For older people, dementia is not the only issue. Only a proportion will be affected by that disorder. How is the mental health of the remainder to be supported? The document provides no direction for issues for older people such as keeping the brain active, (including keeping physically active) and ensuring that there is continued enjoyment in life. The DoH document identified befriending as a potential intervention. This is not promoted in the strategy

In terms of equality and diversity, there is no recognition that living with one of the protected characteristics immediately increases vulnerability to mental health problems and it provides no direction for ensuring that such agendas are taken seriously; even within the context of mental health service provision, the link between equality, diversity, inequalities and increased susceptibility and mental health is not fully considered. The developing Equality Outcomes for NHS Boards would be an ideal opportunity through which to address some of these issues. The strategy fails to make any link.

Lastly, there is no recognition of the links between mental wellbeing and other areas of peoples' lives; physical activity, sexual health, tobacco and alcohol intake, community safety, lifelong learning, parenting responsibilities (and skills), income, environment, job, educational attainment, access to parks and leisure space, for example, the NHS cannot be responsible for everything, but community planning (and community regeneration) is there to make links and co-ordindate actions. The role of the NHS (as well as providing services for people who are unwell) is to ensure that the mental wellbeing dimension is taken into account and acted upon within the community planning context.

CONSULTATION QUESTIONS

Overall Approach

This consultation reflects a continuation and development of the Scottish Government's current approach for mental health. There is a general consensus that the broad direction is right but **we want to consult on:**

- The overall structure of the Strategy, which has been organised under 14 broad outcomes and whether these are the right outcomes;
- Whether there are any gaps in the key challenges identified;
- In addition to existing work, what further actions should be prioritised to help us to meet these challenges?

Comments
The crucial role played by Primary Care tends to be underidentified and is not clearly co-ordinated. Ways have to be found to address all the primary care elements.

Improvement Challenge Type 1

We know where we are trying to get to and what needs to happen to get us there, but there are significant challenges attached to implementing the changes. An example of this is the implementation of the Dementia Strategy. There is a consensus that services for people with dementia are often not good enough and we already know about a range of actions that will improve outcomes. However some of these changes involve redesigning the way services are provided across organisational boundaries and there are significant challenges attached to doing this.

Question 1: In these situations, we are keen to understand whether there is any additional action that could be taken at a national level to support local areas to implement the required changes.

Comments
A change fund style approach may be of benefit. This gives clear and specific focus on areas for action whilst pump-priming to achieve shift of resources. It is disappointing to see so great a focus on diagnosed mental illness (i.e. dementia, depression etc) and less on the more commonly seen affective disorders that occupy so much of clinical time. There needs to be a stronger link with mental wellbeing and with physical health.

Improvement Challenge Type 2

We know we need to improve service provision or that there is a gap in existing provision, but we do not yet know what changes would deliver better outcomes. Supporting services to improve care for people with developmental disorders or trauma are two areas where further work is needed to identify exactly what needs to happen to deliver improved outcomes.

Question 2: In these situations, we are keen to get your views on what needs to happen next to develop a better understanding of what changes would deliver better outcomes.

Comments
Need to consider 'evidence in action' i.e. what works elsewhere in general communities and its translatability to the specific Scottish situation.

Outcome 1: People and communities act to protect and promote their mental health and reduce the likelihood that they will become unwell.

Question 3: Are there other actions we should be taking nationally to reduce self harm and suicide rates?

Comments
Ensuring that there is a supportive infra-structure for people to get the types of practical help they may need for the range of social problems that can lead people to consider suicide as an option e.g support for debt/relationship counselling/access to jobs/opportunities to re-train following redundancy etc etc

Question 4: What further action can we take to continue to reduce the stigma of mental illness and ill health and to reduce discrimination?

Comments
Embed mental wellbeing and health as core part of clinical practice for clinicians to lead the way in acceptance of mental illness.

Question 5: How do we build on the progress that *see me* has made in addressing stigma to address the challenges in engaging services to address discrimination?

Comments
Anti-stigma should really be part of everyone's job description that works in mental health. Stigma awareness could be part of all staff induction.

