Towards a Mentally Flourishing Scotland

Scottish Borders
Consultation Report

March 2008

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Introduction

A group comprising staff from, NHS Borders, Scottish Borders Council and Borders Voluntary Community Care Forum (appendix1) came together to take forward the local consultation for Towards a Mentally Flourishing Scotland (TAMFS).

TAMFS has been widely circulated to partners and stakeholders in Scottish Borders along with this, a local event was held on the 12th February 2008 and was attended by service users, carers, representatives from voluntary and statutory organisations. The programme for the day and list of participants can be found at appendices 2 & 3; appendix 4 contains copies of all flipchart responses to the questions posed during the consultation event.

This report contains information gathered through these processes and provides the response from Scottish Borders,

General Comments

During the consultation period some general comments about the document were made, it was felt important to include these in the report.

Consultation period

In order to have an effective meaningful consultation the Scottish Government should be realistic in the amount of time provided for this. There are clear rules surrounding consultation periods that were imposed by central government and it is unreasonable to expect local areas to respond more quickly and with the minimum national support.

Focus

Shift from national actions to local level with national support is welcomed.

Encouraged by the shift to improving wellbeing but it is important not to lose sight of the fact that some people will still have a long term chronic illness requiring ongoing support.

There have been and will continue to be significant benefits to TAMFS being a shared agenda taken forward by an interagency team. It was useful to have NHS boards and local authorities being asked to come together at an early stage to emphasise and support the cross cutting nature of the work.
It would be beneficial to build on this with a national action plan that provides clear direction with joint accountability for response at a local level.

Language

TAMFS is a lengthy document that is repetitive in places making it inaccessible to a large number of people. The easy read version was published at a much later date and provided far less detail, particularly on the suggested actions.

When talking about mental health, mental wellbeing and mental illness there needs to be consistency in language used.

The term recovery continues to cause some confusion. The word recovery has implications as it is considered by many that it means you will get better and be illness free and therefore not required support services. The focus should be about improving quality of life and illness management as otherwise it could be perceived as failure for some who will never get better. There will also need to be recognition that those who have been involved in mental health services for a length of time will need to go through a period of transition in order to feel the benefits of TAMFS.

Vision, Principles and Themes

The first session of the consultation event was based around the vision, principles and themes identified in the document. The groups were asked;

- Do you think these are right?
- What else could/should they be?

The responses to these questions were:

Broad support for the vision and principles and the paper in general

Dual continua model is confusing for some and for others seems too simplistic, it was felt that If there is an intention to continue with this then the language needs to be Scottishised, languishing and flourishing are inaccessible terms to many.

It was thought that a single wellbeing continuum could have as much impact and be relevant with or without mental illness.

There needs to be acceptance in society that we won't always feel good/bad but that we need to improve our resilience to deal with life's ups and downs. Need to promote and emphasise the range from high mental wellbeing to low mental wellbeing.

There should not be separate strategies for physical, mental and social health but one with a whole person approach.

All groups identified education as a focus. This should be a cradle to grave approach with work being undertaken in schools, workplaces, families and with the public to improve emotional literacy and increase opportunities for early identification and intervention.

There should be a focus on tackling stigma and discrimination

Some concern about the inclusion of the term illness within this paper, it is felt the focus should be wellbeing

There should be a move from reactive to proactive services that move away from crisis management to prevention

Actions - Preventing, Promoting and Supporting

The following sessions involved discussion around the actions within the document, these were split over three sessions the first focussing on preventing actions, the second promoting and the third supporting actions. The following questions were asked within each session;

1. Do you think these are right?
2. What do you think should happen in local areas?
3. What can the government do to help the action in local areas?
4. What should the government and others do for all of Scotland in relation to this?
5. How will we know if we are getting it right?

In general, it was felt that many of the actions were actually aspirations that would require a cultural change over the longer term, short term actions were required to deliver these aspirations

Do you think these are right?

