glossary of Terms attached to each outcome report is updated with each report published. – (Annex C)

## **Users and Carers**

17. The Support Group has continued to benefit from the informed input of the users of services and carers. Their pool of knowledge and first-hand experience is both insightful and useful.

18. As part of the ongoing review of the Support Group's approaches, last year a "buddy system" was introduced. On joining the Support Group and prior to adopting an active role on a visit, users of services and carers are now invited to attend a visit initially as an observer. This does not prevent their full participation in the Group but removes any pressure to contribute until each feels comfortable to do so. The timing of the pre and post visit meetings has also been changed to better suit user and carer needs. For example both meetings now start with lunch to help create a more sociable and relaxed introduction to the Support Group and its task.

19. The following contributions are from a user of services and a carer involved in the visits over the last year;

### **The User's View (Trish Burnet)**

20. As the Round 2 visits progressed, one of the things that struck me was that service users are now expecting to be involved and are not just waiting to be asked. Also, they are being involved locally to a greater extent than previously. It is good that more people are therefore finding a voice but there is still a problem of active and meaningful engagement with the partner organisations in the planning services. Their views need not only to be heard but also taken into account. Another difficulty expressed by many of the service users was the lack of feedback following formal consultations. This was felt to devalue their contribution to the process and was discouraging. Service users agreed that they would appreciate feedback even if, or perhaps especially if, their suggestions could not be acted on, so that they knew the reasons behind the decisions made.

21. In terms of the Support Group procedures there is a problem with the range of user representation achieved. The service users who attend on the day usually come from the same User Forum and a wider representation from other groups or organisations may not always be achieved. I think it is difficult to contact people who do not attend the local user group, and this means the views heard are not wholly representative.

22. During 2002, service users on the visits have chosen to be part of the wider group discussions, rather than meeting separately as a group, and this seems a positive step. Their input to the different topics is important.

### **The Carer's View (Helen Welsh)**

23. More meaningful involvement with carers can go a long way to identifying unmet needs. During the Support Group's Round 2 visits there was a noticeable increase in the number of carers actively seeking participation. NHS Boards are acknowledging the involvement of user and carers with a wide variety of approaches across the country.

24. Many carers, particularly in remote and rural areas, express their concerns over issues of communication when, for example, their loved one has to be transferred to and from hospital. In some cases this can involve distances of hundreds of miles. Distance is not the only issue however. Carers' insights and experiences of the loved one's needs and preferences can make a positive contribution to the arrangements made for community care, including transport. Planning around innovative initiatives should involve the user and the carer voice from the earliest point, so that time and effort are not wasted by service planners in developing responses that are impractical. The Carer's well being has to be taken into account in all considerations.

25. To provide appropriate support for users of services and their carers provides a challenge for the partner organisations in both developing new services and improving existing services where required.

### **Overview**

26. The Support Group is clear that every opportunity must be taken by the partner organisations to draw on the support and input of users of services and carers from a variety of backgrounds and experiences. Involvement must be meaningful and feature as an established and ongoing part of the planning and service delivery process.

27. A range of local user of services and carer involvement was seen through the year and the Support Group has been impressed and concerned in broadly equal measure. One of the "highs" was encountered on the final visit in 2002 to the Borders. The users and carers there did not see a need to meet as individual focus groups to offer unhindered views to the Support Group members about local relationships, services, participation and involvement. Instead they preferred to attend the themed discussion groups along with planning partners and clinicians.

28. This optional arrangement of individual discussions groups for users of services and carers allows the visiting Support Group to gather added background information and local colour on how the strategic approaches that are the focus of the visit are "felt on the ground". While the users of services and carers experience in the Borders demonstrated healthy, robust relationships with the Care Organisations based on openness, trust and mutual respect (of long history), other areas, including those of similar rurality and service organisation, displayed relationships of a different hue and in some cases breakdown. For best results, meaningful user of services and carer involvement must be a standard feature of the planning processes and all concerned must take every step toward such involvement. Clear and open

explanations are key to a successful and sustained commitment on the part of participants and contribute to good on-going relationships.

29. That involvement should never be token or perceived as such. It is important in every case and at every stage to have support for and feedback to the users and carers who give up their time for this process. In practical terms also every effort should be made to respond appropriately to any travel, caring or other needs that would facilitate fuller involvement.

30. A useful resource in driving change is the highly motivated Allies in Change (AiC) “graduates” throughout the country. More could be done in most areas in this regard to work in a systematic way to gain positive advantage from the experience and guidance offered by the network of AiC graduates.

### **The Voluntary Sector**

31. The foregoing section is grounded on the important relationships that should be established, encouraged and maintained between those with an interest, direct or otherwise, in the organisation of good, relevant mental health services. The same principles apply for the development, support and relationships between the partner care organisations and the Voluntary Sector – both in terms of key advocacy and service provider roles. The Support Group wishes to see the good relationships continue and in those cases, where further attention is needed, the Support Group calls for an improved position to be an objective for all concerned for 2003 and beyond.

32. The Support Group is aware of the research in this area and are grateful to Professor Crombie (Department of Epidemiology and Public Health, Dundee University) for his insights on the matter. Professor Crombie explored the relationship with the voluntary sector in a study started in 1997 which showed for NHSScotland that 15 NHS Boards had provided direct funding of £3.5 million to a total of 278 organisations throughout Scotland. There was, as perhaps expected considerable variation between areas: per capita expenditure ranged from £0.09 to £3.00. Encouragingly, mental health organisations were shown as the best funded, receiving some 20% of the overall budget- though that support varied again, with some areas offering no funding at all to mental health organisations. Again as expected and as now, demand for funding far exceeded the monies available.

33. Digging deeper into that research reveals differences in understanding of the position and the contribution of the voluntary sector. Many thought the sector as a whole provided an extremely valuable service, particularly in terms of value for money, though some voluntary organisations were thought to be less effective. There was sympathy and recognition for the precarious financial position of the sector, given the limited resources available overall. There were (are) administrative difficulties for some sponsor bodies in dealing with a large number of voluntary organisations with another concern being the monitor of quality assurance and the submission and review of audited accounts for support given. Attention to these aspects is required under Best Value and clinical governance procedures. Overall the study confirmed a need to develop closer relationships between the partner organisations and the voluntary sector, informed by a deeper understanding of the respective needs and cultures of each.

## Mental Health Legislation Reference Group

34. Dr Ian Pullen, the Chair of the Support Group, is a member of the Reference Group that has been considering the proposals for legislative change set out in the *Millan Report*.<sup>9</sup> The outcome of that consideration, The Mental Health Bill, was published on 17 September 2002 and its progress is set to be completed in April 2003. The Group continues to meet as the Bill progresses through Parliament. Further details on the Bill's progress are available on the website<sup>10</sup>. A great deal of effort has been involved in this work to renew and update mental health law in Scotland and the Support group echo the view of many that the legislation once introduced will (arguably) give Scotland clearer, fairer and safer mental health law.

### Focus

35. The Support Group's second round of visits focussed on: local, short to medium term planning; management of change; and plans for community based care.

### Visits

36. The Support Group examined and commented upon local responses to the *Framework*<sup>2</sup> template of what makes a good mental health service:

- a local published **joint** partnership organisation strategy;
- meaningful involvement of users of services and carers;
- clear, timetabled objectives (what, who and where, by when); and
- agreed budget responsibilities and resource commitments (how much and who to pay).

37. It also reviewed the supporting structures to ensure they were designed to keep everyone informed and involved. This includes:

- clear communication systems and allocation of responsibilities (the what and who);
- clear leadership and involvement of all staff (the who); and
- devolved control and decision making to local levels (the how).

38. Encouragement is taken from the progress and momentum now building up across the country but there remains a lack of comprehensive services and in some cases comprehensive strategies that will deliver on the change required.

39. Positive examples (taken at random) are the commendable and significant change in provision of forensic services, accommodation and support in Lothian (but serving a wider area); the plans to provide a dedicated in-patient unit in Greater Glasgow (see later reference) to allow mothers with Postnatal Depression to be admitted with their babies is welcomed as a significant step. The Support Group calls on other areas to follow, building on the progress being made across the country in the development of forensic services and in the case also, of services for postnatal depression, Integrated Care Pathways and in patient care in response to the regional planning agenda set out by the Scottish Executive Health Department<sup>11</sup>.

