

STAKEHOLDER COMMENT FORM

Stakeholder Comments

Please use this form to submit comments or suggestions.

1. Please put each new comment in a new row.

2. Please do not paste other tables into this table, as your comments could get lost - type directly into this table.

3. **Please always refer to section numbers (and not page numbers.)** Insert the **section number** and paragraph (within each section) in the first column (see examples).

4. If your comment relates to the document as a whole, please put **'general'** in this column. (See examples).

To be considered your completed form MUST be returned by 28 February 2008.

Name:	Professor James McGoldrick, Chair
Organisation:	Fife Health and Wellbeing Alliance
Section number Indicate section number or 'general' if your comment relates to the whole document	Comments Please insert each new comment in a new row.
General	<p>The “Towards a Mentally Flourishing Scotland” consultation document contains 6 actions which outline a shift from national leadership and directives to more locally focused engagement, through local planning strategies to promote, prevent and support Mental Health and Wellbeing.</p> <p>Fife Health and Wellbeing Alliance (FHWA) is the community planning strategic partnership with responsibility for improving health and wellbeing and reducing health inequalities in Fife, in line with the Community Plan. The partnership has consulted with a wide range of stakeholders in Fife and collated the responses. On the whole FHWA support the recommendations as laid out in the key actions of the consultation document. However, there</p>

are some considerations which the partnership would like the National Team to reflect upon in light of the “shift” from the national work to more locality-based planning and delivery of integrated “frontline” services.

Those issues are based around **capacity**, **flexibility** and **sustainability** of mental health and wellbeing activities and services, particularly for those involved in frontline services within the voluntary sector. These three issues were highlighted in the local responses from Fife’s own local consultation on the TaMFS consultation document.

- **Capacity** is an issue for a number of key frontline services within Fife. In order to meet the challenges of improving health inequalities around mental health and wellbeing, we need to ensure that the resources, people and services are there and are active. We would suggest regional areas are offered support in mapping out gaps in local service provision from the national team.
- Funding processes within the voluntary sector can mean that essential frontline support projects are lost to three-yearly funding rounds, causing considerable concern to service users, their families and carers. This is an important aspect when considering the potential beneficial and therapeutic impact that “social prescribing” could have on services users, patients, the public etc. For example the “Keep Well” model can only be supported by ensuring that a “rich tapestry” of services and support is available and sustained locally.
- In order to meet the needs of service users, and when engaging with the public, frontline services will require **flexibility** in how they use national materials, training and resources, during the course of the next action plan. Therefore, it would be beneficial for local areas to have more flexibility in how they spend funding for mental health – health improvement initiatives.
- **Sustainability** is inter-related to the other

	<p>two issues raised. Clearly the National Mental Health and Wellbeing future action plan will reflect the joint working ethos that the “Better Health, Better Care” Action Plan 2007 endorses. Therefore, the “sustainability” issue relates not only to the sustainability of local service delivery, throughout all the sectors, but also to that of the national campaign and programme work.</p> <ul style="list-style-type: none"> ▪ It is important that the National Mental Health and Wellbeing Team continue to provide leadership to ensure the flourishing of Scotland’s mental health. ▪ In summary, we approve of the suggestions in terms of the national “actions” that have been prioritised and therefore support the overall approach and ethos of the “ Towards a Mentally Flourishing Scotland” consultation document
<p>General</p>	<p>What shared objectives and actions for local delivery should be made for 2008 – 11 that would be deliverable, measurable and valuable?</p> <p>Community planning partners already share a number of local joint objectives, outlined within Delivering for Mental Health and Fife’s Joint Health Improvement Plan 2007-10.</p>
<p>Action 1: Promotion of Mental Health</p>	<ul style="list-style-type: none"> • More focused MH Awareness training for people who impact on young people’s lives i.e. pre-school and primary school teachers, support staff, etc with a focus on early years • Work towards creating a better understanding with the public in regard to depression and anxiety, however, there is need to ensure the “wellbeing” aspect is incorporated into the overall picture. • MH Training is a key aspect –a basic MH awareness -people skills etiquette course would be a useful development aimed at people with MH knowledge but

who require a brushing up on the people "handling" part – could be a good introduction to the longer courses

