

GMC Questionnaire Response to the Department of Health, Social Services and Public Safety Consultation on the *Service Framework for Mental Health and Wellbeing in Northern Ireland*

Please indicate which section(s) you are providing feedback on:

- ✓ **I am providing general feedback on the document with a focus on the specific section(s) indicated in the table below and will complete Part A and Part B.**

Please tick which sections or subsections you are providing feedback on	
Summary of Standards	
Sections 1-2: Introduction, Background, and Basis for Development of the Service Framework	
Section 3: Standards for Promoting Good Mental Health and Wellbeing	
Section 4: Standards for Improving the Experience of Service Users and Carers	✓
Section 5: Standards for Specific Conditions – Children and Young People 5.1 Conduct Disorders	
Section 5: Standards for Specific Conditions – Children and Young People 5.2 Depression – Children and Young People	
Section 5: Standards for Specific Conditions – Children and Young People 5.3 Attention Deficit Hypertension Disorder	
Section 5: Standards for Specific Conditions – Children and Young People 5.4 Transition to Adult Services	
Section 6: Standards for Specific Conditions 6.1 Anxiety Depression - Adults	
Section 6: Standards for Specific Conditions 6.2 First Episode Psychosis – Early Interventions in Psychosis	
Section 6: Standards for Specific Conditions 6.3 Schizophrenia and other psychoses	
Section 6: Standards for Specific Conditions 6.4 Obsessive Compulsive Disorder	
Section 6: Standards for Specific Conditions 6.5 Bipolar Disorder	
Section 6: Standards for Specific Conditions 6.6 Addictions and Substance Misuse	

Section 6: Standards for Specific Conditions 6.7 Eating disorders	
Section 6: Standards for Specific Conditions 6.8 Mental Health component of Asperger's Syndrome	
Section 6: Standards for Specific Conditions 6.9 Dementia	
Section 7: Standards for People with Specific Needs 7.1 Perinatal Mental Health	
Section 7: Standards for People with Specific Needs 7.2 Older People's Mental Health	
Section 7: Standards for People with Specific Needs 7.3 Post Traumatic Stress Disorder	
Section 7: Standards for People with Specific Needs 7.4 Personality Disorders	
Section 7: Standards for People with Specific Needs 7.5 Self Harm and Suicide	
Section 7: Standards for People with Specific Needs 7.6 Acquired Brain Injury	
Section 7: Standards for People with Specific Needs 7.7 Deaf People with Mental Health Needs	
Section 7: Standards for People with Specific Needs 7.8 Gender Dysphoria	
Section 7: Standards for People with Specific Needs 7.9 Forensic Mental Health	
Section 7: Standards for People with Specific Needs 7.10 Learning Disability	
Section 7: Standards for People with Specific Needs 7.11 Black and Minority Ethnic Communities	
Section 7: Standards for People with Specific Needs 7.12 Homeless People	

Part A – General feedback on the document (all respondents please complete this part).

Q1. Please indicate your views on the following statement (please circle response)

“In general the language and organisation of the document is easy to follow.”

Strongly agree Agree Neither Disagree Strongly disagree

Comments:

Agree.

Q2. Please indicate your views on the following statement (please circle response)

“The standards covered by the service framework are important for people with mental illness.”

Strongly agree Agree Neither Disagree Strongly disagree

Comments:

The GMC is the independent regulator for doctors in the United Kingdom. Our statutory purpose is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine. As the regulatory body, we do not have first-hand operational knowledge to comment directly on this and other questions about the specific needs of service users. In considering the framework, we wish to ensure that any obligations it might place on doctors in Northern Ireland will be consistent with the standards we set for their professional practice.

Q3. Please indicate your views on the following statement (please circle response)

“Overall this framework will provide an opportunity to help set priorities for commissioning services for mental health.”

Strongly agree

Agree

Neither

Disagree

Strongly disagree

Comments:

See Q2

Q4. Which of these standards will have the greatest impact on the health and wellbeing of people who have, or are at a greater risk of developing, mental illness, and why?

Comments:

See Q2

Equality implications

Before completing this section, please refer to Appendix 2 which relates to equality of opportunity, and the guidance regarding this produced by the Equality Commission for Northern Ireland.

Q5. Having considered the outcome of the screening exercise as set out in Appendix 2, do you think these standards will have any adverse impact(s) on any group of people in terms of the nine equality dimensions? If yes, please comment on how any adverse impact could be reduced.

Yes

No

Comments:

Standard 22 states that people 'should have the opportunity to access sufficient information' to enable them to make an informed decision. One of the supporting quality indicators will be the 'percentage of people who were given the opportunity to discuss their medication.' As worded, this standard does not seem to go far enough to ensure that people with mental health issues are provided with the information and support that they need to be able to understand their treatment options and take part in decisions about medication and other treatment.