## Overall Assessments

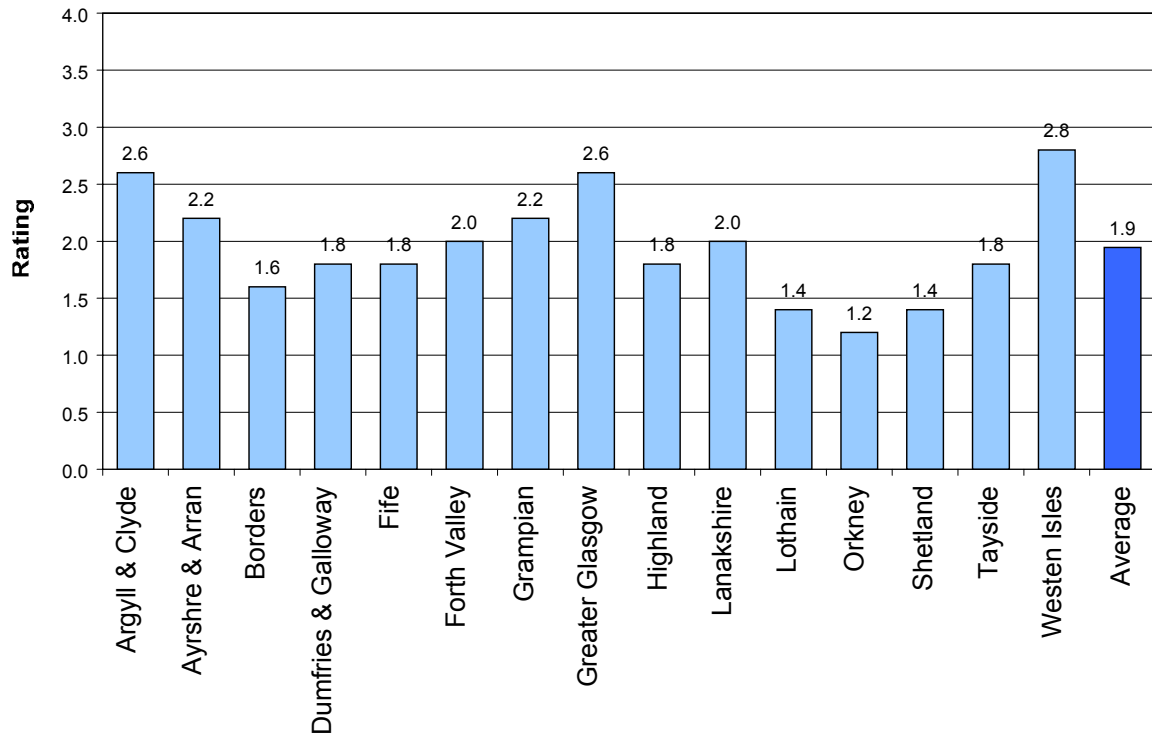
40. The published outcome reports continue to include a digitised summary of the outcome view of the position reached locally in the key mental health service activity areas. The template used is shown at Annex B and the outcomes are updated monthly on the web site. This offers a snapshot progress report for each area, and for Scotland, on progress with the key activities of a comprehensive service. The outcomes continue to feed directly to the Performance Accountability Framework<sup>12</sup>.

41. The following shows, for all Scotland, the current share of broad indicators of progress applying the standard rating score:

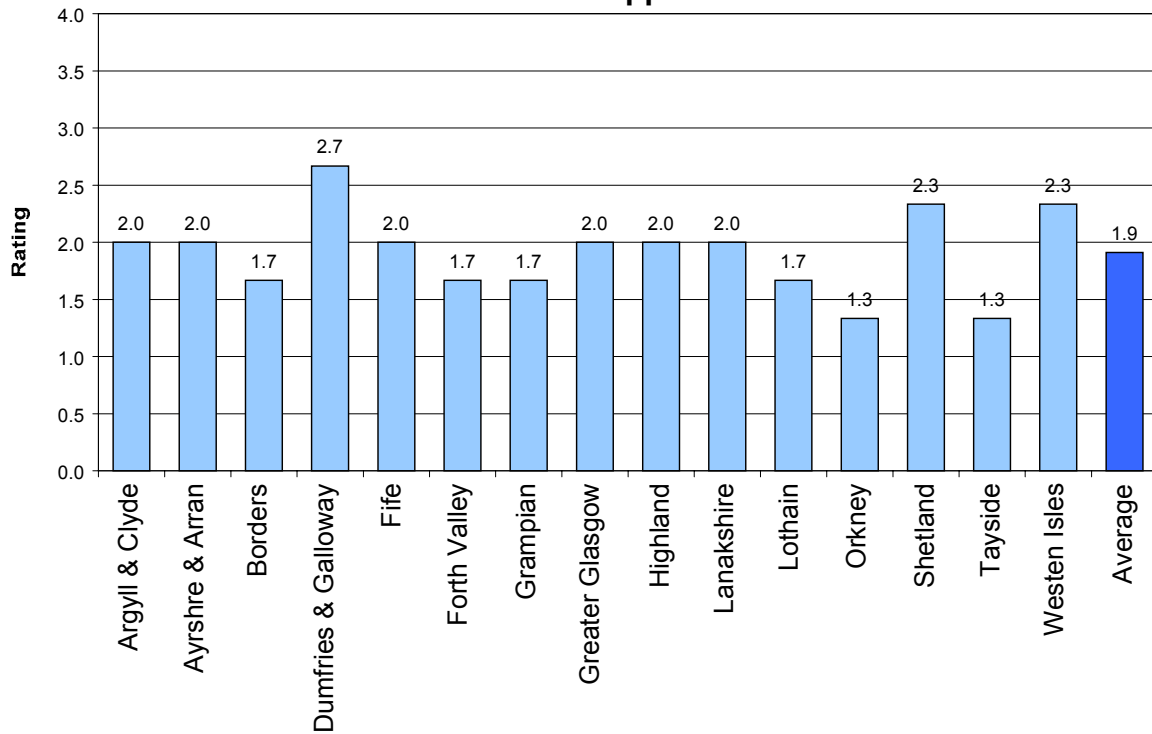
- 4 indicates significant achievement(s) against the *Framework*<sup>2</sup> implementation agenda and timetable.
- 3 indicates general satisfaction
- 2 indicate satisfaction in some areas but not others
- 1 indicates a number of areas giving rise to concern
- 0 indicate service deficiencies requiring early local attention

