

Consultation – a Mental Health and Wellbeing Strategy for Scotland



OVERVIEW

- We want to hear your views on what a new Mental Health and Wellbeing Strategy for Scotland should look like. We have asked a series of questions, and your answers to these will help us write the final Strategy.
- The Strategy will guide the work that the Government, and our partners, will do to improve mental health and wellbeing in Scotland. This will include an overall shared vision, a set of outcomes, and how we will achieve these to improve people's mental health and wellbeing. It will also describe how we will measure the difference we're making.
- We want to make sure that the Strategy does the right things to improve mental health and wellbeing for people in Scotland. We also want your views on whether the draft overall vision, and our draft outcomes, are the right ones.
- We want the Strategy to focus on every part of what mental health and wellbeing means. This covers a range of things, including:
 - addressing the underlying reasons behind poor mental health;
 - helping to create the conditions for people to thrive;
 - challenging the stigma around mental health, and;
 - providing specialist help and support for mental illness.
- We also want the Strategy to guide how we provide support to everyone who has a role in improving and supporting people's mental health and wellbeing.
- This ranges from the specialist mental health workforce, to those working in all health and social care settings, in our communities, schools, police custody suites, and prisons. We also recognise the invaluable support of volunteers and unpaid carers.
- The Strategy will mainly cover the next five years, until 2027. However, it will also set out a much longer term approach to improve the mental health and wellbeing of the population.
- We will also publish delivery plans to set out the work we will do over the coming years. These will show how we will make progress towards our outcomes, and how we will measure that progress.
- We have included definitions of what we mean by terms such as "mental health" and "mental wellbeing" in the document below, and have asked questions about whether these definitions are the right ones.
- We want the Strategy to be equality and human rights-based.
- The views of people who have experienced mental health issues are especially important to us.

HOW YOU CAN HELP US / OUR NEXT STEPS

- In this consultation, we have asked a number of questions about the Strategy. Some of them are about what our overall shared vision should be. Some of them are about whether our draft outcomes are the right ones, and some are about how we can ensure we have the right workforce for mental health and wellbeing.
- Others are about closely related pieces of work that the Scottish Government is doing. For example, responses to the questions on the mental health and wellbeing workforce in this consultation will help us write a more detailed workforce plan that we will publish in 2023.
- Some questions will be of more interest to some people than others. For example, some questions might feel most relevant to people who have experiences of mental health issues, while some questions might be of particular interest to people who provide care and support for those with poor mental wellbeing and mental health conditions.
- Whether you answer all of the questions, or only some, your views will be carefully considered by the Scottish Government when we are writing the Strategy.
- We will publish an independent summary of all of the responses to show what people have said.
- The final Mental Health and Wellbeing Strategy will be published later in 2022.
- We will also publish a report on the current Mental Health Strategy (2017-27) to show the progress that has been made, and how it has made a difference to people's lives.

MINISTERIAL FOREWORD



We all have mental health, and during the COVID-19 pandemic, many of us thought about this more than we might have done before.

Across Scotland, every single day, people asked each other how they were doing. Although things were tough for many people, lots of us also had things that made us feel better during lockdowns. But some of us may also have needed to ask for help, or wished we'd had more help.

We knew before COVID that the right mental health support was not always available for everyone who needed it. We have worked hard to improve this, although we know we still have a lot of work to do. This challenge now looks different as we recover from the pandemic, which has affected everyone in different ways, and has had a more adverse impact on the mental health of some people than others.

As well as these existing challenges, we also know about things that have worked well. Some of these things focus on prevention and early intervention, which can help to stop mental health issues arising. If we take a preventative approach, we also give ourselves a better chance of stopping existing mental health problems from getting worse, and of stopping them from coming back after they have been treated.

Some other things we have focused on are about addressing the underlying reasons behind poor mental health – such as poverty, inequalities, trauma, or poor housing.

We have an opportunity to build on some of the creative things that people, communities and services have done, both before and during the pandemic. These have often been about giving people choices, and helping them in a way that's most convenient for them – such as support being provided online rather than in person.

Over the past two years, the Scottish Government has worked closely together with many people in Scotland, including charities, community groups, and people who provide care and support for those with poor mental wellbeing and mental health conditions and people with lived experience of mental health conditions. We have asked them to help us make sure that the support and services available to people are the right ones, available at the right time, and in the right place.

The changes we have seen so far, including changes to mental health services and increases in the support available in community settings, have only been possible because of people working together to improve things. Our people are our biggest asset. We value the essential contribution that mental health and wellbeing workers make in all settings across the country, each and every day.

Those changes have been supported by a significant increase in funding, with an additional £120 million provided directly by the Scottish Government in 2021-22 to improve mental health and wellbeing.

