

Mental Health Strategy

September 2016

Thank you for the opportunity to respond to this consultation.

Social Work Scotland welcomes the Scottish Government's spot light on mental health but feels that this strategy needs to be refocused on a vision that is truly transformational. The real crux of the issue is that this strategy appear to focus more on services and not on mental health. In our view it requires a clear focus on an outcome to promote good or improving mental health and then work back to what needs to be done to achieve this. Working within the confines of current service provision will not in itself deliver a transformation.

Key observations

1. This strategy may well improve existing services, but it is not transformational in that its reach beyond current provision and its analysis of what else might work is limited
2. Despite having an integral role in the support of people with mental ill health, social work is not mentioned at all in the strategy and neither is the specific post of the Mental Health Officer (MHO).
3. The strategy feels very health focussed and is based on medical models of mental health with much less emphasis on social models. This strategy needs to be rooted in a public health approach with targeted elements.
4. Key groups that will place more demand on our services in future such as refugees and asylum seekers and older people with dementia do not feature as strongly as they should in a strategy which looks 10 years into the future.
5. Groups who do not fit well into the current services are also not catered for including children and young people who are looked after at home; care leavers; people with convictions; refugees and asylum seekers; people with autism and learning disability.
6. The strategy is not embedded in current policy and legislation including GIRFEC, Self-directed Support and Health and Social Care Integration, therefore the impact will be limited in its current form. For example the 'how will we know' section states that once outcome measures are developed they will support IJBs in planning. Many children's services and criminal justice services sit outside the IJBs and this needs to be taken into account. Highland Councils and NHS Highland do not have an IJB.

Questions

1. The table in Annex A sets out 8 priorities for a new Mental Health Strategy that we think will transform mental health in Scotland over 10 years.

Are these the most important priorities? Yes / No / Don't know If no, what priorities do you think will deliver this transformation?

Social Work Scotland believes that if the vision is to be truly transformational, the bedrock of it should be based in designing services to people's needs and channelling people's needs into services.

- There needs to be much more support to third sector organisations working on self-management of conditions. To help tackle priority 4
- Equal access to employment will support improved aspirations. A revision of welfare programmes is encouraged to take greater account of the impact of mental health on people's capacity to engage with work programmes and navigate complex welfare systems.
- We are encouraged that the proposed framework incorporates many of the recommendation of the MWC Report Human Rights in Mental Health Care in Scotland as well as carrying forward commitment 5 of the previous strategy (2012-15).

2. The table in Annex A sets out a number of early actions that we think will support improvements for mental health. Are there any other actions that you think we need to take to improve mental health in Scotland?

- The legislative framework for mental health needs to be fit for purpose and all legislation that links to mental health including, the Mental Health, Adult With Incapacity and Adult Support and Protection legislation need to work together and any amendments to these acts takes account of impact on other legislation.
- The strategy should be built on outcomes. The strategy as proposed aims at a mix of outcomes and inputs. This means the strategy is less focussed on the difference it will make for people and is therefore weakened.
- *Specifically on priority 1: Focus on prevention and early intervention for pregnant women and new mothers* – we need much stronger links to the child protection programme here. Antenatal and perinatal support to promote bonding and attachment is currently largely been developed with mothers in mind. More could be done to improve the availability of information for prospective fathers.
- *Specifically on priority 2: Focus on prevention and early intervention for infants, children and young people* – We need a specific focus on children and young people looked after at home; in the secure estate; and the care leaver population more generally. We also need to make sure our services can support and meet the very specific needs of unaccompanied asylum seeking children as well as addressing the growing concerns about the mental health of young people and developing resilience in the group.
- *Specifically on priority 3: Introduce new models of supporting mental health in primary care* - We need to recognise that often interventions need to be the right intervention at right time for individuals and not just a programme that the individual must 'fit' into. This is a complex task to

get right and requires to be embedded in the principles of early intervention, prevention and also personal centred care and support.

- *Specifically on Priority 4: encourage people to manage their own mental health* – the principles of Self-directed support need to be referred to here.
- *Specifically on Priority 5: Improve access to mental health services and make them more efficient, effective and safe* – which is also part of early intervention – this needs to be about delivering the services in a way in which people can access, i.e. the services and the method of delivery that are needed as well as improving access to existing services.
- *Specifically on Priority 6: Improve physical health of people with severe and enduring mental health problems* – we welcome this commitment.
- *Specifically on Priority 7. Focus on ‘All of Me’: Ensure parity between mental health and physical health* – we echo the Mental Welfare Commission’s pleas that they would like to see early action to address the point in their submission that ‘we see ward environments that would never be tolerated in health settings for physical conditions, and people kept in hospital for much longer than they need to be, sometimes with little meaningful activity in their day.’
- *Specifically on Priority 8: Realise the human rights of people with mental health problems* – we need a real focus on the MHO workforce. MHOs are essential in delivering and safe guarding the human rights of individuals and we are concerned at the significant reduction in MHO involvement in emergency detentions and the provision of social circumstances reports. We have also developed a report for the OCSWA on the recruitment and retention and the age profile of this key group of professionals.

3. The table in Annex A sets out some of the results we expect to see. What do you want mental health services in Scotland to look like in 10 years’ time?

- Trauma informed practice is embedded across all universal services.
- Families are given more of a focus in supporting people to overcome or live with their mental illness
- Neglect (including emotional neglect) and the impact on children and young people’s mental health is given much more prominence. This strategy needs to be linked with the child protection improvement programme specifically and the GIRFEC agenda more generally.
- The needs of those with convictions are taken into account when services are designed.
- A more person centred approach is adopted to mental health which is routed in social models and a public health model.
- Greater emphasis on home treatment programmes – providing acute crisis intervention within people’s own homes, bypassing the need for hospital admission that can sometimes be unnecessary and always disruptive.
- Community capacity building robust enough to offer realistic alternatives to statutory services and interventions. This would need to be supported by programme of education for GP’s and other professionals in primary care to increase awareness and confidence in the alternatives available.
- Investment in mainstream awareness campaigns to promote positive mental health message and disseminate information to the wider population on their rights, empowering individuals to claim their rights.

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