

**A FRAMEWORK FOR MENTAL HEALTH SERVICES IN SCOTLAND**  
**SECTION 2. CORE SERVICE ELEMENTS**

**SERVICES OFFERING PHYSICAL METHODS OF TREATMENT**

| Service Element  | Description of Needs   | Ways in Which Services May Respond  |
|--|--|---|
| <b>People who may benefit from treatment are identified</b>  | Certain mental health problems or particular groups of symptoms respond to the use of medications, in a way which cannot be achieved by other forms of treatment, eg psychological therapies.  | Training for Primary Health Care Team (PHCT) staff, and staff from partner agencies, in recognition of disorders which may well respond to treatment and in the benefits which will flow from this.   |
| <b>People who are asked to take a form of treatment are fully informed and able to make an appropriate choice.</b> | Information must be given to the person asked to take a treatment about: <ul style="list-style-type: none"> <li>• the likely short/long-term consequences of taking/not taking it;</li> <li>• the side effects;</li> <li>• the interactions with other medication; and</li> <li>• the impact on day to day living, eg driving.</li> </ul>            | <ul style="list-style-type: none"> <li>• Written information;</li> <li>• Counselling with a member of the PHCT, Clinical Pharmacist or Community Mental Health Team (CMHT);</li> <li>• Awareness of the right of choice of treatment;</li> <li>• Formation of a partnership between treater and treated.</li> </ul>   |
| <b>Care staff working with people receiving treatment are trained adequately</b>                                   | <p>Giving more information or giving it in a way which people can understand is the best way of making a partnership in treatment work.</p> <p>Early recognition of side effects, and awareness of the likely experience of the person taking the treatment, and of the means to improve this will enhance the prospect of successful treatment.</p> | <ul style="list-style-type: none"> <li>• Training for the PHCT, staff from partner agencies and staff working within the CMHT;</li> <li>• Support by a member of the CMHT for practice and treatment room nurses in primary care settings who give long-term treatments;</li> <li>• Use of outcome measures and feedback from people receiving treatment;</li> <li>• Clinical audit focused on areas of risk eg long term treatments, acute treatments in urgent situations;</li> <li>• Protocols for the administration of treatments and an audit of compliance with these carried out on a regular basis, eg ECT;</li> <li>• Benchmarking with comparable service areas elsewhere;</li> <li>• Use of professional, SIGN guidelines and CRAG/SCOTMEG Good Practice Guidelines.<sup>1</sup></li> </ul> |
| <b>Strict compliance with legislative framework</b>  | In cases where people are subject to Part X of the Mental Health (Scotland) Act 1984, the provisions of sections 97 and 98 are fully met. These relate to the administration of medication and other treatments against an individual's wishes in certain circumstances.   | <ul style="list-style-type: none"> <li>• Local audit of the use of Forms 9 and 10 to ensure compliance with 1984 Act sections 97 and 98;</li> <li>• Widespread availability of information and individual independent advocacy for persons subject to detention about their legal rights;</li> <li>• Appropriate use of the Second Opinion Doctor mechanism through the Mental Welfare Commission, as laid down in the 1984 Act.</li> <li>• Multi-disciplinary training, involving people who receive services, in the implementation of Part X of the 1984 Act.</li> </ul>   |

<sup>1</sup> Listed on final page of this section.

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**SERVICES OFFERING PHYSICAL METHODS OF TREATMENT (continued)**

| Service Element   | Description of Needs  | Ways in Which Services May Respond   |
|---|---|--|
| <b>The budget available within a service or locality to fund treatment is used to the best effect</b> | <p>A balance has to be achieved between:</p> <ul style="list-style-type: none"> <li>• use of the cheapest available medication;</li> <li>• the resulting side effects, (the older the drug, the more inexpensive, but the more side effect-full);</li> <li>• the effect of side effects on compliance by those who receive the treatment; and</li> <li>• efficacy;</li> </ul> <p>to achieve effective treatment within available resources.</p> | <ul style="list-style-type: none"> <li>• A locality or service formulary group composed of representatives of primary care, the mental health services, pharmacists and people who receive services;</li> <li>• The possibility for particular persons to receive a treatment not within the formulary if the responsible doctor can give a reasoned agreement based on enhanced health gain for the person;</li> <li>• Regular review of the formulary in the light of experience, audit findings, reported adverse effects, and the professional literature.</li> </ul>  |
| <b>New compounds can be incorporated to the local formulary as appropriate</b>                        | <p>New treatments for psychiatric disorders and new antidepressants offering fewer side effects, and sometimes greater efficacy, but at greater immediate cost, continue to be introduced. Also treatments for Alzheimer's disease have begun to appear. A means has to be found to use these new drugs appropriately for the benefit of people who receive treatment, within the available budget.</p>   | <ul style="list-style-type: none"> <li>• The locality or service formulary group should liaise with the Health Board and Joint Commissioning Team on the fiscal implications of a new treatment;</li> <li>• The formulary group should assess the evidence for the effectiveness and indications for the new treatment;</li> <li>• Any national or professional guidance should be considered;</li> <li>• A protocol should be developed for use of the new compounds, indicating when they can be used (often after two different existing treatments have failed to produce an improvement);</li> <li>• Means of assessing any betterment for the person receiving the treatment, including his/her personal experience, should be specified;</li> <li>• A criterion by which the new treatment should be withdrawn or continued on the basis of its success or failure - including the views of the person taking the treatment and the person looking after him/her - must be established;</li> <li>• The view of the GP who may have to continue prescribing the new treatment must be sought.</li> </ul> |
| <b>The Physical Environment for the Giving of Treatments is Appropriate.</b>                          | <p>Certain treatments, particularly ECT, must be given in a safe environment with the correct equipment available.</p>  | <ul style="list-style-type: none"> <li>• Purpose designed ECT suite.</li> <li>• Active supervision by a nominated consultant.</li> <li>• Separation of activities, eg waiting, treatment and recovery.</li> <li>• Full range of modern monitoring and treatment equipment.</li> <li>• Adherence to protocols and national guidance.</li> </ul>   |

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### SECTION 2. CORE SERVICE ELEMENTS

#### **CRAG/SCOTMEG Framework For Action Working Group on Mental Illness Reports:**

The Management of Alcohol Withdrawal and Delirium Tremens: A Good Practice Statement (1994)

Services for People affected by Schizophrenia: A Good Practice Statement (1995)

Nursing Observation of Acutely Ill Psychiatric Patients: A Good Practice Statement (1995)

Primary Prevention of Mental Health Problems: A Position Statement (1995)

Mental Health Records: A Good Practice Statement (1995)

The Role of Primary Care in Community Care Services: Full Report (1996)

Executive Summary (1996)

Neurosurgery for Mental Disorder (1996)

Outcome Measures in Acute Psychiatry (1996)

The Prevention and Management of Aggression (1996)

Electro-Convulsive Therapy (1997)

The Future Role and Organisation of Community Psychiatric Nursing Services (to be published in 1997)

Mental Illness Working Group Final Report (1996)

#### **CRAG/SCOTMEG Framework For Action Working Group on Maternity Services Reports:**

Report on Detection and early Intervention in Postnatal Depression (1996)

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