



Mental Health Strategy for Scotland: 2011 – 2015

Consultation

Turning Point Scotland provides person centred support to adults with a range of complex needs. We work with people who are experiencing mental ill-health, substance misuse or homelessness, who have a learning disability or an autism spectrum disorder, and those who are involved in the criminal justice system. We learn from service users and seek to influence social policy.

We agree with the outcomes set in this draft strategy, but we feel that there is a mismatch between these outcomes and the direction of planned activity. While we appreciate the value of a focus on medical intervention, of co-ordinating the wide range of activity and initiatives towards the achievements of these set outcomes, this alone will not deliver the necessary change. The outcomes identified can only be achieved through a coordinated approach that draws on medical, social and wider community based support to address the whole needs of each person, before, during and after any periods of mental ill-health.

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

We all have mental health, and there are steps that we can all take to keep ourselves well. In order to achieve this outcome, this message needs to be communicated through a whole population approach. We believe that there is scope to build on the success of the See Me campaign, and to draw on the structure of physical health campaigns to raise general awareness of how we can improve and protect our mental health and well-being.

We believe that investment in the mental health of children and young people must go beyond Child and Adolescent Mental Health Services (CAMHS), incorporating mental health in early years education, early intervention programmes for parents, and early years health visitors trained in mental health. The approach outlined above should be integrated into personal and social education in schools to encourage children and young people to think about their mental health and wellbeing.

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

Not only do mental health services need to recognise wider needs, but other support services, such as those working with people who have learning disabilities, autism spectrum disorders, people experiencing substance misuse or carer's support services for example, must recognise that the people they work with may be at risk of mental ill health. We believe that there is scope to develop a Mental Health Brief Intervention that draws on the approach delivered through Alcohol Brief Interventions to encourage people to stop and think about their mental health, to share information and to raise awareness of the signs of mental ill-health, steps that can be taken and sources of advice, information and support.

Staff working in these services, or in any community agency such as youth workers or spiritual leaders, should be encouraged to develop their own knowledge of mental health and well-being, and to access 'Scotland's Mental Health First Aid' or equivalent training. This approach could be replicated in schools and colleges, for children and young people in particular circumstances, for example those who have experienced a bereavement or relationship breakdown within their family, building on the wider education programme we have advocated above.

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

We support the recognition in this document that our approach to delivering mental health services must look at the whole person, and see their mental health support needs as part of a much wider picture.

We see this Outcome as particularly important. Recent years have seen increasing support for person centred and user led services, through the development of strategies such as the Self-Management strategy and legislation such as the Self Directed Support Bill. However, there remains a considerable gap between policy intention and user experience. This issue is an example of the challenge described in the consultation document – that we know where we want to get to, but there are challenges in implementing the change that is required. We need to look at the way that we evaluate the success of these initiatives; it is not enough to have plans and commitments in place, we can only get a realistic picture of the way in which services are delivered through robust user involvement.

'Making services fit people' is at the heart of Turning Point Scotland's work, and involving the people we support in the way their services are delivered is a crucial element of this approach. We have a range of good practice examples from across our services of the ways

in which we involve people in their own support, developing services, staff recruitment, marketing and peer support. These include:

- The service culture is such that there is no hierarchy but very clear boundaries – staff are friendly but are aware of having appropriate relationships. This means people will openly discuss what they feel is right for them at the right time.
- Service users lead on the content of a monthly summary detailing their recovery journey and achievements. This is sent out to everyone in their support circle
- Service users are given a booklet called “A guide to *Your Review*” to help them understand the review process and encourage them to lead the process
- In social enterprise services quarterly business meetings take place where service users are involved in all operational aspects of the business
- Service users lead forums, decide on topics for discussion and the fun elements to be included e.g. quiz, bingo etc
- Follow-up visits are carried out for a year after a service user has left the service allowing service users an opportunity to reflect on the service they were provided with and suggest any changes they think should be made
- Themed focus groups with guest speakers take place, for example, fire safety with a guest speaker from the fire service. Discussion around the service TPS provides also takes place at these groups
- Service manager does one to one training with service users to prepare them for participating on interview panels. Service users are called guest interviewers and are paid for their participation
- Service users help organise an art exhibition to showcase their work and boost self esteem
- Service users put craft classes on for other service users
- Service users are involved in the planning, delivery and de-briefing for events for mental health awareness week
- Coffee mornings organised by service users encourage peer support and social networking

We recently held a series of ‘TPS Connects’ events, which brought people from various services together in a relaxed environment where the focus was on them participating in sessions that interest them such as art, drama and origami. During the conference there were lots of opportunities for service users to express their views and opinions on the service they receive and in how they felt services could be improved. The findings from the conference are being used to inform future strategy for the organisation.

These are just some examples from one organisation; there is a wealth of experience and tools across the third sector, as well as from the public and private sectors, and this strategy should seek to emphasise the importance of this approach and to encourage the sharing of this good practice.

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.

As well as services specifically commissioned to work with people experiencing mental ill health, Turning Point Scotland also delivers a range of substance misuse, homelessness and criminal justice services, and our experience is that no one of these 'issues' exists in isolation; mental health is a factor more often than not. The same is true for our learning disability and autism services. The people that we work with face significant barriers in accessing the services that they need and we see the achievement of this outcome as a priority issue.

One of the most prevalent examples of the need for action in this area is the difficulty faced by someone experiencing mental ill health alongside substance misuse. Services are designed to work with one issue or the other, but neither will engage before action has been taken to address the other; in reality, people find it very difficult to take steps to tackle their substance misuse while they are experiencing mental ill-health, or to improve their mental health while they are reliant on drugs or alcohol.

We recognise that it is difficult to respond to this issue, but if this is the service that people need then we need to find a way to deliver it. One approach that we would like to see is for greater involvement of social support alongside medical interventions; the NHS should draw on the support that our services can offer alongside their specialist input, and our services should be funded in a way that allows us to work in this way.

The same could be true when meeting the language or cultural needs of minority ethnic groups, and work towards achieving **Outcome 9**. There will be times when specialist services are required, but we think that drawing on community agencies to meet non-medical support needs should be standard good practice. At a time when budgets are under increasing pressure, this approach would make best use of existing resources to meet people's needs, although again, attention would need to be given to the way in which services are funded.

In producing this response we have drawn from the joint briefing prepared by Barnardo's and SAMH. We have also been involved in this development of South West Scotland Community Justice Authority (SWSCJA)'s response, and we support their submission.

If you would like to discuss this response, or would like any further information, please contact:

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I am responding on behalf of an organisation. I am content for this response to be made public, and to be contacted in future regarding this response.