Executive Summary: Mental Health and Wellbeing Strategy for Scotland – Consultation Analysis

February 2023

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Riaghaltas na h-Alba

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Report prepared for the Scottish Government by EKOS Ltd.

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The opinions expressed in this report are those provided by respondents to the call for evidence.

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Executive Summary

Introduction

1. This document provides a summary of the main consultation analysis of the Scottish Government consultation to inform the development of a new Mental Health and Wellbeing Strategy for Scotland[1] which will be published during 2023. The main consultation analysis is presented in a separate published document.

2. The public consultation, which ran from 29th June to 9th September 2022, received 495 responses. Over half (54%) of responses were from individual respondents and the remainder from organisation respondents (46%). Organisation respondents comprised health improvement organisations, mental health organisations, organisations who support specific target groups, and other[2] organisations. The public consultation was supplemented by several stakeholder workshops and engagement events.

3. The consultation contained a large number of questions – this executive summary provides a high-level overview of the main findings across the 18 discrete parts of the consultation.

4. The consultation resulted in a considerable repetition of points throughout the consultation question responses. These included:
    - A need for a stronger focus on prevention and early intervention.
    - The importance of tackling poverty and inequality.
    - Supporting person-centred and whole-family approaches.
    - Placing mental health and wellbeing on an equal footing with physical health.
    - A need for increased community-based support and services.
    - Increased and longer-term funding for mental health and wellbeing services, including for the third sector.

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[1] The Scottish Government, Coronavirus (COVID-19): mental health - transition and recovery plan, 8 October 2020.
[2] Other organisations include for example local authorities, other public/third sector organisations whose area of focus is not captured elsewhere in the organisation subgroups (e.g. criminal justice, fire and rescue).

- Growing the workforce – developing a skilled and diverse mental health and wellbeing workforce, and addressing talent attraction, recruitment, and retention challenges.

Part 1: Definitions

5. A majority of all consultation respondents agreed with the various definitions outlined in the Consultation Document, namely descriptions for ‘mental health’, ‘mental wellbeing’, ‘mental health conditions’, and ‘mental illness’.

6. Key points raised by consultation respondents who disagreed with the definitions included: negative connotations associated with some terminology used; differences between the various concepts and constructs; identification of a wider range of factors that impact (positively and negatively) on mental health and wellbeing; mental health and wellbeing is not linear; and identification of other existing definitions/approaches that could be reviewed by the Scottish Government when finalising the definitions for the Mental Health and Wellbeing Strategy.

Part 2: Our Draft Vision and Outcomes

7. A vast majority of consultation respondents agreed with the draft vision for the Mental Health and Wellbeing Strategy. Key points raised by respondents who disagreed with the draft vision included: the vision was considered too broad; the vision could better articulate that mental health and wellbeing is influenced by many different factors; and that mental health and wellbeing should guide all government policy. Some respondents also provided alternative wording or vision statements.

8. Much of the respondent feedback in relation to the question on what success would look like for the Mental Health and Wellbeing Strategy highlighted a range of possible outcomes that could be achieved. This included: mental health and wellbeing outcomes; mental health and wellbeing support and services outcomes; NHS-related outcomes; and wider outcomes beyond health. Additional feedback suggested that success would mean access to the right support at the right time in the right place, and a stronger focus on early intervention and prevention.

Part 3: Our Key Areas of Focus

9. A majority of consultation respondents agreed with the four areas of focus outlined in the Consultation Document. Key points raised by respondents who disagreed were categorised into two main groups – a repetition of points raised to earlier questions (e.g. a stronger focus on early intervention and prevention, a holistic approach/parity of esteem between mental and physical health and wellbeing); and specific comments related to each of the four areas of focus (e.g. while signposting is considered important, this needs to be supported by resources that ensures equitable access and makes it easier to connect people with poor mental health to supports and services; and that rapid and easily accessible support, while critical for those in distress, is also important for other individuals with mental health conditions/illness - effective early intervention before the point of crisis).

