

Towards a Mentally Flourishing Scotland: The Future of Mental Health Improvement in Scotland, 2008-2011

➔ Consultation Response from Greater Glasgow and Clyde

1. Summary

- Major consultation event organised for Greater Glasgow and Clyde, drawing 170 delegates from diverse partner agencies and communities
- 15 case study presentations offered as part of the event highlighted local good practice and aided delegates to connect with practical planning and delivery aspects of the agenda
- The approach set out in *Towards a Mentally Flourishing Scotland* was welcomed by delegates, with the elements of “promote, prevent, support and inequalities” being seen as valuable guidance on key action areas
- Range of detailed recommendations for national action and support offered by delegates – strong desire for a continued national support programme and coherent governmental focus; key aspects include enhanced support to Community Planning Partnerships, stronger links to regeneration policy, heightened links to equalities legislation areas and stronger focus on mental health inequalities; a willingness to develop national-local partnerships to jointly develop the agenda (Section 4)
- Series of proposed areas set out as next steps for local planning partners to take forwards – this will be backed up by leadership and resourcing from the Mental health Partnership, CH(C)Ps, Acute Division, Local Authorities and other key agencies and structures in Greater Glasgow and Clyde. (Section 5)

2. Introduction and overview of approach to consultation

As part of the national consultation on the Scottish policy document, *Towards a Mentally Flourishing Scotland*, Greater Glasgow and Clyde NHS and many of its local partners have responded with a major event and associated debate and discussion. This document provides a summary of the commentary material that has been gathered through this engagement process. It also sets out some of the emerging next steps in terms of implementing the themes of this important policy area within Greater Glasgow and Clyde.

Taking place on the afternoon of 7th February 2008, the Greater Glasgow and Clyde consultation event was ambitious in its scope in seeking to combine consultation on the national document with practice sharing opportunities and also creating momentum around action planning and senior level commitment to this policy area (see event programme in Appendix 2).

Several features of the event are worth highlighting as part of the context to the response material in later sections of this document:

- The event was linked to a pre-set date in the meetings cycle for Greater Glasgow and Clyde Directors, with most event attendees being invited as members of extended multi-

agency delegations of all the key directorates in the Board area; thus every Community Health (and Care) Partnership was represented at the event, as was the Acute Division, Mental Health Partnership and all six local authorities - making the event a joint one with local authority partners maximised the opportunity for shared dialogue

- Delegates were drawn from diverse service areas and partners, including multiple clinical service areas (including mental health, older people's services, children's services, addictions services), local authority and voluntary sector partners, service user, carer and other community representation, and representation from a range of key inequality and equality dimensions, including black and ethnic minority organisations and sensory impairment agencies. The delegates' attendance list is presented in Appendix 4, demonstrating that diverse representation was achieved within the event, with over 170 delegates taking part in discussions
- Around 25 colleagues from a broad range of agencies agreed to present updates of current innovative work areas from across Greater Glasgow and Clyde (15 case study presentations in total, see Appendix 3); this was in order to "bring to life" the themes of the national document with real examples of practice. There has been significant feedback since the event that these case studies helped delegates contribute better to the debate on *Towards a Mentally Flourishing Scotland*, and also had benefits for networking and practice sharing across the Board area. Each case study presentation team has prepared a brief summary sheet on the case study – these are available on request.

3. Main themes of debate and key local development issues

A very broad range of themes and issues were raised across the various workshop discussion groups, too numerous to represent fully in this composite response document. However, in this section a range of key themes are presented, along with a number of quotes drawn from consultees. Section 4 distils these themes into a number of recommendations for consideration at national level, as part of the refinement process for *Towards a Mentally Flourishing Scotland*.

- 3.1 Broad welcome for the focus on **promote, prevent, support** and **inequalities**, and for the continuing national focus that this policy represents. There is engagement with these themes across many services and settings in Greater Glasgow and Clyde, but significant scope for further embedding such approaches in mainstream service planning and provision.
- 3.2 Delegates highlighted the **level of need** (and in some cases despair) that exists for some individuals, families and communities. They also highlighted a need to better understand the challenging life circumstances faced by some that in turn contribute to their mental health problems or distress. As a complement to this, delegates also noted that little energy goes into highlighting the positive resources within disadvantaged communities, and that many community members are living positive lives, despite their circumstances.
- 3.3 There was considerable focus within both Workshops 1 and 2 on the importance of **people-focused and community-focused approaches**. Some of the specific points made in this arena included:
 - Importance of building capacity to support people, including self help, self care and peer support initiatives and of supporting grass-roots, 'bottom-up' approaches

- Importance of involving service users and carers in practical responses – such as example of anti-stigma and mental health awareness training programmes; requires support infrastructure and ethical approach, sustained over time
- Ensuring opportunities are open to people after discharge from hospital, plus thinking more of needs of clients in terms of ‘real lives’, such as catering for requirements in evenings and weekends
- Communities taking more control of regeneration, development of social enterprises, learning from community empowerment approaches elsewhere
- Much more active consideration of the needs and challenges that specific communities face, such as language and communication barriers (including literacy problems), cultural dimensions, disabilities, gender dimensions, age discrimination and other equality themes
- Necessity for senior level commitment to stronger community-based working, including commitment of financial and human resources to developing this area, and sustaining such approaches over sufficiently long periods of time.

