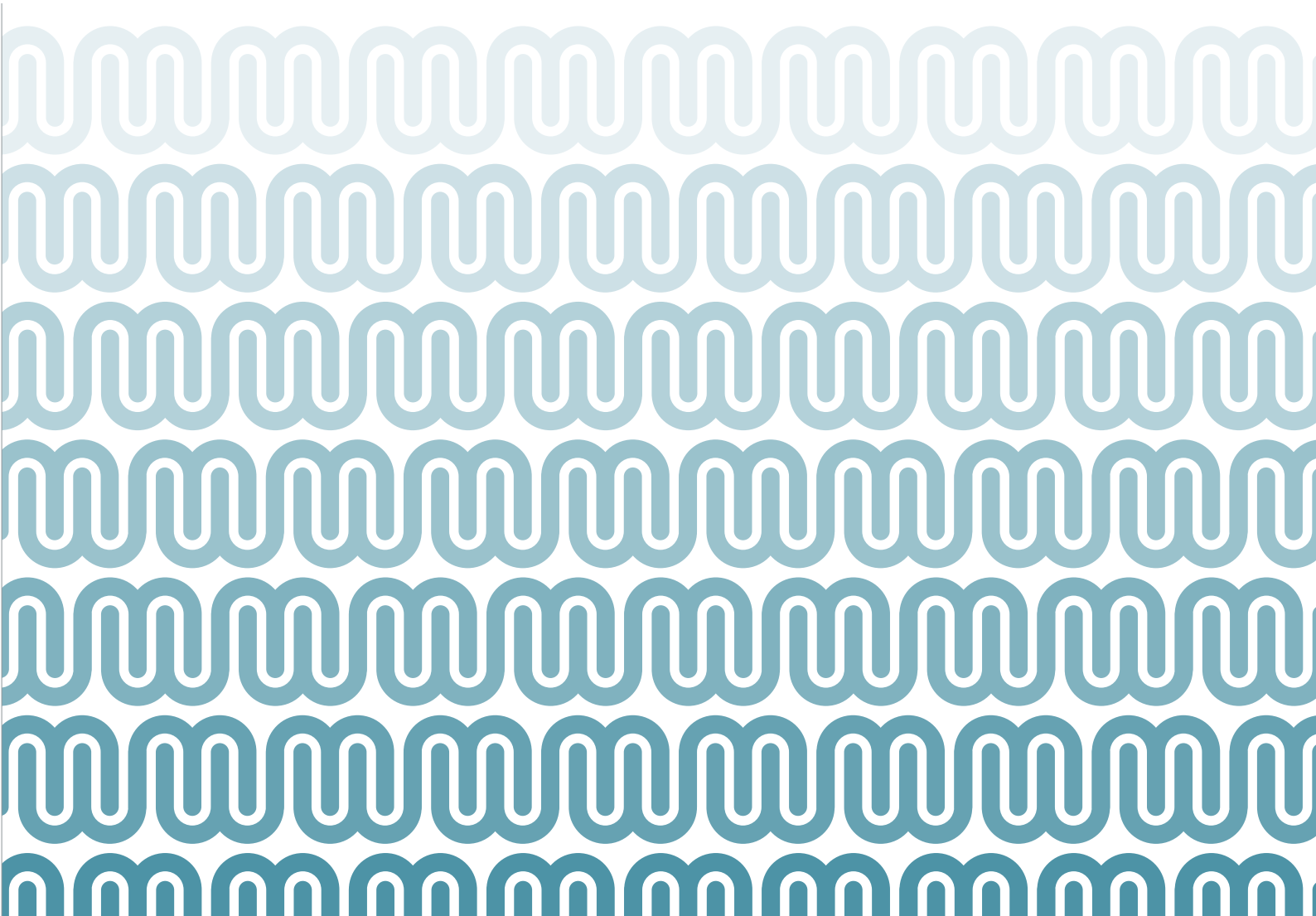
mental welfare commission for scotland

Mental health strategy consultation response

Corporate document

September 2022



Mental Health and Wellbeing Strategy Consultation

Scottish Government
Riaghaltas na h-Alba
gov.scot

RESPONDENT INFORMATION FORM

Please Note this form **must** be completed and returned with your response.

To find out how we handle your personal data, please see our privacy policy: https://www.gov.scot/privacy/

Are you responding as an individual or an organisation?

☐ Individual

☒ Organisation

Full name or organisation's name

Mental Welfare Commission

Phone number

Address

Mental Welfare Commission for Scotland
91 Haymarket Terrace, Edinburgh

Postcode EH12 5HE

Email Address

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

✓☐ Publish response with name

☐ Publish response only (without name)

☐ Do not publish response

Information for organisations:

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

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 consultation exercise?

✓☐ Yes

☐ No

What was your age on your last birthday?

Do you have a physical or mental health condition or illness lasting or expected to last 12 months or more? Please tick one

Yes	
No	
Don't know	
Prefer not to say	

If you answered 'Yes' to the above question, does this condition or illness affect you in any of the following areas? Please tick all that apply.

Vision (for example blindness or partial sight)	
Hearing (for example deafness or partial hearing)	
Mobility (for example walking short distances or climbing stairs)	
Dexterity (for example lifting or carrying objects, using a keyboard)	
Learning or understanding or concentrating	
Memory	
Mental health	
Stamina or breathing or fatigue	
Socially or behaviourally (for example associated with autism, attention deficit disorder or Asperger's syndrome)	
Other (please write in below)	
None of the above	

If you selected 'Other', please write your response here:

If you answered 'Yes' to the above question, does your condition or illness reduce your ability to carry-out day-to-day activities? Please tick one

Yes, a little	
Yes, a lot	
Not at all	

What is your sex?

If you are considering how to answer, use the sex recorded on one of your legal documents such as a birth certificate, Gender Recognition Certificate, or passport. Please tick one

Female	
Male	
Prefer not to say	

Do you consider yourself to be trans, or have a trans history? Please tick one

Yes	
No	
Prefer not to say	

If you would like to, please describe your trans status in the box (for example, non-binary, trans man, trans woman)

Which of these options best describes how you think of yourself?

Heterosexual/Straight	
Gay/Lesbian	
Bisexual	
Other (please write in below)	
Prefer not to say	

If you selected ‘Other’, please write your response here:

What religion, religious denomination or body do you belong to?

None	
Church of Scotland	
Roman Catholic	
Other Christian	
Muslim	
Buddhist	
Sikh	
Jewish	
Hindu	
Pagan	
Another religions (please write in below)	

If you selected ‘Other’, please write your response here:

QUESTIONS – PART 1

DEFINITIONS

In this consultation, we talk about “mental health”, “mental wellbeing”, “mental health conditions” and “mental illness”. We have explained below what we mean by each of those terms. We want to know if you think we have described these in the right way, or if we should make changes to how we are describing them.