Part 4: Outcomes

10. Part 4 of the consultation asked a series of questions to gauge the extent to which consultation respondents agreed or disagreed with outcomes identified for the Mental Health and Wellbeing Strategy. This included outcomes: to address social factors; for people; for communities; for populations; for services and support; and for information, data, and evidence.

11. A vast majority of consultation respondents agreed with the various outcomes presented. A prevalent view among respondents who disagreed with the outcomes was that it would be important to ensure that outcomes were specific and measurable, and that the outcomes may be difficult to achieve in the absence of increased funding for mental health and wellbeing support and services.

Part 5: Creating the Conditions for Good Mental Health and Wellbeing

12. Consultation respondents identified a common set of factors in day-to-day life that have the biggest positive impact on their own mental health and wellbeing or of people they know/support. Among other things, this included: secure employment, fair pay, good working conditions, and opportunities for career progression; financial stability and security; having good physical health; being active; feeling safe to speak about mental health without fear of stigma or discrimination; and having close, positive, supported, and trusting personal relationships.

13. Consultation respondents also identified a common set of factors in day-to-day life that have the biggest negative impact on their own mental health and wellbeing or of people they know/support. Among other things, this included: poverty; financial insecurity; loneliness and social isolation; stigma/discrimination/feeling judged; personal relationship problems/difficulties; cost-of-living crisis; lack of social connections and interaction; and long-term impact of the coronavirus (COVID-19) pandemic.

14. Among all consultation respondents the top five ways selected for how they actively look after their own mental health and wellbeing were: time with family and friends; sleep; time in nature; exercise; and hobbies/practical work.

15. A wide range of barriers to people embracing activities which support their mental health and wellbeing were, however, reported by respondents. This included: a lack of financial resources exacerbated by the cost-of-living crisis; poor physical health; the location, availability, and accessibility of different services/activities; barriers faced by particular groups of people e.g. people who share a protected characteristic(s) and other marginalised groups; when you are experiencing poor mental health; and previous experience of stigma and discrimination.

16. Further, most consultation respondents noted that concerns about money have a huge impact on mental health and wellbeing. There was widespread reference across consultation responses to the current cost-of-living crisis and that concerns about money were at the forefront of peoples' minds.

17. A range of money worries were identified by respondents, including: ability to pay household bills; job insecurity and/or concerns about being made redundant; ability to afford the basics (e.g. clothing, food, heat); managing debt; not being able to work due to caring responsibilities, poor physical health or poor mental health; and the perceived stigma attached to being reliant on support systems (e.g. benefits, food banks).

18. The impact of these money worries on mental health and wellbeing was clear. Consultation responses typically referred to increased worry, stress, and anxiety; low mood; feeling isolated, feeling hopeless or worthless; as well as the added pressure on personal relationships and the home environment.

19. In terms of the type of support that could address these money-related worries, prevalent views among consultation respondents included:
    - Provision of money/debt management and budgeting advice and support for those who need it.
    - Making it easier for people to feel they can talk about money concerns and access this type of support.
    - Financial education from a young age.
    - Provision of money advice to be more integrated with other service provision.
    - Additional themes included: additional government intervention; improvements to the benefits system; and support for employers and employability.

Part 7: Improving Services

20. Friends/family/carer would be the first port of call for many respondents for advice and support to improve their mental health and wellbeing. This was followed to a lesser degree by, GP, other, online support, or third sector (charity) support. Consultation respondents reported that they would typically also access advice and support from a wider range of sources. The most common responses included: GP; friends or family or carer; online support; third sector support; and helplines.

21. Some respondents had a positive experience to share about accessing advice and support for their own or a family member's mental health or wellbeing. Much of this feedback highlighted the following points:
    - People receiving support quickly and when they need it.
    - Feeling listened to and not judged.
    - Being supported by staff who showed empathy, compassion, and kindness.
    - Access to a wide range of support.
    - Being supported by frontline workers who had knowledge and understanding of mental illness and/or of specific conditions.
    - Safe spaces (e.g. did not feel medical or clinical).
    - Feeling involved in the decisions that affected their mental health and wellbeing (e.g. being supported to make informed choices).

