

## STAKEHOLDER COMMENT FORM

### Stakeholder Comments

Please use this form to submit comments or suggestions.

1. Please put each new comment in a new row.
  
2. Please do not paste other tables into this table, as your comments could get lost - type directly into this table.
  
3. **Please always refer to section numbers (and not page numbers.)** Insert the **section number** and paragraph (within each section) in the first column (see examples).
  
4. If your comment relates to the document as a whole, please put **'general'** in this column. (See examples).

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

<b>Name:</b>	<b>Elizabeth Robinson</b>
<b>Organisation:</b>	<b>Shetland Mental Health Partnership</b>
<b>Section number</b>  Indicate <b>section number</b> or <b>'general'</b> if your comment relates to the whole document	<b>Comments</b>  <b>Please insert each new comment in a new row.</b>
Sections 8.1 – 8.5.3	<i>These broad themes reflect the Shetland Mental Health Partnership's Mental Health Strategy, completed in August 2007. We are therefore in complete agreement with the approach being proposed.</i>
9.1 Promotion of mental well-being	<i>Improving literacy around mental health and well-being – realistic, appropriate, deliverable &amp; measurable. Plans already in place through Shetland Mental Health Strategy to do this.</i>
	<i>Developing a local understanding of individual &amp; mental well-being etc. We have started this work already in Shetland through the process of developing the strategy, but it is often difficult to do with a small and scattered population, so we would welcome some support in this.</i>
	Prioritising work in the early years and focussing on children & young people's mental well-being is felt to be

	<p>both appropriate and achievable. We need to better evaluate the work that is already being undertaken, and join up different work programmes more effectively.</p>
9.2 Prevention: Mental Illness	<p>We agreed that this whole section is really important, and that to some extent we try to take this approach already – for example in developing our own ‘Well North’ version of ‘Keep Well’. However, there is a need to coordinate self help resources and other capacity building, training and self-help work, and we would certainly have capacity issues in terms of community referrals and social prescribing – so this is the area where we would need some support.</p> <p>There was a feeling that we can do all these things, but if we continue to shut down rural post-offices (for example), we are removing the hearts of communities and therefore contributing to social disintegration by removing the basic supports that people need to stay and thrive in their own communities.</p> <p>Some support from the government in maintaining these lifeline services would therefore be extremely welcome.</p>
9.3 Prevention: Suicide and Self harm	<p>The scattered nature of the Shetland population means that we do not fit in with normal deprivation indices, and therefore these sorts of measurements are not helpful to us; some sort of targeting on a remote and rural nature would be more appropriate for this area. In addition, national percentages are not helpful to us as our small numbers can distort the Shetland picture quite easily. We absolutely agree with and support improving the local capacity for suicide prevention, and addressing and preventing self harm – it would be useful to see these built into the Single Outcome Agreement indicators in order to get sign up from local authorities.</p> <p>We would appreciate some support in developing some post-suicide resources and looking at what support is available.</p> <p>We also felt there was a need to separate self harm and suicide, and develop a more strategic approach to this area.</p>
9.4 Quality of life, social inclusion etc	<p>There was a feeling that this is a huge area to tackle, and we are only chipping away at the edges at the moment through programmes like Healthy Working Lives and the Condition Management Programme and the Moving On Employment Project. All actions are seen to be appropriate; however, many are piecemeal at present, or</p>

	<p>target those workplaces, for example, who are already interested in mental health. We need to think about how to target the 'hard to reach' whether they are workplaces, areas of Shetland, groups of people, social networks. Some thoughts/guidance on how to do this would be welcome. In addition, some joining up of services needs to happen, along with some mapping out of who has the lead responsibility in each area.</p>
9.5 Development of local capability	<p>We felt this was appropriate and achievable and that we are already working towards this, through the development of the Mental Health Strategy and through the wide ranging membership of the Shetland Mental Health Partnership and the development of a mental health training programme that offers a tiered and modular approach to building mental health skills and knowledge across the community. A tool for measuring and monitoring progress would be useful.</p>
9.6 Support Community Health & Care Partnerships in mental health promotion and prevention	<p>There was a feeling that some of the training and awareness raising we are already doing will contribute towards meeting this action; however, we need to join services up better and be more aware of/make more use of the wealth of voluntary sector supports that are available. We would need support in terms of our capacity to develop community referrals/social prescribing – some evaluated/evidence-based models of good practice would be useful.</p> <p>Again, some targets within HEAT or the Single-Outcome Agreements would help to focus resources and time in this area.</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

By Email: [nicola.radley@scotland.gsi.gov.uk](mailto:nicola.radley@scotland.gsi.gov.uk)