Mental Health
Everyone has mental health. This is how we think and feel about ourselves and the world around us, and can change at different stages of our lives. Our mental health is affected, both positively and negatively, by lots of factors, such as our own life circumstances, our environment, our relationships with others, and our past experiences, plus our genetic make-up. Being mentally healthy is about having good mental health, as well as addressing mental health problems. Having good mental health means we can realise our full potential, feel safe and secure, and thrive in everyday life as well as to cope with life’s challenges.

- **1.1** Do you agree with this description of mental health? **[N]**

- **1.2** If you answered no, what would you change about this description and why?

The Commission welcomes the strategy’s aim to agree a shared language and understanding of mental health however would suggest reference to existing definitions, for example:

WHO definition:
Mental health is defined as a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make contribution to her or his community.

Mental Health Foundation (2018)
Being mentally healthy doesn’t just mean that you don’t have a mental health problem. If you’re in good mental health you are in a better position to make the most of your potential, cope with your life, and play a full part in your family, workplace, and community and among friends.

Mental wellbeing
Mental wellbeing affects, and is affected by, mental health. It includes subjective wellbeing (such as life satisfaction) and psychological wellbeing (such as our sense of purpose in life, our sense of belonging, and our positive relationships with others). We can look after our mental wellbeing in the same way as we do our mental health – and having good mental wellbeing can stop our mental health getting worse. The Royal College of Psychiatrists defines wellbeing as: ‘A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment’.

- **1.3** Do you agree with this description of mental wellbeing? **[N]**

- **1.4** If you answered no, what would you change about this description and why?

Wellbeing is assessed as part of the National Performance Framework and has a suite of measures associated; one component of this is mental well-being. The Scottish Government uses the Warwick-Edinburgh measure to report and measure mental wellbeing. Mental Wellbeing | National Performance Framework Further details on the Wellbeing measure is here WEMWBS - Mental health and wellbeing - Health topics - Public Health Scotland. It is suggested that definitions and outcome measures flow from these.

However, we would note that the final single sentence above is helpful and understandable: 'A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment'.

Mental health conditions and mental illness

Mental health conditions are where the criteria has been met for a clinical diagnosis of mental illness. This means that a diagnosis of a mental illness has been given by a professional. Mental health conditions can greatly impact day to day life, and can be potentially enduring. These include depression, generalised anxiety disorder (GAD), panic disorder, phobias, social anxiety disorder, obsessive-compulsive disorder (OCD) and post-traumatic stress disorder (PTSD), as well as bipolar disorder, schizophrenia, and other psychosis, among many more. How mental illness affects someone can change from day to day. The professional treatment and support that each individual needs can change too.

Someone may have an acute mental health problem or mental health condition that has not yet been diagnosed, but they can still be unwell. Their diagnosis may also change over time.

- **1.5** Do you agree with this description of mental conditions and mental illness? **[N]**

- **1.6** If you answered no, what would you change about this description and why?

It is suggested that those with diagnosed mental health conditions and mental illness may require the care and treatment of specialist social work and mental health services whereas more preventative approaches may be more helpful in terms of secondary and tertiary prevention for those with existing mental health conditions. Preventative approaches (primary prevention) are helpful in terms of reducing the likelihood of a mental condition.

A person with a mental illness or mental health condition may require a continuum of support from trained/skilled staff to assist or help individuals in their decision making due to the presence of the illness/condition.

Mental illness is defined through the internationally recognised ICD 11 categorisation that the Scottish Government is rolling out throughout Scotland in

2022. This provides clear diagnostic criteria for conditions that are illnesses and includes definitions for other conditions e.g. autism, ADHD which can impact on well-being and may be present alongside other mental health conditions.

QUESTIONS - PART 2

MENTAL HEALTH AND WELLBEING STRATEGY – OUR DRAFT VISION AND OUTCOMES

2. Our Overall Vision

- **2.1** On page 5 we have identified a draft vision for the Mental Health and Wellbeing Strategy: 'Better mental health and wellbeing for all". Do you agree with the proposed vision? **[N]**

- **2.2** If not, what do you think the vision should be?

'Better mental health and well-being for all' is too broad as a vision.
'Better' is not ambitious enough neither is it quantifiable.

We suggest that the original Scottish Government vision reported in its strategy 2017-27 was more meaningful and directed towards what success would look like.

Our vision for the Mental Health Strategy is of a Scotland where people can get the right help at the right time, expect recovery, and fully enjoy their rights, free from discrimination and stigma.

- **2.3** If we achieve our vision, what do you think success would look like?

See above. Our view is that the proposed vision is too vague to get any sense of direction or of what success would look like.

3. Our Key Areas of Focus

- **3.1** On page 5, we have identified four key areas that we think we need to focus on. Do you agree with these four areas? **[N]**

- **3.2** If not, what else do you think we should concentrate on as a key area of focus?

We welcome the four areas including signposting, self-management, accessible response to those in distress however the continuum of mental health does not appear to have a balance of focus.

There appears less emphasis on the support required by those with mental illness or mental health conditions in the four areas of focus. Access to joined up accessible care and treatment which is coordinated and person centred for those most at need and at greatest risk does not feature highly enough, neither does a focus on promoting belonging/reducing isolation for those living with mental health conditions.

We would also add the need for better physical healthcare for those with mental illness. This has been a long-standing goal but successive initiatives have not yet closed the gap

4. Outcomes

- **4.1** Below are the outcomes that people have said they would like this refreshed mental health and wellbeing strategy to achieve. Some of these describe how things might be better for individuals, some for communities, and some for the whole population of Scotland. Do you agree that the Mental Health and Wellbeing strategy should aim to achieve the following outcomes for people and communities?

1. Strongly agree	2. Agree	3. Neutral	4. Disagree	5. Strongly disagree

This will help us to understand what is most important to people and think about what our priorities should be. **Please indicate your selection with a tick under the corresponding number:**

Addressing the underlying social factors	**1**	**2**	**3**	**4**	**5**
Through actions across policy areas, we will have influenced the social factors that affect mental health and wellbeing, to improve people's lives and reduce inequalities Through, for example: • Improved cross-policy awareness and understanding of the social determinants of mental health and wellbeing, and how to address them • Cross-policy action works to create the conditions in which more people have the material and social resources to enable them to sustain good mental health and wellbeing throughout their lives • Policy implementation and service delivery that supports prevention and early intervention for good public mental health and wellbeing across the life-course	x				

Individuals	**1**	**2**	**3**	**4**	**5**
People have a shared language and understanding of mental health and wellbeing and mental health conditions	x				
People understand the things that can affect their own and other's mental health and wellbeing, including the importance of tolerance and compassion	x				
People recognise that it is natural for everyday setbacks and challenging life events to affect how they feel	x				
People know what they can do to look after their own and other's mental health and wellbeing, how to access help and what to expect	x				
People have the material, social and emotional resources to enable them to cope during times of stress, or challenging life circumstances	x				
People feel safe, secure, settled and supported	x				
People feel a sense of hope, purpose and meaning	x				
People feel valued, respected, included and accepted	x				
People feel a sense of belonging and connectedness with their communities and recognise them as a source of support	x				
People know that it is okay to ask for help and that they have someone to talk to and listen to them	x				
People have the foundations that enable them to develop and maintain healthy, nurturing, supportive relationships throughout their lives	x				
People are supported and feel able to engage with and participate in their communities	x				
People with mental health conditions are supported and able to achieve what they want to achieve in their daily lives	x				
People with mental health conditions, including those with other health conditions or harmful drug and alcohol use, are supported to have as good physical health as possible	x				
People living with physical health conditions have as good mental health and wellbeing as possible	x				
People experiencing long term mental health conditions are supported to self-manage their care (where appropriate and helpful) to help them maintain their recovery and prevent relapse	x				
People feel and are empowered to be involved as much as is possible in the decisions that affect their health, treatment and lives. Even where there may be limits on the decisions they can make (due to the setting, incapacity or illness), people feel that they are supported to make choices, and their views and rights will be respected	x				

Do you have any comments you would like to add on the above outcomes?

