

STAKEHOLDER COMMENT FORM

Stakeholder Comments

Please use this form to submit comments or suggestions.

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

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

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

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

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

Name:	Graham Robertson
Organisation:	NHS Health Scotland
Section number Indicate section number or ' general ' if your comment relates to the whole document	Comments Please insert each new comment in a new row.
General	Open consultation - Health Scotland welcomes the opportunity to influence and shape the discussion document. We also welcome the shift in emphasis and focus to local level actions with national support.
General	Community Planning -The final plan needs more explicit recognition of community planning mechanisms and single outcomes based planning. Currently the document is NHS-centric.
General	HEAT, Health Improvement Performance Management, Single Outcome Agreements, Better Health Better Care The Scottish policy and delivery landscape has changed significantly since the discussion paper was drafted. This offers possibilities and challenges that need to be addressed in the final action plan. The final action plan would also benefit from clearer links with other policy areas

	(national performance framework) and related health and non-health policy documents.
General	Joining up agendas in Health Policy and delivery – Further integration with Delivering for Mental Health and wider Health Improvement policy (alcohol, physical activity etc) would be beneficial for the advancement of MHI and its mainstreaming. We hope the final action plan can be more explicit about the need for this and indicate how we might deliver this.
General	Evidence - Strategic planning of priority actions both locally and nationally for 08-11 should have an evidence based/informed approach. Robust evaluation also remains a high priority for the implementation of MHI in Scotland, given the paucity of effective population interventions. It would be helpful if the final action plan were more explicit about its evidence base and also about how current gaps and knowledge transfer issues can be taken forward.
General	Inequalities – The focus in the document is on individuals and communities who experience inequality. We believe there should also be an emphasis on services and their responsibilities to ensure service delivery does not contribute further to inequality. The final action plan should be explicit about its equality impact assessment to ensure the proposed policies and delivery modes do not exacerbate inequality.
General	Sustainable workforce development – Mental health improvement is the responsibility of a wide range of professionals and volunteers. It would be helpful to explicitly recognise this in the action plan and indicate how the workforce(s) will be sustained and supported to deliver the plan.
Concepts and Definitions	The need for a model for MHI - Despite some progress, we still lack an explicit model of mental health improvement. Its development would advance a shared understanding of what we want to achieve (outcomes) and what actions are needed and by whom to achieve this. The National Programme Review notes the need for a shared vision of mental well being systematically shared, refined and developed with key stakeholders. It would also help to guide a clear strategy for additional research needed in MHI where links are currently hypothesised.
Concepts and Definitions	The need for a multi disciplinary discussion to develop a common language and understanding - The National Programme Review (NPR) highlights the need to develop a common language. We understand that Keith Tudor has been commissioned by the Scottish Government to

	<p>develop a concepts and definitions paper as part of this new action plan development. Decisions taken on this needs to be widely disseminated, consistently used and a focus of learning and development opportunities for a diverse workforce.</p>
<p>Concepts and Definitions</p>	<p>Mental Health literacy –We agree with the need for mental health literacy across sectors. We believe there is a need to be clear in Scotland what is meant by mental health literacy and that this could build on the work of Jorm et al to include literacy relevant to a wider approach to prevention (i.e. to include knowledge and belief of protective factors) and to include literacy relevant to promotion of well being.</p>
<p>The Main Themes / Broad Themes for Action</p>	<p>Levels of action - Health Scotland welcome the focus on promotion, prevention and support. However, we suggest that the levels at which MHI operates (individual, community, structures) should be clearer and introduced at an early stage in the final action plan. . This would help to balance the focus on individuals with one that includes full recognition of the social and structural influences on both mental well being and mental health problems (housing, access to leisure, employment, regeneration, transport and education for e.g.). Clear recognition of the importance of each of these levels and the need for action at each will help community planning partners recognise the contribution they make. A clear message about the role of local government in each of these levels across promotion, prevention and support might further engagement with this sector.</p>
<p>The Main Target Groups</p>	<p>Priority target groups - Currently almost all of the population is included. We believe it would be helpful to prioritise some key groups in order to provide the intensity of effort required to make a difference.</p> <p>Alternatively, the provision of guidance and evidence on who to target should be provided to help local decision-making.</p>
<p>Suggested Actions for Local Areas for 2008-11</p>	<p>Priorities – We believe there is a need to prioritise some national actions to make a real difference in a few areas. These should be based on the consultation feedback, evidence, existing ‘must does’ /givens and a framework for action.</p>
<p>Suggested Actions for Local Areas for 2008-11</p>	<p>The discussion document outlines both actions for the NHS and to some degree organisations out with the NHS. We feel this could be developed. Health Scotland has identified a core purpose of strengthening local delivery systems to improve health and more explicit reference to the NHS partnership infrastructure (CHPs/CHCPs) for</p>

	delivery would be helpful.
National Functions and National Supports for 2008-11	The 'national programme' has had a strong and highly visible national leadership and a focal point within government. While we are keen to strengthen our role in national support for local action, there is still a need to consider the overall coordination responsibility and who provides the 'overall delivery team' for the national MHI agenda.
National Functions and National Supports for 2008-11	<p>Notwithstanding the need to await the consultation responses and the needs highlighted via this for local support from national bodies Health Scotland's contribution to some of the issues mentioned above could include:</p> <ul style="list-style-type: none"> ❖ Taking the lead on the development of a causal/explanatory model of MHI with partners ❖ Leading local delivery partners to develop appropriate outcome planning, monitoring and evaluation based on clear and evidenced/plausible theories of change in relation to MHI ❖ Taking the lead on the development of an overview of the existing evidence base in key priority areas to develop a strategic, coordinated, partnership approach to future MHI research ❖ Take the lead on the development of national wellbeing indicators for children and young people. ❖ Taking the lead on annual collation and presentation of data from the adult wellbeing indicators set. ❖ Taking the lead on a partnership approach to learning and workforce development across MHI including the coordination of the delivery infrastructure for SMHFA, suicide prevention and intervention and other related MHI training ❖ Supporting SG with communication campaigns and marketing.

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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