

Response ID ANON-A5H7-364F-R

Submitted to A new Mental Health and Wellbeing Strategy - consultation
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Part 1 - Definitions

1.1 Do you agree with this description of "mental health"?

Yes

1.2 If you answered no, what would you change about this description and why?:

1.3 Do you agree with this description of "mental wellbeing"?

Yes

1.4 If you answered no, what would you change about this description and why?:

Whilst we support the description, it should be recognised that even when all the elements that are described in the Royal College of Psychiatrists definition are not met, mental wellbeing can and should still be supported. For instance in a social care context, a large part of what services and supports contribute are ways of improving someone's mental wellbeing even when aspects such as their physical health and capabilities are diminished by age, conditions and other factors.

1.5 Do you agree with this description of "mental health conditions" and "mental illness"?

Not Answered

1.6 If you answered no, what would you change about this description and why?:

The inclusion of a list of conditions can be counterproductive in that it inevitably excludes some, increasing awareness of some conditions but potentially adding to stigma, misunderstanding or less recognition around others which are not listed. It is also not clear how it incorporates conditions and cognitive impairments such as dementia, which are neurological rather than mental but have significant impacts on an individual's mental health. Treatment and support is also not solely about professional intervention but personal and community support too.

Part 2 - Our overall vision

2.1 In the 'Draft Outcomes' section we have identified a draft vision for the Mental Health and Wellbeing Strategy: 'Better mental health and wellbeing for all'. Do you agree with the proposed vision?

Yes

2.2 If not, what do you think the vision should be?:

2.3 If we achieve our vision, what do you think success would look like?

Please add your response in the text box:

We are all likely to need some type of support, including that which improves our mental health and wellbeing, at some stage in our lives and therefore success would mean confidence that these supports are accessible, sustainable and valued. It would mean that every individual, regardless of age, setting, geography or circumstances, can access high quality support, tailored to their needs and choices, in a timely way. It would also mean that Scotland's infrastructure, culture and conditions are conducive to positive mental health and wellbeing for all and at all ages and stages, and that a human-rights based approach to achieving this is embedded throughout planning, policy and practice. From Scottish Care's perspective, evidence of this truly being achieved would be in how the support of older people's mental health and those of the social care workforce are explicitly and positively addressed. This would include, for instance, ensuring that individuals supported at home can access time-flexible, relationship-based, preventative and holistic support that enables them to remain connected to what is important to them.

Part 3 - Our key areas of focus

3.1 In the 'Draft Outcomes' section, we have identified four key areas that we think we need to focus on. Do you agree with these four areas?

Yes

3.2 If not, what else do you think we should concentrate on as a key area of focus?:

We support the four key areas of focus and recognise them to be important ones. However, we would also suggest the inclusion of a focus area (or amendment of focus area two) relating to consistently available and accessible mental health and wellbeing supports for all. This needs to go beyond signposting (whilst this is an important aspect, alongside advocacy) to ensure people can actually receive the support they need without being restricted by geography, setting, circumstances, resources or timescales. This is important in achieving a preventative, early intervention-focused approach to supporting good mental health and wellbeing and needs to prioritise access to advice and support before someone reaches a level of distress or crisis.

The Coronavirus pandemic has had a significant impact – the extent of which is still not fully understood - on many of Scotland's citizens, including those who access care and support and the social care workforce, and the level of trauma, grief and bereavement support needed is considerable. Whilst still dealing with the pandemic, the current cost of living crisis and other pressures on the social care sector and wider country are creating additional issues and further compounding existing mental health challenges for many people. It is therefore extremely important that this Strategy, coming at this time, recognises this and seeks to prioritise an unprecedented level of inclusivity and sensitivity in its approach in response to truly unprecedented circumstances.

Part 4.1 - Outcomes: addressing the underlying social factors

4.1 Do you agree that the Mental Health and Wellbeing Strategy should aim to achieve the following outcome to address underlying social factors?

social factors - likert - Through actions across policy areas, we will have influenced the social factors that affect mental health and wellbeing, to improve people's lives and reduce inequalities:

Strongly agree

Part 4.2 - Outcomes: individuals

4.2 Do you agree that the Mental Health and Wellbeing Strategy should aim to achieve the following outcomes for people?

individuals-likert - People have a shared language and understanding of mental health and wellbeing and mental health conditions:

Strongly agree

individuals-likert - People understand the things that can affect their own and other's mental health and wellbeing, including the importance of tolerance and compassion:

Strongly agree

individuals-likert - People recognise that it is natural for everyday setbacks and challenging life events to affect how they feel:

Strongly agree

individuals-likert - People know what they can do to look after their own and other's mental health and wellbeing, how to access help and what to expect:

Strongly agree

individuals-likert - People have the material, social and emotional resources to enable them to cope during times of stress, or challenging life circumstances:

Strongly agree

individuals-likert - People feel safe, secure, settled and supported:

Strongly agree

individuals-likert - People feel a sense of hope, purpose and meaning:

