New Mental Health Strategy for Scotland

Feedback from VOX Scotland

9th September 2022

Contents:

1. Who we are

VOX is a national members' led mental health charity. VOX aims to ensure that people with lived experience (PWLE) of mental health conditions are influencing a number of key policy areas by capturing members' experiences and representing them at a range of groups and networks.

2. What we did

Following on from our initial engagement with VOX members in April 2022 about the 'refreshed mental health strategy', we connected with a range of people with lived experience on their views around key areas of Scotland's New Mental Health Strategy throughout July and August. In order to do this:

- We enabled people with lived experience to understand the proposed vision and outcomes in key areas of the strategy.
- We created a safe place for people to share their viewpoints - engagement was via mixed methods, both in-person and online, with a person-centred and inclusive approach.

Lived Experience Discussion Groups were planned with 5 groups of people, representing a range of geographical areas, mental health conditions, genders, ethnicities, religions, and socio-economic backgrounds.

Given the significance of the strategy for people with lived experience of mental health conditions, and the strength of feeling the discussions could bring up, we focussed on reaching groups who already had a sense of belonging and trust. This made each discussion as comfortable, supportive and productive as possible.

We reached out to a number of Collective Advocacy Groups and arranged online sessions with:

- HUG (Highland Users Group)– Spirit Advocacy
- Bipolar Scotland

We also reached out to and engaged with a number of third sector projects who are providing support to people with lived experience directly. We arranged in-person sessions with:

- Sharpen Her: The African Women's Network (AWN) in Glasgow
- Wellbeing Works (Dundee) and Dundee Volunteer & Voluntary Action, as part of a 'Creating Wellbeing for All' day event arranged with VOX in Dundee

And finally, we organised an online discussion session for:

- VOX members, from across Scotland, while also gathering survey feedback relevant to the strategy from other members.

In total we engaged with 51 participants, online, in-person or through survey feedback.

Participant numbers

HUG – Spirit advocacy	7
Bipolar Scotland	6
Sharpen Her: African Women's Network	6
Wellbeing Works and Dundee Volunteer & Voluntary Action	16
VOX members	9
Relevant Survey Feedback – VOX members	7
Total participants	**51**

3. Overview/Format of the session

VOX Scotland aimed to ensure that the discussion sessions were inclusive, and as such, based on conversations which are meaningful and relatable. Our discussions looked at the overall vision of the strategy, and the meaning of words like 'mental health' and 'wellbeing' in our participants' view. We then focussed in on key areas of the new strategy, where feedback was needed, and asked participants (as far as they were comfortable) to bring their own experiences, thoughts and suggestions to the session. The data collected throughout this engagement process, and the resulting feedback should be reflective of people's authentic experiences and priorities.

VOX Scotland's Manager and Development Officer facilitated the discussion sessions and were supported by the group contact person at each of the four sessions with external groups. Group discussion etiquette was highlighted and agreed at every discussion session, and participants were assured that notes taken would be anonymous. Participants were also given helpline numbers should support have been required during or after the sessions and encouraged to take time when needed and ask for help or support from their group contact or from VOX. We thanked participants and group contacts for their contributions at the end of discussion sessions, provided support where required, and informed them that we would send a copy of the final report.

4. Our Findings:

A) Terminology – 'Mental Health', 'Mental Wellbeing' and 'Mental Illness'
[Relates to Consultation Part 1: Descriptions]

Based on the wording of the vision and the descriptions given to terms in the consultation, participants talked about 'mental health' and 'mental wellbeing'. While there is a description given of 'mental health condition', many participants voiced their deep concerns about the absence of 'mental ill health'/'mental health conditions'/'mental illness' within the strategy's actual vision. Participants also had worries about the terms 'mental health' and 'mental wellbeing' being used interchangeably and without thought of their meanings.

"It's as if they are interchangeable. Wellbeing is very broad brush. Good to prevent and talk about it, but mental health must be part of that, not just wellbeing." (Participant, Bipolar Scotland)

"Mental health and wellbeing are lumped together a lot when they shouldn't be." (Participant, Bipolar Scotland)

Some participants were concerned about how 'wellbeing' as a term was replacing 'mental health' much of the time in policy and in practice, and while they recognised the connection between the two, they felt they are quite distinct from one another. Worries were also around the stigma that could result from **not** talking about mental health and mental illness so much anymore, and instead just 'wellbeing'.

"Well, it's just the thinking that we used to have a Minister for Mental Health in the Scottish Government. And now, I know it's changed to a 'Minister for Mental Wellbeing' and it just seems to be a talking down of the problems being faced in mental health that it's not even in the title anymore." (Participant, HUG, Spirit Advocacy)

"It's a worry that 'wellbeing' as a term and concept is being favoured now, and it may come from a place of trying not to offend or trying to take away the stigma of having mental health issues but in fact it is doing the opposite. Not using the term mental health and mental ill health, and addressing it contributes to the stigma. It's important to deal with this." (Participant, Bipolar Scotland)

"I mean wellbeing to me would include all sorts of things like exercise, weight control and things like that. And the things that you generally do day-to-day to look after yourself. Although parts of that certainly help to maintain my recovery, Mental health is a complete branch of medicine. All of its own. And to lump it in with something so general like wellbeing seems to be to reduce the importance of it as a branch of medicine and the conditions that people have to cope with." (Participant, HUG, Spirit Advocacy)

"A group I attended used to be called a 'mental health café' and it was really good and helpful to go to, but now it has changed to the 'wellbeing café' and it feels like the focus is on exercise and healthy eating and living, which are good things which can help but they are ***not*** *mental health and I no longer feel comfortable to talk about mental health there which is a shame. When I'm feeling unwell mentally it's difficult. That feeling of being with like-minded people, able to talk about it if they wanted isn't there now. Now the terms are always put together or mental health is just substituted with 'wellbeing'".* (Participant, Bipolar Scotland)

Other participants spoke about the use of the word 'wellbeing' being used in practice to stop people 'qualifying' for help, assessing their need as not high enough.

"I make the observation that most NHS practitioners will assess your mental health as a mental wellbeing difficulty and therefore not their problem as they think it doesn't qualify as a mental illness – so then that person and their issues slip through the net." (VOX member)

"Is the difference between 'mental health' and 'wellbeing' much the same as the old split between 'severe and enduring' versus 'mild to moderate'?" (VOX member)

B) The New Mental Health Strategy Vision

[Relates mainly to Consultation Part 2: Vision]

Following on from discussions around terminology, participants discussed their thoughts on the vision of "Better mental health and wellbeing for all" that the strategy is based on.

<u>Concerns about Lived Experience Participation and Action taken on Feedback</u>
[Relates to Part 2: Vision and Part 4 Outcomes, Qu.6,7&9 – Lived Experience Input]

An issue that arose in three of the sessions while discussing the vision, was whether the feedback that people with lived experience (PWLE) provide in this consultation will be taken seriously. Also, of concern in one session was whether feedback will be weighted appropriately because it comes from groups of PWLE, and whether action will be taken in the direction people want. Participants mentioned experiences of more regional consultations where services for people with mental illnesses came out as a priority but were then disregarded from the strategy and the actions taken, while others spoke of their experiences in national consultations and their feeling of not being listened to. Participants wanted to stress the importance of lived experience and co-production in how elements of the strategy are developed.

