

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:	Linda Irvine
Organisation:	NHS Lothian
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.
<i>General</i>	<p><i>NHS and partners welcome this forward looking document which sets out a clear vision, principles and context. Over 130 stakeholders from Lothian attended our Dialogue Day on 11 January. The document generated a great deal of enthusiasm, innovative thinking and a desire to really progress the mental health improvement agenda.</i></p> <p><i>We welcome the focus on mental health improvement and the locating of this within the context of addressing health and social inequalities.</i></p> <p><i>Important to link the action plan for TAMFS</i></p>

	<i>with the Inclusion In Mind actions and priorities and the Keep Well initiatives.</i>
Section 4 Concepts and definitions	<i>Use of the two continua model is extremely helpful to aid understanding and clarity around definitions and concepts. Using the continua should help to focus on wellbeing as opposed to illness</i>
Section 5 <i>The main themes for population-based mental health improvement</i>	We note the helpful linkages with several of the commitments in Delivering for Mental Health. Would also be helpful to use this opportunity to link with wider policies outwith of mental health – e.g. Inclusion in Mind ; Early Years Strategies
Section 6 The main target groups	Important to make stronger reference and use of the evidence base detailed in the appendices to learn what has and does work in terms of engagement with target groups and the integral role that voluntary sector provider play in working with the target groups. Public sector organisations need to work together to achieve more transparent funding arrangements for third sector.
Section 7 Suggested Actions for Local Areas 2008-11	Important that the commitment to mental health improvement
Section 8 Broad themes for action	Community ownership essential – approaches relevant to that community be it geographical or communities of interest Renew focus on community activism and community development work. – good examples in relation to housing and tenants federations and collectives
8.3.3	The Scottish Recovery Network has been

	a tremendous asset and resource and their approach has enabled local growth and engagement.
8.3.4	Focus on early years particularly welcomed – essential to work with parents and / or carers. Recognise the important role that grandparents often play. Ensure that fathers are targeted too
8.4	Needs to include importance of spirituality as determinant of good mental health - contributes to emotional, social and psychological aspects
8.5	The work of “see me” held in high regard. Focus on discrimination now required
8.5.3	People with lived experience are central to this. So much can be learned from the mental health service user movement and collective advocacy in terms of the “expert patient” (Better Health Better Care) and patient public involvement work strands.
Section 9 Proposed Actions	<p>There was :</p> <ul style="list-style-type: none"> ▪ concern about: ongoing funding for voluntary sector provider ▪ concern expressed about Choose Life funding being part of general allocation to Local Authorities. ▪ concern that Local Authorities may not include relevant mental health indicators in their single outcome agreements – e.g. increase the average score of adults on the Warwick Edinburgh Mental Wellbeing scale by 2011 <p>A great number of current initiatives (local and national) and proposed actions were fed back through the stakeholder consultation. The sections below highlight a number of these:</p>

9.1	<ul style="list-style-type: none"> ▪ Literacy campaign viewed as important ▪ Use Circle time approach in secondary as well as primary schools ▪ Increase visibility of health promotion within community settings, events and places where people go e.g football matches; leisure centres; shopping malls ▪ Teach coping strategies and build on resilience as part of school curriculum ▪ Influence curriculum setting – education is more than passing tests and exams; ▪ refocus on importance of social network that schools can provide
9.2	<ul style="list-style-type: none"> ▪ Focus service provision on early intervention rather than crisis intervention ▪ Ensure that preventative work with vulnerable groups (e.g. work with looked after children) currently happening is supported and lessons from these are fed into future service planning and delivery ▪ Work with local business to foster relationships and create opportunities for employment
9.3	<p>Targeted approaches for high risk groups – young men; older people; farming communities – in language and settings that people can relate to</p> <p>Ensure support for those affected by suicide</p>
9.4	<p>Increased opportunities for people with lived experience to train professional staff</p> <p>Ensure roll out of 10 Essential Shared Capabilities and not just in health settings</p>

	<p>Increase availability of peer support workers</p> <p>Create more social firms and employment opportunities</p> <p>NHS Lothian and Local Authorities in Lothian should be exemplary employees in terms of mentally healthy workplaces</p> <p>Local Authorities and voluntary sector providers should sign the see me pledge</p>
9.5	<p>Improve linkages and synergy between health promoting messages e.g. less alcohol will improve your mental health</p> <p>Ensure the Keep Well work recognises that the determinants of poor mental health have on the same impact on physical health and therefore a holistic approach required</p> <p>Increase capacity to deliver Mental Health First Aid and Promoting Mental health courses – use adult learning course model</p>
9.6	<p>Increase availability of social prescribing initiatives provided by the voluntary sector And statutory sectors.</p> <p>Use community settings to deliver these e.g libraries; community centres; leisure centres</p> <p>Work with local activists group, community councils so that actions reflect local priorities and build and sustain ownership</p> <p>Link with the action planning process for Inclusion in Mind and Delivering for Mental Health</p>

<p>Section 10 National functions and National supports for 2008-</p>	<p>Scottish Recovery Network, See me and Choose Life Alliance all held in high regard.</p> <p>Be helpful to renewed national focus on mental health improvement - through learning networks focusing on specific topics such as evidence; building social capital</p>
<p>10.1.1</p>	<p>Importance of longitudinal research given the focus on children and families</p> <p>Important to use qualitative approaches and appropriate research methodologies that meet for the client group / initiative</p> <p>Focus on measuring social capital and return of social investment</p>
<p>10.1.2</p>	<p>Literacy campaign was viewed as important influencing factor and means to bring people together using shared language and concept</p>
<p>10.1.3</p>	<p>Importance of using plain English, using everyday language that people can understand and identify with</p>
<p>10.1.4</p>	<p>Inclusion of WEMWBS in Single Outcome Agreement indicators was welcomed</p> <p>Is there an opportunity to include WEMBS in community health profiles?</p>

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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Appendix Three

National Set of Adult Mental Health Indicators for Scotland – Constructs

HIGH LEVEL CONSTRUCTS		
Positive Mental Health (2)	Mental Health Problems (7)	
CONTEXTUAL CONSTRUCTS		
Individual	Community	Structural