

# Towards a Mentally Flourishing and Inclusive Highland

- Improving the mental wellbeing of Highland People

An outline action plan



# Towards a Mentally Flourishing and Inclusive Highland

## Background

Towards a Mentally Flourishing Scotland is the new policy developed by the Scottish Government around mental health and wellbeing. It was issued in late 2007 as a discussion paper and people were invited to contribute to the debate around what will help people in Scotland to have good mental health and wellbeing – to be mentally flourishing.

- It looks at what helps everyone to be mentally flourishing, and at what hinders good mental health and wellbeing. We are 'mentally flourishing' when we feel able to cope with life.
- It highlights the links between physical and mental health and wellbeing – how mental wellbeing helps make us physically well, and how our physical health affects our mental health and wellbeing.
- It reminds us that everyone should be supported to good mental health and wellbeing, including people who have long term mental health problems or other disabilities.
- It shows what can be done to prevent or reduce poor mental health and wellbeing, such as helping children and young people develop resilience and what can help adults avoid or overcome damaging experiences.
- It reminds us of the links between deprivation and mental health and wellbeing.

Around the same time, the Scottish Government issued With Inclusion in Mind. This is the advice to local authorities and their partners on the local authority's role in promoting wellbeing and social development. It relates to the responsibilities on local authorities in sections 25-31 of the Mental Health (Care and Treatment) (Scotland) Act, 2003.

- The Act relates to everyone who has, or has had, a 'mental disorder': this includes mental health problems, learning disabilities, personality disorders and physical damage to the brain such as dementia. It includes children and adults of all ages.
- These sections set out the duty to promote social, cultural, recreational, training and employment opportunities. It gives examples of how these can be achieved and notes that the implementation will need to reflect local circumstances.
- It focuses on wellbeing and social development, rather than responding only to someone's illness or current situation.

- The guidance encourages local authorities to achieve this by making mainstream services as welcoming and accessible as possible, with more specialist support where needed, rather than starting with separate services for people with mental health needs. This is consistent with other statutory duties, such as those in the Disability Discrimination Act, 2005.

### **Quote**

“There are several reasons why action is needed under these Sections of the Mental Health Act:

- There is an opportunity gap between the general public and people with mental illness, personality disorder or learning disabilities. This is unjust.
- Removing barriers to participation often leads to changes that make life better for us all.
- Scottish society will be enriched if everyone contributes.
- A diverse community with high levels of participation will enhance the positive mental health and wellbeing of the whole population.”

*With Inclusion in Mind*

### **More information**

The full text of Towards a Mentally Flourishing Scotland is at:

[www.scotland.gov.uk/Publications/2007/10/26112853/0](http://www.scotland.gov.uk/Publications/2007/10/26112853/0)

There is an easy read summary of Towards a Mentally Flourishing Scotland at:

[www.otbds.org/index.php/projects/view\\_details/54/](http://www.otbds.org/index.php/projects/view_details/54/)

An update on responses to the discussion paper has been published by the Scottish Government in May 2008 and is at:

[www.scotland.gov.uk/Publications/2008/05/21122124/0](http://www.scotland.gov.uk/Publications/2008/05/21122124/0)

With Inclusion in Mind is at:

[www.scotland.gov.uk/Resource/Doc/200490/0053601.pdf](http://www.scotland.gov.uk/Resource/Doc/200490/0053601.pdf)

### **What we did to start the discussion**

NHS Highland, The Highland Council and Argyll and Bute Council worked together to gather the views of local people and organisations on the points raised in Towards a Mentally Flourishing Scotland and With Inclusion in Mind.

We started off the process of taking forward these ideas and good practice by bringing people together to share their knowledge and ideas around what is already happening and what should happen next. This forms a basis for future action across the Highlands and in local areas.

- We wanted the experiences and views of people across the Highlands to feed into the national policy debate.
- We wanted to build these approaches into our own plans and practices.
- We wanted to encourage the continuing debate in communities across the Highlands about these matters.

We held 3 events in early March, at Fort William, Brora and Lochgilphead.

We received suggestions from other people and groups located across the Highlands.

The people who contributed to the discussions came from service users' groups, carers' groups, health care settings, local authority teams who deliver care services, staff from other parts of Highland and Argyll and Bute Councils such as Housing and Education, voluntary organisations which provide care services, and voluntary and community groups with a wide range of other interests. The people who took part drew on their own experiences and the experiences of the people whom they knew who have mental health problems, learning disabilities, or other mental health needs.

We sent in our response to the Scottish Government's consultation, and are keen that people from across the Highlands continue to contribute to the development of plans and practical support at a national level.