"A huge agency did an exploration on mental health with my local area – mental illness came out as the overwhelming issue needing attention, and then when the strategy came back it was all about wellbeing. I'm worried that will happen again here." (VOX member)

"The weighting system on the answers given to the Scottish Government – I want to know how they weight different responses they receive on this strategy. I'd like to know for example, is it the same weighting given for one person filling it in compared to an organisation submitting a response from lots of members?" (VOX member)

"I want to be sure the Scottish Government is valuing lived experience when making decisions." (VOX member, through survey)

Participants talked about wanting **mental health to be seen as having the same importance as physical health** by policy makers and in practice.

"Can I just give a wee example myself then, so we hear all the time about waiting lists and I just had a very minor thing wrong with me physically and I phoned up NHS24. And within two hours I was sitting in the out of hours outpatients, being seen to for physical health. That is absolutely excellent, but it's clearly lacking in in mental health. In that aspect, you don't get the same kind of respect for having a mental health issue. You have to be in crisis before anything happens and then even then it's months later. For mental health, it's just not the same. There's no comparison for it." (Participant, HUG, Spirit Advocacy)

"I'd like to see a more holistic approach in the strategy, including these physical health issues. Whatever happened to 'parity of esteem' between mental and physical health, why isn't that in this strategy?" (VOX member)

Another participant spoke about the lack of time for thought and reflection when important consultations come out so closely together.

"The suicide prevention plan and the law review proposals and this mental health strategy one – we needed more space during and between these to reflect and respond." (VOX member).

<u>Credible Vision but Scepticism about Delivery</u>
[Relates to Part 2: Vision]

Many participants thought this sounded like a credible vision and saw the importance of a vision that applies improvement to *everyone* in Scotland. There was also praise from some participants for the focus the strategy has on the social model.

"It's great that this strategy focuses so much on the social model and so little on the medical model." (VOX member)

However, many members were also worried about how wide the vision seemed to be and some were sceptical about the methods, resources, staffing and on-the-ground delivery needed to realise this vision.

"It is talking about the highest attainable situation, and of course we don't want people to be ill, but they are, and we need to recognise that. That needs to be in the strategy." (VOX member)

"My first thought is that it is a huge ask - how to achieve that. I feel there hasn't been any help so far and we have to come up with our own ideas in the community on what you do to help, with all the young people in my area who have committed suicide recently. Can they actually deliver on this vision?" (Participant, Bipolar *Scotland)*

"It doesn't feel right to just have the one sentence: mental health and wellbeing for all. More mild difficulties or wellbeing issues are very different from mental illnesses. There could be two different strands to the vision." (VOX Member)

"It's just the practicalities and I just think we need a large injection of realism; nothing against the Scottish Government but it's blah blah blah. Nothing against the National Health Service but it's blah blah blah. And if we sit around on our backsides nothing is going to get done." (Participant, HUG, Spirit Advocacy

<u>"For all" – Inequalities</u>
[Relates to Part 2: Vision and Part 4: Outcomes, Qu.5,7,23– Inequalities]

For some participants the issue of equality in what they see as a society of widening inequalities was the most important factor in the vision. The need to address inequalities was the immediate response by several participants as being crucial in achieving 'good mental health and wellbeing for all' in Scotland. Inequalities in employment, housing, education, transport and immigration status were all spoken about at length by participants in the African Women's Network as having profound impacts on mental and physical health, while other participants also talked about poverty, groups at high risk and the need for massive change to achieve equality.

"A doctor's prescription for many mental health things is 'not a remedy' or a cure if you are then still stuck in the same situation that is causing you anxiety, depression and stress. That needs addressed and changed." (Participant, AWN)

"I'm fed up of saying it but seismic change is required to address inequalities. Middle class interventions are absolutely not working over generations." (VOX member, through survey)

"There are a number of high-risk groups that have additional needs – BME groups, those in poverty are facing multiple challenges. It's harder for them to access mental

health support. We need to address these needs, so these experiences need to be articulated and services should be designed around meeting those needs." (VOX member)

Participants from the African Women's Network recognised the role the UK government (rather than the Scottish Government) plays in immigration cases and voiced their frustration at the long drawn-out and unpredictable process where they are living *"in limbo"* (Participant, AWN). They also explained the impact of asylum-seeker status and the inequalities faced by asylum-seekers and refugees in awareness of, eligibility for, and access to, services and help in Scotland. The consequences on adults' and children's mental health was discussed. In this example, eligibility to free bus travel was brought up.

"Why should my child who has done nothing wrong and has come with me to escape harm, not be able to participate properly and not have the transport and means to join in and be educated?" (Participant, AWN)

In order to achieve that equality in mental health and wellbeing, participants mentioned groups of people that would need to be targeted.

"Asylum-seekers, refugees, poorer communities, women, black people and people of other ethnic minorities, people with long-term health conditions (mental and physical) and children and young people (particularly because of the impact of the pandemic and lockdowns)". (Participants, AWN)

<u>Lack of ambition and acknowledgement of current state</u>
[Relates to Part 2: Vision and Part 4: Qu.6,8,18,24]

Some participants felt that the vision was not ambitious or comprehensive enough, given the state of mental health services and support at the moment, and the scale of the demand for help from people with mental health problems across Scotland. They wanted to see a vision that recognises how bad the situation is at the moment, and steps up to the massive challenge ahead, addressing difficulties, initiating and carrying out major change, and naming the huge investment needed in order to improve mental health services and people's lives across Scotland.

"This vision is generic and a bit bland. We are living in very difficult times at the moment, and we want to see something with more oomph – the suicide prevention agenda is directly relevant here. Mental wellness for people with conditions will suffer in this context." (VOX member)

"Why do they never start by acknowledging that the system is an absolute shambles.

No-one ever mentions that as the starting point, which is what they should be doing. Let's be honest about what the current situation is, how it got like this, and what needs to be fixed, not by the same routes that haven't already worked. I want the people around the table to be aware that it not just as simple as slapping a name on it and cracking on. I mean, how do they even think that they can introduce a 10-year plan when you have a service where if you have a psychiatric emergency, you can't get an appointment to see a psychiatrist for several weeks. How are they actually going to implement this?" (Participant, HUG Spirit Advocacy)

"The aims are nice – I can't say I don't want those things, but they are generic placeholders, they are vague. We don't want people to feel they have failed if we don't achieve that pinnacle of 'mental health'." (VOX member)

<u>Need for a Human Rights-based Vision</u>
[Relates to Part 2: Vision and Part 4: Qu.6,8,18,19]

Some participants expressed their wish for the vision to be more human rights-based, in line with the Scott (Mental Health) Law Review work, and wider human rights framework the Scottish Government is building. Participants felt it was important for the vision to acknowledge their rights to services and protection of their rights to information, to free choice, to dignity, to non-discrimination, and to health treatment that is given equal status to that of physical health treatment. Language within the strategy as a whole does provide positive desirable outcomes which speak to these rights, but could it was felt by some that the language of human rights should be more explicit.

"Human rights language should be in the vision and strategy as much as possible." (VOX member)

"Yes, I'd like to see a commitment to equalities, anti-discriminatory practices and progressive realisation of UNCRPD human rights mentioned overtly in the strategy." (VOX member)

"I'd like the strategy to talk about and promise, that mental health for all needs to include the right to have our mental health and wellbeing taken into consideration in ALL decision-making – whether about care home entry or getting a hip replaced. I'd like that to be within the mental health strategy so that mental health and wellbeing and physical wellbeing interrelated – taken holistically." (VOX member)

Sidelining Mental Illness

[Relates to Part 2: Vision and Part 3: Key areas, Part 4: Qu. 6,7,8]

Some were very concerned that the vision ignores or sidelines mental illness, preferring to take an 'easier' option of talking only about 'mental health and wellbeing', as though mental health is one and the same as wellbeing, and mental illness is outside of both and not part of the overall picture.