We will continue to work closely with as many people as possible as we shape our Strategy for the coming years. The opinions of people who have experienced mental health issues are particularly important to us. And that is why we need your views now.

Our ten year [Mental Health Strategy](#) was published in 2017. At that time, we committed to review it at the halfway point, which is this year. We think that now is the time to refresh our Strategy to make sure that we have the right plan in place to improve the mental health and wellbeing of the people of Scotland. This includes plans for the mental health and wellbeing workforce.

We also want to build on the [Mental Health Transition & Recovery Plan](#) that we published in 2020 in response to the COVID pandemic, and to extend the scope to focus on mental wellbeing too.

This consultation is your chance to help us decide what our overall aims should be, and what actions we should take to achieve those aims in a sustainable way.

We have asked a number of questions in this document. Your answers to these will help us make sure we include the right things in our Mental Health and Wellbeing Strategy. Your views will also help us with other pieces of work, including thinking about what mental health services our new National Care Service might be responsible for and how we make sure mental health support links with other areas and services like justice, social work and education.

All this, in turn, will mean we are able to move towards achieving our ambitions.

We want to hear your answers to as many, or as few, of these questions as you would like. This may be different depending on whether you are replying as an organisation, as a member of the public, or in any other capacity.

There is also a general question (number 18) if you want to tell us anything else that is not covered by the other questions.

However many questions you answer, and however you do so, your views will be important in helping us write the new Mental Health and Wellbeing Strategy so that we make the biggest possible difference to people's lives.

A handwritten signature in black ink, appearing to read 'Kevin Stewart', with a stylized flourish extending to the right.

Kevin Stewart MSP
Minister for Mental Wellbeing and Social Care

MENTAL HEALTH AND WELLBEING SUPPORT

We want to hear about people's experiences of mental health and wellbeing, and any support they have received. However, we know that sometimes it can be difficult to talk or write about these experiences, whether they are your own or other people's. You can respond to any questions in the consultation that you want to. There is no need to respond to them all.

If you are affected by any of the issues covered in this document and need support, help is available. We have included links to some of those sources of support below.

[Breathing Space](#) / phone 0800 83 85 87

[NHS24](#) / phone 111

[Mind To Mind](#)

[National Trauma Training Programme](#)

OUR OVERALL VISION

We think that our simple, but ambitious, vision for the Strategy should be “*Better mental health and wellbeing for all.*”

We have asked a question later in this document about whether this is the right vision that we can all share. If not, we would like to hear your views on what a shared vision should say.

OUR KEY AREAS OF FOCUS

As well as agreeing a shared vision, we want to make sure that we are focusing on the right things. We will not achieve our ambitions unless we focus on new ways of doing things, and new ways of responding to different types of need.

In our [Mental Health Transition and Recovery Plan](#), we described four key areas of focus. These were:

- **Promoting and supporting the conditions for good mental health and mental wellbeing at population level.**
- **Providing accessible signposting to help, advice and support.**
- **Providing a rapid and easily accessible response to those in distress.**
- **Ensuring safe, effective treatment and care of people living with mental illness.**

We have asked a question later in this document about whether these four areas are the right ones to focus on if we are to achieve our ambitions. If not, we would like to hear your views on what else we should concentrate on.

DRAFT OUTCOMES

We have started to think about what we want the new Strategy to achieve, and how it can best respond to the challenges mentioned above.

To do this, we have been asking people to think about what ‘outcomes’ we would like to see for people, communities, and the population as a whole.

‘Outcomes’ are the positive differences or changes that policies and strategies can achieve for people. Thinking about outcomes from the start will help us to decide what we need to do, or need to do more of, to improve people’s lives.

Deciding on outcomes will also help us to measure what progress we are making, and how successful we have been.

The aim of the Strategy is to achieve the same positive outcomes for everyone. But because people’s experiences are different, and the opportunities they have may be different, the ways in which we can do this may be different for different people.

