Scotland's Mental Health Partnership

How we meet the mental health needs of all Scots

Scotland's Mental Health Partnership's Proposal for A New Mental Health and Wellbeing Strategy for Scotland

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Who We Are

Scotland's Mental Health Partnership is made up of seventeen professional bodies and mental health third sector organisations. Our members represent, among others, those with lived experience, providers, clinical professionals, carers, community support networks and the wider third sector. Each organisation contributes its direct experience and unique perspective to create an informed collective voice on mental health.

Overall Summary

This paper has been produced following extensive consultation with our members. It argues that conditions in Scotland have changed profoundly since the publication of the Scottish Government's "Mental Health Strategy 2017 – 2027" and that what is now required is **a new and radically different Mental Health and Wellbeing Strategy for Scotland**.

While the stated intention within the current strategy is for a review and refresh in 2022, we no longer feel that even a radical refresh is adequate or appropriate given the challenges we now face. Following the Covid-19 pandemic, the service and policy landscapes have changed dramatically and further major developments that will affect both mental health services and population mental health and wellbeing needs are on the horizon.

We therefore call for the development of a new long term and forward looking strategy. We believe this should be designed to deliver our vision of "**a Scotland where good mental health and wellbeing can be enjoyed by all**" and be structured using our "**Promote, Prevent, Provide**" approach.

This should encapsulate a new way of thinking, with a whole person approach that considers the strengths and skills of each individual and determines the best support, rather than simply fitting them into diagnostic and care pathways

We have laid out here a potential strategic framework that would facilitate the implementation of a new strategy. This includes a series of enablers to support activity across the three domains, and a set of principles that we believe must underpin all activities and actions taken. We also set out proposals for a governance framework that includes a new and more continuous method of incorporating the views of people with lived experience and their families and carers in a more equal strategic partnership.

Our key priorities for government…

The paper also identifies the main activities and actions that we wish to see included in the new strategy. Among our key recommendations are:

- **A 'mental health in all policies' approach across government and the wider public sector, with specific actions from other directorates to be included in the strategy under the appropriate domain and activity;**

- **A comprehensive Workforce Strategy to ensure that we consider both current workforce shortages in many areas and new demands from future ways of working, and then recruit and train the staff that we are going to require;**

- **Taking a human rights-based approach as a prerequisite to the new Mental Health and Wellbeing Strategy. Individual rights must be protected and embedded into new service approaches and design. Wider economic social and cultural rights (right to adequate standards of living, employment, education, housing, etc.) should also be realised;**

- **A comprehensive Equalities Action Plan for mental health to develop appropriate mental health promotion, prevention and service responses and actions in each priority community and to give appropriate consideration to intersectional needs;**

- **A new consistent self-management approach to maintain recovery and prevent relapse among those with long term conditions;**

- **A national improvement programme to improve the physical health of people with severe mental health conditions to be scoped and commissioned; and**

- **The development of quality standards expanded to cover all parts of the system in a joined up and coherent manner, using the models of involvement and consultation that are currently being utilised.**

The Current Strategy

The Scottish Government's current Mental Health Strategy was adopted in 2017. Its vision, acknowledged as derived from our work, is, "a Scotland where people can get the right help at the right time, expect recovery, and fully enjoy their rights, free from discrimination and stigma."

While we believe the set of forty actions set out in the Mental Health Strategy to be limited and unlikely to achieve the document's vision, we do recognise that important achievements have been realised, such as:

- the development and successful operation of the Distress Brief Intervention;
- the introduction of the Link Workers programme;
- progress made by See Me and others to challenge mental health stigma;
- the development of the perinatal Managed Care Network; and
- the activities of the National Rural Mental Health Forum to raise awareness and take actions to reduce the inequalities facing our rural communities.

The New Context

In 2022 we now believe that the context is very different.

The pandemic's impact

The Covid-19 pandemic, and the responses and restrictions put into place by UK and Scottish Governments to manage it, have both had substantial impacts on wellbeing and mental health. There is considerable research evidence, including the Scottish Government's own Scottish Covid-19 Mental Health Tracker study reports, to demonstrate the impact on the population as a whole and the even greater impact on groups who were disadvantaged in a wide variety of ways prior to the pandemic. This includes people with existing mental health conditions, as well as many groups known to be at high risk of mental ill health, such as all groups with protected characteristics as defined by equalities legislation. The negative impacts on carers have also been demonstrated in research.

