

## 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; and
- In addition to existing work, what further actions should be prioritised to help us to meet these challenges.

The STUC is Scotland's trade union centre. Its purpose is to co-ordinate, develop and articulate the views and policies of the trade union movement in Scotland; reflecting the aspirations of trade unionists as workers and citizens.

The STUC represents over 652,000 working people and their families throughout Scotland. It speaks for trade union members in and out of work, in the community and in the workplace. Our affiliated organisations have interests in all sectors of the economy and our representative structures are constructed to take account of the specific views of workers with disabilities, women members, young members, Black/minority ethnic members, LGBT members as well as retired and unemployed workers.

The Scottish Trades Union Congress acknowledges the work that the current Scottish Government and previous administrations have undertaken to tackle the challenges that mental ill health poses to individuals, not only in society, but in the workplace.

Significant investment in areas of work such as See Me and Choose Life have helped to fight the stigma that individuals with mental illness face as they seek to lead everyday lives and to develop suicide prevention strategies in order to reduce the amount of suicides in Scotland.

The STUC continues to have a positive working relationship with the Scottish centre for Healthy Working Lives and we have developed a course for trade union representatives to help them provide in work support for colleagues in the workplace suffering from mental ill health, to facilitate a managed return to those returning after illness or assist new entrants with mental health illness to take up employment and enjoy a positive induction to work environment.

We are of the view that managing mental ill health in our workplaces is not only the right thing to do but will become increasingly more important given the current economic situation.

For many years, even in the period before the recession employers have ignored the effect that work intensification has on a reducing workforce; exposing their employees to work related stress while at the same time

implementing draconian sickness absence management procedures and setting unrealistic targets with the threat of equally draconian procedures apparently designed to manage performance.

Clearly the effect of the recession, coupled with unreasonable working practices, will have an impact on the health and wellbeing of workers. In 2010 MIND the mental health charity for England and Wales surveyed over 2000 workers and found:

- 1 in 10 had visited their GP for support;
- 7% had started a course of medical treatment for depression;
- 5% had seen a counsellor;
- half said staff morale was low;
- 28% were working longer hours; and
- a third said staff had to compete against each other.

In addition to workers having growing concerns regarding their mental health, increasing job insecurity and associated financial worries, there is also a risk of increased social exclusion, all indicators that place people more at risk of having suicidal thoughts.

The strategy needs to look at how we can effectively reach the working population and raise increased awareness of mental health and early intervention. To rely on employers alone to carry out such work does not tackle the issue as, in some cases, they will be the root cause of the problems that lead to stress that, in turn, can lead to more significant and longer term mental ill health, if the hazard is not identified and control measures put in place to manage the risk.

### **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.

The STUC believes that we have the opportunity to develop local initiatives to help deliver mental health services in communities throughout Scotland.

Any such initiatives should focus on prevention and awareness raising of mental health issues, as well as providing care and support to vulnerable individuals and their families.

In relation to mental health in the workplace, the SCHWL has a team of local advisers covering most areas in Scotland. Additionally, the STUC has a number of local TUCs with access to trade union representatives and their workplaces. Similarly, there are local Chambers of Commerce throughout Scotland potentially providing the opportunity to engage with private sector employers, and SAMH have a number of local offices providing support to individuals and resources to help them face the challenges of mental ill health.

The Scottish Government should look at how effective local partnerships could be developed to develop mental health strategies that meet the needs of their particular communities.

## 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

Successive Scottish Governments have invested in suicide prevention strategies for many years and this appears to have been rewarded with a reduction in incidences of suicide. However, the rates do fluctuate and our concern is that the current economic situation will increase the risk of individuals developing more serious mental health problems and potentially the risk of suicide and self-harm.

It is without doubt that good work is good for the health and wellbeing of individuals. Conversely bad work or no employment is a breeding ground for health inequality with mental health problems and suicidal tendencies that develop in young people living in deprived communities with no employment and little hope for the future are likely to stay with them into later life.

However, it is not just young people whose mental health is affected by unemployment and it is concerning that previous peaks in incidences of suicide have coincided with recessions.

The STUC believes that the Scottish Government continues with its work on suicide and self-harm, but considers an increased focus on the impact that public sector cuts, higher unemployment and increased social exclusion may have on individual's mental health to the extent that they self-harm or consider suicide.

**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

The STUC continues to work with the SCHWL to challenge the stigma of mental illness and ill health and recognise the work done by See Me. We are aware that some of our affiliates and their branches have signed the See Me pledge.

However we believe that there continues to be a level of unwillingness in employers to put in place suitable policies to prevent discrimination and do not provide adequate training to managers on how to implement such policies.

In the new year, we will be delivering training to trade union representatives that will provide them with skills to not only support colleagues returning from absence through mental illness, but to be aware of the signs of mental ill health manifesting in colleagues and provide sign posting and support to help prevent absence.

