Mental Health and Wellbeing Strategy response

Here are the headings and our condensed responses, in bullet point format, for the sections that we considered relevant for comment. **Please use any or all of the responses (copy and paste) or add your own for single or multiple sections of the consultation. Any area(s) you contribute to will count as a single submission. If you are limited for time, choose just a single section to consult on. Thank you.**

How to respond

The **contents page** links to each part of the consultation (titles are in red below), so you can easily click on the sections that you want to answer without needing to click through the entire consultation.

You can save your answer for each question and go back to the contents page by clicking on 'Save and come back later' and providing your email address.

A brief overview and further information are also provided on the Strategy's landing page.

Part 1 - Definitions

1.6 – Descriptions of "mental conditions" and "mental illness" provided by the Scottish Government

- Mental health conditions and mental illness are different constructs and both require different approaches to management.
- Individuals with mental illness and mental health conditions will often require the care and treatment of specialist mental health services whilst mental health and wellbeing may require a more preventative and public health/community approach.
- The definition also needs to include neurodevelopmental conditions. This would include disorders of intellectual development, autism, ADHD, Foetal Alcohol Syndrome, Tourette's, etc. These disorders are not mental illnesses, but can have significant effects on mental health and mental wellbeing.

Part 2 – Our overall vision

2.2 – Comments on the Strategy's proposed vision

- It is important that any vision be quantifiable and measurable in order for it to be truly effective.
- The mental health and wellbeing of the population is an inherent key responsibility of any government towards its citizens and one that should guide all government policy rather than being restricted to a mental health strategy.
- Importantly, better mental health and wellbeing for all isn't an end point but rather an ongoing process and a core principle that must underpin all governmental priorities and policy.
- We propose an alternative vision of: 'Sustainable mental health services, supported communities and giving individuals the right opportunities for good mental health.'

2.3 – What success should look like if the vision is achieved

- As stated above, the strategy's vision must be quantifiable and measurable.
- Achieving better mental health and wellbeing for all needs to be an ongoing commitment and a journey rather than a measurable endpoint.

Part 3 – Our Key Areas of Focus

3.2 – What should be concentrated on

- We are concerned by the lack of any reference to either the quality or the need for timely provision of care and treatment for those with mental health conditions and mental illnesses.
- Our specialist mental health services are underfunded, understaffed and under-resourced to meet the needs of the most vulnerable in the population.
- A continued commitment to meeting the needs of those most in need must remain a key area of focus and one that must be balanced with developments in population mental health approaches.
- We are deeply concerned by the shift from population-level mental health – as was the focus of the last mental health strategy – to population-level mental wellbeing.
- Much as smoking cessation services will not negate the need for cancer services, it is important that the strategy recognise that some mental illness will continue to exist regardless of population-wide preventative efforts.
- We welcome the focus on providing a rapid and easily accessible response to those in distress. However, this needs to be supported by timely access to appropriate specialist mental health supports and services where required.
- World Health Organisation's recent 'World Mental Health Report: Transforming Mental Health for All' references to safe, effective treatment and care of people living with mental illness need to recognise the need for an equal if not greater focus on the continued need for development of specialist mental health services and timely access to high quality, evidence-based effective treatment options.
- Ensuring people with mental health conditions have better access to physical health care and improved physical health outcomes, as well as ensuring those with physical health conditions have better mental health outcomes, needs to be a key area of focus.

Part 4.2 - Outcomes for Individuals

4.2.1. – Further comments on outcomes

- It is important to balance these population wellbeing outcomes with adequate consideration of mental health outcomes.
- Shared language and understanding are vital for all of us to communicate well and ensure the best outcomes for individuals, and needs top-down usage of clear definitions and corresponding public education.
- Clearer definitions of societal and population based approaches to prevention and early intervention as "public mental health" are required. This would include population level approaches to prevent mental disorder, prevent associated impacts and promote well-being including for those with mental health conditions and illnesses.
- It would also be helpful for the strategy to provide more detail on how the outcomes will be measured.

Part 4.3 - Outcomes for Communities

Q 4.3.1. – Further comments on outcomes

- It would be beneficial if the strategy provided further information on how these outcomes will be measured.

Part 4.4 – Outcomes for Population

Q 4.4.1. Further comments on outcomes

- A more explicit commitment to evidence based public health outcomes would be welcomed.