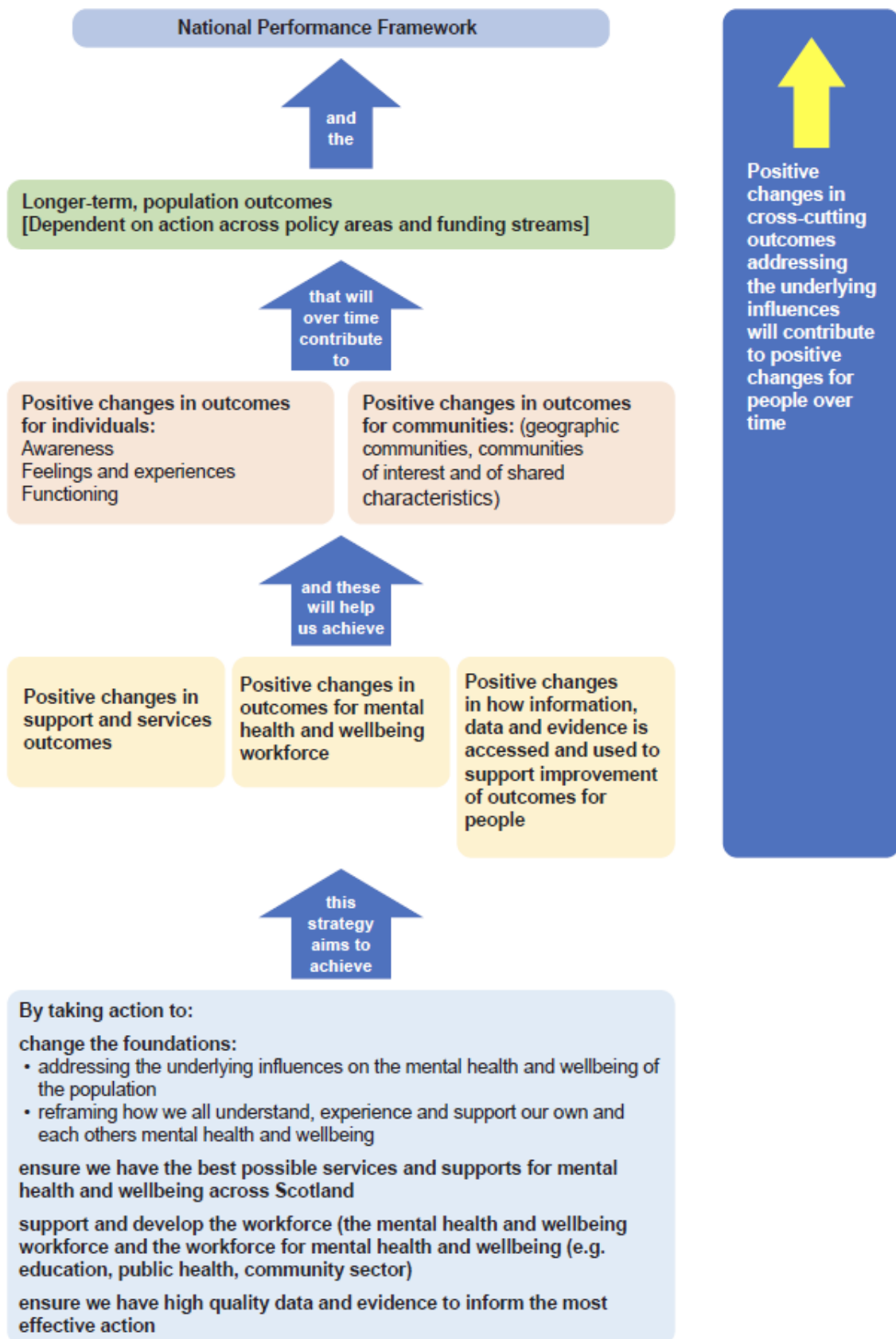
So, for example, we need to make sure that everyone who needs it is able to get high quality care, treatment and support for their mental health and wellbeing. But we know that some groups of people experience poorer mental health and wellbeing because of social or economic factors that they cannot control, such as low income or poverty, poor housing, limited employment opportunities, or because they experience prejudice and discrimination.

This means we also need to look at how to influence and change these social factors to reduce the unfair differences they cause. This is important if we are to achieve positive mental health and wellbeing outcomes for everyone.

We have included a diagram of the outcomes below. However, to make them easier to read, the outcomes are also included in this consultation as a list throughout part 4. When you are reading them, it is important to think about how positive change is intended to happen over time. The diagram below (page 11) shows how some foundational changes - for example, to services and support, and to the workforce - will be needed before we see positive changes for individuals, communities, and the whole population.

In early 2022, there were 14 workshops hosted by the Scottish Government and stakeholder organisations, attended by hundreds of people from third sector and statutory organisations. The purpose of these workshops was to discuss outcomes for the Strategy. Attendees included people with lived experience of mental health conditions, and organisations that are led by, and support people with, lived experience. The draft outcomes in this document summarise the views we have heard so far.

OUTCOMES FRAMEWORK



QUESTIONS – PART 1

DEFINITIONS

In this consultation, we talk about “mental health”, “mental wellbeing”, “mental health conditions” and “mental illness”. We have explained below what we mean by each of those terms. We want to know if you think we have described these in the right way, or if we should make changes to how we are describing them.

“Mental Health”

Everyone has mental health. This is how we think and feel about ourselves and the world around us, and can change at different stages of our lives. Our mental health is affected, both positively and negatively, by lots of factors, such as our own life circumstances, our environment, our relationships with others, and our past experiences, plus our genetic make-up. Being mentally healthy is about having good mental health, as well as addressing mental health problems. Having good mental health means we can realise our full potential, feel safe and secure, and thrive in everyday life as well as to cope with life’s challenges.