**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

We need to ensure initiatives, such as See Me, Respect Me and Chose Life, are reaching the widest possible audience. The STUC believes that, if we are to prevent or reduce the risk of mental ill health, it is not just employers we need to educate and support, it is workers and their representatives.

Trade unions have a key role to play in challenging all kinds of discrimination in the workplace and perhaps one opportunity would be for service providers to engage with trade unions at a local level to develop anti stigma and discrimination strategies that meet their needs and those using services.

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

#### Comments

The STUC believes that the Government should look at the workplace as a community and how increased activity in the workplace setting could have a positive impact for individuals outwith the work environment, both in their family lives and their communities. It is still the case that few workers are provided with accessible occupational health provision; with the ability to self-refer. This is a significant weakness and workers suffering from mental ill health are less likely to access occupational health, if they have to seek authority from management or human resources departments for reasons associated with the stigma attached and the potential for them to be discriminated against.

Many employers fail to recognise or acknowledge that the work environment could be the cause of unacceptable levels of stress and potential mental ill health, choosing instead to seek to identify non work related issues, such as pressures of family life or other domestic circumstances as being the cause. As a result, there are inadequate risk assessment processes in place, despite the existence of SCHWL's Work Positive resource and the HSE Stress Management Standards.

The STUC believes the Government and all public sector employers should be seen as exemplar employers, should implement the HSE Stress Management Standards, and encourage suppliers of services to do the same as part of the procurement process.

**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**

As a society we recognise that the mental health or ill health of a child can have profound and long lasting effects for the individual lasting well into adulthood. The STUC welcomes the raising of the upper age limit of CAMHS to 18 and sees this as a progressive step to ensure consistency across Health Boards in Scotland. However, the STUC are concerned that there remains inconsistent practice between health boards creating a post code lottery in services to patients between 16 and 18.

Identification and early intervention supporting the child to identify their own self-worth, the ability to recognise and manage emotions, to learn, play, build and enjoy friendships and relationships, and deal with difficulties makes sense for the child, the family and the wider general society. It is vital that there is clear integration between education, social services, criminal justice and voluntary sector organisations.

The training and education of key staff across all agencies should remain a key factor in improving the quality and effectiveness of service delivery and the delivery of improved outcomes Supporting the Scottish Governments objectives from the Quality Strategy . There is a need to ensure all CAMHS teams have had full awareness training on gender based violence, to ensure a clear understanding of domestic abuse and children's experiences living where there is abuse.

The STUC believes that ensuring the provision of Quality Public Services supporting the environmental and social needs for the child, the family and wider society will be vital to the strategy succeeding.

**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.**

**Question 9: What further action do we need to take to enable people to take actions themselves to maintain and improve their mental health?**

**Comments**

We believe that, if stigma in the workplace is continually challenged and public sector employers rise to the challenge and adequately assess the hazards in their workplace that are likely to lead to stress, then individuals will develop a better understanding on their mental health and how the workplace and other external factors may impact on their mental health and wellbeing.

There are opportunities for the Scottish Government to work with trade unions to develop the Steps for Stress website to include a workplace resource, something that appears to be missing at present. The STUC does not believe that the workplace should be treated in isolation and all resources advising individuals on how to ensure stress does not develop into more severe mental illness, should not ignore the world of work.

**Question 10: What approaches do we need to encourage people to seek help when they need to?**

**Comments**

The Scottish Government needs to ensure that all employers are continually reminded of the economic and moral reasons for ensuring their workers are protected from all injuries, physical and psychological. Evidence shows that for every £1 spent on occupational health provision, the economic benefit will be as much as £15.00 to the employers through reduced sickness absence, reduced sick pay, or additional cost incurred to cover for absent workers.

If workers can see their employer investing in accessible occupational health, we believe that they will be more likely to have confidence in their employer and their occupational health provider, if they can see that services are delivered and accessible in a non-threatening manner.

**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

**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

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

The STUC notes that the evaluation of the Scottish Recovery Network in 2010 showed that the coverage of local recovery networks was sparse and there seemed to be an inconsistent approach to setting up and funding networks.

Given Scotland's geography, we believe that local networks should not be allowed to go into abeyance and a funding model should be developed that

ensures that local networks are effective and sustainable.

We would also suggest that the Scottish Recovery Network should be extended to include engagement with other groups in addition to professionals and service users and this could include trade unions, where appropriate.

As discussed earlier, the STUC is currently developing peer support training for trade union representatives, and participation in local networks for representatives with an interest in this area could be beneficial and help union members to understand the recovery process and the importance of employment and the workplace as part of that recovery process.

**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

**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

The STUC, while recognising the benefits that can be achieved by transferring those suffering severe mental health conditions from in-patient to community care, has reservations that where services have been redesigned it is imperative that adequate funding is in place for community services to ensure effective delivery of interventions to support individuals.