# Broad Indicators of Local Progress

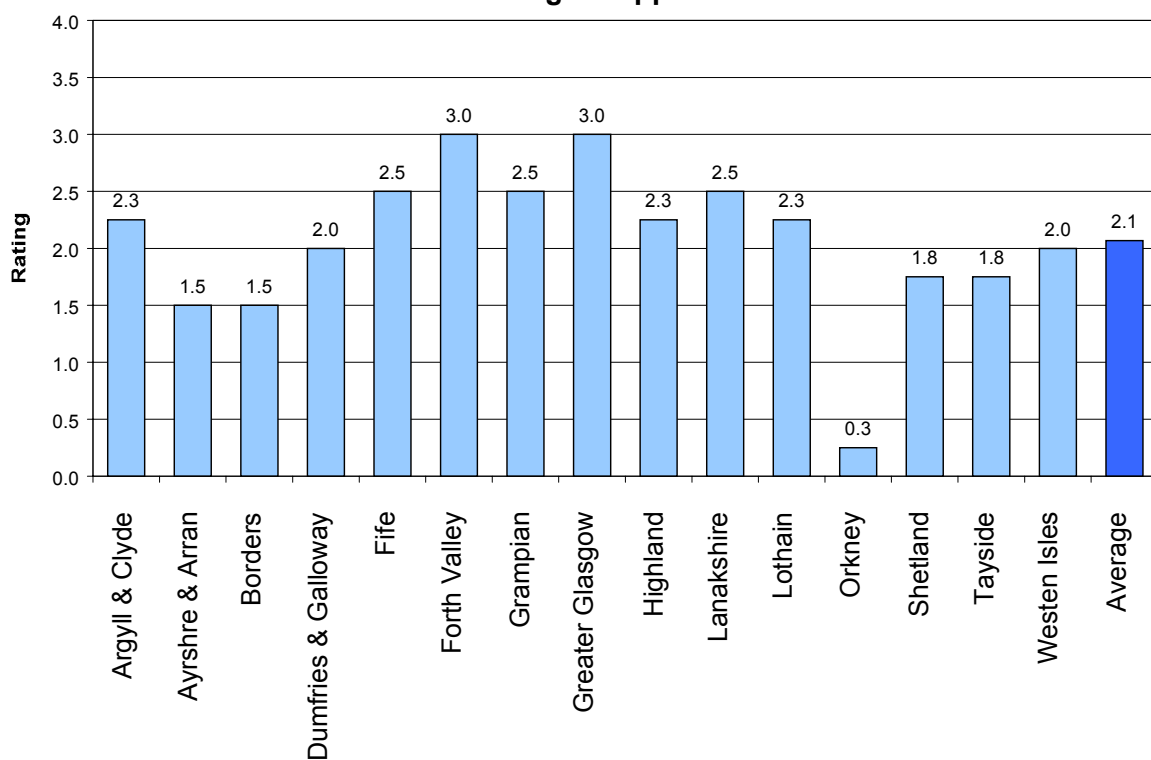
## Well Being



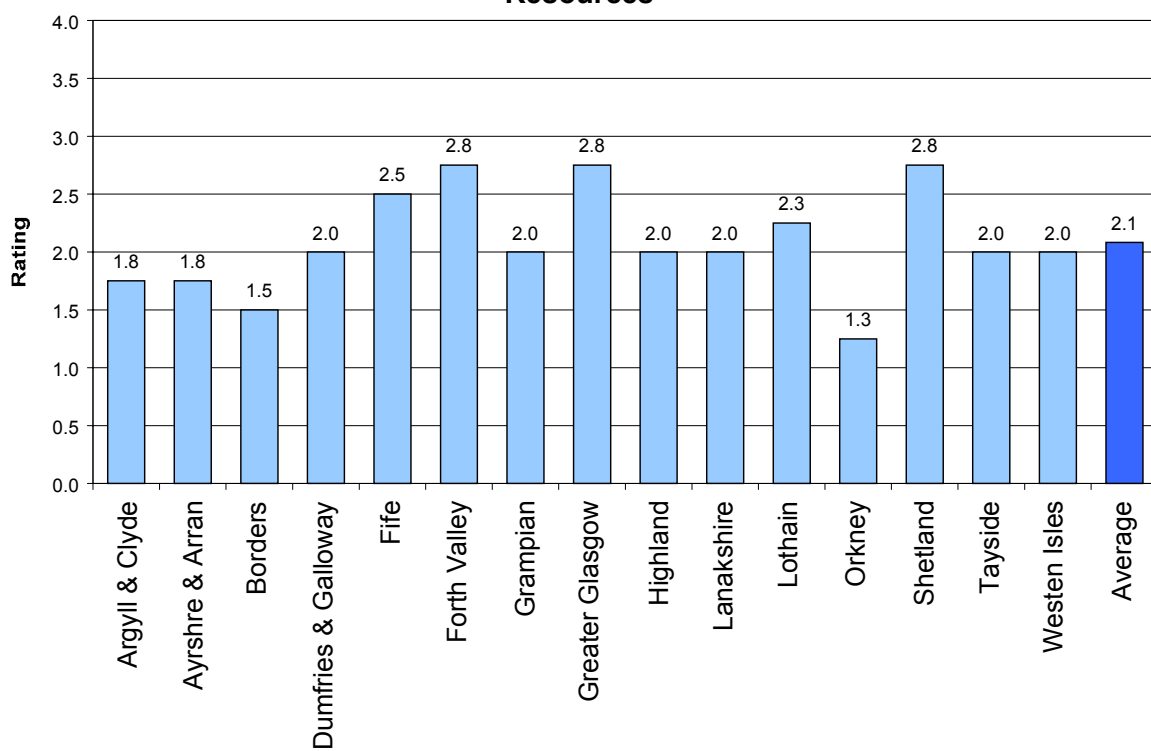
## A Shared Approach



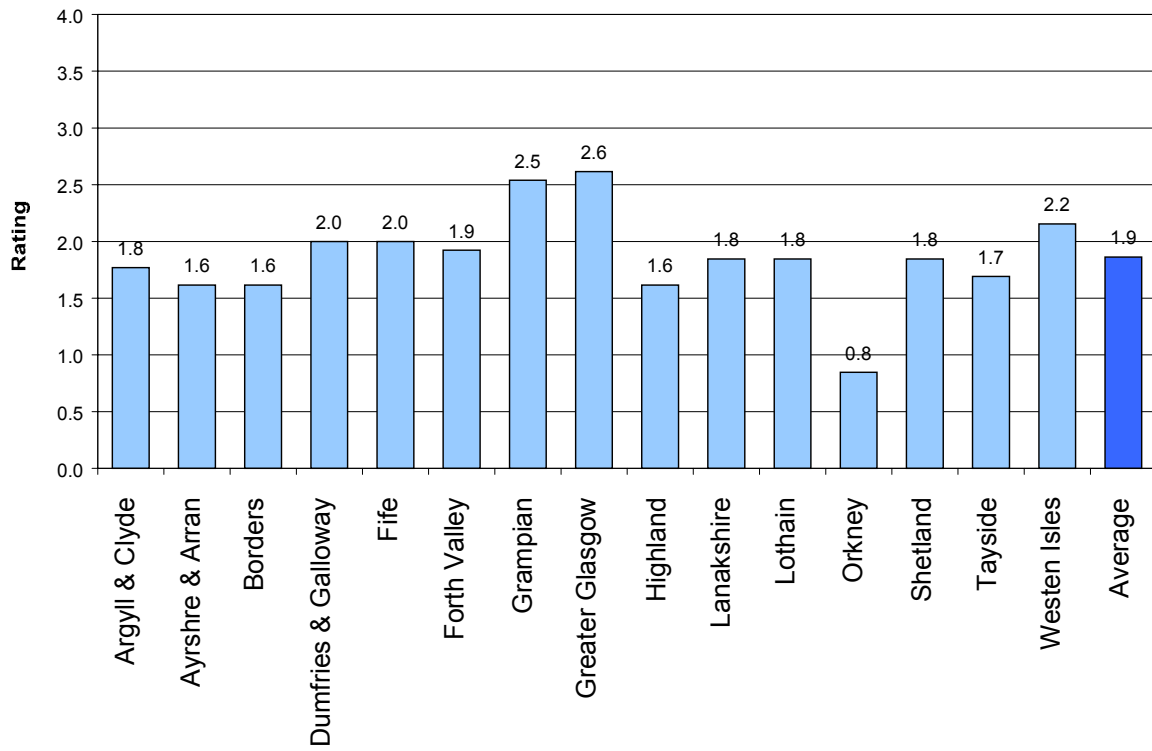
### Making It Happen



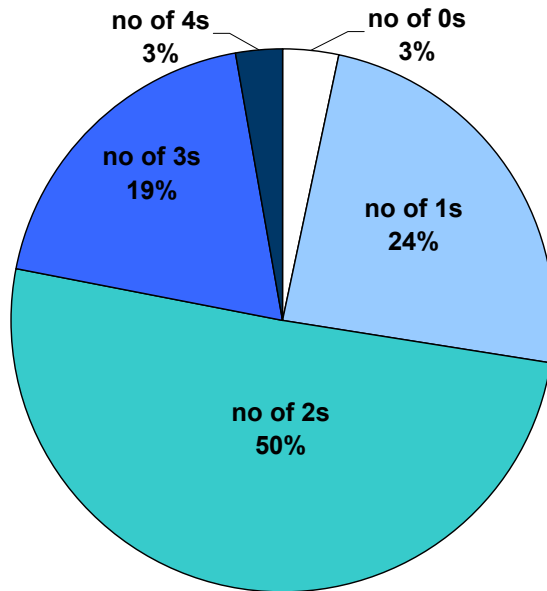
### Resources



### The Framework "Services Elements"



### Broad Indicators of National Progress



The local positions and progress with the key action areas are published for each area on the Support Group web site.

## Part Three

### Emerging Themes

42. Separate aspects are examined and reviewed by the Support Group in its visits and published reports. These cover the different dimensions affecting the strategic approaches adopted by the organisations and how these are impacting on the different client groups. There are different issues for each area, reflecting the progress or otherwise in each case with each component of a desired comprehensive service. The emerging themes are offered in terms of:

- (i) resources;
- (ii) national initiatives;
- (iii) organisation of services; and
- (iv) client groups.

#### (i) *Resources*

##### ▪ **General**

43. Some argue that financial resources drive all change. That is not wholly the case. Those spending a public resource must be able to demonstrate its effective use. There are contributions to be made from developing the right strategies for the right services and offering services that are planned and developed on a joint basis. These not only offer efficiencies in terms of sensible work practices but also offer benefits for those receiving services, their carers and families. That said, 2001-02 again showed record spend on mental health services, with NHSScotland alone spending 8% more than the previous year; in real terms over £558m. The local authorities played their part also, with spend for the same period up by more than £5m on the previous year to £47m. Further increases are forecast next financial year. This background of increasing resources requires spending decisions to be sensibly made and for best effect for the users of services.

44. From the Support Group's experience in most areas attention is needed to the financial and planning agendas. Much greater local clarity is needed on the funds that are to be devoted to Mental Health and Well Being, not only for the immediate future but also for the longer term. Future investment plans need to be linked to agreed strategies, and robust planning processes must be followed to show the sources and timing of financial contributions. The Support Group suggest that financial and other resource planning must include the following components:

- clarity and transparency about current resources;
- clear vision of the changes required and the timescale for the process;
- agreed annual plans identifying the investment/disinvestment for each year; and
- a risk analysis of the change process identifying factors which may inhibit progress.

- **Mental Health and Well Being Development Fund**

45. The purpose of the Mental Health and Well Being Development Fund was to encourage the development of local community-focused comprehensive services for those with mental health problems. Over the last 4 years the Fund has provided toward £9m across 81 projects throughout every NHS Board area in Scotland. The funded projects were those that best reflected partnership and improved service and other outcome aims.

46. The Support Group has published information provided by NHS Boards and partner organisations summarising the key outcomes and current position of the funded projects. This is available on the Support Group's website<sup>32</sup> along with contact details in each case where further information can be obtained. Further information on the outcomes of the 4<sup>th</sup> (and final) round of the Fund will be published shortly.

**(ii) National Initiatives**

- **National Programme to Improve Mental Health and Wellbeing**

47. The Support Group looks forward to a changing and improving position driven by the *National Programme to Improve Mental Health and Wellbeing*<sup>5</sup> and the new resources that flow from that initiative. Dr Pullen continues to represent the Support Group as a full member of the National Advisory Group established to advise on the Programme.

48. The National Programme aims to improve the overall health of the people of Scotland and achieve greater social justice. As part of the Programme the Scottish Executive has launched *Choose Life*<sup>30</sup>, a National Strategy and Action Plan aimed at addressing the rising rate of suicide in Scotland. The Support Group welcome the strategy and the £12 million investment to be made over the next three years to support implementation of its objectives at both national and local levels.

49. Another key priority of the National Programme is tackling the stigma and discrimination which can be associated with mental ill health. The "*See Me*"<sup>13</sup> campaign, launched in October 2002 and being taken forward on behalf of the Scottish Executive by 5 bodies from the mental health field is already making its mark, both nationally and in working closely to support local campaigns.

50. But we will not eliminate stigma easily. The report on the visit to Glasgow (offered only as an example) mentioned the reluctance of some carers to participate in an established forum due to the perception held that they would be stigmatised. This underlines the action that is still needed on this important issue. The Support Group therefore welcome the *See Me*<sup>13</sup> campaign and its objectives which complement the Support Group's own focus on well being and positive mental health promotion/stigma reduction in each of its visits. The following random examples drawn from the Support Group's published reports offer an overview found at the time of the visits:

- In **Argyll and Clyde** mental health promotion is an integral part of initiatives in a number of areas, including domestic abuse, schools and Healthy Living Centres.