Delivery of care

There have also been significant changes to the delivery of services that assist, support and treat people with lived experience of mental ill health. Face to face therapy and support groups and most social activities ceased to operate because of the pandemic restrictions and few have as yet restarted. Community mental health support has been largely delivered primarily as a telephone or online service, with face to face appointments rarely made available. GP practices provide the majority of clinical mental health care in the community, and continue to report severe workload pressures, mounting demand for mental health care and also face a significant workforce shortage.

Community supports

We also saw a massive effort from grass roots based community organisations and the third sector to provide practical and localised support services, supplying many people with essential support and community connections that they would otherwise have been denied. This was developed from scratch in very short timescales, with new models of delivery and engagement developed in flexible and responsive ways. There is a great deal of learning here that could influence the future delivery of community based support services.

Mental health services

Our mental health services have seen large increases in levels of demand and of acuity, which comes on top of the unmet need that we know was in the system prior to the pandemic. Some of this is "new" demand, while the impacts on those with existing conditions from reduced support and as a result of fear of engaging with health services during the pandemic are also evident.

More to come…

It is also likely that there are further impacts that have still to be realised, such as the effects on individuals as they move towards participating in a more open society once more, the longer lasting impacts of the grief and trauma that so many have suffered and the results of economic consequences that are likely to be seen in the immediate future.

Systemic change

Two major system changes planned for implementation over the next few years will inevitably have major impacts. Firstly, the Scott Review has recently produced a lengthy consultation paper, and will be issuing its final report in September 2022. This is expected to outline proposals for significant changes to mental health legislation. Secondly, work to develop a National Care Service continues and a bill is expected to be presented to parliament in 2022.

Societal change

In addition, there are many societal changes that have resulted from the pandemic restrictions, such as the growth in home and hybrid working in many sectors, wider economic changes and reductions in commuting and travel, that are all likely to continue, at least to some extent.

A new agenda for mental health and wellbeing?

But we also believe that we are in a time when fundamental transformation of our metal health systems, and indeed of our thinking about mental health and wellbeing, is possible.

Mental health and wellbeing has undoubtedly moved higher up the agenda in public consciousness during the pandemic, and we should act to capitalise on this interest. In addition, the experience of rapid system changes implemented during Covid and the vast increase in joint and inter-agency working that resulted has demonstrated that the conditions exist now for a new approach to be created.

Scotland is a very different place in 2022. We believe a new approach is now required to improve the mental health and wellbeing of its population.

We therefore call for a Mental Health & Wellbeing Strategy that will set out a long-term vision and a framework for action to realise this.

Our Vision

Often when we talk about mental health, the conversation immediately concentrates on mental ill health and specialist mental health services. Supporting those in greatest need will, of course, remain vitally important. But this is only one part of the overall picture.

We have an ambitious vision for our citizens –

"a Scotland where good mental health and wellbeing can be enjoyed by all."

This will not, indeed cannot, be achieved by actions within the mental health sector alone. We know that our mental health and wellbeing is affected by a wide range of social, economic, environmental, physical, cultural and individual factors, in different ways at different stages of our lives.

And we know that there are many inequalities in our society that must be tackled as part of a drive to improve population mental health and wellbeing. Taking action to tackle the inequalities that affect so many of our communities and working to create a more equal society sits at the heart of our vision.

A new way of thinking…

Our vision also requires a new way of thinking.

Rather than simply seeking to reduce mental ill health, it demands a commitment to a whole person approach in mental health and wellbeing. By recognising the social, economic and other determinants of poor mental health and wellbeing, we recognise that our supports and services cannot be based on diagnoses and care pathways alone. A whole person approach must be taken, with due account of the individual impact of social determinants but also recognising the strengths and skills that each person possesses. Our focus must shift to determining what will best support each individual to recover rather than on which service or care pathway they could fit into.

What needs to be done?

