

MENTAL HEALTH STRATEGY FOR SCOTLAND 2011 – 15 CONSULTATION FOR DUNDEE

INTRODUCTION

Towards a Mentally Flourishing Dundee (TAMFD) Network was set up by Healthy Dundee in 2010 as a local multi-agency network to raise awareness and share learning on mental health improvement. Outcomes are:

- Improve the mental health literacy in the Dundee Partnership;
- Enable services to be explicit about their impact on mental wellbeing;
- Identify ways services can work better in partnership to tackle the causes and consequences of poor mental wellbeing; and
- Identify links between SOA actions and mental health improvement; and

The TAMFD Network have organised a number of multi-agency events.

CONSULTATION EVENT

The TAMFD Network organised and hosted a consultation event for the Mental Health Strategy for Scotland on 28 November 2011 in the City Chambers, Dundee.

Local speakers outlined the successes of Towards a Mentally Flourishing Scotland in Dundee, the developing Fairness Strategy for Dundee and the experience of the 'Equally Well' Test Site 'StobsWELLbeing' focused on achieving mental wellbeing in the community in Stobswell. Penny Curtis, Head of Mental Health Division, Scottish Government spoke on the National Mental Health Strategy Consultation and Delia Thomas, Local Government Officer, NHS Health Scotland spoke on the wider context of the Christie Commission on the Future Delivery of Public Services.

The event was attended by 45 people from across the Council, Health, Voluntary Sector and user and carer representatives.

This report is of the consultation event and also includes responses from the Dundee Partnership Coordinating Group on 2 December 2011.

THE OVERALL STRUCTURE OF THE STRATEGY

We welcome that the Mental Health Strategy "indicates the priority" the Scottish Government places on mental health. The Strategy will be the framework that local partnership organisations use over the next four years for guidance on the direction of travel, resource allocation and investment and disinvestment decisions. The integration of mental health improvement, mental illness prevention and improvement of mental health services is welcomed. The welcome priority for the first two elements should be reflected throughout the Strategy.

At the multi-agency consultation in Dundee the view was that the structure should reflect early in the document multi-agency partnership, third sector and community approaches and contribution at national and local level to developing wellbeing, resilience and social capital in individuals and communities. Currently, the overall structure has an NHS centred approach while improvements in population wellbeing will be achieved in partnership.

The Strategy should include the rationale for improving mental wellbeing as it contributes to the high level aims of the Scottish Government "We wish to see a Scotland where all understand that there is no health without good mental health, where we know how to support and improve our own and others' mental health and wellbeing and act on that knowledge and where our flourishing mental health and mental wellbeing contributes to a healthier, wealthier and fairer, smarter, greener and safer Scotland" (Towards a Mentally Flourishing Scotland, 2009). (1)

Useful models suggested for inclusion in the Strategy are the logic model from Towards a Mentally Flourishing Scotland Action Plan (2009) (Appendix 1) (1), the World Health Organisation (WHO) Pyramid (Appendix 2) (2) (which shows large numbers needing low cost prevention and support at the base while at the tip are low numbers needing high cost specialist care for severe mental illness), the Population Approach (Appendix 3) (3) and the Outcomes Triangle for Mental Health Improvement. (Appendix 4) (4). These are well evidenced and validated.

The economic case for prevention evidenced in a number of reports should be referenced: the economic case for investment in Wales (Friedli and Parsonage, 2009) (5) shows the large return on investment in mental health improvement from:

- i. Parenting and early years;
- ii. Wellbeing through school and into further education;
- iii. Workplace wellbeing;
- iv. Individual wellbeing approaches; and
- v. Structural support for wellbeing.

Colin Mair in Making Places Better, Making Better Places (2011) (6) and the Christie Commission Report (2011) (7) show that investment in early support and prevention will avoid "failure demand" on services.

Mental health problems are experienced more by those living in poverty and deprivation: the social determinants of mental health. This is evidenced in Equally Well (2008) (8) the Scottish National Health Inequalities Strategy, in Fair Society, Better Lives (2010) (9), For Fairness in Dundee (10) and the Draft Fairness Strategy for Dundee (10). Tackling these determinants should be part of the National Strategy.