Preventing

Prevention work should be done as intervention at point of crisis is often too late but also need a more proactive approach to crisis

Promoting

Not sure if it is really possible to prevent mental illness, but can promote recovery and wellbeing

It is good to promote wellbeing particularly through education

Supporting

Need to move away from dependency culture and to build people's capacity to change

What do you think should happen in local areas?

There were some comments made that were relevant to all the actions;
Two broad priorities were identified;

- **Education** within schools to equip people for the rest of their lives to engage in society i.e. practical things like language and numeracy are fundamental to an individual playing a meaningful part in society along with building resilience, problem solving, emotional literacy and coping strategies. There is also a need to have good systems in place i.e. family and school need to provide a healthy environment - children need to be nurtured! Building on the elements of ethos developed through health promoting schools would enable this to also happen in the school environment.
- **Communities** – building capacity, enabling people to run and manage services themselves. Need community development workers who are able to build this capacity then allow the community to take responsibility. Need for a locality structure, local area planning – all pieces of the jigsaw need to fit together i.e. no point in developing local community if the local council charge a large sum of money for hiring

local halls to hold meetings in. National programme needs to be embedded in policy and practice at national and local level

Rather than so many target groups being identified, a 3 group approach would be useful;

- Population at large e.g. provision of skills for life through education, workplace support
- At risk groups e.g. people without access to key assets or resources
- Those with long-term conditions e.g. physical and or mental illness, people who experience discrimination

Promotion, prevention and support would be required for all these groups at differing levels

To be effective actions need to be SMART (specific, measurable, agreed, realistic and time-bound)

Need actions that will have an impact on people's lives

There are huge implications for practice. Priorities and targets set for acute services e.g. mental health services may lead this to be seen as something which bears little relation to frontline service provision, this may lead to a failure to engage with TAMFS.

There should be an increase in the following areas of work;

- Early intervention
- Access to talking therapies
- Day services
- Respite care
- Support for older people
- Post discharge support

The resource section within the appendix section was a helpful framework to show potential for coordination and connection.

Preventing

There are challenges in the introduction of new aspects for all concerned i.e. mental health services have had a focus on the treatment of mental illness and mental health promotion services had a focus on promotion, the paper seems to be attempting to pull these aspects together with a focus on mental wellbeing.

Need a change in behaviours, practice and attitudes – training of staff in socially inclusive practice – respect for individuals

Need a structure in place which can be accessed quickly to help prevent a problem turning into a crisis

It was felt that so many target groups may make them meaningless or may lead to a focus purely on target groups while missing the population approach and those without specific problems may miss out

Promoting
Training and education seemed to be a recurring theme. There needs to be appropriate training to meet the skill level required i.e. from GP's to educators, parents to service users. Service user input was also felt to be useful and mixed training sessions, which included public and professionals i.e. ASIST were seen as most useful.

Need good practice for all i.e. we don't ask about hearing problems we automatically provide loop systems, there is a need to have a similar approach to mental illness

Need to build community capacity and provide choices in available activities.

Support available in the community; recognition of the importance of social inclusion on mental health and wellbeing

Supporting
The emphasis should be on support for **all** to have mental wellbeing

Support should be available to all and not just to those who shout the loudest

Need to listen to what service users actually want. Need to take services out to service users recognising the problems of a rural community.

Need flexible, appropriate, accessible and responsive services e.g. out of hours services

There will be a need to have mental health services to accept their part in the supporting aspects of this document. It is the responsibility of the whole of society to play a part.

Should always be a person centred approach to care from admission to discharge including follow up care

There are mixed messages in what is being addressed nationally and what is being delivered locally. National priorities for wellbeing would indicate a person centred approach to wellbeing however local services tend to provide very prescriptive treatments.

Consideration should also be given to the physical health needs of those with mental health problems

More access to alternative and complementary therapies

Better public transport

Need more flexible working arrangements to support people into and maintain them at work

What can the government do to help the action in local areas?

This work needs to lead to a government document with clearly defined achievable actions for local areas that will be built on over the longer term to meet the aspirations set out in the document.

Need long term goals with short term indicators

It will be necessary to continue and extend approach of bringing together targets for NHS Boards and local authorities, which should also happen at a national level. This appears to be an area that could be seen as an exemplar for joint planning and joint accountability at local and national level

We need resources and funding over longer time periods, short term funding can be detrimental to services and service users i.e. users may become dependent on a service which may only run for a year due to funding, this can exacerbate users issues when the service ceases.

The government should acknowledge and be aware of the need to coordinate work around mental health promotion, physical health problems for those with mental illness and the strategies and plans around mental health services. Strategies around mental health promotion need to be co-ordinated with wider strategies around mental health improvement, inequalities, education etc. Government have to be joined up at the top to enable these to be joined up on the ground. Instead of being 'silo-ised' they should be cross fertilised.

Link agendas of various departments i.e. a lot of inequalities issues affect mental health so links should be made to housing, transport, benefits etc
Need joined up plans with shared objectives and outcomes at a national and local level that would involve;

- Mental health promotion
- Mental health services
- Economic development
- Transport
- Housing etc

Maintenance of welfare state, need benefits system which supports when out of work but which also supports a return to work. A change in benefits system creates a stressful situation which can have a massive impact on the lives of those with mental health problems. Skills and knowledge for those who are responsible at local level for implementing the change should be provided to reduce the impact of these changes.

The education system should take account of the individual, the pressure to meet educational targets seems to be detrimental to some students for example the pressure to undertake 5 higher subjects when only three are required may lead to only passing 2 and setting the student up for failure, more focus on individuals skills and abilities should occur

Work with media to promote positive messages around mental health

What should the government and others do for all of Scotland in relation to this?

The government should set some general objectives with clear outcomes but allow flexibility for actions at local level

High level campaigns such as See Me have had a positive impact and should continue and be built on for the future

Challenge media where negative stories occur

Outcomes should be set for community planning partners and they should be held jointly accountable for meeting them.

The outcomes and objectives once set should be for the longer term and not continually changed

Use resources at national level to hold events where practitioners can get together and share good practice

How will we know if we are getting it right?

Things may get worse before they get better which doesn't mean changes in direction are required e.g. if GP's make referrals for early intervention then uptake of these services could increase but the long term impact may be that referrals to acute services may reduce

National indicators may give us quantitative data at a national level but we will need qualitative information to support this. There needs to be process measures to track these i.e. numeracy and literacy measures for people leaving school, people with mental illness gaining access to general health services e.g. breast screening, number of people with a diagnosed mental illness in employment

More credibility given to qualitative data, people know when they feel better and it may be difficult to find a measure that accurately captures this

People are getting fed up of customer surveys, need to consider different approaches to this.

Some national outcome targets are moving away from the 'numbers' involved to actually taking account of the actions being undertaken, this should increase to cover work around mental health and well being

Conclusion

In general, Towards a Mentally Flourishing Scotland has been welcomed locally, particularly the move away from a focus on mental illness to a focus on mental wellbeing. It is hoped that this will progress and build on the good work previously developed under the National Programme for Improving Mental Health and Wellbeing and that the comments contained within this consultation report will help to influence this process and assist in the production of a clear and definitive national document for future action.

Consultation Group Membership

Dr Alan Mordue, Consultant in Public Health Medicine, NHS Borders

Isobel Nisbet, Group Manager Mental Health, Scottish Borders Council

Catherine Young, Health Promotion Department Manager, NHS Borders

Linda Jackson, Joint Future Implementation Officer, Scottish Borders Council

Haylis Mackay, Choose Life Development Officer, Scottish Borders Council

Dawn Roche, Development Worker Mental Health, Borders Voluntary Community Care Forum

Towards a Mentally Flourishing Scotland
Consultation Event - Programme
Tuesday 12th February 2008
10am – 4.00pm

10.00 – 10.15 – **Registration and coffee**

10.15 – 10.25 – **Introduction – Isobel Nisbet**
Background to Towards a Mentally Flourishing Scotland

10.25 – 10.45 – **Presentation** – **Dr Alan Mordue**
Vision, principles and themes
- What are the vision, principles and themes?
- What do they mean?

10.45 – 11.30 – **Small group discussion**
Session 1 – vision, principles and themes
- Do you think these are right?
- What else should/could they be?

11.30 – 11.50 – **Break – refreshments provided**

11.50 – 12.00 – **Presentation**
Promoting Actions
- What does this mean?

12.00 – 12.45 – **Small group discussion**
Session 2 – Promoting Actions
- Please see overleaf

12.45 – 13.30 – **Lunch (provided)**

13.30 – 13.40 – **Presentation**
Preventing Actions
- What does this mean?

13.40 – 14.25 – **Small group discussion**
Session 3 – Preventing Actions
- Please see overleaf

14.25 – 14.45 **– Break – refreshments provided**

14.45 – 14.55 – **Presentation**
Supporting Actions
- What does this mean?

14.55 – 15.40 – **Small group discussion**
Session 4 – Supporting Actions
* Please see overleaf

15.40 – 16.00 – **Questions and summing up**

Questions to be addressed in relation to Group sessions 2, 3 and 4

- Do you think these are right?
- What do you think should happen in local areas?
- What can the government do to help the action in local areas?
- What should the government and others do for all of Scotland in relation to this?
- How will we know if we are getting it right?

Towards a Mentally Flourishing Scotland

Tweed Horizons
12 February 2008

Attendance Register

Name	Organisation
Louise Keir	Penumbra Youth Project
Johannes Parkkonen	'See Me'
Haylis Mackay	SBC
Catherine Young	HP Manager
Rene Nunn	Service User
Michael Arnot	New Horizons Service User and Volunteer
Darrel Hull	BVCCF (Careers Rep)
Graham Hanson	BVCCF, BIAS, Borderline
Mandy Dickson	Care Manager (Social Work) RMN
Dawn Roache	BVCCF
Helen Pennington	Penumbra Youth Project
Alana Notman	SBC Adult Protection Co-ordinator
Linda Jackson	SBC
Alan Mordue	NHS Borders
Sarah Griggs	NHS Borders
Isobel Nisbet	SBC

Small group discussion

Session 1 – vision, principles and themes

- Do you think these are right?

What else should/could they be?

Notes taken on flip-chart in response to the above

Vision and Themes

- Further education required with regard to acceptability of mental illness – info and training for employers and others would be helpful
- Stigmatisation can be self labelled as well as given by 'outsiders'
- Focus could be on mental well-being so that the whole spectrum is seen – from high, to low
- Perhaps the word 'illness' should not even be included
- Target Groups: Population approach 'training for all'. A feeling that the focus should be on children to begin with, the current approach, whilst idealistic, is, in reality, too general. More work in schools required on 'Emotional Literacy'
- Question posed: is the 'Person Centred Employers' emphasis in the paper strong enough?
- Comment: it is a very big task to link mainstream services with Mental Health Services
- The term 'Well Being and the range of, from high MWB to Low MWB should be promoted and emphasised

Preventing Actions

In answer to the questions below:

- Do you think these are right?
- What do you think should happen in local areas?
- What can the government do to help the action in local areas?
- What should the government and others do for all of Scotland in relation to this?
- How will we know if we are getting it right?