It would be helpful for the strategy to provide more detail on how the outcomes will be measured together with reference to assurance mechanisms reflecting a focus on experience.

The Commission considers that people with lived experience must be integral to the development of assurance mechanisms and the priorities of organisations that lead on assurance.

Communities (geographic communities, communities of interest and of shared characteristics)	**1**	**2**	**3**	**4**	**5**
Communities are engaged with, involved in, and able to influence decisions that affect their lives and support mental wellbeing	x				
Communities value and respect diversity, so that people, including people with mental health conditions, are able to live free from stigma and discrimination	x				
Communities are a source of support that help people cope with challenging life events and everyday knocks to wellbeing	x				
Communities have equitable access to a range of activities and opportunities for enjoyment, learning, participating and connecting with others.	x				

Do you have any comments you would like to add on the above outcomes?

As above, we would be keen to understand plans to measure and quantify to ensure outcomes do not simply translate into aspirations.

In our response to the Phase 2 Scottish Mental Health Law Review we mention work on developing services that foster relationships for people with learning disability. This sort of transformational approach to what services should offer (in partnership with the third sector) is key to realising the outcomes above. In our response to the Scottish mental health law review consultation earlier this year (SMHLR-Response_May2022.pdf (mwcscot.org.uk) we wrote:

There is a growing body of evidence that 'belonging' (corresponding to the consultation's principle of inclusion) is important to maintain and to enable good mental health and recovery from mental illness. However, there is little evidence that 'belonging' is measured for individuals using mental health services- quantitatively through questionnaires or through qualitative feedback, or through tools such as the recovery star etc. This does not just mean around vocational pursuits. Recent research conducted by the National Institute for Health Research (NIHR) published in the British Medical Journal (Adults with learning disabilities want loving relationships, but may need support | The BMJ) highlighted how systems consider mental and physical health for people with learning disabilities

but with little emphasis on developing inter-personal relationships (and belonging in the wider sense) . That is not to say that the Commission has not found some evidence of this in practice particularly in the context of quality third sector delivery in Scotland

On diverse ethnic communities, we made a number of recommendations that relate to previous strategies and that have sadly remained unfulfilled. We detail the unrealised strategies in the first chapter of the report. Please see pages 18-19 and appendix 2 of the report Racial inequality and mental health services in Scotland – new report calls for action | Mental Welfare Commission for Scotland (mwcscot.org.uk) that details the failure to implement policy responses.

We have raised attention to high levels of detention in areas associated with social deprivation. Communities in these areas require investment in mental health resource at various levels, and those on community based compulsory treatment orders are in particular need of ensuring appropriate resources are directed towards their care and treatment. The rising numbers of people on compulsion in the community is a growing concern. Please see key finding 3 in our report on the use of Compulsory Treatment that highlights links between deprivation and compulsion and the recommendations in the report that identify a universalist approach to reducing these inequalities CharacteristicsOfCTOs_June2022.pdf (mwcscot.org.uk)

Our response to the SHMLR above shows that the current statutory mechanism under section 25-27 is not addressing the wider needs of people who have a mental health condition.

Population	**1**	**2**	**3**	**4**	**5**
We live in a fair and compassionate society that is free from discrimination and stigma	x				
We have reduced inequalities in mental health and wellbeing and mental health conditions	x				
We have created the social conditions for people to grow up, learn, live, work and play, which support and enable people and communities to flourish and achieve the highest attainable mental health and wellbeing across the life-course	x				
People living with mental health conditions experience improved quality and length of life	x				

Do you have any comments you would like to add on the above outcomes?

The Commission welcomes the outcomes mentioned however these will need to be operationalised in the form of standards that can be expected and measured against. In our response to the Scottish Mental Health Law Review (referenced above) we said:

It would be instructive that the service specifications (standards) work that is currently being undertaken by Scottish Government is not aspirational but instead sets out clearly what services must provide and what individuals should expect, now. The Commission's experience is that there is huge variation in what people receive and it would be good to ensure that the core minimum obligations are tied into something tangible and meaningful for people in Scotland with mental health conditions. We strongly agree that a national strategy for mental health ought to follow and realise the standards, amongst other priorities. A realistic move would be to tie these instruments together so that the strategy is to realise standards and, the bold move would be to require that these are the obligations that the state has towards people with mental health conditions. Other jurisdictions have set out legally binding duties to provide mental health care so such a move could be seen as further development in the progressive realisation of CRPD, in clear, unambiguous terms.

As we identified above, a core priority for a strategy for people with mental health conditions in Scotland should be to place a focus on physical healthcare.

We understand that the national standards around adult mental health will be published in Autumn 2022 and would be keen to see how the strategy might ensure that these standards are realised and any gaps in implementation are addressed. We note that there remain gaps in the implementation in the national services specification for CAMHS and the strategy might ensure that these gaps are a particular focus for efforts to close these.

Services and Support	**1**	**2**	**3**	**4**	**5**
A strengthened community-focussed approach, which includes the third sector and community-based services and support for mental health and wellbeing, is supported by commissioning processes and adequate, sustainable funding	x				
Lived experience is genuinely valued and integrated in all parts of our mental health care, treatment and support services, and co-production is the way of working from service design through to delivery	x				
When people seek help for their mental health and wellbeing they experience a response that is person-centred and flexible, supporting them to achieve their personal outcomes and recovery goals	x				
We have a service and support system that ensures there is no wrong door, with points of access and clear referral pathways that people and the workforce understand and can use	x				
Everyone has equitable access to support and services in the right place, at the right time wherever they are in Scotland, delivered in a way that best suits the person and their needs	x				

People are able to easily access and move between appropriate, effective, compassionate, high quality services and support (clinical and non-clinical)	x				
Services and support focus on early intervention and prevention, as well as treatment, to avoid worsening of individual's mental health and wellbeing	x				

Do you have any comments you would like to add on the above outcomes?

We would respectfully ask the following questions:

"Lived experience is genuinely valued": what does genuinely valued look like?

"..a response that is person-centred and flexible": person centred is a term used routinely but what does it actually mean for individuals?

"co-production is the way of working from service design through to delivery": what does this look like in practice?

"is no wrong door": are all doors open?

