

Long Term Conditions Alliance Scotland

Consultation Response: Mental Health Strategy for Scotland 2011-15

January 2012

About LTCAS

The Long Term Conditions Alliance Scotland (LTCAS) is an independent charity funded by the Scottish Government. LTCAS has over 200 member organisations from across Scotland and aims to ensure the voice of people living with long term conditions is heard by policy makers and service planners.

LTCAS' vision is for a Scotland where people with long term conditions enjoy, not endure, full and positive lives, free from discrimination and supported by access to high quality services, information and support.

Key Points

These points are discussed in detail in the body of LTCAS' response.

The Mental Health Strategy should:

- Implement the *Emotional Support Matters* report, jointly published by LTCAS and the Scottish Government, and endorsed by Harry Burns, Chief Medical Officer; Ros Moore, Chief Nursing Officer; Bill Scott, Chief Pharmaceutical Officer; Margie Taylor, Chief Dental Officer; and Jacqui Lunday, Chief Health Professions Officer.
- Reflect a preventative approach which helps people to stay well and reduce their use of NHS services. Key to this is a shift towards asset-based approaches including self-management and peer support.
- Display a commitment by the Scottish Government to redirect services into the third sector. The third sector has an enormous potential to move the preventative agenda forward and this should be accompanied by a robust investment strategy for third sector organisations.

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- Improve integration by ensuring that efforts to improve people's mental health and wellbeing are effectively linked with the current integration agenda in Scotland.
- Reflect an approach to training health and social care professionals which incorporates person centred support and addresses emotional and psychological issues in order to provide truly holistic care and support.
- Incorporate mental health in early years education, early intervention programmes for parents, and early years health visitors trained in mental health.
- Indicate an improvement in the emotional and psychological support provided to unpaid carers in order for them to support their own health and wellbeing and enable them to carry out their caring role.
- Continue to fund work to raise awareness and fight stigma through the *see me* campaign.
- Tackle isolation and loneliness for people who are confined to their homes which include older people but also younger disabled people.
- Develop an integrated legal framework which promotes and supports a rights based model to support and protect people.

1. Broad Comments

LTCAS welcomes the opportunity to respond to this consultation on a Mental Health Strategy and welcomes the Scottish Government's commitment to address mental health within Scotland. LTCAS also supports the 14 high level outcomes identified in the consultation document set out to improve mental health and wellbeing within Scotland.

Mental health problems are the most prevalent type of long term condition. There is a significant link between long term conditions and mental health issues where mental health problems often go hand-in-hand with other conditions.

- One in four adults will experience a mental health problem at some point in their lives.
- People with long term conditions are at far higher risk of mental health problems with 30% of people with limiting long term conditions indicating potential mental ill health compared with only 9% of other adults¹.
- Depression and suicide are four to five times more common among people with epilepsy².
- People with diabetes are three times more likely to experience depression and this is likely to be severe and recurring³.
- Up to a third of people develop depression following a heart attack⁴.
- People with mental health problems are at a far higher risk of developing other long term conditions.

The final Mental Health Strategy for Scotland should express a commitment by the Scottish Government to progress the recommendations of the *Emotional Support Matters* report (LTCAS and Scottish Government 2011)⁵ endorsed by Harry Burns, Chief Medical Officer; Ros Moore, Chief Nursing Officer; Bill Scott, Chief Pharmaceutical Officer; Margie Taylor, Chief Dental Officer; and Jacqui Lunday, Chief Health Professions Officer. It should also build on the work of the Living Better Project. (Royal College of General

¹ *Characteristics of adults in Scotland with long term health conditions*, University of Edinburgh, Scottish Executive Social Research (2007) (<http://www.scotland.gov.uk/Resource/Doc/201273/0053758.pdf>)

² *Epilepsy (Fast Facts)*, M Brodie, S Schachter and P Kwan (2005)

³ *Identification and treatment of depression in people with diabetes*, Marie Clark in *Diabetes and Primary Care Vol 5* (2003)