- Question raised: is it really possible to *prevent* Mental Illness? Discussion around reductions and clarification of this paragraph.
- Comment that there are many illnesses which are not possible to prevent by intervention, and some mental illnesses are amongst these
- People can, however, be helped to promote their own recovery and their Well-Being
- Training needs to be given across the board but at an appropriate level delivered to suit those being trained; i.e. from GP's to educators, to parents to service users. Mixed/joint training is seen to be most useful with service users input because people from different areas learn from each other
- Training for the Professional: Information needs to be gathered not only from the service user/clients, but from all those involved, i.e. family/hp's carers before assessment/diagnosis is made because unless the whole picture is seen,

then an accurate statement cannot be made. More time needs to be given to the process and the face to face consultations
- Attention could be flagged up when people with mental illnesses don't attend clinics for physical well-being appointments
- We should look at times and locations of all clinics and make them user-friendly
- Compulsory training in anti-discriminatory and general well-being message with specific attention given to "what does Discrimination mean"?, and what are the results and outcomes of discrimination?
- There should be recognition of being an expert in a particular medical area – i.e. someone can have a physical illness for which he/she sees a specialist, but that specialist does not understand that issues of mental health cannot be disregarded
- Community Capacity: Choices in activities need to be provided and recognition given to those very small or 'poorly' attended groups which are *really* important to those individuals who *do* use them. There should be measurement of the quality of the activity, not just the size and popularity
- Help people move on and move forward in new self-generating groups. Drop-in's are a very good starting point, but there is the danger of people languishing in them which might mean their recovery does not continue
- Invest in the local community (people), their talents and interests. Not all will be very expensive. Look for motivated resourceful people
- Target Community Development. Emphasise the importance of Community Education Workers. Pressurise this Department of SBC

What would help?
- Better public transport
- Workers/Respite Carers (i.e. SAMH) to be available or open at a weekend and out of normal working hours to ensure responsive crisis care
- Have a structure in place which can be accessed very quickly to help prevent a drama turning into a crisis

Prevention
- Means targeted work with people who already have mental health issues
- Helping those people manage and recover from illness and recognise the triggers of an attack or relapse
- 'We' need to listen to what the people (service users) want, because they know what will help
- Look at the local area – take services out to near where service users live. Recognise the rurality of the Borders
- Consider in particular, spending more money on the services rather than buildings. Spending money on for instance hiring village halls will not only save on the capital of keeping NHS buildings open which are not near the service users anyway, but it will be good for the local community facilities finances, and the services will be located more conveniently for service users
- Recognise and address employment issues – run integrated job centre/careers fairs with a number of agencies present inc Mental Health support organisations

- Lobby the government system that puts some people off coming out of the benefits system so that people are better off in employment/study/volunteer work, but ensure the system caters for and supports people who may require a gradual immersion into work and does not penalise them for spells where they are unable to work

Groups to Target

- 14 – 20 year olds – transition group. Many sufferers of MH issues do not have a diagnosis so find it difficult to access services
- Go to High Schools and College staff to identify potential clients
- Educate people to use the tax credit system to their advantage
- Point made that cultural change will be difficult but it is possible.
- Discussion about inclusivity v specialisms

ACTION:

Scottish Borders Council have compiled action plan to take forward promotion of well being and social inclusion under Section 25 – 31 of the Mental Health (care and Treatment) Act (Scotland Act) 2003.

- Isobel – I will leave this to you to list – from the horse's mouth as it were!

The following was also agreed:

- Make Well-Being the focus of the Joint Health Improvement Team

What do we expect from the Government:

- Guidance /Support to implement these expectations and actions at a local level
- Accountability for implementation
- £ given in a was that can be properly managed
- Support to initialise innovative public transport systems which will work in this area
- Encouraging community capacity, ie looking after neighbours
- Make visiting people in hospital less expensive/difficult
- Income given in a way that can.

VISION

Do you think it is right?

- Ambiguous
- Blanket Statements
- Language is confusing - Mental health services means mental ill health
- One part of a very big picture
- Ambitious
- Everybody has periods of being mentally unwell - it is ok to have ups and downs
- Should be more emphasis on pro-active

OUR VISION

- Needs to be acceptance that we won't always feel good/bad and that we have the ability to deal with ups and downs
- Realisation that we all experience mental illness/wellbeing throughout the day - different degrees/levels
- Social recognition of different standards
- We live in a multi culture society
- Acceptance
- Welfare for all

PRINCIPLES

What do we think?

