

Response ID ANON-A5H7-3W77-D

Submitted to A new Mental Health and Wellbeing Strategy - consultation
Submitted on 2022-09-09 16:54:48

How you can help us / next steps

Part 1 - Definitions

1.1 Do you agree with this description of "mental health"?

No

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

This definition is too complex. It should be shorter and more precise. There should be a strong reference to the fact that our mental health can, and will, fluctuate. We can only begin to break the stigma around poor mental health when we recognise that everyone can experience poor mental health at multiple times in our lives. Below is a suggested new definition:

"Everyone has mental health. It is our state of mind and emotional wellbeing. It affects how we think, feel and act. As with physical health, our mental health can improve or worsen. Everyone will experience changes in their mental health."

1.3 Do you agree with this description of "mental wellbeing"?

Yes

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

1.5 Do you agree with this description of "mental health conditions" and "mental illness"?

No

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

Mental health conditions can be diagnosed or undiagnosed. Paragraph one says that a diagnosis has to be given.

The condition exists, and symptoms have impact, whether or not a formal diagnosis has been made. This is then acknowledged in the third paragraph, which contradicts what was previously said.

Part 2 - Our overall vision

2.1 In the 'Draft Outcomes' section 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?

No

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

The Scottish Mental Health Partnership proposed vision is "a Scotland where good mental health and wellbeing can be enjoyed by all." We believe this is a clearer and more specific vision.

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

Please add your response in the text box:

A good outcome would be fewer people needing to access treatment and support. The demands on services and waiting times for treatment are currently unsustainable. The result is that people who urgently need support are not receiving it in a timely manner and their mental health deteriorates. This then affects other areas of their lives such as relationships, parenting and employment leading to the need for support or even intervention by public services leaving the individual in crisis and services stretched further.

Preventing people from reaching the point of needing support will ease pressures. Of course, some people will always need to access support. So we must ensure services are well funded and resourced to help them.

But an effective strategy must deliver on prevention.

Part 3 - Our key areas of focus

3.1 In the 'Draft Outcomes' section, we have identified four key areas that we think we need to focus on. Do you agree with these four areas?

No

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

There must be a focus on prevention. Mental health issues are often reactions to external pressures and consequently must be viewed in its holistic nature. Therefore the focus can not only be on the individual if we want to improve Scotland's mental health situation. Prevention in this context includes reducing economic insecurity, improved housing provision, addressing educational disadvantage and the attainment gap, tackling loneliness and unequal access to the natural environment. Prevention must also include sustaining and expanding self-management and peer support initiatives.

Part 4.1 - Outcomes: addressing the underlying social factors

4.1 Do you agree that the Mental Health and Wellbeing Strategy should aim to achieve the following outcome to address underlying social factors?

social factors - likert - 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:

Strongly agree

Part 4.2 - Outcomes: individuals

4.2 Do you agree that the Mental Health and Wellbeing Strategy should aim to achieve the following outcomes for people?

individuals-likert - People have a shared language and understanding of mental health and wellbeing and mental health conditions:

Strongly agree

individuals-likert - People understand the things that can affect their own and other's mental health and wellbeing, including the importance of tolerance and compassion:

Strongly agree

individuals-likert - People recognise that it is natural for everyday setbacks and challenging life events to affect how they feel:

Strongly agree

individuals-likert - 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:

Strongly agree

individuals-likert - People have the material, social and emotional resources to enable them to cope during times of stress, or challenging life circumstances:

Strongly agree

individuals-likert - People feel safe, secure, settled and supported:

Strongly agree

individuals-likert - People feel a sense of hope, purpose and meaning:

Strongly agree

individuals-likert - People feel valued, respected, included and accepted:

Strongly agree

individuals-likert - People feel a sense of belonging and connectedness with their communities and recognise them as a source of support:

Strongly agree

individuals-likert - People know that it is okay to ask for help and that they have someone to talk to and listen to them:

Strongly agree

individuals-likert - People have the foundations that enable them to develop and maintain healthy, nurturing, supportive relationships throughout their lives:

Strongly agree

individuals-likert - People are supported and feel able to engage with and participate in their communities:

Strongly agree

individuals-likert - People with mental health conditions are supported and able to achieve what they want to achieve in their daily lives:

Strongly agree

individuals-likert - 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:

Strongly agree

individuals-likert - People living with physical health conditions have as good mental health and wellbeing as possible:

Strongly agree

individuals-likert - 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:

Strongly agree

individuals-likert - 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:

Strongly agree

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

Please add your response to the text box:

There is considerable overlap in these outcomes. We suggest condensing the list to have fewer but more focused outcomes.

Part 4.3 - Outcomes: communities

4.3 Do you agree that the Mental Health and Wellbeing Strategy should aim to achieve the following outcomes for communities?

communities-likert - Communities are engaged with, involved in, and able to influence decisions that affect their lives and support mental wellbeing:

Strongly agree

communities-likert - Communities value and respect diversity, so that people, including people with mental health conditions, are able to live free from stigma and discrimination:

Strongly agree

communities-likert - Communities are a source of support that help people cope with challenging life events and everyday knocks to wellbeing:

Strongly agree

communities-likert - Communities have equitable access to a range of activities and opportunities for enjoyment, learning, participating and connecting with others.:

Strongly agree

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

Please add your response to the text box:

Part 4.4 - Outcomes: population

4.4 Do you agree that the Mental Health and Wellbeing Strategy should aim to achieve the following outcomes for populations?

Population - likert - We live in a fair and compassionate society that is free from discrimination and stigma:

Strongly agree

Population - likert - We have reduced inequalities in mental health and wellbeing and mental health conditions:

Strongly agree

Population - likert - 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:

Strongly agree

Population - likert - People living with mental health conditions experience improved quality and length of life:

Strongly agree

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

Please add your response to the text box:

Part 4.5 - Outcomes: services and support

4.5 Do you agree that the Mental Health and Wellbeing Strategy should aim to achieve the following outcomes for services and support?

Services&Support likert - 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:

Strongly agree

Services&Support likert - 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:

Strongly agree

Services&Support likert - 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:
Strongly agree

Services&Support likert - 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:
Strongly agree

Services&Support likert - 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:
Strongly agree

Services&Support likert - People are able to easily access and move between appropriate, effective, compassionate, high quality services and support (clinical and non-clinical):
Strongly agree

Services&Support likert - Services and support focus on early intervention and prevention, as well as treatment, to avoid worsening of individual's mental health and wellbeing:
Strongly agree

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

Please add your response to the text box:

Part 4.6 - Outcomes: information, data and evidence

4.6 Do you agree that the Mental Health and Wellbeing Strategy should aim to achieve the following outcome for data and evidence?

Information, data & evidence - likert - 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:
Strongly agree

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

Please add your response to the text box:

Outcome data must be included, especially patient recorded outcome measures, as well as the usual suite of data collected to measure inputs and outputs.

Public reporting of data is key to accountability. This can also be used to foster a culture of continuous improvement, where identifying barriers and enablers to meeting specified outcomes can be identified and actions targeted.

Part 4.7 - Outcomes: other

4.7 Are there any other outcomes we should be working towards? Please specify.

Please add your response to the text box:

Good mental health for all cannot be achieved by actions taken by the mental health sector alone. Our mental health is affected by a broad range of social, economic, environmental, physical, cultural and individual factors,

We therefore must focus on tackling inequalities and social injustices that increase the risk of people experiencing poor mental health. Policies to create a more equal society where people are not living in poverty are essential. This goes beyond a mental health strategy and, indeed, any strategy will be harder to adopt unless we first address inequalities and disadvantage in society.

There are no outcomes listed that specifically mention using human rights based approaches. This is a clear omission.

The Scottish Mental Health Partnership proposed in their strategy that an Equalities Action Plan to develop appropriate mental health promotion, prevention and service responses should be implemented. We support this being included as an outcome.

Part 5 - Creating the conditions for good mental health and wellbeing

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?

Please add your response to the text box:

Strong connections with people and your community. A sense of belonging.

A safe place to call home

Access to nature and safe leisure environments.

Knowing how to find support if needed, especially in the workplace and educational settings

Financial security. Poverty is a cause of poor mental health as people worry about being able to pay for basic needs.

Good physical health. Often physical illnesses or injuries can impact on mental health too.

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?

Please add your response to the text box:

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 yourself, or the people you know?

Please add your response to the text box:

Stigma and fear of being judged. There remains a perception that opening up about mental health makes you vulnerable. That in itself can have a negative impact on our mental health as it creates additional anxiety and stress.

Increasing pressures on our lives which can be brought about by financial challenges. The rising cost of living and likelihood of becoming financially insecure, including being in debt or not being able to afford basic needs, causes serious problems.

Feeling isolated or lonely. The pandemic has risked making social isolation worse as more people work from home or are unsure about being involved in group settings. Covid is still a concern, especially for those who continue to shield for health reasons. Long Covid has also prevented many people from getting back to pre-covid daily routines. All these factors risk reducing social contact which is vital for supporting our wellbeing.

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?

Please add your response to the text box:

Many people with poor mental health and unable to work are often in the lowest income level group. Current welfare policy and years of austerity have disproportionately affected people with poor mental health. This seriously impacts on their quality of life and daily living.

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?

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?

Please add your response to the text box:

5.8 Referring to your last answers, what stops you doing more of these activities?

Please add your response to the text box:

Financial constraints. A wide range of data demonstrates the higher likelihood of mental health issues in lower income communities, whether these are areas of multiple deprivation or communities of interest such as protected characteristic groups. Lack of disposable income is a barrier to taking part in activities or social events where costs are incurred.

Lack of access to green space. Not everyone is fortunate to have nature close to where they live or have access to transport to find it. Again, cost is a barrier to owning a car or using public transport if you don't have the disposable income.

Everyday demands and pressures can build up and make it harder to make time for yourself. This is particularly true for those with caring responsibilities.

If people are working longer hours then this also has an impact. Again, financial pressures take their toll. Someone who needs to work more to make ends meet won't have leisure time to take care of themselves.

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?

Please add your response to the text box:

5.10 In what way do concerns about money impact on your mental health?

Please add your response to the text box:

We've highlighted the various challenges brought about by financial insecurity in previous responses in this section. We know that there are clear and direct links between poverty and poor mental health and wellbeing. Actions to tackle

poverty, maximise income and reduce inequality are therefore fundamental to the promotion of good mental health and wellbeing

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

Please add your response to the text box:

We would like to see mental health and wellbeing embedded into the development of Social Security Scotland. The process of applying for welfare benefits is often extremely stressful. We would hope that Scotland's system will be simpler and fairer, with people treated with respect and dignity.

Expansion of money advice services and support for debt. Too many people are unaware of what services are available to help them. A national strategy for raising awareness of financial support and advice services would be beneficial. There also needs to be regular signposting available in community settings.

More organisations adopting fair work principles with a focus on providing better working terms and conditions.

Part 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?

Not Answered

If you selected 'other', please specify:

Social workers have the skills, experience and connections to support individuals through difficult periods. This can prevent people from reaching a crisis point.

6.2 If you answered 'online support' 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?

6.4 If you answered 'online support' 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?:

Support should be universally accessible through a variety of routes, including in-person, virtually and telephone. Clear signposting of available support in communities is essential.

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

Please add your response to the text box:

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?

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?:

Part 7 - Improving services

7.1 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? In particular, do you have any thoughts on how the new National Care Service can create opportunities to improve mental health services?

Please add your response to the text box:

Signposting to advice, information and services needs to be visible in communities so people know how to access support if they need it. We shouldn't think of needing help as only requiring specialist services. While this is the correct option for some people based on individual levels of need, we want to prevent people from reaching crisis point by getting earlier help.

Social workers are well placed to support people during difficult times. This can prevent people from reaching a crisis point. Better understanding and awareness of the role of social workers in our community is needed. Social workers also need time to provide this support. Increasing workforce capacity is important, as well as training more social workers to be Mental Health Officers. There needs to be a better recognition and understanding of this role too.

Part 8 - The role of difficult or traumatic life experiences

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?

Please add your response to the text box:

Recovery from trauma is different for every individual. It manifests in a range of ways that negatively impacts individuals in different ways. Having a range of options that are trauma informed, strengths based and recovery focused is required to empower each individual to thrive.

8.2 What things can get in the way of recovery from such experiences?

Please add your response to the text box:

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?

Please add your response to the text box:

Part 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?

Please add your response to the text box:

As with adults, there needs to be a strong focus on promotion and prevention.

All new parents should be visited by a health professional who can identify early indicators of mental distress and refer to appropriate supports. Easy access to social workers in schools would be a positive step. Social workers have a range of skills and experience that makes them ideally placed for this role.

There needs to be targeted support to fathers who are often excluded from current pre-natal and post natal activity

Schools based work and education programmes that raise awareness of mental health as part of the core curriculum should be universal. It should link to after-school and out-of-school programmes, including youth clubs, sport clubs etc. Everyone has a part to play in educating young people about mental health. That must be accompanied by appropriate support and resources, including mental health first aid training for adults working with children.

Safe spaces in schools and community-based youth groups/clubs where young people can reach out and speak to an adult in confidence is vital. This could be for themselves or if they are concerned about a friend.

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?:

9.3 What things do you feel have the biggest impact on children and young people's mental health?

Please add your response to the text box:

All factors previously listed for how adults are impacted by mental health also apply to young people.

However, one significant factor to consider is that children are less likely to understand or be aware of their mental health. Unlike physical health, our mental health is invisible and this can make it challenging to understand. Children are also less likely than adults to have previous experiences of mental health to draw upon to assist their understanding. This can cause greater anxiety if children do not know how to ask for help or talk to an adult about how they're feeling.

Young people going through puberty are going through changes to their body which can cause or make worse poor mental health. They also face unique challenges as they transition to adulthood which can be overwhelming and cause worry.

Social media can also have a negative impact on mental health. Young people are very likely to use social media but it is not always a positive experience. It is also a difficult for platforms to be regulated, which is problematic.

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?:

Part 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?

10.2 If you selected 'other', could you tell us who you received treatment from?:

10.3 How satisfied were you with the treatment you received?

Please add your response to the text box:

10.4 Please explain the reason for your response above:

10.5 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? Are there ways in which you think connections between services could be improved through the development of the National Care Service?

Please add your response to the text box:

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.:

Part 11 - Equalities

11.1 Do you have any further comments on what could be done to address mental health inequalities for a particular group of people?

Please add your response to the text box:

We support the suggestion put forward by Scotland's Mental Health Partnership that "A comprehensive Equalities Action Plan for mental health is 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."

If so, what are they?:

Part 12 - Funding

12.1 Do you think funding for mental health and wellbeing supports and services could be better used in your area?

Not Answered

12.2 Please explain the reason for your response above.:

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?

Please add your response to the text box:

We support comments made by the Scottish Mental Health Partnership in their proposals that "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 cooperative rather than competitive commissioning approaches offers the best long term solution."

Part 13 - Our mental health and wellbeing workforce

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

14.1 Do you agree that these are the right short term (1-2 years) outcomes for our mental health and wellbeing workforce?

Short term workforce outcomes - Plan: Improved evidence base for workforce planning including population needs assessment for mental health and wellbeing:

Strongly agree

Short term workforce outcomes - Plan: Improved workforce data for different mental health staff groups:

Strongly agree

Short term workforce outcomes - Plan: Improved local and national workforce planning capacity and capability:

Strongly agree

Short term workforce outcomes - Plan: Improved capacity for service improvement and redesign:

Strongly agree

Short term workforce outcomes - Plan: User centred and system wide service (re)design:

Strongly agree

Short term workforce outcomes - Plan: Peer support and peer worker roles are a mainstream part of mental health services:

Strongly agree

Short term workforce outcomes - Attract: Improved national and international recruitment and retention approaches/mechanisms:
Strongly agree

Short term workforce outcomes - Attract: Increased fair work practices such as appropriate channels for effective voice, create a more diverse and inclusive workplace:
Strongly agree

Short term workforce outcomes - Attract: Increased awareness of careers in mental health:
Strongly agree

14.2 Do you agree that these are the right short term (1-2 years) outcomes for our mental health and wellbeing workforce?

short term outcomes: train - Train: Long term workforce planning goals are reflected in and supported by training programmes provided by universities, colleges and apprenticeships:
Strongly agree

short term outcomes: train - Train: Increased student intake through traditional routes into mental health professions:
Strongly agree

short term outcomes: train - Train: Create alternative routes into mental health professions:
Strongly agree

short term outcomes: train - Train: Create new mental health roles:
Strongly agree

short term outcomes: train - Train: Improved and consistent training standards across Scotland, including trauma informed practice and cultural competency:
Strongly agree

short term outcomes: train - Train: Our workforce feel more knowledgeable about other Services in their local area and how to link others in to them:
Strongly agree

short term outcomes: train - Train: Our workforce is informed and confident in supporting self-care and recommending digital mental health resources:
Strongly agree

short term outcomes: train - Train: Develop and roll out mental health literacy training for the health and care workforce, to provide more seamless support for physical and mental health:
Strongly agree

short term outcomes: train - Train: Improved leadership training:
Strongly agree

short term outcomes: train - Train: Improved Continuing Professional Development (CPD) and careers progression pathways:
Strongly agree

14.3 Do you agree that these are the right short term (1-2 years) outcomes for our mental health and wellbeing workforce?

short term workforce outcomes: employ - Employ: Consistent employer policies:
Strongly agree

short term workforce outcomes: employ - Employ: Refreshed returners programme:
Strongly agree

short term workforce outcomes: employ - Employ: Improved diversity of the mental health workforce and leadership:
Strongly agree

short term workforce outcomes: employ - Nurture: Co-produced quality standard and safety standards for mental health services:
Strongly agree

short term workforce outcomes: employ - Nurture: Safe working appropriate staffing levels and manageable workloads:
Strongly agree

short term workforce outcomes: employ - Nurture: Effective partnership working between staff and partner organisations:
Strongly agree

short term workforce outcomes: employ - Nurture: Improved understanding of staff engagement, experience and wellbeing:
Strongly agree

short term workforce outcomes: employ - Nurture: Improved staff access to wellbeing support:
Strongly agree

short term workforce outcomes: employ - Nurture: Improved access to professional supervision:
Strongly agree

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

Please add your response to the text box:

We know that low morale, burnout and recruitment difficulties are common in health and social care services.

For example, the Setting the Bar report showed glaring recruitment and retention challenges in social work. Almost 20% of the workforce is approaching retirement age, while 25% of newly qualified social workers are leaving within six years. It is creating an unsustainable workforce gap that risks widening further.

Retaining and recruiting staff must therefore be an immediate priority. As well as planning for the future, we need to ensure that we have the appropriate staffing levels and skill mix in our current workforce.

The 2021 Mental Health Officer's Report published by SSSC revealed a shortfall of 79 full-time Mental Health Officers (MHOs) across Scotland. 26 local authorities reported not enough capacity, accounting for almost 3000 lost hours a week.

MHOs are specially trained social workers who carry out statutory duties in relation to mental health legislation. Their training takes many years to become qualified. This needs factored into workforce planning.

14.5 Do you agree that these are the right medium term (3-4 years) outcomes for our mental health and wellbeing workforce?

Medium-term workforce outcomes - Comprehensive data and management information on the Mental Health and wellbeing workforce:
Strongly agree

Medium-term workforce outcomes - Effective workforce planning tools:
Strongly agree

Medium-term workforce outcomes - Good understanding of the gaps in workforce capacity and supply:
Strongly agree

Medium-term workforce outcomes - Improved governance and accountability mechanisms around workforce planning:
Strongly agree

Medium-term workforce outcomes - User centred and responsive services geared towards improving population mental health outcomes:
Strongly agree

Medium-term workforce outcomes - Staff feel supported to deliver high quality and compassionate care:
Strongly agree

Medium-term workforce outcomes - Leaders are able to deliver change and support the needs of the workforce:
Strongly agree

Medium-term workforce outcomes - Staff are able to respond well to change:
Strongly agree

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

Please add your response to the text box:

A detailed assessment of the workforce implications of the new strategy and of other upcoming developments (e.g. quality standards for secondary services, the Scott Review, etc) is required. The demands on all functions and services will change and the workforce requirements are therefore likely to differ from current configurations.

14.7 Are there any other short and medium term outcomes we should be working towards?

Please add your response to the text box:

Planning should begin now to ensure an appropriate supply of staff is available to take up new or changed roles to meet promotion and prevention requirements. This is in addition to meeting staffing requirements to comply with safe staffing legislation and to deliver specialist mental health services to those in greatest need.

Part 15 - The scope of the mental health and wellbeing workforce

15.1 The mental health and wellbeing workforce includes someone who may be:

Employed, A highly specialised Mental Health worker, such as a psychiatrist, psychologist, mental health nurse or counsellor, A social worker or Mental Health Officer, Someone with experience of using mental health services, acting as a peer support worker

15.2 The mental health and wellbeing workforce includes someone who may work / volunteer for:

The NHS, The social care sector, Social care services, The third and charity sectors, Wider public sector (including the police, criminal justice system, children's services, education), The private sector

15.3 If you selected other, please specify::

15.4 The mental health and wellbeing workforce includes someone who may be found in:

Hospitals, GP surgeries, Community settings (such as care homes), The digital space, providing internet or video enabled therapy, Educational settings (such as schools, colleges or universities), Employment settings, Justice system settings (such as police stations, prisons or courts)

15.5 If you selected other, please specify::

15.6 The mental health and wellbeing workforce includes someone who may:

Complete assessments for the presence or absence of mental illness, Provide treatment and/or management of diagnosed mental illness, Provide ongoing monitoring of diagnosed mental illness, Undertake work to prevent the development of mental illness, Undertake work to address factors which may increase the risk of someone developing mental illness, Provide support to families of those with mental illness, 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

15.7 If you selected other, please specify::

Part 16 - Solutions to our current and future workforce challenges

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

Please add your response to the text box:

Professionals need time, autonomy and resources to support people who need care and treatment. We know from studies such as the Setting the Bar report that the demands on services are too great. This results in unmanageable caseloads and a burnt-out, exhausted workforce.

Investment in training and career pathways to increase workforce capacity is essential. We also need greater focus and emphasis on early intervention support. If fewer people reach the point of needing specialist care and treatment, this relieves demand on services.

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?

Please add your response to the text box:

Ongoing, sufficient investment in training is essential. That includes establishing more entry points to professions and training opportunities for professionals to develop their skillsets.

For example, the SSSC Mental Health Officer Report 2021 highlighted a significant shortage of full-time MHOs in Scotland. 26 out of 32 local authorities are understaffed on this role, leading to almost 3000 hours lost hours per week.

Training to become an MHO takes considerable time. It is a specialist profession that social workers qualify to become. The length of time needed to train the workforce needs to be factored into workforce planning.

We also need clearly defined career pathways to encourage more people into mental health professions. This goes hand-in-hand with raising visibility of these professions and highlighting the valuable work they do. We can only grow the workforce if people know about the opportunities available to them within the profession, including around continuous professional development, working conditions and good pay scales.

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

Please add your response to the text box:

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?

Please add your response to the text box:

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

Please add your response to the text box:

16.6 With increasing demand on mental health services, how do we prioritise creating capacity for re-designing services to better manage the impacts of COVID-19, and other systemic pressures?

Please add your response to the text box:

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

Please add your response to the text box:

The Setting the Bar report provided clear evidence that social workers have unmanageable caseloads. Many of the problems that existed pre-pandemic have been exasperated by Covid and the cost-of-living crisis.

Until we have manageable caseloads, the risk to staff wellbeing will always be high. Staff are being overworked and are putting in considerable overtime in an attempt to stay on top of rising caseloads. That isn't sustainable. It's leading to stress, burnt-out and exhaustion.

Access to counselling and other support services for staff is important and must be advertised widely and regularly by employers to all staff. However, it is not a silver bullet. Problems will exist and deepen if workloads become greater. As mentioned in previous answers, this comes down to staff capacity first and foremost.

Part 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 (in the next year) should be for the mental health and wellbeing workforce.

Develop targeted national and international recruitment campaigns for the mental health workforce, Scope alternative pathways to careers within the workforce, beyond traditional university and college routes, such as apprenticeship pathways into mental health nursing, Improve capacity in the mental health services to supervise student placements to support the growth of our workforce, Take steps to increase the diversity of the mental health workforce, so it is reflective of the population that it cares for, 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, 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.

Please add your response to the text box:

Action to meet immediate staffing shortfalls that exist across health and social care. Services are operating on low capacity which is delaying treatment, deepening existing problems and putting the workforce under extreme pressure. This risks pushing staff away and compounding the challenge further.

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.

Please add your response to the text box:

Adequate funding and resources for services.

17.4 Do you have any examples of different ways of working, best practice or case studies that would help support better workforce planning?

Please add your response to the text box:

Part 18 - Final thoughts

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

Please add your response to the text box:

We welcome the adoption of a national strategy but it must be aligned to the proposals for a National Care Service (NCS) which are about to go through parliament. The NCS Bill is currently very light, with no detail known around how mental health services will fit into the structure.

This strategy must be developed as part of the co-design process for the NCS, or else it risks becoming a standalone strategy that is attempted to be shoehorned into the final version of the NCS. That would be a missed opportunity to embed the promotion of good mental health and wellbeing for all into the heart of a new national care service.

We strongly urge the Scottish Government to outline as soon as possible how they intend to incorporate this strategy into the NCS co-design process, including around timeframes and further consultation.

We also support the calls from the Scottish Mental Health Partnership that there should be a set of principles that underpin this strategy. These should include:

- A human rights-based approach
- Lived experience led
- No wrong door approach
- Recovery focused

• Tackling stigma

While many of the principles listed above are mentioned or implied within the proposals, they must be fundamental to the overall approach rather than related to particular areas or outcomes.

About you

What was your age last birthday?

Add your answer in the box below:

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

Not Answered

If you answered 'Yes' to the above question, does this condition or illness affect you in any of the following areas?

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?

Not Answered

What is your sex?

Not Answered

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

Not Answered

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

What is your ethnic group?

Not Answered

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

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

Not Answered

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

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

Not Answered

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

About you continued

What is your name?

Name:

Jonny Adamson

What is your email address?

Email:

jonny.adamson@basw.co.uk

Are you responding as an individual or an organisation?

Organisation

What is your organisation?

Organisation:

Scottish Association of Social Work (SASW)

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

Publish response with name

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?

Yes

I confirm that I have read the privacy policy and consent to the data I provide being used as set out in the policy.

I consent