The 'opportunity' to access information or to discuss medication may be of limited value if the person (and their carer) is not in practice able to access the information or have a meaningful discussion about medication (for example because of disability or communication barriers). The person requiring treatment and care should have sufficient information, provided in a way that meets their needs, and support to maximise their capacity to take part in decision making. This approach would seem more in keeping with the principles underpinning the framework. It would also be consistent with the obligations we place on doctors to ensure that patients can obtain appropriate information and support.

Q6. Are you aware of any indication or evidence that the standards may have an adverse impact on equality of opportunity or good relations? If yes, please state the reasons why and suggest how these might be mitigated.

Yes No

Comments:

See Q2

Q7. Do the proposed standards afford an opportunity to promote equality of opportunity and/or good relations? If yes, please outline your reasons.

Yes No

Comments:

See Q2

Q8. Are there any aspects of these standards where potential human rights violations may occur?

Yes No

Comments:

See Q2

Q9. Please use the box below to insert any further comments, recommendations or suggestions you would like to make in relation to the Service Framework for Mental Health and Wellbeing.

Comments:

We believe it might be helpful if the 'evidence' sections of the standards contained references to relevant guidance from the GMC and other professional regulators. For example our guidance on Consent: patients and doctors making decisions together (2006).

**Please continue and complete Part B, or return your response questionnaire.
Responses must be received no later than 18th March 2011.
Thank you for your comments.**

Part B – Feedback relating to specific standards and/or sections of the service framework.

If necessary please copy and complete this part of the questionnaire for each section or standard you are reviewing.

Please insert the specific section or standard you are reviewing in the box provided

*e.g.
Section 5: Standards for Specific Conditions
or
Section 6.1 Conduct Disorders
or
Overarching Standard 26 A person attending an acute general hospital should have access to age appropriate psychiatry services and should include follow up arrangements if required such as the card before you leave scheme*

Overarching Standard 22

Overarching Standard 24 and 25

Q(i). Please indicate your views on the following statement (please circle response)

“It was easy to locate my specific standard/section of interest in the service framework document.”

Strongly agree Agree Neither Disagree Strongly disagree

Comments:

Q(ii). Service frameworks are viewed as active documents which evolve over time to include new scientific evidence for improving care. Are you aware of any key evidence or other information which is missing, and which would alter the nature of this particular section/ standard?

Yes

No

Comments:

Standard 22

GMC guidance places obligations on doctors to ensure that patients are provided with the information and support they need to make informed decisions about their care. The most relevant of our guidance publications is Consent: patients and doctors making decisions together http://www.gmc-uk.org/guidance/ethical_guidance/consent_guidance_index.asp.

Standard 24

We would suggest adding to the wording of the standard a statement that staff should '*know who is the Lead for child protection and adult safeguarding within their organisation and how to contact them*'. The evidence from published inquiries into the factors underpinning child protection failures highlights, among other issues, the way that confusion and uncertainty about local roles and responsibilities undermines professionals' ability to respond effectively when concerns arise about the abuse or neglect of an individual.

Q(iii). Please indicate your views on the following statement (please circle response)

"The performance indicators and the expected performance levels are reasonable, and they will help progress towards achieving the overarching standard(s)."

Strongly agree

Agree

Neither

Disagree

Strongly disagree

Comments:

Standard 22

The performance indicator refers to the percentage of people who are given an opportunity to discuss their medication. How useful a measure would this be? Unless an individual is unable to communicate, the healthcare professional prescribing medication would have an obligation to discuss the proposed treatment, even if the treatment was being provided on a compulsory basis.

The standard refers to patients being able to make informed decisions, which might argue for a measure of how many people receive sufficient information and support with decision making.

Standard 25

There is published evidence about the problems that people in some of the equality groups (older people, those with disabilities or from ethnic minority backgrounds) may encounter in finding out about and accessing supportive and palliative care. It might be helpful to reference key reports in the evidence section. Examples include 'Ethnicity, older people and palliative care (2006) by the National Council for

Palliative Care; 'An ordinary death: the service needs of people with learning disabilities who are dying' (2003) by Foundation for People with Learning Disabilities.

Q(iv). Please indicate your views on the following statement (please circle response)

"I plan to use the/these standard(s) to improve my practice, or services for people with mental illness."

Strongly agree

Agree

Neither

Disagree

Strongly disagree

Comments:

Q(v). Please use the box below to insert any further comments, recommendations or suggestions you would like in relation to this particular standard or section.

Comments:

**Please return your response questionnaire.
Responses must be received no later than 18th March 2011.
Thank you for your comments.**