- In **Fife** Area Redesign Teams now have a specific budget for mental health promotion. The transition to education/employment and the issues around domestic abuse are being addressed.
- In **Orkney** the health promotion budget is set at only £200 despite stigma being a key local issue.

- **Mental Health Workforce Initiative**

51. All services have to work against a background of the impact of an ageing population and the depopulation of certain areas. Workforce retention, re-design and recruitment issues now affect all care groups and all areas. The European working time regulations, changing working patterns of the workforce, the renegotiations of contracts, rapidly changing technology and advances in care, with associated implications of training/retraining, have all had an effect. Also, public attitudes, knowledge and expectations of health and social services have changed as has the culture of service delivery now putting the user of services at the centre.

52. With all this in mind, the Support Group welcomed the Minister for Health and Community Care's announcement in the Scottish Parliament on 6 November 2002 that mental health will be a pathfinder client group for the new initiatives on integrated workforce development. A decision which of course recognises that a significant constraint in the development of mental health services is the shortage of appropriately trained and qualified staff. The initiative will identify core competencies for staff, provide new opportunities for joint training, and allow staff in all the partner organisations to combine more effectively in multi-disciplinary teams. Confirmation of the objectives to provide improved sustainable services and that one of the first priorities will be mental health workers for child and adolescent services is especially welcome.

53. Members of the Support Group attended the Workforce Conventions held across the country toward the end of 2002. Three "Regional Planning Groups" (North, West and South East) will have the responsibility of taking the lead in developing service and workforce planning in their areas. Jointness of approach is very much on the agenda. Background details are available from the Workforce Development Website<sup>17</sup>. The Support Group looks forward to playing whatever part necessary in supporting and advancing this important and welcome initiative.

- **Allies in Change/Partners in Policy Making**

54. The Support Group examined the impact that initiatives such as the Allies in Change events had made in developing more meaningful user and carer involvement in the planning and service design processes. Equally important is the impact on making staff more aware of users' and carers' views, issues and needs. Some NHS Board areas had used the Allies in Change programme to considerable effect, others less so. However one common feature was a lack of any sustained follow-up to this kind of initiative at a local level.

55. The following random examples drawn from the Support Group's published reports offer an overview found at the time of the visits. What they show is a developing and considerably greater appetite to try to engage meaningfully with user networks and carers than was the case in the first round of visits. This is heartening, but not the end of the road by any means.

- In **Lanarkshire** there is meaningful user involvement at all levels of the planning and implementation process.
- Progress is being made in **Tayside** in the more meaningful involvement of users of services and those who care for them and confidence is growing between users and carers and some key individuals within NHS Tayside.
- The multi-agency planning group in **Western Isles** has a broad inclusive membership involving users and carers and the local health council.

#### ▪ **Advocacy**

56. The Support Group has of course given due attention to the partnership organisations' approaches to advocacy services, not least given the coming impact and requirements for advocacy services in terms of the coming Mental Health Bill<sup>10</sup>. That legislation will for the first time place a duty on the NHS and local authorities to secure the availability of independent advocacy for those with mental disorder.

57. Interest has covered the full range including: the existence of plans for independent advocacy; whether the services are /will be specific for mental health; is there ease of access? Are resources sufficient and secure? Is there a waiting time for access to advocates? Have users and carers been involved in a meaningful way in the design of the service? In fact the aim has been to underline, through both discussion and the reports, the importance attached to this service component. The Support Group is committed to the aim that mental health service users should have access to advocacy services where and when they are needed. However, it is agreed that comprehensive services will not appear overnight and that it will take time to develop these while maintaining high quality mental health services.

#### ▪ **Safety**

58. Robert Samuel, Support Group member, participated with others to produce the CRAG\* 2002 report *Engaging People: Observation of People with Acute Mental Health Problems*.<sup>26</sup> The Support Group identifies fully with the findings and recommendations of that report updating as it does the 1995 CRAG\* review. The concentration on procedures that contribute to patient and staff safety, and a reduction in the risk to both, complements and links not only to the Support Group's own Report on *Risk Management* (2000)<sup>27</sup> and the (separately mentioned) guidance on misuse of drugs and alcohol<sup>28</sup> but also to the objectives set out in the published reports *Confidential Inquiry into Homicides and Suicides*<sup>29</sup> and of course the national 2002 Suicide Prevention Strategy and Action Plan, *Choose Life*<sup>30</sup>.

\* (now part of NHS Quality Improvement Scotland)

- **Accommodation standards**

59. The Support Group welcomes the continued attention paid by the Scottish Executive Health Department, to the progress of the *Our National Health*<sup>6</sup> initiative on improving mental health accommodation and facilities. Full details of the findings are available on the Support Group web site<sup>1</sup>. The Support Group welcomes also the guidance published in May 2002 by the Scottish Executive Health Department, *Managing Incidental Drug Misuse and Alcohol Problems in Mental Health Care Settings*<sup>28</sup>. The Support Group supports the links mentioned in that Guidance to the Group's own *Risk Management* (2000) report<sup>27</sup>. Both can be accessed from the Support Group web site<sup>1</sup>.

### (iii) organisation of services

#### ▪ **Forensic Psychiatric Services (including Mentally Disordered Offenders)**

60. The provision of comprehensive, jointly planned and commissioned local services providing care and accommodation for mentally disordered offenders continues to offer a challenge for the range of organisations whose success in forming partnerships is key to meeting individual needs. Since publication in 1999 of NHS MEL(1999)<sup>5</sup><sup>19</sup> which set out what remains the Executive's policy for the provision of a spectrum of care, progress has been made in some areas. This spectrum ranges from the high security and intensive treatment available from the State Hospital at one end to local domicilliary services and support at the other. A number of local forensic units were envisaged as providing facilities as a 'step down' from the State Hospital. The first of these, the Orchard Clinic, in Edinburgh, serving the Lothians, Fife, the Borders and Forth Valley, is now well established. It has admitted over 100 patients in the first two years, with about 60 discharges. Around half of these have been to community placements. The Clinic is not the full extent of the service of course, and the partner organisations have played their part in the assessment, treatment, rehabilitation, discharge and continuing support on which the local care pathway is based. The Support Group welcomes the initiatives underway at various stages across the country to organise similar services and accommodation. Some may be organised on the basis of a single NHS board area - Greater Glasgow, for instance - and some on a regional arrangement through a consortium of NHS boards and partner organisations. The Support Group looks forward with some confidence to reporting a changed and improved position this time next year.

61. From last year's visits the following examples of local progress and concerns are offered (though this is a changing position since the reports were drafted):

- The challenges facing the existing forensic services in **Borders** are the issues regarding the transition between children's services to adult services.
- A multi-disciplinary Forensic Community Mental Health Team and Psychiatrist input to local prisons puts the Forensic Service in **Forth Valley** ahead of that in other areas.
- A **Lothian** wide strategy, including a protocol with the police and ambulance services for the safe transfer of disturbed patients, underpins the successful service for Mentally Disordered Offenders.

#### ▪ **Liaison Mental Health Services**

62. Among those presenting for care will be those who may also have a hidden mental health problem, which, if not addressed, can delay recovery or result in resistance to support offered. There is now an extensive evidence base to show that individuals respond better and perhaps faster if their mental health needs are addressed with their other needs. Such liaison mental health services, if properly organised, can serve as a conduit for referrals to social services, including social work and community occupational therapy assessments.

63. The SNAP Report on Liaison Psychiatry and Psychology<sup>20</sup> provides a useful reference and planning tool for care partners and providers, and informs what supports and linkages are

needed to provide improved whole person responses. The *Alcohol Problems Prevention and Treatment Services Template (2002)*<sup>21</sup> adds to the available guidance for service re-design to address this need. The Support Group also recommends the advice in *Health Technology Assessment Advice 3: Prevention of relapse in alcohol dependence*<sup>22</sup>.

64. There is wide variation in the organisation and provision of liaison mental health services throughout Scotland. The Support Group (as already mentioned) will be publishing summaries of examples of such services from information gathered during its visits. This as a further source of advice and guidance and will offer contact names for those seeking insights to the service development and service development perspectives.

65. The following are selected comments offered over the last year in the Support Group published reports:

- In **Borders**, liaison psychiatry services are currently under-developed and reliant on liaison from Community Mental Health Teams. Services to Borders General Hospital have been identified as a priority by the Joint Commissioning Team.
- A limited liaison service is available at **Dumfries and Galloway** Royal Infirmary, particularly through a liaison nurse whose main focus is the Accident and Emergency Department, together with sessional input from both clinical psychologists and general psychiatrists.
- In **Grampian** the Support Group was please to note the development of this relatively new service under the enthusiastic leadership of the Consultant Psychiatrist. A small team is now in place which has good links with the A&E Department in Aberdeen.

▪ **Anxiety and Depression - Psychological Interventions Services**

66. The World Health Organisation and others have pointed out the heavy and increasing levels of distress caused by depressive disorders. *Our National Health*<sup>6</sup> mentioned the need for more services in Scotland to address the needs of those in the community with anxiety and depression across a range of needs, ages and client groups. Responding, the Support Group published guidance in October 2001 on creating and expanding psychological intervention services and has given attention to the strategic responses since.

67. Psychological interventions (talking therapies) can provide an important contribution to the treatment of mental health needs in the community. To expand these much needed joined up services to more locations represents a challenge for mental health service planning. Re-designed services must however be based on clearly defined patient pathways that offer access to a genuine alternative care option of improved psychological therapies to better address the needs of those with mild to moderate mental health problems, including anxiety and depression.

