

A response to Scottish Government DG Health and Wellbeing.  
October 2007

Towards a Mentally Flourishing Scotland.  
The Future of Mental Health Improvement in Scotland 2008- 11

It was with some interest I read this document. In many ways over the centuries, mental health has been the Cinderella of health care. Mental wellbeing may be difficult to comprehend and the lack of an observable physical deficit may permit those not affected or closely involved, to be less interested and less concerned. It is encouraging to learn of the improving services in Scotland over the last decade. It is pleasing to learn that there is now some international recognition of Scotland's work.

It is commendable to hold the vision of seeing a Scotland where total health essentially requires coexisting physical and mental health.

I have experience from my own professional career as a physiotherapist, that patients who are prepared to be conscientious, active and involved in their physical problems, do much better than the patient with a similar medical condition who is depressed, passive and disinterested in their own rehabilitation.

In looking at an improvement in mental health we need to consider any contributing factor, eg alcohol, drugs, unacceptable behaviour, obesity, poverty or social deprivation. An aspect of mental wellbeing perhaps not fully explored, is the interaction with family, neighbours, colleagues and friends. These interactions, of course, if unfavourable may well exacerbate a problem. Statutory professional involvement may on occasion be unwelcome, unnecessary, interfering and counterproductive

Concern about younger persons who have minimal mental wellbeing or mental illness demands consideration of the family unit. The concept of a family unit seems to be disintegrating and much of recent political emphasis has NOT encouraged a strong, healthy upbringing with moral and ethical standards.

The promised Action Plan ought to highlight the present successes and demonstrate the present failures in previous intentions. Where local success has been achieved this needs to be detailed, and where partial achievement has been reached this too ought to be reported.

The present holistic approach is that highlighted and reported in the 1<sup>st</sup> century, "Mens Sana in corpore sano" ( a healthy mind in a healthy body) Roman poet JUVENAL  
Groups require HOPE and if this is encouraged, then mental well being and some mental illnesses may be reduced

In Para 6.1, the targeted groups do require special support, but there is evidence that inadequate or even unconsidered support may cause a reduction in the mental well being in the relatives, the carers and neighbours in the community.

Past experience would appear to favour that the results from self health groups obtain the best outcomes – provided the clients have a determination to assist in their own health matters, eg smoking gambling and alcoholics anonymous and other smaller less publicised groups.

These are most successful where volunteers who have had personal experience of the problems are prepared to give generously of their time. Financial support and the availability of “experts” in the field ,are an advantage but the individuals who are “ill” are more likely to respond to straight forward sympathetic advice from those who have successfully overcome the problem themselves. The professional who says “I know how you feel” but has never suffered personally the problem, is not as helpful as the individual who had been through the difficulty. The EMPATHY factor is very important.

The Church of Scotland Guild in 2007-2009 has had as an overall theme, Lets Live Body Mind and Soul, In 2006/2007 we considered Honouring the Body with emphasis on a healthy life style

In 2007/2008 Think on these things – how we used our minds and in 2008/2009 we will look at our Spiritual Journey and how our souls are restored

In conclusion I would have to say, BODY,MIND and SOUL go together to make a healthy and whole person.

Greta Doig 05/02/08