We also wanted to feedback to all the people who took part in the discussions. We want continue with the discussions, so that the ideas, values and good practice which are reflected in Towards a Mentally Flourishing Scotland and With Inclusion in Mind continue to be reflected in the way we develop services and opportunities for people in the Highlands.

The discussion at the local events started with the topics that are listed in With Inclusion in Mind. These are all areas of local authority action where access to support and/or more flexible policies and practices can make a significant difference to the lives of people who have mental health needs.

- Housing
- Communities
- Employment
- Personal finances
- Parenting
- Statutory education
- Lifelong learning
- Volunteering
- Civic engagement
- Arts and cultural activities
- Healthy living
- Health and social care services

## **About this report**

This report draws on the discussions at the workshops and on the other points that people raised. We are circulating it to mark the start of the process of making the Highlands a place where people feel that they are mentally flourishing.

The report is being sent to all the people who took part and to other organisations and teams with an active role around aspects of mental health and wellbeing. It will also be in locations such as libraries and available through the websites, so everyone who is interested can read it.

### ***What the report covers***

- This first section gives the context.
- Section 2 describes the points that are important for all parts of the Highlands.
- There are notes on some of the topics which are highlighted in *With Inclusion in Mind*. Other topics were discussed in less detail, and we expect that there will be further discussions on these topics over the coming months and years.
- Each part lists the main points that were identified as priorities for action on this topic.
- Section 3 is the overview of what can happen next. It brings together action points from all the specific topics and the overall actions which will help make sure that the impact is sustained.
- There are also points that are important to people living in the Highlands that will need to be taken on at a national level. The last section shows how people across the Highlands will also take these issues forward.

### ***How the report will be used and taken forward***

- The report will be used by NHS Highland, The Highland Council and Argyll and Bute Council to inform our strategic planning on mental health and on other relevant services over the coming 3-5 years. It will be part of the agenda for Community Planning, which is the route that brings together the plans on many issues that affect people's lives.
- The issues will also be taken on through the existing joint planning systems which focus on services and policies to benefit people with mental health needs, people with learning disabilities and older people, as these are the groups of people who are most affected by many of the issues raised here.
- In the Highland Council areas, we will work together to look at how these issues can be taken on in each Area Committee and then in each ward.

- In Argyll and Bute, we will use the local area structure to take the issues forward.
- We will also link with the other ways in which people take part in civic engagement. For example, The Highland Council will engage with Highland Youth Voice on ways to take forward the range of issues that affect children and young people.
- Some staff will have particular responsibility for taking these actions on. But it will also be the responsibility of many people working in many parts of NHS Highland, The Highland Council and Argyll and Bute Councils, because the good practice runs through many aspects of what we do.
- All 3 organisations will draw on the suggestions when planning how we will deliver the direct care services that we provide. We will also use the good practice and ideas here when commissioning other service providers to deliver services.
- The mental health services, learning disability services and older people's services will take a lead in making sure that their services reflect good practice in supporting people's mental wellbeing in its fullest sense, and in supporting people to be included in their communities in the ways that are right for them. These services will also help by giving advice and support to staff in other services, so they feel more confident when people with mental health needs use their services.
- We hope that many people, including people who currently use services and their families, will find useful ideas which can help them support their own health and wellbeing.
- We hope that a wide range of people in communities across the Highlands will talk about the points raised here with other groups and people, including people who are not working mostly on mental health or related matters. We hope the report will help more people realise that good mental health and wellbeing is important for everyone, and that everyone can be a part of making our communities mentally flourishing and inclusive places.

### ***Note from Outside the Box***

Anne Connor from Outside the Box helped facilitate the events and put this report together. She was able to draw on what is happening in other places and to bring a fresh perspective to the work we are doing across the Highlands.

- Experiences in Highlands are similar to those in other areas, in that some things are working well and others are less well developed.
- The way the starter discussions happened is positive. The feedback from the people taking part in the 3 events was that these were inclusive and let people share and explore ideas. This type of local event is something which people

may want to continue as an integral part of the process of rolling this action forward.

- Some of the points raised here may be tackled more effectively as issues which affect the whole community, and then making sure that the mainstream services have the capacity and confidence to welcome and support people with mental health needs.

### ***Further information***

The lead contacts for more information about this report and for follow up action are:

- Keith Walker, The Highland Council, Glenurquhart Road, Inverness, IV3 5NX
- Cathy Steer, NHS Highland, Assynt House, Beechwood Park, Inverness, IV2 3HG
- Louise McKenzie, Argyll and Bute Council, Willowview, Oban, PA34 4SB

## **Section 2: Current position and suggested action on issues that contribute to good mental health and wellbeing**

### **The overall culture of our community and public awareness and attitudes**

#### ***Why this is important***

People's experience of stigma and discrimination is one of the factors which affect our mental health and wellbeing. This includes the stigma that many people with mental health problems and learning disabilities face. It also includes people's experience of discrimination and hostility in relation to their ethnicity, sexual orientation, age, gender or disability.