We believe our vision therefore demands a new cross government approach that promotes better wellbeing for everyone, while also seeking to tackle the structural inequalities that contribute to poor mental health. This approach should be based on a wide partnership that also includes local authorities and other public services, the third sector, employers and the people of Scotland.

We therefore call for a new collaborative approach to be developed at national level in order to deliver on our vision across all areas of life, working nationally, locally and in communities. We know that precise needs and solutions will vary at different stages of life, in different population groups and across our diverse geography of urban, rural and island communities.

Across government

A 'mental health in all policies' approach should be taken across government and the wider public sector, so that initiatives in all directorates and agencies are assessed for their potential impact on mental health and aligned with improving mental health and wellbeing for all.

We would also call for specific actions from other directorates to be included in the strategy, so that the impact of developments in policy areas such as housing, social security, communities, environment, justice, education, etc., is integrated into the strategic approach.

Good mental health and wellbeing for all is a challenging vision. To achieve it we will require all parts of society to play their part, working together to an agreed strategy.

A New Strategic Framework

We have previously set out our 'Promote, Prevent, Provide' framework and continue to believe that it best describes the three key domains where actions are required to achieve our vision.

In summary:

Promote - Deliver an ambitious public health programme to promote good mental health and wellbeing for the whole population.

Prevent - Identify and target specific actions to tackle key risk factors across all policy areas for communities and populations at higher risk of mental ill health and distress, such as protected characteristic groups.

Provide - Make a full range of flexible, recovery focused support and treatment options available to meet the individual needs of those who experience mental ill health and distress.

There are two other components that we feel are required to complete the strategic framework that will best deliver on our vision:

Enablers

We believe that there are a number of areas where activity will be required to create the conditions that will allow us to deliver the actions we will require across the Promote, Prevent and Provide domains. These enablers are not ends in themselves, but rather prerequisites to success across all three domains and ultimately in working towards our vision.

Workforce planning and development – We know that low morale and burnout are common within our workforce following the unprecedented pandemic response period. Considerable thought needs to be given to how we continue to support and sustain our staff and ultimately retain the high quality workforce we need now.

But we must also plan ahead. A comprehensive Workforce Strategy is required to ensure that we consider both current workforce shortages in many generalist and specialist areas and new demands from future ways of working, and then recruit and train the staff that we are going to require. We must also provide the career development opportunities that will allow our staff to expand their skills and to grow. This must encompass not only directly employed health and social care staff but also those in the third sector and in our growing peer workforce.

To inform and ensure this Strategy can establish the workforce we need now and in future we would urge the Scottish Government to consider commissioning a detailed assessment of the workforce implications of its new strategy, its quality standards for services and the Scott Review. In doing so, its Workforce Strategy can be fully cognisant of the additional demands these key pieces of workplace on the system right now.

A strong and sustainable third sector – Many supports and services within mental health, and in areas associated with tackling social determinants and promoting an equal society, are, or will be, delivered by third sector organisations. Partnership working is becoming the default mode of working and ultimately good mental health and wellbeing will require statutory and voluntary organisations to co-ordinate their efforts. But this is not currently an equal relationship.

Many voluntary organisations suffer from short term funding regimes that lead to staffing issues and an inability to plan on a long-term strategic basis.

We would argue that moving to multiyear core funding settlements based on co-operative rather than competitive commissioning approaches offers the best long term solution. There is a growing evidence base to support the benefits of continuity of relationships in terms of outcomes, and this can be lost with continual service change.

Outcomes, evidence and evaluation – Moving to an outcome focused approach will enhance the rights of individuals, with their will and preference at the heart of planning and decision making. But we must build a strategy for evidence and evaluation alongside our new strategic approach. We must be able to gather evidence and data to know whether new approaches are successful or not. We must move from counting levels of activity and measuring what is easiest to measure to an approach that evaluates impacts for people, based on the outcomes that are most important to them.

