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MMS 097

27th January 2012

Katherine Christie
Scottish Government Health Directorate
Reshaping Care and Mental Health Division
Mental Health Service Delivery Unit
3 ER, St Andrew's House
Regent Road
Edinburgh
EH1 3 DG

Dear Katherine,

Mental Health Strategy Consultation

Please find attached the completed Respondent Information Form from the Green Exercise Partnership. The partnership comprises Forestry Commission Scotland, NHS Health Scotland and Scottish Natural Heritage and was set up in 2007 to encourage greater use of the outdoors to promote better health and quality of life for people in Scotland.

We very much welcome the opportunity to comment on the Mental Health Strategy for Scotland 2011-2015 and feel privileged to be involved in its development.

Yours sincerely

Maureen Kidd

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NHS Health Scotland

Encl.

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CONSULTATION QUESTIONS

Overall Approach

This consultation reflects a continuation and development of the Scottish Government's current approach for mental health. There is a general consensus that the broad direction is right but **we want to consult on:**

- The overall structure of the Strategy, which has been organised under 14 broad outcomes and whether these are the right outcomes;
- Whether there are any gaps in the key challenges identified;
- In addition to existing work, what further actions should be prioritised to help us to meet these challenges.

Comments

The Green Exercise Partnership (GEP) welcomes the opportunity to comment on the Mental Health Strategy for Scotland: 2011-2015. The GEP comprises Forestry Commission Scotland, NHS Health Scotland and Scottish Natural Heritage. The partnership was set up in 2008 to encourage greater use of the outdoors to promote better health and quality of life for people in Scotland.

We share and endorse the aspirations in the ministerial foreword in terms of seeking to achieve an integrated approach to mental health (promotion, prevention, treatment, recovery) and enabling a person-centred approach. This approach is reflected in the national indicator within the National Performance framework: *'improve mental wellbeing'* but it also has a synergy with another indicator: *'increase people's use of Scotland's outdoors'*.

However, the 14 outcomes within the consultation document read as 'givens' and it is difficult (particularly for those organisations who do not work in the mental health policy area) to judge whether these are indeed the most appropriate outcomes, and the extent to which they are inter-dependent and if there are gaps. In this respect, our view is that the strategy would benefit from having alongside it an evidence-informed outcomes framework and a sector contribution analysis.

A second concern is that the current draft is biased towards the NHS and Mental Health Services. A consequence of this is that the document appears to 'talk' to this audience only, whereas its potential audience is considerably wider. The following section (prioritisation) defines the 4 'best impact' areas but these have an inherent skew towards early diagnosis (dementia), access to treatment (psychological therapies), and acute/crisis services (suicide). In our view, insufficient attention is given towards wider mental health improvement and the cross-sector engagement required to achieve it.

It is entirely appropriate that Scotland should build on its previous achievements and aim for continuous improvement. However, this is also an opportunity to think more broadly and to consider an asset-based

approach, as advocated in the Christie report. An asset based approach is concerned with identifying the protective factors that support health and wellbeing and offers the potential to enhance both the quality and longevity of life through focusing on the resources that promote the self-esteem and coping abilities of individuals and communities. Scotland is rich in terms of the diversity and scale of its outdoor environment, and there is sufficient evidence to confirm the health-promoting and restorative benefits of contact with nature. We believe that these have been overlooked in the current draft.

In the remainder of this document, we provide a response to only those questions which we consider to be within the GEP combined area of expertise and knowledge. For this reason, we have left unanswered some of the more specific questions, particularly those around mental health service care and delivery.

Improvement Challenge Type 1

We know where we are trying to get to and what needs to happen to get us there, but there are significant challenges attached to implementing the changes. An example of this is the implementation of the Dementia Strategy. There is a consensus that services for people with dementia are often not good enough and we already know about a range of actions that will improve outcomes. However some of these changes involve redesigning the way services are provided across organisational boundaries and there are significant challenges attached to doing this.

Question 1: In these situations, we are keen to understand whether there is any additional action that could be taken at a national level to support local areas to implement the required changes.

We recommend that the scope of an integrated mental health includes the promotion of wellbeing and prevention of mental ill health as well as treatment and recovery.

Physical activity has an important role to play in promoting mental health and wellbeing by preventing mental health problems and improving the quality of life of those experiencing mental health problems and illnesses. For example, the evidence¹ shows that physical activity can reduce the risk of depression, dementia and Alzheimer's. It also shows that physical activity can enhance psychological wellbeing by improving self-perception and self-esteem, mood and sleep quality, and by reducing levels of anxiety and fatigue.

