# 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.

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**Comments**

The Scottish Centre for Healthy Working Lives (referred to thereafter as SCHWL) welcomes the new strategy and the opportunity to contribute to the final document. The SCHWL is eager to continue the workplace mental health programme from Priority 4 of Towards a Mentally Flourishing Scotland and contribute to the health improvement work in mental health and wellbeing of Scotland's population.

The SCHWL works with employers across Scotland to promote positive mental health and wellbeing and improve the support given to those with mental health problems to remain in work as well as encouraging them to support staff returning to work after a period of mental ill health. The programme of work is supported by a clear evidence base which includes the compelling business case for employers. The guidance used to inform and shape the workplace programme includes:

- NICE Public Health Guidance 22 Guidance for employers on promoting mental wellbeing through productive and healthy working conditions, November 2009.
- Dame Carol Black's review of the health of Britain's working age population. 'Working for a healthier tomorrow'. Department for Work and Pensions and the Department of Health, 2008.
- Mental Health Promotion and Mental Illness Prevention: the Economic case, April 2011.
- What's it worth now? SAMH, 2011.
- Wellbeing and work: Future Challenges, Foresight, 2008.
- Health Works: A Review of the Scottish Government's Healthy Working Lives Strategy, Scottish Government, 2009.
- Building community capacity: making an economic case Knapp M et al, 2011.
- No health without public mental health: the case for action. Royal College of Psychiatrists, 2010.
- Report on the Future Delivery of Public Services by the Commission chaired by Dr Campbell Christie, June 2011.

There is clear evidence to demonstrate the positive link between employment and mental health. With almost 72% of the working age population, in Scotland, in employment the opportunities presented through engaging with employers to promote the mental health and wellbeing agenda is overwhelming.

We have over the period of TAMFS delivered on the commitments outlined under Priority 4. We have worked strategically to promote the importance of mental health wellbeing for workplaces as well as developing a range of resources and

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support for employers. The Mentally Healthy Workplace training programme has engaged with 567 managers so far this year and the online Mentally Healthy Workplace training course launched in January 2011 reached its annual target of 1000 users three months ahead of schedule in September 2011. We have worked successfully with a range of partners including the Mental Health Foundation, S.T.U.C and *See me*, as well as partners in Europe through the European Network of Workplace Health Promotion (ENWHP).

The new strategy presents us with the opportunity to continue to meet the demand from employers but also offers us new challenges. There are still gaps in the provision of support to employees, in particular, concerns from employers around duty of care, legislation and compliance. In the current economic climate there is even more need to educate employers on mental health and its potential negative impact to business.

Consultation was held with the Healthy Working Lives Advisers working in local Board areas. The feedback expressed was in general, disappointment at the lack of inclusion of mental health improvement in the Strategy. As the main focus of the strategy appears to be on treatment and care there is a danger of losing sight of the significant progress that has been made over the past 4 years. In relation to proactive work our evidence shows that policy and practice has improved through the work of the HWL mental health programme and to continue this improvement and achieve our proposed outcomes, it was considered vital that we receive Scottish Government endorsement through the Strategy.

Health improvement has played a key role in the mental health agenda in Scotland and it was felt that the strategy does not adequately reflect the recent evidence that further strengthens the argument for prioritising preventative strategies and tackling health inequalities in Scotland, in particular the Christie Commission Report on the Future of Public Services. The strategy in its current presentation seems inconsistent, e.g., the stated outcomes in the introduction describe the 'need to support and enable people to keep well and take responsibility for their mental health' however, the 14 high-level outcomes appear to be almost exclusively concerned with care and treatment. The policy would benefit from more emphasis on mental health and wellbeing and should acknowledge the significant progress in health improvement in this area in Scotland.

Another general comment was around the clarity of roles and responsibilities in delivering the outcomes of the new strategy. It was felt that a more systematic approach outlining clear outcomes would be welcomed; this would enable everyone involved to appreciate the complexity of the mental health system and encourage crossover and innovation in delivery. An appreciation of the wider determinants of mental health, including the impact of inequalities on mental health need to be addressed through this strategy. The role of the public, private and voluntary sector in improvement and innovation could be incorporated more effectively in the strategy.

Capacity to deliver the workplace programme through SCHWL has been supported by a dedicated post, which has enabled the programme to develop since the launch of TAMFS in 2009. The continued delivery of this programme relies on staff support for this agenda along with funding for the continued delivery of the training programmes and other developments. The programme this year has seen the move to tackle inequalities in the workplace, engaging with BME organisations and developing a product particularly for manual workers. This piece of work was directed from an EQIA of the training programme and the recognition that the health messages promoted through workplace programmes often do not reach all levels of staff and particular minority groups.

A key area of work for the SCHWL has been developing an outcomes framework; this process has supported the creation of clear indicators. The workplace programme is also integrated into the NHS Health Scotland Mental Health Improvement Logic Model and outcomes framework. This process has strengthened the links between the programme areas and supported the reporting of outcomes. It has helped to promote the achievements made provided specific direction and has improved reporting.

**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

SCHWL could raise awareness of signs and symptoms of dementia as well as the service available for carers, particularly for those who are in employment.

**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

SCHWL works in partnership with the Choose Life programme to promote the key suicide prevention messages. The recent campaign for Suicide Prevention Week 2011 was distributed to the 2000 award registered companies.

This partnership will continue and SCHWL will support the Choose Life programme to promote the key messages and training provided through employers. The key messages are also incorporated into the workplace training programme.