Question 6: What other actions should we be taking to support promotion of mental wellbeing for individuals and within communities?

Comments
- **See additional general comments**
- While the actions set out in Towards a Mentally Flourishing Scotland have been delivered there is no indication given in the document of what the impact of this has been on the Scottish population's mental health and wellbeing. There may still be great deal of mental health improvement work which needs to be done across Scotland, however no indication of this is given other than early recognition and prevention of mental illness. This is a huge area and merits more than one paragraph within the strategy document. **See additional general comments.**
- NHS Health Scotland's Outcomes Framework for Scotland's Mental Health Improvement Strategy provides a comprehensive and evidenced-based set of outcomes. Further actions for mental health improvement should be developed using this framework as its basis.
- Mental wellbeing and health needs to be included alongside physical health, sexual health and other aspects of wider health and wellbeing rather than purely as a stand-alone specialism.

Outcome 2: Action is focused on early years and childhood to respond quickly and to improve both short and long term outcomes.

Question 7: What additional actions must we take to meet these challenges and improve access to CAMHS?

Comments
- **See additional comments**
  - Increased access to treatment for children and young people is welcomed as is the strengthening of psychological treatments.
  - It does offer areas where capacity building can be achieved i.e CAMHS.
  - Welcome the fact that there is some focus on early intervention but feel there needs to be greater emphasis on this to ensure improved long term outcomes.
  - CAMHS is a specialised service which provides support and treatment of children and young people experiencing mental health problems. The issue of children and young people's mental wellbeing is much wider than the service remit of CAMHS and should encompass all people involved in a child or young person's life in line with the Scottish Government's GIRFEC model. Reducing the need for CAMHS access should be promoted concurrently with

improvements to access. There needs to be a commitment to take forward the findings of the Psychology of Parenting project. Evidence-based parenting programmes would provide an important service for children who are displaying behavioural problems but may not be at the stage of requiring CAMHS intervention. In addition, promotion of an evidence-based universal approach to parenting such as Solihull would provide a strong basis for promoting the mental health and wellbeing of children. There should also be a commitment to explore other means to improve the mental health and wellbeing of children. This should include elements of mental health and wellbeing which are not necessarily related to mental health problems.

- Need to be able to provide seamless service for children in need of care and support for mental/behavioural problems, not purely CAMHS service. Early recognition of potential problems especially in young children known to have better outcomes (e.g. under 3 for brain plasticity in developmental disorders).

Question 8: What additional national support do NHS Boards need to support implementation of the HEAT target on access to specialist CAMHS?

Comments
No comment.

Outcome 3: People have an understanding of their own mental health and if they are not well take appropriate action themselves or by seeking help.

Question 9: What further action do we need to take to enable people to take actions themselves to maintain and improve their mental health?

Comments

- This statement indicates a lack of understanding of the role that deprivation can play in contributing to people being unable to take actions to "help themselves". More needs to be done to increase understanding so that appropriate action can be recommended.
- Roll-out of Wellness and Recovery Action Planning training for groups of people known to be at greater risk of poor mental wellbeing.
- Promotion of activities which promote mental wellbeing such as green gyms, community art classes etc.
- As indicated above (question 6), we must consider mental wellbeing and health as integral part of wider health – so changes in physical health have an impact on mental health and we need to raise awareness of this. Greater acceptance and promotion of this linkage will assist:
    a) Awareness raising and understanding and
    b) Direct connection between physical health and mental wellbeing expressed leading to increased acceptance and increased

likelihood of seeking support.

Question 10: What approaches do we need to encourage people to seek help when they need to?

Comments
- See comments above (question 9)

Outcome 4: First contact services work well for people seeking help, whether in crisis or otherwise, and people move on to assessment and treatment services quickly.

Question 11: What changes are needed to the way in which we design services so we can identify mental illness and disorder as early as possible and ensure quick access to treatment?

Comments
No comment.

Outcome 5: Appropriate, evidence-based care and treatment for mental illness is available when required and treatments are delivered safely and efficiently.