Strongly agree

individuals-likert - People feel valued, respected, included and accepted:

Strongly agree

individuals-likert - People feel a sense of belonging and connectedness with their communities and recognise them as a source of support:

Strongly agree

individuals-likert - People know that it is okay to ask for help and that they have someone to talk to and listen to them:

Strongly agree

individuals-likert - People have the foundations that enable them to develop and maintain healthy, nurturing, supportive relationships throughout their lives:

Strongly agree

individuals-likert - People are supported and feel able to engage with and participate in their communities:

Strongly agree

individuals-likert - People with mental health conditions are supported and able to achieve what they want to achieve in their daily lives:

Strongly agree

individuals-likert - People with mental health conditions, including those with other health conditions or harmful drug and alcohol use, are supported to have as good physical health as possible:

Strongly agree

individuals-likert - People living with physical health conditions have as good mental health and wellbeing as possible:

Strongly agree

individuals-likert - People experiencing long term mental health conditions are supported to self-manage their care (where appropriate and helpful) to help them maintain their recovery and prevent relapse:

Strongly agree

individuals-likert - People feel and are empowered to be involved as much as is possible in the decisions that affect their health, treatment and lives. Even where there may be limits on the decisions they can make (due to the setting, incapacity or illness), people feel that they are supported to make choices, and their views and rights will be respected:

Strongly agree

4.2.1 Do you have any comments you would like to add on the above outcomes?

Please add your response to the text box:

We support the outcomes included in sections 4.1 and 4.2 and particularly welcome the commitment to cross-policy coherence, which will be crucial to achieving both the vision and outcomes. This must include close connectedness with health and social care policy such as that relating to Self-directed Support, the National Care Service as plans for establishment and implementation develop, workforce planning and human rights. Given the positive human rights-basis of much of Scotland's recent health and social care policy and legislation, we believe it is important that this human rights foundation is more strongly reflected and committed to throughout the Mental Health & Wellbeing Strategy. The outcomes in this section should therefore be updated accordingly to include explicit mention of supporting human rights in both a policy context and in ensuring that people are aware of, informed and empowered to exercise their human rights in relation to supporting their mental health and wellbeing.

Additionally, we believe outcome 2 within section 4.1 should include cross-policy action to create the conditions in which the resourcing of services and supports is sustainable and conducive to improving individuals' mental health and wellbeing. The sustainability and resourcing challenges facing many community-based supports across all sectors are well known and worsening in the current climate, yet without these crucial services many of the outcomes identified in sections 4.2 will be unachievable. This service resource focus will be important alongside ensuring people's own material and social resources.

Part 4.3 - Outcomes: communities

4.3 Do you agree that the Mental Health and Wellbeing Strategy should aim to achieve the following outcomes for communities?

communities-likert - Communities are engaged with, involved in, and able to influence decisions that affect their lives and support mental wellbeing:

Strongly agree

communities-likert - Communities value and respect diversity, so that people, including people with mental health conditions, are able to live free from stigma and discrimination:

Strongly agree

communities-likert - Communities are a source of support that help people cope with challenging life events and everyday knocks to wellbeing:

Strongly agree

communities-likert - Communities have equitable access to a range of activities and opportunities for enjoyment, learning, participating and connecting with others.:

Strongly agree

4.3.1 Do you have any comments you would like to add on the above outcomes?

Please add your response to the text box:

Part 4.4 - Outcomes: population

4.4 Do you agree that the Mental Health and Wellbeing Strategy should aim to achieve the following outcomes for populations?

Population - likert - We live in a fair and compassionate society that is free from discrimination and stigma:

Strongly agree

Population - likert - We have reduced inequalities in mental health and wellbeing and mental health conditions:

Strongly agree

Population - likert - We have created the social conditions for people to grow up, learn, live, work and play, which support and enable people and communities to flourish and achieve the highest attainable mental health and wellbeing across the life-course:

Strongly agree

Population - likert - People living with mental health conditions experience improved quality and length of life:

Strongly agree

4.4.1 Do you have any comments you would like to add on the above outcomes?

Please add your response to the text box:

We support these outcomes and welcome the focus given to instilling a life-course approach in creating supportive conditions for positive mental health and wellbeing, but suggest that outcome 3 includes 'for people to grow old'. Scottish Care has advocated for a life-course approach in relation to many aspects of social care policy, particularly to ensure that the experiences and perspectives of older people are properly understood, the challenges they

face are addressed and the services and supports they need are planned for. Oftentimes, the level of attention and detail given to supporting young people and younger adults is not matched or continued into older age and this points to an equalities issue. As is reflected throughout Scottish Care's response, we believe the Strategy in its current form is insufficient given its lack of consideration of older people and their particular mental health and wellbeing needs.

Part 4.5 - Outcomes: services and support

4.5 Do you agree that the Mental Health and Wellbeing Strategy should aim to achieve the following outcomes for services and support?

