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

I appreciate the introduction points out the strategy is not starting "from a blank sheet of paper" and that it reiterates the ongoing need to emphasise that mental health is everybody's business.

I understand the need to prioritise actions and service improvements. However, the four priority areas do not seem to bear out the importance of mental health being everyone's business, and are orientated towards identification, care and treatment of illness rather than mental health promotion.

The Structure of the Strategy

The strategy's forward states that it aims to integrate previous mental health improvement strategies and mental health service strategies (Delivering for Mental Health). Addressing mental health in a more joined up and systematic way is laudable, but the 2011-2013 strategy needs revision to if it is to effectively achieve that aim.

At the moment, the conceptual framework behind the strategy is not clear. Previously, in Scotland we have defined mental health improvement an umbrella term that may include action to promote mental wellbeing, prevent mental health problems and improve the quality of life for people with a mental illness diagnosis (Mentally Flourishing Scotland, p5). We have used a social model of mental health and described mental health in the terms of how people, organisations and communities think, feel and function, drawing on the work of Corey LM Keyes. We have used the dual axis model to relate mental health to mental illness and promote the concept of recovery. None of this is apparent in the strategy, but having such a conceptual framework would assist in properly integrating mental health improvement work and the care and treatment for people with mental illness.

The structure does not lend itself to looking at the determinants of mental health, nor the need to work across the three levels of individual; community and society.

A gap in the Strategy is a lack of recognition that mental health is shaped by societal structures, processes and values.

A related gap in the Strategy, and flaw in the structure, is that there is no context to the strategy: the current economic climate is hardly recognised, and its effect on people and communities' mental health and the mental health system is not discussed. Yet we know that environment and experience are determinants of mental health (Foresight Report, 2008). Mental health can be negatively affected by recession and its effects, such as unemployment or concerns about redundancy. The context includes austerity measures facing the mental health system: that is the third sector as well as the statutory sector, social care, education, regeneration as well as mental health services; and welfare reform.

The context includes the direction of travel of wider Scottish Government policies and ways of working, such as the National Performance Framework, outcomes approaches, personalisation, and The Commission on the Future of Public Services which emphasised tackling inequality, doing things different and funding services that provide an early intervention.

The lack of this wider context, with the 14 outcomes chosen being orientated towards mental health services, rather than the wider mental health system makes it difficult for non-health staff and organisations to engage with the document.

The structure of the current document skims over many of the concerns of our times, much of the conceptual and intellectual background to Scotland's previous mental health policy and the ongoing need to create a step-change in how Scotland views, protects and promotes mental health.

The Outcomes and Challenges

Outcome 1 is about mental health improvement, others like the second, third touch and sixth touch on it, but overall it is under-represented in the document.

The challenge of **promoting mental wellbeing** is not given sufficient attention in the document. Promoting mental wellbeing is vital to Scotland thriving as a nation (TAMFS Forward). We need to continue to engage in promoting mental wellbeing through taking a population wide approach, meeting the different mental health needs of all of Scotland's population, including people who are considered to be in the "inequality groups", such as people with disabilities or the LGBT population. To achieve this we need to include a range of actors: yes individuals, but also community groups, self help/peer support groups, issues/inequality groups, third sector, statutory sector. It is questionable that when the strategy just says it will build on Towards a Mentally Flourishing Scotland that enough attention will be given to this outcome, the necessary actions and challenges that exist.

Outcome 3 states that people if "not well take appropriate action themselves or by seeking help". It rightfully recognises some of the achievements of the original national programmes, see me, Breathing Space, and Choose Life. However the actions for 2011-13 seem to focus on people being able to access a range of information and services. Yet, it appears to lack analysis of the environmental factors which may inhibit someone taking action by themselves. Supporting people to take

action requires more than providing information. The support available should be more than just CBT based interventions: what about the range of community referral interventions which Scotland has successfully implemented in the past?

Issues of integration and joint working tend towards mental health services working with near partners, e.g. outcome 10, "Mental health services work well with other services such as learning disability and substance misuse". There is insufficient attention to working with areas which affect mental health and mental health service user's quality of life, such as housing, employability support, employers and regeneration and community development agencies.

Yet there are opportunities to develop more joint working:

- through cross-departmental working such as input into the Workforce Plus refresh or the intended Community Empowerment and Renewal Bill
- the development of personalisation in adult social care and health care, which might be linked to the recognition of the continued need to involve mental health services users more completely in their own care and treatment, and service design. There is evidence of the cost effectiveness of individual budgets in adult social care mental health provision and of improved outcomes in terms of giving people greater control and support (Institute of Public Care Case Study, 2011 in IRISS Insights)
- following up on previous policies, strategies and legislation. For example, The Mental Health Act clearly states in sections 25-31 that Local Authorities have a duty to provide social development activities, including education, leisure and employment opportunities, but it's not clear how seriously Local Authorities have taken this duty.

Does the strategy provide what mental health services users want to see? There seems to be little on promoting co-production, or greater opportunities to reach all our potentials.

Although eliminating stigma is mentioned under the umbrella of reducing suicide and self-harm, there is no explicit outcome about tackling the inequalities or exclusion that people with mental health conditions face.

In particular there is no reference to the need to improve the employability levels of people with mental health condition. This is in spite of the clear inequality in employment that people with mental health conditions face, evidence on the effectiveness of employment interventions in improving mental health and fact that many unemployed people with a mental health condition want to work.

The challenge of tackling the low employability levels could be included in outcome 6 – "care and treatment is focussed on the whole person".

Further Actions – on employability

In December 2009, the Department of Work and Pensions published "the Perkins Review" – Realising Ambitions – which outlined the case for increasing employability support for people with mental health conditions and model of more support required. To my knowledge, Scotland has not specifically taken forward actions

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recommended in this document. The Perkins review made it clear that mainstream, DWP employability support is seldom appropriate for people with more serious mental health conditions, who can and want to work. This is reflected in the experience of the Scottish Union of Supported Employment (SUSE), whose members provide employability services to individuals with a range of disabilities, including mental health conditions, and who bear witness to the fact that many of this group require more intensive, person-centred support than the DWP funded programmes can provide.

The evidence based model for people with serious mental health conditions is known as Individual Placement and Support (IPS), or evidence-based supported employment. It is very similar to generic supported employment, advocated in Scotland through the Framework for Supported Employment (Scottish Government, COSLA Feb 2010), although IPS is for exclusively for people with mental conditions and involves integrating health and employability services. (see IRISS Insight 1 and SUSE Position Paper[1]).

Actions to promote sustainable open employment, such as developing local joint health and employability services using Scottish supported employment expertise and the IPS model, should be included in the strategy.

In addition, as was recognised in Towards a Mentally Flourishing Scotland and the National Programme for Improving Mental Health and Wellbeing, there is a need to promote mentally healthy workplaces and to protect and promote employees' mental health at work. Commitments given in Towards a Mentally Flourishing Scotland, such as developing the NHS and Local Authorities as exemplary employers (developing mental healthy workplaces and supporting people with disabilities to gain and maintain work) still need to be achieved. They should be included in the 2011-13 strategy.

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[1] **"Evidence Based Supported Employment** – using international learning and research in the implementation of The Supported Employment Framework for Scotland." Available on www.susescotland.co.uk