



RAMH (Recovery Across Mental Health)

January 2012.

Response to:

Mental Health Strategy for Scotland 2011 -15, a Consultation, September 2011.

### **Sederunt**

The members of RAMH are pleased to have the opportunity to contribute their views on the development of the above strategy.

It is the opinion of the members that the voices of service user's merits acknowledgement in this process and the following comments represent the opinions of those who participated in a series of facilitated consultation events.

The members wish to acknowledge the contribution of Penny Curtis, Mental Health Lead at the Scottish Government who kindly participated in one of the events.

### **Background to RAMH**

RAMH (formerly Renfrewshire Association for Mental Health) is an Independent Charity, operating in the 'Third Sector' of Scottish Civic Society. The organisation operates across Renfrewshire, East Renfrewshire, South Ayrshire and West Dunbartonshire. The organisation provides direct Support to over 4,000 people annually.

### **Process of Consultation**

A series of consultation events were organised to garner the views and expectations of people who do -or have previously- used Mental Health services in areas in which RAMH operates as well as people who care for others.

In total, 80 people contributed their perspective on how they viewed the:

- Consultation Process
- Content of the Mental Health Strategy for Scotland consultation.

The comments which follow are predominately those of the members who participated. Areas marked in **Bold** are those which the members would like to draw particular attention to.

### **Consultation Process**

Some of the participants would have wished greater involvement at an earlier stage and greater access to documentation. It was recognised however that this was a function of local planners, strategists and activists. Disappointment was expressed that there had not been a greater public media profile. Given that the Health and Well-being of society is impacted on by the final Strategy, It was felt that this omission may have disadvantaged people who may not be part of recognised 'groups' and may indeed have facilitated contributions from isolated individuals.

- 1. The participants would like to see a higher Media profile given to further initiatives, to encourage public participation.**

The participants commented on the design of the 'Question format' which they found to be unhelpful. It was perceived that the document appeared to be 'conceptual' and geared at Strategists and Planners and was not readily accessible to "the man in the street".

- 2. The participants would like to see a more accessible question format.**

It was noted that a 4 year strategy may not provide enough time to be sufficiently achievable and that an expanded time frame may be preferable. Some participants noted their anxiety that relatively short lived strategies could be marginalised by the potential of a 'New' Government being elected, with different Political ambitions.

- 3. Participants suggested an extended period of implementation to facilitate continuity.**

### **Content of Mental Health Strategy Consultation**

It was noted that there seemed to be a predominant focus and reference to "NHS" initiatives and interventions. Individuals noted that this seemed at variance with integrated working and joint initiatives.

- 4. Specifically, the responsibility of Local Authorities within the context of sections 25 -27 of the Mental Health (Care and Treatment) Act (Scotland) 2003 was highlighted.**

Further reference was made to the role of the 'Voluntary / Independent / Third sector' in Scotland as having a fundamental role to play.

- 5. Participants felt that there was room to develop enhanced delivery through PARTNERSHIP and this must be made more prominent in the final strategy.**

Notwithstanding the above, individuals were adamant in their expectation that:

- 6. ALL service provision, regardless of the final delivery agent, must be co-ordinated.**

Individuals noted that, in its current format, the Strategy reads as a "wish list".

- 7. It was noted that greater emphasis must be placed on defined outcomes, rather than on the current perception of 'outputs'.**

Participants wished to highlight their desire to see greater emphasis placed on Well-being within the final document. It was acknowledged that this may be unique to each local area. However, the role of locally based community led initiatives was noted as fundamental to resolving local issues. Participants went on to note that the current document seems to focus on Care and Treatment rather than Well being. Reference was made to encourage a greater recognition of individuals as having the capacity of contribute to their communities.

- 8. Preventative measures for maintaining mental health (healthy eating, exercise) needs more emphasis.**
- 9. Commissioners must be aware of how mechanistic procurement practices can minimise the impact of what local communities can offer in delivering the strategy and promoting preventative initiatives.**
- 10. Participants strongly encourage the authors of the final document, in addition to Scottish Ministers, to look beyond a simple Medical Model of intervention.**

Members welcomed the reference to 'Understanding what makes a difference for children's mental health', but noted that this is a wider field than purely CAMHS (Child / Adolescent Mental Health Service(s) )

- 11. They would like to see this area further defined to acknowledge very early years / infant support for parents and children**

Whilst acknowledging the references to a Dementia strategy, it was strongly noted that the needs of OLDER People in general are not exclusively linked to Dementia.

**12. The participants noted that strategy and service provision to older people (+ 65?) should acknowledge their previous supports and not make an arbitrary determination on intervention based solely on age.**

Participants were encouraged to see reference to "engagement of families and carers to support care and treatment."

**13. Participants noted that Discharge Protocols, must include carers. Professionals should liaise and communicate more effectively with community services and acknowledge the transition between the two supports.**

**14. Efforts to include relevant people getting information and involved in process at meetings regarding support must be encouraged**

**15. Participants made reference to the lack of "Employability" mentioned within the current document. They wish this included.**