Mental Health and Wellbeing Strategy Consultation

Scottish Government
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RESPONDENT INFORMATION FORM

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Are you responding as an individual or an organisation?

☐ Individual

X Organisation

Full name or organisation's name

Roval College of Psvchiatrists in Scotland

Phone number 0131 220 2910

Address

1st Floor, 12 Queen Street, Edinburgh,

Postcode EH2 1JE

Email Address scotland@rcpsych.ac.uk

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

☐X Publish response with name

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The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

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We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

☐X Yes

☐ No

What was your age on your last birthday?

Do you have a physical or mental health condition or illness lasting or expected to last 12 months or more? Please tick one

Yes	
No	
Don't know	
Prefer not to say	

If you answered 'Yes' to the above question, does this condition or illness affect you in any of the following areas? Please tick all that apply.

Vision (for example blindness or partial sight)	
Hearing (for example deafness or partial hearing)	
Mobility (for example walking short distances or climbing stairs)	
Dexterity (for example lifting or carrying objects, using a keyboard)	
Learning or understanding or concentrating	
Memory	
Mental health	
Stamina or breathing or fatigue	
Socially or behaviourally (for example associated with autism, attention deficit disorder or Asperger's syndrome)	
Other (please write in below)	
None of the above	

If you selected 'Other', please write your response here:

If you answered 'Yes' to the above question, does your condition or illness reduce your ability to carry-out day-to-day activities? Please tick one

Yes, a little	
Yes, a lot	
Not at all	

What is your sex?

If you are considering how to answer, use the sex recorded on one of your legal documents such as a birth certificate, Gender Recognition Certificate, or passport. Please tick one

Female	
Male	
Prefer not to say	

Do you consider yourself to be trans, or have a trans history? Please tick one

Yes	
No	
Prefer not to say	

If you would like to, please describe your trans status in the box (for example, non-binary, trans man, trans woman)

Which of these options best describes how you think of yourself?

Heterosexual/Straight	
Gay/Lesbian	
Bisexual	
Other (please write in below)	
Prefer not to say	

If you selected ‘Other’, please write your response here:

What religion, religious denomination or body do you belong to?

None	
Church of Scotland	
Roman Catholic	
Other Christian	
Muslim	
Buddhist	
Sikh	
Jewish	
Hindu	
Pagan	
Another religions (please write in below)	

If you selected ‘Other’, please write your response here:

QUESTIONS – PART 1

DEFINITIONS

In this consultation, we talk about “mental health”, “mental wellbeing”, “mental health conditions” and “mental illness”. We have explained below what we mean by each of those terms. We want to know if you think we have described these in the right way, or if we should make changes to how we are describing them.

Mental Health
Everyone has mental health. This is how we think and feel about ourselves and the world around us, and can change at different stages of our lives. Our mental health is affected, both positively and negatively, by lots of factors, such as our own life circumstances, our environment, our relationships with others, and our past experiences, plus our genetic make-up. Being mentally healthy is about having good mental health, as well as addressing mental health problems. Having good mental health means we can realise our full potential, feel safe and secure, and thrive in everyday life as well as to cope with life’s challenges.

- **1.1** Do you agree with this description of mental health? **[Y]**

- **1.2** If you answered no, what would you change about this description and why?

Mental wellbeing
Mental wellbeing affects, and is affected by, mental health. It includes subjective wellbeing (such as life satisfaction) and psychological wellbeing (such as our sense of purpose in life, our sense of belonging, and our positive relationships with others). We can look after our mental wellbeing in the same way as we do our mental health – and having good mental wellbeing can stop our mental health getting worse. The Royal College of Psychiatrists defines wellbeing as: ‘A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment’.

- **1.3** Do you agree with this description of mental wellbeing? **[Y]**

- **1.4** If you answered no, what would you change about this description and why?

Mental health conditions and mental illness
Mental health conditions are where the criteria has been met for a clinical diagnosis of mental illness. This means that a diagnosis of a mental illness has been given by a professional. Mental health conditions can greatly impact day to day life, and can be potentially enduring. These include depression, generalised anxiety disorder (GAD), panic disorder, phobias, social anxiety disorder, obsessive-compulsive disorder (OCD) and post-traumatic stress disorder (PTSD), as well as bipolar disorder, schizophrenia, and other psychosis, among many more.. How mental illness affects someone can change from day to day. The professional treatment and support that each individual needs can change too.
Someone may have an acute mental health problem or mental health condition that has not yet been diagnosed, but they can still be unwell. Their diagnosis may also change over time.

- **1.5** Do you agree with this description of mental conditions and mental illness? **[N]**

- **1.6** If you answered no, what would you change about this description and why?

We welcome the strategy's efforts to agree a shared language and understanding within mental health. We would further suggest that mental health conditions and mental illness are different constructs, and it is important to recognise this within the strategy as both require different approaches to management. As an organisation, the Royal College of Psychiatrists in Scotland works to improve the outcomes of individuals with mental illness and mental health conditions, and it is on behalf of these groups that we respond. They 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, which have clear diagnostic criteria and are included in the ICD-11 classification system from the World Health Organization[1] (which Scotland is rolling out in November 2022). 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 of mental health and mental wellbeing.

[1] ICD-11 (who.int)

QUESTIONS - PART 2

MENTAL HEALTH AND WELLBEING STRATEGY – OUR DRAFT VISION AND OUTCOMES

2. Our Overall Vision

- **2.1** On page 5 we have identified a draft vision for the Mental Health and Wellbeing Strategy: 'Better mental health and wellbeing for all". Do you agree with the proposed vision? **[N]**

- **2.2** If not, what do you think the vision should be?