Part 4.5 – Outcomes: services and support

Q 4.5.1. Further comments on outcomes

- It is important to differentiate and define early intervention from prevention when considering the roles of services.
- Investment in prevention and early intervention approaches should not be at the expense of investment in the capacity for provision of mental health care and treatment.
- Prevention and early intervention approaches have a substantial time lag of effect (several years to decades to, at times, generations). It is important to recognise the need for continued investment in specialist mental health service provision in the interim.
- Parity of esteem with physical health would mean focusing on those with greatest need first, not last.
- Population-level early intervention is quite separate to early intervention in mental illness, in which instance, early intervention is treatment.
- Mental Health Services have a key role in the provision of early intervention for mental illness. Examples of this include investment in early intervention services for psychosis and development of services for children and young people.
- Effective and timely access to evidence based treatments and access to the right support in early years would constitute an early intervention and prevention approach which would require adequate investment in specialist mental health services for children and young people.
- Prevention needs to be undertaken at a societal and population level and cannot be the remit of services that are neither equipped nor resourced for this.
- We wholly support and value the contributions that people with lived experience make to all aspects of mental health care. We would, however, want to ensure that these contributions are representative of the diversity of experience, background and not skewed toward those most vocal and able to articulate their needs, to the detriment to those who are unable to do so.
- We would also be keen to see an explicit outcome around the reduction and ultimately elimination of delayed discharges from mental health and learning disability inpatient settings.

Part 4.7 – Outcomes: other

- Increased and timely access to a broad range of evidence-based treatments for mental health conditions and mental illness which are standardised and accessible to everyone, irrespective of their location or background and determined solely by their need.
- We would welcome an explicit commitment to the implementation of the quality standards for secondary mental health services - as the start of a wider suite of standards for mental health care – as a key objective and inclusion as a key outcome.
- We propose that reducing the mortality gap for people with serious mental illness and learning disability should be a critical outcome.
- Striving for a significant reduction in the use of out of area placements and delayed discharges from in-patient mental health and learning disability settings.
- It is critical that consideration is given to improving the physical environments in mental health and learning disability services. Ensuring therapeutic environments are suited to the needs of those served (eg sensory issues in people with autism and/or learning disability) should be a key outcome measure.

Part 7 – Improving services

7.1 – Suggestions on improving the types and availability of support

- The consistent provision of high-quality community services, with stable well-trained support and care staff, should be a key aim of the National Care Service.
- We welcome the proposals around improved information sharing between the NHS and NCS.
- We would like to see provision of social care and support based on individual need rather than eligibility, reflecting the provision of health care.
- Ensuring that community placements are available quickly, to prevent lengthy delayed discharges from specialist mental health and learning disability settings, should be a key outcome measure for the NCS.

Part 8 – The role of difficult or traumatic life experiences

8.1 – Support for recovery from traumatic experiences

- Trauma affects people in many different ways and it is essential to ensure that people have access to a range of supports and treatments based on their need.
- All health and social care services should be trauma-informed organisations, with the commitment of appropriate resources to ensure provision of necessary training and capacity within services for staff to the appropriate level according to roles and responsibilities as described in the NES trauma framework.
- Sensitive and informed responses from services may be sufficient for many people but a proportion of people may go on to develop more severe mental health difficulties as a result of their traumatic experiences, especially experiences of complex trauma either in early development or in adulthood. Any support provision should support recovery from traumatic experiences and also from the sequelae of those experiences.
- This requires consistent and prompt access to the full range of evidence based treatments and therapies within adequately funded specialist mental health services delivered by appropriately trained clinicians.

8.2 – Barriers to recovery

- Inordinate delays in accessing evidence-based treatments and specialist mental health care due to gaps in service provision and inadequate resources.
- Workforce challenges that result in inconsistent and poorly organised care with a lack of consistent relationships within stretched services can hinder recovery by repeating early poor attachment experiences, perpetuating a person's response to trauma.
- Gaps in training and supervision for frontline staff within health and social care settings.