- Choice to change - we all have capacity to change - but need the opportunities and support
- There isn't a right or wrong way of coping
- About personal choice and empowerment
- Person centred qualities applied
- Prevention better than cure
- Constant changing government priorities are not helpful - they raise expectations and hopes

THEMES

How did we get here?

(Mental Health)
(Physical Health) = whole person approach
(Social Health)

- Start from birth - families are important

Promotion + education = prevention (PEP)
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PROMOTING ACTIONS

Are these right?

- Yes
- Good thing
- Have to focus on wellbeing
- Promote wellbeing through education.

What should we be doing?

- Education - discussion - shared knowledge
- Got to follow through
- Positive personal approach - promoting person - centred values
- Raise awareness throughout community
- Wellbeing is everyone's business, e.g., school - short-sighted - can't see - why?
  Failing at school/work - why?
- Families are important
- Improving understanding of impact on actions on individual needs - family - school - work - living
- Paranoid as society -difficult for community - need flexibility - schools
- Need to move financial power back to individuals
- Need choice of personal care

What can Government do?

- Education
- Promoting wellbeing organisations
- Need longer term planning with short term aims
- Stress - why put on work records?
- Worry about what people think of you - mental ill health
- Continue to promote recovery approach
- Promote community schools - all ages, all experiences
- Sharing experiences of mental ill health & wellbeing
- Befriending/Buddying scheme

PREVENTION

Are these right?

- Intervention is too late - crisis
- Some people don't realise in crisis until too late
- More pro-active approach to crisis
- Services don't listen
- Dual diagnosis - misinterpretation of person's crisis or illness - need to look at whole person

What can make people well?

- Look at alternatives - e.g., therapies - natural based remedies - needs - interests - skills - talents - likes/dislikes
- Supporting community - Riddleton Hill with key workers - should be more of these

EDUCATION IN COMMUNITY- ASIST

Involving everyone

- Service users treated like second-class citizens because of "mental health" - "anxiety
- Person is expert in their own lives
- Professional preconceptions

What can Government do?

- Education - media - communication
- Train/Educate front line workers - listening vital - being interested in person
- Support that is maintained during transition

- Provide and access to community activities, social support important.
- Can be good in disguising mental ill health - mechanisms to identify stressors
- Need to be rid of "stiff upper lip" attitude
- Ongoing awareness training for all - constant - get message home
- Break down fear
- Improve understanding

Local Actions

- Improve access to psychiatrists/psychologists - long waiting lists - waiting for months

- NHS 24 not working - can make situations worse - needs standard system simplified - professionals need to listen
- Duplication of information
- Person centred approach necessary
- Access to service difficult
- Want someone to come out and see me if suicidal
- Self-help - “overrated” - someone to listen vital - explain how you are feeling
- Carers need to be listened to and involved
- Crisis emergency card - can go direct to professionals

SUPPORT

Actions: What do we think?

- Support should be available and accessible to all and not to those who can shout the loudest
- Clear messages on social inclusion (mixed messages - services control/person centred approach/recovery
- Services - legally accountable - outcomes practice based evidence - takes responsibility away from service user
- Should have inclusive person centred care/discharge plan
- Built in flexibility to support
- Person centred should start from admission
- Need continuity/follow up care

What can we do?

- Promote communications - include people - same language
- There is a lack of compassion - Nobody cares?
  Include people in their care package
  Ask People
- Work together - people should be able to make informed choices
- Support is not always about services and professionals
  Lots of experience and expertise in community, support people to share their experiences, practical support needed.
  Carer’s also need support/respite
- Language of Recovery confusing - not appropriate “hope” setting people up to fail? Control/power?
- Simplify benefits system
- Support about small steps - realistic
- People have to have realistic expectations on what services can deliver
- Assumption that people will understand “Recovery Approach” or when “in recovery”
  Pressure when/if relapse

Group 1 – Vision, Principles, Themes

Factors affecting mental well being:

- **Isolation** – Services / Community

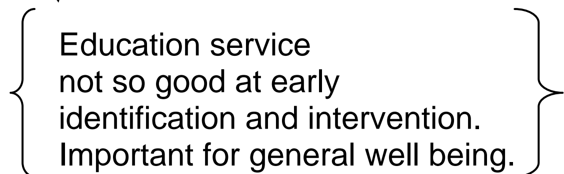
Too much focus on crisis intervention

- **Education** *1st priority

Schools
Public
Staff
Others

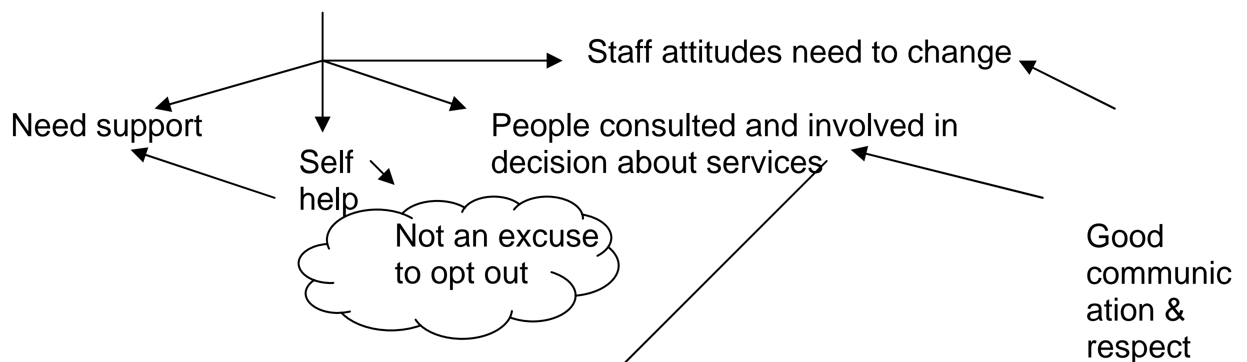
Promotion of well being
'cradle to grave"

Tackling discrimination – attitudes



- **Funding for Services**
- **Move from** reactive → pro active
  crisis → prevention

"**Capacity to change**"



- Get away from dependency culture
- Recognising each others roles, knowledge and understanding

- Importance of informal carers
- Meaningful activity to help with motivation and process of change

Definitions

Mental health
promote
Mental well being

- Danger of pigeon hole-ing and boxes
- However do need some definitions to discussion

Dual continua

- Too simplistic ?
- Too vague ?
- High level – maybe needs more detail/explanation

Target Groups

- Risk of ignoring those less 'at risk' if targeted services
- Promoting 'inclusiveness' in community – long term job !
- Children who have difficulty in 'engaging'
- More broad based approach

Services

- Access
- Flexibility
- Funding
- Appropriateness
- Responsiveness

Settings

"Live, work, learn and play"

- Promoting local businesses/enterprise

- Promote local communities empower *2nd priority

Group 2 – Promoting Actions

Funding
- Access – priorities
- To continue pilot projects

Day Services
- Meaningful activities

*1

Education / schools
- Suicide and self harm

Family Unit
- Parenting skills (support and when to intervene?)

(varying composition)

Literacy numeracy
Social skills, self respect
But can engender discrimination

Tension of services for high need to those with lower needs

Social inclusion for people with mental health problems and MI

Innovative approaches to delivering messages e.g. barbers in NY for prostate cancer info

*2 Community - support in own community

Info, support, encouragement and advocacy for employment, to access housing, etc (for people with MH problems and MI)

Community cohesion and support
Jobs
Poverty of all sorts
Housing (good standard)
Transport

} Fundamentals of /for life

Maintenance of welfare state – to support individuals who lose job etc and voluntary sector and community support – to help return to 'normal' life`

Broaden staff who understand MI + MH problems and can support e.g. library staff

'Aye been' → open to change

Impact of labelling and stigma

'Education' of media – discrimination in some headlines and stories (Frank Bruno story)