⁴ *Treatment of anxiety and depressive disorders in patients with cardiovascular disease* - BMJ, Davies SJC, et al (2004); 328:939-943

⁵ *Emotional Support Matters: Emotional and psychological support needs of people with long term conditions*, LTCAS and Scottish Government (2011) http://www.ltcas.org.uk/download/library/lib_4e3ab46435632/

Practitioners and Mental Health Foundation)⁶. They provide a strong foundation to contributing towards protecting and promoting people's mental health and reducing the likelihood that they will become unwell. LTCAS is keen to work with the Scottish Government to progress the recommendations of the *Emotional Support Matters* and the Living Better Project.

The type of transformation outlined in the Mental Health Strategy consultation document, including redesigning the way services are provided across organisational boundaries, will take a relatively long time. The Mental Health Strategy should therefore provide a clear and coherent roadmap displaying how the Scottish Government intends to implement necessary changes and overcome significant challenges.

2. Towards a Preventative Approach

The Strategy should reflect a preventative approach which helps people to stay well and reduces their use of NHS services. Investment in preventative, early support will help support services to deliver improved outcomes for the same or less resource. This approach is advocated in the report of the *Christie Commission on the Future Delivery of Public Services* which states that 'focussing resources on preventative measures must be a key objective of public service reform'⁷. The report goes on to state that preventative actions and early intervention will help to take demand out of the system. The Christie Commission received many submissions of evidence which clearly portrayed the benefits from preventative approaches in terms of both better outcomes for people and communities and decreased demands on public services⁸. Currently the social and economic costs of mental health

⁶ *Living Better Project*, Royal College of General Practitioners and Mental Health Foundation (2008-11) http://www.rcgp.org.uk/college_locations/rcgp_scotland/initiatives/living_better.aspx

⁷ *Commission on the Future Delivery of Public Services*, Christie Commission (2011) <http://scotland.gov.uk/Resource/Doc/352649/0118638.pdf>

⁸ Ibid.

problems in Scotland are £10.7 billion per year⁹. These costs can be reduced by prioritising preventative measures.

The Scottish Government should take forward the recommendations of *Emotional Support Matters* and build on the work of the Living Better Project. These two pieces of work both make recommendations which fit neatly within the current preventative spend agenda recommended in the report of the *Christie Commission on the Future Delivery of Public Services* and outlined in the *Scottish Government Spending Review 2011 and Draft Budget 2012-13*. The Joseph Rowntree Foundation's programme *A Better Life*¹⁰ also provides some valuable insight into how preventative approaches can deliver a better quality of life for less money. At a time when public services are facing budget constraints it is even more important than ever that investment is made to prevent mental health issues from developing. In relation to long term conditions, mental health problems are the most common complication and, if implemented, the recommendations of this work will help to reduce longer term costs to NHS Boards and local authorities.

2.1 Asset-based approaches

Key to adopting a preventative approach is an essential shift towards asset-based approaches. An assets model recognises that individuals, communities and populations have significant capacity to create their own health and other positive social outcomes. The approach views individuals and communities as part of solutions, rather than as problems. Preventative, asset-based approaches such as self management and personalisation help to ensure that services promote networks, friendships, self esteem and feelings of personal and collective effectiveness.

2.2 Self management

LTCAS welcomes the explicit inclusion of self management and recovery as one of the high level outcomes identified by the Scottish Government. In order to combat mental health problems self management – and related approaches such as recovery,

⁹ *What's it worth now?*, SAMH (2011)
http://www.samh.org.uk/media/174228/what_s_it_worth_now_full.pdf

¹⁰ *A Better Life*, Joseph Rowntree Foundation
<http://www.jrf.org.uk/work/workarea/better-life>

independent living and co-production – must be at the centre of government policy. Self management can contribute to the sustained improvement of the emotional and psychological wellbeing of people with long term conditions.