The strategy's intention to develop shared understanding of definitions is welcomed and we would suggest should extend to the language of outcomes and measurements to ensure that real difference to real people is not lost in terminology and jargon.

Information, data and evidence	**1**	**2**	**3**	**4**	**5**
People who make decisions about support, services and funding use high quality evidence, research and data to improve mental health and wellbeing and to reduce inequalities. They have access to infrastructure and analysis that support this	x				

Do you have any comments you would like to add on the above outcome?

Please see our CTO report CharacteristicsOfCTOs_June2022.pdf (mwcscot.org.uk) that addresses the need for a systems wide approach to data. A recommendation that we make within this is:

Develop systems leadership for data monitoring

There is an on-going issue with ensuring data-linkage between available datasets to address questions such as how community-based CTOs may have impacted on compulsion more broadly and how this is linked to resources shifting to community-based services. Data and technology are not being used to their full potential to enable necessary change at local and national level. The SMHLR ought to consider legislating for duties on an organisation to lead and ensure collaboration between organisations to use this potential. This should include exploring how ICD-11 diagnostic codes may inform future monitoring.

Of course it is also important to ensure data sharing agreements to address any perceived barriers to a systems wide approach.

- **4.2** Are there any other outcomes we should be working towards? Please specify:

QUESTIONS - PART 3

5. Creating the conditions for good mental health and wellbeing

Our mental health and wellbeing are influenced by many factors, such as our home life, our work, our physical environment and housing, our income, our relationships or our community, including difficult or traumatic life experiences or any inequalities we may face. In particular, research suggests that living with financial worries can have a negative influence; whilst good relationships, financial security and involvement in community activities support mental wellbeing. However, we want to hear what you think are the most important factors.

Your answers to these questions may look different if you are responding as an individual, or as part of an organisation.

- **5.1** What are the main things in day-to-day life that currently have the biggest positive impact on the mental health and wellbeing of you, or of people you know?

The Commission meets individuals as part of its visiting programme. Our visiting programme involves meeting people across Scotland across a range of settings (including individual homes, hospitals, prisons, supported accommodation, care homes).

We would refer the Scottish Government to our publications which focus on good experiences of mental health services and also areas for improvement, informed by those who receive these, including those important to them e.g. carers/family/friends.

Whilst we hear of lots of positive feedback, it is often not consistent across the country. It is important to note however that informal peer support and paid peer support is consistently highly regarded where this is available.

- **5.2** Is there anything else you would like to tell us about this, whether you're answering as an individual or on behalf of any organisation?

- **5.3** What are the main things in day-to-day life that currently have the biggest negative impact on the mental health and wellbeing of you, or people you know?

As well as the Commission's visiting programme noted at 5.1, the Commission's Engagement and Participation Officers meet and listen to people who have experience of mental health services. A snap shot of feedback is noted below:

Some of the reported negative experiences relate to the attitude of people (including health and social care staff) e.g. feeling judged, not believed, patronised.

Other themes relate to issues such as timely access to services, help and treatment in hospital, safe spaces and support in crises and the continuity and relationships people have with staff.

People have spoken of the difficulty of managing on welfare benefits and keeping their benefit entitlement. They mentioned how hard the forms are to fill in, how difficult making claims can be for their mental health and how the welfare benefits system does not seem to understand or adapt to the needs of people with a mental illness.

Stigma is still an issue. Many people experience isolation and loneliness which is exacerbated by a lack of places where they can go to find a sense of belonging and connection.

People had varying thoughts on compulsory treatment with some people saying it was life-saving and shortened hospital stays, some people saying compulsory treatment could be better in the community but needed to be matched by community services they can use and some people saying it was really scary.

Information and communication was said to be a big issue; people often don't have the time or ability to navigate complex systems and many staff do not understand take time or have time to prioritise the communication needs and methods to support people based on their individual needs.

- **5.4** Is there anything else you would like to tell us about this, whether you're answering as an individual or on behalf of any organisation?

- **5.5** There are things we can all do day-to-day to support our own, or others', mental health and wellbeing and stop mental health issues arising or recurring.

  In what ways do you actively look after your own mental health and wellbeing?
  - Exercise
  - Sleep
  - Community groups
  - Cultural activities
  - Time in nature
  - Time with family and friends
  - Mindfulness/meditation practice
  - Hobbies/practical work
  - None of the above
  - Other

- **5.6** If you answered ‘other’, can you describe the ways in which you look after your own mental health and wellbeing, or the mental health and wellbeing of others?

- **5.7** Is there anything else you would like to tell us about this, whether you’re answering as an individual or on behalf of any organisation?

- **5.8** Referring to your last answers, what stops you doing more of these activities? This might include not having enough time, financial barriers, location etc.

- **5.9** Is there anything else you would like to tell us about this, whether you're answering as an individual or on behalf of any organisation?

- **5.10** We know that money worries and debt can have an impact on mental health and that this is being made worse by the recent rise in the cost of living. In what way do concerns about money impact on your mental health?

- **5.11** What type of support do you think would address these money related worries?

6. Access to advice and support for mental wellbeing

- **6.1** If you wanted to improve your mental health and wellbeing, where would you go first for advice and support?
  - Friends or family or carer
  - GP
  - NHS24
  - Helplines

- Local community group
- Third Sector (charity) support
- Health and Social Care Partnership
- Online support
- School (for example, a guidance teacher or a school counsellor)
- College or University (for example, a counsellor or a student welfare officer)
- Midwife
- Health visitor
- Community Link Workers
- Workplace
- An employability provider (for example, Jobcentre Plus)
- Other

- **6.2** If you answered ‘online’ could you specify which online support?

- **6.3** Is there anywhere else you would go to for advice and support with your mental health and wellbeing?
  - Friends or family or carer
  - GP
  - NHS24
  - Helplines
  - Local community group
  - Third Sector (charity) support
  - Health and Social Care Partnership
  - Online support
  - School (for example, a guidance teacher or a school counsellor)
  - College or University (for example, a counsellor or a student welfare officer)
  - Midwife
  - Health visitor
  - Community Link Worker
  - Workplace
  - An employability provider (for example, Jobcentre Plus)
  - Other

- **6.4** If you answered ‘online’ could you specify which online support?

- **6.5** If you answered local community group, could you specify which type of group/ activity/ organisation?

- **6.6** Is there anything else you would like to tell us about this, whether you’re answering as an individual or on behalf of any organisation?

- **6.7** We want to hear about your experiences of accessing mental health and wellbeing support so we can learn from good experiences and better understand where issues lie.

Please use this space to tell us the positive experiences you have had in accessing advice and support for your mental health or wellbeing.

- **6.8** Is there anything else you would like to tell us about this, whether you're answering as an individual or on behalf of any organisation?

- **6.9** We also want to hear about any negative experiences of accessing mental health and wellbeing advice and support so we can address these.