It is important that any vision be quantifiable and measurable in order for it be truly effective. We are concerned that therefore the vision of 'Better mental health and wellbeing for all' is too vague and non-specific as a vision for a strategy. 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. As a vision, it is subject to wider socio-economic factors such as the current cost of living crisis. It is important to differentiate this from a strategy that should be focussed on preventing and addressing mental health conditions and illness, and supporting those who experience them. More 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. As a vision, we are concerned it would be difficult to measure and impossible to evidence that it has been achieved.

We propose an alternative vision of: 'Sustainable mental health services, supported communities and giving individuals the right opportunities for good mental health.'

- **2.3** If we achieve our vision, what do you think success would look like?

As stated above, in order to be able to determine whether the strategy has been successful, its vision must be quantifiable and measurable. The vision as outlined can't be quantified or measured against to allow for an evaluation of success. Achieving better mental health and wellbeing for all needs to be an ongoing commitment and a journey rather than a measurable endpoint.

3. Our Key Areas of Focus

- **3.1** On page 5, we have identified four key areas that we think we need to focus on. Do you agree with these four areas? **[N]**

- **3.2** If not, what else do you think we should concentrate on as a key area of focus?

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 illness, which feels like a key omission. Our specialist mental health services are underfunded, understaffed and under-resourced to meet the needs of the most vulnerable in the population on a background of increasing need. 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. Raising awareness about mental health within the population and improving access to supports for people in distress inevitably increases the demand for specialist mental health services, rather than reducing it, as articulated in the 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. We believe the lack of sufficient recognition of the poor physical health and increased morbidity and mortality among those with mental health conditions and the need to urgently address this is a key omission. 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. While it is listed as one of the individual outcomes in the next section, we believe that it needs to be a greater priority and key area of focus.

4. Outcomes

- **4.1** Below are the outcomes that people have said they would like this refreshed mental health and wellbeing strategy to achieve. Some of these describe how things might be better for individuals, some for communities, and some for the whole population of Scotland. Do you agree that the Mental Health and Wellbeing strategy should aim to achieve the following outcomes for people and communities?

1. Strongly agree	2. Agree	3. Neutral	4. Disagree	5. Strongly disagree

This will help us to understand what is most important to people and think about what our priorities should be. **Please indicate your selection with a tick under the corresponding number:**

Addressing the underlying social factors	**1**	**2**	**3**	**4**	**5**
Through actions across policy areas, we will have influenced the social factors that affect mental health and wellbeing, to improve people's lives and reduce inequalities Through, for example: • Improved cross-policy awareness and understanding of the social determinants of mental health and wellbeing, and how to address them	X				
• Cross-policy action works to create the conditions in which more people have the material and social resources to enable them to sustain good mental health and wellbeing throughout their lives	X				
• Policy implementation and service delivery that supports prevention and early intervention for good public mental health and wellbeing across the life-course	x				

Individuals	**1**	**2**	**3**	**4**	**5**
People have a shared language and understanding of mental health and wellbeing and mental health conditions	x				
People understand the things that can affect their own and other's mental health and wellbeing, including the importance of tolerance and compassion	x				
People recognise that it is natural for everyday setbacks and challenging life events to affect how they feel		x			
People know what they can do to look after their own and other's mental health and wellbeing, how to access help and what to expect	x				
People have the material, social and emotional resources to enable them to cope during times of stress, or challenging life circumstances	x				
People feel safe, secure, settled and supported	x				
People feel a sense of hope, purpose and meaning	x				
People feel valued, respected, included and accepted	x				
People feel a sense of belonging and connectedness with their communities and recognise them as a source of support	x				
People know that it is okay to ask for help and that they have someone to talk to and listen to them	x				
People have the foundations that enable them to develop and maintain healthy, nurturing, supportive relationships throughout their lives	x				
People are supported and feel able to engage with and participate in their communities	x				
People with mental health conditions are supported and able to achieve what they want to achieve in their daily lives	x				
People with mental health conditions, including those with other health conditions or harmful drug and alcohol use, are supported to have as good physical health as possible	x				
People living with physical health conditions have as good mental health and wellbeing as possible	x				
People experiencing long term mental health conditions are supported to self-manage their care (where appropriate and helpful) to help them maintain their recovery and prevent relapse	x				
People feel and are empowered to be involved as much as is possible in the decisions that affect their health, treatment and lives. Even where there may be limits on the decisions they can make (due to the setting, incapacity or illness), people feel that they are supported to make choices, and their views and rights will be respected	x				

Do you have any comments you would like to add on the above outcomes?

Whilst the aforementioned outcomes are laudable, it is important to balance these population wellbeing outcomes with adequate consideration of mental health outcomes. The outcome of developing and promoting a shared language around mental health, wellbeing and mental health conditions and illness is welcomed. For this to become a reality there is a need for top-down usage of clear definitions and corresponding public education. This extends to the use of prevention and early intervention, which must be clearly defined and understood (as outlined in our response to the Services and Support Outcomes). Shared language and understanding are vital for all of us to communicate well and ensure the best outcomes for individuals, as well as manage expectations of what help is required and how this can be accessed. We would advocate for a clearer definition of societal and population-based approaches to prevention and early intervention as “public mental health". This aligns it with the considerable evidence base that exists nationally and internationally in this area. Public mental health as an approach includes 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.

Communities (geographic communities, communities of interest and of shared characteristics)	**1**	**2**	**3**	**4**	**5**
Communities are engaged with, involved in, and able to influence decisions that affect their lives and support mental wellbeing	x				
Communities value and respect diversity, so that people, including people with mental health conditions, are able to live free from stigma and discrimination	x				
Communities are a source of support that help people cope with challenging life events and everyday knocks to wellbeing	x				
Communities have equitable access to a range of activities and opportunities for enjoyment, learning, participating and connecting with others.	x				

Do you have any comments you would like to add on the above outcomes?