Self management aims to support people to have more control of their conditions, recovery and life and promote their emotional health and wellbeing. It has been highlighted by LTCAS members as being a very important element of emotional and psychological wellbeing. When people can manage their condition(s) effectively, they have a higher quality of life, reduced complications and use of services, and are more likely to be economically active.

The Strategy should show commitment from the Scottish Government to roll out and embed the findings of the Living Better Project (which came to an end in 2011). The project produced valuable findings and outcomes including improving support to help people manage their physical condition and providing more general talking support¹¹.

It is therefore very important that the Strategy seeks to expand and develop self management opportunities across Scotland by sharing and building on the learning from the Self Management Fund for Scotland; and working to sustain existing good practice and to build capacity for local development of self management support.

The Strategy should display continued support for the Self Management Fund for Scotland which has encouraged approaches to self management for a wide variety of mental health conditions. 26% of the projects look specifically at mental health conditions, and many other generic projects involve people living with mental health conditions.

The Pink Ladies Scotland is an example of an organisation which has received money from the Self Management Fund and which has encouraged people to become involved in self management¹². It works with women experiencing stress, anxiety and depression and

¹¹ *Living Better e-Bulletin Issue 8 Winter*, Living Better Project (2009)
http://www.rcgp.org.uk/PDF/Scot_LB_Bulletin_Issue8_Winter_20094pgRCGPScotland.pdf

¹² *Self Management Fund - Special Report Mental Health*, LTCAS and the Scottish Recovery Network (2011)
http://www.ltcas.org.uk/download/library/lib_4e3bbbed7648f2/

provides motivation workshops and group meetings to empower and enable women to take charge of their lives. These sessions promote a sense of belonging, taking away the stigma often associated with mental health.

The 'My Condition, My Terms My Life' Campaign (run by LTCAS, funded by the Scottish Government) should be further developed to help develop capacity for supporting self management.

2.3 Peer support

Closely linked to self management is the high significance of peer support models. Many LTCAS members have expressed the great value they place on support which goes beyond that provided by health and social care professionals and peer support is regularly identified as a useful approach. Some people, at some times, will require formal mental health services. However most people want low-level, community-based support, often in the form of peer support where they can talk to others with similar experiences. People with long term conditions and their unpaid carers feel that earlier, simpler interventions based on a wide range of options could help free up specialised services for those who really need them.

This is supported by consistent findings from the Living Better project. Research from the Living Better Project showed that in most cases people did not want (or need) psychological therapies but instead wanted emotional support through basic information and community-based peer support groups. When three different focus groups were asked what types of support would help to prevent or lessen the extent of their negative feelings, low-level forms of social support were most commonly mentioned¹³. Access to this type of low-level, early stage and inexpensive support can transform people's quality of life and prevent more serious mental health problems developing. It can also contribute to reducing dependence on antidepressants. Thus the Strategy should show a commitment to investing in developing and implementing across Scotland the findings and recommendations of the Living Better Project, as this would have a significant positive impact on people's emotional and psychological wellbeing.

¹³ *The Living Better Project: Addressing Mental Health and Mental Well-Being in People with CHD and/or Diabetes & COPD – Findings from Focus Groups*, The Scottish Government, The Royal College of General Practitioners, The University of Stirling and The Scottish Development Centre for Mental Health ([http://www.rcgp.org.uk/pdf/Scot.LBResearchPoster.RCGPScotland\(webdoc\).pdf](http://www.rcgp.org.uk/pdf/Scot.LBResearchPoster.RCGPScotland(webdoc).pdf))

An example of this type of support is the Lothian Centre for Inclusive Living (LCIL) 'Your Call' service¹⁴. It is a free telephone counselling service led by disabled people themselves who work as volunteers, and are trained to a professional standard in counselling and has received funding from the Self Management Fund. The service was set up partly because of the tendency for statutory services to medicalise a person's physical condition, but provide no support for associated psychological and emotional issues. The success of this service has demonstrated the importance of peer counselling and the value of emotional and mental health support for people with long term conditions.

