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Dear Gregor

Towards a Mentally Flourishing Scotland **A response from the Royal College of Nursing Scotland**

The Royal College of Nursing (RCN) is the UK's largest professional association and union for nurses with around 390,000 members, of which over 37,500 are in Scotland. The majority of RCN members work in the NHS, with approximately a quarter working in the independent sector. RCN is a charity registered in Scotland and we are committed to provide public benefit in the delivery of our work. We engage locally, nationally and internationally to promote standards of care, and the interests of patients and of the profession. In addition, the RCN is a major contributor to the development of nursing practice, standards of care and health policy. Nurses make up the majority of those working in health services and their contribution is vital to delivery of the Scottish Government's health policy objectives.

RCN Scotland welcomes the opportunity to comment on these proposals for the future direction of mental health improvement and population mental health. RCN Scotland members work to support optimum mental wellbeing for users of NHS and independent healthcare services across Scotland. For example, our members make up 1/3 of all nurses working in Scottish psychiatric hospital settings. We have consulted widely on these proposals with our membership.

From vision to action

Sections 1 to 8 of *Towards a Mentally Flourishing Scotland* give a clear and concise guide to a national vision for and current thinking about mental health and wellbeing. We believe that this short summary will be extremely valuable in reaching those groups, as outlined in 7.1, who may be unsure of how to make a positive contribution, particularly those who have not previously integrated concepts of mental wellbeing into the delivery of services.

All of the nurses we consulted support the direction presented in these opening sections and particularly welcomed the holistic, whole-person approach to improving mental wellbeing within local communities and across public functions. Many felt that if the expectation of supporting optimum mental wellbeing could be integrated into the delivery of all public services and community developments then this government will have achieved a truly commendable outcome.

However, as the document moves towards defining proposed actions in section 9 we are concerned that the proposals become too ephemeral to effect any real change in culture or service design and delivery.

Firstly, we feel that the broad brush approach to defining actions does not give enough clarity to individual agencies to understand how their contributions will make a difference to a national drive to improve mental health and wellbeing, or complement other local activities. Though the document makes some reference to co-ordination of activities, it does not take fully into account the need for harmonisation in local planning, the existing health improvement requirements that are being measured, or the need for lines of responsibility and accountability. It will also be impossible, as the actions are currently framed, for anyone involved to know if they have succeeded in making a valuable contribution to playing their part in achieving the vision articulated clearly in sections 1 to 8. All of this will be particularly true for those organisations who have not previously engaged in this agenda, which are the very organisations this document is specifically designed to support.

In addition, the opening sections suggest that a vision for population mental health improvement must encapsulate the needs of everyone, including those who have both minimal mental wellbeing and maximum mental illness. Section 5.3 suggests that the action plan must “support improvements to the quality of life, social inclusion, health, equality and recovery of people who experience mental illness...”. This can only be done with adequate and appropriate specialist mental health support from community and acute mental health teams. However, nowhere does this discussion paper clearly integrate this vision for mental health improvement with existing policies for people with severe and enduring mental ill health, such as the new Integrated Care Pathways. The mental health nurses we consulted commented that, as a result, it was difficult to ascertain the contribution they would be expected to make to delivering on this vision for those with a mental illness. Occasionally cross-referencing *Delivering for Mental Health* commitments is not sufficient to meet their concerns.

Finally, we believe that the problems we identify in moving from vision to action are, in part, a result of the positioning of this strategy development within the Scottish Government Health Directorate. Whilst the acknowledged expertise of the mental health team should drive much of the thinking behind the vision, the actions required for delivery sit far more naturally within a public health remit. The NMC’s definition of Community Public Health nursing emphasises the key fit between this population mental health strategy and the public health agenda.

Specialist Community Public Health nursing aims to reduce health inequalities by working with individuals, families, and communities promoting health, preventing ill health and in the protection of health. The emphasis is on partnership working that cuts across disciplinary, professional and organisational boundaries that impact on organised social and political policy to influence the determinants of health and promote the health of whole populations.¹

RCN Scotland hopes that the public health team in the Scottish Government Health Directorate will lead on taking this strategy forward in partnership with their mental health colleagues.

RCN Scotland wants to see the positive vision of this document realised. Below we suggest one solution to the difficulty we have found in this document translating vision to local action.

A national outcomes framework for mental health improvement

The Scottish Government has already developed and defined a set of national indicators and outcomes to which public bodies are accountable, and which will, if successfully met, improve the mental health and wellbeing of the Scottish population.

The new concordat between the Scottish Government and COSLA defines a set of broad national indicators and targets which, we are pleased to see, integrate mental health and wellbeing into the overall performance management framework for local government. Whether targets relate to the increase in adult scoring on the Warwick-Edinburgh mental wellbeing scale, or to increases in the proportion of adults visiting the outdoors each week, it

¹ <http://www.nmc-uk.org/aSection.aspx?SectionID=29>

is clear that national and local government are already taking a lead in mainstreaming mental wellbeing into policy and delivery. We look forward to examining how individual councils translate these measurements into their own Single Outcome Agreements.

NHS Boards in Scotland are held to account on the delivery of HEAT targets each year by the Cabinet Secretary. Four of the 2008-09 targets relate specifically to mental health. Others, such as those relating to reductions in waiting times or NHS staff sickness absence levels, will have a wider impact on the general mental wellbeing of all those who come into contact with the health service. In addition, GP's QOF measures provide a framework for improvement in mental health and well-being in community settings.

Given that these, and other, measures are already in place, RCN Scotland is keen to see section 9 of the *Towards a Mentally Flourishing Scotland Action Plan* re-framed to focus on helping NHS and local authority departments and other stakeholders, consider what public health and health improvement actions they might take to support the delivery of *existing* targets that impact on the mental health and wellbeing of the nation. This approach would have a number of advantages and would address many of our concerns with the current format of the action plan:

1. It would support collaborative working between different bodies and help clarify responsibility for delivery and lines of accountability. We note that the Joint Futures initiative has received little attention in policy documents produced since the last election, but we understand that some framework for improved joint working is still required on the ground. This approach would support that.
2. By encouraging collaboration on the delivery of allied outcomes it might help to allay the current fears of nurses over the potentially negative impact of the new local authority funding arrangements on local, joint mental health services delivered between health and social care.
3. It would support delivery of priorities already defined and agreed between central government and local, public delivery agencies by engaging a wide variety of stakeholders in targeted activities.
4. It would impact positively on the commissioning process between public and third sector agencies by providing a clear set of shared goals when developing services funded by public money.
5. It would avoid delivery staff disengaging from this action plan, by ensuring it does not appear to be yet another set of targets, wholly separate from and in addition to current targets and performance management processes. A number of RCN members we consulted articulated the view that, if these targets came on top of existing demands they would not have capacity to deliver.
6. It would allow the Scottish Government to ensure that existing performance measures across all directorates meet the objectives of this mental health improvement strategy and take action to adjust them in the future where they do not.

On this last point, we would note that the first section of *Towards a Mentally Flourishing Scotland* places great emphasis on early years' interventions. RCN welcomes this approach and we look forward to engaging further with the Scottish Government on the up-coming Early Years' Strategy. However, it is interesting to note that neither the majority of existing health outcome targets, nor the indicators around education and young people in the COSLA concordat relate specifically to the mental health and wellbeing of children and young people. We recognise that other outcome measures do exist, aimed at this group, such as those in the *Getting it Right for Every Child Implementation Plan*. However, in taking an integrated view of mental health improvement through wider NHS and local authority performance management systems this omission does suggest a gap to be filled.

RCN Scotland has anecdotal evidence of efficiency savings in England impacting heavily on youth services, particularly those delivered by third sector organisations. Safe opportunities for making and meeting friends, following interests and accessing trusted professionals for help and advice are essential to the mental health of children and adolescents. We are concerned that without clear youth mental health outcomes in the local government concordat, combined with the drive for efficiency savings and lack of ring-fenced funds, the

government's own policies could hamper progress in mental health improvement for young people in Scotland. We trust those overseeing the implementation of this strategy will pay close attention to future developments in this area.

