

# **TOWARDS A MENTALLY FLOURISHING SCOTLAND CONSULTATION**

## **AYRSHIRE & ARRAN CONSULTATION EVENTS FEEDBACK REPORT**

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## 1. INTRODUCTION

In response to The Scottish Government letter of 12 November 2007 requesting NHS Board assistance with the Towards a Mentally Flourishing Scotland consultation process, NHS Ayrshire and Arran worked with a number of partner organisations to organise 4 local discussion sessions across Ayrshire and Arran.

Events were held in each of the 3 local authority areas during January/February 2008 with an additional event organised to target the Island community of Arran.

A breakdown of the events held can be found at Table 1 with a summary of the organisations represented at all 4 events attached at Appendix A.

**Table 1 – Dates, Venues and Numbers attending the Ayrshire & Arran Consultation Events**

<b>DATE</b>	<b>VENUE</b>	<b>NO. OF ATTENDEES</b>
29 January 2008	Park Hotel Rugby Road KILMARNOCK East Ayrshire KA1 2DP	50
8 February 2008	Gailes Restaurant & Hotel Marine Drive IRVINE North Ayrshire KA11 5AE	74
18 February 2008	Ramada Jarvis Hotel Dalblair Road AYR South Ayrshire KA7 1UG	68
20 February 2008	Ormidale Sports Centre Brodict ISLE OF ARRAN KA27 8DL	16

## 2. FORMAT OF LOCAL CONSULTATION EVENTS

Each event took the format of a 3 hour (approximately) morning workshop. All attendees received copies of the Easy Read Discussion Document with details of the weblink (<http://www.wellscotland.info/towards-a-mentally-flourishing-scotland-resources>) to access the full discussion paper and supporting documentation prior to attending each event.

Each event was structured to provide attendees with an initial presentation giving an overview of the discussion document following which attendees broke into small, facilitated working groups to discuss and debate the proposed actions and consultation questions in detail.

Attendees at each event were asked to consider:

### Question 1

For each of the actions assigned to your group:

- Do you think this is the correct approach at a national level?
- What would this look like for Ayrshire and Arran?

### Question 2

What *national* supports would help local areas meet these objectives and actions?

### Question 3

How can *progress* (locally and nationally) be tracked and performance assessed?

Following each of the events all working group feedback was collated and themed to inform the consultation response.

## 3. CONSULTATION RESPONSE

### 3.1 Summary Overview

In general, the majority of attendees at the local consultation events did not disagree with the proposed actions and agreed that the actions being outlined were the correct approach in principle. However, delegates could see potential difficulties in how the actions would translate locally and fit with local priorities. Delegates also identified a clear need for better inter and cross agency working as this was clearly not just a health service agenda. It was also evident that there would be a clear need for a population-based attitude change to ensure that the concept of 'mental health and wellbeing for all' being outlined would be applicable to and accepted by the Scottish population. Furthermore, and key to success, would be ensuring that mental health and wellbeing cross-cuts all Government Departments and be seen to be visible within all national and local policy.

### **3.2 What shared objectives and actions for local delivery should be made for 2008-11 which would be deliverable, measurable and valuable?**

In order to provide structure to the group discussions, attendees were asked to review and consider the actions being proposed at Section 9 of the discussion document. Following collation of all group responses, the following themes have emerged for consideration as part of the consultation response:

#### **3.2.1 Awareness Raising**

A major theme to run through all the stakeholder events was the importance of raising awareness of mental health and wellbeing to the general population, thus ensuring a more positive societal attitude to mental wellbeing and health. It is hoped that with greater understanding of mental health and wellbeing the issue of stigma will be challenged across the population.

- Need for national and local campaigns to challenge the stigma surrounding mental illness and mental health issues.
- Need for a societal change of culture about mental illness and mental wellbeing from pessimism to optimism by adopting a holistic approach.
- Need to improve the mental health literacy of the population through ongoing population-based awareness raising campaigns which focus on positive factors which keep people mentally well.
- Need to improve and increase the awareness and knowledge of the general population of coping skills and strategies to maintain mental wellbeing.
- Need to highlight the use of Alternative Therapies; including talking therapy and self-help groups. It was felt that more of this needs to be done to help the public to understand that mental illness does not always mean 'drugs'.
- Need to use plain English and everyday, appropriate language which is appropriate and accessible for all. It is important to highlight the issue of stigma surrounding certain terminology used within the document e.g. some objection to the continued use of the word 'mental'.
- Highlight the significance of the role of the national and local media in promoting negative images and stories of the effects of mental illness.
- Need to find the '5 fruit and veg' message for mental health – moving the focus from mental illness/crisis intervention to wellbeing and prevention.