  If you have experienced barriers to accessing support, what have they been?
  - Lack of awareness of support available
  - Time to access support
  - Travel costs
  - Not the right kind of support
  - Support not available near me
  - Lack of understanding of issues
  - Not a good relationship with the person offering support
  - Having to retell my story to different people
  - Long waits for assessment or treatment
  - Stigma
  - Discrimination
  - Other

- **6.10** If you selected ‘other’, could you tell us what those barriers were?

- **6.11** Is there anything else you would like to tell us about this, whether you’re answering as an individual or on behalf of any organisation?

- **7.** We have asked about the factors that influence your mental health and wellbeing, about your own experiences of this and what has helped or hindered you in accessing support. Reflecting on your answers, do you have any specific suggestions of how to improve the types and availability of mental health and wellbeing support in future?

8. The role of difficult or traumatic life experiences

The NHS National Trauma Training Programme defines trauma as: “a wide range of traumatic, abusive or neglectful events or series of events (including Adverse Childhood Experiences (ACEs) and trauma in adulthood) that are experienced as being emotionally or physically harmful or life threatening. Whether an event(s) is traumatic depends not only on our individual experience of the event, but also how it negatively impacts on our emotional, social, spiritual and physical wellbeing. We are all affected by traumatic events in different ways.”

- **8.1** For some people, mental health issues can arise following traumatic or very difficult life experiences in childhood and/or adulthood.

- What kind of support is most helpful to support recovery from previous traumatic experiences?

There is no single particular type of support that is ‘most helpful’ as it would depend on the nature of the traumatic experience, the individual response, preference, and availability of services, and associated conditions. Instead it is important that services, health, social work, social care (including third sector) continue to have access to training and are supported to adopt a ‘trauma-informed’ approach to care.

- **8.2** What things can get in the way of recovery from such experiences?

A barrier identified in our recent work on people with co-occurring mental health conditions and problem substance use (Autumn 2022) is instability of the workforce and therefore lack of continuity of care resulting in people having to repeat their stories (including traumatic stories) to multiple professionals that can re-inforce the trauma and hinder recovery.

Delays in accessing timely care and treatment due to gaps/workforce challenges can mean missed opportunities for recovery at the right time for the person.

- **8.3** Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation?

9. Children, Young People and Families' Mental Health

- **9.1** What should our priorities be when supporting the mental health and wellbeing of children and young people, their parents and families?

- Early intervention to support children and young people and their families
- Joined up services which share concerns with support for GIRFEC processes to ensure they and their actions remain timely.
- Signposting to non-statutory services including apps which young people are more likely to use
- Services should not just be 9-5 but evening and weekends too with consideration given for school holiday provision. They should be wraparound, holistic and comprehensive involving a range of children's services including education (where appropriate) and child and family social work in addition to health.
- CAMHS – easier to access and ongoing support to translate the CAMHS national specification into action. This requires meaningful, robust and self - sustaining service development in alternatives to CAMHS for children who do not meet CAMHS criteria. For children with neurodevelopmental conditions support for the development and activity of current and future neurodevelopmental services is key especially in relation to post diagnostic support.
- Greater support in schools and wider children's services for children and young people's mental health (rather than having to be referred to CAMHS)
- Meaningful support and intervention for children whose families are in difficulty for a variety of reasons which may result in harm to the mental health and wellbeing of the child but is not at the level of significant harm as understood by child protection proceedings.
- Review of the Psychology of Parenting project and what is being achieved and where there are still gains to be made could be helpful.
- Ensuring Young Persons Units have capacity to meet the needs of all young people with conditions requiring their specialist care.
- It is suggested that there should be consideration of a national eating disorder inpatient unit specifically for those under 16 years old.

- Ensuring children and young people under the age of 18 years have access to inpatient facilities and services that reflect their mental health needs including IPCU, forensic and learning disability and current developments are continued and supported to their conclusion without unnecessary delay.
- Education – priority for those that can't attend school (due to anxiety/being in hospital etc.) with clarity over roles and responsibilities of related services.
- Transition from young people services to adult services. Age range varies across health and social work. It would be good to see transitions teams who work with young people beyond 18 to ensure this time of transition is well co-ordinated and organised.
- A further priority would be the needs of young people whose parents may have mental health difficulties and/or also learning difficulties/autism/physical health issues.

- **9.2** Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation?

- **9.3** What things do you feel have the biggest impact on children and young people's mental health?

- Trauma
- Family dynamics and parental mental ill health, parental problematic substance use, domestic violence
- Attachment difficulties
- Other ACEs
- Poverty – financial as well as poverty of opportunity
- Social media
- Peer pressure to "fit in"
- Bullying

- Positive impact on mental health – having resilience, having had the opportunity to develop coping mechanisms and an understanding that it's okay to feel anxious at times.

- **9.4** Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation?

10. Your experience of mental health services

- **10.1** If you have received care and treatment for any aspect of your mental health, who did you receive care and treatment from?

    - Community Mental Health Team
    - GP Practice
    - Inpatient care
    - Third Sector Organisation
    - Psychological Therapy Team
    - Digital Therapy
    - Peer support group
    - Perinatal Mental Health Team
    - Child and Adolescent Mental Health Team (CAMHS)
    - Forensic Mental Health Unit
    - Other

- **10.2** If you selected ‘other’, could you tell us who you received treatment from?

- **10.3** How satisfied were you with the care and treatment you received?

- **10.4** Please explain the reason for your response above.

- **10.5** Mental health care and treatment often involves links with other health and social care services. These could include housing, social work, social security, addiction services, and lots more.

If you were in contact with other health and social care services as part of your mental health care and treatment, how satisfied were you with the connections between these services?

- **10.6** Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation? For example, positive experiences of close working or areas where joint working could be improved.

11. Equalities

We are aware that existing inequalities in society put some groups of people at a higher risk of poor mental health. We also know that not being able to access mental health support and services can increase that risk.

11.1 The previous questions provided an opportunity to comment on the factors that influence our mental health and wellbeing and our experiences of services. Do you have any further comments on what could be done to address mental health inequalities for a particular group of people? If so, what are they?

Our recent reports on CTOs, Advance statements, and MHA monitoring reports show that compulsion is more widely used in areas of higher social deprivation and that the register of people with an advance statement is skewed and shows more people from areas that are more affluent. The strategy could take a more directive approach to reducing these inequalities.

On ethnicity and compulsion it is concerning that despite making up less than 2% of the general population in Scotland, people who are black make up 13% of the

population on compulsory treatment orders. Raising awareness on this and the likelihood that people who are black and mixed race are more likely to be perceived as a risk to others than other ethnic groups is important. The Commission considers a universalist approach to improving the use and uptake of safeguards for everyone through the strategy will have a proportionately greater benefit for those from the more disadvantaged groups. This could be achieved through a refresh of relevant quality indicators and more active monitoring and assurance on these.