22. Some respondents had a negative experience to share about accessing advice and support for their own or a family member's mental health or wellbeing. Reasons for low levels of satisfaction included:
    - Availability and accessibility of mental health services.
    - Long waiting lists to access public sector mental health services.
    - Not having the means to access private sector counselling.
    - Variable experience with GP contact.
    - Being worried about confidentiality
    - A lack of mental health and wellbeing support in schools.
    - Thresholds for accessing mental health services being too high.
    - Online support might not be suitable in all cases/situations.

23. In response to a closed question, consultation respondents reported that the main barrier to accessing support was a long wait for assessment or treatment. This was followed by a lack of understanding of issues and having to retell the same story to different people.

24. Suggestions for how to improve the types and availability of mental health and wellbeing support in future are outlined below.

Consultation respondent suggestions	
Person/individual	• Removing barriers to seeking help. • Ensuring a person-centred or whole-person approach. • Addressing stigma and discrimination related to mental health. • Better and more meaningful involvement of people with lived experience to improve the design and delivery of mental health services and support.
Mental health and wellbeing services	• An increased focus on early intervention and prevention. • Ensuring equitable, consistent, and timeous access to support. • Having a wide range of services available. • There needs to be a range of methods of service delivery. • More services that are located within community settings. • More services available outwith traditional working hours. • Effective signposting and referral (“no wrong door”). • Providing welcoming, safe, and inclusive environments and spaces.
Sector-wide	• Valuing all mental health services and supports equally. • Addressing sector recruitment challenges and increasing workforce development. • Improved communication and a joined-up approach between clinicians and other professionals – a holistic approach. • Increased funding for mental health and wellbeing services. • Promoting and supporting mental health and wellbeing in community, education, and workplace settings.

25. Some concerns were raised by respondents on the Scottish Government proposals for the new National Care Service. This included the extent to which design and delivery of the National Care Service would be capable of being responsive to local needs and circumstances (i.e. not a one-size-fits-all approach, the importance of services being designed and delivered locally, recognising the different needs of those living in remote and rural communities); and that aligning mental health services and supports to the new National Care Service was felt to perpetuate the medical model of mental health.

26. Wider feedback from respondents emphasised the importance of: ensuring integration between the National Care Service and other services; improved information/data sharing arrangements between the NHS and National Care Service; a stable and well-trained workforce; improved engagement with people with lived experience; and ensuring joined up, responsive, and high-quality care and community services.

Part 8: The Role of Difficult of Traumatic Life Experiences

27. Consultation respondents emphasised access to trauma-aware and trauma-informed support as being most helpful to support recovery from previous traumatic experiences.

28. There was recognition across responses that trauma affects people in many different ways and that it would be important for people to have access to a wide range of supports and treatments. Among other things, this included one-to-one/group/family trauma therapy; talking therapies and counselling; therapeutic activities; peer support; and coping skills/strategies and resilience plans.

29. Things that could get in the way of recovery from traumatic or very difficult life experiences in childhood and/or adulthood were commonly framed by respondents as: serviced-related factors (e.g. services that were not trauma-aware and trauma-informed, long waiting list times); external factors (e.g. family and friends, current life circumstances); and personal factors (e.g. feelings of guilt and self-blame, own mindset/inability to accept what has happened).

Part 9: Children, Young People and Families Mental Health

30. There was consensus among consultation respondents for the Strategy to have a strong focus on the mental health and wellbeing of children, young people, and their families. Feedback included a repeat of points around for example: a stronger focus on early intervention and prevention; increased accessibility and availability of services; person-centred and family-centred approaches; and more community-based, non-medical supports.

31. Some consultation respondents made specific reference to Child and Adolescent Mental Health Services (CAMHS) as part of their response. A wide range of points were raised including (but not limited to): increased demand for CAMHS services; waiting list times; a lack of resources; short-term nature of funding for the service; a need for workforce expansion and training; and ensuring seamless transitions between services including into Adult Mental Health Services.