2.4 Significant role for the third sector

There are a vast array of examples of self management and peer-led support provided by third organisations to improve people's mental wellbeing. Significantly, most third sector organisations are driven by their users and therefore offer highly responsive, person-centred holistic support. However, despite these organisations representing the preventative spend the Scottish Government has committed to, recommended in the Christie Commission report, the reality is that organisations are experiencing a reduction in their funding. As a result, third sector organisations are currently struggling to meet the rising demand for their services with fewer resources. At the same time, many statutory services are retracting their focus, to concentrate only on crisis intervention, thus adding to the gap in lower-level/early support and undermining the move towards prevention.

The Strategy must therefore reflect a commitment by the Scottish Government to redirect resources into third sector, preventative and community-based support that improves people's quality of life and reduces their reliance on more expensive statutory services. This commitment must be accompanied by a robust investment strategy for third sector organisations. The third sector has an enormous potential to move the preventative agenda forward but needs to be viewed as an integral part of how Scotland will meet its developing challenges, not as an add-on that can be cut when budgets are tight.

¹⁴ *Self Management Fund - Special Report Mental Health*, LTCAS and the Scottish Recovery Network (2011)
http://www.ltcas.org.uk/download/library/lib_4e3bbed7648f2/

In the consultation document it is stated that in the Dementia Strategy the Scottish Government has committed to supporting 3 demonstrator sites to test how services can be redesigned across the whole dementia pathway with the aim of delivering better outcomes for more people with the same or less resource. Although LTCAS welcomes this action for delivering better outcomes for people with dementia and their carers, there is insufficient mention of the third sector in the redesign of services. It is absolutely essential that the third sector is seen as an equal partner at both a local and national level in the delivery of care and support. The sector can be a creative and versatile partner that can offer a greater level of expertise and in-depth and personalised services than the public sector. It has the capability to effectively and efficiently deliver emotional and psychological care and support services to ensure positive outcomes for individuals.

This point particularly relates to high level outcomes 1, 3, 6, 13.

3. Improved Integration

In order for service redesign to be successful, it is essential that the Mental Health Strategy is well linked to the current integration agenda in Scotland particularly in relation to Reshaping Care for Older People, the Change Fund and plans for the integration of health and social care. The Mental Health Strategy should be explicit about connecting with these programmes to enable improved joint-working and drive service redesign.

The Christie Commission report supports the view that service delivery works best when it is integrated, local and multi-disciplinary. It highlights that 'public services must be tackled by improving coherence, collaboration and integrated service provision between agencies'¹⁵. The findings from the Living Better Project echo this and recommendations to emerge from the project include the development of better and stronger partnership working by the NHS with relevant local authorities and the third sector¹⁶. The third

¹⁵ *Commission on the Future Delivery of Public Services*, Christie Commission (2011) <http://scotland.gov.uk/Resource/Doc/352649/0118638.pdf>

¹⁶ *Living Better e-Bulletin Issue 8 Winter*, Living Better Project (2009) http://www.rcgp.org.uk/PDF/Scot_LB_Bulletin_Issue8_Winter_20094pgRCGPScotland.pdf

sector is a crucial partner in the integrated delivery of care and it is vital that the Strategy expresses the importance of the third sector in ensuring the implementation of effective Integrated Care Pathways.

There is a significant role for the Life Changes Trust in encouraging integration and facilitating the redesign of services. The BIG Lottery Fund is making an investment in Scotland aimed at transforming the life chances of young people leaving care and improving the lives of older people with dementia and their carers. The Trust is due to start operating in the summer of 2012 and will invest £2.5m a year in people with dementia and their carers and £2.5m a year in young people leaving care over 10 years. The Trust will work to ensure (particularly through investment in infrastructure) that new approaches are adopted, spend is shifted towards prevention and support is person-centred and integrated.