3.4 Numerous service opportunities and policy cross-connections were highlighted by delegates, with a sense that many colleagues were empowered to drive some of these practical connections forward in their work. Others set out practical steps that would enable further development. Examples include:

- Developing practical connections on mental health themes with key services such as Housing, Welfare Benefits, Early Years services, Education Services, Library and Cultural Services, Community Safety, General Medical Services / Primary Care / Pharmacy, and ‘physical health’ services.

“We need more links in CHCP to different teams, to break down silos and barriers.”

“Prevention should be part of secondary care services remit.”

“New ways of working are required as budgets are not going to increase.”

- Developing wider connection to community mental health issues and community resources among service providers. This needs to be coupled with a more active role by mental health services in developing the wider community mental well-being agenda, in concert with other partners, such as Health Improvement Teams, Community Development staff, voluntary sector partners
- Moving away from the ‘refer on’ mentality – need more practitioners owning and acting on the opportunity to promote mental health, engage on suicide prevention, tackle stigma and discrimination, focus on employment issues as part of their role – supporting and empowering colleagues in such enhanced roles is vital
- Need to tackle broad cultural barriers to “being able to talk about emotions”, and this includes language and communication barriers – barriers that exist not just in communities but in agencies and professionals too
- Vital importance of employment and opportunities for meaningful activity – essential that mental health dimension of employment and employability policies are given high priority, and that cross connections are made to allied areas, such as addictions, learning disability and long term conditions

- Must support our workforces and their mental welfare – be exemplar employers – well over 100,000 employees in just the public sector in Greater Glasgow and Clyde so major opportunity
- Value of creative, cultural and recreational opportunities to the mental health improvement agenda (example cited of the recent Mental Health Arts and Film Festival hosted in Greater Glasgow & Clyde and Lanarkshire) – also with potential to bring in wider partners from beyond the health and social care fields and to deepen understanding of mental health issues in the wider community

3.5 Importance of recognising and celebrating progress and achievement so far; delegates noted how much progress has been made in this area in a relatively short space of time – echoing Gregor Henderson’s opening comments - and were keen to keep the momentum going. This needs to be underpinned by enhanced means of sharing and discussing good practice.

3.6 Other practical elements requiring to be addressed to enhance the ability of services to promote mental health include: support for practice development for teams, through competency and skill development; support in analysing and improving service models (e.g. how to best sign-post users to appropriate wider services and supports), sharing and partnership approaches (including better data-sharing systems), planning and commissioning as a system, rather than a series of disconnected service elements.

One consultation comment fleshes out the above points:

“Improving capacity and mental health literacy in primary care and community services will be essential if CHPs are to have any impact on population mental health and wellbeing. Having funded, agreed and approved self help and self care programmes in CHPs will be important to this.”

3.7 Many colleagues emphasised importance of mainstreaming, of better focus on mental health and wellbeing themes in corporate planning across the key partner agencies – needing senior level recognition and action on the underpinning impact of mental health on multiple other policy areas – “there is no health without mental health” concept. This includes need for increasingly detailed attention to stability of funding streams and a more mature relationship with the voluntary sector as co-providers of services. As one respondent put it:

“I would advocate that we need to be much better at commissioning and monitoring of services to support mental health and well-being from the social economy / voluntary sector, to avoid institutionalisation of activities to health or local authority organisations, and embed the activities associated with improving mental health and well-being firmly within the communities we wish to target.”

4. Recommendations for national action

The three pre-set national consultation questions (featured in sections 4.1 - 4.3 below and in Appendix 1) were given consideration as integral themes throughout the Greater Glasgow and Clyde consultation process. Given the scale of the event and the very wide range of structures, partners and delegations present, creating very specific local delivery objectives is not feasible at this stage, but will be the focus of on-going work.

However, the intention of the event was to stimulate detailed on-going local discussions, action planning and delivery that will populate the national framework in the coming period. There is a clear desire to maintain dialogue with national programme structures on an on-going basis as the detailed local programmes are developed within the Greater Glasgow and Clyde area.

4.1 What shared objectives and actions for local delivery should be made for 2008-11 that would be deliverable, measurable and valuable?

The three themes of promote, prevent and support are widely endorsed by our consultation partners, as is the major emphasis on tackling health inequalities.

In the workshop discussions delegates emphasised the importance of an overall population health focus, of forging more integrated, joined up working, in addition to attention within specific planning areas. The need to transcend traditional service and planning boundaries in providing support and care that addresses the contexts of “real people’s lives” was also highlighted.

In giving consideration to promoting the mental well-being of the overall population, Health Boards and their many local partners need to ensure coherent coverage the full life course and key transitions, as well as incorporating into service responses focused on specific population groups (such as children’s services planning, adult services, and older people’s services). This means that Boards and their partners need to invest in capacity to analyse and respond to overall population mental health determinants, trends, risks and opportunities and to use the many partnership structures – including Community Planning Partnerships – to progress this approach.

Comments from one of the Workshop 2 discussions illustrate the above points:

“Mental well-being cannot be taken on its own, but has to be linked to inequality and other social determinants for morbidity. More joined up approaches across departments, more thinking out of the box.”

There is a need to scope the range of key policy areas with potential to impact on population mental health and ensure that community planning partners are maximising the opportunities for concerted action – examples include: economic and regeneration strategies, employment, addiction, Fairer Scotland Fund and allied funding regimes, community engagement policies.

As highlighted in section 3.3, there is a major need to focus on community engagement and development approaches as a key part of the local responses to *Towards a Mentally Flourishing Scotland* - “Building the capacity of communities to find their own solutions.”