On LGBT, there is no data on detention for people who are non-binary despite evidence of greater mental health need. The MWC administers SG forms that are used to record use of compulsion and we are making changes to these from 1 November to ensure that non-binary genders can be recorded.
The MWC has recommended a register of restraint stratified by protected characteristics through this see recommendation 21 Racial-Inequality-Scotland_Report_Sep2021.pdf (mwcscot.org.uk).
Other reports mentioned above
T3-AdvanceStatements_2021.pdf (mwcscot.org.uk)
CharacteristicsOfCTOs_June2022.pdf (mwcscot.org.uk)

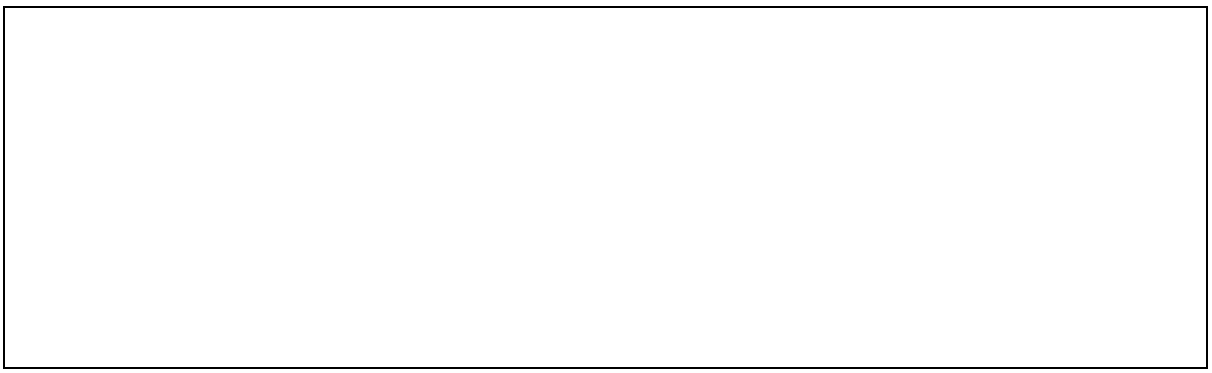
12. Funding

- **12.1** Do you think funding for mental health and wellbeing supports and services could be better used in your area? **[Y/N]:**

- **12.2** Please explain the reason for your response above.

Our data to 2020/21 shows a continuous rise of people subject to compulsion under the mental health act or subject to orders under incapacity legislation. There has been a proportionate increase in those subject to compulsory measures in the community. We therefore note the growth and complexity of needs of the most vulnerable adults, the principle of reciprocity and resultant demand on services which require to be appropriately resourced.

- **12.3** Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation?



13. Anything Else

- **13.1** Is there anything else you'd like to tell us?

QUESTIONS – PART 4

OUR MENTAL HEALTH AND WELLBEING WORKFORCE

In the past decade, mental health services have changed dramatically, with increases in the breadth of support available in community settings, as well as an increase in the provision of highly specialist services. Our people are our biggest asset and we value the essential contribution that workers make in all settings across the country each and every day.

To deliver our ambitions, it is essential that we understand the shape of the current mental health and wellbeing workforce in Scotland, and what the future needs of the workforce are. We must embed an approach based on fair work principles which supports the wellbeing of workers in all parts of the system.

The mental health and wellbeing workforce is large, diverse, and based in a range of services and locations across Scotland. We want to make sure that we are planning for everyone who is part of this workforce. The breadth of mental health services and settings where services may be located, as well as the range of users accessing them are illustrated below.

In the Strategy, we want to set out our approach to supporting the workforce building upon the principles and actions set out in the recently published National Workforce Strategy for Health and Social Care.

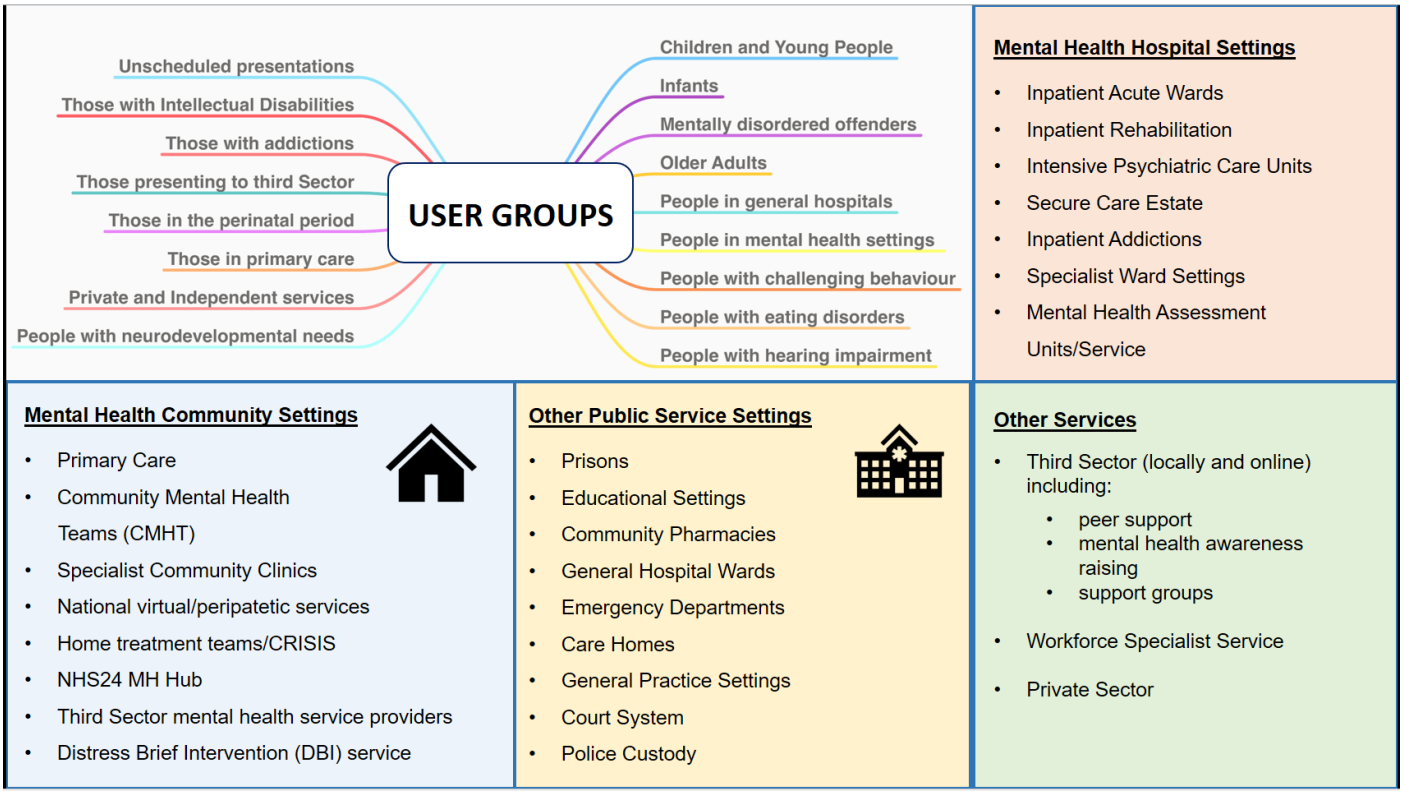
Following on from the publication of the Strategy, we will work with partners, including NHS, local authorities and the third sector, as well as people with lived experience of mental ill health and mental health services, to produce a more detailed Workforce Plan.

