

## 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.**

<b>Name:</b>	Flourish House
<b>Organisation:</b>	Flourish House is a mental health project that provides vocational, educational and social opportunities for people who are experiencing long term mental health problems. Company Limited by Guarantee No. 216172; Registered Charity No. SCO31160.
<b>Section number.</b> Indicate <b>section number</b> or <b>'general'</b> if your comment relates to the whole document	<b>Comments</b>  <b>Please insert each new comment in a new row.</b>
General	It was felt that better public awareness and understanding of mental health and reducing stigma should be high on the agenda as they are key to the success of any policies or changes/ developments in service. People were still concerned that being given a diagnosis would lead to stigma and due to a lack of understanding surrounding mental health, people would not be allowed to recover.
General; Assessing & Measuring Effectiveness	Statutory agencies should have targets by which they can assess and track their effectiveness and give account of any shortcomings. It was felt that establishing an ombudsman could help oversee the process and give it more weight and accountability.
General	There needs to be an acceptance and agreement among the political parties that improvements in mental health and

	<p>well-being will take time to come into effect. It should be agreed that health/ mental health policies would be politically neutral and not subject to unnecessary change if the party in power changes.</p>
General	<p>There should be greater quality assurance/ consistency of services with equal availability and access to services. Greater awareness among the general public, individuals with mental health problems and groups working in the field of mental health of the services available in their local area. This is important if services are to meet the needs of the local population. An information database of statutory and non-statutory services accessible to professionals and public, as well as more support and advocacy for individuals would help meet this aim.</p>
General: Section 9.6 - Action 6	<p>The document does not address in detail the specific needs of the elderly, or other groups such as asylum seekers, LGBT or ethnic minorities. Services need to be able to support individuals but also families. It should be recognised that individuals with mental health needs may be acting as a carer for other family members. The needs of these groups should be addressed in order to meet their needs in terms of mental health and well-being, and also to ensure the developments in mental health services meet the needs of the whole population across the lifespan.</p>
General: Section 9.4 - Action 4	<p>Benefits should be reviewed - the amount of earnings that is disallowed (currently £20) limits the number of hours an individual can work under the permitted work scheme and acts as a disincentive to taking up work. The benefits system should respond quicker to changes in individual's circumstances - there have been cases in our organisations of people left in debt following a period of permitted work because of the slowness in their benefits being recalculated. We also find it worrying that recent contact with Jobcentre Plus shows that there is a lack of awareness among benefits staff as to the existence of the permitted work scheme. Currently the system acts as a disincentive to work and contradicts the aims of action 4 that all services should promote a good quality of life and recovery and support people with good employment and learning opportunities.</p> <p>The Scottish Govt may not have the power to change the benefits system directly but should raise the matter with the Westminster Govt.</p> <p>The language used within the benefits system (e.g. <i>incapacity</i> benefit) should also be reviewed as to whether or not it contributes to or reinforces stereotypes.</p>
General; Section 9.4 - Action 4	<p>A great many mental health problems are caused by bad or unaffordable housing conditions. For people with few skills earning low wages unaffordable rents mean they gain</p>

	<p>little financially from being in work. They may opt out of work due to the high cost of rent combined with the pressures and difficulties of applying to different agencies for Housing Benefit, Council Tax benefit and Working Tax Credits, often for little gain. The government should be looking at ways to remove the barriers and help people access work. There is also little advantage to individuals if they return to work but find they are not significantly better off than they had been on benefits, and staying on benefits and living on the poverty line adversely affects people's mental health. From an individual perspective, if people are not financially better off there is little chance they will be able to move to better accommodation or to better neighbourhoods. It is also important that from a longer term/ community perspective that issues of bad housing/ lack of housing and issues of deprived neighbourhoods are addressed as these are known to contribute to mental ill health.</p>
Section 9.4 - Action 4	Development/ expansion of advocacy & self-advocacy in Scotland.
Section 9.2 - Action 2; Section 9.4 - Action 4	Access to services should be improved with easier and faster access when people are unwell. Greater availability of crisis intervention, drop in services, out of hours care etc.
Section 9.1 - Action 1	Working within mental health (in both the statutory & non-statutory sectors) needs to be seen as an attractive career option to draw more people in and ensure it is possible to provide improved services.
Section 9.4 - Action 4	There should be greater consistency in how policies are interpreted and applied, e.g. rules for travel cards for people with mental health problems vary across different areas, creating unnecessary barriers. Availability of services such as public transport also needs to be addressed if people are to be able to access and use public services and community resources.
Section 9.2 - Action 2; Section 9.4 - Action 4; Section 9.5 - Action 5	<p>Community referral schemes should be expanded to be available outwith normal working hours to help people with mental or physical health needs continue to work (or return to work) and access services that will help them to stay well.</p> <p>There should also be greater integration of community referral activities with general community activities to improve public awareness, reduce stigma and discrimination.</p> <p>Existing sports &amp; recreation facilities should be more widely available and open to public use, e.g. school swimming pools could be available to the public outwith school hours. This could encourage people to take part in</p>

	sport/ recreation by increasing the number of available facilities, and could help overcome issues some communities may have in travelling to public leisure/ sports centres due to lack of public transport/ cost of transport.
Section 9.1 - Action 1; Section 9.5 - Action 5	The charity and voluntary sectors should be fully included in the process of improving mental health & well-being services.
Section 9.5 - Action 5	Use the Commonwealth Games in Glasgow in 2014 as an opportunity to involve all communities and plan for effective use of the infrastructure when the games are finished. Could use the experiences and lessons learned from when the Games were previously held in Britain (Manchester 2002)
Section 9.1 - Action 1;	Mental health & well being awareness training should be a standard part of the education of health and social care student and student teachers. This could include general awareness training and/ or practical training, such as Scotland's first aid for mental health. For staff already qualified such training could be incorporated into their continuing professional development. Where possible, people with mental health issues should be involved in delivering this training. Though not all professionals will go on to work in the field of mental health, a general awareness of mental health and well-being will enable them to support clients and service users and will help end the false distinction that still exists between physical and mental health.
Section 9.1 - Action 1;	Awareness of mental health and well-being in schools. This should cover teachers, pupils and support staff within schools (classroom asst, catering & janitorial staff etc). Where possible & appropriate people with mental health problems should be involved in this training.

Please add extra rows if needed.

**Please return to:** Nicola Radley, Area 3ER, Mental Health Division, St Andrews House, Regent Road, Edinburgh, EH1 3DG

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