Question 12: What support do NHS Boards and key partners need to apply service improvement approaches to reduce the amount of time spent on non-value adding activities?

Comments
Welcome focus on psychological therapies. There needs to be effective monitoring and action, around releasing time to care.

Question 13: What support do NHS Boards and key partners need to put Integrated Care Pathways into practice?

Comments
Need to be driven by management with frontline 'champions' to gain buy-in across the sector.

Outcome 6: Care and treatment is focused on the whole person and their capability for growth, self-management and recovery.

Question 14: How do we continue to develop service user involvement in service design and delivery and in the care provided?

Comments
The recovery approaches across mental health and addictions are having an impact on promising service user involvement. Need to keep these rolling with awareness raising and support such as national seminars, local speakers etc.

Question 15: What tools are needed to support service users, families, carers and staff to achieve mutually beneficial partnerships?

Comments
No comment.

Question 16: How do we further embed and demonstrate the outcomes of person-centred and values-based approaches to providing care in mental health settings?

Comments
The promotion of mental health service users' physical health and mental wellbeing should be included as a priority for person-centred mental health services. Activities to promote the physical health and mental wellbeing of service users should be evidence based and with measurable outcomes attached.

Question 17: How do we encourage implementation of the new Scottish Recovery Indicator (SRI)?

Comments
No comment.

Question 18: How can the Scottish Recovery Network develop its effectiveness to support embedding recovery approaches across different professional groups?

Comments
No comment.

Outcome 7: The role of family and carers as part of a system of care is understood and supported by professional staff.

Question 19: How do we support families and carers to participate meaningfully in care and treatment?

Comments
As part of quality strategy implementation, recognising families and carers as 'significant others' in informing and delivering person-centred care.

Question 20: What support do staff need to help them provide information for families and carers to enable families and carers to be involved in their relative's care?

Comments
Needs to be part of culture change and shift in power and control from health practitioner to patients and carers. So support needed from NHS Board members downwards to ensure staff empowered to act.

Outcome 8: The balance of community and inpatient services is appropriate to meet the needs of the population safely, efficiently and with good outcomes.

Question 21: How can we capitalise on the knowledge and experience developed in those areas that have redesigned services to build up a national picture of what works to deliver better outcomes?

Comments
Using wide range of dissemination and communication processes – conferences, press features, website etc.

Outcome 9: The reach of mental health services is improved to give better access to minority and high risk groups and those who might not otherwise access services.

Question 22: How do we ensure that information is used to monitor who is using services and to improve the accessibility of services?

Comments

This needs to be linked to the Equality Outcomes of an NHS Board. It is not a stand-alone issue for mental well-being

Question 23: How do we disseminate learning about what is important to make services accessible?

Comments
It is not necessarily learning that is required; staff may know but the changes required are in skills, attitudes and behaviours.

Question 24: In addition to services for older people, developmental disorders and trauma, are there other significant gaps in service provision?

Comments
Need to have linkage across to addictions for those who have both alcohol and mental health problems or drug and mental health problems. Currently not a coherent service.

Outcome 10: Mental health services work well with other services such as learning disability and substance misuse and are integrated in other settings such as prisons, care homes and general medical settings.

Question 25: In addition to the work already in place to support the National Dementia Demonstrator sites and Learning Disability CAMHS, what else do you think we should be doing nationally to support NHS Boards and their key partners to work together to deliver person centred care?

Comments
Implement the health promoting health service; implement the health promoting prison.

Question 26: In addition to the proposed work in acute hospitals around people with dementia and the work identified above with female prisoners, are there any other actions that you think should be national priorities over the next 4 years to meet the challenge of providing an integrated approach to mental health service delivery?