Delegates were impressed with a range of case study presentations highlighting success in participatory involvement of service users and other community members. There was widespread comment in the workshop notes of the importance of fostering and supporting such involvement potential – through practical support measures like training, senior level commitment to user involvement. This theme should be given significant attention within the formal partnership planning and delivery structures, such as Community Planning Partnerships and Community Health (and Care) Partnerships.

While the consultation process highlighted needs to address mental well-being across many sections of society, there were a range of responses highlighting the need to give more attention to mental health of **children and parents**, and of **older people**, as particular areas of concern, along with heightened attention on needs of **multiply disadvantaged communities**. There needs to be an enhanced focus (and investment of resources) within relevant planning structures and services – with examples such as the Getting Ahead parent support programme (East Renfrewshire and South West Glasgow), the Schools Curriculum package, Positive Mental Attitudes, the Youth Healthy Reading Scheme (East Dunbartonshire) drawing positive reaction as models of working (see Appendix 3). Similarly the range of work highlighted for promoting mental health of older people was seen as highly promising.

There was strong support for continued specific focus on all the programme strands that have been under development since the creation of the original national policy for mental health and well-being – i.e. promoting positive mental health, preventing suicide and self harm, tackling stigma and discrimination, promoting recovery and tackling mental health inequalities.

4.2 What national supports would help you to meet these objectives and actions?

In line with the sentiment of the national document, partners within Greater Glasgow and Clyde would wish to see a shift of emphasis in the 2008-2011 period to greater local ownership and delivery, while maintaining a clear national policy focus and support resources.

As part of this, there should be **more devolution of national resource** to lend active support to the local development and delivery agendas. As part of this deliberation, there should be careful consideration of needs and equity across different areas of Scotland. In the previous period, such considerations have not always been to the fore, with for example Glasgow City having the lowest proportionate Choose Life funding allocation per head of population, despite having acknowledged problems of multiple deprivation and one of the highest suicide rates in Scotland.

Such devolving of resource could take several forms, including additional dedicated monies made available to Health Boards, local authorities and other local partners, or opportunities for specific joint national - local developments that help advance the agenda (a recent example would be four Health Boards participating with the Scottish Government team in piloting the Scottish Recovery Indicator, in line with Commitment 1 of the *Delivering for Mental Health* document).

Delegates also highlighted the need for a **more ‘joined up’ feel to the various elements of the national programme supports and resources**, while acknowledging that each of these strands have provided significant value in the preceding period.

Turning to specific support resources that would enable effective local action on the mental health improvement agenda, the first point to acknowledge is that the various elements of the national programme have provided high quality support to-date, and this has been a significant factor contributing to the success of a range of local innovations. One example here would be the close engagement of the national See Me campaign with the Glasgow Anti-Stigma Partnership, including expert advice and joint financing of initiatives (along with other partners). In addition, the growing range of guidance materials focusing on key aspects of the evidence base for action, is valued and such initiatives should be continued, to ensure that local policy makers, practitioners and partners have access to the best emerging evidence.

We understand that there are plans in under consideration for national **social marketing programmes** linked to aspects of population mental health. In this regard, we would note that there is much potential in this arena, but would ask for significant dialogue on approaches with local areas such as our own. The recent series of workshops focused on ‘Mental Health Improvement: Evidence-based messages to promote mental wellbeing’, highlighted both the potential value of such approaches, but also some of the caveats and detailed considerations that need to be factored into the design of programmes – for example the potential to widen health inequalities if programmes are not suitably tailored to meet the needs of marginalised or vulnerable groups. There is a clear need to foster increased public understanding of the range of ways that they can promote their own mental health and seek help for problems, but needs to be ‘inequalities-proofed’.

Children and young people – a call from delegates for continued and enhanced emphasis at national level on promoting mental health of children and young people, ensuring this is a priority feature of children’s service planning and delivery. Key roles could be helping facilitate more in-depth involvement by the formal Education sector and support for evaluation of curricular and other approaches.

Mental Health Inequalities - Republish and disseminate *Equal Minds* document focused on mental health inequalities (which we understand is currently out of print) and give a renewed emphasis on the importance of understanding and responding to mental health inequalities.

Devise innovative means of engaging with local systems to make practical progress in the policy area of mental health inequalities and provide assistance to local areas in analysing and sharing data on mental health inequalities and underlying determinants.

Also, ensure that each element of the revised national support arrangement gives explicit consideration to inequality themes and provides guidance and resource support on this dimension. For example, ensuring that the Scottish Recovery programme and the next stage of developing the Scottish Recovery Indicator gives full consideration to the equalities and inequalities components of the tool. Also give consideration to nationally supported training modules and support resources around mental health inequalities.

Ensure a robust input on mental health inequality themes and determinants to the **Ministerial Task Force on Inequalities** and the implementation policies which emerge from this.