"It feels like wellbeing is being used as a euphemism for mental health. The gravity of mental health issues is being minimised or dismissed. Just this idea of universal wellbeing." (Participant, Bipolar Scotland)

*"Are we actually forgetting about mental **ill** health here? That is a valid viewpoint."* (VOX member)

Some participants could see the importance of help and action that increases people's general wellbeing, and also preventative mental health measures which could help avert crisis and agree with those outcomes. However, most participants agreed that these measures would not prevent all mental illness and should not be used as a substitute for the crucial services and support people experiencing mental illness (particularly enduring mental illness) are desperately needing and are so often not receiving. Outcomes addressing these concerns were also welcome, but concerns about concrete action to achieve them was still clear.

"Although I have a mental illness, I also have friends and family who suffer from milder stress etc. and they do need to tackle the early development of these things with interventions before they lead to worse mental health or illness. That is also important. But support and treatment for mental illness is definitely needed too." (VOX member)

"I see why it's 'for all' but that means it's about the general society, which is fine, but more focus is needed on people experiencing mental health issues." (Participant, Bipolar Scotland)

"I think we promote mental wellbeing with check-ups, but mental illness needs specialist services – the strategy should allocate resource for both of those things. We want society to be as mentally well as possible but need the resources for that and for the services needed for mental illness." (VOX member)

*"I am specifically raising awareness of **mental illness** – not mental health which is a term that gets used every day. They are quite different terms."* (VOX member)

C) **Key areas of Focus**
[Relates to Part 3: Key areas of Focus]

In line with some of the issues raised above with regard to the vision, participants broadly agreed with the key areas of focus in the strategy. They understood the value of population level work to create the conditions for 'good mental health and wellbeing' which would include many of the resources, activities and means for community connection that could be useful for them. They also felt that this would need to include addressing inequalities that exist for people with mental health conditions and looking at the social and economic conditions that influence mental health and cause barriers.

Accessibility and signposting for help, advice and support is also something many participants support, as long as that help, advice and support is well-funded and resourced, wherever it may be, to be able to deal with the demand.

One of participants' main concerns in mental health support and services is the difficulty accessing it and the length of time it takes to get help. Participants' views agree with the need for rapid and easily accessible response for those in 'distress'. However, participants do want that to not only include those who are at the point of crisis, but others who need help maintaining wellness or those needing early intervention.

The inclusion of 'ensuring safe, effective treatment and care of people living with mental illness' as a key area of focus is welcome. However, participants are worried, as stated, that mental ill health is being side-lined and do want to see services and support for people with mental ill health treated as a **priority** in this strategy and the action that follows.

While 'safe, effective treatment and care' is very important, from participants' point of view this area of focus should also include aspirations to have that care provided more quickly, with easier access and flexibility for individuals. Additionally, emphasis on the empathetic, non-judgmental attitude needed by staff providing that care and treatment should be considered. Also highlighted by participants is the unending and fundamental call for **consistency,** in terms of the professionals providing care to individuals, and the regularity and reliability of ongoing care to help people maintain wellness and avoid crisis. Consistency in terms of the availability and quality of treatment and care provided across Scotland is also a priority for participants, with the hope that this may be supported by the adoption of quality standards for adult secondary mental health services. In line with the embedding of human rights, people's inclusion, agency and power in decision-making around their own care and treatment should also be paramount. It is noted that this is mentioned in several places within the outcomes of the strategy.

D) Activities/Services having a Positive Impact on Mental health and Wellbeing, Barriers and identified improvements [Relates to Part 4: Qu.6,7,8 and 11,12,13,14,18,24]

Company, Connection, Peer Support and Drop-in Centres

Participants discussed the main things in their lives that had a positive impact on their mental health and their wellbeing. For many participants a crucial element was having the company of and connection with others. The importance of informal or formal peer support to most participants was clear, as was the access to local community groups and centres, open to drop into every day. Some did have concerns that peer support cannot be used for everything, and people with mental health conditions still need access to professional psychiatric and psychological help.

"Surrounding yourself with people who understand and talk to you, you can feed off of that if you surround yourself with good people." (VOX member)

"Just two words. Peer support." (Participant, HUG, Spirit Advocacy)

"To know that you're not alone." (VOX member)

"For me, a self-help group in my area really helped – run by users as facilitators but unfortunately it was stopped and taken over by a professional. I can't explain why but I just couldn't go then anymore. I felt it was not right. A social worker or whatever is not good for me." (Participant, Bipolar Scotland)

"Talking about things, emotions, having meaningful conversations helps. Get rid of the stigma around talking about how we feel. When we say 'How are you?' – not just saying fine when you're not fine. Be able to be honest and open." (VOX member)

"So, peer support to me personally is just having that person sitting across from me. I prefer it physically because emotions and things are difficult to pick up online." (Participant, HUG, Spirit Advocacy)

"Peer support is the biggest thing that has been positive in helping my mental health condition. As a user and as a facilitator, the self-help group has given me the opportunity to contribute. It has been so beneficial to give me greater stability for so long." (Participant, Bipolar Scotland)

"I think having activities and community groups available is really important." (Participant, AWN)

"Peer support is FUNDAMENTAL!" (VOX member)

"Meeting people, peer support is key." (Participant, AWN)

"Self-help groups are a godsend to me – like-minded people I identify with immediately, like at Bipolar Scotland." (Participant, Bipolar Scotland)

Dundee participants also identified *"local church, toddler, singing and other community groups"* that were positive assets to people's wellbeing. They spoke about the need for funding to be allocated to these types of community groups that help and a need to have somewhere which raises awareness of these activities. The value of embedding peer support within groups like these was also highlighted by other participants.

*"Having peer support embedded in things like sports groups, writing groups, and any social activity or groups can be a massive prevention point rather than leading to a point where there's nothing until you hit crisis point." (*Participant, HUG, Spirit Advocacy)

Participants talked about structure and routine helping mental health and wellbeing, and also the particular problem some men face in making meaningful connections to help their mental health and the value of men's groups for tackling this.

"Having a regular routine helps– down to school see same faces, talk about whatever you like." (Participant, Bipolar Scotland)

"Unlike most women, men have this reluctance to be open with one another about their close feelings. And it's always been that way, and I think this is being broken down in society more and more these days through organisations like the men's shed and peer support groups. They can say things now to another man that they might not necessarily have been able to say to them in the past." (Participant, HUG, Spirit Advocacy)

Participants highlighted the difficulty and importance of accessing drop-in centres in rural areas of Scotland without the need for referrals. They also spoke about the long-running campaign to have drop-in community centres open where and when people need them if mental health and wellbeing is to improve. Discussions took place about the positives of a 'Recovery College' and about the Law Review proposals for people having the right to access local drop-in wellbeing centres across Scotland.