As before and with the following outcomes sections, it would be beneficial if the strategy provided further information on how these outcomes will be measured.

Population	**1**	**2**	**3**	**4**	**5**
We live in a fair and compassionate society that is free from discrimination and stigma	x				
We have reduced inequalities in mental health and wellbeing and mental health conditions	x				
We have created the social conditions for people to grow up, learn, live, work and play, which support and enable people and communities to flourish and achieve the highest attainable mental health and wellbeing across the life-course	x				
People living with mental health conditions experience improved quality and length of life	x				

Do you have any comments you would like to add on the above outcomes?

The above outcomes are all laudable but possibly better framed as rights rather than outcomes for a mental health strategy. As outlined earlier, a more explicit commitment to evidence based public health outcomes would be welcomed.

Services and Support	**1**	**2**	**3**	**4**	**5**
A strengthened community-focussed approach, which includes the third sector and community-based services and support for mental health and wellbeing, is supported by commissioning processes and adequate, sustainable funding		x			
Lived experience is genuinely valued and integrated in all parts of our mental health care, treatment and support services, and co-production is the way of working from service design through to delivery			x		
When people seek help for their mental health and wellbeing they experience a response that is person-centred and flexible, supporting them to achieve their personal outcomes and recovery goals		x			

We have a service and support system that ensures there is no wrong door, with points of access and clear referral pathways that people and the workforce understand and can use	x				
Everyone has equitable access to support and services in the right place, at the right time wherever they are in Scotland, delivered in a way that best suits the person and their needs	x				
People are able to easily access and move between appropriate, effective, compassionate, high quality services and support (clinical and non-clinical)	x				
Services and support focus on early intervention and prevention, as well as treatment, to avoid worsening of individual's mental health and wellbeing				x	

Do you have any comments you would like to add on the above outcomes?

It is important to differentiate between early intervention and prevention when considering the roles of services, and a clear definition of early intervention is critical to ensure a shared understanding. Population-level early intervention is quite separate to early intervention in mental illness, in which instance, early intervention is treatment. Services have a key role in the provision of early intervention for mental illness and we agree that it should be a key outcome. 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. However, 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.

It is also important to highlight that 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 nor a substitute for this. As recognised in previous government initiatives including within efforts to address drugs deaths and in children's services, prevention and early intervention approaches have a substantial time lag of several years to decades to, at times, generations, before they are effective in reducing the prevalence and incidence of mental health conditions and mental illness in the population. It is important to recognise the need for continued investment in specialist mental health service provision alongside such preventative approaches. Parity of esteem with physical health would mean focusing on those with greatest need first, not last.

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 need of the population that services serve. Careful consideration should also be given to how co-production is carried out, to ensure service design is not skewed toward those most vocal and able to articulate their needs, at 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.

Information, data and evidence	**1**	**2**	**3**	**4**	**5**
People who make decisions about support, services and funding use high quality evidence, research and data to improve mental health and wellbeing and to reduce inequalities. They have access to infrastructure and analysis that support this	x				

Do you have any comments you would like to add on the above outcome?

We would strongly agree with this as an outcome but would appreciate more detail within the strategy about how this would be achieved. There are currently significant gaps in the infrastructure needed to achieve such an outcome and it will remain at best aspirational without any detail on how these gaps will be addressed.

- **4.7** Are there any other outcomes we should be working towards? Please specify:

We would advocate for increased 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. Implementation of the quality standards for secondary mental health services - as the start of a wider suite of standards for mental health care – has been highlighted as a key objective and an explicit commitment to this, and an inclusion as a key outcome would be welcomed.

As mentioned earlier in our response, reducing the mortality gap for people with serious mental illness and learning disability is a critical outcome, as is ensuring timely access to specialist mental health and learning disability settings, and 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.

QUESTIONS - PART 3

5. Creating the conditions for good mental health and wellbeing

Our mental health and wellbeing are influenced by many factors, such as our home life, our work, our physical environment and housing, our income, our relationships or our community, including difficult or traumatic life experiences or any inequalities we may face. In particular, research suggests that living with financial worries can have a negative influence; whilst good relationships, financial security and involvement in community activities support mental wellbeing. However, we want to hear what you think are the most important factors.

Your answers to these questions may look different if you are responding as an individual, or as part of an organisation.

- **5.1** What are the main things in day-to-day life that currently have the biggest positive impact on the mental health and wellbeing of you, or of people you know?

- **5.2** Is there anything else you would like to tell us about this, whether you're answering as an individual or on behalf of any organisation?

- **5.3** What are the main things in day-to-day life that currently have the biggest negative impact on the mental health and wellbeing of you, or people you know?

- **5.4** Is there anything else you would like to tell us about this, whether you're answering as an individual or on behalf of any organisation?

- **5.5** There are things we can all do day-to-day to support our own, or others', mental health and wellbeing and stop mental health issues arising or recurring.

  In what ways do you actively look after your own mental health and wellbeing?
  - Exercise
  - Sleep
  - Community groups
  - Cultural activities
  - Time in nature
  - Time with family and friends
  - Mindfulness/meditation practice
  - Hobbies/practical work
  - None of the above
  - Other

- **5.6** If you answered ‘other’, can you describe the ways in which you look after your own mental health and wellbeing, or the mental health and wellbeing of others?

- **5.7** Is there anything else you would like to tell us about this, whether you’re answering as an individual or on behalf of any organisation?

- **5.8** Referring to your last answers, what stops you doing more of these activities? This might include not having enough time, financial barriers, location etc.

- **5.9** Is there anything else you would like to tell us about this, whether you're answering as an individual or on behalf of any organisation?