Equalities legislation connections - Give much stronger emphasis in the final document to the vital cross-connections with the equalities agenda, and in particular the required responses to equalities legislation. Given that all public bodies are developing and strengthening their Equality Scheme plans, there is major scope to ensure that mental health themes are heavily featured in these. Practical examples include:

- the cross connection between Disability Discrimination legislation requirements and the need to tackle the stigma and discrimination of people with mental health problems (see Health Inequalities Inquiry conducted by Disability Rights Commission for one powerful example)
- the strong links between gender rights and mental health issues and determinants – such as gender based violence, thus the importance of supporting health and social care (and other) services in addressing such underlying causes of mental health problems
- importance of focused mental health work with black and ethnic minority communities, asylum seekers and refugees and connections to race equality legislation (link also to Scottish Recovery Indicator work)

4.3 How can progress be tracked and performance assessed?

Delegates presented a wide range of contributions relating to performance assessment and allied issues. Examples outlined below:

Indicators of better multi-agency working for the benefit of clients' mental well-being (e.g. better referral pathways for suicidal or self harming patients using services such as Accident and Emergency or Out of Hours Services)

More work to help local systems align multiple cross-agency performance regimes, such as the recently circulated document highlighting connections between HEAT targets and Single Outcome Agreement targets

Make mental health outcomes part of the performance regime of mainstream national investment in employment and regeneration initiatives and major infrastructure developments (e.g. Commonwealth Games) and insist on regeneration strategies highlighting the steps that will be taken to promote and support mental well-being; linked to this, devise performance indicators around employers progress in employing people with experience of mental health problems; consider a performance target around mental health aspects of Healthy Working Lives, particularly for public sector employing organisations

Consider a formal performance target, perhaps at HEAT level for Boards, on population mental well-being and ensure mesh with local authority systems

Work with local systems, such as Community Planning Partnerships, Boards, Local Authorities, CH(C)Ps, to support development of local performance frameworks that mesh with wider performance regimes. For example in Greater Glasgow and Clyde we have developed a Mental Health Improvement performance delivery framework which will undergo further refinement during 2008-09 – this may be fertile territory for national / local collaboration, including

examining how this can connect with local authority policy areas such as *With Inclusion in Mind* (Section 25-31 of the Mental Health Act)

Develop primary prevention measures, including indicators of whether people are getting connected to preventative and early intervention services at the right time and encourage their use in wide ranging settings, not just mental health settings.

Ensure that the key themes of mental health improvement are incorporated into Board level formal performance regimes and debates, such as the Health Board Accountability Reviews, plus the on-going discussion dialogue sessions with Chief Executives, Board Chairmen, Directors of Public Health and similar groupings. Consider additional briefing material on the opportunities of this policy area for local authorities and Councillors, in conjunction with CoSLA.

Above all, work with Boards, Local Authorities, Community Planning Partnerships to ensure that performance regimes are developed with ambitious yet realistic timeframes, and that they are flexible enough to cope with local needs and circumstances.

5. Next steps, Greater Glasgow and Clyde

The next section sets out a range of provisional next steps for consideration in the Greater Glasgow and Clyde system; it is an ambitious agenda, which will need to be carefully prioritised, ratified and resourced, but which represents a major opportunity to progress this vital health policy arena:

- At the level of the Mental Health Partnership, there will be a sustained focus on the themes of *Towards a Mentally Flourishing Scotland*, with health improvement themes already prominently featured in Development Plans; the Partnership has a specific leadership and resourcing role within Greater Glasgow and Clyde and this will be further developed to enhance the ability of the wider system to progress – including more detailed practical guidance and support resource, linked to the pre-existing Mental Health Improvement Performance and Development Framework
- More specifically, there will be a focus at Senior Management Team and Committee levels of the Mental Health Partnership – there has already been a significant discussion on this policy area at the February 2008 Committee meeting, drawing in positive contributions from Councillor representatives, Heads of Mental Health and other members
- There will be further development work at the level of the Board Directors Group and allied corporate structures of the Health Board, plus active engagement with CH(C)P and other structures and with the directly managed service elements of the Mental Health Partnership, plus connections with management, planning and health improvement systems of the Acute Division
- There is need to engage in a more systematic manner with wider Health / Health Improvement Policy development within Board and partner agencies – need to scope out the key policy cross-connections (such as Employment and Healthy Working Lives, Long Term Conditions, Keep Well, Health Promoting Hospital / Health Service, Equalities

Scheme) and ensure that the mental health improvement opportunities are being maximised

- There is also a need to maintain the developmental work on current mental health target areas, such as the HEAT target areas relating to tackling suicide and depression – both of which have significant implications for service approaches across the whole system
- Active discussions will be pursued with local authorities and with Community Planning Partnerships, for this policy area, including examining potential for joint work on the closely allied policy of ‘With Inclusion in Mind’, focusing on (Sections 25-31 of the Mental Health Act).
- Active developments progressed with CH(C)Ps and other local structures, including encouraging use of local mental health networks, local mental health planning groups – e.g. Mental Health Development Group in Inverclyde, encouraging local champions and backing local innovation, continuing to assess and evaluate emerging approaches
- There will be further development of a public health network to support this area (“Mental Health Improvement Network for Greater Glasgow and Clyde”), utilising physical network events, web and other communication resources and practice sharing opportunities. This is being supported by the Board’s Public Health Resource Unit and led by the Mental Health Partnership
- Finally, active steps will be taken to ensure continued dialogue and joint working with colleagues and structures at national level on the themes of *Towards a Mentally Flourishing Scotland*, including joint development work where appropriate.

6. Appendices and background resources

Appendix 1 - Summary of national document and consultation approach

Appendix 2 - 7th February consultation event programme

Appendix 3 - Case study presentations (presented as part of Workshop 1 discussions)

Appendix 4 - Event delegate list

Report compiled by Trevor Lakey, Health Improvement and Inequalities Manager, Mental Health Partnership, NHS Greater Glasgow and Clyde on behalf of Greater Glasgow and Clyde partnership structures and agencies, March 2008

Appendix 1

Summary of national document and consultation approach

Towards a Mentally Flourishing Scotland: The Future of Mental Health Improvement in Scotland 2008-11 is a discussion document building on the work of the Scottish Government's National Programme for Improving Mental Health and Wellbeing. The document outlines the proposed future direction for mental health improvement and population mental health for 2008-11.