- Provide training for housing staff: how to recognise and how to improve mental well being
- Ensuring staff are mental health and wellbeing literate, having the skills to support clients to realise their abilities and flourish
- Investment in long term funding streams to ensure consistency in service delivery, especially for the voluntary sector
- Clear guidance, advice and support from the National Mental Health and Wellbeing Team on effective mental health improvement work
- Delivery plan/ framework on the key national action points
- National Team to lead in collating and providing national statistical information on mental health indicators and evidence base.
- Clear mental health improvement "messages" and the delivery vehicles for these messages i.e, "See Me, Choose Life, etc"
- Increase in funding for capacity building within organisations, Mental Health Training programmes, both national programmes and local initiatives
- Continue to support See Me although some people would like to see it taking on a more educational role as well.
- Scottish Government guidance and advice on strategic links between various areas of activities, e.g. linking development of Firm Foundation with Towards A Mentally Flourishing Scotland, equality legislation etc.
- We need more information/evidence about the Keep Well pilot to support that

	<p>type of approach. How effective is it in engaging with people and changing lifestyles, etc to fully commit to this type of approach.</p> <ul style="list-style-type: none"> • Increasing local capacity for suicide prevention training in line with Commitment 7 is appropriate for local delivery, but expanding relevant training provision in light of existing demand and future requirements of the Mental Health Delivery Plan will be very challenging. Suicide prevention training is a wider issue than the C7 commitment
<p>Action 2 : Prevention: Mental Illness</p>	<ul style="list-style-type: none"> • Financial support for voluntary sector frontline services • Some of suggested actions may require a change in the way we currently engage with people, particularly people not receiving or just about to engage with services. Is there the infrastructure to support these changes, particularly in relation to social prescribing and the Keep Well approach? • Developing an initial 'action' plan with each client to assess need and agree possible strategies and interventions to help address barriers. This can involve signposting and referring clients to specialist support staff, key workers, specialist provision, advice and information, etc. • Contributing to the inclusion agenda for people who experience mental health problems. Providing supported opportunities to facilitate progression and fulfil potential. Providing positive choices and pathways for the client to go forward. • We need more evidence from the Keep Well pilot to support that type of approach. How effective is it in engaging with people and changing lifestyles, etc to fully commit to this type of approach

Action 3: Prevention: Suicide and Self Harm

- Emphasis on raising awareness and promoting positive attitudes towards people who self harm
- Some of suggested actions may require a change in the way we currently engage with people particularly people not receiving or just about to engage with services.
- More national recognition of good practise of employers
- Ensure that the recovery message is embedded with in organisational MH policy development work
- Continue to provide counselling support/ drama therapy for families living with the risk of a member killing his/herself.
- The actions are realistic and appropriate. Our local challenge is to determine how to sustain services which have demonstrated proven value. This will add value to local planning by putting resources into *activities* which are shown to be effective, and by withdrawing them from those which are not.

Action 4: Support to improve quality of life, social inclusion, equality, recovery, and addressing stigma, prejudice and discrimination

- Ensuring staff are mental health and wellbeing literate, having the skills to support clients to realise their abilities and flourish
- Developing an initial 'action' plan with each client to assess need and agree possible strategies and interventions to help address barriers. This can involve signposting and referring clients to specialist support staff, key workers, specialist provision, advice and information, etc.
- Working in partnership with support agencies and health care professionals as part of staff development. To enhance staff awareness and skill base for supporting clients, who may be experiencing mental health issues,

accessing provision delivered by the portfolio to progress into employment, education and/or training. Examples of previous activity has been selected staff undertaking the Mental Health First Aid training, generic mental health awareness training for all training staff, etc.

- Flexibility in main stream funding
- Sharing of good/best practice and information exchange
- Mapping of local service provision
- More focused MH Awareness training for people who impact on young people's lives i.e. pre-school and primary school teachers, support staff, etc with a focus on early years
- Provide and promote services for older homeless people with mental health issues
- Working with employers to develop awareness and understanding of clients experiencing mental health / illness difficulties. Organising work tasters and placements for clients with local employers and supporting the workplace staff with whom the client is placed.
- Contributing to the inclusion agenda for people who experience mental health problems. Providing supported opportunities to facilitate progression and fulfil potential. Providing positive choices and pathways for the client to go forward.
- Enabling people to have the information, education and knowledge they need to keep well and encouragement to seek help and access care, support and treatment.
- Ongoing recognition and reinforcement of the need for services to value, include and inform carers
- Leaving aside the very small numbers of events in deprived areas, given the paucity of evidence on the effectiveness of interventions to reduce suicide rates in