68. The published template for psychological interventions set out a statement of governance for local services, with performance standards and a channel for regular representation to the main commissioning body. While some progress has been made in some areas during this past year, overall the partner organisations have been slow in responding to this guidance. The following random examples from the Support Group's published reports offer a picture of the concerns held at the time of the visits:

- A Board-wide strategy for psychological interventions is urgently required in **Argyll and Clyde**.
- No resources have been identified in **Forth Valley** to take forward the work of the psychological therapies pilot.
- In **Western Isles** there is a need for local psychological intervention services to be modelled on the format set out in the published template to allow better use of resources and improve links between organisations and sectors of care.

69. The Support Group welcomes the attention to be given to depression services and support through the initiative announced by the Scottish Executive Health Department Centre for Change and Innovation, *Doing Well by People with Depressive Disorders*,<sup>18</sup> and looks forward to the outcomes of the February project planning day which was attended by Support Group members, including the Chairman. The Support Group is encouraged also by the initiative underway through NHS Education for Scotland (NES), for a step increase in training capacity for clinical psychologists as part of a broad programme with NHSScotland to assess and reshape psychology services to meet local demand.

▪ **Primary Care\Local Health Care Co-operatives (LHCCs)**

70. The Scottish Executive Health Department White Paper *Designed to Care* (1997)<sup>14</sup> defined LHCCs as, "voluntary organisations of GPs which will strengthen and support practices in delivering care to their local communities". It was envisaged that they would provide a flexible model of local collaboration in the planning and delivery of community based services at locality level and also inform the planning and delivery of care across the whole system. This was widened to include:

- increasing patient involvement and satisfaction with the health and social care they receive;
- partnership working with local authorities, the acute sector and voluntary organisations; and
- tackling inequalities and improving access to services.

71. The later Primary Care Modernisation Group report *Making the Connections*<sup>15</sup> emphasised the importance of LHCCs and mental health providers developing collaborative plans to support mental health and well being through high quality, joint partner organisation, locally based, integrated community mental health services. In other words, joined up and improved local services for users of mental health services. (See later paragraph for further discussion.)

72. LHCCs have continued to develop in varying ways and at different speeds. At present NHS Orkney is the only NHS Board area without an LHCC. At the other end of the spectrum NHS Borders and NHS Dumfries and Galloway are engaged in a period of change toward single joined up organisations in their localities for the planning and delivery of health care.

73. With a strong locality focus and local knowledge of the needs of the population they serve, LHCCs remain ideally placed to work in partnership with other organisations in the planning and delivery of services that are timely, responsive and accessible. Primary care is often the first and only point of contact in times of care need and that gives primary care teams an ongoing care responsibility which, to be effective, must rely on good relationships and communication with all others involved in the care package. In this regard the work toward seamless care for the user of services must include the range from community to specialist care providers. Success relies upon flexible services supported by co-operation and collaboration among all concerned.

74. All that background has informed the Support Group's considerations during 2002. Most of the good practice examples seen during the visits have been sustained and others have developed. Examples (by no means all) include:

- **Ayrshire and Arran** has mental health link workers in some LHCCs;
- **Highland** local community teams now include specialists and staff from the other statutory and voluntary organisations;
- **Lanarkshire** has given priority to the mental well being agenda through joint working between primary care, specialist and the other statutory and voluntary organisations.

75. In some areas resource issues and changing attitudes have driven the pace of service re-design toward Integrated Care Pathways following assessments of need. Several LHCCs have prioritised aspects of mental health services which are now integrated with the specialist services leading to more effective planning and delivery of care and support. These changes have also influenced the training and continuing professional development of all staff in primary care. Progress is shown through:

- Those LHCCs now organising half day protected learning time, incorporating multi-professional training/educational activities;
- LHCCs using resources from the £30m new funding provided for primary care development to invest in mental health projects, with an emphasis on providing counselling services;
- The Personal Medical Service (PMS) Pilots for which £18.5m has been provided over three years, and has mental health services as a priority;
- The £15m third instalment of investment in primary care premises development which has encouraged co-location of different care organisations;

- Public Health Nurses being seen more and more as essential conduits between the health promoting activities of the Local Authorities, NHS Boards and LHCCs. Health Visitors, School Nurses, Family Health Nurses are becoming more and more involved in mental health promotion through the activities of the new health promoting schools, new community schools, Social Inclusion Partnership areas, Healthy Living Centres, Drug Action Teams and vulnerable groups such as the homeless and asylum seekers;
- The benefits of information sharing based on the single shared assessment template of the Joint Future agenda; and
- The Application of the ongoing "Improving Mental Health Information Programme"<sup>16</sup> which aims to improve access to nationally consistent information; support local audit and planning; facilitate knowledge share among mental health information projects; promote information sharing within care teams; explore ways of closing information gaps and support national policy development.

76. *Partnership for Care*<sup>4</sup> has set a new vision for responsive and inclusive LHCCs evolving as the main focus for the planning and development of all community health services, with a consistent role in a decentralised integrated health care system. The major challenge facing LHCCs and specialist mental health services is the need to address the changing and (rightly) rising expectations of those who use the services, those who provide the services and those who plan the policy context within which they operate. All of which combines to a list of matters for on-going attention:

- workforce development - central to service re-design and the delivery agenda, including better support and training of primary care teams in the management of mental health such as early diagnosis with the help of IT (See following section on “Workforce”). This support for primary care is one of the key themes of the White Paper<sup>4</sup>;
- developing better services and the impact on workload;
- ensuring the consistent availability of out of hours and crisis management services;
- implementing risk reduction and safety for all;
- the need for more user and carer involvement in the early stages of service re-design aiming towards care networks;
- organising rehabilitation services leading to future employment where appropriate;
- working with specialists to deliver appropriate services in the community and challenging/changing unhelpful cultures;
- looking at issues of co-terminosity with local authorities to assist in the planning and delivery of services;
- incorporating the Joint Future principles in the planning and delivery of mental health services among the other care groups;

- interacting with the developing public health and public health agenda;
- developing LHCCs capacity and capability to undertake their extended role;
- improving communication and exchange of information between partner organisations and the users of the service and their carers;
- dealing with issues of initiative and inspection burden; and
- emphasising quality standards and clinical governance in the planning and delivery of services.

#### **(iv) Client Groups**

##### **▪ Postnatal Depression (PND)**

77. The Support Group placed emphasis during 2002 on local progress with the creation and expansion of care for those experiencing postnatal depression. This very serious condition remains largely misunderstood and which untreated can not only affect mother and child, but also extend to the wider family and affect other relationships. The sad fact that the Confidential Enquiry into Maternal Deaths 1997-1999<sup>24</sup> records that mental illness related to motherhood as one of the main causes of maternal death underlines the Group's commitment to this priority. The Support Group has welcomed the attention given to these issues in the Parliament during 2002.

78. The Scottish Executive Health Department *Priorities and Planning Guidelines for NHS Scotland (1999-2002)*<sup>23</sup> quite properly added the care needs of women with postnatal depression and victims of domestic violence to its reiteration of the priority to be given to mental health services. This was in keeping with the increasing emphasis on the importance of physical and mental well being of children.

79. In terms of change and progress, there have been encouraging developments. A significant step has been the recent positive reaction to the call made within the 1999 guidance<sup>24</sup> and the 2002 Scottish Intercollegiate Guidelines Network (SIGN) guidelines on Postnatal Depression<sup>25</sup> both of which underlined the recommendation of the Confidential Enquiry into Maternal Deaths that women who require psychiatric admission following childbirth should ideally be admitted to a specialist mother/baby unit together with the infant.

80. The recent decision by NHS Greater Glasgow to develop an in-patient unit for this purpose and to advance interim arrangements in the meantime is encouraging to say the least. Coupled with the December 2002 letter from Scottish Executive Health Department placing consideration of such arrangements on the NHS Boards' regional planning agenda, (with follow up planned for Easter 2003) shows good progress with one particular aspect. Other encouraging indicators were set out in the Support Group's visit reports throughout the year.

A selection follows:

- In **Dumfries and Galloway** it is evident that work has been done with enthusiasm and commitment to develop an Integrated Care Pathway for postnatal depression.
- In **Fife** there is a systematic approach to postnatal depression, with comprehensive staff training, a review of the educational programme, and stand alone, post-basic nurse training being developed. There is regular audit and a Care Pathway is at the consultation stage.
- In **Forth Valley** all professional groups are signed up to and are working to an agreed Integrated Care Pathway which has been the subject of regular audit. An education and training programme has been developed.

81. For those areas showing clear signs of progress and for those not yet as advanced in the stages reached the Support Group continues to call for progress in all Health Board areas to provide universal coverage in the application of Integrated Care Pathways, subject to clear standards and audit. Each area to identify a lead clinician with responsibility for developing, co-ordinating and monitoring the Integrated Care Pathway and its quality assurance.

82. The Support Group welcome the decision of the Clinical Effectiveness Programmes Sub-group of NHS Quality Improvement Scotland to fund a 2 year project (proposed start date April 2003) to:

- establish the minimum standard for Integrated Care Pathways in postnatal depression based on the SIGN guidelines;
- carry out a survey of current 'front-line' practice in identifying and treating PND across Scotland, and to audit this against the minimum standard (this will include work at Trust, LHCC and GP practice level plus qualitative work on staff and users experiences); and
- identify, and to report on, best practice.