"But the fact that there are still no mental health drop in centres in Inverness is just ridiculous and this whole idea behind the recovery college sounds fascinating. I hope that will help." (Participant, HUG, Spirit Advocacy)

"Why has the Highland capital still not got a mental health drop-in centre? There are drop-in centres funded elsewhere but they don't provide a drop-in here, where they've got this Resource Centre, you have to be referred to. They have been using the referral system to select who they will engage with. Getting support by dropping in if and when you need it is what helps, not this." (Participant, HUG, Spirit Advocacy)

"We've been talking about this need for years. There's probably more need for a drop-in centre now than ever." (Participant, HUG, Spirit Advocacy)

"What actually are we calling for when we call for a drop-in centre? We want a place of safety to meet. And that's all we're asking for people to give us. We can do the rest ourselves if we have that place of safety that we know is going to be open. If you create the environment for peer support to happen it will naturally happen." (Participant, HUG, Spirit Advocacy)

The value of people with lived experience peer support within a Community Mental Health Team was discussed, and it was proposed that this model from an English Trust could be implemented successfully in Scotland.

"Actually, potentially having someone employed in the CMHT with lived experience to sit with you and go through stuff with you is helpful. And for me it was one of the most useful services that I've had and I was at a point where I wasn't getting support from anywhere and it was just invaluable really (while living in England). And she did discuss the fact that there is a need for it here, but it's how would we implement it." (Participant, HUG, Spirit Advocacy)

Access to Consistent empathetic professional support

Participants discussed the fundamental importance of having consistent professional support, which should be delivered with a caring and empathetic attitude. Participants spoke about positive experiences where this has been the case and has had a significant positive impact on their mental health and wellbeing.

"When I was hospitalised a while ago my Community Psychiatric Nurse helped a lot, even with things like benefits and getting PIP, and a bus pass." (Participant, Bipolar Scotland)

"My CPN is a brilliant sounding board. Time. Allows me to sit. I also have a good psychiatrist." (Participant, Bipolar Scotland)

"I have found the use of my CPN absolutely fabulous, really brilliant." (Participant, Bipolar Scotland)

"Once I missed my medication at the pharmacy as I had something on, and when I got home I found the police, the CPN and everyone was there checking on me. It was a bit of an exaggerated response but at least I knew they knew what was happening and were looking out for my mental health, staying well. People need that care and attention. I think that's unusual." (Participant, AWN)

Participants also spoke about experiences where that crucial support of a trusted CPN was taken away, and the profoundly negative impact that had on their mental health and their wellbeing. They spoke about the need for enough professionals to be trained, recruited and treated well so they are able to stay on in their roles, and

so they do not feel pressured to leave patients once they think they are 'too well', for the sake of 'more critical' patients. Participants talked about how that sends individuals relying on that support into crisis all over again, and so the cycle continues.

"Having a good empathetic CPN has been so important for me, but because they are so understaffed, you get told after a while you're 'too well' and other people need the help more and it gets taken away. That's what sends you into crisis. That needs to stop if they're genuine about keeping people well and averting crisis." (VOX member)

"You need consistent regular access to a CPN and other clinicians after you leave hospital or while you're having treatment. Shouldn't just be stopped." (Participant, AWN)

"It is decades of the habit of people being dismissed as 'not ill' and therefore not entitled to treatment or support. There is a system and attitude that excludes people wrongly and unequally." (VOX member)

Participants put forward the idea that there should be awareness training within the mental health workforce, with more connections to people with lived experience and explicit training in the support and advocacy organisations that exist. Staff can then use those connections, and signpost people following diagnosis to get support.

"I think that more professionals should be members of Bipolar Scotland for example. Get that perspective and understanding from the inside. Similar with other organisations. That would help and they could pass on information to patients." (Participant, Bipolar Scotland)

Participants also spoke about the particular difficulty accessing services in rural areas.

"They need to get mental health issues in rural communities fixed. If we cannot see the doctor in our area, we should be able to go to the nearest hospital for mental health issues." (VOX member, through survey)

Participants highlighted the difficulty of police officers attending situations where someone is having a mental health crisis or experiencing mental health difficulties. The lack of comprehensive training for police officers and the detrimental impact on the person was discussed. The need for trained mental health professionals to be the port of call to support someone in this situation was made clear.

"They obviously have their general training to do with mental illness, but realistically a lot of them don't think it's their job to help people. So obviously having someone like a CPN go in a ride along for a welfare check is actually incredibly important, and obviously it will probably come across and resonate better with the people you got to see for a welfare check." (Participant, HUG, Spirit Advocacy)

Choice, Flexibility and Control

Participants spoke about the value of having choice and control over their lives and the way they are treated in terms of mental health and wellbeing. People having their rights and wishes respected and the flexibility being built-in to allow that to happen was seen as a significant change needed. The right for individuals' wishes to be noted, respected and acted upon, as the Law Review proposals also talk about, was seen as very important by participants, who have often seen their express wishes ignored, especially in crisis situations. A more fluid service with options for students and carers with specialised need to be able to receive treatment in different places was also an issue for some participants.

"For me having options and control are hugely important." (VOX Member)

"To feel you have the right to say if a psychiatrist or CPN is not right for you. You should be able to feel comfortable and supported. And there needs to be more flexibility in the system so if you move to a different postcode to go to university you're not made to change health boards and go back to the start of the waiting list to see a CPN that you rely on to help keep you well." (VOX member)

"You should be allowed to be registered at two different doctors and mental health teams for people who spend time in two places for work/study/family – it's ridiculous how you can only be registered at one because of this data protection thing and then you lose out on what you need." (VOX member)

"I actually specifically put in my university notes in my disability profile that if I am suicidal, I do not want the police called because they do not know how to deal with people with mental illness and unfortunately that was disregarded and instead of sending out a paramedic, they decided to send the police. I don't understand why you would put a damaged person in a damaging situation and then they end up worse and with trauma. And I know people that have actually put complaints into the police and it's come back with 'we did nothing wrong'." (Participant, HUG, Spirit Advocacy)

"We need availability of appointments that work for the person – face-to-face with someone you trust is so important in mental health for a lot of people, and actually in physical health too. The receptionists try to stop you getting an appointment at all, never mind a face-to-face one. I know it's useful for some people to have online/phone appointments but does not work for everyone and everything." (Participant, AWN)

Work and Volunteering

Participants discussed how worthwhile volunteering and paid work have been to their mental health and wellbeing, providing structure, contact and meaning. However, participants voiced their frustrations with the benefits system which they felt hindered them in doing this and being to find the right balance for their conditions and lives.

"Work and volunteering really help. What is frustrating about being on benefits is when you are trying to edge into paid work – episodically to ease yourself back in and see what is manageable – you are frightened of going over your hours. So, you end up, to err on the side of caution, not being able to in case they take too much away and you can't cope or manage financially. What you need is help to be able to phase out of benefits while your experience and confidence is built up. There's not enough flexibility in the system." (Participant, Bipolar Scotland)

"I agree about volunteering and working being good. I volunteered but the benefit system only let me do it 4.5 hours a week – teaching other people and getting out and about. It made it so limited, there was no chance to progress. I wanted to test the water, but couldn't because of the system and that is counter-productive. It had a detrimental impact." (Participant, Bipolar Scotland)

Mindfulness and relaxation

Participants talked about having time to relax and take time out being important for their mental health and wellbeing. Many participants also spoke about the value of mindfulness for them, using books, apps, classes or their own version to help their mental health and wellbeing.