	<p>those living in deprived areas (See recent systematic review by Leitner M, Barr W and Hobby L on the effectiveness of interventions to prevent suicide and suicidal behaviour), it is difficult to see what ought to be done over and above general measures applicable to the whole population. To this extent this action would appear unrealistic.</p> <ul style="list-style-type: none"> • Work towards creating a better understanding with the public in regard to Depression and Anxiety, however, there is need to ensure the “wellbeing” aspect is incorporated into the overall picture
<p>Action 5: Development of local capability to improve capacity and provide leadership of, and support for, mental health improvement as core part of mainstream planning and service delivery across each of the key themes</p>	<ul style="list-style-type: none"> • Ensuring staff are mental health and wellbeing literate, having the skills to support clients to realise their abilities and flourish • Provide training for housing staff: how to recognise and how to improve mental health wellbeing • Emphasis on raising awareness and promoting positive attitudes • We must ensure that services particularly in the voluntary sector are able to accommodate some of the capacity issues of an increase in demand of service if planning is set locally • The provision of evidence-based training, capacity building, skills and competency building programmes. Providing opportunities for networking and learning
<p>Action 6: Support the key role for Community Health (and social care) Partnerships in Mental Health promotion and prevention actions</p>	<ul style="list-style-type: none"> • Consistency in service delivery across CHP'S • Financial support for voluntary sector frontline services • Mapping of local service provision • CHPs also have a key role in filling the middle ground to ensure coherence between strategy and service delivery

especially with partners at local level. This needs to be resourced.

- CHPs are well placed through local Mental Health Groups to fulfil a key role in ensuring that all aspects for delivery from strategy to service delivery to individuals is coordinated and coherent. Additional resources are requested to enable this crucial function to be carried out.
- There is a specific role for CHPs in relation to long term conditions and this work needs to be joined up
- Establish housing involvement with the Health Improvement Team and Health Promotion Team
- Raise profile of housing issues and housing support/tenancy support services within mental health services via the implementation of the Special Needs Housing Strategy and Health and Social Care Partnership Delivery Plan
- Review of current housing services to reduce duplication between partners and to identify gaps
- There need to be connections at a practitioners' level: possibly the use of Local Management Units or establish an officer's group/forum to address individual cases and enable better linkage between frontline staff from partner organisations;
- In relation to contributing to the inclusion agenda - there are plans to take forward person centred planning training/social inclusion agenda with health, housing, social work and voluntary orgs through the With Inclusion in Mind agenda and with funding from the Scottish Government. WliM refers to sec 25-31 of MH Act 2003 This will likely take place in June 08
- Local Mental Health Teams (LMHT's) - continued need for social work and health to review joint working in localities and how this improves outcomes for individuals with mental ill-health.

	<ul style="list-style-type: none"> • In terms of our legislative responsibilities there is a need to develop a local implementation plan regarding standards for mental health officers - although this is a Social Work responsibility -action should be shared with key partners through LMU/CHP/LMHT to ensure that all key partners aware of what is being achieved/how this is being achieved.
<p>General</p>	<p>What national supports would help you to meet these objectives and actions?</p> <p>These action points are dependant on the continuation of funding and resources being made available at a national level.</p>
<p>Action 1: Promotion of Mental Health</p>	<ul style="list-style-type: none"> • Investment in long term funding streams to ensure consistency in service delivery, especially for the Voluntary Sector • Clear guidance, advice and support from the National Mental Health and Wellbeing Team on effective Mental Health Improvement work • Delivery plan/ framework on the key national action points • National Team to lead in collating and providing national statistical information on Mental Health indicators and evidence base. • Clear mental health improvement “messages” and the delivery vehicles for these messages i.e, “See Me, Choose Life, etc” • Increase in funding for capacity building within organisations Mental Health Training programmes, both national programmes and local initiatives • Actions would be to continue to support See Me although some people would like to see it taking on a more educational role as well.