There is therefore an important opportunity here for the Trust and the Scottish Government to work in strategic partnership together to take forward the recommendations highlighted in the Life Changes Trust Business Plan. For example, there is an opportunity for the Scottish Government to work with the Life Changes Trust and other partners on the Dementia Enabled Town Initiative to test out the practical changes needed to become truly dementia-enabled. Dementia Enabled towns will represent places where policy and practice, and community, third, statutory and independent sectors have the opportunity to come together in partnership to deliver services in a seamless, person centred way.

Findings from the Living Better Project and *Emotional Support Matters* point to the lack of co-ordination between agencies and the frequent poor signposting by the NHS to information about local support services. The Strategy should therefore reflect that support should be better co-ordinated across agencies. This requires greater awareness and more consistent, access/signposting from the NHS to good quality information about the third sector and its services and this must be well managed and kept up-to-date. The ALISS (Access to Local Information to Support Self Management) project will be key to signposting to local information to enable people to manage and maintain their mental wellbeing¹⁷. ALISS aims to create an index of online information on self management, especially information about local support services.

¹⁷ *The ALISS Project*, ALISS <http://www.aliss.scot.nhs.uk/>

This point particularly relates to high level outcomes 1, 5 and 10.

4. Workforce Development

The Strategy should reflect an approach to training health and social care professionals which incorporates person centred support and addresses emotional and psychological issues in order to provide truly holistic care and support. Health and social care professionals should be better trained to see the whole person and really listen to them and then act on what that person feels is needed. This approach should include the continued and full implementation of the NHS Education for Scotland (NES) 10 Essential Shared Capabilities for Mental Health Practice¹⁸. This framework has been designed to meet the learning needs of a wide range of people with an interest in mental health in Scotland, including mental health professionals and to help support the drive towards person centred care in mental health.

People with long term conditions do not routinely have their mental health needs addressed and do not receive adequate emotional or psychological support. The Strategy therefore must act to better link the way in which physical and mental health are viewed together including by pursuing the findings of the Living Better Project. These include:

- health professionals expressing that the Quality Outcomes Framework (QOF) mental health questions feel like a 'tick box', a 'numbers' or a 'paper exercise' and a feeling of 'what do we do next?' after the QOF questions;
- practice and specialist nurses asking for more time with patients to tease out mental health issues;
- practice and coronary heart disease (CHD)/diabetes/chronic obstructive pulmonary disease (COPD) specialist nurses expressing a desire for more mental health and mental wellbeing awareness training;

¹⁸ 10 Essential Shared Capabilities for Mental Health Practice: Learning Materials (Scotland), NHS Education for Scotland (2011)
http://www.nes.scot.nhs.uk/media/351385/10_essential_shared_capabilities_2011.pdf

- and a greater need to raise awareness in primary care staff of the importance of mental health and wellbeing in CHD, diabetes and COPD care¹⁹.

In addition, around a third of GP appointments are about mental health problems²⁰ - yet research suggests that GPs do not feel confident in providing information on mental health²¹. The strategy should offer GPs regular continuing professional development opportunities in positive mental health and common mental health problems.

The Strategy must reflect an improvement in support for self management by enhancing understanding and capacity among practitioners. The principles of Self Management (*Gaun Yersel*, 2008) should be reflected throughout undergraduate training for all health and social care practitioners.

It is important that the Strategy recognises that the ability of people with dementia to live well in their communities would be greatly enhanced by, not just improved awareness, but greater 'know-how', for example in how to spot the signs of dementia and respond supportively. It is also important that the Strategy recognises that many others beyond health and social care staff have a part to play, including those who work in shops, transport and banks.