#### ▪ **Children and Young People**

83. From the evidence seen during 2002 the Support Group feel that development of strategic responses for Children and Young People remains uneven across the country. Co-ordinated action will be needed on all fronts, and by all with an interest, before the desired organisation of services, support, early detection and appropriate interventions that all want to see for the young is reached.

84. Some new levers will be on the scene in 2003. The review by the Scottish Needs Assessment Programme, commissioned by the Scottish Executive Health Department, on which the Support Group received a presentation on during 2002, is welcomed. Further emphasis and attention will be placed in this area through the attention of the Child Health Support Group. Both will offer potential levers for change.

85. A continuing challenge in the organisation of care for children and adolescents is action to ensure that the views, experiences and aspirations of children and young people are sought, documented, heard and acted upon. That is a task for all involved in these issues.

86. While the Support Group saw evidence in 2002 of investment and innovation in some areas, such as Highland, Lanarkshire and Lothian. Overall, the pressures of staff recruitment and retention, sustaining CAMHs services and targeting and managing the access to scarce resources dominated the attention of service planners and providers. The profile of Children and Young Peoples' Mental Health Services has however increased over recent years and the partner organisations should be congratulated for that but encouraged also to support this renewed attention through:

- the development of coherent strategies across all planning partners;
- the development of comprehensive care pathways and service models - balancing the necessary diversity and consistency of approach;
- ensuring that the views of children and young people are taken into account in service systems and design;
- enabling the appropriate attribution of resources to Children and Young People's Mental Health Services.

87. The decision to give early attention to the workforce issues attaching to this sector of care (and covered earlier in this report) is particularly welcome. The Support Group will continue its links with the Child Health Support Group and the attention to be paid by the short life working group to the Child and Adolescent Mental Health services agenda.

#### ▪ **Older People**

88. This area of mental health care has benefited from the attention given older people's services under the Joint Future initiative. Many locations have progressed the development of single shared assessments and have invested additional resources in creating or enhancing community teams which operate through close joint working. That said, early diagnosis of dementia and prompt access to support and to anticholinesterase drugs when appropriate continues to be an issue in many areas and needs to be addressed.

89. However, the quality of service planning and provision remains variable. There is evidence of a general strategic move in the transfer of services and resources from hospital to community based services and this is to be welcomed. Attention is needed in those areas where implementation plans for the redesign of services is not yet a high priority. The presence of good local clinical leadership would appear to be a related factor.

90. Despite evidence of developing services to enhance the care available to older people being discharged from acute facilities, many areas remain affected by bed blocking due to delayed discharges. In most cases this is associated with an inadequate infrastructure of community services and in some locations reduced spare capacity in local care homes. The Health Department initiative and investment on delayed discharge is a welcome lever for change and the Support Group will continue to watch for sustained progress here.

91. The following are selected comments offered over the last year in the Support Group published reports:

- There was evidence in **Grampian** of strong joint working among the various organisations and progress has been made in service redesign involving also the closure of a ward with subsequent reinvestment of those funds in more appropriate community ventures.
- Strategic planning for older peoples services which includes services of people with dementia is well advanced in **Glasgow City** with similar arrangements in place in each of the other 5 local authority areas.
- Good joint working is apparent in **Shetland** at the service provision level, with sharing of information, especially with assessments.

#### ▪ **Eating disorders**

92. The Support Group has continued its attention to the sensitive care responses needed for those with or developing an eating disorder - and the families of those affected. The Support Group is the first to admit that more attention is needed by all concerned. It was pleased to learn on the visit to Greater Glasgow that the Support Group *Eating Disorder* template had proved helpful in the development of an area wide strategy; and that discussions were underway with neighbouring areas with a view to organising a regional service and a structured supportive care network for eating disorder services. The Support Group encourages others who are not at this stage in service development to follow this considered approach.

#### ▪ **Neurosurgery for Mental Disorder**

93. Through (Support Group member) Dr John Loudon's role as advisor with the Standing Advisory Committee (SAC), appointed to assess and review the Ninewells (national) Neurosurgery for Mental Disorder service, the Support Group has maintained a connection with progress of the recommendations of the 1996 CRAG\* recommendations<sup>31</sup> on this very sensitive area of care. The SAC, appointed in 2001 for this purpose, visited Ninewells in December 2002, meeting with the management, clinicians, other staff and past users of the service and their families. The Support Group looks forward to the published SAC report and will make a copy available on its web site.<sup>1</sup>

## Part Four

### The Way Ahead

94. The *Framework*<sup>2</sup>, *Our National Health*<sup>6</sup> and *Partnership for Care*<sup>4</sup> set out the vision of comprehensive modern mental health services and support in Scotland. These approaches place the proper emphasis on the attention needed to provide joined-up care for those with serious and distressing problems in the community and those needing specialised forms of care. All three statements, *Framework*<sup>2</sup>, *Our National Health*<sup>6</sup> and *Partnership for Care*<sup>4</sup>, give the partner organisations and the reviewer network common and continuing reference points and focus for continued improvement.

95. Last year the Support Group's report called for action by all concerned to create person centred services; a whole person approach to care. This call for a range of care from specialist hospital provision to care at home involving all the organisations working and planning together remains valid. The Support Group is not embarrassed to repeat that services *must* fit peoples' needs, and not the other way round. The Support Group continues to support and advance a sensible needs based approach and is encouraged by the emphasis in *Partnership for Care*<sup>4</sup> on participation, empowerment and partnership which chime with this aspiration.

### Overview by the Chair of the Mental Health and Well Being Support Group

96. This has been another very busy year for the Support Group. I recognise that this has involved a significant amount of time and energy from all who have participated in our programme, both as members of the Support Group and those being visited. My thanks go to all concerned for their energy, enthusiasm and good humour which has made the task less onerous.

97. I would like to single out and thank Morag Brown who has been with the Support Group from the start and who is now moving on to fresh challenges.

98. Last year I was in the position to be able to say that there were grounds for cautious optimism with regard to the progress being made and the changes that were slowly but surely taking place across the country. It would be odd I am sure to those who use the services and those who provide them if I said anything other than that our visits have shown that there is better progress in some areas than others, better services in some areas compared to others and better access in some cases compared to others. The same may be true however of any service provided on a national basis.

99. That said, the job of all planners, providers and users of services is to get to a position where the services and approaches all, to a greater or lesser extent, offer care that both reflects local need and is of a high standard. That is not to promote persisting with existing models or arrangements or start entirely from scratch. It is about reviewing with the users of services and their carers what works best, where and why. It is also about agreeing on a partner organisation basis how to adjust and improve services to reflect needs and aspirations, and it is about delivering against the constant backdrop of the health improvement, promotion, prevention and well being agendas.

100. What tools and resources are available to address these complex tasks? There is the willingness of the users of services and carers to help continue their contribution and insights. There is the *Framework*<sup>2</sup> and *Our National Health*<sup>6</sup>, both well established and well understood agendas for change, improvement and modernisation. There is the continuing record investment by the partner organisations in mental health services. There are the national campaigns for mental health improvement and social justice and the significant new financial investment that underpin them. There is *Partnership for Care*<sup>4</sup> and its announcements on care networks, Joint Future focus, Centre for Change and Innovation and Workforce Initiatives for mental health. There is the new mental health legislation<sup>10</sup>. There is the Improving Mental Health Information Programme<sup>6</sup>. There is the new focus within the Health Department with the establishment of a new Mental Health Division which will link across the Executive and other interests in matters relating to the change and improvement agenda for mental health. David Bolger's appointment to head this new Division is welcomed and the Support Group look forward to working with his Division in the coming years.

101. Individually and collectively these represent a significant continuing profile for mental health and mental health services based on a change agenda for health promotion, illness prevention and quality of care.

102. Those areas or services that have been criticised over the year have certain aspects in common. Whilst there is a general acceptance that change is needed and that change should be built on a quality agenda that matches assessed needs, some things have conspired to throw them off course. In the last year some of the issues that have arisen locally are concerned with competing priorities, workforce recruitment/retention problems and other issues affecting some local timetables for change or attention. While this is understandable given the range of responsibilities held by the partner organisations, the Support Group has of course lobbied and argued with the local planners to support the mental health cause. That call is made again here in asking the partner organisations, the users of services and the carers to combine behind the common and continuing reference points and focus for continued improvement set out in *Framework for Mental Health Services in Scotland*<sup>2</sup>, *Our National Health*<sup>6</sup> and now *Partnership for Care*<sup>4</sup>, to reflect mental health's status as a national priority.

103. For 2003-04 the title of the Support Group will change as will the membership and focus for the coming round of visits, to reflect the forward direction for mental health services. The Support Group looks forward to taking part, with others, in the event planned for June this year which will take forward the outcomes from last year's *Mental Health: Moving the Agenda Forward*<sup>3</sup> consultations, some of which have already been recognised in *Partnership for Care*<sup>4</sup>.

104. For 2003/04, the approaches will be underpinned by the overall objectives set out in *Partnership for Care*<sup>4</sup>. That White Paper promotes services that are based around participation, empowerment and partnership that fit well with the agenda for mental health. I am sure the activity underway and planned for mental health within Primary Care Modernisation, Our Joint Future, Workforce Development and other initiatives, not least the National Programme to Improve the Mental Health and Well Being of the Scottish Population<sup>5</sup> will all have a part to play in delivering on this agenda.

## **Annexes**

- Annex A Support Group membership and co-optees.  
Annex B Overall Assessment  
Annex C Glossary of terms  
Annex D References

## **Annex A**

### **MEMBERSHIP**

#### **IAN PULLEN (Chairman)**

Ian Pullen was a general practitioner before moving to Edinburgh to train in psychiatry. After 16 years as a consultant at the Royal Edinburgh Hospital he moved to the Borders in 1995 where he is currently a consultant psychiatrist and associate medical director.

He was a member of the Scottish Office Mental Health Reference Group from its inception in 1996 and took over the chair 3 years later. He has chaired the Mental Health and Well Being Support Group since its inception.

#### **MORAG BROWN**

Morag Brown has been a Social Worker since 1979. She has had a continuing role in developing dementia care over the last decade. From 1996 – 2001 she has played a key role in mental health service planning and development in both adult and elderly services. Since January 2001 she has been Principal Officer Older People's Services (including Dementia) with Glasgow City Council Social Work Service. She is the Association of Directors of Social Work Mental Health Sub Group representative on the Support Group.

#### **BRENDAN GILL**

Brendan Gill trained as an accountant in local government before joining the NHS in 1978. He has been Director of Planning in Lanarkshire since 1987. Since then he has led many inter-organisation strategic reviews of services which involve users of services and their carers; most recently chairing those in Learning Disability and Services for Older People. He is currently chairing inter-organisation reviews on Child and Adolescent Mental Health Services, Services for Mentally Disordered Offenders and a review of health services for younger physically disabled people.

## **ANNE HAWKINS**

Anne Hawkins is the Chief Executive of Forth Valley Primary Care NHS Trust, she has worked in Forth Valley since January 1999. She has been with the Health Service since 1979. She is a History Graduate who started her working career with the Inland Revenue and then moved to the NHS. She spent 10 years in Human Resources before moving into general management in Glasgow, where she worked primarily in Mental Health Services, general Community Services and then latterly as the Depute Chief Executive.

## **ELISABETH HIL OBE**

Elisabeth Hill is the Strategy Co-ordinator for the 3 Drug and Alcohol Action Teams in Tayside. She has been involved with mental health charities at both a local and a national level for the past 20 years. She acted as independent chair of the Angus Mental Health Strategy Steering Group and subsequently fulfilled a similar role in Perth & Kinross. In Angus she was instrumental in the creation of an external reference group made up of service users, carers and representatives of voluntary organisations which plays an important part in the implementation of the local mental health strategy.

## **GEORGE KAPPLER**

Since June 2001 George Kappler has been seconded from the Mental Welfare Commission for Scotland to the Scottish Executive Health Department's Social Work Service Inspectorate as the Inspector for people with mental health problems.

## **JOHN LOUDON**

John Loudon graduated from Edinburgh in 1967 and started psychiatric training in 1970. He spent a year in Jamaica on exchange in 1973, and was a Scientific Officer in the MRC Brain Metabolism Unit in Edinburgh, for 4 years. From 1978 he was a Consultant in General and Care of the Older Person Psychiatry. He was also a Clinical Director and Head of a Mental Health Service. Since 1997, he has been seconded part-time to the Scottish Executive Health Department as a Psychiatric Adviser and continued to work in a community mental health centre until Spring 2002.

## **ROBERT SAMUEL**

Robert Samuel is Nursing Advisor within the Scottish Executive Health Department. He has a lead responsibility within the Nursing Directorate for Mental Health, Learning Disability, Drugs and Alcohol, Liaison with the Nursing Home sector and is professional secretary to the National Nursing, Midwifery and Health Visiting Advisory Committee.

He has previously held a number of senior management posts within the Health Service and has a background and experience of managing acute general hospitals, mental health services, community services and services for people with a learning disability.

He has been in his present post for 6 years and prior to this was an Executive Director of Patient Services and Chief Nurse for a Community and Priority Services NHS Trust. He has had considerable experience, involvement and responsibility for planning, developing and reshaping services for both people with mental illness and those with a learning disability. Robert was a member of the team responsible for developing the *Framework for Mental Health Services in Scotland*<sup>2</sup> and *The Same As You?*, the National Framework in Scotland for people with learning disability<sup>29</sup>.

**DR PADMINI MISHRA (though not a core member, attended most visits).**

Padmini Mishra is the Senior Medical Adviser in the Primary Care Division of the Scottish Executive. Her areas of involvement in primary care at present include LHCCs, Education and Training, Manpower, Clinical Governance, Mental Health, Women's' and Children's' Health, Public Health, Prisons, Personal Medical Services, Premises, Performance Assessment, and Older People.

She has worked as an Obstetrician Gynaecologist in secondary care. In Primary Care, she worked as a General Practitioner, Principal Forensic Medical Examiner and Primary Care Tutor with the University of London and latterly with Cambridge University. She was the Chairperson of the Primary Care Group at its inception in Essex. She subsequently was the lead for Health Improvement Programme, Education, Clinical Governance and Prescribing when the Primary Care Group changed into a First wave Primary Care Trust. She was also an "Approved Doctor" (Section 12) for the Mental Health Services, and part of the Mentally Disordered Offenders Forum, for North Essex.

## **CO-OPTEES**

The Support Group's thanks go to all who participated in the visits during the second round

- **USERS**

Ms Trish Burnet  
Mr Houston Fleming  
Mrs Eileen McQuade  
Ms Joyce Mouriki  
Mr Simon Porter  
Ms Patricia Preston

- **CARERS**

Mrs Jan Cameron  
Mr Ivan Carnegie  
Mrs Sheila Cooper  
Mrs Mary Fawdry  
Dr Janette Gardner  
Mrs Elizabeth McGovern  
Mrs Gráinne Smith  
Ms Helen Welsh  
Mrs Greta Young

- Ms Christina Naismith, Joint Programme Manager Mental Health - Lothian

The Support Group is also grateful for the full participation in the visit process of the Scottish Executive Health Department Performance Management Division.

## Annex B

### MENTAL HEALTH AND WELL BEING SUPPORT GROUP OVERALL ASSESSMENT

For Round 2 the overall assessment will focus on areas highlighted in Support Group's First Round Report, *Our National Health* and in the HDL (2001) 69. Where the Support Group has been unable to offer a rating then the joint agency self-assessment rating will stand. These latter cases have been shaded.

### Rating score

- a rating of 4 indicates significant achievement(s) against the Framework implementation agenda and timetable.
- a rating of 3 indicates general satisfaction
- a rating of 2 indicate satisfaction in some areas but not others
- a rating of 1 would indicate a number of areas giving rise to concern
- a rating of 0 would indicate service deficiencies requiring early local attention

*In deciding the score the Support Group will consider:*

- *Clarity of overall direction*
- *Comprehensive and joint approaches. All aspects addressed*
- *Joint assessment of need, taking into account service user experiences*
- *Clear actions and time scales, and specified end-point*
- *Clarity of investment to support initiatives*

<b>DIMENSION</b>	<b>ISSUES</b>	<b>KEY</b>	<b>RATING</b>
<i>Well Being</i>	• A joint local mental health promotion strategy <i>Mental Health Promotion in Scotland, HEBS (1998)</i>	⊖	0 1 2 3 4
	• Identification planning & services for individuals at risk	⊖	0 1 2 3 4
	• Identification planning & services for groups at risk	⊖	0 1 2 3 4
	• Building healthy communities by links to other programmes	⊖	0 1 2 3 4
	• Development & implementation of Anti-Stigma policies <i>Our National Health (2000)</i>	⊖	0 1 2 3 4
<i>A Shared Approach</i>	• Inclusion of service users, carers and voluntary sector views and experiences, jointly with staff in service review, assessment and commissioning, through a training and development system provided by Board and Trust resourcing for Allies in Change. <i>Allies in Change Route Map (2001)</i>	⊖	0 1 2 3 4
	• Development of local services provided by voluntary organisations as well as service users and carers <i>(Our National Health (2000))</i>		0 1 2 3 4
	• Independent collective or individual Advocacy in mental health available to service users and carers who require it. <i>Independent Advocacy: A Guide for Commissioners (2001)</i>	⊖	0 1 2 3 4

#### Key:

- ⊖ Areas highlighted in *Our National Health/HDL(2001)69*
- Δ Areas highlighted in First Round Report.
- ❖ Areas highlighted in Performance Assessment Framework