	<ul style="list-style-type: none"> • Scottish Government guidance and advice on strategic links between various areas of activities, e.g. linking development of Firm Foundation with Towards A Mentally Flourishing Scotland, Equality legislations etc
<p>Action 2 : Prevention: Mental Illness</p>	<ul style="list-style-type: none"> • Investment in long term funding streams to ensure consistency in service delivery, especially for the voluntary sector • Clear guidance, advice and support from the National Mental Health and Wellbeing Team on effective Mental Health Improvement work • Delivery plan/ framework on the key national action points • Scottish Government guidance and advice on strategic links between various areas of activities, e.g. linking development of Firm Foundation with Towards A Mentally Flourishing Scotland, Equality legislations etc.
<p>Action 3: Prevention: Suicide and Self Harm</p>	<ul style="list-style-type: none"> • Investment in long term funding streams to ensure consistency in service delivery, especially for the voluntary sector • Clear guidance, advice and support from the National Mental Health and Wellbeing Team on effective mental health improvement work • Delivery plan/ framework on the key national action points • There is a need for increasing the local capacity in terms of suicide prevention, but this doesn't solely rest within Delivering for Health. There is a need to maintain the public awareness messages of the anti- stigma message and the role of national groups such as See Me, Choose Life and Breathing space, SRN etc

	<ul style="list-style-type: none"> • The national supports would help us to meet these objectives and actions would be ongoing national monitoring of suicide statistics
<p>Action 4: Support to improve quality of life, social inclusion, equality, recovery, and addressing stigma, prejudice and discrimination</p>	<ul style="list-style-type: none"> • Military service veterans were identified as a significant target group with special needs regarding mental health issues; • There is a lack of consideration of the legal issues involved in mental health which the National Team could give guidance on • The role of the voluntary sector should be given greater emphasis particularly regarding advocacy services. There is a need for greater resource in this area • Scottish Government guidance and advice on strategic links between various areas of activities, e.g. linking development of Firm Foundation with Towards A Mentally Flourishing Scotland, Equality legislations etc. • Investment in long term funding streams to ensure consistency in service delivery, especially for the voluntary sector • Clear guidance, advice and support from the National Mental Health and Wellbeing Team on effective Mental Health Improvement work • Delivery plan/ framework on the key national action points • More emphasis placed on mental health policies with employers, this should be backed up with training aimed at all staff not just line managers • Issues with Central Government and Incapacity Benefit. Central Government need to have a clear understanding of the issues people who experience MH illness and employability options • There was recognition that TaMFS needs to be seen as building on “ Delivering for Mental Health and Wellbeing” and that

	<p>the service pressures towards the mental illness end of the spectrum remain very real and require continual investment and development</p>
<p>Action 5 :Development of local capability to improve capacity and provide leadership of, and support for, mental health improvement as core part of mainstream planning and service delivery across each of the key themes</p>	<ul style="list-style-type: none"> • Clear guidance, advice and support from the National Mental Health and Wellbeing Team on effective Mental Health Improvement work • Delivery plan/ framework on the key national action points • Clearer guidance at a national level about the duty of care of employers in regard to the DDA and how that piece of legislation relates to MH issues • Investment in long term funding streams to ensure consistency in service delivery, especially for the Voluntary Sector • Increase in funding for capacity building within organisations through mental health training programmes, both national programmes and local initiatives • ongoing recognition and reinforcement of the need for services to value, include and inform carers • Scottish Government guidance and advice on strategic links between various areas of activities, e.g. linking development of Firm Foundation with Towards A Mentally Flourishing Scotland, Equality legislations etc • Nationally there need to be recognition that Increasing local capacity for suicide prevention training in line with Commitment 7 is appropriate for local delivery, but expanding relevant training provision in light of existing demand and future requirements of the Mental Health Delivery Plan will be very challenging. Suicide prevention training is a wider issue than the C7 commitment. • National support for local joint partnership initiatives and planning for regions in terms of mental health

	<p>improvement work</p> <ul style="list-style-type: none"> • Provision of adequate national funds, consistent and practicable evidence based guidance on which training programmes are appropriate for groups would be helpful. • Ensuring staff are mental health and wellbeing literate, having the skills to support clients to realise their abilities and flourish • Provide training for housing staff: how to recognise and how to improve mental health wellbeing • Emphasis on raising awareness and promoting positive attitudes • We must ensure that services, particularly in the voluntary sector, are able to accommodate some of the capacity issues of an increase in demand for service, if planning is set locally • The provision of evidence-based training, capacity building, skills and competency building programmes. Providing opportunities for networking and learning
<p>Action 6: Support the key role for Community Health (and social care) Partnerships in Mental Health promotion and prevention actions</p>	<ul style="list-style-type: none"> • Investment in long term funding streams to ensure consistency in service delivery, especially for the Voluntary Sector • National support for local joint partnership initiatives and planning for regions in terms of mental health improvement work • Clearer guidance at a national level about the duty of care of employers in regard to the DDA and how that piece of legislation relates to MH issues • Investment in long term funding streams to ensure consistency in service delivery, especially for the Voluntary Sector