### **3.2.2 Training and Education**

- Make training that focuses on raising awareness of mental health, mental illness, mental wellbeing, early interventions, signposting and attitude change, mandatory for all key groups of staff who work with the public e.g. public sector workers, teachers.
- Need for specific training for employers focusing on mental health & wellbeing issues in the workplace e.g. bullying, stress management.
- More 'joined-up' training across sectors which is nationally co-ordinated, more accessible and marketed appropriately. It is also fundamental to have an ongoing evaluation of this training.
- Need to increase investment of time, resources (e.g. administrative support) and training capacity to train more trainers.
- Another important point is realising the expertise of individuals and communities themselves; it is important to realise that people are the 'experts' in relation to their own lives and experiences.
- Need to continue to develop training programmes which are already in place and evaluate these programmes effectively.
- Need to ensure all sections of the general population are made aware of how to access mental health and mental wellbeing information and training offered within their local area, e.g. brief intervention training to address Mental Health in its widest sense.

### **3.2.3 Partnership Working**

- One of the key themes which emerged was that the mental health and wellbeing agenda was not just a role for health – everyone has a role to play and needs to recognise and be aware of that role.
- In order to reduce inconsistencies and ensure quality and equity of service across Ayrshire and Arran, all partners to the agenda need to work together better and identify the competing priorities which are not conducive to partnership working, e.g.
  - Need to reduce bureaucracy within and between agencies if to work in partnership successfully e.g. sharing of individual case histories whilst balancing the need for confidentiality.
  - Need to get better at sharing good practice and increase the opportunities for networking between agencies.
  - Need to be more pro-active and less reactive.
- Current 'partnerships' need to be wider than statutory, public sector organisations (i.e. NHS and Local Authorities) to ensure that all

stakeholders are truly involved in taking the agenda forward. A number of groups were identified who were considered to be key to partnership working but were perhaps not fully engaged with or involved currently, namely:

- Carers / Carer's Groups
  - Churches
  - Community Groups
  - Trade Unions/ Professional Organisations
  - Voluntary Sector Organisations
  - Workplaces
  - Young People
- 
- Need to review all national and local policy to which the mental health and wellbeing agenda impinges and make better links and connections across and between all national and local strategy and policy.
  - The National Programme needs to continue to work more closely with local partners – national strategy can be confusing and subject to local interpretation resulting in inconsistency of approach.
  - It was suggested that we need better and more integrated community planning processes - a number of difficulties were identified due to there being three local authority areas operating within Ayrshire and Arran resulting in inconsistency and inequality of service in some areas. Community Planning should be the vehicle through which the wider influences on mental health and wellbeing are addressed.
  - It was agreed that Community Health Partnerships have a key role to play in taking the agenda forward – particularly with regards the much needed focus on prevention activities. However, it was felt by some that CHPs within NHS Ayrshire and Arran, in their current form and structure, were not considered to be robust enough to successfully take the necessary work forward.
  - Need to acknowledge that individuals/members of the public have a responsibility as part of the wider 'partnership' to take ownership of their own mental health and wellbeing and be involved in decisions about their own support and treatment in order to avoid the danger of agencies and policy becoming too 'paternalistic'.

### **3.2.4 Specific Target Groups**

#### **i. Early Years, Children & Young People**

- Need for a targeted approach and early guidance on the precursors to positive mental health and wellbeing for all children; starting at as early an age as possible.

- It is essential to involve and educate parents and families on the importance of open and honest discussion on issues surrounding mental health and wellbeing whilst providing accessible parent/carer's support strategies.
- Highlight and educate parents and families of the importance of a positive environment for a growing child, thus ensuring children move from negative environments to positive experiences.
- Need to engage with primary and secondary schools to highlight the importance of educating and engaging with children of all ages about mental wellbeing and coping strategies.
- Need to emphasise the importance of pre-natal information, interventions and support strategies.

## **ii. Workplace & Employment**

- The NHS and Local Authorities are large employers, therefore they need to lead the way and be exemplar employers with regards to safeguarding their employee's mental health and wellbeing and encouraging pro-active return to work programmes for those who have had a mental illness.
- Need to address the restrictive issues in relation to the benefit system and 'return to work' policy which discourages people back into the workplace.
- There needs to be more flexible and accessible employment practices to encourage people back into the workplace e.g. recognise the 'pros' of unpaid work opportunities on mental health and self-esteem for those trying to get back into the workplace.
- Address workplace specific issues in relation to mental health e.g. bullying. Employers should consider their own practice and ways in which this can be minimised so that work itself does not make an individual's mental wellbeing worse and/or increase their susceptibility to mental illness.
- Develop national guidelines for employers on good employment practice in relation to promoting and protecting the mental health and wellbeing of employees

## **iii. Older Years**

- Need to break down barriers to ensure older people at risk of poor mental wellbeing have access to support systems e.g. those who have led busy working lives and look forward to retirement but when they do feel isolated, lose their identity and purpose in life leading to low levels of mental wellbeing.