- **5.10** We know that money worries and debt can have an impact on mental health and that this is being made worse by the recent rise in the cost of living. In what way do concerns about money impact on your mental health?

- **5.11** What type of support do you think would address these money related worries?

6. Access to advice and support for mental wellbeing

- **6.1** If you wanted to improve your mental health and wellbeing, where would you go first for advice and support?
  - Friends or family or carer
  - GP
  - NHS24
  - Helplines
  - Local community group

- Third Sector (charity) support
- Health and Social Care Partnership
- Online support
- School (for example, a guidance teacher or a school counsellor)
- College or University (for example, a counsellor or a student welfare officer)
- Midwife
- Health visitor
- Community Link Workers
- Workplace
- An employability provider (for example, Jobcentre Plus)
- Other

- **6.2** If you answered ‘online’ could you specify which online support?

- **6.3** Is there anywhere else you would go to for advice and support with your mental health and wellbeing?
  - Friends or family or carer
  - GP
  - NHS24
  - Helplines
  - Local community group
  - Third Sector (charity) support
  - Health and Social Care Partnership
  - Online support
  - School (for example, a guidance teacher or a school counsellor)
  - College or University (for example, a counsellor or a student welfare officer)
  - Midwife
  - Health visitor
  - Community Link Worker
  - Workplace
  - An employability provider (for example, Jobcentre Plus)
  - Other

- **6.4** If you answered ‘online’ could you specify which online support?

- **6.5** If you answered local community group, could you specify which type of group/ activity/ organisation?

- **6.6** Is there anything else you would like to tell us about this, whether you're answering as an individual or on behalf of any organisation?

- **6.7** We want to hear about your experiences of accessing mental health and wellbeing support so we can learn from good experiences and better understand where issues lie.

Please use this space to tell us the positive experiences you have had in accessing advice and support for your mental health or wellbeing.

- **6.8** Is there anything else you would like to tell us about this, whether you're answering as an individual or on behalf of any organisation?

- **6.9** We also want to hear about any negative experiences of accessing mental health and wellbeing advice and support so we can address these.

  If you have experienced barriers to accessing support, what have they been?
  - Lack of awareness of support available
  - Time to access support
  - Travel costs
  - Not the right kind of support
  - Support not available near me
  - Lack of understanding of issues
  - Not a good relationship with the person offering support
  - Having to retell my story to different people
  - Long waits for assessment or treatment
  - Stigma
  - Discrimination
  - Other

- **6.10** If you selected ‘other’, could you tell us what those barriers were?

- **6.11** Is there anything else you would like to tell us about this, whether you’re answering as an individual or on behalf of any organisation?

- **7.** We have asked about the factors that influence your mental health and wellbeing, about your own experiences of this and what has helped or hindered you in accessing support. Reflecting on your answers, do you have any specific suggestions of how to improve the types and availability of mental health and wellbeing support in future?

We believe that ensuring 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 (NCS). We welcome the proposals within the NCS around improved information sharing between the NHS and NCS. As part of the development of the NCS, we would also be keen to see provision of social care and support based on individual need rather than eligibility, reflecting the provision of health care.

For individuals with the most complex needs, multidisciplinary input (this may include psychiatry, psychology, nursing, occupational therapy, AHPs and speech and language therapy) closely linked to social care and support, housing, supported or sheltered accommodation and third sector support will be needed to support them in the community. Consideration of how the NCS will accommodate such multidisciplinary input would be welcome.

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.

It is critical that consideration is given to improving the physical environments in mental health and learning disability services. Buildings are often old, poorly insulated and noisy. 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.

8. The role of difficult or traumatic life experiences

The NHS National Trauma Training Programme defines trauma as: “a wide range of traumatic, abusive or neglectful events or series of events (including Adverse Childhood Experiences (ACEs) and trauma in adulthood) that are experienced as being emotionally or physically harmful or life threatening. Whether an event(s) is traumatic depends not only on our individual experience of the event, but also how it negatively impacts on our emotional, social, spiritual and physical wellbeing. We are all affected by traumatic events in different ways.”

- **8.1** For some people, mental health issues can arise following traumatic or very difficult life experiences in childhood and/or adulthood.

- What kind of support is most helpful to support recovery from previous traumatic experiences?

Trauma affects people in many different ways and we believe that it is essential to ensure that people have access to a range of supports and treatments based on their need. It is our view that all health and social care services should be trauma-informed organisations, with staff trained to the appropriate level according to roles and responsibilities as described in the NES trauma framework. This requires the commitment of appropriate resources to ensure provision of necessary training and capacity within services for staff to access the training.

Other frameworks which may help inform care delivery which would be helpful to people who have experienced trauma are Attachment Informed Practice and Psychologically Informed Environments (PIEs).

Sensitive and informed responses from services may be sufficient for many people.

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. We believe that 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** What things can get in the way of recovery from such experiences?

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.

- **8.3** Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation?

One mental health outcome associated with early attachment trauma is the pattern of persistent emotional and relationship difficulties which may be diagnosed as personality disorder. There is diagnostic overlap between personality disorder and Complex PTSD, and many of the same principles of care are relevant to both.

Stigma around the diagnosis of personality disorder persists, with staff often reported as feeling less sympathetic, and less skilled when working with someone with this diagnosis. This may be perpetuated by what can be perceived as problematic behaviours often involving high risk by people with this diagnosis. This can generate strong emotional responses in staff, which can adversely affect the therapeutic relationship. Consistent access to attachment based training for staff and reflective practice is therefore of particular importance when working with people with a diagnosis of PD, to promote an empathic, trauma-informed and consistent response.