The introduction from Towards a Mentally Flourishing Scotland (2008) emphasised the intention "of working through social policy and health improvement activity to reduce the burden of mental health problems and mental illness and to promote the good mental wellbeing". The Chief Scientist Foresight Report "Mental Capital and Wellbeing" (2008 (11) has drawn on state of the art research from world experts: evidence suggests that a small improvement in wellbeing can help to decrease some mental health problems and also help people flourish. Mental Health Improvement is underrepresented in the document and requires to be stated strongly. Priority may not be given to development of the range of community and other support services necessary to reduce the burden of mental illness on mental illness services unless this is made explicit in the Strategy.

The main focus of the consultation document is heavily weighted towards improving mental health service activity with little continuing emphasis on mental health improvement/wellbeing. Of the consultations' specific questions, only 3 of 35 relate to mental wellbeing.

In the Prioritisation section there is priority for "those key issues that, if addressed will have a significant impact on outcomes". The 4 priorities listed are improving access to psychological therapies, implementing the National Dementia Strategy, examining the balance between community and inpatient provision and the role of crisis services and preventing suicide. The priorities should be extended to include a fifth: "improving mental wellbeing".

In the consultation meetings, workshops were held to hear what participants had to say on the Strategy. There was energy and enthusiasm and a breadth of response with consensus on the importance of achieving wellbeing for the community in Dundee.

Workshop discussions concentrated on responses to:

- i. the overall structure of the proposed strategy;
- ii. the outcomes and priorities identified; and
- iii. what further actions should be prioritised.

and on the consultation questions that were seen as most relevant to mental wellbeing, as this is the focus of the Towards a Mentally Flourishing Dundee Learning Network.

Responses to specific consultation questions

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

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

As well as the national campaign, local work is needed to stop the stigma of both mental illness and physical illness.

- Respondents identified the real issue of self stigma which needs to be addressed.
- Unconscious stigmatising by use of language occurs within services as well as more generally.

- Awareness raising is needed around the Disability Discrimination Act regarding mental ill-health.
- We need to promote Mental Health as being about everyone and everyone's responsibility.

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

- Community focus – this was seen as missing from the Strategy. We need to enable the flourishing part of our communities and support the community to take control. Community programmes need to have champions and a workforce equipped to support community working. We need to focus at neighbourhood level and take a different approach. Social contact is crucial, but more difficult / rarer in the digital age. It is easy for people to lose social skills – some people may need lots of support.
- Increase Mental Health literacy
Raise awareness of Mental Health and Wellbeing and how it can be prompted and protected.
- Focus on early years
More national and local support for parenting. Real opportunity to do more in schools – education is key; we should build on PSHE within Curriculum for Excellence.
- Preventative approaches to Wellbeing for Early Years and Children and Young People – This should be integrated into the Strategy. Work with families is also needed, where parenting may be compromised by a parent's mental health issues. There is growing evidence for children and young people of value in early intervention, early years work and family/prebirth intervention. The Strategy should promote multi-agency preventative partnership work to strengthen families as well as effective service response once mental health problems identified.
- Look at Work – is it mentally healthy?
Ensure that we don't exclude people with mental ill-health from work. Towards A Mentally Flourishing Scotland had a priority on employment and working life – it should be explicit in this Strategy.
- A Change Fund for mental health and wellbeing would enable testing of approaches that are different from current models

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

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

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

- It was noted that the Strategy does not address mental health improvement needs for children and young people, focusing instead on admission to CAMHS services.

- Preventative approaches to Wellbeing for Early Years and Children and Young People – This should be integrated into the Strategy. Work with families is also needed, where parenting may be compromised by a parent's mental health issues. There is growing evidence for children and young people of value in early intervention, early years work and family/prebirth intervention. The Strategy should promote multi-agency preventative partnership work to strengthen families as well as effective service response once mental health problems identified.
- The Strategy should include priority for multi-agency partnership work, evidence based as economically sound, on wellbeing from early years, improving parenting, working in education on wellbeing and resilience and into further education.

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?

- Reduce stigma (see Q4)
- Promote awareness and recognition – that it is possible to help one's self and other people.
 - Enhance capacity in the system to give more opportunities for SMHFA and Suicide Prevention training with communities (not just professionals).
 - Information – clear, easy to read, jargon-free.
 - An appreciation of the role of life long learning is missing from the Strategy.
- Support Wellbeing activities and Social prescribing.
 - Promoting access to activities that support wellbeing for people who are well, and targeted supported access for those at risk of developing poor mental health, before they reach the point of diagnosable ill-health.
 - Embrace the concept of partnership with communities - this is about social connections and having opportunities to promote meaning and purpose.