Part 9 – Children, Young People and Families' Mental Health

9.1 – Priorities for support

- Focus should be given to implementing existing programmes such as Getting it Right for Every Child (GIRFEC), the CAMHS service specification, Wellbeing framework and Neurodevelopmental service specification
- These programmes also require evaluation and linking together.
- We are concerned that the CAMHS service specification has not been evaluated 2 years after publication and some CAMHS services do not extend to 18 years. Achieving this would allow for CAMHS services to focus on young people with mental illnesses.
- There should be a focus on early intervention and preventing trauma by supporting parenting
- Research into the negative impact of social media on young people properly is vital. Health promotion programmes are needed to counteract the negative impact of social media and the NHS should use social media to promote.
- This would require Public Health Scotland to engage more effectively with CAMHS services, with a view to increased population level self-management.
- There should be equality of access to specialist services across the country including in-patient care. At present there is no out of hours access to adolescent inpatient services except in Glasgow and Edinburgh. These services need to provide evidence based psychological therapies as well as other appropriate treatments such as medication.
- There remains concern about the ongoing issues associated with transitions between services.
- Neurodevelopmental disorders including Autism spectrum conditions and intellectual disability should not be excluded.

9.2 – Additional comments on support

- The development of a self-assessment tool for services to complete in regards to the implementation of the CAMHS service specification would be beneficial.
- Consistent provision of accessible and effective mental health services for children and young people would need to be a cornerstone in any preventative approach to mental health given that almost half of all mental health problems in adults are established by the age of 14.
- Early identification, support and, where appropriate, treatment for children and young people with neurodevelopmental disorders would be crucial to preventing the development of more significant mental health problems in later life.

9.3 – Factors impacting children and young people's mental health

- The social determinants of health have the biggest impact on children and young people's mental health
- The vast majority of these are beyond the scope of CAMHS to change. These include child poverty, educational attainment and housing.
- Social media continues to have an impact on the mental health of children and young people and urgently requires further investigation.

9.4 – Additional comments

- The short-term nature of the funding given to CAMHS leads to difficulty developing a sustainable improved service.
- This funding needs to be across all Tiers and then properly implemented.

Part 11 – Equalities

11.1 – Addressing mental health inequalities

- The 2017 Mental Health strategy outlined a number of laudable intentions to improve equalities in mental health. We would urge that these remain priorities with a clear delivery plan for implementation.
- There is considerable published evidence, supplemented by recent experience during the pandemic, of people with protected characteristics having poorer access to mental health care as well as poorer outcomes.
- Profound inequalities exist for Black, Asian and Minority Ethnic people in access to treatment, experiences of care and outcomes.[1]
- A recent survey carried out by the Mental Welfare Commission indicated that almost a third of respondents reported that they had seen or experienced racism[2].
- There is also a need to improve access to talking therapies for people from diverse racial and ethnic backgrounds, especially where English is not their primary language.
- LGBTQ people experience higher rates of mental ill health, particularly anxiety, depression and eating disorders, than the general population. There is also a higher rate of suicidal ideation and self-harm: 20-25% compared with 2.4% in the general population[3]
- There is, at present, no data available on detentions of individuals identifying as non-binary.
- People with learning disability have a significantly higher chance of developing serious mental illnesses.
- To ensure equity of outcome, there is the need for specialist learning disability services, with clinical staff who have expertise in this area.

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[1] Modernising the Mental Health Act – final report from the independent review - GOV.UK (www.gov.uk)
[2] Racial inequality and mental health services in Scotland – new report calls for action | Mental Welfare Commission for Scotland (mwcscot.org.uk)
[3] LGBT inclusive mental health services – good practice guide | Mental Welfare Commission for Scotland (mwcscot.org.uk)

- The 2015 review of learning disability units in Scottish hospitals found that 35% of the patients had a delayed discharge, frequently associated with a lack of appropriate facilities for patients or the challenges associated with coordinating responses to complex needs[4].
- People with learning disability who come into contact with the criminal justice system may be unable to effectively participate in the criminal justice process, or are unable to cope within a custody setting, there is the need for specialist forensic learning disability provision to meet their needs.
- Reducing the impact of inequalities based on social deprivation should also be a priority. Recent reports from the Mental Welfare Commission on Community Treatment Orders[5], Advanced Statements[6] and Mental Health Act monitoring suggests that compulsion is more widely used in areas of higher social deprivation, and that those engaging with Advanced Statements are predominantly from more affluent areas.
- Within forensic mental health services, there is significant inequity in service provision for women. A number of women with learning disability and forensic needs are placed out of area (often in England), or inappropriately in assessment and treatment units.
- There are is a lack of low secure and community services for this small group of individuals, who have a highly level of needs requiring specialist service provision.
- Data collection of the experiences of individuals with protected characteristics is currently variable across health boards and must be improved.