"Work life balance." (VOX member)

"I like to switch off as much as I can after work." (VOX member)

"Self-care, mindfulness - constantly seeking peace of mind!" (VOX member)

"Mindfulness is so helpful for me." (Participant, HUG, Spirit Advocacy)

Access to Exercise and Nature

Many participants spoke about how regular exercise in different forms helps their mental health and wellbeing, often as a group activity, combining company/peer support with physical activity. Participants also spoke about connection with nature and the outdoors. Participants were keen for more affordable/free access to exercise forms and groups, with awareness, signposting and encouragement needed from medical professionals around the benefits for people's mental health and wellbeing.

"For me, community access to exercise is a big thing – a gym café like I had. Free to use after you come out of psychiatric care in hospital." (Participant, AWN)

"Mine comes as no surprise, but it's swimming that does it for me. If I can't swim then I notice a change in my mood." (Participant, HUG, Spirit Advocacy)

"Other things that really help are contact with nature, walks, plants." (Participant, Bipolar Scotland)

"Access to swimming that is local and affordable is really helpful." (Participant, AWN)

"The biggest thing for me is exercise in a group – bootcamp. The whole vibe of the class is inclusive, with all types of fitness. They encourage people to do the best they can. It's about achievement, socialising, chat, being outside, as well as the exercise. It keeps me well. When I'm not so well – it's difficult because I can't make myself go. It's the linking up of activities and different things that are on offer. Tying up communications to the medical community. So, people are aware of what is available." (Participant, Bipolar Scotland)

Sleep and Healthy Eating

The importance of good sleep and sleeping habits were mentioned by participants, who spoke about apps which relax you, tell bedtime stories, and help people to get better sleep. The value of this along with eating healthily were highlighted as good for mental health and wellbeing.

"And another one is sleep. A structure and drinking enough water. And healthy eating." (Participant, HUG, Spirit Advocacy)

Support for addiction issues and positivity of avoiding alcohol/drugs

Participants spoke about how avoidance of alcohol/drugs had a positive impact on their mental health and wellbeing. They also mentioned the need for support for people trying to improve their mental health in this way, and the creation of a culture less dependent on alcohol.

"One thing that has been so big for me – I stopped drinking 1 year and 2 weeks ago. It's made a huge difference. Advertising and culture in this country– young people are growing up thinking they need alcohol. My mental health is so much better – anxiety can be so bad when someone has a hangover. I still have bad moments but I'm not getting into dangerous situations, being argumentative like I would if I was drinking – the government should think more about what other countries are doing in terms of discouraging that drinking culture, thinking about advertising and the effects." (VOX member)

Participants also spoke about the need for community facilities that would allow someone with addiction issues, particularly in rural communities, to meet others without having to go to the pub environment.

"If I don't go down to the pub for a coffee in the afternoon, I don't see anybody. And it's not ideal for me to go there, to the pub for company because I have an alcohol problem and don't want to be tempted in that environment. We need a local drop-in centre, allow people to meet and keep their sobriety." (Participant, HUG, Spirit Advocacy)

Within the Dundee participant group there was a feeling that there needs to be more effective, easily accessible support for people to tackle addition issues. An example of a mixture of community support and talking therapies had helped one individual to get off of a path which he felt could have led to crime and more serious addiction issues. There was general support from participants in all sessions for more help for addictions and connections between mental health services and addictions services, so people get the help they need.

"It would be good to see the links between mental illness, mental health and addiction/substance use/drug deaths be made more prominent in this strategy."
(VOX member)

E) Support for Recovery from Traumatic Experiences [Relates to Part 4: Qu. 20, 21, 24, 8]

Participants discussed the best services and support that is or should be provided to help people recover from experiences of trauma or adverse childhood experiences. One key area participants agreed on was the importance of early intervention for children who have experience trauma and an awareness that they may continue to need support into adulthood.

Availability and access to psychological treatment

Participants discussed the lengthy waiting lists for psychotherapy to deal with trauma, and the need for better access to treatment on the NHS.

"We need increased access to psychotherapy. A lot would like to access it but can't get it when they need it. If someone is receptive to it, ready for it, then I think it helps them. Availability is just too limited. It's a year wait for psychotherapist appointment at least, at the moment, particularly if you need specific trauma-related therapy. Because it was going to take so long, and I really needed it, I went to a private therapist but I was lucky I could manage that." (Participant, Bipolar Scotland)

Dundee participants also spoke about the yearlong wait for accessing talking therapies and how that is detrimental to people's lives. CAMHS was also mentioned in relation to long waiting lists (a 2 year wait was noted) and the fact that young people's lives can be going downhill markedly whilst they are waiting.

Exclusion from Trauma Treatment

Participants spoke about the need for someone to listen empathetically and acknowledge someone's pain. Participants talked about angry upset behaviour, which can often manifest because of trauma, was demonized and used as a reason not to

provide people with treatment when they desperately need it. Others had not received treatment because they were assessed as too unstable, which seemed counter-productive to the individual.

"One of the major symptoms of PTSD, trauma is rage and anger, and you are automatically excluded from services and support when you have that – and you're told you've to come back when you're not angry, but you can't stop feeling and showing anger when you've experienced that trauma. What would have helped is someone to listen; talk to the person. Stop condemning people for that behaviour from their feelings due to trauma. Communication and support would have helped." (VOX member)

"When getting assessment in local CMHT if they would look at behaviour and put in a referral for someone, but I wasn't seen because not seen as stable enough, so told to be more stable and then come back." (VOX member)

"The impact of trauma can be very delayed. I've been told 'you're not ready for it'. Who is a psychiatrist or anyone else to say when someone is ready. Funding for shorter waiting lists and trauma-informed practice would be good – change the language and behaviour of psychiatrists and CPNs around trauma." (VOX member)

Participants also mentioned that services will often describe themselves as 'trauma-informed' when in practice they do not bring any knowledge to bear on their approach or treatment.

"I think a lot of people are, saying that even though people are talking about trauma-informed services all the time, it seems like a lot of services are not trauma informed whatsoever and people do get dismissed." (Participant, HUG, Spirit Advocacy)

"I'd like to see a move away from pathologisation and towards models such as the power-threat-meaning framework and more trauma informed ways of working that understand that people have often adapted to early adversity." (VOX Member, through survey)

"I'd like the system to be based on premise of consensual care rather than the coercion under which so much mental health care is delivered by NHS services." (VOX Member, through survey)

Flexibility, Personalisation and Length of Treatment for Trauma

Participants felt that support/treatment would be very dependent on the type of trauma someone had experienced and their needs and preferences. Flexibility in treatment options was seen as key, rather than a blanket approach to treatment that was immovable and not personalised. Participants thought there should be a holistic cultural competence approach with a diverse representative workforce, and that languages therapy is available in should be considered. Participants talked about practice being informed by people with lived experience, and how the strategy should include this.

"Think it's dependent on the type of trauma." (VOX member)

"Not all trauma is accessible for talking therapy either. We need to be offered and given other treatments that can help acknowledge the existence of trauma that can't be described or 'discussed' and alternatives given that can reach and solve hidden and inaccessible trauma. Art and music therapy – things that used to be funded." (VOX member)

"I had a 'gold dust' CPN and tried an anxiety class and other treatments, none of which I could do because of trauma. When that was recognised they adapted to suit me– on-to-one – they did DBT with me. Part of it can make trauma worse but as we discovered those triggers and issues, I had to challenge those and they changed it so it didn't trigger me. That look at the whole person and tailoring it to you was great – that's what is needed. You need a therapist willing to do that." (VOX member)

"We need trauma-informed counselling for those who have experienced trauma and there needs to be cultural competence in order for that to be effective and holistic. We need a diverse and educated workforce for that. Even understanding from staff that it may be a cultural norm to send money you make back home to care for family members, for example." (Participant, AWN)

"The availability having therapy in a different language or at least having interpreters who can be trusted to pass on information properly regarding trauma and your experiences. There needs to be more consideration of language barriers and formats to present information in." (Participant, AWN)

"It would be great if this strategy could keep the professional bits that people currently find helpful, but also allow space and resources for people to also build lived experience-led, trauma-informed alternatives to the current system." (VOX member)

Participants also talked about the predetermined length of a course of treatment for trauma and how that approach does not allow for person-centred treatment, or account for the fact that dealing with trauma can be a long process.