Services&Support likert - A strengthened community-focussed approach, which includes the third sector and community-based services and support for mental health and wellbeing, is supported by commissioning processes and adequate, sustainable funding:

Strongly agree

Services&Support likert - Lived experience is genuinely valued and integrated in all parts of our mental health care, treatment and support services, and co-production is the way of working from service design through to delivery:

Strongly agree

Services&Support likert - When people seek help for their mental health and wellbeing they experience a response that is person-centred and flexible, supporting them to achieve their personal outcomes and recovery goals:

Strongly agree

Services&Support likert - We have a service and support system that ensures there is no wrong door, with points of access and clear referral pathways that people and the workforce understand and can use:

Strongly agree

Services&Support likert - Everyone has equitable access to support and services in the right place, at the right time wherever they are in Scotland, delivered in a way that best suits the person and their needs:

Strongly agree

Services&Support likert - People are able to easily access and move between appropriate, effective, compassionate, high quality services and support (clinical and non-clinical):

Strongly agree

Services&Support likert - Services and support focus on early intervention and prevention, as well as treatment, to avoid worsening of individual's mental health and wellbeing:

Strongly agree

4.5.1 Do you have any comments you would like to add on the above outcomes?

Please add your response to the text box:

Outcome 1 in section 4.5. should be extended to include explicit mention of the independent sector alongside the third sector and community-based services. As the main provider of social care services in most Local Authority areas, delivering 90% of care home places for older people and over 55% of all home care support hours provided to adults across Scotland, this sector plays a crucial role in supporting the mental health and wellbeing of over 100,000 individuals and often acts as an important connection to other community, clinical and specialist services. These services are not only essential to supporting wellbeing but offer significantly more potential to support mental health, however current commissioning processes and crippling underfunding considerably restricts their ability to do so due to resulting time and task limitations, workforce capacity restraints and processes centred around crisis response rather than preventative and proactive approaches to support. We welcome recognition of these levers for change within the outcomes.

We welcome inclusion of the outcome on equitable access to support delivered in a way that best suits the individual. It is crucial that services are built around the person, rather than fitting them into the existing system which often falls short in meeting their needs and preferences. This is particularly true in a mental health context within social care, where Scottish Care's members have regularly reflected a challenge of individuals 'falling through the gaps' and being assessed for models of support which don't best suit their needs, such as younger adults being admitted to care homes for mental health support because of a lack of alternative support in the community. These outcomes must therefore closely connect with commissioning and planning processes to ensure individuals and communities have the support choices and options they require, that services are resourced appropriately, and staff trained and supported appropriately in mental health provision. There must also be consideration given to how progress against these outcomes will be monitored and reported on and where accountability will lie in achieving them.

Part 4.6 - Outcomes: information, data and evidence

4.6 Do you agree that the Mental Health and Wellbeing Strategy should aim to achieve the following outcome for data and evidence?

Information, data & evidence - likert - People who make decisions about support, services and funding use high quality evidence, research and data to improve mental health and wellbeing and to reduce inequalities. They have access to infrastructure and analysis that support this:

Strongly agree

4.6.1 Do you have any comments you would like to add on the above outcome?

Please add your response to the text box:

Whilst we welcome this outcome, further detail is required in relation to how information, data and evidence will be collected, analysed and used and again, there needs to be cross-policy coherence in relation to data. More information will be required about how meaningful data and intelligence relating to the stated outcomes will be captured, and it will be important that this is sensitive to existing data demands across health and social care in order to reduce duplication or place additional reporting burdens on individuals, workforces or services. Further detail is also necessary in relation to how data will be used for monitoring, evaluation and reporting progress against the Strategy, and it will be important that both quantitative and qualitative approaches are utilised.

The Strategy must adopt an inclusive, ethical and human rights-based approach to data and its use, including attention paid to citizen access and control of their own data. Further consideration must be given to data sharing protocols for mental health and wellbeing data, in order to prioritise individuals' human rights, choice and control in this regard and also to ensure that information is joined up and accessible for those with need for appropriate information. This must extend to all suitable health and social care partners, including independent sector social care providers, and must not be limited solely to statutory bodies.

The Strategy is currently lacking mention of the role envisioned for digital and technology in supporting mental health and wellbeing, which would appear to be a significant oversight.

Scottish Care has undertaken work in this space, including the 2021 co-design of six principles for a human rights-based approach to digital in health and social care, in partnership with the ALLIANCE and Voices of eXperience (VOX)- Exploring the application of Human Rights Principles in Digital Health and Social Care. This work built on Scottish Care's Human Rights Charter for Technology and Digital in Social Care launched in September 2019 and is intended to be embedded into digital health and care developments at all levels.