Examples:

Increase the availability of and promote Greenspace initiatives. Decrease the cost of Leisure centre activities. Promote the benefits of low-cost alternatives and link people to local activities e.g. walking groups, being in nature. Promote healthy work and healthy work-life balance (see Q6)

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

- A number of reports e.g. Christie, Making Places Better, Making Better Places and the Improvement Unit are emphasising the evidence for

protecting and enhancing the "preventative spend" to avoid more expensive "failure demand". This should be reflected in the Strategy.

- Partnership agencies (e.g.) police, social work, child protection, education) recognise the same vulnerable families frequently using each of their services. Focus on positive improvement of their wellbeing in the strategy will reduce the service use for all: a good return on investment.
- The Health Service should work closely with partners, the third sector and the community.
- The emphasis should be on promoting good mental health and wellbeing and preventing illness.
- Positive mental health interventions over the whole population will improve moderate and flourishing health and reduce languishing and the need for people with mental illness for specialist support.
- Mental health problems are experienced more by people living in poverty, deprivation and poorly supported communities.
- The community should promote good social capital, wellbeing, resilience and hope – all protective factors which will reduce the burden of mental health problems and illness for community members.
- Good mental health awareness and mental health literacy are protective and enable people to understand when and how to get help. Also to recognise needs for support in others e.g. friends, family, neighbours.
- Stigma causes people to avoid seeking tecky support and help. The See Me campaign has been valuable particularly for people with severe mental health problems. A See Me campaign would be helpful for mild/moderate mental health problems and groups such as parents who do not wish to be seen to struggle to cope.
- Need to raise awareness of what is available to support people who are struggling – better information and fill gaps in support.
- Enable and encourage self-referral for support.
- Someone in the local community who can link people to sources of support – not necessarily a health professional, but with appropriate back-up.
- Encourage and enable people to support each other (see Q9).
- Normalise experience not medicalise - it's not about treatments it is about enhancing lives – everyone struggles at some point and needs to get help.
- Use celebrity examples.
- Get good slogans for improving mental wellbeing e.g. "mental wellbeing is everyone's responsibility" like in Child Protection.

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?

- In Dundee local organisations are linking their strategic approaches: the Scottish Government should do the same e.g. linking Directorate Strategies for Early Years, Equally Well, Fairness/Anti Poverty and Mental Health Strategy. This should be reflected in the Strategy.
- A number of reports e.g. Christie, Making Places Better, Making Better Places and the Improvement Unit are emphasising the evidence for protecting and enhancing the "preventative spend" to avoid more expensive "failure demand". This should be reflected in the Strategy.
- The Mental Health Strategy should include clear messages to carry out preventive actions in partnership otherwise the services are likely to retract to their 'core' business: Fire fighting instead of planning to reduce demand in the short/medium and long term.
- Partnership agencies (e.g.) police, social work, child protection, education) recognise the same vulnerable families frequently using each of their services. Focus on positive improvement of their wellbeing in the strategy will reduce the service use for all: a good return on investment.
- A Mental Wellbeing Challenge Fund should be established by the Scottish Government: the criteria should complement those of other Change Funds.
- Test sites on new partnership approaches to enhancing community wellbeing should be established by the Scottish Government to develop and share learning on effective approaches, particularly in partnership.
- For mental wellbeing this links to the issues in Question 10.
- Again the Health Service should work closely with partners, third sector and community.
- Investment is needed in first contact services and signposting (e.g. social prescribing).
- There should be access to effective early intervention services.
- The first access should not be at failure demand level i.e. only after effective early intervention has not been applied and the situation is much more serious. Evidence shows the benefit of preventative spend and resources targeted at prevention.
- Stepped care approaches avoid GPs having referral pathways only to secondary services such as Psychology and Psychiatric Services. These should start with flexible, local, community based early interventions and

effective immediate interventions e.g. Mood Juice, Beating the Blues and counselling.

- Early assessment and a wide range of referral routes would help.
- Referral forms simple and accessible.
- Current criteria for NHS assessment and treatment should be readdressed: currently services are targeted to severe and enduring criteria but earlier interventions and better services would reduce pressure on these services.
- Stigma prevents early presentation and effective intervention.
- Look at how programmes are implemented and by whom - awareness and attitudes of staff are critical to the success of early intervention.
- Need to ensure the first contact with whatever service is a positive one and signposts the individual to the right support at the right time. Person centred approaches are key.
- Take the GIRFEC approach (it's everyone's responsibility but a named individual leads, from the relevant agency) for (vulnerable) adults as well as children.
- Roll out of the learning from Equally Well Test Site across all other areas but at neighbourhood level.
- Use innovative technologies more.