Technology and innovation – The pace of change in digital delivery has been incredible during the pandemic. A host of new initiatives has been introduced at scale, to the benefit of many, but not necessarily of all. Indeed some health inequalities have widened because of digital poverty and poor health literacy. There is a need now to evaluate the role that digital should play moving forward and to embed individual choice as standard as part of a human rights-based approach. There are many areas where new technologies offer the potential for benefit: we know of Near Me and digital consultations but there are also app based solutions in many areas, new technology enabled care approaches and online data access possibilities that merit investigation.

Peer support – Peer support approaches are always highly valued by those with lived experience and there is a strong and growing evidence base for their effectiveness. As we move towards greater prevention and early intervention activity, the role and importance of peer support will grow further. We therefore believe that a national strategic approach is required to develop and support peer support as a discipline, and to ensure consistent, high quality peer support can become a core part of our activities in every part of Scotland.

Facilities and estates – Moves to increase prevention and early intervention approaches will necessitate the introduction of more community based initiatives and the development of new and enhanced services and supports closer to people. This will require a strategy for facilities to ensure that appropriate and high quality premises are always available to deliver these services. This should include increasing the use of existing facilities through integration and co-location as well as considering new buildings and encompassing the provision of community centres and hubs.

Principles

We strongly believe that a set of fundamental principles should underpin and guide our activities and actions under the new strategy, operating across all three domains. These values describe ways of working that should drive the individual actions, leading towards our vision.

A human rights-based approach – As Scotland moves to introduce a new Human Rights Bill, and to develop new mental health legislation using a human rights-based approach, we feel that promoting human rights must be a prerequisite for the new strategy. Individual rights must be protected and embedded into new service approaches and design. We would support the Scott Review's recommendation that the strategy should "*set out a clear framework for the progressive realisation of economic, social and cultural rights for people with mental disorder*". Information on rights must be made available to all as a matter of routine. Support for individuals to claim their rights and to hold rights holders accountable must be provided through expanded individual and collective advocacy provision.

Lived experience led – We again call for a clear leadership role for those with lived experience and their families/ carers in the design, delivery and review of all policies and services. This should apply at both national and local levels. We would also ask that cognisance is taken of the developing debate around payment for lived experience contributions. This will both increase the perceived value of inputs and maximise participation.

No wrong door approach – We wish to see a joined up system with access to the health promotion, information, support and/ or care that meets individual needs and wishes regardless of who they may approach first. Access to early support should be simplified, as it can often prove difficult for many people to identify routes into the system.

Recovery focused – Policy and practice urgently needs to develop from a purely medical model to one which is trauma informed, strengths based and recognises the social, economic and other determinants of distress and poor mental health. Practice should follow a recovery focussed approach, empowering each person to regain control and providing them with the tools to manage their mental health challenges in healthy ways.

Tackling stigma – Campaigns and activities to challenge stigma and discrimination at all levels should be continued. Stigma is often intersectional, and is experienced differently in different communities, requiring a sophisticated approach to ensure that stigma is reduced for all. Particular targeted activities and programmes are required to challenge and remove stigma within the health and social care system. Tackling stigma and discrimination and addressing the barriers and issues they create must be seen as an essential component of all action to improve mental health and to enable people who experience mental ill health to live full lives.

Delivery Infrastructure

The final Strategy will set out the long term thinking and describe the high level activities that are ultimately required to deliver its vision. A large number of actions will be required under each domain in order to deliver progress towards that vision. This cannot become another good strategy that fails because of an implementation gap, with no real discernible change resulting from it.

Implementation plans

We would therefore suggest that annual implementation plans are produced over the lifetime of the strategy. Thought should be given to moving towards co-produced approaches, with clearly resourced and supported roles for those with lived experience being essential to the process. These plans should set out in detail the key targets and actions to be achieved in that year (in SMART format) for each of the three domains. Using an outcome based approach, appropriate data can then be collected to monitor progress and any additional or corrective actions can be identified and implemented.

Considerable research and scoping work will be required to produce these detailed implementation plans. We know there are many good pilots and local initiatives in different parts of Scotland, yet we don't often achieve a scaling up of these across the country.

Learning from elsewhere

We should also look across the UK and internationally for approaches and models that have been shown to have positive benefits. An imaginative and outward looking attitude is required in order to translate high level descriptions of activity into specific targets and actions that are outcome focused.