- **1.1** Do you agree with this description of “mental health”? **[Y/N]**
- **1.2** If you answered no, what would you change about this description and why?

“Mental wellbeing”

Mental wellbeing affects, and is affected by, mental health. It includes subjective wellbeing (such as life satisfaction) and psychological wellbeing (such as our sense of purpose in life, our sense of belonging, and our positive relationships with others). We can look after our mental wellbeing in the same way as we do our mental health – and having good mental wellbeing can stop our mental health getting worse. The Royal College of Psychiatrists defines wellbeing as: ‘A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment’.

- **1.3** Do you agree with this description of “mental wellbeing”? **[Y/N]**

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

“Mental health conditions” and “mental illness”

Mental health conditions are where the criteria has been met for a clinical diagnosis of mental illness. This means that a diagnosis of a mental illness has been given by a professional. Mental health conditions can greatly impact day to day life, and can be potentially enduring. These include depression, generalised anxiety disorder (GAD), panic disorder, phobias, social anxiety disorder, obsessive-compulsive disorder (OCD) and post-traumatic stress disorder (PTSD), as well as bipolar disorder, schizophrenia, and other psychosis, among many more.

How mental illness affects someone can change from day to day. The professional treatment and support that each individual needs can change too.

Someone may have an acute mental health problem or mental health condition that has not yet been diagnosed, but they can still be unwell. Their diagnosis may also change over time.

- **1.5** Do you agree with this description of “mental health conditions” and “mental illness”? **[Y/N]**
- **1.6** If you answered no, what would you change about this description and why?

QUESTIONS - PART 2

OUR DRAFT VISION AND OUTCOMES

2. Our Overall Vision

- **2.1** On page 8, 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? **[Y/N]**
- **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?

QUESTIONS – PART 3

OUR KEY AREAS OF FOCUS

- **3.1** On page 9, we have identified four key areas that we think we need to focus on. Those were:
 - **Promoting and supporting the conditions for good mental health and mental wellbeing at population level.**
 - **Providing accessible signposting to help, advice and support.**
 - **Providing a rapid and easily accessible response to those in distress.**
 - **Ensuring safe, effective treatment and care of people living with mental illness.**

Do you agree with these four areas? [Y/N]

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

QUESTIONS – PART 4

OUTCOMES

Below are the outcomes that people have said they would like this refreshed Mental Health and Wellbeing Strategy to achieve. Some of these describe how things might be better for individuals, some for communities, and some for the whole population of Scotland.

We'd like to know if you agree that the Mental Health and Wellbeing Strategy should aim to achieve each outcome. For each one, please indicate your selection with a tick under the corresponding option:

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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This will help us to understand what is most important to people, and what our priorities should be.

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

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

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
People have a shared language and understanding of mental health and wellbeing and mental health conditions					
People understand the things that can affect their own and other's mental health and wellbeing, including the importance of tolerance and compassion					
People recognise that it is natural for everyday setbacks and challenging life events to affect how they feel					
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					
People have the material, social and emotional resources to enable them to cope during times of stress, or challenging life circumstances					
People feel safe, secure, settled and supported					
People feel a sense of hope, purpose and meaning					
People feel valued, respected, included and accepted					
People feel a sense of belonging and connectedness with their communities and recognise them as a source of support					
People know that it is okay to ask for help and that they have someone to talk to and listen to them					

People have the foundations that enable them to develop and maintain healthy, nurturing, supportive relationships throughout their lives					
People are supported and feel able to engage with and participate in their communities					
People with mental health conditions are supported and able to achieve what they want to achieve in their daily lives					
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					
People living with physical health conditions have as good mental health and wellbeing as possible					
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					
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					

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

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

This includes geographic communities, communities of interest and communities of shared characteristics.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Communities are engaged with, involved in, and able to influence decisions that affect their lives and support mental wellbeing					
Communities value and respect diversity, so that people, including people with mental health conditions, are able to live free from stigma and discrimination					
Communities are a source of support that help people cope with challenging life events and everyday knocks to wellbeing					
Communities have equitable access to a range of activities and opportunities for enjoyment, learning, participating and connecting with others.					