9. Children, Young People and Families' Mental Health

- **9.1** What should our priorities be when supporting the mental health and wellbeing of children and young people, their parents and families?

It is our view that 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, and it is critical that the negative impact on social media on young people is properly understood. This would require a formal research programme and then appropriate action to be taken. Health promotion programmes are needed to counteract the negative impact of social media and the NHS should use social media to promote. We suggest this would require Public Health Scotland to engage more effectively with CAMHS services, with a view to increased population level self-management.

We believe there should be equality of access to specialist services across the country. These services need to provide evidence based psychological therapies as well as other appropriate treatments such as medication. Access to specialist services such as inpatient care should be equitable across the country – at present there is no out of hours access to adolescent inpatient services except in Glasgow and Edinburgh. We also continue to be concerned by the ongoing issues associated with transitions between services.

The absence of neurodevelopmental disorders including Autism spectrum conditions and intellectual disability are not specifically mentioned in the proposed strategy and should not be excluded. We are concerned that this strategy should cover the entire life-cycle and yet there appears to be very little focus on older adults and providing appropriate care and treatment for this demographic.

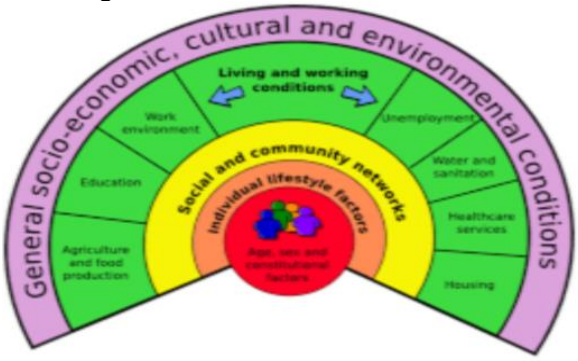
- **9.2** Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation?

It is our view that the development of a self-assessment tool for services to complete in regards to the implementation of the CAMHS service specification would be beneficial.

We would like to highlight that 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** What things do you feel have the biggest impact on children and young people's mental health?

The social determinants of health have the biggest impact on children and young people's mental health and the vast majority of these care beyond the scope of CAMHS to change. These include child poverty, educational attainment and housing. The determinants are show below:



As detailed above, social media continues to have an impact on the mental health of children and young people and urgently requires further investigation. This is increasingly being seen in clinical work and impacts on other services, for example the Tiktok paracetamol challenge which lead to increased use of A&E and paediatric services.

- **9.4** Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation?

As mentioned elsewhere in our response, 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 the impact of the funding properly implemented.

10. Your experience of mental health services

- **10.1** If you have received care and treatment for any aspect of your mental health, who did you receive care and treatment from?
    - Community Mental Health Team
    - GP Practice
    - Inpatient care
    - Third Sector Organisation
    - Psychological Therapy Team
    - Digital Therapy
    - Peer support group
    - Perinatal Mental Health Team
    - Child and Adolescent Mental Health Team (CAMHS)

- Forensic Mental Health Unit
- Other

- **10.2** If you selected ‘other’, could you tell us who you received treatment from?

- **10.3** How satisfied were you with the care and treatment you received?

- **10.4** Please explain the reason for your response above.

- **10.5** Mental health care and treatment often involves links with other health and social care services. These could include housing, social work, social security, addiction services, and lots more.

If you were in contact with other health and social care services as part of your mental health care and treatment, how satisfied were you with the connections between these services?

- **10.6** Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation? For example, positive experiences of close working or areas where joint working could be improved.

11. Equalities

We are aware that existing inequalities in society put some groups of people at a higher risk of poor mental health. We also know that not being able to access mental health support and services can increase that risk.

11.1 The previous questions provided an opportunity to comment on the factors that influence our mental health and wellbeing and our experiences of services. Do you have any further comments on what could be done to address mental health inequalities for a particular group of people? If so, what are they?

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[2], and 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[3]. 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[4], 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. It can be challenging to diagnose an additional mental illness in this group as symptoms may not be typical. To ensure equity of outcome, there is the need for specialist learning disability services, with clinical staff who have expertise in this area. 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[5]. People with learning disability who come into contact with the criminal justice system can face particular challenges. Where people are 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[6], Advanced Statements[7] 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.

12. Funding

[2] Modernising the Mental Health Act – final report from the independent review - GOV.UK (www.gov.uk)
[3] Racial inequality and mental health services in Scotland – new report calls for action | Mental Welfare Commission for Scotland (mwcscot.org.uk)
[4] LGBT inclusive mental health services – good practice guide | Mental Welfare Commission for Scotland (mwcscot.org.uk)
[5] Scotland's Wellbeing: national outcomes for disabled people - gov.scot (www.gov.scot)
[6] https://www.mwcscot.org.uk/sites/default/files/2022-06/CharacteristicsOfCTOs_June2022.pdf
[7] T3-AdvanceStatements_2021.pdf (mwcscot.org.uk)

- **12.1** Do you think funding for mental health and wellbeing supports and services could be better used in your area? **[Y]:**

- **12.2** Please explain the reason for your response above.

There is a fundamental need to acknowledge and address the continued need for increased funding for mental health services in the context of the current unprecedented increase in demand. We believe that funding for mental health services is yet to achieve parity with funding arrangements for services for physical health conditions. In addition, there are challenges in the short-term nature of many funding arrangements which limits service development and planning. 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 and at times the sudden loss of access to necessary services.

Prioritisation of funding is skewed by the need to meet waiting times targets rather than clinical need, often to the detriment of those most in need. This occurs with the targets in CAMHS and psychological therapies, resulting in greater distress and poorer outcomes for individuals and diverting resource from within mental health services. Instead of such narrow targets, we propose that a 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 the correctly skilled workforce.

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** Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation?