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

SCHWL has taken an active role in tackling stigma and discrimination through the workplace training programme. This continued work with employers supports the anti-stigma programme and contributes to a positive shift in public attitudes. The See Me Pledge is promoted through the HWL Award programme and has been signed by many HWL Award Holders and registered companies.

The above work is further endorsed by encouraging employers to support the employability agenda in Scotland.

An area that would be advantageous is further research into current attitudes and

practices around stigma and discrimination in the workplace. The current anti-stigma work could be enhanced by continuing campaign work for specific audiences. A refresh of the previous workplace campaign would re-invigorate the interest from this audience. It would be beneficial to evidence the links between the workplace programmes and the shift in attitudes.

The Work Positive programme delivered by SCHWL has now been developed to enable the collection of data in relation to workplaces policies and practices around the HSE Management Standards for Stress. The data collected can be used to measure changing workplace practices as well as data around sickness absence levels linked to mental health and stress.

**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

The workplace presents an ideal opportunity for a programme of work in this area. Healthy Working Lives are already engaged with over 3000 employers in Scotland and has raised this agenda with many of them through the award programme, advisor visits and training.

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

Comments

There is further need to develop an understanding of mental health and wellbeing through mental health literacy. If people are to '*protect and promote*' their mental health (Outcome 1) it requires people to have an understanding of mental health and information on where to access help. This also requires a change in culture to encourage help seeking behaviour and the workplace provides an ideal setting to promote this.

The impact of workplace interventions on the wider community are well documented as well as the clear moral and business case for employers promoting mental health and wellbeing with their staff. Research from the Centre for Mental Health, London School of Economics and SAMH all outline the return on investment from workplace mental health programmes.

The role of line managers is well documented and one of the five recommendations of the NICE PH Guidance 22. The Mentally Healthy Workplace training offered to employers across Scotland provides a conduit to strengthen the role of line managers and explain the implications of their role.

Developments within SCHWL have included widening the scope of the support to include people other than managers. The manager training is well established and continues to evolve, an example of this is the shift from a two day face-to-face course to a blended learning approach, utilising online training. The online course provides all employees with a base of knowledge on mental health and wellbeing

in the workplace and the new Manual Workers project, engagement with BME employee groups and the productive relationship with the STUC have produced valuable resources for employees often not provided for.

The SCHWL has recently carried out research into mental health and older people in relation to developing guidance around effective interventions to support a mentally healthy retirement. The findings of this report will form the basis of new resource which will be developed during 2012/13.

**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.**

Comments

The SCHWL will continue to provide workplaces with the evidence based information to improve individual's knowledge and understanding of mental health and wellbeing. The messages promoted in workplaces are consistent with those promoted to all communities. The Steps for Stress campaign is an example of a population level campaign that SCHWL worked to promote to employers.

Campaigns of this type as well as resources such as Living Life to the Full provide opportunities for individuals to take control of their mental health and take action to improve and safeguard their health. There was discussion on SG developing a workplace specific element to the Steps for Stress campaign and further work to progress these resources would be welcomed.

Comments

Campaigns and resources (such as Steps for Stress) that can be distributed through the workplace to promote positive mental health messages which raises awareness and direct individuals to relevant support agencies.

To enable employees to disclose mental health problems in the workplace there needs to be continued investment in the anti-stigma programmes and in educating employers in best practice for retention of staff. The SCHWL work provides employers with the information and guidance to promote mentally healthy workplaces that therefore encourages an open culture to mental health. SCHWL works with employers to ensure they are aware of the moral and business case for supporting employees and the benefits of good practice. We are supporting the roll out of a campaign, funded by DWP, to promote the role of Occupational Health and promote the Working Health Services Scotland support available to SMEs.

People need to feel safe to seek help in the workplace without retribution and employers, and managers, require much support to understand the implications of their actions in many of these situations. High levels of sickness absence linked to stress and mental health in the public sector are a key issue and should be explored before any commitment can be made to working towards exemplar employer status.

**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

For those in employment, there should be stronger links with Working Health Services Scotland, who provide a range of vocational rehabilitation service. This is aimed at keeping people in work or returning to work, if they have been absent from work. Psychological services are an element of this national service.

**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

SCHWL works with employers to improve their response to those with caring responsibilities, particularly in relation to the Equality Act 2010. The Mentally Healthy Workplace training programme outlines the benefits of flexible working and policies such as Carer's Leave. Workplaces have a key role to play in supporting carers and families in role in promoting recovery.

**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

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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

The impact of the economic climate and associated problems should be acknowledged within this policy. The implications for mental health and wellbeing are vast.

There would be benefit in recognising the progress made in the priority areas of TAMFS ensuring continuation of work and exploring further areas of development.

**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**

Health professionals working with people in employment or those who are in the employability field need to be more aware of employment issues in relation to mental health problems and return to work support which can be gained through the NIDMAR course.

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**

The outcomes framework has ensured that the workplace programme is embedded in the mental health improvement in Scotland. The framework provides a focus for delivery and guides the data collection for the programmes of work. This provides framework for consistency and quality of work.

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

SCHWL welcomes the new strategy to provide direction and leadership for the next 4 years building on the success of TAMFS and Delivering for Mental Health.

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

Comments

Nationally there is a requirement for clear policy direction and a commitment to progress and invest in the mental health improvement agenda in Scotland.

**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

The legal frameworks in promoting and supporting people go further than those involved in care and treatment services.

The implications of the Equality Act 2010 and health and safety law offer protection to people experiencing a range of issues related to mental health and wellbeing in the field of employability and into employment. SCHWL provide a range of training and support to employers on these subjects. The continued investment in supporting employers to exercise good practice in these areas, support staff and protect employee rights in relation to compliance and legislative duties is essential.