Strategic focus and links to other work

Thought also needs to be given to assigning an appropriate body high level body that will have overall strategic responsibility for the new Strategy. This body should agree the annual implementation plans, monitor and oversee progress and suggest any additional actions required. Perhaps the Mental Health Strategic Delivery Board, as currently constituted or in an enhanced format with much greater lived experience representation, would be the appropriate mechanism.

There will be a need for this body to consider the linkage between the Mental Health Strategy and the many other strategic documents that exist, or are under development, across government and the wider public sector. The avoidance of duplication and the simplification of a sometimes overly complex policy landscape should be the key objectives here, alongside the maintenance of clear lines of responsibility for actions.

It may be that annual reporting is most appropriate and the reintroduction of the yearly Strategy Forum could prove a useful vehicle for this. A wide and diverse group of

people and organisations could consider annual reports on implementation and discuss both progress made in the past year and the setting of key activities and targets for the next.

Targeted work

There will also be the need to consider when actions are best taken or directed at national level and where regional, local or community based activity is best suited. Co-ordination of activity across all of Scotland's diverse geography and communities will be key to the success of the strategy.

Lived experience engagement

A new and continuous mechanism for incorporating the views of people with lived experience and their families and carers should also be developed. We must move from occasional consultations and often tokenistic engagement efforts towards a more equal strategic partnership. We are happy to discuss this in more depth and to work together to establish an approach that is genuinely different and brings lived experience to the heart of the new strategy.

The soon to be established Diverse Experiences Advisory Panel for mental health and wellbeing could be one part of the solution. Its role is to inform and advise Scottish Government on the views of a wide range of communities. The Panel could also provide some detailed input into the annual implementation plans and to the scrutiny process as implementation progresses.

The Three Domains: Promote, Prevent, Provide

Below we describe the overall aims for the activity that we feel will be required under each of our three identified domains, along with some suggested action areas for consideration. We do not intend these lists to be exhaustive. They are merely starting points and represents the key issues that our member organisations have identified for immediate consideration.

We know that other action areas will be added during the strategy development and consultation processes to reflect the needs, desires and priorities of other groups, organisations and communities.

We also know that implementation of all actions will require consideration of differing requirements, approaches and delivery mechanisms at the various stages of life course and to meet the specific needs of particular geographies and priority groups.

Domain 1 – Promote

> *Deliver an ambitious public health programme to promote good mental health and wellbeing for the whole population.*
>
> *This should include developing community supports, using asset based approaches to adopt and maintain healthy lifestyles, raising health literacy and creating the environmental and social conditions that will allow wellbeing to thrive.*

Just as health is not merely the absence of illness, mental health is not simply the absence of mental illness…

Good mental health and wellbeing is fundamental to us all as we seek to live healthy and productive lives. There is much we can do to foster the conditions for improved wellbeing and to encourage the attitudes and behaviours that protect against poor mental health. Building both health literacy and resilience at individual and community levels is fundamental to this approach.

Many of the activities described below fall outside the remit of mental health services. We know that multiple diverse factors influence mental health and wellbeing, both positively and negatively. But if we are to tackle the social determinants of poor mental health and work towards a more equal society we must have this wide spectrum of activity.

We believe that a Mental Health Impact Assessment process should be introduced across the public sector, with a duty placed on all organisations to assess the potential impact of all new policies and developments on population mental health and wellbeing. This will assist in enabling the broad spectrum of activities required under this domain to be implemented.

Suggested action areas:

An equalities approach – The concentration of need and differing community, cultural and social responses required are evident in many of our priority communities. A comprehensive Equalities Action Plan for mental health is therefore required to develop appropriate mental health promotion responses and actions in each community and to give appropriate consideration to intersectional needs. It is vital that services are radically transformed to provide support that is fully respectful of diverse cultures and experiences of racism for Black people and People of Colour, sexual orientations and gender identities, fully accessible and gender sensitive. The strategy should commit to substantial programmes on women's mental health, the mental health of Black people and People of Colour, LGBT+ people, and people with disabilities.

Increasing mental health and wellbeing knowledge and literacy – Public discussion of mental health has increased markedly during the Covid period. The successful Clear Your Head campaign provides a useful template for public messaging required to increase knowledge and to tackle stigma and discrimination. Further public information campaigns will be important in fostering better understanding of mental health and wellbeing and assisting to promote the actions that we can all take to enhance and support our wellbeing.

Early years and children – A vast amount of very good work is currently being delivered aimed at giving our children and young people the best start in life. Activities from perinatal mental health through infant and preschool support should continue, with appropriate evaluation. All new parents should be visited by a health professional who can identify early indicators of mental distress and refer to appropriate supports. Schools based work and education programmes that develop mental health awareness in the core curriculum as part of 'whole school approaches' should be expanded, with priority given to schools in the most deprived areas of Scotland.

Parenting support - There is strong evidence that good parenting can help to promote positive mental health and reduce the risk of poor emotional development. Universal programmes, as well as targeted programmes for parents and their children most at risk of mental ill health, have been shown to be effective and further consideration of appropriate actions in this area is required, ensuring whole population coverage with priority to be given to families experiencing deprivation. Health visitors provide an invaluable public health role, but do not currently receive formal mental health training, though that is a large part of their work.

Community connections and tackling loneliness & isolation – Many people live alone or lack sufficient community connections, and evidence shows that this has been exacerbated considerably during the pandemic period, particularly among younger people. Links to work under the strategy for tackling loneliness and isolation should be prioritised and actions developed with a particular focus on promoting good mental health and wellbeing.

Fair work – The promotion of fair work can support the promotion of good mental health and wellbeing. Expanding workplace mental health initiatives would also be a positive development, enabling employers to better support the mental health and wellbeing of their workforce through preventative approaches. The expansion of this work should be prioritised, with particular thought given to meeting the needs of the small business sector, where specialist HR support is not always available to employers and managers.

Environment – We know that the quality of the environment around us has a major effect on our mental health and wellbeing. Thought should be given to the mental health impacts of planning and development policies and regulations and how these could better promote wellbeing. This should include measures to develop increased access to nature and to safe leisure environments, particularly in Scotland's most deprived communities.

Role of community mental health teams – As part of a more preventative approach, the role of health staff working in community settings (in the widest sense, i.e. not just CMHTs) should be reconsidered. Their role should focus more on promoting good mental health, taking approaches based on community development techniques. The role of third sector organisations and peer support workers must be integral to a co-ordinated approach taken by community-based mental health staff.

Domain 2 – Prevent

Identify and target specific actions to tackle key risk factors across all policy areas for communities and populations at higher risk of mental ill health and distress, such as protected characteristic groups.

This includes reducing economic insecurity, educational disadvantage and unequal access to the natural environment. Prevention must also include sustaining and expanding self- management and peer support initiatives. This will enable those with lived experience of mental ill health and distress to maintain their recoveries and reduce risk of relapse.

We know that the risk factors for mental ill health are not evenly spread throughout society…

Inequalities mean that some groups and populations are at a much higher level of risk and we therefore need to adopt an approach that puts specific targeted actions into place to mitigate against this.

We also know that many people living with long term mental illness can often achieve lengthy periods of recovery and stability through combinations of self-management techniques and supports that prevent them from becoming acutely distressed and unwell.

But people with lived experience tell us they can often find themselves in a cycle of being supported into recovery and then declared well, with all support then removed. This can, for many people, lead to relapse. In order to break this pattern, support is required to remain well, to develop new behaviours and habits that will sustain recovery and to maintain good mental health. This is particularly true of those with fluctuating or cyclical conditions where the key objective of the prevention approach is to maintain stability and avoid relapse.

Suggested action areas:

Equalities – Tailored mental health prevention responses and actions should be identified and designed, working with every targeted priority community.
Specifically, the strategy should commit to empower people experiencing inequity, build community-level resilience in disadvantaged communities and provide better access to early intervention, building on developmental work from the COVID Response Plan. There is also potential widescale benefit in building the capacity of community organisations for disadvantaged groups to provide mental health awareness, literacy training and low-level support. In developing these actions appropriate consideration should be given to meeting intersectional needs.

Self-management – A new consistent approach to maintaining recovery and preventing relapse among those with long term conditions is required.
Although some good initiatives do exist, these are not always consistently available. Many voluntary organisations have particular expertise, often delivering through peer support models and initiatives, and joint working here could lead to a much more effective and collaborative strategic approach.

Better integration – Many different services exist in communities and they are not always well co-ordinated. Greater co-location of services, better joint working between organisations and services and efforts to ensure that the "no wrong door" approach is made to work in every community should be considered in each locality.

Primary care – The development of general practice services into multi-disciplinary teams is very much welcomed, and indeed could be expanded further. It is noted, however, that there has been a shortfall in mental health clinicians in general practice, and that further expansion is not possible for many practices due to premises limitations. The role of Community Link Workers is seen as particularly successful and should be extended to all practices. Non-medical models of signposting and social prescribing are also key, and more research into the effectiveness of different models could lead to expansion of provision. The role and contribution of third sector organisations will be important in this. Further review of the overall scope of mental health provision in primary care is required, including whether services such as psychological therapies and occupational therapist support could be added.

Early intervention – For many people, early intervention and community based support could prevent levels of distress developing into severe or long lasting issues. Anxiety and distress has worsened during the pandemic and many would benefit from easier access to early intervention approaches. This can be achieved through increasing and simplifying access to services through primary care or other community-based services, as well as ensuring that early intervention supports such as psychological therapies are delivered with cultural sensitivity, and are fully accessible to people with disabilities.

Assessment centres – While the approach of community based centres is broadly welcomed, we feel that evaluation of their effectiveness is required, particularly in relation to outreach activity and their ability to reach those with mental ill health successfully. Some of the new mental health and primary care resources have been put into hubs, others into more traditional settings such as GP practices: we do not know which model works best, particularly for those facing more severe mental illness, or socioeconomic deprivation, whether they each suit a different population, and what the ideal mix might be. Future development can be designed after a full evaluation and could see centres becoming key focal points within communities for a much wider range of mental health information, support and services.

Tackling poverty and socio-economic inequality – We know that there are clear and direct links between poverty and poor mental health and wellbeing. A wide range of data are available to demonstrate the greater concentration of mental health issues in lower income communities, whether these are areas of multiple deprivation or communities of interest such as protected characteristic groups. Actions to tackle poverty, maximise income and reduce inequality are therefore fundamental to the promotion of good mental health and wellbeing.

Social security – Many people rely on welfare benefits, and the process of applying for and continuing to receive adequate income is often cited as the biggest single stress factor for people with lived experience of mental ill health. The creation and future development of Social Security Scotland is an opportunity to take a different approach and to consider how the benefits system can be used to promote good mental health and wellbeing. In addition, expansion of money advice and support on debt would be beneficial for many people, such as through the Welfare Advice and Health Partnerships programme, to be embedded in GP practices.

Physical health – The physical health condition of people with the most severe mental health conditions is often overlooked. The current mortality gap is over twenty years, mainly due to physical health conditions. A national improvement programme should be scoped and commissioned with appropriate delivery and resourcing arrangements. This programme should include better access to screening for physical illnesses with person-centred interventions to follow, greater consideration of the harmful side effects of many psychiatric medications, regular physical health checks as standard in accordance with an evidence based approach, and prioritising lifestyle interventions and access to physical wellbeing information and support.

Community Mental Health and Wellbeing Fund – We support the provision of new national funding for local community based activities taking a preventative approach, delivered locally through the Third Sector Interface network. We would call for the Fund to be made permanent, distributed on an annual basis.

Distress Brief Intervention - The DBI model is a gold standard in developing innovative responses to mental health needs, and in how support can be linked more widely to economic and social supports. The roll out of DBI as a face to face service should continue, with appropriate evaluation built in to learn lessons that may prove to be of wider benefit to the health and social care system. We note that current strategy contains an action for a full evaluation of DBI and would be keen to see this completed and published.

Suicide prevention – We support the ongoing work of the National Suicide Prevention Leadership Group and wish to see momentum maintained with further investment through the forthcoming Suicide Prevention Strategy. We particularly commend the model of lived experience involvement that is such as successful part of the current suicide prevention work. United to Prevent Suicide should continue as an important component, providing a public campaign that raises awareness and challenges stigma around suicide.

Self-harm – Self harm is often underestimated, hidden and poorly understood. We would see building on the Hidden Too Long report to develop a strategy for self-harm as an essential component of the new strategy.

Domain 3 – Provide

Make a full range of flexible, recovery focused support and treatment options available to meet the individual needs of those who experience mental ill health and distress.

This should include innovative specialist crisis services, national distress services, access to sufficient, adequately resourced and locally based inpatient services, and also home and community based alternatives within both statutory and third sector delivery. Early intervention, person centred care planning and peer support must be key, every time for every person.

Ultimately actions across the Promote and Prevent domains should reduce the demand for mental health services. But severe mental ill health, and therefore the need for mental health service provision, will always exist…

We cannot wait for upstream actions to have effects that we know are long term in nature, often measured in generations.

Evidence shows that there was unmet demand for support and lengthy waiting times in many services before Covid-19, and that the situation has been exacerbated by the pandemic. There is considerable evidence available to show long waiting times and capacity issues in many separate components of our mental health system today.

There are also unfilled posts and staff shortage in many specialist services and in general practice. We therefore require to expand the scope and choice of services that we provide and to invest considerably more in our clinical services.

Suggested action areas:

Investment – We welcome the government's commitment to invest more in mental health provision. However, we believe that the strain of the pandemic and its aftermath on the mental health system, with many more severe presentations now being seen, necessitates a re-evaluation of the models of care and support we offer. We feel that the introduction of a new strategy is the correct time for a more fundamental reassessment of our approach to providing mental health care and support, and to ensuring its sustainability in the medium to long term.

Quality standards – We support work currently taking place to develop quality standards for particular parts of the mental health system, e.g. adult secondary services and psychological therapies. This work, crucially with the voices of lived experience at its centre, promotes consistency across the country and should be expanded to cover the full system in a joined up and coherent manner, using the models of involvement and consultation that are currently being utilised.

Person-centred care – While the principle of person-centred care is well established as an objective, we find that the complexity of the system often sees individuals fitted into services or pathways, rather than having supports designed to meet individual needs. The therapeutic approach adopted should take fluctuating conditions into account, recognising that people's needs will change over time and so flexible levels of support will often be required.

Addictions services - Efforts to address the mental health of those with harmful drug or alcohol usage are often disconnected. The necessity for a trauma- informed approach that engages with the whole person when they present with dual diagnosis should be recognised. While some good work to provide a more joined up approach exists, this is not the experience across the whole of the country. We therefore call for the integration of these supports in a person- centred fashion throughout Scotland alongside efforts to tackle the stigma faced by those using services.

Forensic review and justice system – Work to implement the recommendations of the Independent Review into the Delivery of Forensic Mental Health Services (the Barron Review) is underway. We support the direction of travel and look forward to further discussions and implementation of agreed recommendations. We also believe that better support for those with mental ill health within the criminal justice system is required.

Psychological services – Long waiting times continue to be an issue in many areas. We believe that further expansion of the workforce is required to respond to this unmet demand. This could also ensure that psychological therapies can be extended into community settings as responses to lower levels of psychological distress, and are not seen as reserved exclusively for those with severe and enduring mental health conditions.

Conclusion

This paper sets out our thinking for a future strategic direction and outlines many of the key issues we know will have to be considered. But we recognise that wide consultation and further discussions will take place over the coming months where additional issues and factors will also be identified. We pledge to work with other partner organisations, political parties and with Scottish Government to grasp the opportunities a new strategy will offer.

We believe the post pandemic period both radically changes the circumstances that existed when the current strategy was developed and provides the conditions for fundamental changes in our thinking about mental health and wellbeing.

We therefore reiterate our call for a new strategy with an ambitious vision of "a Scotland where good mental health and wellbeing can be enjoyed by all", to be delivered in accordance with the strategic model set out in this paper.

In our collective view, this offers the best approach for the future. Actions across our three domains of Promote, Prevent and Provide will establish a new approach that can ultimately lead to better mental health and wellbeing for the people of Scotland.