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

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

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
We live in a fair and compassionate society that is free from discrimination and stigma					
We have reduced inequalities in mental health and wellbeing and mental health conditions					
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					
People living with mental health conditions experience improved quality and length of life					

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

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

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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					
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					
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					
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					
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					

People are able to easily access and move between appropriate, effective, compassionate, high quality services and support (clinical and non-clinical)					
Services and support focus on early intervention and prevention, as well as treatment, to avoid worsening of individual's mental health and wellbeing					

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

4.6 Do you agree that the Mental Health and Wellbeing strategy should aim to achieve the following outcome for information, data and evidence?					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
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					

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

- **4.7** Are there any other outcomes we should be working towards? Please specify:

QUESTIONS - PART 5

CREATING THE CONDITIONS FOR GOOD MENTAL HEALTH AND WELLBEING

Our mental health and wellbeing are influenced by many factors, such as our home life, our work, our physical environment and housing, our income, our relationships or our community, including difficult or traumatic life experiences or any inequalities we may face. In particular, research suggests that living with financial worries can have a negative influence; whilst good relationships, financial security and involvement in community activities support mental wellbeing. However, we want to hear what you think are the most important factors.

Your answers to these questions may look different if you are responding as an individual, or as part of an organisation.

- **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?

- **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?

- **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 you, or people you know?

- **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?

- **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?

- Exercise
- Sleep
- Community groups
- Cultural activities
- Time in nature
- Time with family and friends
- Mindfulness/meditation practice
- Hobbies/practical work
- None of the above
- Other

- **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?

- **5.8** Referring to your last answers, what stops you doing more of these activities? This might include not having enough time, financial barriers, location etc.

- **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?

- **5.10** We know that money worries and debt can have an impact on mental health and that this is being made worse by the recent rise in the cost of living. In what way do concerns about money impact on your mental health?

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

QUESTIONS - PART 6

ACCESS TO ADVICE AND SUPPORT FOR MENTAL WELLBEING

- **6.1** If you wanted to improve your mental health and wellbeing, where would you go first for advice and support?
 - Friends or family or carer
 - GP
 - NHS24
 - Helplines
 - Local community group
 - Third Sector (charity) support
 - Health and Social Care Partnership
 - Online support
 - School (for example, a guidance teacher or a school counsellor)
 - College or University (for example, a counsellor or a student welfare officer)
 - Midwife
 - Health visitor
 - Community Link Workers
 - Workplace
 - An employability provider (for example, Jobcentre Plus)
 - Other

If you selected 'other', please specify:

- **6.2** If you answered 'online' could you specify which online support?

- **6.3** Is there anywhere else you would go to for advice and support with your mental health and wellbeing? Please select all that apply.
 - Friends or family or carer
 - GP
 - NHS24
 - Helplines
 - Local community group
 - Third Sector (charity) support
 - Health and Social Care Partnership
 - Online support
 - School (for example, a guidance teacher or a school counsellor)
 - College or University (for example, a counsellor or a student welfare officer)
 - Midwife
 - Health visitor
 - Community Link Worker
 - Workplace
 - An employability provider (for example, Jobcentre Plus)
 - Other

- **6.4** If you answered 'online support' could you specify which online support?

- **6.5** If you answered 'local community group', could you specify which type of group/ activity/ organisation?

- **6.6** 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?

- **6.7** We want to hear about your experiences of accessing mental health and wellbeing support so we can learn from good experiences and better understand where issues lie.

Please use this space to tell us the positive experiences you have had in accessing advice and support for your mental health or wellbeing.

- **6.8** 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?

- **6.9** We also want to hear about any negative experiences of accessing mental health and wellbeing advice and support so we can address these.

If you have experienced barriers to accessing support, what have they been?

- Lack of awareness of support available
- Time to access support
- Travel costs
- Not the right kind of support
- Support not available near me
- Lack of understanding of issues
- Not a good relationship with the person offering support
- Having to retell my story to different people
- Long waits for assessment or treatment
- Stigma
- Discrimination
- Other

- **6.10** If you selected 'other', could you tell us what those barriers were?

- **6.11** 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?

QUESTIONS - PART 7

IMPROVING SERVICES

- **7. 1** We have asked about the factors that influence your mental health and wellbeing, about your own experiences of this and what has helped or hindered you in accessing support.

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?

QUESTIONS – PART 8

THE ROLE OF DIFFICULT OR TRAUMATIC LIFE EXPERIENCES

The NHS National Trauma Training Programme, led by NHS Education for Scotland (NES), defines trauma as: “a wide range of traumatic, abusive or neglectful events or series of events (including Adverse Childhood Experiences (ACEs) and trauma in adulthood) that are experienced as being emotionally or physically harmful or life threatening. Whether an event(s) is traumatic depends not only on our individual experience of the event, but also how it negatively impacts on our emotional, social, spiritual and physical wellbeing. We are all affected by traumatic events in different ways.”

- **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?

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

- **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?

QUESTIONS – PART 9

CHILDREN, YOUNG PEOPLE AND FAMILIES' MENTAL HEALTH

- **9.1** What should our priorities be when supporting the mental health and wellbeing of children and young people, their parents and families?

- **9.2** 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?

