Renewing Mental Health Services - Renewal Plan - March Redraft
See Me response
May 2021

Introduction

See Me is Scotland's national programme to end mental health stigma and discrimination. See Me is funded by Scottish Government and we work towards achieving the Scottish Government's aim of: "a Scotland where people can get the right help at the right time, expect recovery, and fully enjoy their rights, free from stigma and discrimination" (Mental Health Strategy 2017-27).

Our vision is for a fair and inclusive Scotland, free from mental health stigma and discrimination. We are working to change negative attitudes, behaviours and cultures towards mental health by creating a movement for change, bringing people together across Scotland who are passionate about tackling stigma to work as one.

See Me welcomes the opportunity to respond to the Scottish Government's Stakeholder Group consultation on the latest draft of the "Renewing Mental Health Services – Renewal Plan". This response comprises:

- Some general comments on the report and accompanying recommendations
- Some specific commentary relating to key sections of the document.

General comments

See Me welcomes and appreciates the efforts that have gone into drafting a plan of action that considers evidence of the impact of Covid-19 on the mental health needs of the Scottish population, and which aims to address existing barriers in access to advice and support and improve standards of care and support in mental health services. The below comments and recommendations are grouped by theme:

Background Although mental health is being discussed across Scotland more than ever before, it does not necessarily follow that people get the advice, support or care they need when reaching out for support. The term 'mental health' continues to be associated with mental ill health, and negative attitudes and stereotypes frequently prevail.

Despite strong and positive policy and action (nationally and locally) focusing on public mental health, equality and human rights, and on addressing inequalities, people with mental health problems continue to experience poorer health, educational, employment and social outcomes; their life expectancy is shortened and their quality of life poorer overall. The stigma and discrimination people face within public services, including mental health services, directly contributes to this.

There are common fundamental characteristics that need to be in place if the prevailing structural and direct stigma that exists within organisations, settings or services is to be tackled:

- Committed leadership towards embedding anti stigma messaging and approaches, to prioritise mental health inclusion as an aspect of organisational strategy, development and planning, commissioning, procurement, quality assurance and improvement.
- Inclusive culture and ethos, modelled by leaders, where physical, social and cultural environments feel safe and promote trust and respect, protect fairness and equity for people experiencing mental health problems. Core to this is encouraging common language to talk openly about mental health and to challenge stigma and discrimination.
- Inclusive policies that express commitment and action on mental health. Policies and practices are co-produced with people with lived experience and implemented consistently to encourage safe disclosure, promote wellbeing and recovery, prevent mental health problems, and provide personalised and accessible information, signposting and support.

Recognising stigma and discrimination as foundational Tackling mental health stigma and discrimination is foundational to mental health improvement and should be emphasised throughout the plan. According to international evidence, tackling mental health stigma and discrimination can be achieved through an approach combining:

- Education: to improve mental health literacy and awareness, undertaken alongside capacity building.
- Social contact: planned interactions between people with experience of mental health problems and those without, with an emphasis on peer-led approaches.
- Influencing: using evidence to inform decision-making processes, challenge stigmatising attitudes/perceptions and end discriminatory behaviours.
- Social movement: empowering people to act in any setting, from health and social care to schools, workplaces, communities, etc.

Recommendation: The plan should emphasise the need to recognise and tackle stigma and discrimination in mental health services.

Inclusive language See Me welcomes the use of positive, inclusive language in the plan, particularly when introducing the plan and principles. However, See Me would like to see this extended to more clinically focused sections of the document, counterbalancing the current emphasis on processes and systems with a person-centred approach.

Recommendation: Sections of the plan focused on clinical support should adopt more human-centred language.

Social contact: In order to ensure our mental health services emerge stronger from the pandemic to improve outcomes for people using mental health services, input from people with lived experience, carers, and families using services should be integral to service (re)design, improvement processes, and the setting of standards for care and support. See Me would welcome a stronger emphasis on meaningful and effective lived-experience engagement across all areas of this

programme of renewal, including involving 'experts by lived experience' in key advisory roles and working groups mentioned in the plan.

> Recommendation: Input from people with lived experience of mental health problems, as well as their carers and families, should be integral to service design, improvement processes, and the setting of care standards.

Education: See Me welcomes the commitment to improve mental health literacy across key settings such as workforces and schools. The scope of this commitment could be extended to include a commitment to teaching on mental health stigma and discrimination and the impact it can have, as well as exploring approaches to embedding mental health inclusion in different settings.

Moreover, while the document includes plans for a Mental Health Resource to support staff in schools, similar training plans for workplaces are not mentioned. Mental health literacy, empathy, and support amongst colleagues and managers is key to reducing mental health stigma and discrimination. See Me would therefore recommend incorporating plans for workforce development into the document, with a focus on increasing mental health literacy and reducing stigma. This could be particularly significant for SMEs, which may lack employee assistance programmes and similar resources.

