STAKEHOLDER COMMENT FORM

Stakeholder Comments

Please use this form to submit comments or suggestions.

1. Please put each new comment in a new row.

2. Please do not paste other tables into this table, as your comments could get lost - type directly into this table.

3. **Please always refer to section numbers (and not page numbers.)** Insert the **section number** and paragraph (within each section) in the first column (see examples).

4. If your comment relates to the document as a whole, please put **'general'** in this column. (See examples).

To be considered your completed form MUST be returned by 28 February 2008.

Name:	**Elizabeth Oldcorn & Rachel King**
Organisation:	**NHS Lothian Health Promotion Service**
Section number Indicate **section number** or **'general'** if your comment relates to the whole document	**Comments** **Please insert each new comment in a new row.**
General	NHS Lothian Health Promotion Service appreciates the opportunity to contribute to the consultation process around the next phase of the mental health improvement agenda in Scotland. The National Programme to Improve Mental Health and Wellbeing has made significant progress in this area which should be built upon and developed. The 'National Programme' as an entity in itself has provided a recognisable focus on the agenda, the value of which should not be lost.
	Overall the document is heading in the right direction with increased focus on local action, inequalities and linking strategic and delivery work with the overall 3 areas. However there is still a need for considerable steer and support nationally.
	Mental health promotion should be the highest priority partly because it permeates all three sections – promote, prevent and support especially if the dual

	continuum model is to be upheld.
	The last phase of the National Programme focused primarily on stigma, suicide and recovery i.e. illness focused – now it's time for Promotion for everyone, with special focus on inequalities, to come to the fore.
	This document highlights a broad range of action however it appears to be primarily concerned with prevention, detection and treatment of mental illness. To provide balance there requires more consideration on how people are supported to remain mentally health and how to bring this in line with the importance already placed on physical health promotion.
	The document is quite weighted towards individual MH&WB rather than community and structural i.e. the influences on MH&WB.
	There needs to be clarity how Local Authorities are to engage with this agenda and work needs to be taken forward to achieve this engagement. What is the relationship with the single outcome agreements? 'On the ground' many LA's still consider MH to refer to mental health services and therefore the remit of social work mental health teams (evidenced by most Choose Life monies being allocated to social work departments to manage). Action: NHS Scotland have already produced a paper with a checklist for Counsellors on how to improve health and community wellbeing. Maybe a toolkit, briefing paper/checklist specifically on MHP and mental wellbeing also be produced and not just for the Councillors.
	Progress tracking and perf. assessment/Action: SOA's could be one mechanism through which performance is tracked but if LA's do not include MH&WB in their SOA's it could get lost. There also needs to be other ways of tracking – e.g. annual reports on Choose Life Action Plans, asking local champions to provide annual updates (briefly)
	Progress tracking and perf. assessment. Should focus on protective & risk factors, process measures. Papers/Reports (from top and bottom) should demonstrate how work relates to the evidence base (e.g. the What works' document), indicators and using the tools already produced e.g. the NHS HS evaluation guides, the WEMWBs.
	Mental health literacy and developing a common language at all levels should be prioritised – at all levels meaning individual (both lay and

	professionals), community and organisational/structural. Action: in a previous post, I (Elizabeth Oldcorn) - developed a 1-day training called 'Mental Health Literacy', something like this could be developed or incorporated into the 'MHP - Raising Awareness' training pack. Other resources could be developed for different audiences & purposes.
	National supports/Action: Mental Health Impact Assessment developed as a tool to facilitate community planning, strategy and action plan development and programme planning. This could be investigated nationally. This has not been used in Scotland as yet. We are looking at it in Lothian and are in the process of carrying out a MHIA to examine it's utility. At present it looks a bit cumbersome but if a 'rapid MHIA' tool for Scotland could be developed, akin to the Rapid HIA that exists and is being used, this could facilitate awareness of the impact of all kinds of programme and community plans on MH&WB in it's broadest sense, and promote planning that will maximise impact on mental health and wellbeing.
	Need to address barriers within "generic" psychiatric services who fail to provide access to services to people who declare a substance use issue at the point of initial assessment (esp alcohol use).
	This draft not the greatest format to navigate through – hope the published article will be an easier tome.
	Despite the explanation point 7.3 some people in the Service expressed an overall uncertainty about the purpose or need for this paper. They felt that overall the majority of the information, suggested themes and action points were in line with other current mental health papers and this made it difficult to constructively comment on issues that should be in development.
	In relation to child & youth mental health improvement, it was disappointing that the 'Framework' document wasn't mentioned at all. This could be developed in the Action Plan.
	What national supports would help……? Funding to develop programmes of activity to promote positive mental health and to provide services for those who may need extra support but do not have diagnosis that requires input.
	'There is no mental health without mental health' – a

