Mental Health and Wellbeing Strategy Consultation
CCPS and CJVSF Response

QUESTIONS – PART 1

DEFINITIONS

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

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

- **1.1** Do you agree with this description of mental health? **Yes**

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

Mental wellbeing
Mental wellbeing affects, and is affected by, mental health. It includes subjective wellbeing (such as life satisfaction) and psychological wellbeing (such as our sense of purpose in life, our sense of belonging, and our positive relationships with others). We can look after our mental wellbeing in the same way as we do our mental health – and having good mental wellbeing can stop our mental health getting worse. The Royal

College of Psychiatrists defines wellbeing as: 'A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment'.

- **1.3** Do you agree with this description of mental wellbeing? **Yes**

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

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

- **1.5** Do you agree with this description of mental conditions and mental illness? **Yes**

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

MENTAL HEALTH AND WELLBEING STRATEGY – OUR DRAFT VISION AND OUTCOMES

2. Our Overall Vision

- **2.1** On page 5 we have identified a draft vision for the Mental Health and Wellbeing Strategy: 'Better mental health and wellbeing for all". Do you agree with the proposed vision? **No**

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

We welcome the proposed broader focus on wellbeing, as well as mental health. "Better" mental health and wellbeing, however, suggests that the vision would be achieved even if only minor improvements in mental health and wellbeing were to occur. We would be keen to see a more ambitious vision set which, in line with other Scottish Government strategies, sets a vision of achieving the "best" possible mental health and wellbeing for all.

We would also be keen to see it connecting with other strategic aims across Government, including:

- **National Care Service: Statement of Benefits**: *"Our vision is of a Scotland where people enjoy a high quality of life. Scotland's community health and social care services support everyone, when they need it, to lead a fulfilling life, making Scotland the best place in the world to thrive."*
- **The vision set out in the Health and Social Care: National Workforce Strategy**: *"A sustainable, skilled workforce with attractive career choices and fair work where all are respected and valued for the work they do"*
- **A Connected Scotland: National strategy to tackle social isolation and loneliness and build stronger social connections:** *"We want a Scotland where individuals and communities are more connected and everyone has the opportunity to develop meaningful relationships regardless of age, status, circumstances or identity."*
- **Covid Recovery Strategy:** *"By working together, we will:*
    1. *Address the systematic inequalities made worse by Covid*
    2. *Make progress towards a wellbeing economy*
    3. *Accelerate inclusive, person-centred public services."*
- **The vision set out in Rights, Respect and Recovery: Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths:** *"Scotland is a country where "we live long, healthy and active lives regardless of where we come from" and where individuals, families and communities:*
    1. *Have the right to health and life – free from the harms of alcohol and drugs;*
    2. *Are treated with dignity and respect*
    3. *Are fully supported within communities to find their own type of recovery"*
- **The Vision for Justice in Scotland:** *"Our vision is for a just, safe resilient Scotland."*

- **Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls:** *A strong and flourishing Scotland where all individuals are equally safe and respected, and where women and girls live free from all forms of violence and abuse – and the attitudes that help perpetuate it*
- **A Rights-Respecting Approach to Justice for Children and Young People: Scotland's Vision and Priorities:** *"We want Scotland to be the best place in the world to grow up, where all children and young people are loved, treated with respect, have their voices heard, their rights respected and their outcomes improved"*
- **Housing to 2040 Vision:** *"Our aim is for everyone to have a safe, high quality home that is affordable and meets their needs in the place they want to be."*
- **A Culture Strategy for Scotland:** *"Scotland is a place where culture is valued, protected and nurtured. Culture is woven through everyday life, shapes and is shaped by society, and its transformative potential is experienced by everyone. Scotland's rich cultural heritage and creativity of today is inspired by people and place, enlivens every community and is celebrated around the world."*
- **Scotland's National Strategy for Economic Transformation:** *"Our vision is to create a wellbeing economy: a society that is thriving across economic, social and environmental dimensions, and that delivers prosperity for all Scotland's people and places."*
- **The Promise Scotland:** *"The Promise Scotland will play a strong leadership role at national and local level to influence and support the development and investment of family, community and children's mental health and wellbeing services."*

We therefore propose the following wording for the vision:

"Our vision is to create a society which enables and supports the best possible mental health and wellbeing for all."

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

- **We have addressed the common underlying causes of poor mental health and wellbeing**: e.g. poverty, inequalities, social isolation and loneliness, family conflict and relationship breakdown, adverse (childhood) experiences, work-related stress and burnout, chronic physical health problems.
- **People are well-informed about:**
  - **What mental health and well-being is and why is it important**
  - **What they can do to support their own and others mental health and well-being**
  - **Where to access additional mental health and well-being support if needed.**
- **Individuals and families can get the right help at the right time**: People may need mental health and wellbeing support and services at various points along their life journey. If we achieve the vision set out above, a key success factor will be that people have been able to get high quality help

> when they need it and that effective partnership working arrangements are in place to enable this.
> - **The workforce is appropriately skilled, supported and resourced to be able to deliver high quality, person-centred services.**
> - **We have addressed stigma and discrimination relating to mental health and wellbeing.**

3. Our Key Areas of Focus

- **3.1** On page 5, we have identified four key areas that we think we need to focus on. Do you agree with these four areas? **No**

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

> Members are keen to understand what analysis and evaluation has been undertaken of the actions set out in the previous (current) strategy. They would welcome any learning arising from the implementation of the previous strategy being shared with partners and wider stakeholders and suggested that this learning, along with wider data and evidence, should be used to inform future areas of focus.
>
> The consultation paper proposes four areas for us to focus on during the next strategy period. We have considered these in relation to the success factors we set out in Q2.3 and provided comments on each of the proposed areas of focus provided below:
>
> 1. **Promoting and supporting the conditions for good mental health and mental wellbeing at population level.**
>
>   Members are supportive of this area of focus, being keen that we adopt a preventative approach and address the common underlying causes of poor mental health and wellbeing.
>
> 2. **Providing accessible signposting to help, advice and support.**
>
>   We suggest this second area of focus should extend beyond providing sign-posting, to also include providing clear public health messaging, education and training around mental health and well-being as well as improving partnership working between services.
>
>   The focus should therefore be on ensuring that people are well-informed about:
>   - What mental health and well-being is and why is it important
>   - What they can do to support their own and others mental health and well-being
>   - Where to access additional mental health and well-being support if needed.
>
> 3. **Providing a rapid and easily accessible response to those in distress.**

A key success factor will be that people have been able to get help when they need it and that effective partnership working arrangements are in place to enable this. We are therefore supportive of this area of focus. Key elements of this area of focus will need to be the workforce – ensuring it is appropriately skilled, supported and resourced to be able to deliver high quality, person-centred services – and ensuring the provision of safe and appropriate spaces for services to be delivered.

4. **Ensuring safe, effective treatment and care of people living with mental illness.**

   As per our response to focus area 3, we are supportive of this proposed area of focus and keen to ensure that actions are set to ensure that the workforce is appropriately skilled, supported and resourced to be able to deliver high quality, person-centred services and a good availability of safe and appropriate spaces for service provision.

5. **Other areas of focus:**
   - **Making linkages with the wider policy landscape**: Whilst broadly supportive of the proposed areas of focus, members suggested that a fifth focus should be making linkages with the broader policy landscape. Individuals and organisations are currently trying to navigate a myriad of new and existing legislative and policy developments which have an important part to play in achieving the mental health and wellbeing strategy aims, even if they do not sit specifically within health itself. Aligning the mental health and wellbeing strategy with wider policy aims relating to poverty, housing, health, the development of the National Care Service, education, alcohol and drugs, justice etc. will be critical for supporting a more joined up approach. This would also make it easier at a local level to develop and integrate provisions across a number of structures, key partners and players.

   - **Addressing the underlying structural barriers and challenges:** There are also a number of underlying structural barriers and challenges within the systems that need to be addressed in order for most, if not all, of the proposed outcomes set out in the consultation document to be achieved. These include:
     - Addressing barriers to collaborative ways of working by:
       - Improving the commissioning and procurement structures and processes for services delivering mental health and wellbeing related outcomes
       - Clarifying the roles and responsibilities of different partners and stakeholders
       - Addressing issues around single-year and silo-based funding arrangements
       - Addressing barriers to strategic engagement faced by third sector partners, individuals and families with lived experience of poor mental health and well-being and wider community members
       - Addressing barriers to information sharing between partners by establishing clear processes and information sharing agreements

• Improving data collection and monitoring to support effective progress reviews of the strategy.
• Addressing digital barriers (both for service users and for organisations) and improving cyber security
• Addressing workforce challenges around recruitment, retention, training and development.

4. Outcomes

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

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

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

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

Individuals	1	2	3	4	5
People have a shared language and understanding of mental health and wellbeing and mental health conditions	Y				
People understand the things that can affect their own and other's mental health and wellbeing, including the importance of tolerance and compassion	Y				
People recognise that it is natural for everyday setbacks and challenging life events to affect how they feel	Y				
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	Y				
People have the material, social and emotional resources to enable them to cope during times of stress, or challenging life circumstances	Y				
People feel safe, secure, settled and supported	Y				
People feel a sense of hope, purpose and meaning	Y				
People feel valued, respected, included and accepted	Y				
People feel a sense of belonging and connectedness with their communities and recognise them as a source of support	Y				
People know that it is okay to ask for help and that they have someone to talk to and listen to them	Y				
People have the foundations that enable them to develop and maintain healthy, nurturing, supportive relationships throughout their lives	Y				
People are supported and feel able to engage with and participate in their communities	Y				
People with mental health conditions are supported and able to achieve what they want to achieve in their daily lives	Y				
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	Y				
People living with physical health conditions have as good mental health and wellbeing as possible	Y				
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	Y				
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	Y				

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

Addressing the underlying factors

In addition to underlying social factors, we would be keen to see the outcomes in this section expanded to include addressing underlying economic and environmental factors.

Clarifying inputs, activities and outcomes

Some of the above outcomes combine more than one outcome and/or combine an activity and an outcome. For clarity, it would be helpful to separate these out.

e.g.

"People are supported and feel able to engage with and participate in their communities"
This could be separated out in to:

- An activity: Support is provided
- An outcome: People feel better able to engage with and participate in their communities

"Through actions across policy areas, we will have influenced the social factors that affect mental health and wellbeing, to improve people's lives and reduce inequalities

Through, for example:
- *Improved cross-policy awareness and understanding of the social determinants of mental health and wellbeing, and how to address them*
- *Cross-policy action works to create the conditions in which more people have the material and social resources to enable them to sustain good mental health and wellbeing throughout their lives*
- *Policy implementation and service delivery that supports prevention and early intervention for good public mental health and wellbeing across the life-course"*

This could be re-written as:

- Activity: Cross-policy actions (still to be determined)
- Outcomes:
  - Improved cross-policy awareness and understanding of the social, economic and environmental determinants of mental health and wellbeing, and how to address them
  - Reduced inequalities and created the conditions in which more people have the material and social resources to enable them to sustain good mental health and wellbeing throughout their lives
  - Reduced how often people experience poor mental health and wellbeing across their life course.

Rights based outcomes

Members were keen to see a rights-based approach taken to the individual outcomes, in line with that promoted in other Government strategies, such as the "Rights, Respect and Recovery" strategy. This should include reference to specific rights people may have under the Mental Health Act.

Addressing the implementation gap between intended strategic outcomes and operational activity

We are keen to ensure that the new strategy helps to close the implementation gap between the strategic intent to achieve particular outcomes and the operational reality on the ground of how activities to deliver those outcomes are achieved. We therefore welcome the intention to develop and publish a delivery plan alongside the strategy, setting out the work that will be done over the coming years. In developing actions for the delivery plan, we would be keen to see collaborative discussions take place with stakeholders to help agree what actions are needed and how the actions will be achieved in practice. We would suggest that this should include:

- How proposed actions link to the strategic outcomes
- Who will be responsible for delivering the action
- The roles that different partners are expected to play
- Which structures and processes will be used to support the delivery of the action
- What the timeframes will be for the delivery of the proposed actions
- How proposed actions will be costed and resourced.

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

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

Population	1	2	3	4	5
We live in a fair and compassionate society that is free from discrimination and stigma	Y				
We have reduced inequalities in mental health and wellbeing and mental health conditions	Y				
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	Y				
People living with mental health conditions experience improved quality and length of life	Y				

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

Services and Support	1	2	3	4	5
A strengthened community-focussed approach, which includes the third sector and community-based services and support for mental health and wellbeing, is supported by commissioning processes and adequate, sustainable funding	Y				
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	Y				
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	Y				

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	Y				
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	Y				
People are able to easily access and move between appropriate, effective, compassionate, high quality services and support (clinical and non-clinical)	Y				
Services and support focus on early intervention and prevention, as well as treatment, to avoid worsening of individual's mental health and wellbeing	Y				

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

Clarifying inputs, activities and outcomes

Similar to our comments above, some of the outcomes above could be separated out to improve clarity e.g. *"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"*

Members noted the importance of improving commissioning processes, as these will drive the design and delivery of activities and services. As such, we are particularly keen that a specific intended outcome around improving commissioning processes is included. This could be done by separating the single proposed outcome above in to two:

- We have improved commissioning processes for the design, delivery and review of services to support mental health and well-being
- We have strengthened Scotland's community-focused approach to tackling mental health and well-being issues, which includes the third sector and community-based services.

We would suggest that "adequate, sustainable funding" should also be separated out and listed as a required input, rather than part of the outcome.

Whole family support outcome
In addition to experiencing *"a response that is person-centred and flexible",* we would also welcome linkages being made with the Scottish Government's holistic whole family support approach.

Transitions outcomes
Members would also welcome the addition of an outcome that focuses on improving people's experiences of transition between different services. This may include:

- *Age-related/life stage transitions:* e.g. moving from young people's to adult services
- *Geographical/Physical place transitions:* e.g. moving between community services and residential services, moving between prison and community services, moving to a new local authority area.
- *Transitions between different levels of support:* e.g. moving between low-intensity and high-intensity support provision.

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

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

Members would welcome information about the proposed indicators that will be used to assess progress made towards the outcomes outlined above. Whilst there may be value in including quantitative indicators (such as waiting times for CAMHS support and psychological treatments), we would be keen to see a broader range of indicators used, which also draw on the experiences of people with lived experiences. CCPS, and our hosted units (the Criminal Justice Voluntary Sector Forum and the Housing Support Enabling Unit) would welcome opportunities to feed in to the data and evidence strategy that will accompany the mental health and wellbeing strategy.

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

In line with our two additional proposed areas of focus, we would also be keen to see outcomes set around both of these. For example:

Proposed area of focus: Making linkages with the wider policy landscape:

Suggested outcomes for this area of focus:
- We have developed a more-joined up approach to policy making, with structures and processes in place align the mental health and wellbeing strategy with wider policy aims relating to poverty, housing, health, the development of the National Care Service, education, alcohol and drugs, justice etc.

Proposed additional area of focus: Addressing the overarching structural barriers and challenges:

Suggested outcomes for this area of focus:
- Commissioning and procurement structures and processes for services delivering mental health and wellbeing related outcomes have been improved
- Partners and stakeholders are clearer about their own and others' roles and responsibilities
- Services providers are able to more effectively plan services (because issues around single-year and silo-based funding arrangements have been addressed)
- Third sector partners, individuals and families with lived experience of poor mental health and well-being and wider community members are more effectively engaged in strategic discussions and activities relating to mental health and wellbeing in Scotland
- Partners are able to share information more effectively
- We have increased knowledge and understanding of the progress being made towards delivering the strategy and the effectiveness of the delivered actions
- Digital barriers (for both service users and organisations) have been addressed

- Organisations involved in delivering mental health and wellbeing outcomes have improved their cyber security
- Organisations involved in delivering mental health and wellbeing outcomes are experiencing fewer challenges in recruiting, retaining, training and developing staff.

QUESTIONS - PART 3

5. Creating the conditions for good mental health and wellbeing

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

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

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

People will have individual needs relating to their mental health and wellbeing and, as such, there is no 'one size fits all' approach. Members highlighted the importance of relationship-based support in ensuring effective planning and provision of care and support to enable the delivery of person-centred outcomes.

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

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

We agree with the view set out in the consultation document that, *"Our mental health and wellbeing are influenced by many factors, such as our home life, our work, our physical environment and housing, our income, our relationships or our community, including difficult or traumatic life experiences or any inequalities we may face. In particular, research suggests that living with financial worries can have a negative influence; whilst good relationships, financial security and involvement in community activities support mental wellbeing."* Members noted that the Covid-19 pandemic has created (and is continuing to create) additional challenges and worries for people and also expressed concerns around the growing impact on people's mental health of the current cost-of-living crisis. They also observed that physical health conditions (particularly chronic health conditions) can impact on mental health and wellbeing. A lack of awareness, understanding and/or stigma around some health conditions can create additional hurdles that individuals and families need to be overcome and experiencing such hurdles can, in turn, impact on people's mental health and 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?

- **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?
  o Exercise
  o Sleep
  o Community groups
  o Cultural activities
  o Time in nature
  o Time with family and friends
  o Mindfulness/meditation practice
  o Hobbies/practical work
  o None of the above
  o Other

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

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

Third sector organisations play an important role in supporting better mental health and wellbeing. This role includes a mixture of:
- **Preventative activities:** Delivering community-based activities that can support general good mental health (e.g. community groups and events to help people to connect with others, creative and cultural activities and activities which encourage people to spend more time in nature)
- **Provision of mental health and wellbeing support and services:** Providing specialist mental health care and support services to individuals and families
- **Support for the workforce:** Providing formal and informal measure to support better mental health and wellbeing amongst the third sector workforce (e.g. through one-to-one check-ins, introduction of flexible working policies, pay and conditions, training, access to counselling services and other specialist support)
- **Informing policy, strategy and practice:** Contributing to relevant policy, strategic and practice discussions at a local and national level; contributing to evidence gathering and sharing good practice.

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

Current barriers that prevent third sector organisations doing more of these activities include:
- **Financial barriers:** Third sector organisations are already operating at maximum capacity on tight budgets. In order to be able to expand their activities, additional funding resource would need to be made available. Furthermore, issues such as a lack of inflationary uplifts, short-term funding arrangements and price-based competitive tendering are creating challenges for longer-term sustainability of services.
- **Recruitment and retention:** Many organisations are currently reporting challenges in recruiting for vacant posts and/or in retaining staff (particularly where funding arrangements mean that organisations are only able to offer short-term contracts)

- **Access to facilities:** Some members have reported challenges in accessing facilities that they had previously used pre-pandemic. Providing financial assistance and improving guidance to buildings owners and service providers to enable them to make indoor environments safer and more accessible could help to address this challenge.
- **Structural barriers causing engagement challenges:** CCPS and CJVSF have consistently highlighted the challenges faced by third sector organisations in engaging with strategic partnerships at a local level (e.g. Health and Social Care Partnerships, Community Justice Partnerships). Whilst some areas have developed strong relationships with their local third sector partners and put in place the structures and processes to support these, it is not consistent across the country. Members continue to report structural barriers are contributing to a lack of effective engagement of third sector partners in some areas.

- **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?

> Members noted that stigma can be a barrier to people accessing community activities and/or seeking support and would be keen to see specific actions set to help address this.

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

> Concerns about money impact on people's mental health because it can push people into situations which will naturally cause huge amounts of worry and stress, such as being unable or struggling to meet their and/or their families basic need. The recent rise in the cost of living is already causing significant problems, with more people now worried and fearful about being able to afford basic needs such as food, clothing, housing and energy costs for heating, lighting and cooking. Members have also reported instances of potential staff turning down job offers due to concerns about the travel costs of getting to their prospective place of work.
>
> The cost-of-living crisis is causing huge challenges for voluntary organisations, with rising costs eroding available funding to deliver vital programmes and services that can support people's mental health and wellbeing. Ways in which the cost-of-living crisis is already affecting CCPS and CJVSF members includes:
>
> - **Staffing costs:** Organisations do not currently have the financial resource to increase salaries in line with the current high rates of inflation, which is making it difficult to support and retain staff
> - **Increased operating costs:** The cost of materials/supplies, energy and rents are increasing, sometimes to unaffordable levels
> - **Reductions in income:** As households and grant makers tighten their own spending, this impacts the voluntary sector though a reduction in funding pledges, donations, charity shop income and grants.

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

For a number of years, CCPS and CJVSF have been highlighting the need to move to a more ethical model of commissioning for voluntary sector services and we fully support SCVO's call that *"While immediate support for voluntary organisations is crucial, back-to-back crises underline the need for long-term solutions to how we fund voluntary organisations."*

For individuals and families, holistic support needs to be provided to ensure that people are able to meet their basic needs (e.g. food, clothing, housing and energy costs). Building on the Scottish Government's commitments already made in the Tackling Child Poverty Delivery Plan for 2022-26, this is likely to include an expansion of:
- Providing the opportunities and integrated support that people need to enter, sustain and progress in work
- Maximising the support available for families to live dignified lives and meet their basic needs
- Actions to support the next generation to thrive.

Supporting people to be able to meet their basic needs is also in-line with commitments made under the UN Convention on the Rights of the Child. For example, UNCRC states that every child has the right to the best possible health and, as part of this, *"Governments must provide good quality health care, clean water, nutritious food, and a clean environment and education on health and well-being so that children can stay healthy."*

6. Access to advice and support for mental wellbeing

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

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

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

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

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

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

Members noted that there is valuable learning to be gained from experiences of online service provision that have been developed during the pandemic, with some organisations continuing to offer an online option since face-to-face services have been able to resume. They noted that some individuals prefer the online option, whilst others find an in-person service better meets their needs.   In order to provide an online option, service providers have also had to work with potential services users to address challenges such as a lack of digital access, digital literacy needs and cyber security concerns.

Members also observed that there is valuable learning to be gained around different approaches that third sector organisations (and others) have taken to supporting staff mental health and well-being (both prior to and during the pandemic). Examples of advice and support that organisations have put in place to support staff include:
- Providing access to counselling and specialist services for staff
- Additional one-to-one management time for staff
- Opportunities for peer support
- Introducing new working arrangements, to enable staff to achieve a better work/life balance (e.g. 4 day working week, flexible working arrangements)
- Promoting helplines
- Promoting online resources, such as the National Wellbeing Hub

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

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

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- **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?

In line with the headline outcomes set out in the Health and Social Care Standards, members' experience suggests that people have positive experiences in accessing advice and support for their mental health and wellbeing when:

- They experience high quality care and support that is right for them.
- They are fully involved in all decisions about their care and support.
- They have confidence in the people who support and care for them.
- They have confidence in the organisation providing their care and support.
- They experience a high quality environment.

- **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?
  o Lack of awareness of support available
  o Time to access support
  o Travel costs
  o Not the right kind of support
  o Support not available near me
  o Lack of understanding of issues
  o Not a good relationship with the person offering support
  o Having to retell my story to different people
  o Long waits for assessment or treatment
  o Stigma
  o Discrimination
  o Other

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

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

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

To improve the types and availability of mental health and wellbeing support in the future, commissioners will need to actively engage with existing service users, potential service users and service providers.

In developing an action plan to go along with the strategy, we would be keen to see collaborative discussions take place with stakeholders to help agree what actions will be needed and how each of the proposed actions will be achieved in practice so this can be clearly set out in the linked delivery plan. We would suggest that this should include:
- What action(s) will be required to deliver the outcome(s)
- Who will be responsible for delivering the action
- The roles that different partners are expected to play
- Which structures and processes will be used to support the delivery of the action
- What the timeframes will be for the delivery of the proposed actions
- How proposed actions will be costed and resourced.

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?

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

Because people are affected by traumatic events in different ways, the exact nature of support that is needed will vary. Adopting a person-centred approach to support recovery from previous traumatic experiences is therefore essential. Community based support, such as that offered by third sector organisations, can play an important role in ensuring people have access to appropriate models of support.

- **8.2** What things can get in the way of recovery from such experiences?
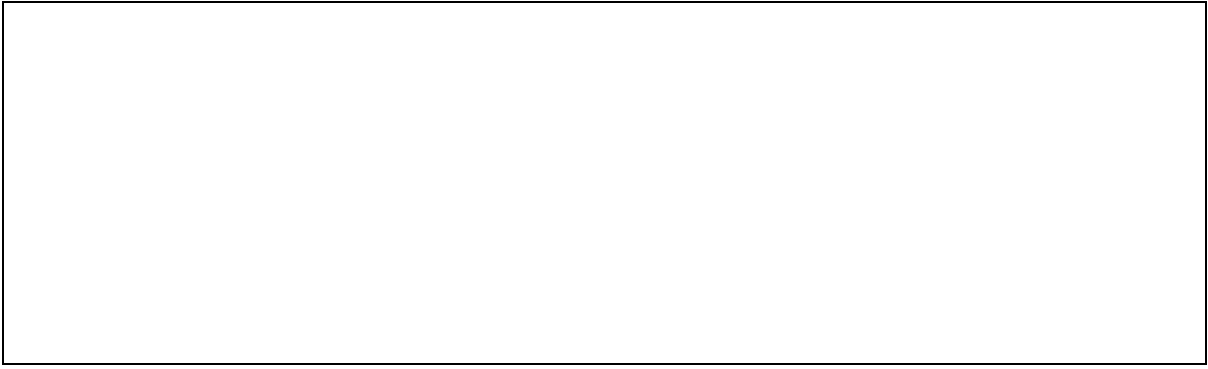
- **8.3** Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation?

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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?

- **Shift the focus of our mental health and wellbeing policy, activity and resource to prevention and early intervention**, including in particular during the early years of a child's life, alongside perinatal support.

- **Move away from a medicalised model** of 'mental health' toward an understanding of emotional health and wellbeing. Stop conflating children's emotional health and wellbeing with mental illness - talk more positively about promoting children's emotional health and wellbeing. Moving away from a medicalised model towards one that focuses on building resilience, increasing family support and developing emotional wellbeing will help to alleviate some of the pressure on CAMHS and ensure that it is not just the health services that bear the burden of emotional wellbeing.

- **Develop a holistic whole family support model:** We want to see the adoption of a holistic, relationship-based, trauma-informed whole-family support model, in line with the 10 principles of intensive family support set out in The Promise (Whole Family Support - The Promise) and the Family Support Routemap developed by the Scottish Government Family Support Delivery Group. We believe that a new, trauma-informed approach to planning, designing and delivering services is needed, working alongside the third sector to ensure preventative support and services are readily available. Services must be relational, compassionate and non-judgemental, and available as flexibly and as early as possible for families.

- **Addressing the underlying drivers of mental health issues for children and young people, their parents and families:** Members are keen that the priorities in this new strategy link to priorities set out in other national strategies, such as addressing child poverty, inequality and trauma, in order to ensure we address the underlying drivers of mental health issues.

- **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?

> Members noted that, whilst there are a wide range factors that can impact on children and young people's mental health, we know early childhood trauma is often the root cause. In addition, financial hardship and poverty continue to be a major contributing factor. This is likely to become even more so in light of the current cost of living crisis.

- **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?

10. Your experience of mental health services

- **10.1** If you have received care and treatment for any aspect of your mental health, who did you receive care and treatment from?

  - Community Mental Health Team
  - GP Practice
  - Inpatient care
  - Third Sector Organisation
  - Psychological Therapy Team
  - Digital Therapy
  - Peer support group
  - Perinatal Mental Health Team
  - Child and Adolescent Mental Health Team (CAMHS)
  - Forensic Mental Health Unit
  - Other

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

[blank response box]

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

[blank response box]

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

[blank response box]

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

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

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

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11. Equalities

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

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

The third sector can play a critical role in accessing and engaging people in support in the community, including accessing and engaging individuals and groups that statutory services can sometimes find harder to reach. This includes making use of active outreach services and adopting more social, rather than clinical health, models of support.

12. Funding

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

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

CCPS and CJVSF have consistently highlighted the need for improvements to be made to commissioning systems, to enable the more effective use of public money. Commissioning systems should be designed to support more collaboration between third sector and statutory partners, to enable them to create support around individuals and families. There is also a need to join up different funding streams to enable more low-level work to take place with the aim of preventing crisis escalation.

Examples of different approaches to commissioning and further details about collaborative commissioning can be found on our website: C&P: Collaborative Commissioning | Coalition of Care and Support Providers in Scotland (ccpscotland.org)

- **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?

13. Anything Else

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

QUESTIONS – PART 4

OUR MENTAL HEALTH AND WELLBEING WORKFORCE

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

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

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

In the Strategy, we want to set out our approach to supporting the workforce building upon the principles and actions set out in the recently published National Workforce Strategy for Health and Social Care.
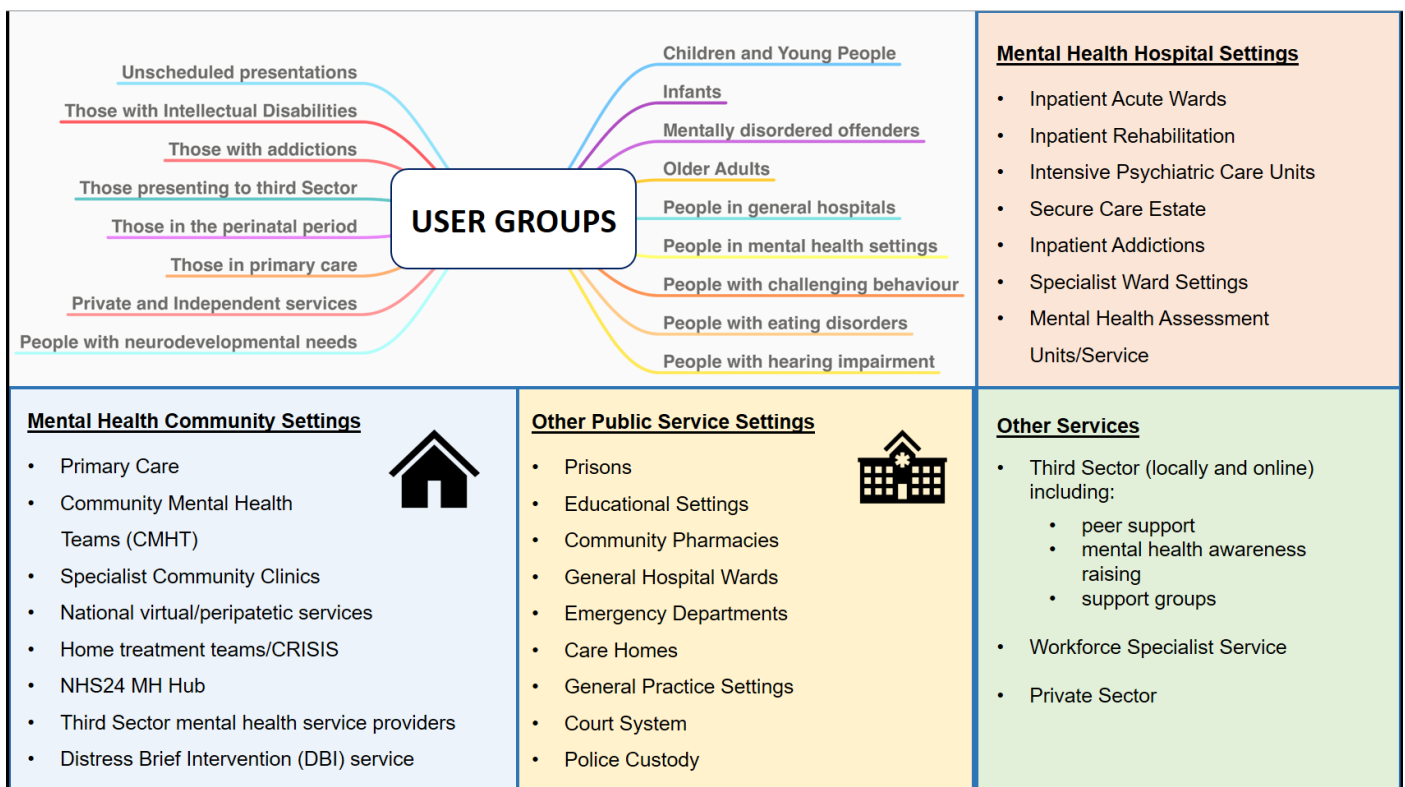
Following on from the publication of the Strategy, we will work with partners, including NHS, local authorities and the third sector, as well as people with lived experience of mental ill health and mental health services, to produce a more detailed Workforce Plan.

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

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

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

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

USER GROUPS

Unscheduled presentations
Those with Intellectual Disabilities
Those with addictions
Those presenting to third Sector
Those in the perinatal period
Those in primary care
Private and Independent services
People with neurodevelopmental needs

Children and Young People
Infants
Mentally disordered offenders
Older Adults
People in general hospitals
People in mental health settings
People with challenging behaviour
People with eating disorders
People with hearing impairment

Mental Health Hospital Settings

- Inpatient Acute Wards
- Inpatient Rehabilitation
- Intensive Psychiatric Care Units
- Secure Care Estate
- Inpatient Addictions
- Specialist Ward Settings
- Mental Health Assessment Units/Service

Mental Health Community Settings

- Primary Care
- Community Mental Health Teams (CMHT)
- Specialist Community Clinics
- National virtual/peripatetic services
- Home treatment teams/CRISIS
- NHS24 MH Hub
- Third Sector mental health service providers
- Distress Brief Intervention (DBI) service

Other Public Service Settings

- Prisons
- Educational Settings
- Community Pharmacies
- General Hospital Wards
- Emergency Departments
- Care Homes
- General Practice Settings
- Court System
- Police Custody

Other Services

- Third Sector (locally and online) including:
  - peer support
  - mental health awareness raising
  - support groups
- Workforce Specialist Service
- Private Sector

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

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

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

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

	Improved Continuing Professional Development (CPD) and careers progression pathways	Y				
Employ	Consistent employer policies					
	Refreshed returners programme					
	Improved diversity of the mental health workforce and leadership	Y				
Nurture	Co-produced quality standard and safety standards for mental health services	Y				
	Safe working appropriate staffing levels and manageable workloads	Y				
	Effective partnership working between staff and partner organisations	Y				
	Improved understanding of staff engagement, experience and wellbeing	Y				
	Improved staff access to wellbeing support	Y				
	Improved access to professional supervision					

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

- **Attract**: Given the longstanding and acute staffing difficulties in the sector, especially among the community-based third sector workforce, improving recruitment and retention approaches is critical. Having worked throughout the pandemic with reduced teams, staff are exhausted and burnt out. We are hearing from members and frontline workers delivering mental health services that the way to support workforce wellbeing (and therefore retention) would be a full complement of staff, making workloads more manageable. However, it is essential that measures to support recruitment into one part of the system do not have the unintended consequence of exacerbating staffing challenges in another. Third sector organisations regularly experience their staff leaving to take up similar roles in the public sector for better pay, terms and conditions. These are staff that they recruit without a background in mental health and significantly invest in training and inducting, only to lose them as they become more experienced. This will continue while third sector organisations are not funded to offer pay differentials or terms and conditions that recognise experience and expertise, and while statutory service require greater previous experience for entry-level roles.
Increased awareness of careers in mental health is also vital, but this must be all careers in mental health, including community support and prevention work, and should not be disproportionately focused on clinical careers in statutory services.
- **Train**: While we support the recognition of long-term workforce planning goals in training programmes through universities, colleges and apprenticeships and increased intake into the workforce through these routes, it is important that we also continue to value the internal training offered by social care provider organisations. These entry points into the sector support people without formal qualifications into careers in social care, reducing the barriers for people who may have lived experience of mental health challenges or providing mental health support.

We would question whether creating new mental health roles is a necessary outcome where there are opportunities to upscale good work already being done, for example, by investing in more capacity for peer-based approaches.

While supporting the need for trauma informed practice and cultural competency throughout the workforce, we would add the need for cultural humility.

We also recognise the value of a workforce that is informed and confident in supporting self-care and recommending digital mental health resources, but this should be where they are fully appropriate. Signposting to self-management or digital resources is not an equivalent or satisfactory response where people need in-person support, particularly where this is done due to staff capacity issues.

- **Employ:** We would appreciate more detail on the thinking behind consistent employer policies as an outcome. While we would like to see parity in pay, terms and conditions for mental health work regardless of the sector you work in, there are multiple employers providing mental health services in the third sector, each with their own HR policies and practices. They are not currently funded to offer the same package of benefits as statutory employers. Some statutory employer policies may also not be appropriate for third sector organisations with their own culture and characteristics. We would support improved diversity of the workforce and leadership as an important outcome, but also call for recognition of the existing diversity of experience within the third sector, including innovations around peer approaches, and call for greater voice for experienced leaders outwith psychological and psychiatric clinical specialisms.
- **Nurture:** Any co-produced quality and safety standards must include workers based in the community and recognise the differences between community and clinical settings.

Medium term (3-4 years)	1	2	3	4	5
Comprehensive data and management information on the Mental Health and wellbeing workforce	Y				
Effective workforce planning tools	Y				
Good understanding of the gaps in workforce capacity and supply	Y				
Improved governance and accountability mechanisms around workforce planning	Y				
User centred and responsive services geared towards improving population mental health outcomes	Y				
Staff feel supported to deliver high quality and compassionate care	Y				
Leaders are able to deliver change and support the needs of the workforce	Y				
Staff are able to respond well to change	Y				

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

Effective workforce planning tools must go beyond safe staffing
for clinical settings and be of use to those who are undertaking
workforce planning for mobile work in the community.

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

15. The Scope of the Mental Health and Wellbeing Workforce

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

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

a) The mental health and wellbeing workforce includes someone who may be:
   i. **Employed**
   ii. **Voluntary**
   iii. **A highly specialised Mental Health worker, such as a psychiatrist, psychologist, mental health nurse or counsellor**
   iv. **Any health and social care or public sector worker whose role is not primarily related to mental health but contributes to public mental health and wellbeing.**

     v.   **A social worker or Mental Health Officer**
    vi.   **Someone with experience of using mental health services, acting as a peer support worker.**

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

If you selected 'other', please specify

The list under 15.1 does not include social care workers whose roles are mental health specific but would not be considered either highly specialized or peer workers. For example, mental health support practitioners working in the community who are not formally qualified beyond SVQ at SCQF Level 6 or 7. They provide a huge range of commissioned mental health support that goes beyond wellbeing support or community initiatives and includes NHS referrals to support people to live independently in the community while they access secondary mental health services. They are a very significant part of the mental health workforce and it is important they are specifically included.

We also note the significant overlap in list 15.2 between the social care sector and the third sector (which we would consider to be synonymous with the charity sector).

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

If you selected 'other', please specify

We would challenge the example of care homes as being representative of a community setting. While there are mental health care homes in the community, the vast majority of community-based mental health support is provided either in people's own homes, or in the wider community supporting social inclusion and independent living.

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

Provide support with independent living and social inclusion, e.g. accessing activities in the community, managing appointments, maintaining a tenancy, completing daily tasks such as shopping, cooking and personal hygiene.

16. Solutions to Our Current and Future Workforce Challenges

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

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

Specialist professional input is most effective where people can engage with them from a position of safety and stability. Ensuring that everyone has the secure housing and support they need in the community makes it less likely that people will become stuck in a cycle of repeated crisis and supports recovery. This is especially important when people are discharged from inpatient mental health treatment and faced with the challenge of reintegration to the community.

- **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?

Increasing the capacity for prevention and early intervention means being expansive in our understanding of mental health support. Many of the roles that are most effective at doing this will not appear mental-health-specific, but support good mental health by addressing housing and food insecurity or social isolation.

In order to grow the mental-health-specific workforce (e.g. peer workers, community support workers, etc.) we need to be able to offer secure, permanent jobs in which people's pay is proportionate to the level of responsibility and skill their work involves. These roles need to be supported with appropriate training and valued as an essential part of the mental health workforce.

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

- **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?

We would challenge the assumption that non-professionals, especially experts by experience and peer support workers, create a risk to quality of care. Experts by experience and peer workers bring something additional to their roles which may improve the quality of overall support people receive. Peer approaches, when they work well, provide a valuable supportive relationship and visible a example of the possibility of change and recovery.

'Non-professional' support workers are often the ones who spend the most time with the people they support and are the people who know them best. They are often the first contact point with services when there are challenges, or the first to be aware of moments of crisis. They play a significant role in building trust and connecting and coordinating other services that must not be undervalued.

Peer workers may need support and flexibility in their roles in order to safeguard their own recovery, but this is an extension of the support that every member of the workforce should have access to and can be provided for within proper workforce planning. It is also important to

remember that qualified professionals may have their own lived or living experience of poor mental health.

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

Workforce planning that focuses on prevention and early intervention must include the workforce needs of community-based services, often delivered by the third sector, from the beginning. These must be prioritized by a workforce planning approach that looks beyond NHS services by default and not as an afterthought. This begins with improving workforce data and capacity for workforce planning, as is being considered within recent consultations on the Data Strategy for Health and Social Care and the National Care Service.

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

Those working in the community and connecting with a range of services alongside the people they support are well-placed to identify bottlenecks and systemic issues. Including third sector representation in co-design initiatives is essential but can be difficult to resource. Capacity can be created for this by recognizing and funding the contribution of those with lived experience of *providing* mental health support when they participate in co-design processes, making it possible for organisations to engage without exacerbating their operational capacity challenges.

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

Existing wellbeing initiatives such as the National Wellbeing Hub are providing excellent support for those who can access them. The challenge for the wellbeing of the workforce is the time to access this support, to debrief with colleagues and access supervision, and to rest and recover from the emergency response to the pandemic. Addressing the recruitment and retention issues to ease staffing pressures is the priority to support and protect the wellbeing of the existing workforce.

17. Our Immediate actions

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

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

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

See response to Questions 14.4 in relation to targeted recruitment campaigns for mental health and unintended consequences for community based third sector providers.

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

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