Comments
- While the mental health of female prisoners has been rightly identified as an area of concern, female prisoners represent a small proportion of the Scottish prisoner population. On the specific issue of Borderline Personality Disorder, prisoner estimates for England and Wales indicate a high prevalence among male and female prisoners (NICE 2009). Consideration should be given to how this piece of work could widen out to include the whole prisoner population (the NICE estimates showed the highest prevalence rate to be among male remand prisoners). Borderline Personality Disorder represents an important discrete piece

of work in relation to prisoner mental health and wellbeing, however, a broader strategic direction would be useful both in terms of service provision and mental health improvement for all prisoners. A national prisoner health needs assessment undertaken by SPS (Graham 2007) indicated high levels of depression among the prisoner population and probable under-recording on the GPASS system. It is also likely that a high proportion of prisoners are experiencing poor mental wellbeing which may not be linked to a specific mental health problem. The Scottish Public Health Network (ScotPHN) has undertaken two large pieces of work in recent years which provide direction in relation to prisoners' mental health. The *Mental Health Patient Pathways for Prisoners* (2009) is based on the assumption that all prisoners will be experiencing some level of poor mental health and wellbeing (such as low mood or feelings of anxiety), however, some prisoners will require additional care and treatment due to the nature or severity of the mental health problems they are experiencing. The pathway aims to ensure that processes are in place to identify prisoners' mental health needs and plan services accordingly. ScotPHN are also in the process of developing a new framework for *Health Improvement in Prisons* (not yet published). This details the evidence base for mental health improvement in prisons and recommends a number of actions.

- Apart from the obvious addictions linkages, it would be helpful to consider developmental disorders across children and adults.

Outcome 11: The health and social care workforce has the skills and knowledge to undertake its duties effectively and displays appropriate attitudes and behaviours in their work with service users and carers.

Question 27: How do we support implementation of *Promoting Excellence* across all health and social care settings?

Comments
No comment.

Question 28: In addition to developing a survey to support NHS Boards' workforce planning around the psychological therapies HEAT target – are there any other surveys that would be helpful at a national level?

Comments
The national NHS staff survey could be used to assess staff mental health and wellbeing.

See Jane Parkinson's work on indicators for mental well-being. There are scores of surveys that contribute to assessing the mental wellbeing of the population

Question 29: What are the other priorities for workforce development and planning over the next 4 years? What is needed to support this?

Comments
ALL areas of the NHS need to appreciate their contribution to mental wellbeing; it is not only the role of MH services. Long term conditions, Primary Care, maternity services, care of the elderly etc all have a role to play in supporting and maintaining mental well-being. That has major implications for workforce development

Question 30: How do we ensure that we have sustainable training capacity to deliver better access to psychological therapies?

Comments
No comment

Outcome 12: We know how well the mental health system is functioning on the basis of national and local data on capacity, activity, outputs and outcomes.

Question 31: In addition to the current work to further develop national benchmarking resources, is there anything else we should be doing to enable us to meet this challenge.

Comments
• Consider matching up the strategic direction proposed in the consultation document with the range of population-level indicators developed by NHS Health Scotland.

Question 32: What would support services locally in their work to embed clinical outcomes reporting as a routine aspect of care delivery?

Comments
No comment

Outcome 13: The process of improvement is supported across all health and social care settings in the knowledge that change is complex and challenging and requires leadership, expertise and investment.

Question 33: Is there any other action that should be prioritised for attention in the next 4 years that would support services to meet this challenge?

Comments
No comment

Question 34: What specifically needs to happen nationally and locally to ensure we effectively integrate the range of improvement work in mental health?

Comments
Please see additional comments

Outcome 14: The legal framework promotes and supports a rights based model in respect of the treatment, care and protection of individuals with mental illness, learning disability and personality disorders.

Question 35: How do we ensure that staff are supported so that care and treatment is delivered in line with legislative requirements?

Comments
- Maintenance of training as both mandatory and priority.

Overall General Comments

Public Health Department, NHS Ayrshire & Arran

"Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity". WHO

Adopting such a philosophy of health suggest that the strategy's starting point should be that everyone has mental health (which can be good or poor), and that some people will develop (and usually recover from) mental health problems over the course of their lives. This document has been produced from the latter perspective. It does not address the former i.e everyone's mental health (also known as the public mental health agenda). The mental wellbeing of the population is not the responsibility of a mental health directorate within an NHS Board; population mental health therefore does not sit comfortably within this proposed overall context. From a public health perspective, it is therefore difficult to comment on this document, as the starting premises are so divergent.