A key priority for funding must be to improve the physical health care of people with mental illness and mental health conditions, especially those with severe and longstanding mental illness.

We are concerned that there can be a disconnect between public announcements of funding and expectations of what can be delivered within a set timeframe, without adequate recognition of the challenges in delivering such improvements within already overstretched services. This can mislead public expectations of what they should expect from mental health services.

Furthermore, our members' have highlighted their experience of mental health services being expected to shoulder budget cuts and requests for savings more than physical health counterparts. We would suggest that mental health funds should be ring-fenced to prevent this.

13. Anything Else

- **13.1** Is there anything else you'd like to tell us?

QUESTIONS – PART 4

OUR MENTAL HEALTH AND WELLBEING WORKFORCE

In the past decade, mental health services have changed dramatically, with increases in the breadth of support available in community settings, as well as an increase in the provision of highly specialist services. Our people are our biggest asset and we value the essential contribution that workers make in all settings across the country each and every day.

To deliver our ambitions, it is essential that we understand the shape of the current mental health and wellbeing workforce in Scotland, and what the future needs of the workforce are. We must embed an approach based on fair work principles which supports the wellbeing of workers in all parts of the system.

The mental health and wellbeing workforce is large, diverse, and based in a range of services and locations across Scotland. We want to make sure that we are planning for everyone who is part of this workforce. The breadth of mental health services and settings where services may be located, as well as the range of users accessing them are illustrated below.

In the Strategy, we want to set out our approach to supporting the workforce building upon the principles and actions set out in the recently published National Workforce Strategy for Health and Social Care.

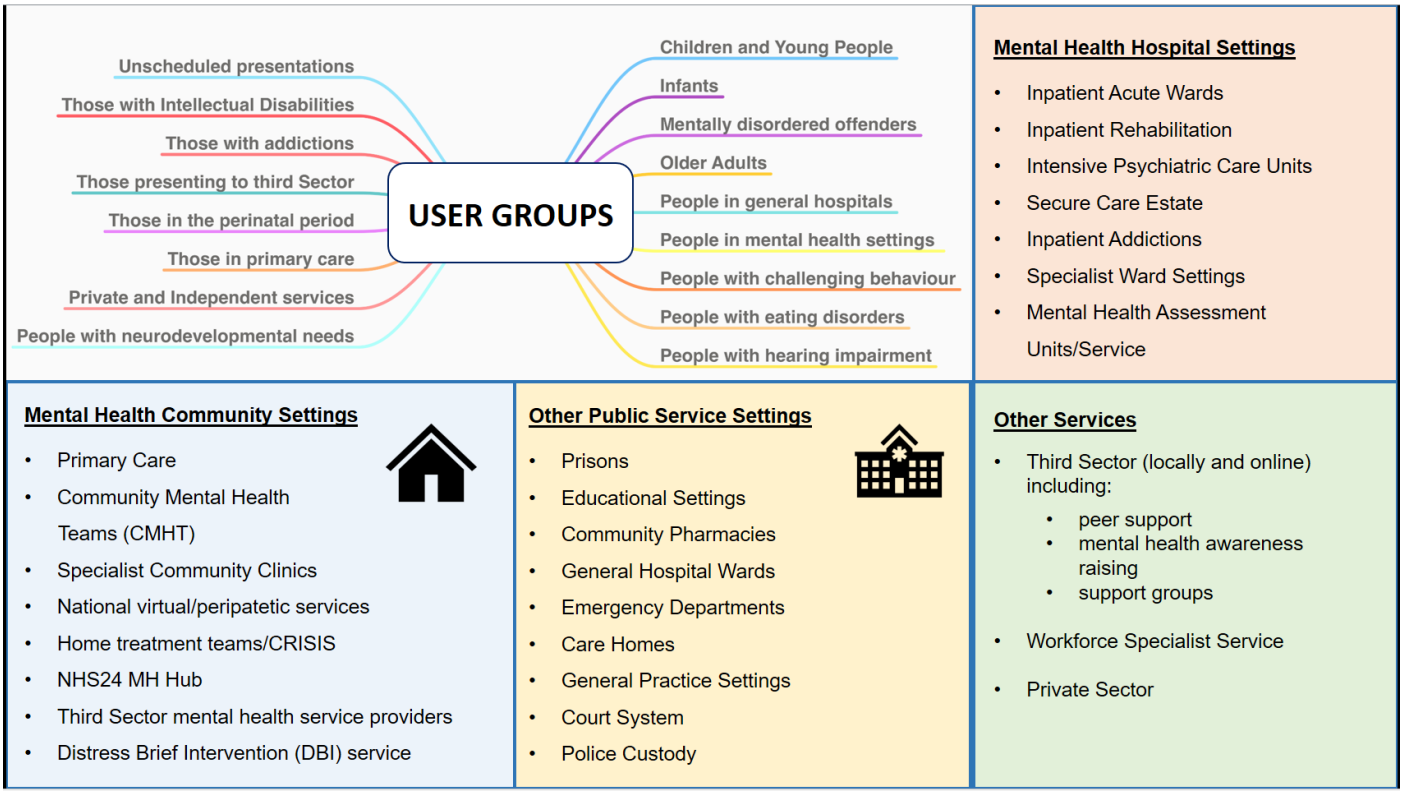
Following on from the publication of the Strategy, we will work with partners, including NHS, local authorities and the third sector, as well as people with lived experience of mental ill health and mental health services, to produce a more detailed Workforce Plan.

14. Our Vision and Outcomes for the Mental Health and Wellbeing Workforce

Our vision is that the current and future workforce are skilled, diverse, valued and supported to provide person-centred, trauma-informed, rights-based, compassionate services that promote better population mental health and wellbeing outcomes.