- **9.3** What things do you feel have the biggest impact on children and young people's mental health?

- **9.4** 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?

QUESTIONS – PART 10

YOUR EXPERIENCE OF MENTAL HEALTH SERVICES

- **10.1** If you have received care and treatment for any aspect of your mental health, who did you receive care and treatment from?
 - Community Mental Health Team
 - GP Practice
 - Inpatient care
 - Third Sector Organisation
 - Psychological Therapy Team
 - Digital Therapy
 - Peer support group
 - Perinatal Mental Health Team
 - Child and Adolescent Mental Health Team (CAMHS)
 - Forensic Mental Health Unit
 - Other

- **10.2** If you selected 'other', could you tell us who you received treatment from?

- **10.3** How satisfied were you with the care and treatment you received?

- **10.4** Please explain the reason for your response above.

- **10.5** Mental health care and treatment often involves links with other health and social care services. These could include housing, social work, social security, addiction services, and lots more.

If you were in contact with other health and social care services as part of your mental health care and treatment, how satisfied were you with the connections between these services?

- **10.6** 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? For example, positive experiences of close working, or areas where joint working could be improved.

QUESTIONS – PART 11

EQUALITIES

We are aware that existing inequalities in society put some groups of people at a higher risk of poor mental health. We also know that not being able to access mental health support and services can increase that risk.

The previous questions provided an opportunity to comment on the factors that influence our mental health and wellbeing and our experiences of services.

- **11.1** Do you have any further comments on what could be done to address mental health inequalities for a particular group of people? If so, what are they?

QUESTIONS – PART 12

FUNDING

- **12.1** Do you think funding for mental health and wellbeing supports and services could be better used in your area? **[Y/N]**
- **12.2** Please explain the reason for your response above.

- **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?

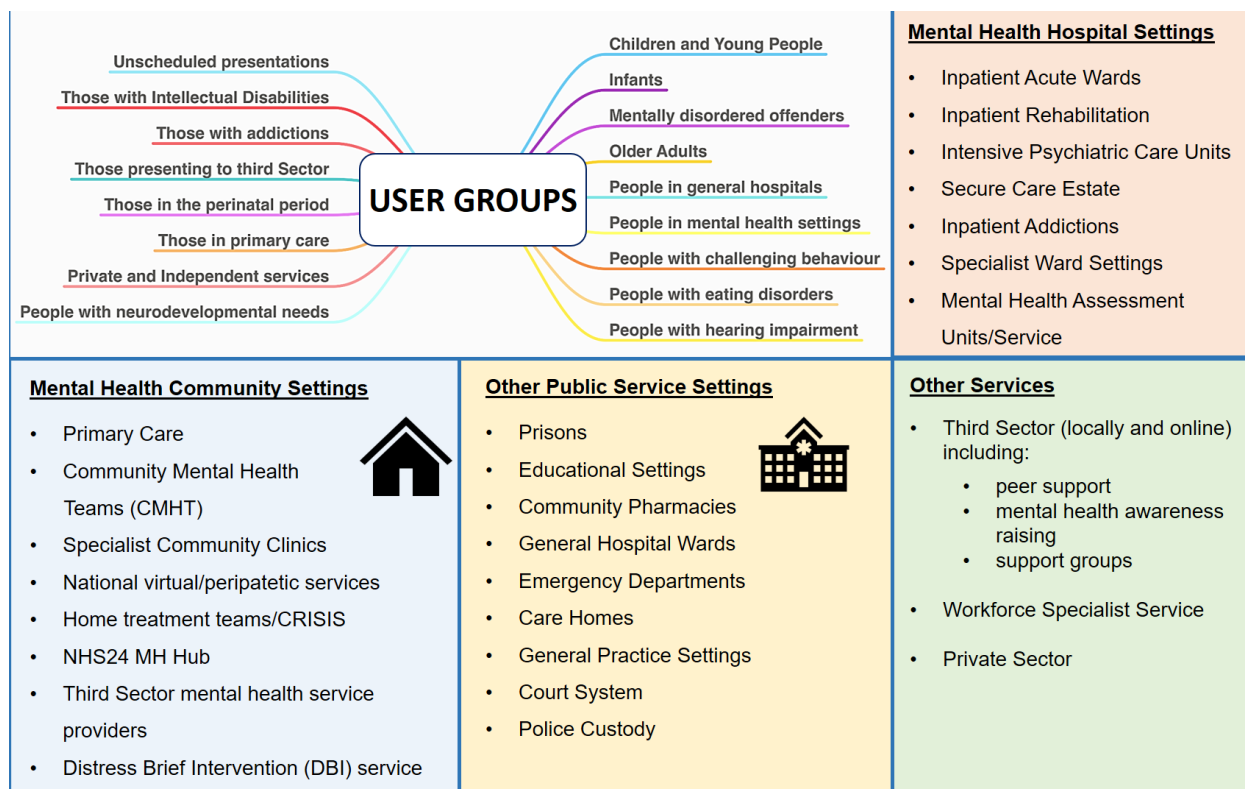
PART 13

OUR MENTAL HEALTH AND WELLBEING WORKFORCE

In the past decade, mental health services have changed dramatically, with increases in the breadth of support available in community settings, as well as an increase in the provision of highly specialist services. Our people are our biggest asset and we value the essential contribution that workers make in all settings across the country each and every day.

