

## Consultation Questions

### Improving Mental Health Outcomes:

The plan has 14 main outcomes. These are the things we want from the plan. We have been working towards these outcomes. However there are challenges.

### The way we work:

We want to change the way people think about mental health  
We want services to be centred on the individual  
We want services to always be improving.

### Tell us what you think:

I think offering people/having more access to free support such as counselling or support workers, would be beneficial.

The stigma of mental health is still very evident as employers and the public do not appear to understand the impact of poor mental health. Mental health is still held against people so they 'don't say' or 'hide away'.

Perhaps creating a more open approach - not singling out certain conditions but making them appear as if everyone will experience it at some point. Breaks a barrier and makes it more acceptable.

### The challenges:

It can be difficult for the Government to make a plan if it is for local areas. The government would need to support local areas to change.

### Question 1: Do you think the Government could take action to help them make changes?

No

### Yes - Tell us more about this

Identify the areas that wish to tackle: poverty; violence against women; crime; mental health.

Speak to the people in the council who support these causes. Speak to the organisations as it is very clear where the gaps show.

Speak to individuals - hold an open floor drop in. Let people have their say. ~~options~~

funding is a huge issue - these local areas are losing vital supports.

The Government knows it has to improve services. There may be a gap in services and things may need to change.

## Question 2: Do you think change is needed?

No

### Yes - Tell us more about this

There are so many people left alone and fall through the net. Services are limited in what they can offer due to lack of funding or staff shortages. There are so many people desperate for jobs, willing to work and help others but are not given the opportunity.

The remit organisations can offer is limited and there are so many layers to Mental Health alone that the services available do what they can but struggle with passing people on to somewhere that will offer social support or support outside 9-5pm. The crisis response; the involvement of activities staff in mental health wards are limited leaving people isolated and bored causing distressing thoughts to not calm down. Spending 1:1 time with people works more effectively in the long term than filling them with pills that only block. There are 14 outcomes that we want: the problem.

1. We will encourage people and communities to have good mental health which can help them prevent mental ill health
2. Action will be taken in childhood and the early years of people's lives to prevent mental ill health
3. To help people understand their mental health. If they are not well they should be able to get help.
4. On first contact mental health services will work well.
5. Suitable care and treatment will be available. This will be based on a persons needs.
6. Care and treatment is focused on the individual's needs.
7. The role of the family and carer is understood and this will be supported by professionals.
8. The amount and type of services should be correct to meet peoples needs.
9. All groups should be able to access services equally
10. Mental health services will work well with other services.
11. Health and Social Care staff should have the skills to do all their duties.
12. We will check local and national results. This will show how the mental health system is working.
13. We shall support the improvement of health and social care services.
14. We will ensure that people are supported and protected by the law.

**Question 3: Do you think there are other things we can do to reduce self harm and suicide rates?**

No

Yes - Tell us more about this

Allow people to support people. Peer support groups whether online or 1:1 help people to not feel alone.  
Self harm is a way of getting the feelings out as the person has no-one to turn to. Why not provide drop-ins which help look at anxiety; offer support and treat people as individuals not numbers. Suicide is often a way of escape and just knowing someone wants to help; letting people vent and acknowledging their experiences is a huge part. You don't have to do things alone.

**Question 4: Are there other things we can do to stop discrimination of people who have a mental illness?**

No

Yes - Tell us more about this

Making a 'big issue' about people having mental ill health can isolate you. Having luxuries with support staff who understand assisted learning may help. Job centres either not providing the right support for people trying to return to work - not setting them up to fail. Perhaps having a company where citizens advice, mental health support, social work and groups running in the same building (interactive café if you will).

**Question 5: Can we develop the good work of the 'see me' campaign in reducing discrimination? (This is the Scottish Government's campaign against discrimination of mental health)**

No

Yes - Tell us more about this

Listen to the people who have experienced mental health first hand. Take on what they have to say. There are always going to be people out there who don't want to know but if you can help one life then it is a job well done.

**Question 6: Do you know of ways in which we can take action to promote good health and wellbeing?**

No

Yes - Tell us more about this

stop threatening to cut jobs. People have to do so much work within their role and in reality if 2 people took over the balance of wellbeing could actually fall into place. Listen to peoples needs. Support people - offer counselling or a way to vent. Acknowledge staff that put more effort in and introduce open door policies.

People in every aspect of life are scared to admit they are struggling - lifting the phone; tv advertising; emailing support could be developed further if money was available. Organisations could twitter or facebook support

**Question 7: Can we improve access to services for children with mental health problems?**

No

Yes - Tell us more about this

schools as part of their 'service' should discuss mental health. Providing counselling is a step but opening access into their world means getting to their level. Providing youth groups to not only 'burn off energy' with games but having people there to talk to. Twitter, facebook etc are but one way to support.

**Question 8: Does the National Health Service (NHS) need more support to improve children and young people's mental health services?**

No

Yes - Tell us more about this

Again yes. Having open discussions and support means providing more hours for staff as organising and writing materials takes time.

Perhaps creating a safe environment cafe or such would reduce barriers.

Capture kids with music - think of how successful the smoking campaign was with kids.

**Question 9: Are there ways in which we can help people to help themselves, which will improve their own mental health and wellbeing?**

No

Yes - Tell us more about this

Help people see there is hope. Easy access to support, knowing support will work;

Perhaps TV advertising to deal with anxiety and stress - not just the basics. Keeping things too basic means people will dismiss things more easily. There has to be a balance.

**Question 10: Do you think there are ways we can encourage people to get advice when they need it?**

No

Yes - Tell us more about this

People who genuinely care and who are approachable automatically make getting advice easier.

GP, schools, libraries are places most people go so the offer of support should not be limited to only certain people's points of views. For instance some GPs don't know much about mental health and this impacts people.

Stop putting a stigma on mental health by easy access to info

**Question 11: Are there ways we can change services so they are quick to see if someone has mental ill health?**

No

Yes - Tell us more about this

GP's are limited on time is one example.

Having a conversation that looks at the person as a whole is a key factor to identifying if someone is struggling.

'What would you do if you were in their shoes?'

If money, debt, not having a social network were issues in your life of course ~~the~~ dealing with this can make you unwell.

**Question 12: Are there ways we can support the NHS and their partners to collect information that will help improve services?**

No

Yes - Tell us more about this

The care commission hand out questionnaires to check service provision but something similar could be used to ask people what they think. Ask people not just service users to come along and have their say. Carers are a good resource to tap into as they have to deal with gaps in services first hand also.

**Question 13: Do we need to do other things to support the NHS and their partners to develop care plans?**

No ✓

Yes - Tell us more about this

**Question 14: Are there ways the Scottish Government could work with partners to continue to develop good services?**

No

Yes - Tell us more about this

Perhaps looking at services as assets and giving them scope to develop instead of survive.

Funding is a huge issue - as services are limited to what they can offer. Some organisations wages for staff are significantly low and don't acknowledge the work some workers do.

Funding for more posts to perhaps deal with demand vs offering other services to people such as counselling within an organisation relevant to demand ie Trauma or bereavement counselling.

**Question 15: Do you think we need to have things in place to develop partnerships with service users, families, carers and staff?**

No

Yes - Tell us more about this

A lot of carers are unaware of the benefits system - if knowledge about car entitlement was shown openly and not just through professionals. Form filling for instance puts a lot of people off as it can be intimidating to tackle a DLH form.

Acknowledge peoples experiences and try to do something honestly about it.

**Question 16: Can more be done to have a person-centred process in mental health settings?**

No

Yes - Tell us more about this

Providing training such as 'Recovery in Practice' as well as free training would allow people access to being more person centred. These are skills which may not come naturally so core training perhaps would tackle this.

**Question 17: The Government has created a tool called the Scottish Recovery Indicator (SRI). This supports mental health services to focus on recovery. Do you think staff can and should be encouraged to use this?**

No

Yes - Tell us more about this

There are benefits to this however not everyone is in a place to volunteer. As long as this was one aspect of the service and not the sole focus it could work. Some people have to work through past trauma and events before even tackling something like this.

**Question 18: The Scottish Recovery Network is a group to make people aware of recovery from mental health problems. Do you think we can encourage professionals to use more recovery based processes?**

No

Yes - Tell us more about this

professionals can sometimes favour one method of treatment such as CBT and this can limit the benefits of support for people. To have an open mind or integrative approach will help focus on the individuals needs rather than what the professional thinks best.

**Question 19: Can we support families and carers to be involved in care and treatment?**

No

Yes - Tell us more about this

These people have to deal with the 'side effects' if you will of any treatment program. The value their opinion is very important as long as the individual still has the controls as to what is happening for them.

**Question 20: Families and carers want to be involved in their relative's care. Can staff be supported to provide information for this to happen?**

No

Yes - Tell us more about this

with permission from the client yes. obviously confidentiality would have to be looked at.

Some families are desperate to help and don't know what to do so advice in this capacity would work well.

**Question 21: Could the areas that have designed good services be a model to follow?**

No

Yes - Tell us more about this

Everyone has an opinion about what a good service is so in one way yes but as long as it does not waste the expansion of new ideas.

Some areas need more experience in homelessness and some in violence against women resources. So as long as everything is not generalised then people will not be spread too thin.

**Question 22: We want to know who is using services and if they are accessible. Do you think the Scottish Government can make sure that this information is recorded?**

No

Yes - Tell us more about this

The firms through the past wanting to know what we earn and where we live is no more invasive than ~~on~~ a questionnaire about mental health services. It should be recorded as this is how they allocate funding.

**Question 23: Is there a way that we can share information we learn about making services accessible?**

No

Yes - Tell us more about this

The internet  
local broadcast on tv / radio  
libraries

**Question 24: Do you think there are gaps in services?**

No

Yes - Tell us more about this

lots.  
social support  
stress centres  
crisis centres  
Elderly mental health  
self harm support groups

ADHD support etc  
each organisation has an area  
to cover but not each area has  
a service

**Question 25: Do you think more could be done to support the NHS and their partners to provide person centred care?**

No

Yes - Tell us more about this

Better integrative training  
The volume of work to be carried out exceeds the level of time  
some staff have to spend with service users.  
To build life skills, help people regain their health to go home  
from hospital. Treat people as people and not numbers. Get  
involved in recovery.

**Question 26: Do you think that there are ways to help those with mental ill health issues in other settings, like prison?**

No

Yes - Tell us more about this

for instance:  
Boxing - active ways they can deal with anger outside a  
clinical setting.

Counselling to find out why people feel drugs and drink are  
the answer to masking their mental health. They are still  
people and the rehabilitation before release should be more  
structured with support.

**Question 27: 'Promoting Excellence' is an outline for staff who work with people with dementia and their families. Are there ways we can support staff to use this to help those who need it?**

No

Yes - Tell us more about this

Awareness training  
practical support options.

**Question 28: Could surveys be used to find out about staff experience?**

No

Yes - Tell us more about this

people will be more honest if staff can write things down  
- anonymous means there will not be a problem with what  
you say.

**Question 29: Do we need to support staff development?**

No

Yes - Tell us more about this

Staff become frustrated at the lack of ~~academic~~ <sup>academic</sup> challenges.  
There is limited career opportunities in small organisations  
and so good staff leave.  
If a staff member feels valued in all aspects of their job they  
will devote their new skills in different ways.

**Question 30: We want to find ways to maintain training for staff. This could increase access to services. Can we promote this training?**

No

Yes - Tell us more about this

Free training or core training would make sure this happened as it basically comes down to money.

**Question 31: Are there ways we can build on the information we gather to develop mental health services?**

No

Yes - Tell us more about this

With every criticism this allows us to develop. The problems can be worked out with the right backing.

**Question 32: We want all local care services to record information on care delivery the same way. Do you know how can we support this?**

No

Yes - Tell us more about this

Recording hours spent with people

The information/content for each service may differ depending on what they offer.

This takes time also so adding more workload to an already busy manager might prove difficult in some ways but perhaps necessary.

**Question 33: Is there any other support needed to improve services?**

No

Yes - Tell us more about this

Realistic targets - expectations are always set high - not always easy to achieve

Working as an integrative team tends to benefit more people

**Question 34: Do you think we can bring together local and national work resulting in improved mental health services?**

No

Yes - Tell us more about this

Such a huge challenge but perhaps more advanced ways of looking at issues would be gained.

**Question 35: Do we need to support staff so that care and treatment services follow the law?**

No

Yes - Tell us more about this

Yes - perhaps incorporating better understanding of the law would help but rigid policies can however miss the people who need the service the most.