

Quality Standards for Adult Secondary Mental Health Services consultation

Response by Lothian Voices (CAPS)

March 2023

The comments below represent responses, gathered from **CAPS collective advocacy group 'Lothian Voices'** and other people involved in CAPS' collective advocacy who **identify as having lived experience of mental health issues**.

The group chose to have **collective discussions about Part 1 and Part 3**.

Some people chose to tick boxes on the sliding scale (from strongly agree to strongly disagree) and others chose to have their voice heard through only their comments.

This document represents the results of these discussions.

CAPS Lothian Voices collective advocacy group look forward to seeing how their voice will be included in the final standards and are keen to continue to feed into any further consultation. You can contact us at molly@capsadvocacy.org

Part 1 – Questions On All Of The Standards

Q1. How far do you agree that the standards will improve the experiences of people using secondary mental health services?

People felt that **if** the standards are **well implemented**, they have the **potential to help**. The group were particularly impressed about the **inclusion of trauma informed practice** and thinking about **diversity**.

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
	2	2		

“I think they will help.”

“Yeah, but I wouldn’t put in strongly agree because we will have to wait and see what happens. You don’t know what is going to happen.”

“I like the trauma informed stuff and the diversity training – it all sounds good, though I don’t know what this said before.”

“I think that what they have said I agree with, I am just dubious about the implementation.”

“I think I kind of agree, they look good, it is just whether it gets put into practice.”

“[On standard 1.4] it sounded ominous and puts a lot of pressure on community resources.”

“The bit about easy read is missing a word... of all the things to have not [have] proof read.”

Q2: How far do you agree that the standards will improve the outcomes of people using secondary mental health services?

Similarly, people felt that the standards **would improve** outcomes for people **if they were well implemented**.

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
	3	1		

“I think they will, they are good enough standards to make these services better.”

“Assuming they actually abide by these, yes I would agree. There is a lot of good stuff in there like the trauma informed stuff. There are bits I am finding a little bit confusing. There is a whole bit about intelligent engagement – I mean I know what it is, but couldn’t they have found a better word for this?”

“[Standard 1.4 on online and community resources] puts a lot of pressure on these resources, will they be properly funded to cope with the increased demand?”

“It is about who is delivering that service... Are they doing the job properly?”

“It is a breath of fresh air to see it being trauma informed. This will help it be not just a symptoms checklist.”

“I do worry about whether they will implement them as they are written, but I do like them.”

“In an ideal world it sounds wonderful, but we are not in an ideal world, where is the money coming from anyway?”

“And how will they be implemented? That’s Important.”

“...and who checks up on it?”

“Are they wishful thinking?”

Q3: How far do you agree that the standards clearly set out to individuals, their families and carers what they can expect from a secondary mental health service?

The group feels like is **possible if the standards are put into practice well.**

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
	1	3		

“There is more I want to see around families and carers... how that comes together is a big part of the puzzle.

[I am] interested to see if they will be able to streamline these ideas.”

“If they are properly implemented that will be possible.”

“Peoples carers... the things they have to do, the little support they get, oh what a job that is, I wouldn’t want a job like that...”

“I agree, they do set it out clearly... but it is not what they can expect, it is what they should expect.”

Q4: We know that currently not everyone has the same experiences or outcomes when they engage with mental health services. We want these standards to help make sure that services meet everyone’s needs whoever you are and whatever your background. How far do you agree that the standards will help do this?

The group felt the standards covered a **wide variety of disadvantages** and therefore everyone agreed that the standards are capable of helping services meet different people’s needs.

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
	4			

“They have mentioned different cultural backgrounds and protected characteristics, and with the trauma-informed and diversity training... yes it should if implemented properly.”

“I would really like to agree – people in deprived backgrounds miss out on services that they can’t access for whatever reason. They are missing out, so hopefully it will be that everyone can get the same treatment opportunities and not get excluded for whatever reason.”

“I will agree, it was good to see mention there about diversity, in terms of standards having something like diversity embedded feels important going forward.”

“They mentioned about poverty and stuff like that as well – that is a good start.”

Q5: Do you have any suggestions for how the standards could go further to help ensure that services meet everyone's needs regardless of who they are or their background?

The group did have some suggestions on how the standards could go further in meeting peoples needs. They **suggested offering help with transportation, recommending advocacy, having inclusion workers, and helping people to access online appointments** by helping them get free internet access.