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?

- A Mental Health Change Fund with Test Sites will encourage innovation.
- There should be explicit recognition for this outcome of the need for partnership action to build community based capacity, to improve, support and sustain the wellbeing, resilience and social capital of individuals and the community so that the needs for use of inpatient care is reduced or avoided (failure demand) and to support people when they are discharged from inpatient care to avoid unplanned breakdown and readmission.
- Scottish Government should set up and support a Learning Set/Network.

What further actions should be prioritised to help us meet these challenges?

CONSULTATION WITH DUNDEE PARTNERSHIP COORDINATING GROUP

Following the TAMFD Network event, a briefing and draft response was considered by the Dundee Partnership Coordinating Group on 2 December 2011. The Group approved the response and emphasised a number of points:

- There was strong support to extend the priorities to include a fifth: Improving Mental Wellbeing.
- A Mental Wellbeing Challenge Fund should be established by the Scottish Government: the criteria should complement those of other Change Funds.
- Test Sites on new partnership approaches to enhancing community wellbeing should be established by the Scottish Government to develop and share learning on effective approaches, particularly in partnership.
- A National Learning Set should be set up and supported by the Scottish Government.
- In Dundee: Local organisations are linking their strategic approaches: the Scottish Government should do the same e.g. Linking Directorate Strategies for Early Years, Equally Well, Fairness/Anti Poverty and Mental Health Strategy. This should be reflected in the Strategy.
- A number of reports e.g. Christie, Making Places Better, Making Better Places and the Improvement Unit are emphasising the evidence for protecting and enhancing the "preventative spend" to avoid more expensive "failure demand". This should be reflected in the Strategy.
- The Mental Health Strategy should include clear messages to carry out preventive actions in partnership otherwise the services are likely to retract to their 'core' business: Fire fighting instead of planning to reduce demand in the short/medium and long term.
- Partnership agencies (e.g. police, social work, child protection, education) recognise the same vulnerable families frequently using each of their services. Focus on positive improvement of their wellbeing in the strategy will reduce the service use for all: a good return on investment.
- While measurement of mental health improvement in individuals and communities is complex, this should not preclude the important topic of measurement from the New Strategy. Instead more investment should be made in developing robust partnership approaches to measuring the impact of intervention in complex longstanding community based issues, with complex adaptive systems.
- Preventative approaches to Wellbeing for Early Years and Children and Young People – This should be integrated into the Strategy. Work with families is also needed, particularly where parenting may be compromised by a parent's mental health issues. There is growing evidence for children and young people of value in early intervention, early years work and family/prebirth intervention. The Strategy should promote multi-agency preventative partnership work to strengthen families as well as effective service response once mental health problems are identified.
- Recognising the correlation between poor mental health, health inequalities and deprivation the Strategy should encourage targeting resources at the most vulnerable communities where there is greatest need.

CONSULTATION EVENT 24 NOVEMBER 2011: ISSUES FOR ACTION

- Added to the four priorities should be a fifth: "mental wellbeing".
- The National Strategy should integrate mental health improvement and mental health protection throughout all sections as it will be used as a basis for resource allocation, investment and disinvestment by local partners seeking to achieve wellbeing at a local level.
- The contribution of partnership organisations, the Local Authorities, Voluntary Sector and community should be integrated throughout. Achieving community wellbeing, resilience and social capital will be through local Single Outcome Agreements as well as Health Service strategies.
- On tracking success of the Strategy: measurement of wellbeing is currently through WEMWBS and the National Mental Health Outcome Indicators. Support would be valuable to local organisations to develop local data on capacity, activity, outputs and outcomes to track success.

National approaches of value would include:

- i. A national audit of current community wellbeing projects and evaluation tools to share over Scotland
 - ii. A Scottish Learning Set/Network should be established and supported to share good practice in evaluation and measurement
 - iii. National incorporation of good practice into WEMWBS and Mental Health Outcome Indicators sensitive for use at local level
 - iv. Pilot of use with NHS Health Scotland of measures such as performance stories
- National focus will be helpful on sharing learning on how Scottish projects and programmes are achieving the goals of the Christie Commission on the Future Delivery of Public Services, of Making Places Better: Making Better Places and national Fairness Initiatives. These impact on mental health and the shape and balance of service responses.
 - A National Learning Set/Network should be set up and supported by the Scottish Government.
 - National Change Funds stimulate local innovative work in partnership towards improvement in services. Current Change Funds focus on Older People, Early Years and Reducing Reoffending. A Mental Wellbeing Change Fund should be established by the Scottish Government.
 - The Equally Well Test Site stimulated innovative approaches to tackling inequalities in health through use of 8 Test Sites in Scotland. The learning from the Equally Well Test Site on Wellbeing in Dundee – StobsWELLbeing has included:
 - i. A focus on mental wellbeing contributes to achieving a wide range of outcomes and to understanding and addressing inequalities;

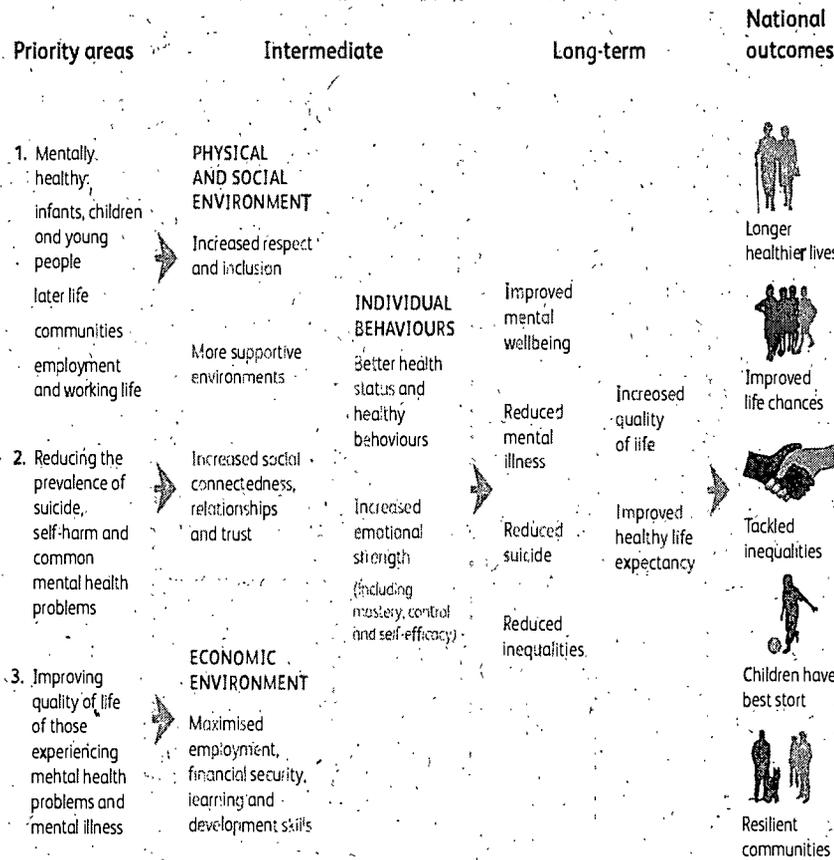
- ii. Wellbeing should continue to be a strategic priority, and developed as a cross cutting issue across all SOA themes;
 - iii. The importance of integrating short term initiatives such as Equally Well into existing structures and services, utilising existing resources;
 - iv. Services have a crucial role to play in people feeling treated fairly and with respect; and
 - v. Sustaining test site learning and ways of working involves moving resources into the community, with greater focus on promotion and prevention activity that responds to people's 'whole life' circumstances.
- Test Sites on new approaches to enhancing community wellbeing should be established by the Scottish Government to provide learning on measuring achievement of wellbeing in communities.

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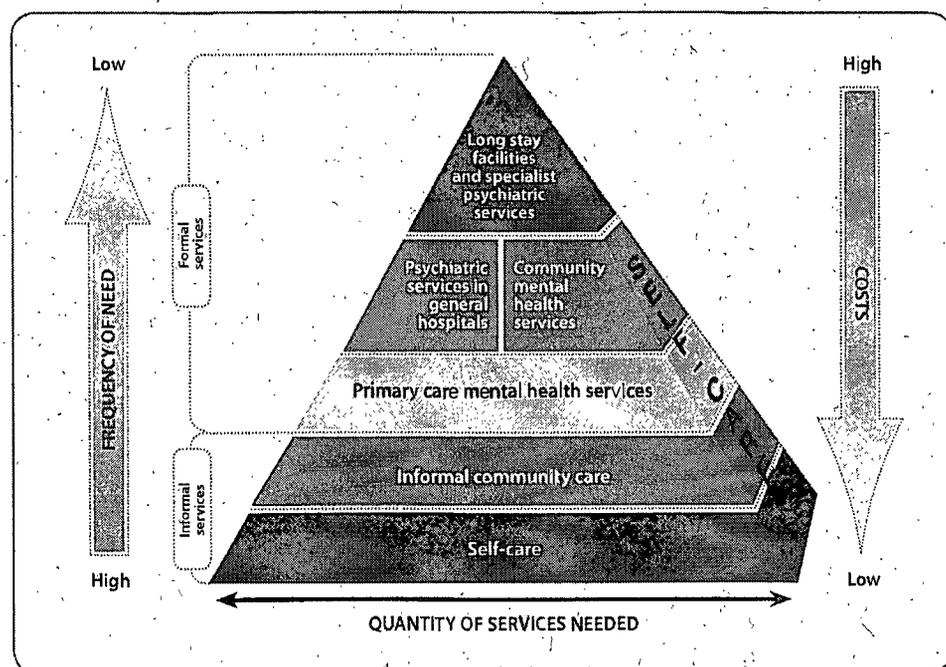
OUTCOMES



Reference 2: World Health Organisation Pyramid of Mental Health Services

The different levels of WHO model are illustrated in the figure below.

Figure 2: WHO Service Organization Pyramid for an Optimal Mix of Services for Mental Health



The model recommends that countries build or transform their mental health services to:

- promote self-care;
- build informal community care services;
- integrate mental health services into primary health care;
- build community mental health services;
- develop mental health services in general hospitals;
- limit psychiatric hospitals.

Reference 3: Population Approach: Extract from "What you need to know about Mental Health Inequalities"

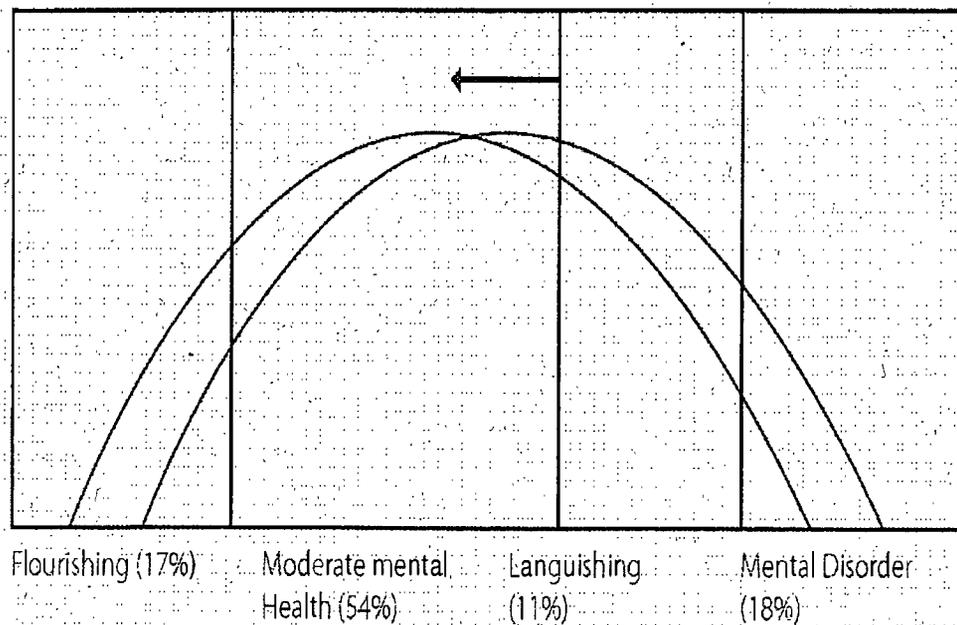
A wealth of existing research suggests that mental health and wellbeing influences:

- capacity and motivation for healthy behaviours
- risk of physical health (e.g. coronary heart disease)
- chronic disease outcomes (e.g. diabetes)
- relationship to health services, including uptake and treatment (e.g. patterns of concordance).³

Figure 1 shows the distribution of population mental health and the shift that can occur as a result of population wide mental health interventions.

Figure 1:

Fig 2. Population distribution of mental health



Adapted from Huppert 2005; prevalence figures are from Keyes 2005, based on USA data

Small improvements in population wide levels of mental health and wellbeing will reduce the prevalence of mental health problems, as well as bringing the benefits associated with positive mental health³ as shown in Figure 1.

Reference 4: The Outcome Triangles Mental Health Improvement