14. Our Vision and Outcomes for the Mental Health and Wellbeing Workforce

Our vision is that the current and future workforce are skilled, diverse, valued and supported to provide person-centred, trauma-informed, rights-based, compassionate services that promote better population mental health and wellbeing outcomes.

To achieve this vision for our workforce and work towards longer term population and public health aims we have started to think about the outcomes that we need to achieve in the short and medium term.

We have consulted with partners and identified a series of outcomes for each of the five pillars of workforce planning set out in the National Workforce Strategy for Health and Social Care: Plan, Attract, Train, Employ and Nurture.



- **14.1** Do you agree that these are the right outcomes for our mental health and wellbeing workforce? For each we'd like to know if you think the outcome is:

1. Strongly agree	2. Agree	3. Neutral	4. Disagree	5. Strongly disagree

- This will help us to understand what is most important to people and think about what our priorities should be. **Please indicate your selection with a tick under the corresponding number:**

Short term (1-2 years)		**1**	**2**	**3**	**4**	**5**
Plan	Improved evidence base for workforce planning including population needs assessment for mental health and wellbeing	x				
	Improved workforce data for different mental health staff groups	x				
	Improved local and national workforce planning capacity and capability	x				
	Improved capacity for service improvement and redesign	x				
	User centred and system wide service (re) design	x				
	Peer support and peer worker roles are a mainstream part of mental health services	x				
Attract	Improved national and international recruitment and retention approaches/mechanisms	x				
	Increased fair work practices such as appropriate channels for effective voice, create a more diverse and inclusive workplace	x				
	Increased awareness of careers in mental health	x				
Train	Long term workforce planning goals are reflected in and supported by training programmes provided by universities, colleges and apprenticeships	x				
	Increased student intake through traditional routes into mental health professions	x				
	Create alternative routes into mental health professions	x				
	Create new mental health roles	x				
	Improved and consistent training standards across Scotland, including trauma informed practice and cultural competency	x				
	Our workforce feel more knowledgeable about other Services in their local area and how to link others in to them	x				
	Our workforce is informed and confident in supporting self-care and recommending digital mental health resources	x				
	Develop and roll out mental health literacy training for the health and care workforce, to provide more seamless support for physical and mental health	x				
	Improved leadership training	x				

	Improved Continuing Professional Development (CPD) and careers progression pathways	x				
Employ	Consistent employer policies	x				
	Refreshed returners programme	x				
	Improved diversity of the mental health workforce and leadership	x				
Nurture	Co-produced quality standard and safety standards for mental health services	x				
	Safe working appropriate staffing levels and manageable workloads	x				
	Effective partnership working between staff and partner organisations	x				
	Improved understanding of staff engagement, experience and wellbeing	x				
	Improved staff access to wellbeing support	x				
	Improved access to professional supervision	x				

Do you have any comments you would like to add on the above outcomes?

A national approach needs to be taken to reduce reliance on agency and locum staff. There needs to be a renewed focus on retaining as well as attracting recruiting substantive staff, creating space for training, innovation, and quality improvement. The Commission has advocated that workforce data should be published at a directorate level.

Medium term (3-4 years)	**1**	**2**	**3**	**4**	**5**
Comprehensive data and management information on the Mental Health and wellbeing workforce					
Effective workforce planning tools					
Good understanding of the gaps in workforce capacity and supply					
Improved governance and accountability mechanisms around workforce planning					
User centred and responsive services geared towards improving population mental health outcomes					
Staff feel supported to deliver high quality and compassionate care					
Leaders are able to deliver change and support the needs of the workforce					
Staff are able to respond well to change					

Do you have any comments you would like to add on the above outcomes?

The first three outcomes should be able to be delivered now as should 'Leaders are able to deliver change and support the needs of the workforce'

The workforce crisis is one of the key challenges and presents an opportunity to rethink how services are being delivered. Action is urgently required, thinking beyond traditional roles, creating space for cultures of innovation within services, and measures to retain as well as recruit staff into the public sector.

- **14.2** Are there any other short, medium and longer term outcomes we should be working towards? **Please specify:**

As we note at 9.1 a nationally coordinated approach to ensure ongoing support to translate the CAMHS national specification into action is required to deliver on the right support at the right time in the right place for children and young people; this means alternatives to CAMHS. We consider that key to the workforce is service re-design to ensure that needs are met appropriately.

15. The Scope of the Mental Health and Wellbeing Workforce

In order to inform the scope of the workforce we need to achieve our ambitions, it is essential that we build consensus around the definition of who is our mental health and wellbeing workforce. We hope that such a definition can be applied to describe the future workforce.

- **15.1** Please read the following statements and select as many options as you feel are relevant.

a) The mental health and wellbeing workforce includes someone who may be:
   i. Employed
   ii. Voluntary
   iii. A highly specialised Mental Health worker, such as a psychiatrist, psychologist, mental health nurse or counsellor
   iv. Any health and social care or public sector worker whose role is not primarily related to mental health but contributes to public mental health and wellbeing.
   v. A social worker or Mental Health Officer
   vi. Someone with experience of using mental health services, acting as a peer support worker.

b) The mental health and wellbeing workforce includes someone who may work / volunteer for:
   i. The NHS
   ii. The social care sector
   iii. The third and charity sectors
   iv. Wider public sector (including the police, criminal justice system, children's services, education)
   v. The private sector
   vi. Other, please specify _____

c) The mental health and wellbeing workforce includes someone who may be found in:
   i. Hospitals
   ii. GP surgeries
   iii. Community settings (such as care homes)
   iv. The digital space
   v. Educational settings (such as schools, colleges or universities)
   vi. Employment settings
   vii. Justice system settings (such as police stations, prisons or courts)
   viii. Other, please specify _____

d) The mental health and wellbeing workforce includes someone who may:
   i. Complete assessments for the presence or absence of mental illness
   ii. Provide treatment and/or management of diagnosed mental illness
   iii. Provide ongoing monitoring of diagnosed mental illness
   iv. Undertake work to prevent the development of mental illness
   v. Undertake work to address factors which may increase the risk of someone developing mental illness
   vi. Provide support to families of those with mental illness
   vii. Provide direct support on issues which affect wellbeing, but might not be directly related to a diagnosed mental illness, such as housing, financial issues, rights
   viii. Other, please specify_____

16. Solutions to Our Current and Future Workforce Challenges

To support our ongoing recovery from Covid and address the current and future challenges for our services and workforce, we would like your views on how we can best respond.

- **16.1** How do we make the best use of qualified specialist professionals to meet the needs of those who need care and treatment?

There are good examples currently e.g. where school nurses and guidance teachers have been trained in mental health so are able to support children and young people in distress, not pathologising but supporting. CAMHS services therefore are able to focus on those who require specialist services.

As noted previously, supporting health, social work, social care staff to take trauma informed approaches will reduce demand on specialist services.