32. Consultation respondents were asked what they felt had the biggest impact on children and young people's mental health. A wide range of factors were identified, including parenting/carer role; family life/circumstances and home environment; poverty and deprivation; social media; and peer pressure.

Part 10: Your Experience of Mental Health Services

33. The GP practice was the most common response for where consultation respondents had received care and treatment for any aspect of their mental health. This was followed by 'other' (e.g. private sector counsellor, therapist, clinical psychologist or clinical psychiatrist; employer assistance programme; occupational health; or from a university counsellor) and Community Mental Health Team.

34. Satisfaction with the care and treatment received for mental health was highly variable. More negative feedback highlighted a range of factors including: long waiting list times for assessment, diagnosis, and treatment; the need to go private and pay for counselling; time taken for referral/not being referred for support with mental health and wellbeing; a lack of person-centred and flexible support; short-term support; a lack of follow-up or aftercare support; and feeling judged/not being believed or understood.

35. Satisfaction with the connections between mental health and wellbeing services and other health and social care services was also variable. Areas identified for improving joint working included among other things: the development of shared IT systems and databases; improved communication between services; streamlining and simplifying administration processes and procedures; clear referral pathways and criteria; and addressing stigma and discrimination

Part 11: Equalities

36. A prevalent view among consultation respondents was that the Mental Health and Wellbeing Strategy should place sufficient focus on “higher risk groups” for poor mental health and wellbeing, “hard to reach groups” and/or “marginalised” groups. Respondents identified a range of factors that put some groups of people at a higher risk of poor mental health:
    - Socio-economic factors (e.g. income, employment).
    - Specific characteristics (e.g. gender, ethnicity, disability, sexuality).
    - Socially excluded groups (e.g. people with mental health issues, care experienced young people, people affected by substance misuse).
    - Geography (e.g. areas of deprivation, rural and remote areas).

37. An additional point raised included that the Strategy should ensure that mental health and wellbeing support services cater for the different needs of (and different levels of need) groups of people at a higher risk of poor mental health. Providing continuums of support was considered crucial as were: access to information in different formats (e.g. where English is not an individual’s primary language); improved access to specialist services; access to longer-term support and aftercare support; and advocacy support.

Part 12: Funding

38. A vast majority of consultation respondents think funding for mental health and wellbeing supports and services could be better used in their area. Much of the qualitative feedback centred on funding models and the level and nature of funding for mental health and wellbeing.

39. The main points raised included: mental health and wellbeing support and services have been underfunded; increased funding of mental health and wellbeing support and services is needed in the context of increasing demand; there has been a lack of longer-term sustainable funding which limits service development, planning and efficacy; funding for mental health services is yet to achieve parity with funding arrangements for physical health services; and there is no specific funding aligned to public mental health across the country, which often means very little dedicated specialist capacity to progress public mental health programmes and partnerships.

40. Common suggestions put forward for ways in which funding for mental health and wellbeing support and services could be better used in their area included the following:
    - A stronger focus on prevention and early intervention.
    - A whole-systems approach.
    - Ensuring equitable access to mental health and wellbeing support and services.
    - Improving availability of mental health and wellbeing support and services.
    - Tackling mental health inequalities.
    - Increased and longer-term sustainable funding for the third sector.
    - More community-based support and services, including outreach.
    - Tackling the impact of COVID-19 on mental health.
    - Reducing waiting lists.
    - Growing an appropriately skilled (and diverse) workforce.

Part 13: Our Mental Health and Wellbeing Workforce

41. There were no questions under this part of the consultation. Part 14 to Part 17 present the findings to consultation questions relating to the mental health and wellbeing workforce.

Part 14: Our Vision and Outcomes for the Mental Health and Wellbeing Workforce

42. A vast majority of all consultation respondents agreed with the short-term and medium-term outcomes identified for the mental health and wellbeing workforce. Common themes were that more action was needed by government to:
    - Help retain the existing mental health and wellbeing workforce (e.g. to address low morale, excessive workloads, burnout).
    - There was consensus among respondents for improved pay, working conditions, and access to wellbeing services as a way to help the workforce feel listened to and valued.
    - Address recruitment challenges and to grow the workforce, including through more inclusive recruitment practices and supporting people with lived experience to be recruited into the sector.
    - Roll out the delivery of mental health and wellbeing training beyond the mental health and wellbeing workforce.
    - Increase funding for mental health and wellbeing, including for the third sector.

