



National Carer Organisations response to: Delivery of psychological therapies and interventions: national specification

Introduction

The National Carer Organisations welcome the opportunity to submit a response to Scottish Government's *Delivery of psychological therapies and interventions: national specification* consultation.

The National Carer Organisations are Carers Scotland, Carers Trust Scotland, the Coalition of Carers in Scotland, MECOPP, Shared Care Scotland, and the Scottish Young Carers Services Alliance.

Together we have a shared vision that all Scotland's unpaid carers will feel valued, included and supported as equal partners in the provision of care. The National Carer Organisations aim to achieve this through the representation of unpaid carers and giving them a voice at a national level.

We believe we can deliver more for unpaid carers by working together to share our knowledge and experience, and by focusing our collective efforts on achieving improvements in areas of policy and practice that are of greatest concern to unpaid carers.

Consultation questions and response

Psychological therapies and interventions are important aspects of care and treatment and especially important in early intervention services.

More education around the recognition of early signs of developing mental health problems, such as psychosis, in the community and in services, alongside anti-stigma campaigns and hearing concerns of family members could be helpful in ensuring there is more timely access to how people receive psychological therapies and interventions. We recommend that there is a need for more workforce training on cognitive behavioural therapies and for this training to be extended beyond statutory services. Training must be culturally sensitive to meet the varying communities across Scotland. Practitioners must be willing to work with those who have lived experience, their unpaid carers and their families in meaningful ways.

1.1 When receiving care, a psychological formulation will be agreed with me in an outcome focused and transparent way, linked to jointly agreed goals and decision-making (See Glossary for description and an example of a formulation).

An agreed-upon person-centred formulation should be the consistent approach taken by all services. This would make it consistent with the approach used in early intervention in psychosis service and the two pilot sites.

1.9 Nationally agreed methods of measuring my progress during treatment will be used so I can see how the psychological care offered to me is helping me in a meaningful way. This helps services know they are offering quality care too.

Recovery means different things to different people. It would be good if a personalised response were also used to gauge progress, and maybe also open dialogue with unpaid carers and family members about progress. Accessible information must be made available to all patients and unpaid carers around this, including those from diverse cultural populations to meet their individual needs.

1.12 Access to peer support can be vital to recovery, and where possible, I will be supported to connect with others with lived experience to aid recovery, if I choose to do so.

Peer support is of great value and needs to be an important component of any service. However, this needs to be properly funded, including the reimbursement of those who provide the peer support. Very often this is left to the third sector to provide, with little interaction with statutory services (exception being early intervention in psychosis service ESTEEM, who employ a paid peer supporter). Organisations providing training in peer support need to be adequately funded to enable this to be on offer.

2.1 Staff, communities and services must work with my family / carers and me to find out what I want and how professionals can help me.

The use of Triangle of Care would be effective in ensuring that staff and services identify and work with unpaid carers and family members. Sensitivity must be taken to ensure that this is what unpaid carers and family members want to be involved with, so discussions need to take place about the amount of input that would be expected. It is important to recognise the value of local carer organisations here and their role in supporting unpaid carers during this process.

Where English is not the patient's first language, care must be taken to provide timely translator services which are culturally acceptable to the person, unpaid carers and family members. It must not be left up to family members or unpaid carers to act as translator. This puts a huge burden onto unpaid carers and family members and can cause difficulties with relationships in the family or between the unpaid carer and he cared-for person.

2.6 The choice to book into an appointment with an appropriately trained and supervised staff member, ideally within a maximum of 12 weeks, to discuss my needs.

People experiencing mental illness, including young people, need to be properly supported with this booking system. There should be a range of options open (e.g. telephone, text, email, online platform), and they should be easy to access. Reminders about appointments should be provided and many unpaid carers wish to have a system where they could make the booking on behalf of the cared-for person. This can be for a variety of reasons, such as the cared-for person not speaking English as their first language, lack of motivation on the part of the person being cared for, or lack of knowledge about using online or email options.

3.6 If I do not attend an appointment, my case should not be closed due to non-attendance without contacting me, or the person that referred me. This is to make sure I am not at risk and have the care I need.

There should also be an expectation that any unpaid carer involved with the person should also be contacted if appointments are missed. Very often the unpaid carer is unaware of missed appointments and they can be the people who ensure a person keeps an appointment.

4.5 There will be ongoing, quality improvement at the heart of offers of care. Listening to the combined voices of those accessing, and those delivering psychological therapies and interventions, will make sure that services continue to develop and improve care for all.

They should also be listening to the voices of unpaid carers and family members connected with the person. This would be in line with the Carers (Scotland) Act 2016 duty of involvement of unpaid carers with service development, and would add to the overall improvement work.

4.6 Empathy, kindness, and respect will be used as frameworks for all practice and I should expect this. I am expected to show kindness and respect to staff and those supporting me.

This should be extended to cover unpaid carers. Many reports have been made about lack of respect for the role of unpaid carers in supporting someone experiencing mental health problems. This lack of respect has the impact of undervaluing the contribution towards recovery that unpaid carers make.

6.1 It is recognised that my existing support network – carers, family, or friends – are key in helping me with my support needs and the delivery of my care, should I consent to them being involved.

The use of Triangle of Care would assist with this and ensure that consent is provided for the involvement of unpaid carers. Triangle of Care also ensures that unpaid carers are signposted to services which can support them if needed.

6.2 I will be informed that I can have someone with me, if I choose to do so, when seeking psychological support. All interventions and services will take into consideration my preferences and consent about involving my carers, family, or friends in my care.

Again use of Triangle of Care model will assist with this.

6.5 Communication between professionals and those with lived experience will be inclusive of carers and family members, where and when appropriate.

This is essential and there needs to be a mechanism for measuring the level of inclusivity of unpaid carers. Unpaid carers can play a pivotal role in someone's recovery, but they need information and in a timely and accessible way. Communication with unpaid carers is key to that recovery.

7.1 There will be an adequately funded and staffed psychological workforce, taking into account specific clinical services, population need, and local circumstance so that I receive the level of care I need.

There must be adequate provision made which reflects the diverse cultural populations across Scotland so that their needs are better understood and met.

Do you have any other comments on the specification overall?

The National Carer Organisations welcome the development of these ambitious Specifications. It is our hope that these ambitions translate to real-life benefits for those undertaking psychological therapies and interventions, and that the benefits extend to unpaid carers as a result of the Specifications.

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