In setting the future direction, the paper focuses on what Local Authorities, NHS Boards and other key stakeholders can do to support the agenda for 2008-11. It asks for views on these suggestions and on the support that you think may be required nationally and locally to help meet these suggested actions.

Mental health improvement and population mental health work have advanced considerably in Scotland since 2001 and Scotland is now recognised internationally for its work. There are areas of excellence and we need to build on these and do even more, especially to address inequalities and to ensure that the mental health and wellbeing of Scotland's people flourishes.

This work forms part of the Scottish Government's wider health and wellbeing ambitions for a Healthier Scotland and is integral to addressing health and social inequalities. The future direction also adds to and complements a range of policies, not just on health and wellbeing, but for achieving the wider strategic objectives of the Scottish Government.

The proposals signal a shift in emphasis and focus from national activity to local actions. In making this shift, a number of suggested actions for local areas have been proposed.

We would like local areas to consider three key questions:

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

Appendix 2

***Towards a Mentally Flourishing Scotland* Consultation, Discussion and Action Planning Event for Greater Glasgow and Clyde**

12.30-5pm, Thursday 7th February 2008

**Hilton Glasgow Hotel, 1 William Street
Glasgow, G3 8HT, Tel: 0141 204 5555**

PROGRAMME

12.30-1.30 – Registration and Lunch

1.30 - Welcome and introduction; committing to action – Anne Hawkins (Chair)

1.40 – Towards a Mentally Flourishing Scotland – Gregor Henderson

1.55 – Building on success in Greater Glasgow and Clyde – Trevor Lakey

**2.10 – Workshop 1¹ – Practice Reflections (random allocation – round table
discussions including case study presentations)**

3.10 – Coffee break

**3.30 – Workshop 2² (natural teams / structures) – Discussion on national document,
implications for structures and teams**

4.40 – Next steps and closing remarks (Anne Hawkins)

4.50 - Close

¹ Practice reflection consisting of 14 case study presentations to mixed groups from across the system. Presentations of 15 minutes, backed up by summary sheet (1-2 pages); discussion questions to follow

² Break out rooms for ‘natural teams’, e.g. multi-agency delegations from CH(C)Ps, Acute, MHP; some specialist discussion sessions to complement team discussions – e.g. inequality dimensions

Appendix 3

Workshop 1 – Case Study Presentations – Final List

Workshop	Subject	Lead Presenters
1	Community development and mental health in low income areas	Neil Quinn, Positive Mental Attitudes, Janice Scouller, East Glasgow CHCP
2	Black and ethnic minority communities and mental health - Mosaics of Meaning Programme	Nuzhat Mirza, Equality and Diversity Team, Christopher Homfray, NRCEMH
3	Employability and mental health	Sylvia Collumb, Employment Coordinator, Mental Health Partnership
4	Healthy Reading Scheme – Youth and Adult Versions	East Dunbartonshire CHP – Mireille Dykstra and Denise Nisbet
5	Multi-agency networks for mental health	Susan Maguire, Lesley Benzie
6	Schools based mental health promotion, including curriculum	Ruth Donnelly, Julie Dowds
7	Role of primary care mental health services in population health work	Jim White, STEPS Team, SE Glasgow
8	Inequalities Sensitive Practice in Primary Care Mental Health	Maureen O'Neill Craig, ISPI & Noreen Shields, CIT
9	Getting Ahead Service - Parent Support & Early Years	Amanda Waters & Jenny Macleod, East Renfrewshire
10	Older and Wiser – Older People and Mental Health	Claire Shields, John Leckie
11	Service user involvement and recovery: approaches in West Dunbartonshire	Mike Foley, Isobel Plunket and Lorraine Davin
12	Suicide Prevention approaches in Inverclyde	Brian Young, Choose Life Coordinator, Inverclyde

Workshop	Subject	Lead Presenters
13	Health Improvement in Mental Health Service Settings, including Health Promoting Hospital work	Tommy Harrison, Forensic Services / Health Promoting Hospital Coordinator & Barbara Wilson Forensic Services
14	New approaches to depression	Michael Smith, Consultant Psychiatrist / Clinical Director, South Clyde
15	Mental Health at Work	Lisa Buck, Principal Health Promotion Officer, Health at Work Team

Appendix 4 – 7th February Consultation Event Attendees

Wshop 1 Table No.	Wshop 2 Table No. / Room No.	Name	Designation	Organisation
.3	Acute T1	Sue Copstick	Consultant Clinical Neuropsychologist	NHS RAD Southern General
.6	Acute T1	Julie Dowds	Consultant	Create Consultancy
.7	Acute T1	Dorothy Cafferty	Planning Manager	Acute Planning & Women & Children's Directorate
10	Acute T1	Claire Sheilds	Senior Health Promotion Officer Older People	NHSGGC -Acute
10	Acute T1	Gerry Hope	O D Advisor	NHSGGC
12	Acute T1	Catriona Macdonald	Consultant Public Health Medicine	Child Public Health Team NHS Greater Glasgow and Clyde
14	Acute T1	Helen Byrne	Director of Acute Services	NHSGGC
.1	East CHCP RM 11	Janice Scouller	Health Improvement & Inequalities Manager	East CHCP
.1	East CHCP RM 11	Neil Quinn	Project Coordinator	East CHCP - PMA
.2	East CHCP RM 11	Jim McDermott	Practice Team Leader	East CHCP
.3	East CHCP RM 11	Katie J. Meharry	Assistant Clinical Psychologist	East Glasgow PCMHT
.4	East CHCP RM 11	Alistair Cowan	Service Manager	Carr Gomm Scotland
.4	East CHCP RM 11	Kirsty Mack	Assistant Clinical Psychologist	East Glasgow PCMHT
.5	East CHCP RM 11	Jacqueline Croft	Operations Manager	GAMH
.5	East CHCP RM 11	Shona Brown	Psychology Assistant	East CHCP PCMHT
.6	East CHCP RM 11	Catherine McAuley	Ward Manager	East CHCP Mental Health Partnership
.6	East CHCP RM 11	Ruth Donnelly	Development Worker	East CHCP – PMA

Wshop 1 Table No.	Wshop 2 Table No. / Room No.	Name	Designation	Organisation
.7	East CHCP RM 11	Peter Harkins	Social Worker	East CHCP
.8	East CHCP RM 11	Paul Meechan	Nurser Team Leader	East CHCP
.9	East CHCP RM 11	Kirsty Mack	Psychology Assistant	East CHCP PCMHT
11	East CHCP RM 11	Marion Campbell	Head Occupational Therapist	East CHCP
12	East CHCP RM 11	Kate Eunson	Practice Development Nurse	East CHCP Mental Health Partnership
13	East CHCP RM 11	David Cruden	Practice Team Leader	East CHCP
15	East CHCP RM 11	Willie Munro	Operations Manager	East CHCP
.1	East Dun – T2	Ricky Mooney	Operations Manager, JLDT	East Dunbartonshire CHP
.4	East Dun – T2	Denise Nisbet	Nurse, Primary Care Mental Health Team	East Dunbartonshire CHP
.4	East Dun – T2	Mireille Dykstra	Youth Health Worker	East Dunbartonshire CHP
.6	East Dun – T2	David Radford	Health Improvement Lead	East Dunbartonshire CHP
.7	East Dun – T2	Elaine Shiels	Community Psychiatric Nurse	East Dunbartonshire CHP
.8	East Dun – T2	Bob McSorland	PPF Representative	East Dunbartonshire CHP
11	East Dun – T2	Dawie Scheepers	Clinical Counselling Psychologist	East Dunbartonshire CHP

Wshop 1 Table No.	Wshop 2 Table No. / Room No.	Name	Designation	Organisation
12	East Dun – T2	Kathleen McGill	Health Improvement Manager	East Dunbartonshire CHP
.1	East Ren – Ballrm 1	Marianne Sermanni	Substance Misuse Service Manager	East Renfrewshire CHCP
.3	East Ren – Ballrm 1	Julie Murray	Director	East Ren CHCP
.4	East Ren – Ballrm 1	Thomas Sanderson	Volunteer	ACUMEN
.5	East Ren – Ballrm 1	Shirley McCuish	Service Manager	RAMH
.6	East Ren – Ballrm 1	Debbie Donachie	Nurse Team Leader	Adult CMHT
.6	East Ren – Ballrm 1	Fiona Macdonald	Health Improvement	East Renfrewshire CHCP
.8	East Ren – Ballrm 1	Eleanor Boyd	Social Work Manager	East Ren CHCP
.9	East Ren – Ballrm 1	Amanda Waters	Getting Ahead Service Manager	East Ren CHCP
.9	East Ren – Ballrm 1	Andrew Fox	Commissioning Mental Health	East Renfrewshire CHCP
.9	East Ren – Ballrm 1	Jenny MacLeod	Admin Assistant	East Ren CHCP
11	East Ren – Ballrm 1	Liz Holms		East Renfrewshire CHCP
12	East Ren – Ballrm 1	Gerard Tougher	PPF	East Renfrewshire CHCP
13	East Ren – Ballrm 1	Cindy Wallis	Mental Health & Partnerships Manager	ERCHCP
14	East Ren – Ballrm 1	Dr Lhombreaud	PCMHT Leader Consultant Psychologist	ERCHCP – Adult Mental Health
.1	GCC - T3	Hew Montgomery	Mental Health Officer, Standby Services	Glasgow Social Work Centre
.3	GCC - T3	Stuart Lennox	Operations Manager, Mental Health	Glasgow Social; Work Centre
.5	GCC - T3	Iain Paterson	Principal Officer, Planning	Glasgow Social Work Centre
.6	GCC - T3	Eric Fiamanya	Senior Officer, Planning	Glasgow Social Work Centre
10	GCC - T3	Susie Palmer	Senior Policy Officer	Glasgow Corporate Policy

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11	GCC - T3	Duncan Booker	Health Policy Officer, Corporate Policy	Glasgow Corporate Policy
12	GCC - T3	Miriam Jackson	Principal Officer	GCC SW
14	GCC - T3	Lyn Ryden	Operations Manager	Carr-Gomm Scotland
.1	Inequalities – T4	Rev.Michael Angley Ogwuche	Coordinator	Jubilee Social Centre
.1	Inequalities – T4	Sue Laughlin	Head of Health Inequalities & Health Improvement	Corporate Planning & Policy
.2	Inequalities – T4	Gordon Chapman	Chief Executive	Deaf Connections
.2	Inequalities – T4	Nuzhat Mirza	Health Promotion Officer	W CHCP
.3	Inequalities – T4	Pauline Craig	Public Health Programme Manager	Glasgow Centre for Population Health
.5	Inequalities – T4	Christopher Homfray	Communications & Planning Manager	NRCEMH
.8	Inequalities – T4	Maureen O'Neill Craig	ISPI Project Lead - Mental Health	Corporate Planning & Policy
10	Inequalities – T4	Noreen Shields	Planning & Development Manager (Women's Health)	Corporate Planning & Policy
11	Inequalities – T4	Cath Krawczyk	ISPI Project Co-ordinator	Corporate Planning & Policy
12	Inequalities – T4	Johannes Parkkonen	Senior Campaign Development Officer	'see me'
15	Inequalities – T4	Robert Nesbitt	Locality Manager	SAMH
.1	Inverclyde – T5	Andrina Hunter	Health Improvement & Inequalities Manager	Inverclyde CHP
.3	Inverclyde – T5	Barbara Billings	Head of Community Care & Strategic Services	Inverclyde Council
.5	Inverclyde – T5	Jane Smillie	Team Leader, Condition Management Team	Inverclyde