#### **iv. Men**

- Need to tackle the 'macho culture' endemic in the West of Scotland, and address the stigma associated with men acknowledging they have a need for some form of support or help.

#### **v. Carers**

- Need for greater understanding, additional support and early intervention with carers, regardless of age, and their families to provide practical support, training and raising awareness of impact on carer's mental and physical health and ensure provision of coping skills.

### **3.2.5 Funding & Capacity**

Funding (or lack thereof) emerged, consistently, as a major concern and barrier to taking forward the actions being outlined within the discussion document.

- The need for longevity, stability and sustainability for services was cited strongly as a key priority - the impact of short-term funding streams was voiced as the main difficulty to achieving this:
  - Voluntary organisations and community groups historically 'suffer' due to their reliance on short-term sources of funding (e.g. Big Lottery) as opposed to mainstream funding – need to review the funding arrangements for such organisations.
  - Need to reassess the reliance on 'pilot project' type services to ensure longer-term provision of valuable services - mainstreaming and ring-fencing funding for projects and interventions which evaluate as having a positive impact (quality not quantity).
  - Need to get better at evaluating and identifying 'waste' in order to be able to make best use of the funding which is available.
- There was a perception that, to date, a lack of priority had been given to funding prevention activities due to such work being deemed 'less valuable' when competing for limited funds when up against the need for monies for mental health illness treatment and crisis intervention – the focus needs to change or additional funds need to be provided in order to redress this imbalance.
- Need proper checks and balances at a national level to ensure that mental health and wellbeing remains a priority under the new local authority funding arrangements as there is a real danger that it could fall off local agendas due to competing priorities for funds.

- Need less restrictions in relation to how funding allocations can be targeted and applied - although the importance of addressing inequalities was acknowledged, there was a general feeling that a less strict, common-sense blurring of the boundaries when targeting communities (as opposed to the current reliance on a postcode 'lottery' approach) would enable those 'borderline' communities to be targeted in addition to those areas most in need.
- Funding restrictions would appear to be a major contributor to the many difficulties cited in relation to capacity of organisations and agencies to successfully take the proposed actions forward:
  - Need to increase capacity relies heavily on funding – costs approximately £1000/trainer (in relation to Mental Health First Aid) which, in addition to the costs of backfilling posts when delivering or attending training, is very prohibitive.
  - In order to build capacity across all agencies and organisations to support the promotion and prevention activities needed to carry out the actions being proposed, a long-term funding commitment will be essential – organisations and agencies are currently working at saturation point and without additional resources would not be able to extend or adapt services to incorporate a focus on improving the mental health and wellbeing of the population.

### **3.2.6 Service Provision**

- Need to map the level and quality of services which are currently available as there is presently a perception that current levels of support are inadequate.
- Need for a more planned approach to supporting people with poor mental health and mental illness by ensuring more accessible support, signposting of services and clearer referral pathways e.g. more flexible opening times, better infrastructure (such as transport), developing and agreeing a 'care plan' for the individual by all the agencies involved.
- Need to offer a 'menu' of mainstreamed and innovative support services and interventions to ensure support is available at point of need and which meets the needs and preferences of an individual to encourage them to access the available services. i.e. increase availability of counselling services.
- Service provision needs to address the wider determinants of mental health and wellbeing and focus beyond 'mental illness' treatment and crisis intervention for example availability of community leisure facilities, 'one stop shop' centres for a variety of public and voluntary sector services.

- Address the mental health and wellbeing needs of ‘at risk’ prisoners by ensuring support networks are established before liberation e.g. buddy systems.
- One suggestion of an initiative approach is the introduction of “mental health/wellbeing” days. People would be allocated so many of these days per year which would allow them time off work but would need to be used in some type of activity that would help prevent mental illness and promote mental wellbeing.
- There is a need for greater recognition of support systems for friends and family of a person who has attempted or committed suicide to help them to come to terms with the guilt that it is often associated with such tragic events or deaths.
- Adapt the Mental Health First Aid (which focuses on mental illness) to make it more applicable to the wider mental health and wellbeing agenda. Undertake to develop ‘The Promoting Mental Health’ course.
- Need to deliver programmes to meet local need and maintain continuity of service.