<b>DIMENSION</b>	<b>ISSUES</b>	<b>KEY</b>	<b>RATING</b>
<b>Making It Happen</b>	<ul style="list-style-type: none"> <li>Joint local strategy agreed between partner organisations <i>Making it Happen: A Framework for Mental Health Services in Scotland (1997)</i></li> </ul>		0 1 2 3 4
	<ul style="list-style-type: none"> <li>Agreed and time-tabled implementation plan</li> </ul>	+	0 1 2 3 4
	<ul style="list-style-type: none"> <li>Explicit planning links to Community Care and Health Plans</li> </ul>		0 1 2 3 4
	<ul style="list-style-type: none"> <li>LHCCs are involved in local mental health service planning and delivery. <i>Our National Health (2000)</i></li> </ul>	⊖	0 1 2 3 4
<b>Resources</b>	<ul style="list-style-type: none"> <li>Clarity about continuing resource identification by each agency, with investment appropriate to the strategic intent <i>A Shared Approach, Accounts Commission (1999)</i></li> </ul>	+	0 1 2 3 4
	<ul style="list-style-type: none"> <li>Principles of JFG report <i>A Joint Future</i> applied to joint mental health service development <i>A Joint Future: Report of the Joint Future Group (2000)</i></li> </ul>		0 1 2 3 4
	<ul style="list-style-type: none"> <li>Targeting of specialist mental health resources on those with greatest identified need, including use of the CPA <i>A Shared Approach, Accounts Commission (1999)</i></li> </ul>		0 1 2 3 4
	<ul style="list-style-type: none"> <li>Sharing of information between organisations leading to the development and evaluation of cost effective services <i>A Shared Approach, Accounts Commission (1999)</i></li> </ul>		0 1 2 3 4
<b>The Framework</b> “Service Elements” (the Template)	<ul style="list-style-type: none"> <li>Process Elements <i>A Framework for Mental Health Services in Scotland (1997)</i></li> </ul>		0 1 2 3 4
	<ul style="list-style-type: none"> <li>Core Service Elements (including psychological interventions)</li> </ul>	⊖	0 1 2 3 4
	<ul style="list-style-type: none"> <li>Service profiles :</li> </ul>		
	<ul style="list-style-type: none"> <li>Adults (in particular Schizophrenia)</li> </ul>	+	0 1 2 3 4
	<ul style="list-style-type: none"> <li>Children and Young People</li> </ul>	+ ⊖	0 1 2 3 4
	<ul style="list-style-type: none"> <li>Older People (in particular Dementia Services)</li> </ul>	+ ⊖	0 1 2 3 4
	<ul style="list-style-type: none"> <li>Mentally Disordered Offenders</li> </ul>	+ ⊖	0 1 2 3 4
	<ul style="list-style-type: none"> <li>Those who misuse Alcohol and Substances</li> </ul>	+	0 1 2 3 4
	<ul style="list-style-type: none"> <li>Homeless People</li> </ul>		0 1 2 3 4
	<ul style="list-style-type: none"> <li>People with a Learning Disability AND who have a mental health problem</li> </ul>		0 1 2 3 4
	<ul style="list-style-type: none"> <li>People with a Physical Illness AND who have a mental health problem</li> </ul>	+ ⊖	0 1 2 3 4
	<ul style="list-style-type: none"> <li>Women with PND <i>NHS MEL(1999)27 Services for Women with Post Natal Depression</i></li> </ul>	+ ⊖	0 1 2 3 4
	<ul style="list-style-type: none"> <li>People with an Eating Disorder</li> </ul>	+ ⊖	0 1 2 3 4
	<ul style="list-style-type: none"> <li>Service provision for people with anxiety / depression in the community <i>Our National Health (2000)</i></li> </ul>	+ ⊖	0 1 2 3 4

**Key:**

⊖ Areas highlighted in *Our National Health/HDL(2001)69*

△ Areas highlighted in First Round Report.

+ Areas highlighted in Performance Assessment Framework

## Annex C

### ACRONYMS / GLOSSARY OF TERMS

ADAT	Alcohol and Drug Action Team
ADHD	Attention Deficit and Hyperactive Disorder
Advocacy	Representing the cause of another, to secure services they may require, or rights they be entitled to.
Allies in Change	Consortium training, supporting and promoting the involvement, participation and inclusion of people with mental health problems and their carers in the planning and other processes of the care partner organisations.
Area Redesign Teams	Local groups of professionals, service users and carers who look for better ways to organise their local services.
C&A	Child and Adolescent
CAMHS	Child and Adolescent Mental Health Service
CBT	Cognitive Behavioural Therapy
CCP or JCCP	(Joint) Community Care Plan <i>A document produced by local authorities and partners which sets out how services will be developed over the next three years.</i>
Centre for Change and Innovation (CCI)	The (Health Department) CCI is working with the partner organisations, users of services and carers on how best to design and agree how to approach change and improvement in certain aspects of care, of which mental health is one. The 27 February seminar on <i>Doing Well by People with Depressive Disorder</i> was a first step.
CLDT	Community Learning Disability Team <i>Provide a community based service to individuals who have severe learning disabilities and complex care needs.</i>
CLO	Central Legal Office <i>The Lawyers for the NHS</i>
CMHS	Community Mental Health Services
CMHT	Community Mental Health Team <i>Provide a community based service to individuals who have severe and/or enduring mental health problems and complex care needs.</i>
Community Mental Health Teams	A multi-disciplinary team providing care in the service users' own homes and local communities.
CPA	Care Programme Approach <i>The arrangements in place to ensure on-going co-ordinated care for those with enduring mental health needs discharged from hospital care</i>
CPN	Community Psychiatric Nurse <i>A qualified nurse with special training in looking after people who are affected by mental ill health, dementia or who have drug and alcohol problems.</i>
CRAG*	Scottish Executive Health Department Clinical Resource and Audit Group (*now part of NHS Quality Improvement Scotland- a body to promote clinical effectiveness)

CSBS	Clinical Standards Board for Scotland <i>The body whose job it is to set minimum quality standards for care</i>
CSP	Children's Service Plan <i>A document produced by local authorities and partners which sets out how services for children will be developed.</i>
CVID	Community and Voluntary Interactive Database
Delayed discharge	Where a hospital in-patient's actual discharge date is later than their ready for discharge date.
Dual Diagnosis	Refers to someone suffering from two or more conditions at the same time, for example having a mental health problem and a substance misuse problem.
ECCI	Electronic Clinical Communications Implementation <i>Projects to improve access to clinical information.</i>
Edinburgh Scale	A questionnaire developed in Edinburgh more than 20 years ago and used as part of the screening programme to detect Postnatal Depression.
EPDS	Edinburgh Postnatal Depression Scale <i>Screening Tool for Postnatal Depression.</i>
EPPIC	Effective Purchasing and Providing in the Community
Extended mental health services	Mental health care and support organised to provide a range of provision from hospital to care in the home
Forensic services	Range of services, care, support and accommodation for mentally disordered offenders.
GP	General Practitioner
HB	Health Board
HDL	Health Department Letter <i>Formerly known as a MEL (Management Executive Letter) this is a directive from the Management Executive.</i>
HIP	Health Improvement Plan <i>A document produced by the Health Board describing how it will improve health of the population over the next five years.</i>
IIP	Investors in People <i>A standard / award that links the investment in people to the achievement of corporate goals.</i>
Integrated Care Pathways	A multi-agency and multi disciplinary route through care at different stages showing who does what and when in a patients progress to better health
JCCP	Joint Community Care Plan <i>A document produced by local authorities and partners which sets out how services will be developed over the next three years.</i>
LHCC	Local Healthcare Co-operative <i>Co-operative groups of GPs, Community Nurses and related services working in localities</i>
Liaison Psychiatry	The sub-specialty which provides psychiatric treatment to patients attending general hospitals (whether in or out-patient clinics or A&E). Deals with the interface between physical and psychological health.

MDO	Mentally Disordered Offender <i>A person with a mental illness who has, or is likely to, come into contact with the criminal justice system.</i>
MH	Mental Health
MH&WBDF	Mental Health and Well Being Development Fund <i>The fund was set up to assist Board and partner organisations to remove barriers to joint working and to deliver on the Framework agenda.</i>
MHO	Mental Health Officer <i>Individuals who are specially trained and qualified to understand serious mental illness</i>
Millan Report	<i>New Directions</i> : Report on the Review of the Mental Health (Scotland) Act 1984 chaired by Rt. Hon. Bruce Millan This report and its recommendations have led to the "new" Mental Health Bill introduced to Parliament during 2002.
MISG	Mental Illness Specific Grant <i>A ring fenced grant from the Scottish Executive to fund specific community based services for people with mental health difficulties.</i>
MWC	Mental Welfare Commission for Scotland <i>Protects the welfare of people who may be vulnerable because of mental illness or a learning disability.</i>
NMD	Neurosurgery for Mental Disorder
OP	Older People
Our Joint Future	The strategic approach to improved joint planning and working between the statutory organisations.
Partner organisations	NHS Boards, Trusts, GPs, LHCCs, Local Authorities, social work departments, voluntary organisations, and others.
Pathfinder client group	The group of service users who will be the first to benefit from new ways of working described above under Workforce Development.
Performance Accountability Framework	A process for assessing and comparing the performance of the NHSScotland across a range of key services to improve accountability and services.
PIP	Partnerships in Practice <i>A 3 year rolling agreement of the key joint actions to be taken by Local Authorities and Health in relation to Learning Disabilities.</i>
PND	Postnatal Depression
Primary Care Modernisation	The strategy for change and improvement of Primary care services, including improved links between primary care, community and specialist hospital services
PSM	Patient Services Manager
Psychological Interventions	Methods used to treat a range of mental health needs based around talking treatments involving one to one, group or counselling approaches.
QA	Quality Assurance <i>A minimum standard for quality. A Kite mark</i>
SAFE	Safety, Anti-loneliness, Friendships for Elders

SCI	Scottish Care Information
SCIEH	Scottish Centre for Infection and Environmental Health
SE	Scottish Executive
SHAS	Scottish Health Advisory Service <i>They review and report on the standard of local services</i>
SIGN	Scottish Intercollegiate Guidelines Network <i>Offer advice to standardise approaches to clinical care</i>
SIP	Social Inclusion Plan <i>Local plans to ensure that all are given the opportunities to participate and live a full and active life</i>
SNAP	Scottish Needs Assessment Programme <i>Conducts research and reviews into specific aspects of care or care needs</i>
SW	Social Work
TIP	Trust Implementation Plan <i>A document produced by Primary Care NHS Trusts which describes service development priorities and proposals over the next 5 years.</i>
Workforce Development	A new approach to addressing the existing problems in recruitment and retention of key staff.

## Annex D

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