To deliver our ambitions, it is essential that we understand the shape of the current mental health and wellbeing workforce in Scotland, and what the future needs of the workforce are. We must embed an approach based on fair work principles which supports the wellbeing of workers in all parts of the system.

The mental health and wellbeing workforce is large, diverse, and based in a range of services and locations across Scotland. We want to make sure that we are planning for everyone who is part of this workforce. The breadth of mental health services, as well as the range of users accessing them, is illustrated below.



In the Strategy, we want to set out our approach to supporting the workforce building upon the principles and actions set out in the recently published [National Workforce Strategy for Health and Social Care](#).

Following on from the publication of the Strategy, we will work with partners, including NHS, local authorities and the third sector, as well as people with lived experience of mental ill health and mental health services, to produce a more detailed Workforce Plan.

QUESTIONS – PART 14

OUR VISION AND OUTCOMES FOR THE MENTAL HEALTH AND WELLBEING WORKFORCE

Our vision is that the current and future workforce are skilled, diverse, valued and supported to provide person-centred, trauma-informed, rights-based, compassionate services that promote better population mental health and wellbeing outcomes.

To achieve this vision for our workforce and work towards longer term population and public health aims we have started to think about the outcomes that we need to achieve in the short and medium term.

We have consulted with partners and identified a series of outcomes for each of the five pillars of workforce planning set out in the [National Workforce Strategy for Health and Social Care](#): Plan, Attract, Train, Employ and Nurture.

14.1 Do you agree that these are the right short term (1-2 years) outcomes for our mental health and wellbeing workforce?		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Plan	Improved evidence base for workforce planning including population needs assessment for mental health and wellbeing					
	Improved workforce data for different mental health staff groups					
	Improved local and national workforce planning capacity and capability					
	Improved capacity for service improvement and redesign					
	User centred and system wide service (re) design					
	Peer support and peer worker roles are a mainstream part of mental health services					
Attract	Improved national and international recruitment and retention approaches/mechanisms					
	Increased fair work practices such as					

	appropriate channels for effective voice, create a more diverse and inclusive workplace					
	Increased awareness of careers in mental health					
14.2 Do you agree that these are the right short term (1-2 years) outcomes for our mental health and wellbeing workforce?						
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Train	Long term workforce planning goals are reflected in and supported by training programmes provided by universities, colleges and apprenticeships					
	Increased student intake through traditional routes into mental health professions					
	Create alternative routes into mental health professions					
	Create new mental health roles					
	Improved and consistent training standards across Scotland, including trauma informed practice and cultural competency					
	Our workforce feel more knowledgeable about other Services in their local area and how to link others in to them					
	Our workforce is informed and confident in supporting self-care and recommending digital mental health resources					
	Develop and roll out mental health literacy training for the health and care workforce, to provide more seamless support for physical and mental health					

	Improved leadership training					
	Improved Continuing Professional Development (CPD) and careers progression pathways					
14.3 Do you agree that these are the right short term (1-2 years) outcomes for our mental health and wellbeing workforce?						
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Employ	Consistent employer policies					
	Refreshed returners programme					
	Improved diversity of the mental health workforce and leadership					
Nurture	Co-produced quality standard and safety standards for mental health services					
	Safe working appropriate staffing levels and manageable workloads					
	Effective partnership working between staff and partner organisations					
	Improved understanding of staff engagement, experience and wellbeing					
	Improved staff access to wellbeing support					
	Improved access to professional supervision					

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

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

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Comprehensive data and management information on the Mental Health and wellbeing workforce					
Effective workforce planning tools					
Good understanding of the gaps in workforce capacity and supply					
Improved governance and accountability mechanisms around workforce planning					
User centred and responsive services geared towards improving population mental health outcomes					
Staff feel supported to deliver high quality and compassionate care					
Leaders are able to deliver change and support the needs of the workforce					
Staff are able to respond well to change					

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

- **14.7** Are there any other short and medium term outcomes we should be working towards? **Please specify:**

QUESTIONS – PART 15

THE SCOPE OF THE MENTAL HEALTH AND WELLBEING WORKFORCE

In order to inform the scope of the workforce we need to achieve our ambitions, it is essential that we build consensus around the definition of who is our mental health and wellbeing workforce. We hope that such a definition can be applied to describe the future workforce.