Part 4.7 - Outcomes: other

4.7 Are there any other outcomes we should be working towards? Please specify.

Please add your response to the text box:

Many of the existing challenges and barriers to achieving consistent, accessible, high quality social care and support, including mental health support, come down to the current insufficient valuing of and investment in social care. Scottish Care - along with Oxfam Scotland, Carers Scotland, One Parent Families Scotland and the Scottish Women's Budget Group - is leading a campaign for a new National Outcome on care to be placed within an improved National Performance Framework - 'A Scotland that cares'. This will put care at the heart of the Scottish Government's vision for Scotland and help to ensure we fully value and invest in all forms of care and all those who provide and experience it. A dedicated National Outcome on care will set a path towards ongoing and transformative change, and its introduction would place Scotland among the first countries in the world to make such an explicit commitment. Critically, it will enable us to meaningfully and transparently measure the progress achieved over time, using robust and cross-cutting indicators. Scottish Care would therefore like to see the importance of value and investment in all forms of care which contribute to mental health and wellbeing support, and all who provide it, reflected throughout the Strategy and in the outcomes. This includes workforce value, appropriate resourcing and commissioning processes, investment in service innovation and creating the conditions for those who provide care to support their own mental health and wellbeing, alongside that of those they care for.

Part 5 - Creating the conditions for good mental health and wellbeing

5.1 What are the main things in day-to-day life that currently have the biggest positive impact on the mental health and wellbeing of you, or of people you know?

Please add your response to the text box:

5.2 Is there anything else you would like to tell us about this, whether you're answering as an individual or on behalf of any organisation?

Please add your response to the text box:

Scottish Care's 2017 research report, *Fragile Foundations*, which focused on the mental health of the independent sector social care workforce and the people they support, highlighted a number of positive factors which contributed to sustaining the mental wellness of those working in the social care sector, as they support the mental health and wellbeing of others. These included:

- Recognition of the unique qualities and attributes of those working in social care, and of care as a vocation rather than as just a job. This includes appreciation of the diverse experiences, skills and relationships acquired in care provision, which can bolster individual mental health and also support that of others.
- Equipping care staff with the flexibility and autonomy to spend time with people and build relationships, recognising the many ways in which these interactions can support and strengthen positive mental health for all involved.
- Understanding that the opportunity for personalisation, flexibility and diversity often experienced in the provision of care can, within a compassionate workplace culture, act as a supporting factor in promoting positive mental health.
- Supporting positive and personalised coping mechanisms, including access to peer and specialist support, enabling an effective work/life balance and debriefing opportunities.
- Effective partnership working with mutual professional respect as well as evidencing or receiving acknowledgment of the positive impact of high quality care provision were also identified as supportive contributory factors.

All of these point to effective ways of valuing and recognising the contribution of social care in supporting individuals and preserving and promoting this will be essential in improving mental health and wellbeing into the future.

5.3 What are the main things in day-to-day life that currently have the biggest negative impact on the mental health and wellbeing of yourself, or the people you know?

Please add your response to the text box:

5.4 Is there anything else you would like to tell us about this, whether you're answering as an individual or on behalf of any organisation?

Please add your response to the text box:

The factors having the most significant detrimental impacts on the social care workforce at present include:

- The cost of living crisis, detailed elsewhere in our response.
- The precarious nature of services and therefore employment due to recruitment, retention, funding and sustainability pressures.
- The lack of recognition, value & professional esteem afforded to the social care workforce by other health and social care professionals, as well as wider Scottish society.

5.5 There are things we can all do day-to-day to support our own, or others', mental health and wellbeing and stop mental health issues arising or recurring. In what ways do you actively look after your own mental health and wellbeing?

5.6 If you answered 'other', can you describe the ways in which you look after your own mental health and wellbeing, or the mental health and wellbeing of others?:

5.7 Is there anything else you would like to tell us about this, whether you're answering as an individual or on behalf of any organisation?

Please add your response to the text box:

There remain considerable data gaps in our understanding of the quality of life of carers, care workers and those experiencing care but available data highlights issues with balancing work, life and care responsibilities. Almost four in 10 people claim to not have a positive balance between care and other things in their life, and many social care workers report increased pressure as a result of working longer hours.

This is exacerbated by the fact that there is a significant gender imbalance in social care, with 85% of the workforce female. Women are more likely to have additional caring responsibilities, and with 2021 Scottish Care survey data indicating that 87.8% of independent sector services are finding recruitment and retention problematic, this is putting additional physical and mental strain on an already stretched workforce.

5.8 Referring to your last answers, what stops you doing more of these activities?

Please add your response to the text box:

Commissioning practices across care home and homecare provision significantly restrict providers' ability to implement fair work practices to the social care workforce which can help to ensure the work they do is properly valued and their workplace is conducive to supporting positive mental health and wellbeing.

5.9 Is there anything else you would like to tell us about this, whether you're answering as an individual or on behalf of any organisation?

Please add your response to the text box:

5.10 In what way do concerns about money impact on your mental health?

Please add your response to the text box:

5.11 What type of support do you think would address these money related worries?

Please add your response to the text box:

The current energy crisis presents a very real threat to the sustainability of social care delivery. Social care services provide a vital public service to the most vulnerable in our communities but have been largely ignored through the packages of support offered to the nation in dealing with the cost-of-living crisis. There is also a need to treat this care energy crisis with the same degree of emergency financial intervention as was received during the Covid-19 pandemic. Scottish Care as part of the Five Nations Care Forum recently called on the Governments of the UK and Ireland to attend to this issue as a matter of urgency by:

1. Issuing emergency funding to the social care sector to deal with the rising energy bills
2. Introducing an energy price cap for care settings in line with the domestic energy price cap.
3. Extending that all vulnerable people have access to energy rebates, including those who have made their home in residential homes or supported living.
4. Ensuring any tax-based reform applies to energy bills in a way that incorporates all care settings.