There is therefore another opportunity here for the Scottish Government to work in partnership with the Life Changes Trust to adapt and share the Scottish Government's Knowledge and Skills Framework in the health and social care sector for use in other parts of the workforce, and how families living with dementia can be involved in improving 'know how'. This partnership working will result in an increase in practical 'know how' in addressing the needs

¹⁹ *Living Better e-Bulletin Issue 8 Winter*, Living Better Project (2009) http://www.rcgp.org.uk/PDF/Scot_LB_Bulletin_Issue8_Winter_20094pgRCGPSotland.pdf

²⁰ *Health in Scotland 2003: Report of the Chief Medical Officer*, Scottish Executive (2003) <http://www.scotland.gov.uk/Publications/2004/04/19128/34903>

²¹ *Mental After Care Association First National GP Survey of Mental Health in Primary Care*, MACA (1999) and survey of GPs, Rethink (2010) [http://www.politics.co.uk/opinion-formers/press-releases/health/rethink-new-gp-survey-shows-most-don-t-have-expertise-to-commission-in-mental-health-\\$21381465\\$1352570.htm](http://www.politics.co.uk/opinion-formers/press-releases/health/rethink-new-gp-survey-shows-most-don-t-have-expertise-to-commission-in-mental-health-$21381465$1352570.htm)

of people with dementia and their carers among community service providers and more people with dementia living well in their community.

This point particularly relates to high level outcomes 4, 6 and 11.

5. Children and Young People

One in ten 5 to 15 year olds experiences a mental health problem.²² The lifetime financial cost of a single case of untreated childhood conduct disorder is approximately £150,000²³ and this cost comes on top of the already significant social costs. 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.

Living with a long term condition often has a significant impact on a child or young person's mental health and wellbeing. A survey of children and young people (5-18) who are disabled or living with long term conditions, jointly conducted by LTCAS and for Scotland's Disabled Children, looked at their emotional wellbeing. Findings indicate that a significant proportion of respondents were likely to have felt sad (27%), felt lonely (26%) and felt so bad that they did not want to do anything (20%)²⁴. The Strategy should ensure that mental health and emotional support is embedded in any policy relating to children and young people who are disabled or have a long term condition.

²² *The Mental Health of Children and Young People in Great Britain*, Office for National Statistics (2004)
<http://www.statistics.gov.uk/statbase/Product.asp?vlnk=14116>

²³ *Mental health promotion: building an economic case*, Friedli, L. and Parsonage, M, Northern Ireland Association for Mental Health (2007)

²⁴ *Research Briefing: "I want to be treated the same as my brothers!" Views of Quality of Life from Children and Young People who are Disabled and/or Living with Long Term Conditions*, LTCAS and for Scotland's Disabled Children (2011) (http://www.ltcas.org.uk/download/library/lib_4eae898b87204/)

Teachers should be provided with adequate support to deliver the new health and wellbeing outcomes in the Curriculum for Excellence, which include mental health. The Mental Health Strategy for Scotland should therefore act to include mental health, alongside wider consideration of support for children with social, emotional and behavioural needs, in initial teacher training and continuing professional development.

The Strategy should also act to create more supportive environments (including within CAMHS) that support good mental health and wellbeing and allow children, young people and families to feel comfortable talking about emotional issues. The survey of children and young people (5-18) who are disabled or living with long term conditions, revealed that almost half (49%) said their views were only 'sometimes' listened to²⁵. While this indicated scope for improvement within schools, the bigger issue was found to be in non-school settings. Many respondents perceived health and social care professionals as pretending to listen, or being too busy to listen. Action is needed to significantly improve the extent to which children and young people are listened to by health and social care professionals. This should include communication skills as a priority for all professionals working with children and young people with communication or learning impairments.

This point particularly relates to high level outcome 2.

6. Family and Carers

LTCAS supports the move by the Scottish Government to ensure that there is effective engagement of families and carers to support care and treatment and that it is working to help ensure that carers are part of mutually beneficial partnerships. LTCAS also welcomes the decision by The Royal College of General Practitioners Scotland to issue guidance about identifying and supporting carers and young carers and involving them in decision-making processes to all GP practices in Scotland.

Unpaid carers play an important role in supporting the emotional and psychological wellbeing of people with long term conditions. It is therefore essential that the Strategy indicates an improvement in support for unpaid carers to support and care for the person they

²⁵ Ibid

are caring for. This should include the provision of training and support for unpaid carers on emotional and psychological issues. Due to the demands of the caring role there may be challenges in accessing this and therefore web based/email/phone services may be useful here.

Living with a long term condition can have a detrimental effect on the emotional and psychological health and wellbeing of others in the family, especially unpaid carers. Unpaid carers themselves often live with a long term condition. Unpaid carers have previously expressed to LTCAS their need to be listened to and have their own emotional and psychological needs identified and addressed. The Strategy should indicate an improvement in the emotional and psychological support provided to unpaid carers in order for them to support their own health and wellbeing and enable them to carry out their caring role.

This point particularly relates to high level outcome 7.

7. Tackling Stigma

The stigma of mental illness remains a problem in addressing mental health and wellbeing in people with long term conditions. There is not enough understanding of the issues facing people with mental health problems, especially among young people. The Strategy should continue to fund work to raise awareness and fight stigma through the *see me* campaign.

This point particularly relates to high level outcome 1.

8. Tackling Isolation

Currently there are gaps in service provision for people who are confined to their homes which include older people but also younger disabled people. This can lead to isolation and a need for mental health support in the form of formal mental health services. However it is also essential that community-based support and web based/email/phone services are available in order to make mental health support services more accessible within the community and widen the reach of mental health support.

Feedback from LTCAS members suggests that isolation is becoming an increasing issue as disabled people are hit the hardest by the economic downturn and the current welfare reforms. The reduction/removal of Disability Living Allowance for disabled people is likely to push many people further into poverty and isolation. There is a growing risk of loneliness which might be regarded as a long term condition in its own right²⁶. Living alone but isolated from family and friendship support cannot be regarded as independent living²⁷. Social isolation in later life is a risk factor for depression and there is growing evidence to show that it is also dangerous for physical health and mobility²⁸.

There is a significant opportunity here to develop the role of befriending, as supporting people's ability to remain part of social networks can help fight the issue of isolation. Too often, people with long term conditions experience stifling boredom, a lack of things to do, people to talk to and opportunities to be mobile²⁹. The work of Befriending Network Scotland is one example of how volunteer befrienders can offer support and relationships to people who would be otherwise socially isolated³⁰.

This point particularly relates to high level outcome 9.

9. Rights Based Model

LTCAS supports the development of an integrated legislative framework which promotes and supports a rights based model to support and protect people. To ensure that staff are supported so that care and treatment is delivered in line with legislative

²⁶ *Living well with long term conditions : 12 propositions for social care*, Jim McCormick, LTCAS (2011)
http://www.ltcas.org.uk/download/library/lib_4ea008bdb9e1f/

²⁷ Ibid

²⁸ See for example JRF's Neighbourhood approaches to loneliness programme www.jrf.org.uk/work/workarea/neighbourhood-approaches-loneliness and the Campaign to end loneliness: connections in older age <http://campaigntoendloneliness.org>

²⁹ *Living well with long term conditions : 12 propositions for social care*, Jim McCormick, LTCAS (2011)
http://www.ltcas.org.uk/download/library/lib_4ea008bdb9e1f/

³⁰ *Befriending Network Scotland*, <http://www.befriending.co.uk/>

requirements, the Scottish Government should help to further roll out the Scottish Human Rights Commission's Care About Rights Project³¹. The project has developed training and awareness raising resources relating to the care and support of older people. It aims to empower people to understand their human rights, and increase the ability and accountability of those who have the duties to respect, protect and fulfil rights.

This point particularly relates to high level outcome 14.

LTCAS would be very happy to discuss any of these issues further or to provide detailed briefings.

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www.lucas.org.uk

³¹ *Care about Rights*, Scottish Human Rights Commission (2011)
<http://www.scottishhumanrights.com/careaboutrights>