See Me's suite of mental health inclusion resources help healthcare organisations tackle mental health stigma and discrimination. This is an example of third-sector expertise working collaboratively with healthcare professionals and lived experience experts, that can be drawn on to improve NHS staff literacy and awareness. NHS Education for Scotland is amongst the early adopters of See Me's tools.[1]

> Recommendations: The Scottish Government's commitment to improving mental health literacy across key settings such as workforces and schools should include a focus on recognising and reducing mental health stigma and discrimination.
>
> A training plan for workplaces rooted in an anti-stigma approach should also be developed to sit alongside the mental health resource proposed for schools.

Primary Care: See Me welcomes the acknowledgement of the crucial role played by primary care (e.g. GP surgeries) in prevention and early intervention, and the range of approaches set out to invest in multi-disciplinary teams able to meet the mental health needs of people in Scotland. However of over 1000 people in Scotland with experience of mental health problems found that one in five had experienced stigma in GP practices.

As such, See Me would welcome a stronger emphasis on building the capacity of key Primary Care roles such as GPs, nurses, dieticians, optometrists, physiotherapists, etcetera, to encourage open conversations about mental health and explore the needs of patients, signposting or referring them to the appropriate services.

This would be in line with ongoing policy and improvement projects in Scotland such as Realistic Medicine, which advocates for an equal relationship between professional and patient in decision-making, and the Health Promoting Health

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[1] www.seemescotland.org/health-social-care/information-for-people-working-in-health-and-social-care/

Service concept that every healthcare-based interaction should be an opportunity for health improvement.

> Recommendation: The plan should have a stronger emphasis on building the knowledge and capacity of key primary care roles such as GPs, nurses, dieticians, optometrists, physiotherapists, etcetera, so that they can encourage open conversations about mental health and with their patients, signposting or referring them to appropriate services.

Promoting recovery See Me would encourage a stronger focus in the plan on recovery beyond clinical contexts. When transitioning from mental health services back into the community, people with mental health problems should have access to a range of other suitably trained professionals, including non-medical support, locally or at home, to allow their recovery to continue.

> Recommendation: See Me would encourage a stronger focus in the plan on promoting recovery from mental health problems beyond clinical contexts.

Commentary

Principles (P4):

- See Me welcomes the principles set out on page 4, which are in line with a person-centred approach, promoting and protecting equality and human rights, and ideas of mental health inclusion.
- Recipients of mental health services should be meaningfully involved in decisions about their own care. This is acknowledged in the fourth principle – "I will be consulted and involved in agreeing how best I am supported" – and the eighth: "Professionals in the system will work together on a plan agreed with me." However, to further bolster commitments to inclusive decision-making, the principles should be extended to emphasise service users' right to advocacy and support to put their ideas across during dialogue with professionals.
- It is clear from the principles and from the plans that follow that one of the desired outcomes is to reduce mental health stigma and discrimination in mental health services in Scotland. However, See Me would encourage Scottish Government to make an explicit commitment to ending stigma as a key principle of the plan. It should also consider what actions might be taken forward across key areas of the Renewal Programme to achieve this outcome, including in 'Benchmarking and Improvement'.

On access to mental health services (p9):

- People experiencing mental health problems should receive the right treatment at the right time, in ways that suits their needs. Better links should be established between all services which engage with people with mental health problems, so that there are no dead ends for those seeking help. This would also prevent people from having to retell stories and outline problems repeatedly in a way that can be traumatising.
- Moreover, many of the Community Champions that See Me works with tell us that stigma in mental health assessments, notably during the CAMHS referral process, can prevent people from getting the help they need: for

example, it can prevent proper use being made of anticipatory care plans and clinical notes, because clients are not properly engaged with.

- To tackle some of these issues, See Me recommends that Scottish Government revisits the learning and recommendations from the *Audit of CAMHS Rejected Referrals* which it commissioned from SAMH in 2018. Many of the findings might usefully inform plans around access to services outlined in this document.

On Children, Young People and Families (p11):

- See Me welcomes the increase in eligible age for CAMHS to 25, as well as the implementation of Transition Care Plans to support transitions to adult services. We are delighted to see plans for meaningful and effective engagement of young people and would strongly encourage the involvement of young people with lived experience, not only in the ambassadors programme and the establishment of peer roles, but also in developing guidance around Transition Care Plans to ensure they are fit for purpose and lead to better outcomes for young people.
- See Me's Youth Champions would be amongst many lived-experience experts who could assist with the development and implementation of the above groups and plans.

On Primary Care (p13):

- This document champions the DBI programme as an exemplar of direct engagement with lived experience, and emphasises the positive effect this has on system quality, support delivery, and patient experience. However, the section of the report on primary care does not mention engaging people with lived experience. We would therefore encourage the government to consider lived-experience involvement in the Development Group that will oversee the rollout of the new approach.
- We would also encourage the government to consider the efficacy of social prescribing in filling gaps in current primary care provision, with primary care practitioners able to signpost to these services where necessary.

On unscheduled mental health care (p14):

- This section of the report mentions the "integration of physical and mental health within unscheduled care settings" as an aim. It is worth noting the prevalence of diagnostic overshadowing during assessments of patient need, particularly in unscheduled settings, and/or where a patient is nominally presenting with a physical health condition.
- The same concerns are relevant to pathways from unscheduled presentation for people with psychosocial or complex care needs, in which context diagnostic overshadowing could lead to people feeling stigmatised or discriminated against if their experience of mental health problems has not been considered.
- This section of the report outlines a desire to "provid[e] the appropriate support to people quickly, meeting their mental wellbeing needs through an evidence-based package of care." It is worth emphasising the service user's right to participation in decision-making at this point, in line with the principles of Realistic Medicine.

- See Me welcomes the efforts made by NHS24, SAS, and Police Scotland to review pathways and referral mechanisms to ensure people who call for mental health support can access it quickly.
- There is significant evidence of mental health stigma and discrimination in emergency departments. We would like to see the plan encourage training and capacity building across healthcare, administrative, and reception staff to ensure that people presenting at emergency wards in mental health crisis receive a timely and compassionate response.

On digital support (19):

- All plans for increasing digital mental health support should be underpinned by an awareness of the prevalence of digital exclusion and poverty, which can lead to indirect discrimination, if people are unable to access advice, care, or support due to a lack of digital connection, literacy, or accessibility.
- Self-stigma around mental health might also deter people from accessing mental health resources if the onus is placed more on the care recipient to undertake the initial search for help, which can be the case with some digital services.
- See would appreciate clarification on whether the mental health resource to support schools referred to on page 21 is the same as the Professional Learning Resource being developed by MHF on behalf of Scottish Government.

On setting high standards (p22):

- See Me welcomes the development of standards of care and support that address the experiences people accessing mental health services, taking into account their outcomes and personal preferences of care and support.
- We also welcome the creation of an evaluation framework and would encourage firmer planning around accountability, for example, establishing responsibility for monitoring compliance. See Me would be keen to contribute to the development of the framework: particularly in relation to Stage 1 ("scoping of existing evidence and the experiences of those who use services and the subsequent development of standards, but also in developing evaluation measures.")
- The development of care standards needs to be supported by awareness raising amongst both staff and care recipients, so people know what they can expect of mental health services, and those providing them understand their responsibilities and their accountability if standards slip.

On workforce (p26):

- We welcome the Scottish Government's commitment to invest in workforce recruitment, retention, and development so that people received the right care by the right professional, at the right time. However, it is also important to highlight the need to support the workforce's mental health and wellbeing, ensuring they work in healthy environments that are free from mental health stigma and discrimination.
- It is important to build the confidence and capacity of workforces to deal with mental health conversations at any point, to be able to signpost service users to support, and to understand what mental health stigma and discrimination feels like for people with mental health problems accessing

their services. Workforces must be given time and space to learn and develop, for self-reflective practice, and to develop skills of empathy and compassion through working in an environment where they are treated with the same.

- See Me is currently developing a DIY, digital version of its See Me in Work training materials and resources that can be accessed by organisations across a range of sectors to make their working environments more mentally healthy. We also have a range of other digital resources and information on mental health in the workplace available on our website.[2]

On benchmarking and improvement (p29):

- It is important to develop systems for measuring mental health stigma and discrimination by working with lived-experience experts as well as professionals, which can capture impact in a way that is time-efficient and practical for workforces.
- See Me would be keen to contribute to the NHS Benchmarking Network's programme of activities or otherwise offer advice on the development of benchmarking and improvement systems.

On understanding of mental illness (p31):

- See Me welcomes the government's commitment to establishing training programmes to improve understanding of mental health illnesses. However, we strongly recommend that this is combined with a focus on understanding mental health stigma and discrimination and its effects on people with mental health problems.
- It is also important to connect training on mental health to wider issues such as alcohol and drug misuse, domestic abuse, sexual exploitation, etcetera, as well as embedding training in ideas of mental health inclusion, equality and diversity, and wellbeing.
- NHS Education Scotland is currently in the process of incorporating See Me's training course and other resources (including our video library, Care Opinion stories, and "See Me, Value Me" improvement tool) into their learning and development offer to healthcare professionals. This indicates the scope of work already being done to improve understanding of, and responses to, mental health stigma and discrimination in public bodies through collaboration with third-sector partners, and indicates the kind of programme that could be rolled out in future to meet the challenges outlined in the plan.

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[2] Workplace (seemescotland.org).