	<ul style="list-style-type: none"> • Encouragement to innovators. Give people space to get on • Scottish Government guidance and advice on strategic links between various areas of activities, e.g. linking development of Firm Foundation with Towards A Mentally Flourishing Scotland, Equality legislations etc • National support for local joint partnership initiatives and planning for regions in terms of mental health improvement work • Clear guidance, advice and support from the National Mental Health and Wellbeing Team on effective Mental Health Improvement work • Delivery plan/ framework on the key national action points
General	<p>How can progress be tracked and performance assessed?</p> <p>Fife Community Planning Partnership has range of tracking and performance measures through the Community Plan, the “Joint Health Improvement Plan 2007-10”, “Delivering for Mental Health” and “Better Health, Better Care” HEAT targets.</p>
Action 1: Promotion of Mental Health	<ul style="list-style-type: none"> • Guidance and clarity and a national lead on gathering evidence base, setting indicators and evaluation in promoting mental health. To co-ordinate this locally maybe bring with it capacity issue.
Action 2 : Prevention: Mental Illness	<ul style="list-style-type: none"> • Guidance and clarity and a national lead on gathering evidence base, setting indicators and evaluation in promoting mental health. To co-ordinate this locally maybe bring with it capacity issues. • Supporting early intervention initiatives
Action 3: Prevention: Suicide and	<ul style="list-style-type: none"> ▪ Guidance and clarity and a national lead

<p>Self Harm</p>	<p>on gathering evidence base, setting indicators and evaluation in promoting mental health. To co-ordinate this locally maybe bring with it capacity issues.</p> <ul style="list-style-type: none"> • NHS Fife has set up a suicide prevention training implementation group, under the leadership of its Organisational Development Directorate, to address C7 requirements. The role of this group will include monitoring progress towards achievement of the relevant HEAT target by reference to training records. • Monitoring progress towards addressing and preventing self-harm would be difficult, and would rely on process indicators relating to the quantity and quality of services provided locally. Examination of trends in hospital discharge data for self harm may provide a proxy measure for incidence. • Inequalities and Suicide: not applicable (see comment p9)
<p>Action 4: Support to improve quality of life, social inclusion, equality, recovery, and addressing stigma, prejudice and discrimination</p>	<ul style="list-style-type: none"> • Collection and dissemination of evidence on what works and what looks promising • Collate statistical information on: number of referrals to the Housing Investigation Team due to chaotic lifestyle disturbance; identify within these referrals the number of people who have been assessed as having mental health problems; track what interventions were used, what support was given; and track outcomes of these cases • Use of developed indicators on clients who are currently being supported – both within homeless people services and those being supported in communities via ‘Supporting People’ organisations • Monitor key indicators, such as unemployment rates

	<ul style="list-style-type: none"> • By follow up and tracking the 'distance ' travelled by the client from the initial contact to leaving the provision and, for example, sustaining employment. Measuring achievement of action plan targets both soft and hard indicators.
<p>Action 5 :Development of local capability to improve capacity and provide leadership of, and support for, mental health improvement as core part of mainstream planning and service delivery across each of the key themes</p>	<ul style="list-style-type: none"> • Guidance and clarity and a national lead on gathering evidence base, setting indicators and evaluation in promoting mental health. To co-ordinate this locally maybe bring with it capacity issues. • NHS Fife has set up a training implementation group, under the leadership of its Organisational Development Directorate, to address C7 requirements. The role of this group will include monitoring progress towards achievement of the relevant HEAT target. • Provision of any further specific evidence available on which interventions are effective with people living in disadvataged areas would be helpful.
<p>Action 6: Support the key role for Community Health (and social care) Partnerships in Mental Health promotion and prevention</p>	<ul style="list-style-type: none"> • Cross monitoring and evaluation • Guidance and clarity and a national lead on gathering evidence base, setting indicators and evaluation in promoting mental health. To co-ordinate this locally maybe bring with it capacity issues.
<p>General</p>	<ul style="list-style-type: none"> • The document is well laid out and easy to read (the easy to read version is commended); • The overall impact of mental health and wellbeing on work and the economy, as well as on individual lives, is acknowledged.

	<ul style="list-style-type: none">• The document would be more illustrative and meaningful if examples of good practice were included.• Importance of not to having any major reorganisations for a few years .
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Please add extra rows if needed.

Returns to:

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