- **16.2** How do we grow the workforce, in particular increasing the capacity for prevention and early intervention, which enables individual needs to be recognised and addressed in a timely, appropriate manner?

As we mentioned early in this consultation, a key differentiation is between services that are focussed on wellbeing, this rightly includes employers, educational establishments, and civil society generally and will therefore include a whole population approach to improving well-being and reducing mental distress.

Mental illness requires a different approach that includes more specialised support from health, allied health and social work and social care professionals across statutory and non-statutory sectors. The wellbeing dimensions apply equally to those with mental illness as well as those without a mental health condition. In that sense, the growth of the workforce is required around redesigned service models for early intervention when a mental illness is suspected, tiered/stepped care, and growth in the specialised workforce.

We agree that there needs to be expansion beyond the traditional roles of social worker, psychiatrist and nurse to achieve this. Links workers, local area coordinators, peer workers, allied health professional roles and third sectors can all be further 'grown' and developed. Action 15 of the current strategy ensured consideration of alternative roles to meet the needs of those in crisis with good examples of non-traditional roles delivering positive outcomes so there is evidence in place to support this already.

We would suggest that the development of national standards for mental health due to be published Autumn 2022 provides a real opportunity to recognise what must be delivered and thresholds for intervention at the appropriate level, and workforce projections, can be developed in accordance with standards.

- **16.3** How do we protect the capacity for specialised and complex care roles in areas like forensic mental health?

Individuals with significant mental health difficulties who access secondary care services and forensic mental health services require a range of treatments and supports that meet their individual needs. As stated previously, it is important that this strategy reflects the continuum of mental health needs. There is a risk that its focus currently could be interpreted as on well-being at the expense of the needs of individuals with mental health conditions as well as those with mental illness with more complex needs.

- **16.4** How do we widen the workforce to fully integrate the contribution of non-professionals and experts by experience, including peer support workers without sacrificing quality of care?

There would not be a sacrifice in quality of care through introducing, for example, peer support workers. There are many aspects of care that would be better delivered through peer support. We would refer to our answer at 5.1 “It is important to note however that informal peer support and paid peer support is consistently highly regarded where this is available”. The key is service design to ensure that people see the right person at the right time and in the right place.

As with all staff groups, there should be clear governance arrangements and the workforce should have ready access to support and training so that they feel confident and competent in delivering quality care. There should be associated policies and procedures to support all roles providing clarity for all regarding roles and responsibilities.

- **16.5** How do we support a more inclusive approach, recognising that many different workers and services provide mental health and wellbeing support?

It would be helpful if each NHS Board, HSCP, Local Authority, third sector and other partners had one shared strategy for delivery of mental health services in their area – similar to partnership agreements - with an agreed SMART improvement plan monitored and owned by all partners.

- **16.6** With increasing demand, how do we prioritise creating capacity for re-designing services to better manage the impacts of Covid and other systemic pressures?

The workforce is the greatest resource for service delivery and redesign; the current challenges need to be identified and addressed. The workforce also needs to be engaged as they are well placed to provide informed views regarding creating capacity.

- **16.7** How do we better support and protect the wellbeing of those working in all parts of the system?

17. Our Immediate actions

- **17.1** In addition to developing our workforce vision and outcomes, we are also seeking views on what our immediate short-term actions should be for the mental health and wellbeing workforce. **Please tick as many options below as you agree with**.

a. Develop targeted national and international recruitment campaigns for the mental health workforce
b. Scope alternative pathways to careers within the workforce, beyond traditional university and college routes, such as apprenticeship pathways into mental health nursing
c. Improve capacity in the mental health services to supervise student placements to support the growth of our workforce
d. Take steps to increase the diversity of the mental health workforce, so it is reflective of the population that it cares for
e. Work with NHS Education Scotland (NES) to improve workforce data, including equalities data, for mental health services in the NHS, by the end of 2023
f. Undertake an evaluation of our Mental Health Strategy 2017 commitment to fund 800 additional mental health workers in key settings, including A&Es, GP practices, police station custody suite and prisons, to ensure that the lessons learnt inform future recruitment.

- **17.2** Do you think there are any other immediate actions we should take to support the workforce? **Please Specify.**

We welcome these actions and would suggest that it is important that any actions clearly identify how they build on and align with the principles and actions set out in the national workforce strategy for health and social care.

We are particularly pleased to see e) which chimes with the Commission's recommendation on this to ensure that NES has the mandate to publish workforce data at a national 'directorate' level stratified by protected characteristics.

With regards international recruitment, we would state that this must be done in combination with ensuring that there are mechanisms to welcome those who choose to make Scotland their home and place to work. Post Brexit workforce trends have changed and many people from non EU countries are contributing to our public services. Our report on race inequality showed real issues in terms of racism towards staff, a lack of training on cultural competence, and workforce progression issues by ethnicity. It will become even more important to ensure that there are clear processes in place to combat these structural barriers in the context of international recruitment to be fair to new colleagues.

- **17.3** Do you have any further comments or reflections on how to best support the workforce to promote mental health and wellbeing for people in Scotland? **Please Specify.**

- **17.4** Do you have any examples of different ways of working, best practice or case studies that would help support better workforce planning and ensure that we have skilled, diverse, valued and supported workforce that can provide person-centred, compassionate services that promote better population mental health and wellbeing outcomes. For example, increasing the use of advanced practitioners. **Please Specify.**

The intention is noted that the Scottish Government will: "Undertake an evaluation of our Mental Health Strategy 2017 commitment to fund 800 additional mental health workers in key settings, including A&Es, GP practices, police station custody suite and prisons, to ensure that the lessons learnt inform future recruitment".

It is suggested that this should be done as a matter of urgency. Anecdotally, there are good examples of innovative roles which have developed with positive outcomes for both individuals and services which are stretched. It is a missed opportunity not to fully evaluate now and use this learning to inform next steps.

Earlier in this consultation we described a key priority should be the physical health of people with mental health conditions. We note the finding that people with mental illness on average die 20 years earlier than peers without mental illness. We also note the recent findings on the higher death rate for people with a learning disability than peers without such a disability. For information, we note the evidence from Canada that describes a service redesign based on what is described as 'reverse shared care' that locates mental health services within primary care to ensure physical health care needs are addressed.The Integrated Health Hub (IHH) Model: The Evolution of a Community Based Primary Care and Mental Health Centre | SpringerLink

Part 18 – Final thoughts

18.1. Is there anything else you'd like to tell us?

It is not clear whether this is a new strategy (although it is assumed that it is given the suggested 'new vision') however the consultation refers to a refresh point 4.1 *Below are the outcomes that people have said they would like this refreshed mental health and wellbeing strategy to achieve.*

Action 40 of the existing strategy was to review progress on the 2017-27 strategy in 2022. This has not been done. There has yet to be an evaluation of action 15 which, as we suggest, would inform the current discussion regarding workforce challenges.

This consultation would benefit from a progress report on the 2017-2027 current strategy.

Thank you for the opportunity to respond to this important consultation.