### **3.3 What national supports would help local areas to meet these objectives and actions?**

#### **3.3.1 Research, Evidence and Evaluation**

- Need increased evidence-base of good practice.
- Central resource for information e.g. national information database on mental health and wellbeing.
- Support to aid multi-agency working e.g. development of shared IT systems.
- Local needs/demands need to be reflected in national targets.
- Realistic timeframes.
- Cross-agency funding.
- Raise profile of mental wellbeing to general population.
- Long-term funding for evaluation.
- Good IT systems - systems should be inter-agency/group linked.
- Shared single assessment.
- Plan evaluation in advance of project, with the appropriate funding.
- Greater recognition and support for the voluntary sector.
- More focus on a range of approaches – need to promote understanding of what works at a local level and how organisations such as Voluntary Organisations etc can participate.
- Move away from centrally defined targets.
- Co-ordinate some aspects of local work better nationally – using local needs assessments to inform, which will reflect wider circumstances i.e. rural/urban settings.

### **3.3.2 Capacity Building, Skills, Competencies and Training**

- National co-ordination of training (mandatory for key staff groups).
- Need to encourage employers to be more pro-active and take greater responsibility for mental health and wellbeing in the workplace – especially NHS and Local Authority who should act as exemplar organisations.
- Programmes of training developed to target specific target groups - children and young people (and those working directly with them) being a key priority.
- Continue to develop national training for local delivery.
- Continue to develop national campaigns (e.g. See Me) with support for local delivery.
- Need for more cross-agency funding.
- Finding out what works, and sharing best practice.
- Need consideration of gender issues when services are being planned (different strategies required – across all age groups).
- Social prescribing good (not medicalised) raise profile – further up the agenda.
- Improving training for survivors of sexual abuse, early intervention after disclosure (resources - very little available and what is available is not adequate).
- More resources into services/ support for people who are not mentally ill but are experiencing problems.
- Funding cycles and allocations to voluntary organisations is a barrier. Too transient e.g., funding in place for posts e.g. mental health workers in school – then funding runs out – service is lost – mainstream does not pick up.
- Greater recognition and support of voluntary sector.

### **3.3.3 Communications, Social Marketing and Support to the Media**

- National awareness raising campaign(s).
- Need to clarify the terminology and improve mental health literacy generally.
- Work with local areas to market the support services available better.
- Ensure the mental health and wellbeing message remains high on the media agenda.
- Need to use media more – more appropriate reporting/promotion of help services and strategies.
- Better recognition of support such as counselling in national reporting mechanisms (e.g. ISD). Reporting can be too focused on patient experiences/services to exclusion of the wider support provided to family members and others e.g. phone support.
- Ensure 'prevention' receives the focus it needs rather than resources historically being targeted towards awareness of mental illness.

### **3.3.4 National Indicators, Data & Review**

- Need clear, longer-term vision and outcomes with clear actions to be achieved locally.
- Ensure Mental Health and Wellbeing is a national and local priority across all agencies and policies.
- Need long-term, mainstreamed, ring-fenced funding committed to achieve the actions.
- Need a mechanism in place to ensure consistency across Boards/CHPs/Local Authorities when interpreting national actions locally.
- Push for better partnership working and more integrated support services through the development of multi-agency guidelines.
- Move away from a target focused mentality.
- Promote the need for additional infrastructure to support the agenda e.g. public transport, community facilities.
- A greater presence of national government at local level - need to build their knowledge of local issues / local expertise.
- Holistic, cross cutting approach to setting policy; avoid fragmentation.

### **3.4 How can progress (locally and nationally) be tracked and performance assessed?**

Overall, it was acknowledged that measuring long-term changes in 'attitude' and 'culture' would be difficult.

- The Government needs to be consistent and make it clear from the outset which outcomes and targets are to be achieved at a national and/or local level – disappointment was voiced due to the new NHS HEAT targets focusing on mental illness as opposed to mental health and wellbeing.
- Need clear measures and indicators (with a variety of both quantitative and qualitative measures) within an audit/governance framework which can be applied at both a national and local level to ensure consistency of approach to progress monitoring across agencies and organisations – possibly investigate developing a simple tool for self-assessment audit with centralised collation of data to enable benchmarking. Possible measures suggested during discussions were:
  - Reason for attendance at GPs as opposed to drugs prescribed (e.g. monitoring of anti-depressant usage as an indicator does not provide a true picture of the mental health status of the population);
  - Levels of service uptake;
  - Follow-up and evaluation of those who have attended training for trainers to establish whether delivering training and to whom, to how many etc;
  - Annual/bi-annual surveys of population samples e.g. making use of resident surveys, people's panels etc by applying tools such as WEMWBS as way of gaining overview of people's own