Part 15: The Scope of the Mental Health and Wellbeing Workforce

43. Key points to note about respondents' awareness of the scope of the mental health and wellbeing workforce were that:
    - A vast majority of respondents were more likely to consider a highly specialised 'Mental Health worker (e.g. such as a psychiatrist, psychologist, mental health nurse or counsellor)' and those who were 'employed' as being part of the mental health and wellbeing workforce.
    - 'The NHS' was the most common response by consultation respondents as an organisation/agency that hosts the mental health and wellbeing workforce. This was followed by 'the social care sector', the third and charity sectors' and 'social care services'. 'The private sector' was identified by fewer consultation respondents as a host of the mental health and wellbeing workforce (albeit still a majority).
    - 'Hospitals' and 'GP surgeries' followed by 'community' and 'education' settings were identified by most respondents as places where members of the mental health and wellbeing workforce might be found.

- In terms of something that members of mental health and wellbeing workforce might do, most consultation respondents identified the following: ‘provide monitoring of a mental illness’, ‘provide treatment of a diagnosed mental illness’, ‘provide support to families of those with a mental illness’ or ‘complete assessment for the presence or absence of a mental illness’.

Part 16: Solutions to our Current and Future Workforce Challenges

44. Suggestions for how to make the best use of qualified specialist professionals to meet the needs of those who need care and treatment included: improved triage; increased funding; action to reduce the administrative burden placed on qualified specialist/ professional staff; grow the qualified specialist professionals workforce; increase funding and provision of community-based services; and improved communication between services and providers.

45. The main ways in which the Scottish Government could grow the workforce and increase the capacity for prevention and early intervention, included: increase funding for training places in further and higher education; increase sector attractiveness and create clear pathways for career progression; improve pay and working conditions; and harness the capacity and capability of the third sector.

46. Suggestions for how the Scottish Government could best protect the capacity for specialised and complex care roles in areas like forensic mental health included: similar points around a stronger focus on early intervention and prevention; increased training places for these roles; increased funding; and increased remuneration.

47. Suggestions for how the Scottish Government could best widen the workforce to fully integrate the contribution of non-professionals and experts by experience, including peer support workers, without sacrificing quality of care included: a requirement for appropriate levels of training, oversight and supervision.

48. The question which asked respondents for ways in which the Scottish Government could support a more inclusive approach to workforce planning, recognising that many different workers and services provide mental health and wellbeing support was interpreted in two ways:
    - Most consultation respondents interpreted it as being inclusive of the different types of workers (e.g. doctors, nurses, health visitors, volunteers, etc). The main feedback was a repeat of earlier points including sector attractiveness, career progression pathways, improved pay and conditions, and increased collaboration between services.
    - The remainder interpreted it as creating a more inclusive and diverse workforce (e.g. ethnic minorities, LGBTIQ+). The main feedback centred on embedding inclusive recruitment practices across the sector.

49. Suggestions for how the Scottish Government could prioritise creating capacity for re-designing services to better manage the impacts of COVID-19, and other systemic pressures included: involving the entire mental health and wellbeing workforce in service re-design and making greater use of online and telephone service delivery where appropriate.

50. The main ways in which the Scottish Government could better support and protect the wellbeing of those working in all parts of the system were framed by consultation respondents as: improving pay and conditions; increasing access to wellbeing services; improving workforce culture; and improving communication and supervision.

Part 17: Our Immediate Actions

51. A majority of consultation respondents agreed with all of the short-term actions for the mental health and wellbeing workforce. No additional themes were identified in the qualitative responses.

Part 18: Final Thoughts

52. The only new point raised was that some consultation respondents felt that the consultation was too long, and that the language used may have acted as a barrier to the general public, including service users, completing it.

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Any enquiries regarding this publication should be sent to us at

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