A Faculty of Public Health report (2010)² attests to a long history of good natural environments being promoted as an important determinant of health. A range of evidence now exists to demonstrate the positive links between **contact with nature and mental health and well-being**. For example, a

¹ Start Active, Stay Active. A report on physical activity for health from the four home countries' Chief Medical Officers.

² http://www.fph.org.uk/uploads/r_great_outdoors.pdf

recent review by Petty et al (2010) as part of the UK National Ecosystem Assessment identified the following areas where the evidence was established, or very likely 1) experiencing nature has been shown to have a significant positive impact upon heart rate and blood pressure and can increase recovery from stress 2) access to nature can encourage participation in physical activity; and 3) green exercise results in significant improvements in both self-esteem and mood, with the greatest health outcomes experienced by those with mental health problems, suggesting that exercise in natural ecosystems can be therapeutic for these groups.

'Green Exercise' is the term used to denote physical activity undertaken in natural environments. In recent years, there has been increased interest in the potential physical and mental health effects of green exercise.

Improvement Challenge Type 2

We know we need to improve service provision or that there is a gap in existing provision, but we do not yet know what changes would deliver better outcomes. Supporting services to improve care for people with developmental disorders or trauma are two areas where further work is needed to identify exactly what needs to happen to deliver improved outcomes.

Question 2: In these situations, we are keen to get your views on what needs to happen next to develop a better understanding of what changes would deliver better outcomes.

Taking an asset-based approach, the outdoor spaces around healthcare facilities across the NHS estate could be re-oriented to sit within the sphere of 'patient care' and form an important part of the health-enhancing and healing environment open to the NHS. This is a missed opportunity.

The GEP has been working with several NHS area Boards over the past 12 months and has provided guidance, practical support and match-funding to support them in realising their ambitions for the NHS Estate. These include design elements such as trees and planting, therapeutic gardens, site furniture, way-marked paths and access to cycle paths to encourage active travel. Projects underway are being evaluated to gauge their health benefit. Woodland around Argyll and Bute Hospital (Blarbuie Wood³) is now used on a daily basis by hospital staff, patients and local residents of all ages and abilities as a result of woodland restoration, path creation, signage and interpretation with both direct and indirect health benefits.

The quality of the physical environment can influence mental health and wellbeing. **Good Places, Better Health** considered the question 'what is needed to deliver places that good health for children?' This work has focused on four key health challenges in Scotland, including mental health and wellbeing, as they affect children aged 0-8 years. The recent report⁴ aims to identify what is needed to deliver places that nurture good health for

³ <http://www.snh.gov.uk/docs/C231180.pdf>

⁴ <http://www.scotland.gov.uk/Resource/Doc/348058/0124383.pdf>

children.

Outcome 1: People and communities act to protect and promote their mental health and reduce the likelihood that they will become unwell.

Question 3: Are there other actions we should be taking nationally to reduce self harm and suicide rates?

While the outcome is a broad one, the question is specific around self-harm and suicide.

With reference to 'people and communities', we suggest that this is segmented into 'life stages' so that a more tailored approach might be taken to maximise impact. Equality and diversity also needs to be reflected throughout the strategy so that services will promote inclusion and be culturally sensitive. This is in keeping with a person-centred approach.

Question 4: What further action can we take to continue to reduce the stigma of mental illness and ill health and to reduce discrimination?

Comments

Question 5: How do we build on the progress that *see me* has made in addressing stigma to address the challenges in engaging services to address discrimination?

Comments

Question 6: What other actions should we be taking to support promotion of mental wellbeing for individuals and within communities?

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New guidance, entitled '*Greenspace Design for Health and Wellbeing*', (due Feb 2012) will assist directors of facilities, estate managers, capital strategic planners, and policy makers in transforming their outdoor estates, encouraging greater use of the outdoors by patients, visitors and staff alike. It is relevant to the full range of healthcare settings, new build or refurbishment, from a health centre to a large general hospital. It is also relevant to non-NHS settings such as schools, nursing homes.

Outcome 2: Action is focused on early years and childhood to respond quickly and to improve both short and long term outcomes.

Question 7: What additional actions must we take to meet these challenges and improve access to CAMHS?

