

Thank you for sending a copy of the Discussion Paper to our Practice in West Lothian. I must admit that reading through it was rather heavy going! Its numerous bullet points and widespread use of technical jargon makes it rather difficult to translate into ideas of practical action of the kind that we as frontline GPs are accustomed to taking as we care for our mentally ill patients. However, some of the websites itemised in Tables 1-3 of Appendix D provided interesting and informative reading material.

All I can hope to do is to share **a few thoughts on the subject of mental illness from my day to day experience of dealing with patients - 30 years of it.**

Under the **SUPPORT** aspect (**treatment and aid to recovery**) I am repeatedly told by relatives of mentally ill patients (and sometimes by patients themselves after discharge from a Psychiatric ward) that patients 'just get drugs' but seldom any 'talking therapy' or counselling. Why is this? Surely patients in hospital with severe anxiety or depression could benefit from CBT or some other form of counselling - they have little else to do!

The value of 'talking therapies' is well known. Couldn't more funding be made available to provide counselling support for patients whilst they are in hospital?

A GP colleague, one of whose close relatives has frequently needed hospital care for mental illness also flagged up the need for more craft/art/musical activities and exercise programmes for inpatients. So many patients just seem to be expected to sit about, bored and inactive - not very conducive to recovery (especially in the light of growing evidence that physical exercise can lessen depression and help opiate addicts to reduce their craving).

Recently established Job Centre Plus initiatives aimed at helping patients with chronic mental disorders e.g. Schizophrenia, to find supported, often part-time, work placements appear to be worthwhile and effective.

This also applies to patients on Methadone Programmes who need supported employment to kill the boredom, keep them away from drug-using friends, and to help them regain their confidence and self-esteem as part of their rehabilitation.

Currently, however, **MANY ARE ON INCAPACITY BENEFIT** with a Diagnosis of 'Drug Addiction'. Prior to getting into proper, keyworker-supervised treatment, **MOST OF THEIR BENEFIT MONEY GOES ON BUYING HEROIN ETC.** **This problem needs urgently addressed, perhaps with the introduction of a voucher system so that their ability to earn cash is linked to their co-operation with treatment programmes and their phased re-introduction to meaningful employment.** I believe there was something on the news this morning about the Government's intention to look at this whole area afresh.

By way of **PROMOTING BETTER MENTAL HEALTH**

When it comes to 'improving literacy around mental wellbeing and mental health' (9. Action 1)

I think that TV programmes such as the autobiographical documentary by Steven Fry about 'Living (and even thriving creatively) with Manic Depressive Illness' are very helpful because they help people with mental illness to realise that they are not alone, or lesser beings, but can learn to live with and even triumph over their illness, and make a positive contribution to society nevertheless. More of the same please!

Under 8.3 you mention the idea of "efforts being made to promote and embed the skills, attributes, belief, values and circumstances that increase resilience, self-efficacy, a sense of mastery, coherence and control..." **I really feel that as a so-called 'caring society' we have neglected the most important integrating force of human experience - our spiritual needs.** I shall return to this point under 'Further Suggested Action'.

In relation to **PREVENTION : MENTAL ILLNESS** (9.2 Action 2), we as GPs are constantly on the lookout for early warning signs of significant anxiety, depression or psychotic illness in our patients.

We already have Assessment Tools (such as the HADS Questionnaire) and self-help literature/programmes such as 'Moodjuice' available on-line or at designated computer-suite centres such as the one at the Recreation Centre in Grangemouth and some patients do find these educational and therapeutic.

What about '*Prioritising work in the early years, and children and young people's mental health*' ? (also 9.1 Action 1)

As GPs we see children and young people who are overwhelmed by the violence, grief and environmental concerns that they witness on TV and in daily life. Many are trying to cope with the emotional trauma of their parents' separation and often this is communicated both at home and at school in the form of low mood, self-destructive or aggressive (angry) behaviour. This in turn adds guilt and despair to their psychological distress. Many go on the abuse drugs to escape from the emotional pain. As a GP with Special Interest in the Management of Drug Misuse, I am one of those involved in trying to help them 'pick up the pieces' of their lives.

It doesn't take the intelligence of Freud or Jung to recognise that much of this emotional pain relates to issues such as hope, belonging, being loved unconditionally, forgiveness, security, self-worth, meaning to life and purpose in working/living. These are spiritual issues and questions and must be recognised as such. They represent deep human needs to be explored and met. I will return to this area later, under 'Further Suggested Action'.

On the theme of '*greater holistic support for parenting for families who are at risk or struggling*' (**8.4.1**) and '*Work targeting children should engage parents in any culture of change*' (**9.1 Action 1 - Promotion of Mental Wellbeing**)

I really believe the Scottish Executive needs to look seriously at Educational Programmes aimed at (1) helping young people to postpone sexual activity until they are in a stable, committed partnership (such as marriage), and (2) preparing them adequately for marriage, parenthood and child-rearing - beginning in the 5th and 6th Year (or earlier in some cases) at schools or in Colleges of further education for those who leave school early.

Being a reliable and faithful spouse or long-term partner, or a 'good enough' parent is not easy and many of our young people seem to stumble into these highly responsible roles without really having thought it all through. They (and all of us) then pay the price in terms of

teenage pregnancies, sexually transmitted diseases, broken relationships and single parent families.

This need not be the case. There are already a number of well-evaluated educational resources available such as **'Make love last'** (a teaching module for teenagers on sex and relationships); and for parents: **'Help, I'm a Parent'**, and **'How to Drug Proof your Kids'**. All these resources can be accessed from long-established organisations like **CARE for the FAMILY** (www.careforthefamily.org.uk) or **CARE for SCOTLAND** (www.care.org.uk). With adequate funding for the training of teachers and presenters, these helpful programmes could be rolled out to schools and colleges across the country.

For those planning or entering into long-term partnerships or marriage, the mainline denominational churches in Scotland are a vast, often untapped, resource for such preparation and many clergy and pastoral care teams now have a wealth of experience in this area of social education.

Many people feel that adequate preparation for marriage or long-term partnership and parenthood should be mandatory if we are going to see greater cohesion within our pitifully fragmented society.

Further Suggested Action:-

In Scotland, as in many other parts of the UK we have ditched our Christian heritage in the name of political correctness, or so as not to offend our muslim or other minority religious communities. And yet the Christian faith addresses many of the issues mentioned above and helps people, especially children, **to make sense of the bewildering world around them and provides an inner spiritual framework within which to integrate their experience of the past, the present and the future - all essential in maintaining good mental health in our children and young people.**

I believe we need to **reintroduce into all our schools a regular Christian assembly**, with (at the very least) traditional prayers and an open and exploratory programme of spiritual care and teaching i.e. no 'brainwashing' involved, Scripture Union Scotland are a well established resource to enable this to be done nationwide. Parents from mainstream Christian denominations within the community are often willing to assist with school Scripture Union Groups - every school should have one.

Schools with a Christian ethos have **a sense of shared values and cohesion**. Discipline and peer caring improves and so do the exam results. Prof. David Jesson's survey (Centre for Performance Evaluation & Resource Management, University of York) of non-selective state schools in London demonstrated that pupils from the Church schools outperformed those from all the others, including comprehensives, secular foundation and voluntary aided ones, in terms of academic achievement e.g. GCSE results

Interestingly, **many parents from the minority faiths would prefer to send their children to a faith school of some sort, rather than a secular one.** If there were to be Muslim faith schools, that's OK so long as there is regular inter-school contact with the Christian-based schools so that by meeting and discussion the young people can learn about each other's

faiths, respect each other's differences, establish common understandings and hopes for future.

And finally

Be careful what you mean by performance tracking and assessment - the whole area is complex, as are human beings - large numbers of people coming for help with bereavement issues may look bad statistically, but actually it is better that they come for help rather than languishing in the misery of loss, unmitigated depression and perhaps even commit suicide. Thus low numbers of patients presenting may be synonymous with poorer mental health on a population-wide perspective. We need to look more widely at how we as a society cope with grief. Voluntary orgs, especially the churches have a lot to offer in this area.

I hope that you will find some of the above thoughts helpful as you engage in the important task of leading the population towards a **Mentally Flourishing Scotland**.