

## **Public Consultation: Draft National Mental Health Strategy for Scotland**

**RESPONSE : PLUS PERTH, MENTAL HEALTH SERVICE USER FORUM AND REGISTERED CHARITY.**

**[www.plusperth.co.uk](http://www.plusperth.co.uk)**

**This is an individual response however we also contributed to the VOX national service user and Perth & Kinross joint integrated mental health strategy group responses.**

### **OVERALL VIEW OF STRATEGY.**

Our overriding view was that the strategy should reflect more a multi-agency partnership, third sector and community approach and contribution to developing wellbeing, resilience and social capital in individuals and communities. As it is the overall structure has an NHS centred approach which we feel will not deliver the improvements in population wellbeing that are needed. This can only be realised via a true partnership and the strategy needs to promote this.

The strategy does not emphasise the promotion of wellbeing enough, if at all, with the focus being on mental illness and treatment. It is very clinical in flavour and if people are to play an effective role in maintaining their own mental health the concept of mental wellbeing needs to be better understood. Only 3 of 35 of the consultations' specific questions, 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 priorities should be extended to include a fifth: "improving mental wellbeing". The Strategy should include the rationale for improving mental wellbeing.

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. As a group we feel this is not tackling the root of the problem and would want to avoid aspersions, such as the following, being promoted via the strategy.

**"The single most useful contribution towards reducing the suicide rate is likely to be investment in high quality generic mental health services".**

This view we believe is very short sighted and unrepresentative of the many professionals and 'experts by experience' who work to improve Scotland's mental wellbeing.

## SPECIFIC AREAS OF ISSUE

### COMMUNITIES

The document makes little comment on the range of mental wellbeing opportunities available in communities and does not seem to have grasped the ideas of 'communities in control' such as our Tayside NHS equalities strategy does. Being wholly outcomes focussed as this strategy seems presents the danger of excluding a more holistic and spiritual approach which people value very highly. It is not just about providing treatment but promoting a sense of purpose for people as an integral part of the recovery journey – to keep them well. 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.

### STIGMA

We believe Stigma should be a huge area of focus for the strategy, especially internal or self stigma which often happens as a result of receiving services. The risks of developing internal stigma, feelings of humiliation and shame, as a result of using mental health services need to be acknowledged and mitigated against. This is an area where prevention is most definitely far better than cure. The negative effects of stigma have a huge detrimental effect on levels of recovery.

As well as the see me campaign, local work should be prioritised, especially within public services where stigma is rife. As a local lead for the see me campaign we have seen the results of working to tackle stigma but the need for it has to be a main priority within the strategy to ensure anti stigma work and campaigning is regarded as valuable and necessary. There must be more staff training and experiential learning to shift ingrained damaging attitudes.

It is still the case that mental ill health is still not generally talked about. Stigma is still an issue in the general public. In order to combat this, the current campaign needs to encourage improving mental health 'literacy' across a range of professionals. Simply attempting to change attitudes within communities may not be enough. It also needs to encourage 'Mental Health is Everyone's Business'.

### RECOVERY, PEER SUPPORT AND ADVOCACY

The document makes considerable reference to Recovery, but less reference to the manner in which this can be accomplished. Recovery is a journey which may be facilitated through the intervention of a range of different people, including both community-based recovery champions and staff within front line services. As with certain other changes in social care thinking, the perceptual shift is from a 'deficit' model to one where the emphasis is placed on the individual's 'assets'. The role of peer support is little emphasised within the strategy and this is very surprising due to a growing recognition of the value of peers in promoting recovery. Collective and Individual Advocacy is not included as priority in the strategy.

## **DUAL DIAGNOSIS**

The document fails to address in sufficient detail the continuing difficulties around 'dual diagnosis' and the failure of substance misuse and mental health services to work effectively in a co-operative manner to the benefit of patients/service users. Our organisation works with people who have suffered mental distress including people with substance misuse. The strategy should seek to break down the barriers that people face when trying to access a service for the whole person.

## **LINKS**

The Draft Mental Health Strategy should link effectively to a range of other related strategies and not operate in isolation. The document is not, but should be set within a wider political context of the core and financial economy; community safety; family relationships; welfare reform and employment.

## **PRESENTATION AND LANGUAGE**

The draft strategy currently presents as a process-driven, scientific, uninspiring document. It may benefit from providing both a vision and greater clarity of direction. There is little sense of a 'person-centred' approach to the strategy as it currently stands. The final strategy should be readable, engage the reader, and clearly set out what the key outcomes are and the anticipated impact which services will make. The language of the document at present is not readily accessible by non-professionals and should be written in plain English, avoiding jargon as far as possible.

Susan Scott

PLUS Development Manager 28/01/12