Again, this question is focused on access and early intervention, and we recommend that promotion and prevention elements of mental health and wellbeing should be included within an integrated, cross-cutting approach.

An observation is that Outcome 2 is not strictly speaking an 'outcome' but is more of a statement about 'reach'.

Question 8: What additional national support do NHS Boards need to support implementation of the HEAT target on access to specialist CAMHS?

This question is primarily about early intervention and access to services. The GEP would wish to know more about the type of service offered by CAMHS and whether NHS area Boards might be encouraged to utilise and improve the greenspace on their estates for therapeutic purposes.

With regard to mental health promotion, NHS Boards would be well placed within local communities to provide public access to available greenspace for play, learning, employment training opportunities etc. This would also support the NHS role as a good corporate citizen (itself subject of two Chief Executive Letters, most recently Jan 2012).

Outcome 3: People have an understanding of their own mental health and if they are not well take appropriate action themselves or by seeking help.

Question 9: What further action do we need to take to enable people to take actions themselves to maintain and improve their mental health?

We recommend investment in a population approach to raise awareness of mental health and link more explicitly to wider mental health improvement activity.

Question 10: What approaches do we need to encourage people to seek help when they need to?

Many people with sub-optimal mental health will not seek help from mental health services, so we suggest that there is a public campaign to encourage access to good quality greenspace for a restorative effect.

This might be best done on a 'settings' basis so that tailored information can be provided to different population sub-groups – for example, we would encourage awareness-raising amongst health professionals (particularly in Primary Care) of the benefits of 'green exercise', so that they might offer brief advice to patients to be more physically active and signpost them to local opportunities (walking, conservation, gardening etc)

Outcome 4: First contact services work well for people seeking help, whether in crisis or otherwise, and people move on to assessment and treatment services quickly.

Question 11: What changes are needed to the way in which we design services so we can identify mental illness and disorder as early as possible and ensure quick access to treatment?

We would recommend that 'green prescribing' by mental health services is considered as part of the package of care for those with a diagnosis of mental ill health. There are excellent examples throughout Scotland (Paths for All; Branching Out; Green Gyms) where community psychiatric nurses have referred patients to greenspace programmes. In addition to these national schemes, a recent audit by NHS Health Scotland⁵ identified nearly 170 stand-alone projects, of which one third had a desired outcome of improved mental health and wellbeing.

More broadly, people with long term conditions are more likely to experience mental ill health. Long term conditions include epilepsy, diabetes, some mental health problems, heart disease, chronic pain, arthritis, inflammatory bowel disease, asthma and chronic obstructive pulmonary disease (COPD)⁶. Around 2 million people in Scotland have at least one long term condition. Long term conditions become more common with age. By the age of 65, nearly two-thirds of people will have developed a long term condition. Older people are also more likely to have more than

⁵ <http://www.healthscotland.com/documents/4300.aspx>

⁶ Improving the Health & Wellbeing of People with Long term Conditions Action Plan 2009

one long term condition: 27% of people aged 75-84 have two or more such conditions. Sixty per cent of all deaths are attributable to long term conditions and they account for 80% of all GP consultations. Scotland's model of long term conditions management is based upon a structured, systematic and integrated approach to the provision of care. There is increased focus on self management, where people with long term conditions are given the information and other practical support to manage their own conditions. The evidence base indicates that physical activity in the outdoors should be a key component of this.

Outcome 5: Appropriate, evidence-based care and treatment for mental illness is available when required and treatments are delivered safely and efficiently.

Question 12: What support do NHS Boards and key partners need to apply service improvement approaches to reduce the amount of time spent on non-value adding activities?

NHS Boards and their partners need to be aware of the health facility resources within their own estate. They also need practical guidance and access to funding streams if they are to capitalise on this opportunity. The Green Exercise Partnership can provide this support to area Health Boards (and currently do). Our evaluation framework for larger projects will include monitoring changes in mental health and wellbeing.

Question 13: What support do NHS Boards and key partners need to put Integrated Care Pathways into practice?

Comments

Outcome 6: Care and treatment is focused on the whole person and their capability for growth, self-management and recovery.

Question 14: How do we continue to develop service user involvement in service design and delivery and in the care provided?

This question also applies to promotion and prevention. Survey data and focus groups are useful tools but the final methodological selection will be determined by the target audience and what is most appropriate for that population sub-group.