To achieve this vision for our workforce and work towards longer term population and public health aims we have started to think about the outcomes that we need to achieve in the short and medium term.

We have consulted with partners and identified a series of outcomes for each of the five pillars of workforce planning set out in the National Workforce Strategy for Health and Social Care: Plan, Attract, Train, Employ and Nurture.



- **14.1** Do you agree that these are the right outcomes for our mental health and wellbeing workforce? For each we'd like to know if you think the outcome is:

1. Strongly agree	2. Agree	3. Neutral	4. Disagree	5. Strongly disagree

- This will help us to understand what is most important to people and think about what our priorities should be. **Please indicate your selection with a tick under the corresponding number:**

Short term (1-2 years)		**1**	**2**	**3**	**4**	**5**
Plan	Improved evidence base for workforce planning including population needs assessment for mental health and wellbeing	x				
	Improved workforce data for different mental health staff groups	x				
	Improved local and national workforce planning capacity and capability	x				
	Improved capacity for service improvement and redesign	x				
	User centred and system wide service (re) design	x				
	Peer support and peer worker roles are a mainstream part of mental health services	x				
Attract	Improved national and international recruitment and retention approaches/mechanisms	x				
	Increased fair work practices such as appropriate channels for effective voice, create a more diverse and inclusive workplace	x				
	Increased awareness of careers in mental health					
Train	Long term workforce planning goals are reflected in and supported by training programmes provided by universities, colleges and apprenticeships	x				
	Increased student intake through traditional routes into mental health professions	x				
	Create alternative routes into mental health professions	x				
	Create new mental health roles					
	Improved and consistent training standards across Scotland, including trauma informed practice and cultural competency	x				
	Our workforce feel more knowledgeable about other Services in their local area and how to link others in to them	x				
	Our workforce is informed and confident in supporting self-care and recommending digital mental health resources	x				
	Develop and roll out mental health literacy training for the health and care workforce, to provide more seamless support for physical and mental health	x				
	Improved leadership training	x				
	Improved Continuing Professional Development (CPD) and careers progression pathways	x				
Employ	Consistent employer policies	x				

	Refreshed returners programme	x				
	Improved diversity of the mental health workforce and leadership	x				
Nurture	Co-produced quality standard and safety standards for mental health services	x				
	Safe working appropriate staffing levels and manageable workloads	x				
	Effective partnership working between staff and partner organisations	x				
	Improved understanding of staff engagement, experience and wellbeing	x				
	Improved staff access to wellbeing support	x				
	Improved access to professional supervision	x				

Do you have any comments you would like to add on the above outcomes?

All of the above outcomes are important and it is difficult to prioritise some over others. In regard to the outcome of 'Create new mental health roles', further detail of what roles are being considered would be beneficial, and we would welcome the opportunity to support this work and share examples of good practice taking place across the country and further afield.

Regarding the outcome on improving capacity for service improvement and redesign, it would be beneficial to be explicit on the need for clear parameters and a strong evidence base, underpinned with audit and accountability.

Within the Attract section, we would encourage 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.

Medium term (3-4 years)	**1**	**2**	**3**	**4**	**5**
Comprehensive data and management information on the Mental Health and wellbeing workforce	x				
Effective workforce planning tools	x				
Good understanding of the gaps in workforce capacity and supply	x				
Improved governance and accountability mechanisms around workforce planning	x				
User centred and responsive services geared towards improving population mental health outcomes	x				

Staff feel supported to deliver high quality and compassionate care	x				
Leaders are able to deliver change and support the needs of the workforce	x				
Staff are able to respond well to change	x				

Do you have any comments you would like to add on the above outcomes?

As above, all of these outcomes are important to ensure a sustainable workforce for the present and future. It is difficult to see how some could be measured, and further detail on this would be appreciated.

- **14.2** Are there any other short, medium and longer term outcomes we should be working towards? **Please specify:**

15. The Scope of the Mental Health and Wellbeing Workforce

In order to inform the scope of the workforce we need to achieve our ambitions, it is essential that we build consensus around the definition of who is our mental health and wellbeing workforce. We hope that such a definition can be applied to describe the future workforce.

- **15.1** Please read the following statements and select as many options as you feel are relevant.

a) The mental health and wellbeing workforce includes someone who may be:
   i. Employed
   ii. Voluntary

iii. A highly specialised Mental Health worker, such as a psychiatrist, psychologist, mental health nurse or counsellor
iv. Any health and social care or public sector worker whose role is not primarily related to mental health but contributes to public mental health and wellbeing.
v. A social worker or Mental Health Officer
vi. Someone with experience of using mental health services, acting as a peer support worker.

b) The mental health and wellbeing workforce includes someone who may work / volunteer for:
   i. The NHS
   ii. The social care sector
   iii. The third and charity sectors
   iv. Wider public sector (including the police, criminal justice system, children's services, education)
   v. The private sector
   vi. Other, please specify _____

c) The mental health and wellbeing workforce includes someone who may be found in:
   i. Hospitals
   ii. GP surgeries
   iii. Community settings (such as care homes)
   iv. The digital space
   v. Educational settings (such as schools, colleges or universities)
   vi. Employment settings
   vii. Justice system settings (such as police stations, prisons or courts)
   viii. Other, please specify _____

d) The mental health and wellbeing workforce includes someone who may:
   i. Complete assessments for the presence or absence of mental illness
   ii. Provide treatment and/or management of diagnosed mental illness
   iii. Provide ongoing monitoring of diagnosed mental illness
   iv. Undertake work to prevent the development of mental illness
   v. Undertake work to address factors which may increase the risk of someone developing mental illness
   vi. Provide support to families of those with mental illness
   vii. Provide direct support on issues which affect wellbeing, but might not be directly related to a diagnosed mental illness, such as housing, financial issues, rights
   viii. Other, please specify_____

16. Solutions to Our Current and Future Workforce Challenges

To support our ongoing recovery from Covid and address the current and future challenges for our services and workforce, we would like your views on how we can best respond.

- **16.1** How do we make the best use of qualified specialist professionals to meet the needs of those who need care and treatment?

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 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 conditions and illness. This is an important skill and is of direct benefit to patients and carers, and also supportive to the wider multidisciplinary team[8]. Professionals 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 professional, 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 specialist staff filling in gaps and undertaking time-intensive tasks which take away time that should be spent on delivering clinical care and contributing to other aspects of service improvement and sustainability. Efforts must be made to encourage all members of the multidisciplinary team work to the top of their licenses and ensure any gaps are quickly addressed to prevent barriers to this.

- **16.2** How do we grow the workforce, in particular increasing the capacity for prevention and early intervention, which enables individual needs to be recognised and addressed in a timely, appropriate manner?

As mentioned earlier in this response, it is important to understand and define prevention and early intervention when addressing this question. Early intervention can be and is quite frequently, treatment. Early recognition of mental health conditions and illness and timely access to evidence-based treatments to allow for an early intervention approach requires increased investment in the specialist workforce. Examples include the development of specialist early intervention services for psychosis and infant and perinatal mental health services, which require dedicated investment in the development of a specialist and highlight skilled clinical workforce. 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.

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

- **16.3** How do we protect the capacity for specialised and complex care roles in areas like forensic mental health?

It is important to recognise that 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 and improved access to wider supports that support individuals with less complex needs, are helpful first steps.

- **16.4** How do we widen the workforce to fully integrate the contribution of non-professionals and experts by experience, including peer support workers without sacrificing quality of care?

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. Conversely, 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.

- **16.5** How do we support a more inclusive approach, recognising that many different workers and services provide mental health and wellbeing support?

- **16.6** With increasing demand, how do we prioritise creating capacity for re-designing services to better manage the impacts of Covid and other systemic pressures?

Understanding and addressing staffing challenges is critical, 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 for psychiatrists 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. This issue is widely recognised, the previous Chief Medical Officer has written out to Health Boards to convey the importance of rectifying their adherence to 9:1 job plans, without success. We would recommend effort continue to be made to address this, one option would be to 'kitemark' job descriptions which do offer a better job plan of 7.5:2.5 or 8:2, thereby promoting those roles above Health Boards who continue to adhere to 9:1s. It is also important to recognise that Scotland remains an exception in adhering to this short-sighted approach (English job plans follow 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.

Recently retired senior doctors who may wish to return to the NHS and contribute to service design and other duties also face barriers in relation to revalidation due to current policies around this within many board areas.

- **16.7** How do we better support and protect the wellbeing of those working in all parts of the system?

As outlined in response to the workforce outcomes, it is critical that the workforce is engaged with to allow for a full understanding of the issues affecting their wellbeing. Addressing these should be a priority, and whilst the College very much welcomes the commitment to and investment in approaches such as the practitioner health service and help lines, these should be a necessary last resort, with most issues recognised and addressed before escalation occurs.

It is critical that the increased demand, limited capacity and implications for societal expectations from services are 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 would support this and ensure that the workforce feels supported, especially by politicians and government. This is essential to creating a culture that supports the wellbeing of those who work in all parts of system.

17. Our Immediate actions

- **17.1** In addition to developing our workforce vision and outcomes, we are also seeking views on what our immediate short-term actions should be for the mental health and wellbeing workforce. **Please tick as many options below as you agree with**.

a. Develop targeted national and international recruitment campaigns for the mental health workforce
b. Scope alternative pathways to careers within the workforce, beyond traditional university and college routes, such as apprenticeship pathways into mental health nursing
c. Improve capacity in the mental health services to supervise student placements to support the growth of our workforce
d. Take steps to increase the diversity of the mental health workforce, so it is reflective of the population that it cares for
e. Work with NHS Education Scotland (NES) to improve workforce data, including equalities data, for mental health services in the NHS, by the end of 2023
f. Undertake an evaluation of our Mental Health Strategy 2017 commitment to fund 800 additional mental health workers in key settings, including A&Es, GP practices, police station custody suite and prisons, to ensure that the lessons learnt inform future recruitment.

- **17.2** Do you think there are any other immediate actions we should take to support the workforce? **Please Specify.**

As outlined previously, 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. This would also support an increase in workforce capacity to supervise students and trainees and contribute toward service development, and potentially make Scotland a more attractive employment opportunity.

The last few years and the impact of the pandemic have been an incredibly challenging time for the mental health workforce, and this looks unlikely to change in the near future with the cost of living crisis adding to ever-growing demand for mental health care and treatment. Throughout this difficult time, dedicated staff have continued to do their very best to maintain services, and the continued recognition of this by government is welcomed and essential. The workforce need to feel supported and safe in their working environment, and know that efforts are underway to address the considerable gaps in the workforce in as timely a manner as possible.

Lastly, we would advocate for the implementation of fair working practices, and of Safer Staffing legislation in community services as a priority.

- **17.3** Do you have any further comments or reflections on how to best support the workforce to promote mental health and wellbeing for people in Scotland? **Please Specify.**

- **17.4** Do you have any examples of different ways of working, best practice or case studies that would help support better workforce planning and ensure that we have skilled, diverse, valued and supported workforce that can provide person-centred, compassionate services that promote better population mental health and wellbeing outcomes. For example, increasing the use of advanced practitioners. **Please Specify.**

Part 18 – Final thoughts

18.1. Is there anything else you'd like to tell us?