The role of national government in delivering on health improvement

We would add that the final points above reflect that *Towards a Mentally Flourishing Scotland* could be used to provide a useful tool with which to proof other central government policies for their contribution towards mental health improvement. RCN Scotland believes that a key role of the Scottish Government will be in modelling how the delivery of wider mental health improvement can be integrated across functions. This point could be usefully added to the document.

However, beyond this, RCN Scotland agrees with the list of central government supports identified. Given the opportunities and challenges nurses will face in delivering on this agenda we would like to underline the role of government in ensuring a workforce that is suitably trained and suitably staffed for immediate and future need.

Providing the right workforce to deliver

In consulting our nurse members on this discussion paper, many welcomed the opportunities that could be available to nurses in the future to deliver on this agenda.

Nurses are already working with many of the communities identified as potential target groups for health improvement activities. There are clear opportunities for nurses working in, for example, smoking cessation to develop new opportunities to incorporate wider mental health improvement interventions with individual patients.

In addition, many of the non-mental health nurses we spoke to identified their need to refresh and develop their mental health skills to better nurse patients with mental illnesses or poor mental wellbeing. Many acknowledged that NHS culture is not yet well adapted to deliver on the vision of this document beyond specialist mental health and psychiatric services, as there remains a clear division between perceived responsibilities for physical and mental clinical interventions. However, there was a clear willingness expressed to change this culture among the members we consulted.

This may well require basic structural changes to the delivery of general healthcare. For example, mental health nurses reported that they are able to spend two or three times as long with each patient as their colleagues in general wards. They identified that this is crucial to their ability to assess and respond to the subtleties of each patient's mental health needs. However, to increase the time available for patient interactions in general and non-psychiatric specialist wards would have a significant impact on health boards' workforce planning and budgets.

In addition, more work could be done to identify the impact on mental wellbeing of general hospital admission and the structural supports in place to ensure patients are allowed to flourish. For example, when inpatient specialist services are being centralised what wellbeing assessment should be carried out to ensure that changes minimise the negative impact on individual patients' health as a result of isolation from family and friends?

Beyond inpatient settings, a number of the nurses we consulted raised questions about the links between the new community nurse model being tested in four health boards and the needs identified in the discussion document to focus on early years' interventions and the opportunities to expand community-based mental health improvement. RCN Scotland would be interested to see how this vision for population mental health is to be mapped on anticipated changes to health visitor, school nurse and district nurse roles.

RCN Scotland is clear that there are real opportunities for Scotland's nursing workforce to develop and adapt to play an ever-growing part in improving the mental wellbeing of Scotland. The nurses we have spoken to are excited by the potential to contribute to a mentally flourishing Scotland. However, to make these changes nurses must be supported by employers to develop, be appropriately trained, be recognised for their skills, and be provided with adequate staffing levels to ensure daily service provision can continue while new skills are acquired. The development of nurses to deliver on this agenda cannot result in nurses themselves working in an environment which does not support their own mental wellbeing.

Developing a health service which leads in culture change

Given the important role for the NHS in delivering on this agenda we would like to see all Scottish health boards become exemplar employers in relation to ensuring the mental wellbeing of its own employees. This must go further than current plans to encourage the NHS to engage in return to work initiatives for those with a history of mental illness. For example, RCN Scotland would like to see improvements to the levels of staff absence we witness as a result of stress, depression, bullying and harassment. We note that NHS Boards currently only report a single, annual staff sickness absence figure to the Scottish Government. We would like to see Boards report on certain reasons for absence in the future so that the NHS can demonstrate the improvements it is making for its own staff as this action plan is progressed.

In conclusion, RCN Scotland would like to emphasise our support for the vision for a mentally flourishing Scotland outlined in the first eight sections of this discussion paper. We believe this document can make a positive contribution to the health of our nation and that nursing can play a key role in delivery. However, we do believe there is further work needed to create a set actions related to the vision which are rooted in existing national policy and performance management processes, and which clarify roles, responsibilities and opportunities for all agencies to join together in pursuit of a mentally flourishing Scotland. We now look forward to supporting the Scottish Government in developing these proposals.

Yours



Theresa Fyffe
Director