Suggested actions in TaMFS paper:

- Too vague e.g. 2nd and 3rd (in summary doc)
- 1st one good

General statements and beliefs which engender discrimination e.g. people on Incapacity Benefit are lazy

Support for families through employers e.g. lady needing time off to look after child with LD (won case in court recently)

Buddy - work colleague would be helpful

Group 3 – Prevention Actions

Actions

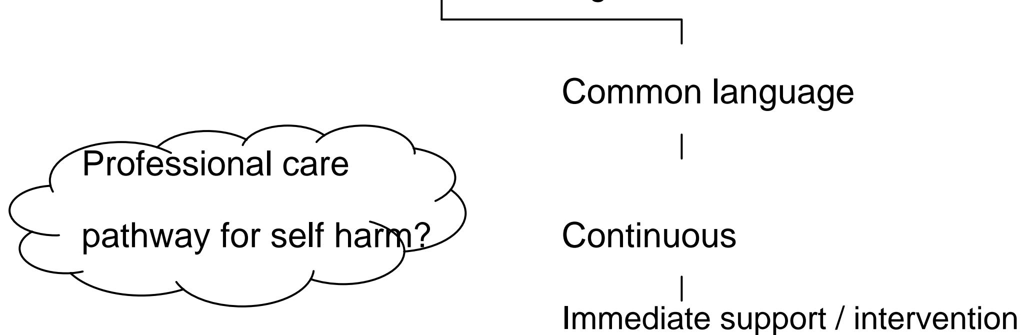
- TaMFS paper includes aims not actions
- Too vague, not specific enough
- Holistic approach to healthcare, (physical and mental health), GPs not just specialist services
- Helping families/carers cope with diagnosis – impact on both !
- Long term conditions in particular
- Resources for GPs to refer onto
- Tackling cultural norms e.g. men showing how they feel maybe because less social support from peers
- Look after professional staff also

- Physical health needs of people with MH issues
- Physical needs can get missed
- Poor motivation can lead to eating disorders, poor diet, lack of exercise etc

- Will anyone listen?
- Personal hygiene deteriorates, can increase isolation and stigma
- How to identify / support those who are unable to ask for help for whatever reason
  - anonymous contact/support/services
  - peer support - buddies
  - support for families – confidential helpline

2

- If a person is identified as self harming – who explores underlying reasons for this?
  - Penumbra for 16 - 21
  - What about others?
- How to educate about self harm
  - definition?
- Promote model like 'ASIST' training



1

- Publicity / support at early stage
- Understanding self harm and recognising it is a coping strategy
- System not geared up to early intervention

Group 4 – Supporting Actions

*1

- Duty to promote social inclusion and well being (section 25-31) – LAs and partners
- Finite resources – competing priorities

- Gaps

  - Day services in Kelso, Duns etc and better access to mainstream services ?

  - Development and support to communities – effect of cutting off community education workers a few years ago when crisis in education dept funding

  - Respite care and breaks

  - Attitudes and behaviour of staff

  - 'Recovery' – misunderstanding of term and aim of model

  - Access to talking therapies ? Allows exploration of underlying issues

  - More user-led, bottom up approach – is this the 'recovery' model?

  - Top down + bottom up approaches needed e.g. peer support

  - User talks on MI in schools (as in Holland) and in training for MH professionals ?

  - Older people - under recognised and little support – more preventative services to maintain social contact and involvement

*2
  - Less talk – more trying out approaches → rollout successful ones

  - SAMH crisis service excellent – good post discharge support

  - CRUISE - long waiting list

  - Supported employment – expand support into employment
    - Challenges of MI and criminal record
    - Help to maintain employment and return to employment
    - Support for carers in employment

  - Periodic longer term support, i.e. may need very occasional support over years rather than discharge

  - Problem of short term funding of many projects that do employ people with MH Problems

*3
  - NHS & SBC need to employ people with disabilities (including MH problems),
    They need to <u>implement</u> DD Act.