	key premise to build the report on which is not taken in and built on in the rest of the report.
	How can progress be tracked…..? Feedback from public about perceptions and understanding of ‘mentally flourishing’.
	Action/National supports: The completed action plan should be very clear and include guidance around the next steps e.g. Are local action plans required, for all or some parts of the Plan? If so, how do these fit in with other plans e.g. Choose Life, Mental Health Delivery Plans, Children’s Services Plans etc? Who would be expected to lead on local plans/action and report back? There need to be clear guidance about reporting back and whose responsibility this is.
1. Vision, 1.1 – 3.2	The **maintenance** of mental health is not clearly stated or systematically mentioned throughout
5.3	Could be ‘promote, maintain and improve’ – when you look at action from a maintenance perspective you come out with different ideas that you would from a ‘promote’ or ‘improve’ perspective.
6.1	Add prostitutes to target group list. The government is currently taking action to eliminate prostitution. People involved in prostitution in a range of settings should be target groups in this strategy as government policy is going to impact their lives and additional support will be crucial to help them through the changes required.
6.3	It is welcoming to see Early Years being acknowledged as a key area for action but we feel that the importance of investing in early years should be expanded throughout the 3 themes not just under the heading “promotion”. Nationally, heavy investment into early years is required in order to make difference at the “upstream” stage and not its intervening when families reach crisis point. Identifying families/parents-to-be at the antenatal stage, following thought with high quality parenting support and investment in early years child care are crucial to making any sort of difference in health outcomes.
6.3 and 9.1	In addition to greater emphasis on the Early Years life stage, it is important to continue to support local authorities, agencies and health organisations with ongoing work on emotional intelligence and literacy programme for children & young people as well as all staff that are in contact with children & young people, as reiterated in 9.1 However measurement of the success of these programmes is complicated and

	short term progress would need to be tracked by collecting information on types/no's of programmes offered, uptake, breakdown of practitioners attending programmes etc.
8.5.3	Those working in MH nationally and those working in Healthy Working Lives need to work together during 2008-2011 to create a backdrop in Scotland where the signing of sick notes and managers and staff talking about a member of staff being off mentally ill is dealt with honestly and hopefully. Stigma will not be lifted until this is addressed.
9.1	Identify public perception of mental health and wellbeing and what meaning they have of this. Then use this terminology in future relevant documents, marketing, communications etc. Current term 'mental' often interpreted as illness.
	A big gap in the document and approach is the aim of getting the message across of 'why' it is worth promoting your mental health. This should not just focus on 'so you will be more resilient to the stresses and strains life throws at you' as this just puts mental health and mental illness back on to the same continuum and people may think (as with physical health) 'I'll just take my chances'. Action: Communication campaigns that demonstrate the value of promoting (individual & possibly community) MH&WB – i.e. you will get more out of life, may have better relationships, enjoy your job more, build social capital, people will be more productive but also get something back (individually and collectively), enjoy better physical health, be happier etc etc as well as be more resilient.
	Action: National campaigns to focus on what the public can do to maintain good mental health e.g. exercise, less t.v. walks in the countryside, rather than more of 'See Me' that focused on those who were ill.
	Action: Training for primary care staff in helping patients learn basic techniques for managing normal fluctuations in mental health. In some areas the current training appears to focus mainly on suicide prevention and Mental Health First Aid.
	Action: School aged children to be given opportunity to develop good self-esteem and early strategies to deal with emotions they experience. Could be taught CBT and problem solving approaches.
9.1 – 9.4	Action: Provide different types of support: - Groups that promote wellbeing e.g. walking

	- 1:1 support from either health coaches or people skilled in helping people manage anxiety, low level depression and coping mechanisms fro stress management. - Counselling e.g. CBT currently long waiting lists and limited services.
9.1 – 9.6	These each require support to address the cross cutting issue of providing help and support in a way which takes into account **inclusive communication needs** – literacy, comprehension levels in particular.
9.1 – 9.6	The vision of setting a support system that enables tailored individual intervention programmes to be set up by staff which take into account lifestyle and life circumstances need is not clearly articulated.
9.1 - 9.6	The need for an infrastructure to support staff to carry out the above on a day-to-day basis needs to be added.
9.2	Why was the term 'mental distress' dropped? I thought this language was helpful re. first bullet point. Using such terms could contribute to improving 'literacy' around mental wellbeing and mental health.
	Target those communities that experience poorer mental health.
	Action: Another potential area of investment could be the rollout of mental health link workers in schools (based on the West Lothian project).
	Action: Continued priority given to opportunity to identification of mental health problems antenatally and postnatally. Positive parenting programmes that develop good maternal mental health that should impact positively on children.
	Action: Adults - current Keep Well programme does not routinely assess mental health. This should be part if any assessment process and should be included in new GP registered patients and those experiencing chronic disease. Following assessment there should be clear referral pathways that should include services within the voluntary sector.
9.2 – 9.4	Action: Adolescents – access to support worker within school and opportunity to be referred to counselling/art therapy or other services.
9.3 & 9.5	Should emphasis linkage to substance misuse services and strategic partnerships (Drug Action teams) – integrated care pathways/single shared assessments – so that MH is a factor in assessing client/patient need within the context of substance use/risk taking behaviours – this has massive

	training/workforce development resource implications that need to be addressed/highlighted within the document – good intention but how do we implement?
9.5	Local capacity for leadership on MHI should be developed with support and recognition for the role of local leads to support them to take this forward amongst all the competing priorities.
9.5	This Action should be a key focus as it looks at broader determinants rather than focusing on individual factors which 9.1- 9.4 do.
10.1	As there is no health without mental health the engagement of all staff with the components listed in 10.1 will not come about without staff having **knowledge management skills and digital literacy.** It is crucial that during 2008-2011 that the mental health work in Scotland can move forward in tandem with the Knowledge Management work of e library. This should be clearly mentioned under National Support Activities.

Please add extra rows if needed.

Please return to: Nicola Radley, Area 3ER, Mental Health Division, St Andrews House, Regent Road, Edinburgh, EH1 3DG

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