"The problem at moment is the support is so time-limited. If you're lucky you get 12 sessions and that's it for a few years. Stop, start and we've got so used to accepting it. We have accepted a poor shawdy system. It could take years/lifelong to deal with some trauma – not just going to be fixed in 12 weeks." (VOX member)

<u>Disparity between areas and reluctance to diagnose and treat trauma</u>

Participants felt there were differences in service provided and approach between different areas. They also thought that comprehensive trauma-informed training was needed across the country, and services should be able to recognise and treat trauma-related problems as early as possible, not shying away from complex trauma or diagnosing personality disorder as a first port of call.

"In a different local authority they were wonderful and put me in touch with a CPN and gave me treatment. It wasn't evident to me at time, I thought I was broken and couldn't be fixed but looking back it's the hesitancy to deal with people with complex trauma or issues – need early intervention and people trained to identify trauma especially in early years – trauma practices that can help people. I was first misdiagnosed with personality disorder." (VOX member)

"If the service in that area had had trauma-informed training and practice, incorporated into the way they delivered the services, that would have made a huge difference." (VOX member)

"It's very much a postcode lottery with this - Highland has nothing but an NHS that don't let people in. And there are lots of small services in some small local areas so only some people get some of their limited service that is independent and not linked to any other service." (VOX member)

"There does need to be equity between what is available in different health boards - it really does vary so much at the moment. Equitable access to different types of services, not 'one size fits all' NHS or nothing." (VOX member)

Empathy and Consistency from Professionals

As was mentioned earlier in what positively impacts people's mental health and wellbeing, participants discussed the importance in recovery from trauma, of the consistency and empathetic attitudes from professionals. Participants talked about how important this is across services. The difficulty in finding this consistent relationship driven by compassion was also made clear by another participant's comments earlier on having "*a 'gold dust' CPN"* (VOX member). Participants also brought up training needed specifically for police officers.

"In every one of the psychiatric and psychological services – people need good relationships – the quality of service is so improved if consistent and good – GPs or CPNs or whoever it is -it's having that consistent empathetic relationship that is key." (VOX member)

"Police need proper mental health and trauma training if they are going to be the ones dealing at first a lot of times with crisis and mental health, that attitude and knowledge is so important." (Participant, AWN)

Social Return and Investment

Participants also proposed that investing in trauma treatments and providing people with the care they need, would not only give the social return we should all be seeking, but will actually save the government and NHS much more money down the track.

"Social return and investment – it's proven that for every pound spent now, you're saving £5 down the line – stopping trauma, suicide, or suffering afterwards from getting worse – it's a way to realise that the government needs to spend money to help people and save money in the long run." (VOX member)

Self-management and Peer Support and the Third Sector

Participants talked about local support services which need funding and development to provide trauma services while helping take pressure off of the NHS. Development and training in self-management and peer support were seen as important tools in recovery from trauma.

"We need to encourage development of local support services. There's a key critical staff shortage in NHS. COPE is an example of an organisation and model of working that can really help." (VOX member)

"The more we can encourage self-management programmes and peer support the better. You can sign up and get free places on the course." (VOX member)

"I know Jeans Bothy, where I know and feel comfortable, it can help with trauma. There is a members' agreement you sign and they control who is in the group as confidentiality is paramount. That really helps." (Participant, Bipolar Scotland)

"And now since working with HUG, I obviously know things like peer support are now a massive help with trauma. But that's only come through involvement with the third sector. I couldn't get help through the NHS." (Participant, HUG, Spirit Advocacy)

F) Self-harm and Suicide Prevention [Relates to Part 4: Qu. 5,6, 7,8,17,18, 23 & 24]

Participants discussed what they thought were the most important support and service issues regarding self-harm and suicide prevention. [VOX also contributed to both stages of the Scottish Government and COSLA's Suicide Prevention Strategy and Plan with our members' views.]

Prevention of Self-harm and support for individuals

Participants thought that education in school, college, university, workplaces and the community was crucial. It was felt there was a lack of knowledge and awareness around self-harm, how to approach it, and also stigma attached to it.

"*There needs to be education about mental health and about self-harm. All part of the training and awareness we've been talking about throughout every stage of life. There needs to be openness to break down barriers and stigma."* (Participant, AWN)

Participants also felt there needed to be more accessible support from mental health services for people who are self-harming, or those caring for someone who is self-harming. Awareness of and access to that help in convenient and non-stigmatising

places was seen as important, particularly for children and young people who may not know where to go to access help.

"Again, accessible support from mental health services where it is understood why it happens, what people are going through and can give consistent support." (Participant, AWN)

No Wrong Door Approach in Suicide Prevention

Participants discussed the difficulty in getting healthcare professionals to respond when they tell them they are in crisis and at risk of committing suicide. There was a feeling that regular access to consistent care like GP and CPN appointments, could avert a crisis of this sort, by providing support and attention earlier on. There was also the view that when someone is at crisis stage it is critical that whoever they come into contact with should not turn them away and should have the training and awareness to help them and get them the immediate support they need. Communication and coordination between services was also seen as important. Participants felt that 'No Wrong Door' is the aim, but that the reality currently is that people are not being listened to, are being turned away, and suicides that could be prevented are not.

"I should be able to pick up my telephone and ring my GP surgery and tell them that I'm having a mental health crisis. And there should be a named person that they can put me through to, or they can take my contact details and say this person will get back to you this morning or this afternoon. And I've been told that so many times. And nobody does. You phoned up and you say I'm about to kill myself and they say oh, right, 'well is there anyone there with you?' 'No I just need to speak to somebody'. They don't even phone you back. It is awful, but it's normal and I am not the only person here that can put their hand up and say they've had that experience. Most people will have had that experience several times, so going back to the first point. We need to be introduced to these people when they're making these strategies and policies tell them of the reality." (Participant, HUG, Spirit Advocacy)

"Again, it's the need to access face to face and regular appointments with people you trust and who can pick up on things when something is wrong – GPs, CPNs if someone had one." (Participant, AWN)

"We need services to check on people and have that process like with the CPN and pharmacist and others following up when medication was missed for example. That's a warning sign someone is not okay and needs attention." (Participant, AWN)

Wide-reaching Evidenced Training and Awareness

Following on from the previous point, participants stressed the importance of wide-reaching accessible training based on evidence. Participants spoke about the

availability of Mental Health First Aid Training, Safety Planning training and ASIST being very patchy and non-existent during the pandemic despite the fact that there has been a rise in mental health problems related to the pandemic and lockdowns.

