

Mental Health Transformation in Scotland: New Approaches to Change

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Overview

- The context for what we are doing in Scotland
- Our (not so) new approaches to change
- How that applies to our work on depression
- Some reflections

Context

- Creation of Scottish Parliament – 1999
- Millan Report – 2001
- National Programme for Improving Mental Health and Wellbeing – 2001
- Mental Health Division – 2003
- Clinical Review of Mental Health – 2005

Creation of Scottish Parliament

- Commitment to participative democracy with new engagement with people of Scotland
- Health substantially devolved to Holyrood (=we do our own thing most of the time)
- Policy development more transparent and more permeable to external perspectives
- An evolving process

Millan Report – “New Directions”

- Broad based review of mental health law
- Established consensus about the objectives of law and policy in Scotland
- Principles of engagement, reciprocity, etc.
- Carried forward into 2003 Care and Treatment Act (implemented in 2005)
- Balances rehabilitation, care and treatment with public safety

National Programme

- Focused on –
 - Recovery, social inclusion and health improvement of those with mental illness
 - Promotion of good mental health, reduction of suicide and depression for whole population
- Partnership with NGOs through See Me, Choose Life, Scottish Recovery Network
- Broadens the approach to mental health

Mental Health Division

- Created as integrated business unit to give national leadership and bring together work on:
 - Service development and improvement
 - Legal framework
 - Mental Health Improvement
 - Performance management
- Interface between Scottish Government, NHS Boards, local government and NGOs
- “Where it all comes together”

Clinical Review of Mental Health

- Key outcomes from the review
 - work on legislation and on stigma had gone well
 - but weaknesses in service delivery across Scotland
 - traditional policy led approach to service change not working quickly enough
 - people wanted to do better

New Approach to Change

- Focus on next steps – collaborate to identify priorities and immediate actions
- National NHS targets for mental health = parity with other conditions and direction of travel
- Improve quality of and use of information
- Think about patient pathways rather than episodes of care

Change continued...

- Push integration across service provision and intervention (treatment, health improvement, social inclusion...)
- Accountability, but with shared ownership of outcomes – a different national/local engagement
- Understand that change needs time and support, we are still learning about change
- Leadership

Depression

- Next Steps – increase access to psychological therapies; stepped care following assessment
- NHS Target – reduce anti-depressant prescribing by 2010
- Information – activity information included within benchmarking, QOF data, etc.
- Patient pathway – standards for integrated pathway in depression

Depression continued...

- Integration – embedding work on depression in Keep Well anticipatory care work, physical
- Accountability – key topic in review visits
- Change processes – maintaining the national and local learning networks
- Leadership – programme strands focused on psychological therapies

Outcomes?

- Buzz and excitement about mental health in Scotland
- Good progress being made on commitments and targets
- Visible issue for Boards and Ministers (changes the context for those at the coal face)
- Clear programme of work for next 2/3 years

Reflections?

- Raising the temperature is important
- Focus on key objectives for now and be realistic
- Understand the difference between policy and delivery
- Be opportunistic
- Understand how the whole system works and use that understanding
- Challenge cultural expectations
- Build productive alliances for change – this is a common endeavour
- Mental health is a health service like any other

Contact Information

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