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Our Ref: AS/CR/AR DCC15.3

Your Ref:

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Dear Mr Huggins

Towards a Mentally Flourishing Scotland
The Future of Mental Health Improvement in Scotland

Thank you for inviting us to respond to the above consultation document. We wish to highlight the following:

General Comments

i) A period of three years is too short to bring about the long term change inferred in the consultation document. Community development approaches within Local Authorities show that disadvantaged groups need sustained ongoing support to help make positive changes to their lives. In light of this, there needs to be a longer more sustained approach towards mental health improvement and building wellbeing. It is hoped that the proposed Action Plan of 2008-2011 is the first three years of a much longer action period targeting mental health improvement and wellbeing nationally.

ii) It is noted that the consultation document makes no reference to additional resources. The additional targeted approach outlined in the consultation is likely to require additional targeted resources. It is hoped that the Action Plan will also have accompanying resources.

Q - what national supports would help to meet objectives and actions?

iii) It would be useful if the Action Plan both endorsed and actively supported the economic argument/benefits of addressing mental health improvement and wellbeing. The economic case and benefits in supporting wellbeing has been recently documented and presented nationally by Dr Lynne Friedli. Within this context, it would be helpful if national support was to be given to local pilot areas in developing action plans drawing on this economic approach.

iv) The consultation document makes particular reference to the benefits of addressing early years. This is also in line with the economic argument presented by Dr Friedli. If targeting early years is the best way of addressing wellbeing then national policy should

如閣下不十分明白英語，請與以下的通訊處聯系。

যদি আপনি ইংরেজি বুঝতে অসুবিধা বোধ করেন

তাহলে অনুগ্রহ করে নিচের ঠিকানাতে যোগাযোগ করুনঃ

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নে ত্রুণ্টু ঈঁগালিসম সমাঙ্ক হিচ বেধী মুমবল টুঁধী ঠ

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give this clear direction. Targeting early years, including parenting, should be the main health inequalities/wellbeing priority. This also needs to be a clear and consistent message across both Local Authorities and the NHS.

Q - what shared objectives and actions for local delivery should be made for 2008 that would be deliverable, measurable and valuable?

- v) There needs to be a greater movement towards a social model of health rather than solely a medical model. A social model of health particularly has much greater relevance within the context of mental health improvement and wellbeing. The challenge for the social model of health is the qualitative aspect of change generated. Particularly so when national targets focus on the quantitative outcomes generated by a medical model e.g. a reduction in anti-depressant prescribing.

Locally, the Dundee Healthy Living Initiative, a community health project which has been in place for five years, has acquired a great deal of experience and success in supporting people to make positive changes in their lives. In light of this, we would advocate that the qualitative outcomes of mental health improvement and wellbeing should also be recognised and developed.

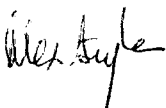
- vi) Regarding mental health literacy, there needs to be a real investment in terms of time and funding within the following ways:
- Disadvantaged groups within communities need time and ongoing support to help turn their lives around. Often, their life circumstances have developed over a period of time therefore change can not be effected quickly.
 - Raising staff awareness across Local Authorities and Health will also require time and funding. As will the development of relevant skills in a range of frontline staff who engage with and involve communities e.g. community learning, physical activity etc.
 - Investment will also be needed in building community capacity and support for local 'champions' who are committed to fostering health improvement within their own communities.

Q - how can progress be tracked and performance assessed?

- vii) In respect of progress and performance re the Action Plan, there is a strong need for outputs being considered initially rather than outcomes. This is a more realistic approach given the potential target groups, the investment in time and resource and the long term nature of 'prevention' work.

I trust you will find these comments constructive.

Yours sincerely



Alex Stephen
Chief Executive

cc Carole Robertson, Health Improvement Officer
Sylvia Murray, COSLA