"I think some of these people from different backgrounds will need support to get there from the start – will they find transport and advocacy workers and other support to help people get there?"

"That they have a worker in each division that deals with inclusion... several inclusion workers!"

"I am wondering about the practicalities for the service user, in terms of transport, getting somewhere, getting back, know where you are going. It depends how far they are going with being trauma informed because that could play a big part in getting people to turn up for a service. I feel that is important."

"I like how they mention the ability to have video consultations, but it is not always going to work if you have a really bad internet connection. Is there a way they could help with that maybe? What about a tariff for people who need to use online consultations e.g. on their mobile data?"

Q6: Are there any other areas of mental health services in which you think these standards could apply outside of adult secondary services? If so, which services?

Lothian Voices felt these standards could be used in **any service**.

“All of the services!”

“The third sector.”

“If these standards are better than other services, then those services should use these standards.”

Q7: Please share with us any of your thinking on your answers above and give us your views on the standards overall.

People raised **concerns about implementation and monitoring** of the standards. They also picked up on particular issues in standards 1.10, 2.1, 3.2, 3.3, 3.4, 3.7, 4.5 and 5.3.

“I think the standards are very good if they can be applied.”

“It would be wonderful to see the application and implementation of your ideas.”

“What level of trauma training are they getting?”

“They are good, it is just seeing them working in action. It would be interesting to have a conversation in a year or two and see where we are with things. Theoretically if they adhere to the standards then people should end up going in the right direct of travel with their own mental health journey. I have my fingers crossed.”

“Who is going to be monitoring this? Will we get updates on how it is going? And on who is monitoring and how?”

“...everything is so complicated, about all different services, it is like a maze. Will you ever get out of it?”

On ‘*Standard 1.10: Services will provide information on how mental services work together and with other agencies and organisations. Services will work with people to ensure this is easy to understand. This could be through ensuring information is available in an accessible format, for example, a visual representation.*’, there was a comment on a missing word.

“1.10 is missing the word health.”

On ‘*Standard 2.14: Services will use demographic data, engagement intelligence, national prevalence rates and data on wider determinants of health to identify groups with poorer mental health and direct resources accordingly.*’, there was some **concern about** what might be involved in **engagement intelligence**.

“The term ‘*engagement intelligence*’ in 2.1, yes, I get it but it’s kinda creepy.... In [a CAPS lived experience workshop] we used to have a big section on this, it is usually all the pressure is put on the patient and not the service. It is seen as the person’s fault and not the services fault. Engagement tends to make us twitch! But if they use the data they have to better reach people and make the service more accessible that would be good.”

People **liked** the idea behind ‘*Standard 3.2: With my permission, this plan will be shared as I move between services so that I have to tell my story as few times as possible.*’, but were **unsure if this would actually happen in practice**.

“I do like 3.2, although it is referring to a written care plan, which they assuming will mean you won’t have to repeat your story but in my experience that doesn’t happen, you have to repeat it over and over again”

“... and when you repeat your story you might forget to include some details, you can’t remember everything, especially if you are unwell.”

Although the group liked that the standards included an option for **advocacy**, but in '*Standard 3.3: f I need to move between or out of services, I will be supported to prepare for this move. If I need someone to help me, that support will be available to me at a time and pace I need, for example, advocacy.*', the **advocacy is not explicitly independent, which is very important so that the advocacy organisation doesn't follow anyone else's agenda and only represent the views of the people they are providing independent advocacy to.**

"Advocacy needs to be independent!"

There was **confusion** about what was meant in '*Standard 3.4: If I am discharged from mental health services, I will understand how to get care and support if I need this again, this will be easy for me.*'

"I'm not entirely sure I understand this sentence. Is that the understanding will be easy, or the getting care and support? I don't understand."

"3.4 is not very clear. Hopefully they will actually know how to get the support."

"The whole '*I will understand...*' um, I think it needs to be more than that, the person needs to be given information, not just being left with an understanding."

"They should be more specific and use stronger language like guaranteed."

"You don't know it is going to be easy [for the person]."

There was also **confusion** about *‘Standard 3.7: Services will provide co-produced written care plans for transitions between services or discharge from services, detailing how to reengage.’*

“The word reengage in 3.7 ... how services reengage with a person or how a person reengages with services?”

“3.7 is much better than what is suggested in 3.4. Could we leave out 3.4 and only have 3.7 in?”

“...I think they are slightly different points as one is about what the person expects and the other is what the service will do... but yes 3.4 could be worded better!”

Again, *‘Standard 4.5: Services will ensure that any assessments or interventions are delivered by staff who have the appropriate skills, training, capability and capacity to fulfil their roles. Where workload tools exist these must be utilised.’*, was **confusing** because of the language used.

“What are workload tools?”

The group was **happy to see independent advocacy included** in *‘Standard 5.3: I will be signposted to independent advocacy services for support, and given the opportunity to share my experience confidentially and or be supported to make a formal complaint.’*, but **advocacy is not a support service.**

“I am very happy to see they include the word independent before advocacy. It is good they refer to it as independent, but advocacy doesn’t provide support.”

“Advocacy isn’t a support, you know, they have got to get that worded properly. Are they wanting independent support services?”

Part 3 – Assessment, Care Planning, Treatment and Support Questions

Q15: How far do you agree that the standards within this theme will improve the experiences of people using secondary mental health services?

Once again people were **hopeful** that the standards could improve people’s experiences, but felt the success of that would be in **the use of the standards in practice**.

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
	2	2		

“If it works it will improve, but it is very difficult to see how it will do [in practice].”

“I am optimistic – it might be good, it looks good on paper. They are actually taking into account diversity stuff and things somewhat.”

“It’s trauma informed which is good and actually specifies cultural and protected characteristics and inequality. It is good they are trying to plan around inequality.”

“Hopefully!”

“It looks good on paper, it would be great. It needs edited a bit and created a bit better. But if it’s all applied it will be good. It’s a new thing so it might not all go well the first time, but we are here to keep them right.”

“I think it is good that it’s got a feel of being person-centred throughout it and it definitely looks like they have taken on board recommendations around what person centred care looks like. It’s positive to see a person-centred set of standards.”

“Something else I liked about it is the ability to engage digitally or face to face. Having that as a standard is good.”

Q16: How far do you agree that the standards within this theme will improve the outcomes of people using secondary mental health services?

Everyone felt that the **standards are good but didn’t have confidence that they would be implemented well** enough to improve people’s outcomes.

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
	2	2		

“I’ll go with agree for this, based on what they’ve got, there is specifics within the standards that would in theory allow better outcomes or more successful outcomes for people using the services, in theory”

“I like how they are saying about themes, but it’s all back to the standards again because they haven’t actually been delivered.”

“It looks goods, and it should do assuming they actually manage to implement it the way it is on paper.”

"I like that family will be involved 'if I want them to be'."

Q17: How far do you agree that the standards within this theme clearly set out to individuals, their families and carers what they can expect from a secondary mental health service?

The group **agreed** that the standards did this.

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
1	3			

"Yes indeed, they do that. I strongly agree."

"The idea is really good and the themes are good, we just have to see what happens."

"I can't see anything that is missing. I like taking into account cultural and social stuff and being trauma informed."

"I'll go with agree for this. My comments are that there is more detail to suggest that this is gonna be streamlined better."

"What we said [in this response], should be for everyone, not just carers, but everyone who is getting this service."

"I also like 2.14 on appropriately using data."

Q18: Do you think there is anything missing from Assessment, Care Planning, Treatment and Support standards?

People raised the issue of **digital poverty** and internet access, as well as **communication** with people and language used.

“Lots of people don’t have access to digital stuff... it is digital exclusion, digital poverty [like] at the beginning of lockdown. I would rather do it digitally talking to these people than sitting beside them, but not everyone is able to get the technology for that.”

“There should be help to get online and data costs for NHS video calls [which] should be free for the person.”

“Some people including myself are getting internet for free through a charity, but its finding it and how to get it – who to contact and things, you know?”

“The only thing I can think of is an easier way of finding out when appointments are rather than having to rely on letters that might get lost.”

[On language] “I mean come on, *assessment*, they could have used better language, I mean *assessment*, oh no no.”

Q19: We know that currently not everyone has the same experiences or outcomes when they engage with mental health services. We want these standards to help make sure that services meet everyone’s needs whoever you are and whatever your background. How far do you agree that the Assessment, Care Planning, Treatment and Support standards will help do this?

The group felt this could be **achieved with proper implementation**, but were again unsure how well this would be done.

Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
	2.5	1.5		

“They will go a little way towards helping at least, I think. There is such a long route to go they can’t be expected to do everything.”

“I’m hopeful and I’m optimistic about what they have written, so maybe I do agree, I don’t know, I’m not quite sure.”

“I agree with the caveat it is all dependent on the implementation. On paper it is good. They have listed protected characteristics, talked about equality, and being trauma informed. So, on paper, it should.”

“I’m swaying between agree and neither agree or disagree, 50/50, that’s positive for me. Just because it sounds good and I hope it works out.”

Q20: Do you have any suggestions for how the Assessment, Care Planning, Treatment and Support standards could go further to help ensure that services meet everyone’s needs?

The group had a **question around care plans** being regularly **reviewed** as they did not feel it was clear in the standards.

“Care plans being regularly reviewed sounds good. But how often is regularly? If it’s once a year but you only see your MH professional once a year... will it be proportional to number of appointments, or be when you feel it needs done? We need a bit of clarification on that.”

Q 21: Please share with us any of your thinking on your answers above and your views on Assessment, Care Planning, Treatment and Support standards overall.

Group members were a bit **confused about where these standards would be used**. One person drew a parallel between current thinking about educating children and these standards.

“My final thoughts are that it feels like they have listened to our ideas and suggestions and they are putting them together. What I’m trying to understand, will this be a policy in organisations? Will this be the gold standard as it were? ... it’s a big culture shift for this to be implemented. I don’t think people have to look to far these days to see why this has to be rewritten, for it to be progressive and person-centred.”

“I’m looking at these standards thinking there is not a huge difference about the way people can expect to be treated and what schools are trying to teach children.”

Lothian Voices also had specific comments on standards 2.9, 2.11, 2.13 and 2.14.

When looking at ‘*Standard 2.9: Services will ensure that teams have an adequate staffing skill mix to provide a wide range of assessments and therapeutic interventions based on needs in their community. This team should include psychiatry, nursing, psychology, social work and Allied Health Professionals as well as opportunity for peer support and other expertise as needed.*’, the group had comments about **the importance of peer workers** and how they should be properly remunerated for this.

“I’m doing the Health in Mind course for peer workers. [Opportunities for peer support are] very good.”

“I was just thinking – peer support is a really important part that is played in this. People that access services that go on to become a peer is a positive thing. It is probably quite far down the line but it is worth mentioning that hopefully one day there could be a financial contribution towards peer support. Ultimately that’s helping put people in an environment where they are with others who have been through similar things and are on their road to recovery. Those reflections are important to have in terms of getting better again. Ultimately wherever you start opportunities down like line like peer support are a part of healing and making sure your wellbeing is healthy.”

“I think if they are going to use peer support it needs to be properly compensated.”

“You have got to make the case for [peer support] as constructive criticism or it could be seen as paying someone to point out our mistakes. Being able to be objective while looking at peer support is really important.”

There was some **concern about planning for hospital discharge too soon** as suggested in *Standard 2.11 Services will ensure that the mental health care and support is provided in a community setting wherever possible. If people need in-patient care, this will be for the shortest necessary time and planning for returning to the community will begin as soon as they are admitted with an estimated date for discharge.*

“How can they know when discharge would be [if you only just arrived]?”

“That would leave me feeling very rushed, that they wanted rid of me as soon as I was there. I get why they are doing it, but maybe give people a day or two to settle just a little bit before you start doing that unless they want that – give them the option when they want to have that discussion.”

People were **glad that words like ‘people’ and ‘you’ were used** throughout and were a bit uncomfortable with the use of the term ‘services users’ in *Standard 2.13: Services will routinely measure and report care and treatment outcomes. This should include understanding both responsiveness of interventions and service users and carer experience. This should routinely be reported through clinical and care governance.*

There were also **questions about the accuracy of the data** services would collect to meet *Standard 2.14: Services will use demographic data, engagement intelligence, national prevalence rates and data on wider determinants of health to identify groups with poorer mental health and direct resources accordingly.*

“How will they be certain that their data is that accurate given that some people may have an aversion to services for whatever reason?”

“...is this a case of people falling through the net again? There will always be people who won't be able to engage with the services.”