

Towards a Mentally Flourishing Scotland: The Future of Mental Health Improvement in Scotland 2008-11

We want you to consider the three key questions:

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

There is need for better communication within the service user network. HUG suffered a funding crisis via Highland Council, which for the sake of £150,000 they could have become defunct and lost funds of £850,000 thus affecting the whole of the Highland Region. Vox, emailed out at the last minute, such that the whole service user network, did not participate in a hefty lobbying campaign, albeit some service users may have been quick to act to notify MSP's/MP's of what was occurring. This situation threw up the need for service users to communicate effectively and timeously. Moreover, it also threw up the issue of how susceptible service users are to their funding regimes. All in all, the Highland situation is not a satisfactory incidence that could have wiped out the entire service in a given sector. This therefore needs to be looked at as often after inpatient care – the service user network is the outreach service once the statutory limits are expounded within the legislation.

How else are service users to keep in touch, find out what is occurring in their area/Scotland/be activist on Health Boards to ensure standards are maintained or raised, that there is a service user voice at all, that the service is progressive and improving, deals with stigma and discrimination, lobbies collectively and individually.

Deliverable – Funding

Measureable – numbers involved in activities, types of campaign issues, who the newsletter or website numbers reach. Feedback – positive and negative.

Valuable – anti-stigma; anti-discriminatory; equal opportunities; employment support pathway for some; collective voice or individual voice.

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

A well funded national service user to local service user network. There is scope for vast improvement of newsletters and websites, committees, campaigns, activist know-how, lobbying, participation in Government and Health Boards. Needs more structure – process to substantive / communication strategy.

How can progress be tracked and performance assessed?

There is a need to look at :

International – ie America/India/China etc to look at what they do that we do not.

Europe – there are some European Mental Health sites but they are not easy to find.

UK – there is a need to keep an eye on England & Wales and Northern Ireland.

Scotland – what is happening region to region.

Currently it is ad hoc what goes to the national service user level and may be dependent on one or two key players, which if they moved out of the sector sources would dry up altogether. There is therefore a need for more structure in communication ie, that everything is sent directly to the national level service network, and they actually distribute it to the regional / local level, rather than the other way around.

That would then better notify campaigns / lobbying activities – it would also make for interesting reports as there would be a regional input of thought especially where different practices are occurring.

For example Edinburgh has just done Kaizen week: therapeutic activities have incorporated Star Wards which is an English service user movement. HUG in the Highlands are unlikely to hear about Kaizen/Star Wards unless someone notifies VOX, ie VOX are not involved in anyway with the Edinburgh Users Forum/Patients Council at the Royal Edinburgh Hospital/Edinburgh Carers Council and others, albeit several service users are also members of VOX and may, if they choose to, keep VOX informed. Can you see the problem!!

Anticipating this is helpful:

Miss Lesley McDade

Convenor of the Patients Council; Royal Edinburgh Hospital

Service User with Edinburgh Users Forum and Link-up Womens Support Centre

28.02.08