"We need to give the information on suicide and help that's there to everyone – even people who 'look okay'! Training for people everywhere consistently, so everyone is aware and knows what to do. A lot of important training has stopped during and since covid even though mental health is getting worse." (Participant, AWN)

"The ASIST training course is really important for people to do. I would highly recommend it. It should be more widely rolled out. It was eye-opening. We need that for everyone everywhere. (VOX member)

Participants also thought there was a problem of people not being aware of how/where they can get help. Support and services need to be more widely promoted.

"Again, the problem of if you don't know about it, you can't access the help. Information again is the key! (Participant, AWN)

Using Training and Skills in the Community

Participants talked about building up communities where the culture is to look out for others and use the training to pick up when something is wrong. Development and awareness of key qualities and skills, such as listening and empathy were mentioned as being crucial.

"More the sense of community where people are looking out for one another using training to pick up on the signs someone is struggling." (Participant, AWN)

"Listening is really important – hear what people are saying and what they might not be telling you but you can see in other ways or ask them." (Participant, AWN)

Perinatal Support

Participants also talked about the importance of perinatal mental health support, particularly for groups of women who may be harder to reach due to language difference, cultural factors or immigration status.

"We need maternal help – I was so alone here having my baby and didn't know what to do when I felt so down and the baby was crying all the time. The lack of sleep and maybe even postnatal depression can make life unbearable – I would cry and couldn't go out. Mothers need information and support and places to go when need company, other mothers' comfort/advice." (Participant, AWN)

Post-crisis Care and Support

Participants talked about the rush to discharge patients from psychiatric wards when they do not feel ready and also the complete lack of post-discharge support even when someone is at risk of suicide.

"My friend was in a mental health hospital. They discharged her when she was really suicidal even though she spoke face to face to professionals saying 'I will do this to myself when I leave'. Why are we letting people go when they're unwell and telling you they will kill themselves – it's a crisis and not right. And if someone had a heart attack would they do that? She went in voluntarily as she couldn't get help in the community. Important to have that in the strategy." (Participant, AWN)

Action on Suicide Prevention for Rural areas

Some participants brought up the particular situation in rural areas, where people feel there is less support, training and attention paid to suicide prevention. Specific issues contributing to suicides in rural areas was also mentioned and the need for underlying issues to be addressed.

"We need more Suicide Prevention support and action for rural areas, and a special regard to farmers with the high suicide rate. We come back to the Social Return on Investment here, as families and friends require a lot more, expensive, intervention afterwards when the work isn't done to help prevent suicide." (VOX member, through survey)

G) Links with other health and social care services [Relates to Part 4: Qu.19 & 24]

Participants talked about their experiences of other health and social care services and how successfully they felt they linked together.

Data protection and sharing of records

Some participants talked about the difficulty 'over use' of data protection can cause in allowing health records to be shared with social care and vice versa to make a smooth safe holistic system for individuals. Participants mentioned the introduction of the National Care Service and the need for this practical problem to be resolved. Other participants were mindful of the mental health records that they would not want shared across services though. [VOX has provided feedback on this issue in our response on the NCS.]

"Being practical, data protection is over-used as an excuse. A local authority social worker cannot look at any health care records and vice versa. That is a major problem and with the new National Care Service it will be a big practical problem. We need the agencies to have a mindset that data protection is ***not a get out clause*** *but a guide of how to get things, access."* (VOX member)

"In terms of information-sharing between services, if it's an organisation outside mental health I might be more wary of that." (VOX member)

Joined up Services and Support

Some participants talked about having a physical condition or disability and also a mental health condition, and the difficulty trying to access services which consider both at the same time.

"I mean, I'm physically disabled, you know, and they don't recognise that at the same time as my mental health condition. There is there is no help for me. There is no one place for me to go that will actually address both of those issues at the same time." (Participant, HUG, Spirit Advocacy)

"I feel there must be a better way of working between services to improve communication and joined up support for people." (VOX member)

Awareness of the links between mental health, social work and the third sector

"People struggling with their mental health need support sometimes in caring for their children. We need to know how the social work system works and also be signposted so we can access great charities like Home Start and Action for Children. They helped me and my child back from the brink. It saved our relationship and made me realise how I was parenting wasn't right. Counselling together was so good for us. More people need that to prevent things going bad. The services have to be joined together though." (Participant, AWN)

H) Growing and Widening the Mental Health Workforce [Relates to Part 4: Qu. 24,25,26,27]

Staff shortages – Difficulty Recruiting and Retaining

Participants talked about the clear lack of staff in the mental health system, the difficulties recruiting and retaining good staff, and the detrimental impact on individuals who either cannot be seen, or receive an unreliable, inconsistent service. Particular difficulties with staffing in rural areas was also mentioned.

"I think Mental Health staff are under a lot of pressure at the moment because they're short of fresh people joining the workforce. It's a difficult time for most of them." (VOX member)

"They literally can't recruit enough nurses/psychologists etc. and it's not for want of money - they literally can't get the staff." (VOX member)

"I mean, staffing is the first thing I think of when thinking of this strategy and the plan to make anything better - how they're going to implement a new plan if they

haven't got the staff to actually implement it in person. That's the biggest problem. Where will the staff come from?" (Participant, HUG, Spirit Advocacy)

"The other day I had a joint meeting with my psychiatrist and my CPN – this is my first CPN in 5 years when I had been desperate for one. She's been really good but unfortunately she told me she's leaving. This high turnover of CPNs and no consistency is a real problem." (VOX member)

"And I think part of the issue up here is the distance involved and not just getting to a place, but getting health professionals out to see people where they need to see them, you know. Transport is a massive issue for people who don't drive. And I think, for health professionals it's a driving job at some points with the mental health aspect attached and it's much harder to compare with places like Glasgow, Edinburgh, where everything is less difficult travel-wise. I think we find quite a lot that people do get trained up here in in the Highlands, but then they soon leave for a job somewhere else out with the Highlands. So, we're trying to get them to live and stay here and putting people out where they need to be and not just in Inverness or in the central hubs. They need to be out in the smaller communities." (Participant, HUG, Spirit Advocacy)

Ways to Grow the Workforce

Making the pay, conditions, and training better for staff and allowing them to provide consistent support, building up relationships, were seen as positive steps toward growing the workforce. Filling the gap participants feel Brexit has left in terms of mental health staff by training new workers was seen as important. Workforce planning that acknowledges the number of new psychologists and other staff need to be trained was crucial for some participants. Participants also spoke about the money they felt was being wasted by hiring locums, when two psychiatrists could be employed permanently instead.

"There's a drive to fill posts. There's an absolute dearth of psychiatrists and people flounder as a result. That's the workforce and the patients. I've had the CPN in the position of having to ask patients 'can you cope without us?' When you're asked that you're given to understand this idea that others are more needy than me. Makes you feel guilty but actually you need the ongoing help too. You need the CPN. There's a huge demand for psychologists too. I think we have enough skilled people if we really try to fill those posts and equip and pay people properly." (Participant, Bipolar Scotland)

"We need a workforce that is well funded and consistently funded so know they can keep doing their job and supporting people. That helps recruit and retain staff and helps patients." (Participant, AWN)

"We have less skilled workforce because of Brexit. We need to let people use skills and also train enough people in the right areas to fill roles." (Participant, AWN)

"'Relational safety' – we need to recognise how important that is. We have a shortage of therapists. In the training of clinical psychologists at Glasgow University for example, it's the top 1% of the top 1% that get into that course, and they don't want to work in particular places. Because of the demand, they can more or less pick where they work. We need workforce planning that trains enough people and has a recruitment strategy or we're not going to change anything. " (VOX member)

"There are so many locums employed and they get so much pay that it is stopping the use of two psychiatrists who could be employed. There needs to be something done about recruitment and retention of psychiatrists, so they're not relying on locums where there isn't the consistency either. That's my observation. It's not financially prudent or good for the patients." (Participant, Bipolar Scotland)

Widening the workforce, integrating non-professionals

Participants talked about the need for police, social workers and NHS staff needing mental health training, but also the opportunity for charities and other people in the community who helped during the pandemic to be training in mental health and help provide services. Participants also talked about the possibility of counsellors being able to take on some of the roles that psychologists normally have, suggesting that this may be easier to train and recruit for and still provide the service someone may need.

