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

Introduction
Social Firms Scotland is a national intermediary organisation supporting the development of Social Firms. Our purpose is to grow the Social Firm sector in order to increase job opportunities for severely disadvantaged people, including people mental health issues.

Context of our response
We welcome the opportunity to respond in brief to the consultation within the context of our work to support Social Firms – many of whom, in turn, support and provide employment opportunities for people with severe and enduring mental health problems.

Having consulted with our members to frame a response to the Mental Health Strategy for Scotland: 2011-15, the overwhelming view is that providing employability support and access to work experience, training and employment opportunities should be included in any route to recovery for a person who has mental health issues.

About Social Firms
Social Firms are a distinct type of social enterprise, recognised internationally as market-led enterprises, working in a wide range of sectors with a specific social mission to create employment for people most disadvantaged in the labour market. This includes people who have disability, a history of mental health problems as well as others who face major barriers to employment, for example because they have a criminal record or a drug or alcohol dependency.

Social Firms use enterprise to achieve their social mission and are thus different from other, more traditional, models of employment provision and support for disadvantaged people, such as sheltered workshops. Their commitment to enterprise and the market-led focus of their

operations underscores their sustainability and thus distinguishes them from some supported businesses.

A Social Firm is committed to:
- generating over 50% of its income through sales of goods/and or services, and
- ensuring that at least 25% of the people it employs are at a particular disadvantage in the labour market

Many Social Firms in Scotland actively support and engage people with mental health issues and
- tackle stigma against people with mental health problems, disabilities and other forms of disadvantage
- create jobs for those who are furthest from the labour market
- offer cost benefits to society[1] and social added value to investors
- merge employment and health improvements

Social Firms and Services

Many Social Firms in Scotland are already fulfilling the type of integral support necessary to individuals with severe disadvantages throughout a range of industrial and service enterprises. Social Firms offer one solution to the current and likely more challenging prospect of moving the most disadvantaged people into employment over the next few years & beyond. With appropriate investment and support, there is a real opportunity for Social Firms to provide far more supportive working environments for disadvantaged people who are unlikely to secure 'mainstream' employment, especially in the current economic conditions. This is the gap and the opportunity and it is very specific to Social Firms.

Addressing Employment and Health Inequalities

Social Firms aid recovery from mental illness and promote positive mental health by offering work environments that are deliberately focussed on recovery. Anecdotal evidence suggests that working in a Social Firm can positively impact on the mental health of participants and aid their recovery from mental illness. There have been a number of studies which highlight the high unemployment rates of people with mental health problems, especially those with severe and enduring conditions. Employment rates of 8% - 20% have been found amongst mental health service users, while employment rates for those with psychotic problems were found to be even lower at 4% - 12%. [2]

The impact on services and the economy in Scotland of large numbers of people with mental health issues remaining unemployed is significant. Social Firms adopt a 'theory of change' approach by providing meaningful work in a supportive environment. This approach can assist in the

---

[1] Social Firms can save the State money. Evidence at a Social Firm in Scotland in 2007 has shown that, for each person with a mental illness employed within the Social Firm, an average of £21,000 per year is being saved to just the NHS - this does not include the benefit savings or gauge on the 'softer' outcomes like increased self-esteem, skills development and well being.

[2] Perkins R.E. &Rinaldi M., (2002), *Unemployment rates amongst patients with long-term mental health problems: A decade of rising unemployment*, Psychiatric Bulletin 26, 295-298

recovery from mental ill health. Social Firms aim to provide 'the right employment in the right environment' that the evidence suggests is necessary to support good mental health. Social Firms are therefore of increasing interest in a policy context. By their ability to provide work and employment for this target group, they can help underpin mental health improvement, reduce economic inactivity and poverty, and lead to improved social inclusion, albeit on a relatively small scale at present.

There is a wealth of evidence to support the health (and extended) benefits of someone having a job within a supportive environment, a place in society, not only for the individual, but also for their family/carers and wider community.

Many people who suffer from mental health problems experience a lack of continuity of employment, lack relevant work experience or access to a 'route back into work' to aid their recovery. In society it is widely recognised that if you are suffering from mental health issues you are likely to experience significant barriers, stigma and fear discrimination when trying to gain or regain entry into the labour market.

The Social Firm model is recognised internationally as a vehicle or a route to a solution to aid mental health recovery by creating jobs for people most disadvantaged in the labour market. For most people work is good for mental health and well-being.

Research is increasingly reporting that **the most significant factor** in people's **recovery journey** is a **return to work or gaining employment.** Work can lead to new friendships and counters isolation. It provides purpose and meaningful activity, boosts confidence and self-esteem, and provides its own financial rewards.

However, **people with mental health problems have the highest levels of unemployment of any group of disabled people while having the highest "want to work" rate.** Retaining people in work and securing employment for those who want to work are key policy goals.

What is clear is that mental health, mental wellbeing and employability are key core areas. Work promotes recovery and people in work are more likely to be healthy. However, only 15% of people with long term mental health problems are in work. At the same time, unhealthy work environments can cause mental health problems. This poses a set of challenges. (Geoff Huggins, Scottish Government Deputy Director for Mental Health Mental Health In Scotland, Mental Health and Employment Report of a conference held In Glasgow on 3 October 2007)

Dr Bob Grove, Director of the Employment Support Programme at the Sainsbury Centre for Mental Health said.......“we now know a lot of what works and would help in such situations, it includes”:

- Information, training, advice and support for employers and GPs
- Early intervention
- Coordination of clinical management and return to work planning.

- Rebuilding confidence and developing coping strategies

This is where psychological therapies can play their part by helping people to "problem solve" and help them to manage their livesmore positively.

- Workplace adjustment and in-work support

It is important to consider and plan for a phased return to work coupled with support to help the individual settle back into theworld of work.

Once someone with a mental health problem is out of work for six months,there is a 50% chance they will never work again. Key elements that are important in helping the long-term unemployed include:

- a desire to work is the best indicator of success;
- supported employment – there is strong evidence in favour of this, especially Individual Placement and Support (IPS); and
- support in work – often the job is seen as over when someone finds work but they need continued support. (Mental Health and Employment Report of a conference held In Glasgow on 3 October 2007)

In conclusion

As the economic downturn further deepens, there is heightened need for strategies to engage those most distanced from the labour market and to allow people to achieve their full potential. Social Firms can act as a stepping stone for some people on their way to open employment, or serve as the ultimate employment goal for others who would have difficulty in retaining a job in a mainstream company.

We would welcome early intervention initiatives and access to *both* *employability support* and *employment* as a high level outcome where the Social Firm sector in particular can support and enable people to gain, regain and retain work – with emphasis being placed on partnership working between agencies, individuals and employers delivering high quality services and solutions that are measurable in terms or outcomes and health improvements.

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

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

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

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

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

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

Comments

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

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

Comments

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
```

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

```
Comments
```

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
```

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

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

Comments

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

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

Comments

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

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

Comments

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

Comments

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

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

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

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

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

```
Comments



```

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

```
Comments



```

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



```

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

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

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

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

Comments

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

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

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

Comments

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

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

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