- perceptions of their mental health and wellbeing – possibly providing ‘incentives’ to participate.
    - Workplace sickness levels.
- Need to ensure progress monitoring and evaluation processes are streamlined and simplified as far as possible.
- Need to establish baseline information of ‘where we are now’ in order to ascertain whether progress has been made or not in the future.
- Need to establish what the needs are of local communities and specific target groups in relation to maintaining or improving their mental health and wellbeing by getting better at local needs assessment and being more innovative when trying to engage with communities or service users for feedback (especially in relation to assuring confidentiality in order to receive honest feedback).
- Need more centralised, national research to establish and communicate ‘best practice’ and to monitor progress in the longer-term towards the desired attitude and culture change of the population.
- Need to develop service standards – minimal and ‘gold standard’ – to ensure best practice and consistency of service quality across all agencies and organisations.
- Need to co-ordinate national information sharing events to enable different organisations and partners to network and share best practice.
- Need to develop and deliver training which teaches organisations and agencies how to evaluate better using an outcome-focused approach (e.g. LEAP) in order to focus efforts towards longer-term outcomes with shorter-term targets/outputs to measure ongoing progress.
- Need to investigate the use of ‘independent review’ as part of the performance assessment process.
- Need to share information on progress with service users and the wider public – making use of the media and promoting ‘good news stories’.
- Need to ensure that local evaluation and monitoring is undertaken and co-ordinated by those best placed to do so – community planning partnership groups may be the most appropriate vehicle.

#### **4. CONCLUSION**

In conclusion, the feedback contained within this summary report represents the views of over 200 people currently working and/or living within Ayrshire and Arran. The opportunity to contribute to the consultation process was welcomed by all who attended the events.

All agencies, organisations and lay people who participated in the consultation process look forward to seeing their feedback and comments inform the action plan for future delivery of the mental health and wellbeing agenda within Scotland.

## APPENDIX A

### Agencies, Public and Private Sector Organisations consulted during the local consultation process

Access  
ADD It Up  
Alcohol Drug Action Team  
Ayr Academy  
Ayr Action for Mental Health  
Ayr College  
Ayrshire Eating Disorder Action Group  
Becogent  
Community Horizons  
Crosshill Primary School  
Cumnock Academy  
Diabetes UK Ayrshire Volunteer Group  
Diageo Global Supply  
East Ayrshire Advocacy Services Ltd  
East Ayrshire Council  
East Ayrshire Libraries  
Epilepsy Action Scotland  
Friends of Newton Park  
Fullarton Community Health House  
GE Caledonian  
Glenfairn Housing Support Agency  
Hansel Alliance  
Headway Ayrshire  
Healthy North Ayrshire Project  
Houston Travellers Site  
Job Centre Plus  
Kilmarnock College  
Momentum  
Morven Day Services  
National Autistic Society (Daldorch House)  
Newton Primary  
NHS Ayrshire and Arran – various, including:

- Addiction Services
- Area Partnership Forum
- Community Mental Health Team
- Community Mental Health Team (Elderly)
- East Ayrshire CHP
- East Ayrshire Public Partnership Forum
- Kilbirnie Health Centre
- North Ayrshire CHP
- North Ayrshire Public Partnership Forum
- School Nursing Service
- South Ayrshire CHP
- South Ayrshire Public Partnership Forum

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## APPENDIX A

### Agencies, Public and Private Sector Organisations consulted during the local consultation process

#### **/Cont . . .**

North Ayrshire Adult Mental Health  
North Ayrshire Carers Centre  
North Ayrshire Children's Panel  
North Ayrshire Community Planning Partnership  
North Ayrshire Council  
North Ayrshire Volunteer Centre  
North Cunningham (Arran) Community Mental Health Team  
North West Kilmarnock Area Centre  
Panel of Reference  
Partners for Inclusion  
Public – Carers  
Public – Parents  
Saltcoats Community Council  
SAMH  
School of Social and Political Studies  
Scottish Ambulance Service  
Scottish Enterprise Ayrshire  
Scottish Stampings  
See Me  
Serco Health  
South Ayrshire Befriending Project  
South Ayrshire Council  
South Ayrshire Night Stop  
South West Scotland Justice Authority  
The Simon Community  
Three Towns Resource Centre  
Training Toolbox  
Turning Point Scotland  
Unison  
Viewpoint  
Wallacetoun and Newton Regeneration Forum