"We need police to be trained and social workers and NHS staff with availability of courses on mental health for them and for charities and others in the community who have been helping support people during and after covid." (Participant, AWN)

"Maybe it doesn't all have to be done by psychologists? Could counsellors do the trick for some/many of us? Including peer counsellors." (VOX member)

Other participants also talked about the inclusion of the third sector and the need for consistent funding, training and good conditions to retain those staff. Many participants felt that people with lived experience could contribute much to the workforce and peer support should be broadened and funded to help people in the community.

"And 3rd sector organisations and supporters somehow being more integrated and funded properly so that they can be part of seem to be actually part of the mental health workforce, I think." (Participant, HUG, Spirit Advocacy)

"Peer support. Where there's a gap there's an opportunity – we need to recognise peer support, trauma, and the distinction between mental distress and mental ill health. These are the three most important developments in the last few years. Not just the old formal way of working." (VOX member)

"Could people with lived experience be a crucial part of the workforce, using different types of peer approaches?" (VOX member)

"In Highland there is work going on to try and make sure peers are designing the service as well as run them." (VOX member)

"What we need is lived experience in the workforce – we need more people in who have experience. I don't know if that is workable but even through providing peer support. Peers understand you and that makes a difference. Communication is so important. If there are going to be third sector and other people properly involved in the mental health work force they need to know about each other, have availability and be able to refer or direct people instead of leaving them to not cope if they don't manage to find help." (Participant, Bipolar Scotland)

"Training is key and of primary importance. Hence the emphasis on DESIGN -designing training of peers by peers to be supporters is the only way to go." (VOX member)

Other participants were worried about non-professionals taking over roles where people may require particular knowledge and skills and some were wary of the third sector being used to replace roles the NHS would normally do, due to experience of this during covid, where it was felt support was patchy.

"I think it might be dodgy if you do that with peer support. You would have to train peer supporters in the same way as nurses are to make sure they had the knowledge and skills to help people properly. I think it's a risk." (VOX member)

"That's why people would need to be properly trained and no practitioner would be allowed to support without proper training. I have decades of experience of the pseudo 'expert' supporter simply because they are peer experienced. That is why peer supporting has become a movement that acknowledges all the dangers and puts emphasis on the training." (VOX member)

"I'm very wary of the third sector coming in or having to come in, where the NHS should be doing their job. During Covid lots of times the third sector was stepping in and trying to fill the huge gaps left by the NHS and other government and social services but that was patchy. It needs to ***be quite well delineated*** *if there is going to be a widening of the workforce, so it's clear which* ***jobs are for what purpose, and things that should be NHS clearly are their responsibility****. There are great people leaving the third sector because they are not getting paid well enough. That is a huge barrier to including and growing the workforce in mental health to include the third sector. Great staff are leaving for less stressful jobs because the stress is high, while the pay doesn't match."* (Participant, Bipolar Scotland)

<u>Diversifying the Workforce – Representation and Access</u>

Participants felt that the workforce needs to be more representative of all the people who require mental health services, to encourage people to seek help, and

allow the best communication and understanding to take place. As discussed above that would include more people with lived experience of mental health issues being involved in care and support. Participants also talked about diversity of ethnicity and languages spoken.

"We need a diverse workforce that reflects the society. That relatability and trust and cultural competence. So, we need to actively attract and recruit diverse workers. That would deliver a better service for everyone and help tackle stigma too."
(Participant, AWN)

"For example, the rape crisis centre has been running a pilot where staff recruited for it speak different languages that they know are used in the community to see if this will improve services for people. I think that's a really valuable idea." (Participant, AWN)

Summary

The vast majority of participants had views, ideas and visions of better support and services which concur with many of the outcomes stated in the consultation. However, participants voiced their scepticism, based on years of experience, about the delivery of these outcomes. They also are to be convinced that people with lived experience of mental illness will be listened to in this consultation and involved in both the design and delivery of the strategy going forward, and in their own care and treatment, in the way the outcomes suggest.

Participants were quite clear about their desire for the vision of the strategy to more explicitly talk about mental health conditions/mental illness/mental ill health, *not only* 'mental health and wellbeing'. The absence of 'mental illness' in the vision feels significant to many people with lived experience and is interpreted as a sign that policy makers are relegating mental illness and the services and support that are needed for people with mental ill health. This is at a time when participants already feel very badly let down by the current system, and unable to access the support they need when they need it. While the key areas of focus are seen as important by participants and do talk about care and treatment for mental illness, a clear priority for participants is more emphasis on timely, empathetic, and consistent services both to maintain wellness, and during times of crisis.

The outcomes which talk about ensuring access and making it flexible, person-centred and inclusive are very much what participants want to see in practice. Concerns about having the workforce, resources and training to make that happen across Scotland were also very clear, with particular concerns about provision in rural areas. Participants showed support for quality standards for adult secondary mental

health services, and other measures which improve quality and consistency in the services they need.

If they can be successfully put into practice, much of what is suggested in the 'workforce outcomes' concur with participants' thoughts on gaining and retaining a larger committed mental health workforce. However, despite the clear support for third sector services, peer support, and local drop-in centres, there are still concerns about adequate funding, how much the NHS might pass over to the third sector, how proper training will be rolled out, and the need for clear delineation of responsibilities.

There was support for the population-wide measures, community outcomes and those that could have an impact on trauma and suicide prevention. Participants could see the value of community resources, activities and support that can benefit everyone in the 'wellbeing' sense but were also mindful of the underlying social and economic inequalities which they agreed need to be tackled. They were also clear about the specific need for local community drop-in centres, and easily accessed peer support and help, that is designed by and for people with experience of mental health conditions. Participants voiced the positive impact that safe welcoming local spaces available to people when and where they need it would make, and the benefits of such investment socially and financially in the long run.

Participants want the strategy to deliver for all in society and support preventative measures and resources to increase wellbeing, but do not want people with mental illness to be ignored. They are desperate to see huge positive change, genuinely shaped by people with lived experience, so they can have access to the services and support they need and deserve.

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Contacts

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Appendix

Participant information

Bipolar Scotland 6th July 2022 - Different geographical areas of Scotland, different age groups and genders.

Spirit Advocacy Highland User Group (HUG) 6th July 2022- The participants were a mix of genders and ages, and were mostly based in and around the Inverness area.

Sharpen Her: African Women's Network, Glasgow, 21st June 2022- Most of the women live in Glasgow or Lanarkshire, different age groups.

Dundee Wellbeing Works & Dundee Volunteer and Voluntary Action, 19th July 2022, mix of genders and age groups.

VOX Scotland Members 17th August 2022 Different geographical locations, age groups and genders.

VOX Scotland Members – Through survey, August 2022 – anonymous.