Scottish Care and our members have also been engaged with local work identifying issues and solutions relating to the cost of living crisis as they affect social care staff. For instance, a survey of over 500 homecare workers recently undertaken by the Fife Care at Home Collaborative identified that 97% are experiencing financial hardship, exacerbated by recent fuel price rises when commissioned services are not funded to cover mileage rates and workers often use their own cars to travel between care visits. This is resulting in care staff having to make impossible choices, such as whether to buy food or put fuel in their cars to go to work, and is forcing care providers to have to prioritise support based on greatest need in order to remain financially viable. There is a need for immediate direction from the Scottish Government to Health and Social Care Partnerships to address this crisis situation, replicated across the country, and for extra resources to be made available in order that organisations can pay staff an inflationary rate to address inequalities, retain their workforce and recruit desperately needed new staff for whom the current resource challenges created by the cost of living crisis would make social care employment unfeasible.

Part 7 - Improving services

7.1 Reflecting on your answers, do you have any specific suggestions of how to improve the types and availability of mental health and wellbeing support in future? In particular, do you have any thoughts on how the new National Care Service can create opportunities to improve mental health services?

Please add your response to the text box:

Scottish Care's Fragile Foundations report identified a number of practical recommendations for improving mental health and wellbeing support in a social care context. Our engagement with members, partners and wider stakeholders since the publication of that report has served to highlight that these suggestions remain relevant and more important than ever, especially as plans for a National Care Service develop. They include:

- Increased recognition of older people's mental health issues as a human rights issue: The absence of a robust recognition and acknowledgement within the previous Mental Health Strategy of the mental health challenges faced by older persons was a significant oversight and must be remedied within this new Strategy. Work needs to be undertaken on the scope of mental health issues facing older individuals in our communities, the interventions and supports which are currently working, and the capacity and ability of the system as it is at present to support wellbeing. Integrated Joint Boards (and Care Boards which are likely to form part of the National Care Service) should also include a specific focus on older persons' mental health within their Strategic Plans and this should be a key priority area for commissioning both within existing and new models of care and support.
- Increased resource to prioritise mental health and wellbeing amongst older Scots: The Strategy should initiate an Improvement Plan centred around addressing the distinctive needs of older Scots, similar to work undertaken in relation to other age categories within the previous Mental Health Strategy, to address serious issues relating to transition from adult to older people's mental health provision and the social care system not being sufficiently resourced or enabled at present to meet increasing and specialist mental health needs.
- Increased recognition of the distinctive contributory role of the social care workforce: reforming current contractual and procurement arrangements to move beyond an emphasis upon time and task contracting to models which are reciprocal, rights-based, centred around the needs of the supported person, relationship focussed and time-flexible.
- Greater emphasis on multi-disciplinary working: all professionals have to learn to work better together, share more efficiently, develop trusting relationships, value and bestow appropriate authority to all colleagues. There is a significant improvement challenge here not only for local authorities, IJBs and providers but also for improvement bodies such as the Care Inspectorate and Healthcare Improvement Scotland.
- Encourage organisations to draw up mental health resilience systems for their existing workforce: Extending existing positive and proactive measures already in place within provider organisations, including use of professional counsellors, structured de-briefing sessions, improvements to supervision practice and the development of mental health staff plans.
- Greater focus on the needs of those under 65: more needs to be done to ensure those under 65 currently being supported in communities and care homes to have suitable care and support options that meet their needs. This involves a focus on the mental health training and development needs of services and their workforces, as well as recognition and effective multi-disciplinary communication of assessed mental health and wellbeing needs before individuals are placed or contracts developed.
- Development of specific supports to support the workforce: More work needs to be undertaken to identify what is considered and recognised as best practice, to address coping mechanisms that may actually be causing additional harm, and to develop adequate support mechanisms around supervision, management and team leadership. There also needs to be collaborative work with regulators to ensure that existing registration, regulatory and qualification mechanisms are sufficiently flexible to and sensitive of the needs for on-going mental health support for the social care workforce.
- Maximising the potential of Self-directed Support: the extent to which older individuals continue to be disproportionately disadvantaged in their mental health support compared to those under 65 is a human rights and equalities issue. The Social Care (Self-directed Support) Act offers very real potential for ensuring the development of innovative and creative supports and services built around the needs of the person and not those of the system, be that the commissioner or the provider. Addressing mental health challenges, both in those who receive support and those who offer it, will significantly be enhanced if there is specific work undertaken to identify the way in which Self-directed Support can support the mental health of older individuals. Scottish Care would encourage Scottish Government to work with us and with appropriate stakeholders in developing support models alongside providers which would specifically identify mental health amongst older Scots as a priority.

Part 8 - The role of difficult or traumatic life experiences

8.1 For some people, mental health issues can arise following traumatic or very difficult life experiences in childhood and/or adulthood. What kind of support is most helpful to support recovery from previous traumatic experiences?

Please add your response to the text box:

Scottish Care has supported the work of the group which has developed Scotland's National Bereavement Charter for Adults and Children and we would commend its guidance and ongoing work as a model for ensuring that bereavement becomes everyone's business. It recognises that failure to deal with grief and bereavement can compound and contribute to life enduring mental health conditions, not least for those who have had adverse childhood experiences which may include traumatic experience of death.

8.2 What things can get in the way of recovery from such experiences?

Please add your response to the text box:

8.3 Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation?

Please add your response to the text box:

Part 11 - Equalities

11.1 Do you have any further comments on what could be done to address mental health inequalities for a particular group of people?

Please add your response to the text box:

The Strategy must be updated to reflect the needs of older people and the mental health inequalities that they regularly face.

We believe there needs to be more work undertaken to understand the various life stages and changes which can impact on older people and their mental wellbeing. There are particular factors relating to older people which may prompt or exacerbate poor mental health and loneliness. For instance, older people are more likely to experience bereavement through the loss of friends, spouses and relations. Additionally, individuals who go through transitions such as moving into a care home or another care setting may experience difficulties in adjusting to a loss of home or a perceived loss of identity, particularly if this involves moving to a different town or local community, if adequate support is not present. The impact of living with dementia, frailty and other conditions also needs to be considered as these very much relate to social connectedness and mobility.

Risks of poor mental health, social isolation and loneliness must therefore become a more explicit part of the assessment process for social care for older people through social work and commissioning departments to ensure that these are recognised as important areas of concern which can directly impact on someone's access to and required intensity of other health and social care supports. By recognising older people's mental health in conjunction with life changes and physical health needs, a more effective preventative approach to support can be enabled with likely financial benefits to the health and social care system but even more importantly, better outcomes for older individuals.

There also needs to be stronger focus on dementia as a distinctive mental health challenge. The number of people being diagnosed and living with dementia is increasing, particularly as the population ages. We need to determine what is required for the future in terms of dementia support in order to ensure that the desired and required services are available and fit for changing needs.

Finally, the role of social care services in preventing, addressing and supporting mental health challenges in citizens of all ages must be better recognised. We must value the 'social' component of social care, which involves building relationships with individuals and using the key workforce skill of emotional intelligence to recognise and flag declining mental health. We have a huge preventative mental health resource at our disposal in the social care workforce but who are not currently recognised as such or valued in terms of this core element of their roles. What's more, social care services are already supporting thousands of individuals with mental health needs, often without regular support from other health and care services and professionals. We need to highlight and share the experiences and expertise of these services in positively supporting mental health as well as provide more opportunities for cross-sector learning and development in this critical area.

If so, what are they?:

Part 12 - Funding

12.1 Do you think funding for mental health and wellbeing supports and services could be better used in your area?

Yes

12.2 Please explain the reason for your response above.:

It is imperative that longer term, sustainable funding for non-statutory social care services and supports is prioritised. Regular engagement with Scottish Care members has highlighted the truly precarious financial climate in which social care providers continue to strive to deliver high quality care but that significantly more services than ever are on the verge of making difficult decisions about their future existence due to endemic underfunding. Properly valuing and funding these services not only protects the care, support and employment options for individuals and communities but would present a significant opportunity to realise the full potential of these skilled services and workforces in providing mental health and wellbeing support.

As Scottish Care has long highlighted, Self-Directed Support continues to be implemented poorly especially for older people where in some areas, it continues to be denied to them as an option. It should be the premise on which all working in the social care sector undertake their roles yet it remains marginalised and poorly understood, often not even being recognised as a significant factor in care assessment and provision. In order to address this, there needs to be focused support to roll out and embed SDS in a consistent manner, with strong governance and scrutiny mechanisms. It remains compromised by the lack of resource available to local partnerships in relation to social care, and until this larger issue is addressed and social care funding is made more sustainable and decision making more transparent from the point of assessment, it will continue to be piecemeal at best to the detriment of citizens who deserve to have SDS work for them.

12.3 Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation?

Please add your response to the text box:

Part 14 - Our vision and outcomes for the mental health and wellbeing workforce

14.1 Do you agree that these are the right short term (1-2 years) outcomes for our mental health and wellbeing workforce?