Please read the following statements and select as many options as you feel are relevant.

- **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 work 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:

- **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)
- Other

- **15.5** If you selected 'other', please specify:

- **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:

QUESTIONS – PART 16

SOLUTIONS TO OUR CURRENT AND FUTURE WORKFORCE CHALLENGES

To support our ongoing recovery from COVID-19, and address the current and future challenges for our services and workforce, we would like your views on how we can best respond.

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

- **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?

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

- **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?

- **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?

- **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?

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

QUESTIONS – PART 17

OUR IMMEDIATE ACTIONS

- **17.1** In addition to developing our workforce vision and outcomes, we are also seeking views on what our immediate short-term actions (in the next year) should be for the mental health and wellbeing workforce.

Please select as many options below as you agree with.

- Develop targeted national and international recruitment campaigns for the mental health workforce
 - Scope alternative pathways to careers within the workforce, beyond traditional university and college routes, such as apprenticeship pathways into mental health nursing
 - Improve capacity in the mental health services to supervise student placements to support the growth of our workforce
 - Take steps to increase the diversity of the mental health workforce, so it is reflective of the population that it cares for
 - Work with NHS Education Scotland (NES) to improve workforce data, including equalities data, for mental health services in the NHS, by the end of 2023
 - Undertake an evaluation of our Mental Health Strategy 2017 commitment to fund 800 additional mental health workers in key settings, including A&Es, GP practices, police station custody suite and prisons, to ensure that the lessons learnt inform future recruitment.
- **17.2** Do you think there are any other immediate actions we should take to support the workforce? Please specify.

- **17.3** Do you have any further comments or reflections on how to best support the workforce to promote mental health and wellbeing for people in Scotland? Please Specify.

- **17.4** Do you have any examples of different ways of working, best practice or case studies that would help support better workforce planning? For example, increasing the use of advanced practitioners. Please Specify.

PART 18

FINAL THOUGHTS

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

A large, empty rectangular box with a thin black border, intended for the user to write their final thoughts or additional information.

Responding to this Consultation

We are inviting responses to this consultation by 09/09/2022.

Please respond to this consultation using the Scottish Government's consultation hub, Citizen Space (<http://consult.gov.scot>). Access and respond to this consultation online at <https://www.gov.scot/isbn/9781804356579>

You can save and return to your responses while the consultation is still open. Please ensure that consultation responses are submitted before the closing date of 09/09/2022.

If you are unable to respond using our consultation hub, please complete the Respondent Information Form to:

Mental Health and Wellbeing Strategy - Consultation
Scottish Government
Mental Health Directorate
St Andrew's House
Edinburgh, EH1 3DG

Handling your response

If you respond using the consultation hub, you will be directed to the About You page before submitting your response. Please indicate how you wish your response to be handled and, in particular, whether you are content for your response to be published. If you ask for your response not to be published, we will regard it as confidential, and we will treat it accordingly.

All respondents should be aware that the Scottish Government is subject to the provisions of the Freedom of Information (Scotland) Act 2002 and would therefore have to consider any request made to it under the Act for information relating to responses made to this consultation exercise.

If you are unable to respond via Citizen Space, please complete and return the Respondent Information Form included in this document.

To find out how we handle your personal data, please see our privacy policy: <https://www.gov.scot/privacy/>

Next steps in the process

Where respondents have given permission for their response to be made public, and after we have checked that they contain no potentially defamatory material, responses will be made available to the public at <http://consult.gov.scot>. If you use the consultation hub to respond, you will receive a copy of your response via email.

Following the closing date, all responses will be analysed and considered along with any other available evidence to help us. Responses will be published where we have been given permission to do so. An analysis report will also be made available.

Comments and complaints

If you have any comments about how this consultation exercise has been conducted, please send them to the contact address above or at MentalHealthStrategyEngagement@gov.scot

Scottish Government consultation process

Consultation is an essential part of the policymaking process. It gives us the opportunity to consider your opinion and expertise on a proposed area of work.

You can find all our consultations online: <http://consult.gov.scot>. Each consultation details the issues under consideration, as well as a way for you to give us your views, either online, by email or by post.

Responses will be analysed and used as part of the decision making process, along with a range of other available information and evidence. We will publish a report of this analysis for every consultation. Depending on the nature of the consultation exercise the responses received may:

- indicate the need for policy development or review
- inform the development of a particular policy
- help decisions to be made between alternative policy proposals
- be used to finalise legislation before it is implemented

While details of particular circumstances described in a response to a consultation exercise may usefully inform the policy process, consultation exercises cannot address individual concerns and comments, which should be directed to the relevant public body.



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