Part 12 – Funding

12.2 – Use of funding in local areas

- **There is a continued need for increased funding for mental health services in the context of the current unprecedented increase in demand.**
- Funding for mental health services is yet to achieve parity with funding arrangements for services for physical health conditions.
- The short-term nature of many funding arrangements limits service development and planning.
- Prioritisation of funding is often skewed by the need to meet waiting times targets rather than clinical need, often to the detriment of those most in need.
- The lack of clarity around future funding and delays in receiving funding settlements frequently results in funding arrangements that can't be used effectively to improve patient care.
- More importantly, the short term and time limited nature of these funding arrangements cause considerable uncertainty & disruption to people who access those services
- Targets in CAMHS and psychological therapies result in greater distress and poorer outcomes for individuals and divert resource from within mental health services.
- We propose an alternative funding model should be developed which can appropriately consider the matching of need with the right care and treatment, at the right time, delivered by an appropriately skilled workforce.

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[4] Scotland's Wellbeing: national outcomes for disabled people - gov.scot (www.gov.scot)
[5] https://www.mwcscot.org.uk/sites/default/files/2022-06/CharacteristicsOfCTOs_June2022.pdf
[6] T3-AdvanceStatements_2021.pdf (mwcscot.org.uk)

- We would welcome funding for appropriate social prescribing approaches and more long-term funding to third sector support providers for care packages and supported placements.
- There is also a need for funding for leadership and project coordination to ensure that pathways of care and treatment reduce waste, improve quality and improve environmental sustainability.

12.3 – Additional comments on funding

- **A key priority for funding must be to improve the physical health care of people with mental illness, especially those with severe and long-standing mental illness.**
- **There can be a disconnect between public announcements of funding and expectations of what can be delivered by Mental Health Services within a set timeframe, without adequate recognition of the already overstretched services.**
- Experiences of mental health services being expected to shoulder budget cuts and requests for financial savings more than physical health counterparts.
- We would suggest that mental health funds should be ring-fenced to prevent this.

Part 14 – Our vision and outcomes for the mental health and wellbeing workforce

14.4 – Additional comments on short term outcomes

- Regarding the outcome on Improving capacity for service improvement and redesign. should be explicit on the need for clear parameters and a strong evidence base, underpinned with audit and accountability.
- Within the Attract section, there should be a commitment to increasing medical school places, encouraging and supporting graduate entry to medical school and ensuring appropriate funding to Health Boards to support training.
- Under Nurture, we would add the need for better working environments for staff, consideration of organisational culture and in particular, bullying and the impact this can have on staff wellbeing.
- A 'bottom up' approach should be taken, engaging with staff to identify the issues affecting their wellbeing and then seeking to address these.
- A central issue is often the lack of sufficient staff or resource to deliver care and treatment, but can also be a lack of access to hot food, rest facilities etc. Addressing these seemingly basic issues has the potential to make a significant improvement to employee wellbeing.
- Regarding the outcome of 'Create new mental health roles', further detail of what roles are being considered would be beneficial.

14. 6 – Additional comments on medium term outcomes

- Detail on how these could be measured would be appreciated.

Part 16 – Solutions to our current and future workforce challenges

16.1 – How to best utilise specialist professionals

- **To make best use of qualified specialist professionals such as psychiatrists, there is a need to recognise the unique skills and expertise that these**

professionals bring to meeting the needs of those with mental health conditions and mental illness who require care and treatment.

- Psychiatrists use an integrated biopsychosocial model which considers psychological and social determinants of mental health alongside medical knowledge to diagnose, formulate and treat complex and severe mental health disorders.
- This is an important skill and is of direct benefit to patients and carers, and also supportive to the wider multidisciplinary team[7].
- **Psychiatrists must be given the opportunity to make full use of their advanced skills and training to maximise the benefit they can bring to an individual's care and treatment. There are a wide range of skills that a highly trained Psychiatrist, brings that can't be replaced and delivered by another professional. These skills go beyond just the delivery of direct clinical care and extend to domains such as education, governance, service development and quality improvement, to name a few.**
- **Ongoing workforce shortages often result in clinical staff filling in gaps and undertaking time-intensive administrative tasks which take away time that should be spent on delivering clinical care and contributing to other aspects of service improvement and sustainability.**

16.2 – Growing the workforce, especially capacity for prevention & early intervention

- Having a no wrong door approach and ensuring a holistic, person-centred and comprehensive assessment of an individual's mental health needs at the point when they first seek help requires the right specialist skills to be readily available.
- Equally important is increased access to specialist professionals, such as psychiatrists, for education and consultation for the wider workforce who might be based within the wider health and public service settings, to ensure that individuals with mental health needs receive the right support and treatment as early as possible.

16.3 – Capacity for specialised and complex care roles

- All mental health service provision within secondary care mental health services is specialised and complex and not restricted to settings such as forensic mental health.
- Individuals with significant mental health difficulties who access secondary care services require a range of treatments and supports that are inherently specialised and complex to deliver effectively.
- Investment in primary care mental health services, such as the recent planned investment, improved access to wider supports that support individuals with less complex needs and clear alternative pathways for those with less complex needs are helpful first steps.

16.4 – Widening the workforce

[7] Safe patients and high-quality services- a guide to job descriptions and job plans for consultant psychiatrists (CR207 Nov 2017) (rcpsych.ac.uk)

- Robust governance arrangements that cover non-professionals and experts by experience, and a framework for training and support through a clearly defined national structure would help support this approach.
- It is important to clearly define roles and responsibilities and ensure that individuals are adequately supported in their roles.
- Ensuring adequate support, training and supervision for non-professionals and experts by experience, including peer support workers working within mental health settings, would require increased capacity within the specialist workforce. It is essential that this is recognised and adequately resourced.

16.6– Managing COVID-19 impact and systemic pressures

- Understanding and addressing staffing challenges is critical and without adequate staff recruitment and retention, service re-design is unlikely to be successful.
- The role of psychiatrists and other professionals is not limited to providing expert clinical interventions, but is also essential in advising on and delivering education, leadership, innovation, service development and quality improvement.
- **The reduction in programmed activities for supporting professional activities from 2.5 to 1 session per week within whole time consultant job plans (1 session equates to 4 hours out of a 40 hour week, and a standard week is made up of 10 sessions) is a false economy and takes away valuable and much needed expertise within the workforce to support the redesign of services.**
- Scotland remains an exception in adhering to this short-sighted approach (English job plans adhere to a 7.5:2.5 split and Wales 7:3) and one which acts as a strong barrier to recruitment at a time of significant workforce gaps.
- Senior doctors who have the greatest experience and the necessary skill sets to contribute to service redesign need to be supported in utilising these skills.
- The current pension tax arrangements penalise senior and experienced doctors who can take on these additional responsibilities and act as a disincentive to continuing employment at a time when this additional capacity is much needed.

16.7 – Supporting

- **It is critical that the workforce is engaged with to allow for a full understanding of the issues affecting their wellbeing.**
- The commitment to and investment in approaches such as the practitioner health service and help lines are welcome, but these should be a necessary last resort, with most issues recognised and addressed before escalation occurs.
- The increased demand, limited capacity and implications for societal expectations from services need to be recognised and public expectations managed accordingly, to minimise the enormous level of pressure on the mental health workforce.
- Transparency about resourcing and addressing public expectations by the Scottish Government is needed to ensure that the workforce feels supported by politicians and government. This is essential to creating a culture that supports the wellbeing of those who work in all parts of system.

Part 17 – Our immediate actions

17.2 – Other immediate actions to support workforce

- **Addressing the ongoing prevalence of Health Boards utilising 9:1 job plans would support clinician wellbeing, service development and sustainability and remove a major barrier to recruitment.**
- Addressing ongoing pension tax issues or putting in place mitigations would support the retention of some of the most experienced staff working in mental health services and increase workforce capacity to supervise students and trainees and contribute toward service development, and potentially make Scotland a more attractive employment opportunity.
- Implementation of fair working practices.
- Implementation of Safe staffing legislation in community services as a priority.