

Response ID ANON-M4RT-ZH8W-R

Submitted to **Mental Health in Scotland – a 10 year vision**
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About You

1 What is your name?

Name:
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2 What is your email address?

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3 Are you responding as an individual or an organisation?

Organisation

4 What is your organisation?

Organisation:
Down's Syndrome Scotland

5 The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

Publish response with name

6 We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this exercise?

Yes

Questions

1 Our framework sets out 8 priorities for a new Mental Health Strategy that we think will transform mental health in Scotland over 10 years. Are these the most important priorities?

Not Answered

If no, what priorities do you think will deliver this transformation?:

While we agree that these are key priorities for a Mental Health Strategy that will transform mental health in Scotland over 10 years, we believe staff training should be included as one of the proposed priorities. As it is, this relates to some of the proposed early actions (for instance, under priority 4, to increase the number of link workers and peer support workers in primary care), but we believe it should be clearly outlined as a priority. In particular, further staff training and awareness of Down's syndrome (Ds) will help overcome the issue of diagnostic overshadowing, in which conditions are not properly diagnosed as they are seen as relating to an individual's diagnosis of Ds. In particular, we would like to see better training on the differences between dementia and learning disabilities, to improve diagnosis of early onset dementia from in adults with Ds. Down's Syndrome Scotland (DSS) is not expecting all staff across all health services to have expert knowledge of Ds, however some staff in each team/unit/department should know about Ds and be able to undertake training as and when required so that patients with Ds are well supported.

Additionally, we believe there are a couple of additional areas in which the existing priorities listed should be expanded. First, priority 1 ("Focus on prevention and early intervention for pregnant women and new mothers") should be expanded to encompass appropriately high quality diagnosis support. This is important as there are negative impacts on maternal health and attachment if this is not done well. Second, we believe priority 2 ("Focus on prevention and early intervention for infants, children and young people") should be expanded to ensure it includes service delivery/support services are available.

2 The table in Annex A sets out a number of early actions that we think will support improvements for mental health.

Are there any other actions that you think we need to take to improve mental health in Scotland?:

Under priority 5, there should be further actions taken to ensure better health screening and health checks. In particular, we would like to see better health screening for adults with Ds, including screening for dementia, building awareness that people with Ds are more prone to dementia (early onset dementia can occur from age 40; by age 60 over half of adults with Ds will have developed dementia), and screening for mental health problems. Steps also need to be taken to ensure that annual health checks are completed for all adults with Ds in line with the Royal College of GPs (see pages 39-41: <http://www.rcgp.org.uk/learningdisabilities/~media/Files/CIRC/CIRC-76-80/CIRCA%20StepbyStepGuideforPracticesOctober%2010.ashx>) – as it is, they are completed in some parts of the country, but not necessarily everywhere due to different practices in different areas. Additionally, we support the recommendations to address the waiting times in CAMHS, as the current waiting times causes issues including greater parental stress. We have examples of children with Ds being excluded from school due to their behaviour, whilst awaiting referrals which adds ever further parental stress.

Under priority 8, DSS supports a review of learning disability, autism and dementia in the definition of “mental disorder” in the mental health legislation, and is actively taking part in the review.

3 The table in Annex A sets out some of the results we expect to see.

What do you want mental health services in Scotland to look like in 10 years' time?:

Under priority 8, DSS supports working toward the result that “People with mental health problems successfully lead lives where autonomy, choice and control are supported and their human rights are protected and enjoyed.”

There are a few areas which we believe should also be included in the vision of what mental health services in Scotland should look like in 10 years' time. First, the proposed vision needs to emphasise the importance of caring for people who have multiple conditions such as Ds and dementia and the need for greater support in such cases. Second, the vision needs to specifically refer to other strategies, such as the Dementia Strategy, and explain how the mental health vision will interact with other policies. Third, mental health services need to properly support carers, and this vision needs to link to new policies on carers, specifically the Carers (Scotland) Act 2016.

Evaluation

7 Please help us improve our engagement by answering the questions below. (Responses to the evaluation will not be published.)

Matrix 1 - How satisfied were you with this engagement?:

Very satisfied

Please enter comments here.:

Matrix 1 - How would you rate your satisfaction with using this platform (Citizen Space) to respond to this engagement exercise?:

Very satisfied

Please enter comments here.: