Feedback from VOX Scotland members on The Scottish Government's Refreshed Mental Health Strategy.

19TH April 2022

1. About VOX

Voices of Experience (VOX) is Scotland's national voice on mental health – we represent our members' views to Scotland's politicians and health professionals to make sure Scotland's laws and mental health services reflect service user needs and interests.

2. Methods and Participants

We invited our individual and group members to attend the 1.5 hour online session to discuss the outcomes they thought should be included and prioritised in a refreshed mental health strategy for Scotland*.* Eight individual participants took part and two participants from group member organisations – CAPS Advocacy (representing an LGBTQI group and an Ethnic Minorities group) and Circles Network Advocacy (forensic patients). We also included viewpoints from our recent "deep dives" work looking at access to services to help shape the outcomes, this work included a further 15 participants. In total **25 participants viewpoints were included**. The session was facilitated by VOX manager, Wendy McAuslan, and supported by VOX development officer, Paula Fraser, who took notes from the session, without including names. The session was not recorded to ensure participants felt comfortable and able to contribute freely.

- VOX staff introduced themselves and all participants were welcomed to the session. The purpose of the session, the etiquette for safe inclusive discussion, confidentiality, safeguarding, and anonymity in notetaking were all explained. Participants introduced themselves and explained a little of their background or interest in the refreshed strategy.
- The context for development of the refreshed strategy, in terms of different needs, demands and circumstances since the original strategy was developed, and with the impact of the Covid-19 pandemic in particular, was explained. It was also explained that the refreshed strategy will set out what the Scottish Government wants to achieve for **people's mental health, wellbeing and care** and how discussions with stakeholders will help to shape the outcomes that we would like the strategy to achieve for individuals, communities and the Scottish population.
- The purpose of the session was expanded upon, and examples were used to illustrate the outcomes approach, in terms of what difference a policy or strategy makes to individuals, a group or whole population of people.

The session asked participants to think about what the main focus of a refreshed mental health and wellbeing strategy should be, who those outcomes are for (whole population/particular groups), and social determinants to

consider. Open questions were used. Participants' thoughts and ideas were discussed within the group. Views were reflected back to participants regularly, and outcome themes that were taking shape were discussed and agreed on.

The general outcomes that emerged from the session and some explanation of participants' thinking to accompany them can be seen below. These are divided into those which apply more widely to the population of Scotland and those which apply more specifically to groups more at risk in terms of mental ill health. However, as may be expected, there is overlap between the two. This is followed by some more thoughts and quotes from participants aligned to outcome themes they influenced.

3. Outcomes Discussion

We found that the participants discussion focussed on outcomes for at-risk groups (which would be expected given our membership is for those with lived experience of mental health problems) and outcomes for communities and the population as a whole. For this reason we have laid out the response under those two headings.

VOX Members' Proposed Outcomes - For communities and the population as a whole:

a) **A Scotland where mental health and wellbeing education is integrated, started early and is available to all throughout school, work and other areas of life, with consistent emphasis and opportunities.**

[Meaning that people learn about their own and others' mental health, as well as about mental illnesses, through evidenced and appropriate programmes such as Mental Health First Aid courses.
-People have support to develop skills in resilience, self-management and have information on who to reach out to when help is needed.
-People are less likely to feel stigmatised if they do experience mental health issues and are able to talk to others about it.
-People are less likely to stigmatise and discriminate against others due to mental health issues, as they have knowledge and awareness (feeds into the next outcome).
-Also allows information and support to be given to people who may have a cultural context that does not allow for free discussion of mental health.]

b) **A fair, equal Scotland, free from discrimination and stigma.**

[-Fairness across the population in how people are treated by different public bodies, organisations, health services and so on.
-Equality across the population, so that people have equal opportunity and access – means focusing on social determinants and redressing and mitigating those across housing, employment, benefits, education.
-And free from discrimination and stigma of any kind, means that people are treated equally with respect and dignity, regardless of background, situation, and of their mental health diagnosis or otherwise.

-The creation of this fair, equal Scotland free from discrimination and stigma is obviously particularly important because of the difference it would make for those who experience the most disadvantages, health inequalities and discrimination currently. This includes many people at risk of developing mental health problems and those who currently experience mental health problems, with stigma and discrimination making mental health and wellbeing worse, impacting their access to appropriate services, support and care, affecting employment, housing, education and benefits.]

c) **A Scotland where accessible, local, inclusive community facilities are available to all, with a range of activities and opportunities for enjoyment, wellbeing, upskilling, learning, contributing, supporting, and importantly, connecting with others.**

[To enhance mental health and wellbeing;
To help prevent some mental health issues from developing;
To help support and maintain wellness or recovery for those who have or do experience mental ill health.]

VOX Members' Proposed Outcomes - For at-risk groups/groups experiencing mental ill health in particular:

d) **A Scotland where services, support and care for people experiencing mental ill health are <u>actually Person-Centred</u> and flexible in all geographical areas, so that individuals feel treated as unique human beings, their views, feelings, thoughts, rights and choices listened to, considered and respected in equal, open conversations between professionals and those being supported.**

e) **A Scotland where there are wraparound services and support for people experiencing mental health issues in all areas (rural or urban): inclusive, supportive, flexible, consistent and accessible services, care and support, so that people are able to access what they need, when they need it, and are trusted and listened to about what and when that is.**

[The system should not be based purely on diagnoses and unfair eligibility criteria, which currently means many people only receive help when they are in crisis, are turned away from regular help because they are *'not ill enough'*, *'seem to have recovered'* or *'can manage fine now'* or have to wait too long for help.

-An emphasis on helping people to **keep well** through consistent regular support which they find helpful (for example, monthly or bi-monthly CPN appointments).
-Having the ability to increase that help when it is needed would hugely improve access to services, trust, and create the flexible services Scotland deserves.
- Members talked about needing acknowledgment of the fact that people engaged in eating disorder services will often need those services intensively and longer-term, and there needs to be the corresponding resources and staffing for this to meet this need.

-People seem to be falling in the cracks between acute services for crisis situations and support provided by third sector organisations.

4. **Members' Quotes/Thoughts associated with outcomes**:
   a) **A Scotland where mental health and wellbeing education is integrated, started early and is available to all throughout school, work and other areas of life.**

   "There's such a lack of understanding and promotion of mental health and wellbeing and coping strategies and ways to get help – the education needs to start early – in primary school and then continue throughout school and beyond to make a difference."

   "Talking to young people, and making that connection with schools so people understand and there's wellbeing for ALL is really important."

   "It's really important, particularly for minority ethnic groups that primary and high schools really teach young people about mental health and wellbeing because often it may be a stigmatising or taboo topic at home.

   b) **A fair, equal Scotland, free from discrimination and stigma.**

   "Why is it the mental health is still seen as secondary? We wouldn't expect or need a charity to treat us if we had a physical health problem, but that's all people have got to turn to when they're unwell mentally."

   "There needs to be joined up services, housing for example. It's so important to have help with housing, benefits and an easier way to access them. Particularly people who are experiencing mental ill health and those from the LGBTQI community who are doubly impacted, they may already be isolated and living apart from their families. It's expected that people who may be struggling just to carry out everyday tasks should manage phoning so many people, fill out all the forms correctly, just to get the benefits they're entitled to."

   "There needs to be accessible housing for everyone. We have people (forensic patients) who have been waiting to be discharged from hospital because there's a social housing shortage. There are people having to move to England to get housing, and being away from their support networks is affecting their lives and wellbeing badly."

   "When you've had a mental health condition you have to justify that you're ill all the time when you're trying to recover – it's psychologically competing. Always having to prove you qualify for benefits."

   "There's discrimination against people with mental health problems in PIP, the benefits system and even the DVLA, where it's online forms for everyone else but if you have a disability or mental health issue you have to do a paper form and wait for months and get sent for tests. It's very stressful too dealing with all these things when you're already struggling."

"I'm a human being, not a number, a person."

"There needs to be diversity of services and the people who work in the services, otherwise you don't have people within the services who understand certain communities. It would help develop trust if there was that cultural competency."

c) A Scotland where accessible, local, inclusive community facilities are available to all.

"The difference it has made in my area that they have now been able to open a community centre based in the town centre, on the main street, where there are so many different activities available for everyone to take part in. It's incredible. I have suffered from psychosis and what helps to keep me well is being connected to others, having interests and interacting more with the community (people with or without mental health problems). It helps me to recover my mental health and maybe even drift into wellbeing."

"The community health and wellbeing fund has been good. There needs to be more community based projects funded so there are more places for people to make connections and on the ground activities that can help people sustain themselves better, especially considering the long waiting lists for help."

"Peer support is really important for helping people recover or stay well."

d) A Scotland where services, support and care for people experiencing mental ill health are actually Person-Centred and flexible in all geographical areas.

"When I started becoming ill again my parents could see me slipping away and told the doctor but it was three months later before I was seen, when I was much worse. They need to take people seriously."

"I want to be listened to, that all I want is a female CPN, and just one person at a time visiting me in my home, so I can feel like it's not an interview, but feel comfortable to open up about myself. It would save money too!"

"It's so important to be listened to. I had to have the same conversation every single day in hospital when I said 'I'd prefer not to take the medication.' to the nurse when she asked me to each day. It made such a difference when the charge nurse understood my perspective and changed the interaction so I wasn't continually asked."

"I'm a human being, not a number, a person."

"Feels like the NHS and services aren't held accountable for issues with the services they provide. If you can't get the help you need or want to complain about what happens to you, you complain to the very people who were part of the problem and they don't do anything about it."

"Feels like you're not supposed to question GPs or CPNs."

"not seeing me as difficult when I'm unhappy with something"

"Outcomes need to be appreciated by the patient."

"We need something like an audit – a systematic approach, where can look at good practice and assess how to achieve that everywhere and monitor it, in third sector too."

e) **A Scotland where there are wraparound services and support for people experiencing mental health issues in all areas (rural or urban):**

"It's so important to keep me well that I see my CPN every 3 months at least. It can't just be, you're discharged and that's it, you must be better and not need help anymore."

"You seem fine to me, you're managing to do this and that, so you must be okay. You don't need this service."

"I've fought for two years to get a CPN back, and finally I've got one, and I'm not going to let them go, because I know I need that support regularly to stop me becoming unwell again. Not much to ask, seeing a CPN once a month or even every two months down the track. A CPN should not be time-limited when you have a serious long term condition, and you shouldn't have to prove yourself to get help."

"low level support can help prevent people from self-medicating"

"Rural areas don't have access to services like psychologists and are underfunded."

"I would be prepared to travel to see a psychologist for my trauma but they don't give you the option. There just isn't one in my area and that's it."

Thanks go to our participants for their time and contributions.

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