Question 15: What tools are needed to support service users, families, carers and staff to achieve mutually beneficial partnerships?

See above.

Question 16: How do we further embed and demonstrate the outcomes of person-centred and values-based approaches to providing care in mental health settings?

Comments

Question 17: How do we encourage implementation of the new Scottish Recovery Indicator (SRI)?

Comments

Question 18: How can the Scottish Recovery Network develop its effectiveness to support embedding recovery approaches across different professional groups?

Comments

Outcome 7: The role of family and carers as part of a system of care is understood and supported by professional staff.

Question 19: How do we support families and carers to participate meaningfully in care and treatment?

Comments

Question 20: What support do staff need to help them provide information for families and carers to enable families and carers to be involved in their relative's care?

Comments

Outcome 8: The balance of community and inpatient services is appropriate to meet the needs of the population safely, efficiently and with good outcomes.

Question 21: How can we capitalise on the knowledge and experience developed in those areas that have redesigned services to build up a national picture of what works to deliver better outcomes?

Projects that have reshaped care delivery should ensure that their work is evaluated and that the learning (good and bad) is shared widely. It is a condition of GEP funding to NHS Boards (large scale projects only) that they must include impact evaluation and that they must disseminate findings.

Outcome 9: The reach of mental health services is improved to give better access to minority and high risk groups and those who might not otherwise access services.

Question 22: How do we ensure that information is used to monitor who is using services and to improve the accessibility of services?

Comments

Question 23: How do we disseminate learning about what is important to make services accessible?

It is important to continue to invest in 'sharing good practice' events.

Question 24: In addition to services for older people, developmental disorders and trauma, are there other significant gaps in service provision?

Comments

Outcome 10: Mental health services work well with other services such as learning disability and substance misuse and are integrated in other settings such as prisons, care homes and general medical settings.

Question 25: In addition to the work already in place to support the National Dementia Demonstrator sites and Learning Disability CAMHS, what else do you think we should be doing nationally to support NHS Boards and their key partners to work together to deliver person centred care?

There needs to be greater clarity around the role of the NHS Boards in terms of promotion, prevention, treatment and recovery as well as an examination of the opportunities to work in partnership with other agencies and voluntary organisations. An outcomes framework and sector analysis would help articulate respective roles and help identify strategic and delivery partnerships.

Question 26: In addition to the proposed work in acute hospitals around people with dementia and the work identified above with female prisoners, are there any other actions that you think should be national priorities over the next 4 years to meet the challenge of providing an integrated approach to mental health service delivery?

Comments

Outcome 11: The health and social care workforce has the skills and knowledge to undertake its duties effectively and displays appropriate attitudes and behaviours in their work with service users and carers.

Question 27: How do we support implementation of *Promoting Excellence* across all health and social care settings?

Comments

Question 28: In addition to developing a survey to support NHS Boards' workforce planning around the psychological therapies HEAT target – are there any other surveys that would be helpful at a national level?

A survey to measure awareness of and attitudes towards therapeutic potential of outdoor/green environment, as well as motivation to use with mental health service users.

Question 29: What are the other priorities for workforce development and planning over the next 4 years? What is needed to support this?

Comments

Question 30: How do we ensure that we have sustainable training capacity to deliver better access to psychological therapies?

Outcome 12: We know how well the mental health system is functioning on the basis of national and local data on capacity, activity, outputs and outcomes.

Question 31: In addition to the current work to further develop national benchmarking resources, is there anything else we should be doing to enable us to meet this challenge?

Comments

Question 32: What would support services locally in their work to embed clinical outcomes reporting as a routine aspect of care delivery?

Comments

Outcome 13: The process of improvement is supported across all health and social care settings in the knowledge that change is complex and challenging and requires leadership, expertise and investment.

Question 33: Is there any other action that should be prioritised for attention in the next 4 years that would support services to meet this challenge?

Taking an asset-based approach, the outdoor spaces around healthcare facilities across the NHS estate could be re-oriented to sit within the sphere of 'patient care' and form an important part of the health-enhancing and healing environment open to the NHS.

Question 34: What specifically needs to happen nationally and locally to ensure we effectively integrate the range of improvement work in mental health?

Comments

Outcome 14: The legal framework promotes and supports a rights based model in respect of the treatment, care and protection of individuals with mental illness, learning disability and personality disorders.

Question 35: How do we ensure that staff are supported so that care and treatment is delivered in line with legislative requirements?

Comments