Short term workforce outcomes - Plan: Improved evidence base for workforce planning including population needs assessment for mental health and wellbeing:

Strongly agree

Short term workforce outcomes - Plan: Improved workforce data for different mental health staff groups:

Strongly agree

Short term workforce outcomes - Plan: Improved local and national workforce planning capacity and capability:
Strongly agree

Short term workforce outcomes - Plan: Improved capacity for service improvement and redesign:
Strongly agree

Short term workforce outcomes - Plan: User centred and system wide service (re)design:
Strongly agree

Short term workforce outcomes - Plan: Peer support and peer worker roles are a mainstream part of mental health services:
Strongly agree

Short term workforce outcomes - Attract: Improved national and international recruitment and retention approaches/mechanisms:
Strongly agree

Short term workforce outcomes - Attract: Increased fair work practices such as appropriate channels for effective voice, create a more diverse and inclusive workplace:
Strongly agree

Short term workforce outcomes - Attract: Increased awareness of careers in mental health:
Strongly agree

14.2 Do you agree that these are the right short term (1-2 years) outcomes for our mental health and wellbeing workforce?

short term outcomes: train - Train: Long term workforce planning goals are reflected in and supported by training programmes provided by universities, colleges and apprenticeships:
Strongly agree

short term outcomes: train - Train: Increased student intake through traditional routes into mental health professions:
Strongly agree

short term outcomes: train - Train: Create alternative routes into mental health professions:
Strongly agree

short term outcomes: train - Train: Create new mental health roles:
Strongly agree

short term outcomes: train - Train: Improved and consistent training standards across Scotland, including trauma informed practice and cultural competency:
Strongly agree

short term outcomes: train - Train: Our workforce feel more knowledgeable about other Services in their local area and how to link others in to them:
Strongly agree

short term outcomes: train - Train: Our workforce is informed and confident in supporting self-care and recommending digital mental health resources:
Strongly agree

short term outcomes: train - Train: Develop and roll out mental health literacy training for the health and care workforce, to provide more seamless support for physical and mental health:
Strongly agree

short term outcomes: train - Train: Improved leadership training:
Strongly agree

short term outcomes: train - Train: Improved Continuing Professional Development (CPD) and careers progression pathways:
Strongly agree

14.3 Do you agree that these are the right short term (1-2 years) outcomes for our mental health and wellbeing workforce?

short term workforce outcomes: employ - Employ: Consistent employer policies:
Strongly agree

short term workforce outcomes: employ - Employ: Refreshed returners programme:
Strongly agree

short term workforce outcomes: employ - Employ: Improved diversity of the mental health workforce and leadership:
Strongly agree

short term workforce outcomes: employ - Nurture: Co-produced quality standard and safety standards for mental health services:
Strongly agree

short term workforce outcomes: employ - Nurture: Safe working appropriate staffing levels and manageable workloads:
Strongly agree

short term workforce outcomes: employ - Nurture: Effective partnership working between staff and partner organisations:
Strongly agree

short term workforce outcomes: employ - Nurture: Improved understanding of staff engagement, experience and wellbeing:
Strongly agree

short term workforce outcomes: employ - Nurture: Improved staff access to wellbeing support:
Strongly agree

short term workforce outcomes: employ - Nurture: Improved access to professional supervision:
Strongly agree

14.4 Do you have any comments you would like to add on the above outcomes?

Please add your response to the text box:

14.5 Do you agree that these are the right medium term (3-4 years) outcomes for our mental health and wellbeing workforce?

Medium-term workforce outcomes - Comprehensive data and management information on the Mental Health and wellbeing workforce:
Strongly agree

Medium-term workforce outcomes - Effective workforce planning tools:
Strongly agree

Medium-term workforce outcomes - Good understanding of the gaps in workforce capacity and supply:
Strongly agree

Medium-term workforce outcomes - Improved governance and accountability mechanisms around workforce planning:
Strongly agree

Medium-term workforce outcomes - User centred and responsive services geared towards improving population mental health outcomes:
Strongly agree

Medium-term workforce outcomes - Staff feel supported to deliver high quality and compassionate care:
Strongly agree

Medium-term workforce outcomes - Leaders are able to deliver change and support the needs of the workforce:
Strongly agree

Medium-term workforce outcomes - Staff are able to respond well to change:
Strongly agree

14.6 Do you have any comments you would like to add on the above outcomes?

Please add your response to the text box:

14.7 Are there any other short and medium term outcomes we should be working towards?

Please add your response to the text box:

Part 15 - The scope of the mental health and wellbeing workforce

15.1 The mental health and wellbeing workforce includes someone who may be:

Employed, Voluntary, A highly specialised Mental Health worker, such as a psychiatrist, psychologist, mental health nurse or counsellor, Any health and social care or public sector worker whose role is not primarily related to mental health but contributes to public mental health and wellbeing, A social worker or Mental Health Officer, Someone with experience of using mental health services, acting as a peer support worker

15.2 The mental health and wellbeing workforce includes someone who may work / volunteer for:

The NHS, The social care sector, Social care services, The third and charity sectors, Wider public sector (including the police, criminal justice system, children's services, education), The private sector, Other

15.3 If you selected other, please specify::

The independent sector (incorporating single providers, small and medium sized groups, national providers, employee-owned and family run services within social care) needs to be explicitly recognised as part of this workforce.

15.4 The mental health and wellbeing workforce includes someone who may be found in:

Hospitals, GP surgeries, Community settings (such as care homes), The digital space, providing internet or video enabled therapy, Educational settings (such as schools, colleges or universities), Employment settings, Justice system settings (such as police stations, prisons or courts)

15.5 If you selected other, please specify::

Community and social care settings would be a preferable description.

15.6 The mental health and wellbeing workforce includes someone who may:

Complete assessments for the presence or absence of mental illness, Provide treatment and/or management of diagnosed mental illness, Provide ongoing monitoring of diagnosed mental illness, Undertake work to prevent the development of mental illness, Undertake work to address factors which may increase the risk of someone developing mental illness, Provide support to families of those with mental illness, Provide direct support on issues which affect wellbeing, but might not be directly related to a diagnosed mental illness, such as housing, financial issues, rights, Other

15.7 If you selected other, please specify::

We recommend the inclusion of: Provide care and support to individuals that contributes to the maintenance or improvement of their mental health and wellbeing, but might not be directly related to a diagnosed mental illness.

Part 16 - Solutions to our current and future workforce challenges

16.1 How do we make the best use of qualified specialist professionals to meet the needs of those who need care and treatment?

Please add your response to the text box:

16.2 How do we grow the workforce, in particular increasing the capacity for prevention and early intervention, which enables individual needs to be recognised and addressed in a timely, appropriate manner?

Please add your response to the text box:

16.3 How do we protect the capacity for specialised and complex care roles in areas like forensic mental health?

Please add your response to the text box:

16.4 How do we widen the workforce to fully integrate the contribution of non-professionals and experts by experience, including peer support workers without sacrificing quality of care?

Please add your response to the text box:

16.5 How do we support a more inclusive approach to workforce planning, recognising that many different workers and services provide mental health and wellbeing support?

Please add your response to the text box:

Identifying and articulating the scope of the mental health workforce as outlined above is one way of doing this. There needs to be stronger and more public messaging that outlines the broader definition of the mental health workforce, incorporating staff across the health and social care sector who play a vital role in upholding mental health and wellbeing at an individual level as well as unpaid carers and wider groups.

As detailed throughout the response, Scottish Care believes that a human rights-based approach should be embedded throughout the Strategy and its ambitions and this would be important in supporting an inclusive approach to understanding of the workforce. The use of Equality and Human Rights Impact Assessments in workforce planning, values based recruitment processes and adopting ethical commissioning approaches are among the mechanisms that could support this.

16.6 With increasing demand on mental health services, how do we prioritise creating capacity for re-designing services to better manage the impacts of COVID-19, and other systemic pressures?

Please add your response to the text box:

Again, we would wish to highlight the need for adequate resourcing to address this. There is a significant need for investment within social care and to recognise the sector as an economic contributor rather than a burden. This investment can support innovation which is currently stifled by capacity and sustainability pressures. Additionally, long-term funding must be available that is sustainable and sufficient in meeting the true cost of high quality care provision that is valued and adds value. It is important that lessons are learned from the pandemic but that this is used to inform further engagement with citizens and stakeholders regarding what is truly required to meet future need and preferences, achieve sustainability and uphold human rights in all circumstances rather than simply contributing to knee-jerk solutions.

16.7 How do we better support and protect the wellbeing of those working in all parts of the system?

Please add your response to the text box:

Part 18 - Final thoughts

18.1 Is there anything else you'd like to tell us?

Please add your response to the text box:

About you

What was your age last birthday?

Add your answer in the box below:

Do you have a physical or mental health condition or illness lasting or expected to last 12 months or more?

Not Answered

If you answered 'Yes' to the above question, does this condition or illness affect you in any of the following areas?

If you selected 'Other', please write your response here:

If you answered 'Yes' to the above question, does your condition or illness reduce your ability to carry-out day-to-day activities?

Not Answered

What is your sex?

Not Answered

Do you consider yourself to be trans, or have a trans history?

Not Answered

If you would like to, please describe your trans status in the box (for example non-binary, trans man, trans woman): :

What is your ethnic group?

Not Answered

If you selected 'Other', please write your response here:

Which of the options best describes how you think of yourself?

Not Answered

If you selected 'Other', please write your response here:

What religion, religious denomination or body do you belong to?

Not Answered

If you selected 'Other', please write your response here:

About you continued

What is your name?

Name:

Becca Young

What is your email address?

Email:

becca.young@scottishcare.org

Are you responding as an individual or an organisation?

Organisation

What is your organisation?

Organisation:

Scottish Care

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

Publish response with name

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Yes

I confirm that I have read the privacy policy and consent to the data I provide being used as set out in the policy.

I consent

Evaluation

Please help us improve our consultations by answering the questions below. (Responses to the evaluation will not be published.)

Matrix 1 - How satisfied were you with this consultation?:

Slightly dissatisfied

Please enter comments here.:

Matrix 1 - How would you rate your satisfaction with using this platform (Citizen Space) to respond to this consultation?:

Please enter comments here.: