

## **Consultation response**

### **Towards a Mentally Flourishing Scotland (TAMFS)**

The Scottish Government invited comments on their proposals to be submitted by the end of February 2008. Alcohol Focus Scotland and Health Scotland invited those interested in the formation of a Scottish Alcohol Alliance to participate in a consultation event on the questions raised in the document. The following represents the views expressed by participants from Youth Link Scotland, East Ayrshire Council, Health Scotland and Alcohol Focus Scotland.

The main questions to be addressed through the consultation were;

- What shared objectives and actions for local delivery should be made for 2008- 11 that would be deliverable, measurable and valuable?
- What national supports would help you to meet these objectives and actions?
- How can progress be tracked and performance assessed?

This response raises a number of broad issues in response to these questions.

#### **1. Mental Health and Alcohol**

The links between poor mental health and alcohol are well documented, so in respect to the target groups outlined in TAMFS, it is possible that all of them will also have alcohol as an issue, since the impact of alcohol issues runs across the whole population. For example, people who experience chronic pain/sleep problems may use alcohol as self medication and may over time become alcohol dependent and have associated mental health problems.

Alcohol abuse can arise out of boredom especially amongst young people. This has been evidenced in the recent survey of 3,000 young people by Youthlink; one of the questions asked how young people felt about themselves, and around a third, mainly from disadvantaged areas expressed low self-esteem. It is harder to help young men with chaotic alcohol use as they tend to become criminalised as a group very quickly, and their alcohol and mental health problems often fail to be addressed.

Other groups include adults currently not in work, who will use alcohol as a means of relieving boredom and depression which can often contribute to mental health issues.

Stigma and relapse are major issues in addressing alcohol problems, not only amongst the general public, but also within professions and amongst workers. The 'Closing the Gaps (comorbidity) Report' referred to work done by Hazel Watson with Mental Health staff which demonstrated that staff

attitudes to substance misuse were a major barrier. Training programmes and staff supervision improved things in a sustained way.

While the 'see me' campaign was effective in terms of mental health, it didn't include alcohol problems in its remit, which on reflection would have been a positive step in addressing issues such as stigma. A co-ordinated anti-stigma campaign on alcohol misuse would address this issue.

The reality is that despite episodes of relapse people do address their alcohol problems positively. So attitudes to alcohol and mental health including the importance of recovery from alcohol problems need to change if we are to work positively towards mental health improvement. What is needed is more awareness-raising/training/signposting to enable different professionals to make the links between alcohol and mental health.

A typical example of the dislocation between mental health needs and alcohol comes from situations where people with mental health problems also have alcohol problems. People are assessed as needing to remain in the hospital rather than being looked after in the community; specialist home care support able to address the underlying alcohol problem is not available. What is needed is staff trained in both alcohol and mental health issues.

The importance of links between hospital and homecare services cannot be overstated, for it can be the case that someone who is admitted for alcohol detox may get no support when they return home, and as a consequence their mental health needs are inadequately addressed. We need integrated care linked to routes to recovery. Community Planning partnerships need to ensure that the right partners are linked, and this requires community planning partnerships to address the complexity of the relationship between alcohol, mental well being and

- Economic development (night time economy vs impact on wellbeing and employability)
- Social capital (beneficial impact of a good local pub vs alcohol disruptive effect on families etc)
- Local healthy environments (vibrant city centres vs violence on the streets)

The Partnerships should involve Local Licensing Forums in these processes.

**Recommendation:** There needs to be improved integration of care, of planning processes, of interventions and of communications about mental health, and between services through the community planning process.

**Recommendation:** The inter-relationship between mental well being & alcohol problems is well documented and should be a clear part of this strategy.

**Recommendation:** Awareness-raising of alcohol & mental health issues and signposting to supports are crucial to the effectiveness of interventions.

## 2. A population based approach

It is important to define what taking a population approach actually means. There are a number of possibilities, such as prioritising a communications approach; or raising awareness amongst public, voluntary and private sector professionals. Nonetheless, even with a population approach it remains important to differentiate ways of reaching people, because reactions to issues vary across different populations; some are happy to join discussions and groups, while others are more isolated and may need to be targeted differently.

Overall we should be promoting mental wellbeing from an early age through to adult-hood, and we need to assist people's knowledge about how to improve their mental wellbeing. The fact is that we are now in the position of addressing third and fourth generation problems in families: families of whom the professionals know there are problems, but we consistently fail to break the cycle. We need to address this dislocation of knowledge and consequential support and step in sooner rather than wait for the children to replicate the parents' lifestyle, while also providing effective help for adults to change their behaviour.

To assist with routes out of exclusion we need good community infrastructures and supports, which depend upon effective community planning based on evidence of effectiveness and clear outcomes. It is important to break the behavioural and poverty of opportunity cycles that covers several generations.

There are examples of good practice in this respect, of Parent Support Workers working with parents and with the children; and services targeted at reaching young men through football and reading projects. In South Ayrshire their alcohol project provides information packs targeting groups at risk at places they are likely to go to eg hairdressers.

In particular the document makes no specific mention of ethnic groups, elderly people, single parents, or rural isolation. While alcohol causes more harm to individuals and communities which are deprived, alcohol problems

affect all ages and economic groups and many of the changes we need to see in culture and alcohol availability will affect the whole population.

There is also a gap in respect of carers. If the principles of integration and normalisation are to be maintained, then issues about the responsible use of alcohol and mental health issues needs to be addressed. Carers have, understandably, considerable anxieties over alcohol use which often means they prohibit its consumption, which can lead to other difficulties for carers. Clearly this is a complex issue and needs sensitive handling, but is one which needs to be voiced and addressed. There is a need to improve carer/parent support to stop family break-up and help with wellbeing. This is possible, for example, in South Ayrshire there is a ½ time post to work with carers of people with alcohol problems.

**Recommendation:** It is important to be clear what taking a whole population approach actually means.

**Recommendation:** We should be promoting mental wellbeing from an early age through to adult-hood, and we need to assist people's knowledge about how to improve their mental wellbeing.

**Recommendation:** Effective community planning should make the link between mental health and alcohol in terms of creating effective and valuable services

**Recommendation:** More attention needs to be paid to the needs of ethnic minorities, elderly people, single parents, carers and to issues of rural isolation

### 3. Early years

There are certain moments in a person's life at which they are open to taking support. There are particular points in the Early Years phase which are crucial and are considered to be the points at which people are more open to positive intervention. These are at:

- a. pregnancy
- b. point of birth
- c. Health Visitor visits
- d. Start nursery
- e. Start primary school etc.

The work of Sure Start is offered as an example of good practice in reaching early years/young mothers for example in North Lanarkshire where they work with 500 young mothers. Other services which could be considered to be useful in this respect include Community Learning Development staff/youth workers/college staff and many others.

We suggest that some work needs to be done to identify key moments in people's lives, and what supports are made available to them, what works and what's missing. This could be followed up with consideration of the levels of knowledge they would require of mental health and alcohol issues and support services.

**Recommendation:** Early Years interventions are crucial to the long term success of this strategy

#### 4. Training and development

The training agenda should make the link between alcohol and mental health. It was suggested that the forthcoming Alcohol Alliance could convene a group of national agencies –relating to alcohol, mental health and specific target groups (eg homeless/young people etc) to produce a toolkit/guidance on alcohol and mental health issues, to help with awareness-raising and signposting. Youthlink produced a special supplement on mental health in October 2006 which could be a useful starting point.

There is a need to improve professional awareness of alcohol and mental health issues. This would assist the development of brief interventions and training, including alcohol-awareness with a wide range of professionals could be improved. For example South Ayrshire's induction training of homecare staff covers alcohol.

**Recommendation:** there is a need to improve professional awareness of the links between mental health and alcohol problems.

**Recommendation:** The training agenda should reinforce the link between poor mental health and alcohol problems.