NHS figures show that in-patient admissions have fallen from a peak of 32010 in 1997/98 to 20919 in 2010/11<sup>1</sup> a reduction of 34.6% in four years. Clearly such a significant reduction in admissions should be seen as a welcome trend and perhaps an indication that successive Government measures to tackle the challenges of mental ill-health are having a positive impact.

However our concern would be that one of the reasons for this reduction is directly linked to the redesign of services, the loss of available in-patient beds. During the twelve months between December 2009 and 2010 the number of in-patient beds for general psychiatry fell by 7.73% from 2315 to 2316 across the 12 health boards. Two health boards accounted for 115 of the total figure of beds lost for Scotland; Greater Glasgow and Clyde with 82 and Tayside with 33 beds lost, these figures account for 45.8% and 18.4% respectively.<sup>2</sup>

The STUC would be concerned that such a drastic reduction in the reduction of in-patient beds can only result in a greater burden for care of the most vulnerable in our society falling on mental health professionals and service user organisations providing support for those with mental illness.

The Scottish Government should ensure that any work undertaken to assess what works to deliver better outcomes understands the full impact of redesigned services on those who deliver such services is fully understood.

We do not feel it is safe to assume that health boards who have redesigned mental health services are delivering services of a higher quality, either for the user or those who are committed to supporting them.

Delivering increased amounts of interventions in the community setting places more pressure on mental health professionals such as Community Psychiatric Nurses (CPN) and we cannot see evidence that the savings achieved through closing in-patient facilities are being transferred to improving community delivery of services.

Our anecdotal evidence is that CPNs are facing increasing workloads, being assigned more cases and are not being given adequate support to ensure the mental health and wellbeing of service users and the CPNs providing their care is protected. CPNs support vulnerable individuals and it is vitally important that they are supported in their work by management. The STUC is disappointed to learn that CPNs faced with increased casework are being subjected to workplace performance and capability procedures without full

<sup>1</sup> Mental Health (Psychiatric) Hospital Activity Statistics - year ending 31 March 2011  
<http://www.isdscotland.org/Health-Topics/Mental-Health/Publications/2011-12-20/2011-12-20-MentalHealth-Summary.pdf?10639590025>

<sup>2</sup> NHS Quarterly Statistics March 2011 <http://www.isdscotlandarchive.scot.nhs.uk/isd/3426.html>

recognition of the effects their work could potentially have on their own mental health and wellbeing.

It should not be taken for granted that change such as the redesigning of delivery of mental health services is always going to be for the best we should also accept there will be shortcomings. We would agree that delivery of community based support has to be seen as the preferred option but that should not be at the expense of adequate provision of in-patient provision or the health and wellbeing of NHS or voluntary sector employees.

In this case we would argue that funding should be available to ensure that there is a full review of redesigned services, involving the health boards, mental health professionals, voluntary sector care providers and service users and the findings developed and outcomes included in the new strategy.

**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**

The STUC is of the view that any strategy to review mental health service delivery should include outcome on preventing mental ill health. It is vital that support is provided for individuals developing mental illness of any nature, but we should be including preventative outcomes in any strategy.

We believe the strategy should be seeking to identify opportunities to reduce the risk of individuals developing work related mental ill health, or having underlying mental health issues made worse by their employment.

Our work with the Scottish Centre for Healthy Working Lives has included developing models for using the expertise of both organisations to gain access to workplaces that have been traditionally hard to engage. In the voluntary sector, we have arranged a number of seminars throughout the country to work with voluntary sector organisations to improve their awareness of health and safety issues and to help them engage with their workers and volunteers to make their workplace a safer and healthier environment.

There are opportunities for this model to be adapted to deliver training on mentally healthy workplace training, but we would have reservations on limiting this to public sector and SME workplaces, as the risk of exposure to mental hazards is likely to be greater.

**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

**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

The STUC believes that any new Government strategy should ensure that consideration is given to how we can develop services that meet the needs of our society and involves all the public services engaged in supporting individuals suffering mental illness. The STUC is supportive of a number of voluntary organisations who have far more experience in this area than ourselves. Our difficulty is that most of the organisations are reporting to us that they are facing budgetary restraints and funding cuts at a time when there is likely to be more demand placed on their services and our concern is that the losers will be service users many of whom are the most vulnerable in our society and we would urge the Government to ensure that resources are found to meet growing needs and to invest in early intervention and support. The anticipated savings would come as a result of fewer individuals having to access more expensive long term interventions.

The STUC is seeking to meet SAMH to discuss their 10 point strategy and we would see a broad coalition of stakeholders being vital in developing and promoting excellence in mental health and how the Government works in partnership to deliver best quality mental health services using Governmental agencies, the NHS, voluntary organisations, trade unions and other interested groups.

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?

Question 29: What are the other priorities for workforce development and planning over the next 4 years? What is needed to support this?

Comments

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

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

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

Comments

**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