Mental Health Strategy for Scotland
Consultation feedback from Scottish Borders Mental Health Improvement Steering Group

This group focussed on providing feedback on the overall strategy and selected outcomes which we felt best represented areas of mental health improvement.

1. Overall Strategy

It was felt by the group that if this was truly an integrated approach to mental health services and mental health improvement, then at least one of the priority areas should be to improve the mental wellbeing of the population. As it stands the draft strategy is a step backwards from TAMFS which considered promotion of mental wellbeing, prevention of mental ill health and supporting those with mental ill-health. These should continue to be the priority areas for future mental health strategies; by pulling mental health improvement and mental health service development together, the best of both has been lost. We need the next phase of population mental health improvement to build on and reinforce the extensive good work already achieved, rather than reverting to a focus on mental health problems only. The final strategy needs to have a positive and empowering tone throughout that provides a supportive framework for those working to promote population mental health.

The group were of the opinion that explicit links with other relevant strategies should be made especially if there is an expectation that some areas of mental health improvement would be covered by previous or existing policies and strategies, e.g. Curriculum for Excellence.

There appears to be little if any connection between the outcomes in the draft strategy and the priority areas. In the final strategy, it would be useful to have clear links between the two.

It is important that the final strategy is relevant to community planning in local areas. It is recognised that government has a limited ability to directly influence local authorities, however, the group believes that a national framework for mental health improvement would be beneficial to enable local areas to implement actions across community planning.

There is a strong focus on dementia care for older adults and while the group recognise the importance of this work, there were concerns that other mental illnesses in the older population were not given any consideration. As an area with an ageing remote and rural population, we recognise the impact isolation can have on mental wellbeing and it was felt more cognisance should be paid to illnesses such as depression and anxiety for this age group.

There is also a huge gap in outcomes for children and young people and while some of these may be covered in other strategic and policy documents, this is not made clear. More should be included about early intervention and prevention for children and young people.

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

The excellent work delivered through Choose Life and See Me were supported by the group but it is not helpful for these strands of work to be given such a strong focus under an outcome which seems to be considerably broader:

- There is a lack of recognition of the wider influences of day to day living on mental wellbeing, in particular the impact of relationships, current economic situation, communities, access to leisure & transport, workplaces & employability.

- A measure which would more closely link with the government strategic objectives of wealthier and fairer, safer and stronger, healthier, smarter and greener would be useful. The group felt that *'people are proud of where they live and have aspirations' and 'people's environments are supportive of mental health'* could be used and would make the link to the responsibilities of community planning partners

- So much work has been undertaken at a national level to establish indicators and determinants of mental health for adults and children and yet none of this work appears to be reflected in the draft strategy. There is also little reflected in terms of the positive steps individuals can take to improve their own wellbeing, e.g. we know being creative is good for mental wellbeing, yet if there is nothing about this contained within a strategy document, it is these services which are likely to face the biggest cuts in the current economic climate

- From the perspective of a predominantly rural area, there are many differences between rural and urban communities. The strategy lacks acknowledgement of the importance of listening to the needs of local communities and fails to consider inequalities and the issues associated with the growing gaps within the population

- The current economic climate means that public services and partnerships are expected to do more with less. Without a strong national steer for mental health improvement work and with no additional funding, the focus on mental health improvement is likely to be reduced. One idea from the group was to create a mental health improvement change fund, similar to the existing change fund system

- Early intervention and crisis prevention are used narrowly in the draft strategy and exclude the wider population and also those with severe and enduring mental illness

- Certain groups will be excluded completely i.e. those with personality disorder as there is no mention of useful treatment for this and similar conditions

- When considering self harm and suicide prevention, there needs to be some focus on preventing readmission to A&E which might include: discharge planning involving the wider voluntary sector; and mandatory training for staff as A&E staff have difficulty in attending training which is not mandatory or statutory

- The knowledge and skills of the wider workforce, not just those in employed in mental health services needs to improve in order to improve outcomes for those with mental health difficulties e.g. job centre staff.

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
The draft strategy raises a number of concerns in relation to this outcome:

- Who are the mental health improvement workforce and how do we ensure they have adequate skills and knowledge?

- The whole workforce has an impact on the mental wellbeing of the population in some way

- We need powerful drivers for training, as without meaningful targets being set by government, training will not be given priority in the current economic climate

- Any skills based training should include the community based workforce

- Pre-registration training courses should include these skills as standard. The group felt the important skills should be; communication, respect and listening and that effective training would include service users and carers

- It was also felt that if this outcome was to remain as part of the strategy, then the word 'appropriate' should be changed to 'respectful'

- The principles of the NHS Quality Strategy should be closely linked to the mental health strategy

- There are issues around supporting those with mental illness into work, and therefore to become part of the workforce as mentioned above. This strategy should also consider the wider issues such as the difficulties of volunteering whilst on benefits and the stigma associated with claiming benefits in the first place

- Alternative outcomes which would again more strongly link to the national strategic objectives would be *'people in Scotland value their uniqueness and are respected for that' or 'Scotland will aspire to promote respect within communities'*

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

This outcome generated a lot of discussion around who are the leaders and what resources do they need? Having a strategy which has such a strong NHS focus undermines the value of building partnerships and the need to support collaboration. These outcomes cannot be met by only one organisation, not all leaders are in the NHS. It should also be recognised that the whole population have a stake in mental health improvement and should therefore be involved in the decision making process, in particular, those who use the service should be enabled to have their say. While change is inevitable, the group also felt that there was a need to have a sense of stability, not everything needs to change and services should celebrate success and shout about good practice.

The group felt that our Healthy Living Networks provided excellent examples of how wellbeing can be supported in our communities and could be used as best practice for other areas. There were also good examples of engaging young people in the Borders in service redesign.