The document therefore does not successfully fulfil its stated remit to integrate mental health improvement, mental illness prevention and mental health services. It is biased towards service provision and mental illness almost to the exclusion of mental health improvement. While it is appropriate that the service elements of the strategy are aligned to the *Healthcare Quality Strategy for Scotland*, it is less suitable for population mental health which is delivered by a wide range of agencies, professional groups, third sector organisations and communities both within and outwith the NHS.

Reference is made to HEAT targets, but these do not capture mental health and wellbeing. Although the *Healthcare Quality Strategy for Scotland* has some relevance for mental health and wellbeing it is primarily concerned with health care. The *Mental Health Strategy* needs to move away from the traditional understanding of mental health and its association with mental illness to one that embraces a fresh, new approach. There needs to be greater attention to positive models such as asset based approaches, co-production and social capital as ways of driving mental health and wellbeing with less reliance on health care as a means of achieving outcomes

Public mental health and wellbeing is a top priority public health issue. The factors that affect mental wellbeing are those that are most likely to be at risk in the current economic climate. Therefore, at an individual level, matters such as income, job security, and a secure environment (risk of homelessness due to inability to pay rent/mortgage) are likely to impinge on people's mental wellbeing. Evidence (DoH) is clear that ensuring that good debt advice services are available is a good return on investment. It's disappointing not to see that recognised in the strategy.

At a population level, the continuing growth in earnings gap, the cuts to public services and the lack of funding for those community assets that promote community wellbeing will have an impact. Lack of financial capability to access green space and leisure activities will also have an impact. This makes it all the

more imperative that there is continued pressure to create opportunities for people to develop resilience, confidence and skills (both in childhood and adulthood) to protect and maintain their mental wellbeing. Structural arrangements for good mental wellbeing need to continue to be supported to help people maintain their wellbeing, as well as preventing mental ill-health. There needs to be greater emphasis on the wider determinants of health and explicit links made to the Scottish Government purpose of economic growth, productivity, participation, population, solidarity, cohesion and sustainability. This would lead to a more balanced strategy that takes account of where people live, their prospects, culture and values.

It is acknowledged that it is extremely difficult to evaluate complex social interventions (that impinge on mental health & well-being) to demonstrate economic impact. However, there is a wealth of assorted evidence that, taken together, creates a fairly convincing picture for such interventions. The work that was completed for the population mental health intermediate outcomes by NHS Health Scotland identifies the effectiveness of a wide range of interventions.

Evidence drawn from only one source to inform a national strategy is an incomplete approach. Some evidence is available simply because the interventions are easy to evaluate; complex interventions are much harder to evaluate. This does not mean they are ineffective; it means they are difficult to evaluate (e.g. mental wellbeing in the GoWell project http://www.gowellonline.com/index.php?option=com_search&Itemid=5&searchword=briefing+paper+12&submit=Search&searchphrase=any&ordering=newest). This does not mean that the interventions should be dispensed with.

The document does not recognise the crucial role that can be played by those agencies – including the NHS – who engage with young families, newborns and infants. The evidence around interventions at this point is strong (perhaps strongest of all evidence) and the return on investment is the best to be had of all interventions. It could be argued that many other initiatives supported by the government are promoting early interventions. That is true, but no others are specifically identifying infant mental health as a discrete issue.

Moving onto children and young people, it is acknowledged that the CAMHS service has come a long way in its response to and treatment of children and young people with mental health issues. However, less than 10% of children and young people come into contact with the CAMHS service. This strategy does not discuss the remaining 90% of children and young people in Scotland and their mental health and wellbeing needs. It is imperative that there is continued attention to their mental wellbeing needs such as keeping their natural optimism and hope for the future intact, as well as helping them develop coping skills to deal with the complex world around them.

The document also does not mention the role of schools, further education colleges and universities in helping to support good mental wellbeing.

Similarly, for working age adults, there is no mention of the important role of work or the workplace itself, or the sorts of support that might be required for those experiencing redundancy/unemployment. The DoH evidence document identifies this as a potential area for intervention