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.6	Inverclyde – T5	Suzannah McCrory Rice	Head of Mental Health	Inverclyde CHP
.8	Inverclyde – T5	Deborah Gillespie	Service Manager, Mental Health	Inverclyde CHP
10	Inverclyde – T5	Elaine McKenna	Social Work Strategy Policy Officer	Inverclyde Council/ Inverclyde CHP
12	Inverclyde – T5	Brian Young	Choose Life Co-ordinator	Inverclyde Council/ Inverclyde CHP
14	Inverclyde – T5	Mandy Ferguson	Nurse Manager, Addictions	Inverclyde CHP
14	Inverclyde – T5	Michael Smith	Consultant Psychiatrist / Clinical Director	South Clyde
.1	MHP – RM 9	Moira Gillespie	Service User Involvement Worker	Mental Health Network (GG)
.3	MHP – RM 9	Sylvia Collumb	Employment Co-ordinator	MHP
.3	MHP – RM 9	Trevor Lakey	Health Improvement & Inequalities Manager	MHP
.5	MHP – RM 9	Margaret McEwan	Senior OD Advisor	MHP
.6	MHP – RM 9	Anne Hawkins	Director MHP	MHP
.8	MHP – RM 9	Doug Adams	Head of Planning and Performance	MHP
.8	MHP – RM 9	Gordon McInnes	Service User Involvement Worker	Mental Health Network (GG)
.9	MHP – RM 9	Isla Hyslop	Head of Organisational Development	MHP
10	MHP – RM 9	Robert Davidson	Acting Nurse Director	MHP
12	MHP – RM 9	Jeff Roberts	Clinical Director - Pharmacy	MHP
13	MHP – RM 9	Barbara Wilson	Nursing Services Manager	Forensic
13	MHP – RM 9	Tommy Harrison	Forensic Nursing Projects Coordinator	MHP

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14	MHP – RM 9	Christine Farrell	Operations Manager	GAMH
15	MHP – RM 9	Martin Montgomery	Forensic Services Manager	MHP
	NONE	Jennifer Smith	Research Fellow	University of Edinburgh
.1	North CHCP – RM 10	Anna Grady	Health Promotion Officer	North CHCP
.4	North CHCP – RM 10	John O’Neill	Service User	North CHCP – Flourish House
.5	North CHCP – RM 10	Leslie Benzie	Lifelink Manager	North CHCP – Lifelink
.5	North CHCP – RM 10	Susan Maguire	Operations Manager	North CHCP
.6	North CHCP – RM 10	John Linn	Manager	North CHCP – Flourish House
.6	North CHCP – RM 10	Kay McMillan	Carer	North Glasgow CHCP RES Group
.9	North CHCP – RM 10	Eric Duncan	Senior Health Improvement Officer	NGCHCP
.9	North CHCP – RM 10	Naomi Rai-Chaudhuri	Clinical Lead	NGPCMT
10	North CHCP – RM 10	John Leckie	RES Manager	North CHCP
10	North CHCP – RM 10	Patricia Murdoch	Research Mental Health Volunteer	North CHCP
12	North CHCP – RM 10	Audrey Moynes	Research Mental Health Volunteer	North CHCP

Wshop 1 Table No.	Wshop 2 Table No. / Room No.	Name	Designation	Organisation
14	North CHCP – RM 10	Audrey Moynes	NG Mental health network member	NG
15	North CHCP – RM 10	John McCauley	OPS Manager	NG CMHT
15	North CHCP – RM 10	Rosemary Nicolson	NG Mental health network member	NG GAMH
.1	PH & Corp – T6	Ally McLaws	Director of Corporate Communications	NHSGGC
.2	PH & Corp – T6	Dr Helene Irvine	Consultant in Public Health Medicine	Public Health
.2	PH & Corp – T6	Lee Knifton	Senior Health Promotion Officer – Mental Health	MHP
.3	PH & Corp – T6	Lorna Kelly	Head of Policy	NHSGGC
.8	PH & Corp – T6	Gregor Henderson	National Programme – Mental Health & Wellbeing	Scottish Government
.8	PH & Corp – T6	Jo Quinn	Head of Performance	NHSGGC
.9	PH & Corp – T6	Dr Linda de Caestecker	Director of Public Health	Public Health
10	PH & Corp – T6	Ravina Naroo	Health Promotion Consultant	East CHCP - PMA
13	PH & Corp – T6	Norma Greenwood	Programme Manager PHRU	Copropate Services NHSGGC
13	PH & Corp – T6	Tom Divers	Chief Executive	NHSGGC
14	PH & Corp – T6	John Crawford	Service Planner	SAMH

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15	PH & Corp – T6	Jim Whyteside	Head of Public Affairs	NHSGGC
.2	Renfrewshire – Ballrm 1	David Leese	Director	Renfrewshire CHP
.2	Renfrewshire – Ballrm 1	Jeanette Allan	Head OT	Dykebar Hospital
.4	Renfrewshire – Ballrm 1	Jason McLaughlin	Ward Manager	North Ward, Dykebar Hospital
.4	Renfrewshire – Ballrm 1	Rosemary Carmichael	Volunteer	Ren CHCP – ACUMEN
.7	Renfrewshire – Ballrm 1	Sinead Macree	Consultant Psychiatrist	Charleston Centre
.9	Renfrewshire – Ballrm 1	Charlie Hillen	Ward Manager	Ward 37, RAH
10	Renfrewshire – Ballrm 1	Alistair Barclay	Lead Nurse EMI	Dykebar Hospital
11	Renfrewshire – Ballrm 1	Fiona Mackay	Head of Planning and Health Improvement	Renfrewshire CHP
12	Renfrewshire – Ballrm 1	Fiona McNeill	General Manager Mental Health	Dykebar Hospital
13	Renfrewshire – Ballrm 1	Angela Moran	Community Services Manager	Charleston Centre

Wshop 1 Table No.	Wshop 2 Table No. / Room No.	Name	Designation	Organisation
13	Renfrewshire – Ballroom 1	Claire Botel	Senior 1 OT	AAU, Dykebar Hospital
15	Renfrewshire – Ballroom 1	Kate Sloan	Psychotherapy	Dykebar Hospital
15	Renfrewshire – Ballroom 1	Rona Slevin	Senior Social Worker	Charleston Centre
13	SE CHCP /SL CHCP – T7	Jennifer Russell	Mental Health Co-ordinator	South Lanarkshire
.2	SE CHCP /SL CHCP – T7	Duncan Goldie	Planning Manager	South East CHCP
.4	SE CHCP /SL CHCP – T7	Colin McCormack	Head of Mental Health	South East CHCP
.5	SE CHCP /SL CHCP – T7	Robert Boyd	Team Leader Mental Health	South Lanarkshire
.7	SE CHCP /SL CHCP – T7	Jim White		SE CHCP – STEPS
.7	SE CHCP /SL CHCP – T7	Paula McDaid	Operations Manager	SL CHCP
11	SE CHCP /SL CHCP – T7	Lara Calder	Public Health Practitioner	South Lanarkshire
.7	SW CHCP – T8	Margaret-Anne Dale	Operations Manager - OPPD	South West CHCP/Rowan Park
.7	SW CHCP – T8	Paul Lafferty	Senior Health Improvement Officer	Strata House
.9	SW CHCP – T8	Martin Hattie	Operations Manager - LD	

Wshop 1 Table No.	Wshop 2 Table No. / Room No.	Name	Designation	Organisation
11	SW CHCP – T 8	Kate McAlpine	Operations Manager - OPPD	Langton Road
13	SW CHCP – T 8	Jackie Mullen	CYPSS Team Leader	Pollok HC
14	SW CHCP – T 8	Martin Bradley	Practice Team Leader	SW CHCP
14	SW CHCP – T 8	Roslyn Grant	Clinical Training Facilitator	
15	SW CHCP – T 8	Lisa Buck	Health Promotion Officer	HAW
.2	West CHCP – T 9	Louise Gallagher	HPO (Child & Youth Mental Health)	West CHCP
.3	West CHCP – T 9	Shelly Patterson	Senior Development Worker	WCHCP - GAMH
.4	West CHCP – T 9	Angela Wylie	Mental Health Engagement Worker	WCHCP – Annexe HLC
.5	West CHCP – T 9	Lynda Ann McRae	Rehabilitation Liaison Nurse	WCHCP
.7	West CHCP – T 9	Uzma Rahman	Health Improvement & Inequalities Manager	WCHCP
10	West CHCP – T 9	Sheena McDonald	Community Development Officer	West CHCP
11	West CHCP – T 9	Anne-Marie Gorman	Community Worker	West CHCP
13	West CHCP – T 9	Christine Kerr	Rehabilitation Liaison Nurse	WCHCP
15	West CHCP – T 9	Martin Smith	Nurse Team Leader	West CHCP – community Addiction Team
.2	West Dun	Susanne Greet	Policy & Development Officer	West Dun CHP

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.3	West Dun	Lorraine Clark	CPN	West Dunbartonshire CHP Mental Health
.4	West Dun	Clare McGinley	Health Improvement & Inequalities Manager	West Dunbartonshire CHP
.5	West Dun	Keith Redpath	Director	West Dun CHP
.7	West Dun	John Russell	Head of Mental Health	West Dun CHP
.8	West Dun	Kevin O'Neill	Health Promotion Officer	
.8	West Dun	Yvonne Milne	West Dun Partnership	West Dun CHP
.9	West Dun	Annie Hair	Head of Children Services	West Dun CHP
11	West Dun	Isabel Plunkett	Social Worker	West Dun
11	West Dun	Lorraine Davin	Employment Development Officer	West Dun
11	West Dun	Mike Foley	Policy & Training Officer MH	West Dun
12	West Dun	Claire Hubler	Senior HDO (Education)	West Dun Council
13	West Dun	Phil White	Partnership Manager	West Dun CHP
15	West Dun	Charlie Allan	Senior OD Advisor	West Dun CHP
.2	West Dun - T 9	Liz Tauch	West Dun Partnership	West Dun Partnership