Being welcomed and made to feel included in a community has a positive effect on people's wellbeing. Part of this is continuing to learn, making new friends and making a contribution – which are things that can get lost when we are over-protective as well as when people are excluded for other reasons.

There are very close links between the physical and the mental health and wellbeing of a community and of individual people. We need to improve people's mental health and wellbeing if we want people across the Highlands to have good health.

People's experience of deprivation is closely connected with their mental health and wellbeing.

#### ***Points raised in the discussions***

- We need to do more to raise awareness about mental health and wellbeing, and about the circumstances of people who have mental health problems or learning disabilities.
- There are attitudes which have a bearing on the mental health and wellbeing of everyone.
- There needs to be a better understanding and a fuller discussion about our attitudes to risk, so we do not cause harm while trying to prevent it.
- Empowering individuals and communities to look after themselves and each other, and not just rely on formal services, will have huge benefits in the longer-term.
- Services and policies which benefit the whole community will often go a long way to tackling the isolation that causes or exacerbates poor mental health and wellbeing. Examples include poor public transport and accessibility to buildings and services.

## **Quotes**

“We all need to remember, there can be no good health and wellbeing without good mental health and wellbeing.”

“Tackling deprivation and improving people’s mental and physical health and wellbeing go hand-in-hand. We just need to think of what we are planning to do already and make sure that it takes account of the mental wellbeing aspects too.”

“A priority is continuing to work to change public attitudes – See Me and Choose Life campaigns happening locally, building on good public education initiatives through groups such as Highland Users’ Group.”

“Communities could do more to support everyone’s mental health and wellbeing if they had the information and encouragement.”

“Material success is equated with well being. That puts a lot of pressure on people. How do we combat that message in our culture and say that a good life brings together many different aspects of our lives?”

“Schools and other services that are driven by standards and league tables will have less time to support people’s wellbeing and let them have the choice they need.”

“The question is, What levels of risk are we prepared to live with? For example, for a person with dementia – is it safer to place that person in care, or allow them the freedom to choose to stay somewhere that is familiar, lets them continue to be included in their community and gives them a good life, with the risks that come with that?”

## ***Action suggested in the discussions***

- The NHS and local authorities should work with other people to develop advice and good practice which finds a balance between managing risks, supporting people’s mental health and wellbeing and enabling people to be included in their community. This is something which should not be rushed: the process of having the discussion and hearing people’s experiences and perspectives is as important as the guidance that we eventually develop.
- Continue the local work around raising awareness about mental health and wellbeing and on challenging stigma.

## **Changing the priorities for health and social care services**

### ***Why this matters***

Health and social care services have in the past tended to focus on treating ill health and on responding to situations once difficulties arose. Now, there is more focus on good practice around also encouraging people to manage their own health, on preventing future difficulties, and on services taking a more holistic approach.

Health and social care services can encourage and support people with mental health needs to get involved in all the other activities that support good mental health and wellbeing.

They can help staff who provide other services feel more confident and be more aware of people with mental health needs and people with learning disabilities, which will result in more opportunities for people to be included in their communities.

Other parts of the Mental Health (Care and Treatment) (Scotland) Act 2003 and other laws which protect vulnerable people have provisions that help people manage risks, help them have more say in their own care and plan for what will enable them to have a good life.

These approaches are also consistent with policies such as *Changing Lives* which say that services need to be flexible and reflect the needs of each individual person.

### **Examples of what we are doing well**

- Investing in good projects that both support people and build connections with the local community.
- General increase in health promotion activity in the NHS and through the local authorities.
- Local Area Co-ordinators in Argyll and Bute.
- People are involved in planning their own care.
- People who use services are involved in staff training.

### ***Points raised in the discussions***

- There needs to be more focus on preventing crises and early support, rather than on responding to crises when they happen.

- There should be more commitment to helping people have a good life and be included in their community, rather than focussing on managing people's illnesses.
- There needs to be a much stronger focus on people participating in their own care, including more support for people to be part of planning and reviewing their own care, and better practice around single shared assessments
- There should be more peer support, self-help activities and service user-led services.
- It is important to make information accessible, so people do have choices.
- The allocation of resources should reflect these priorities.
- We need better joint working between services, to make life easier for the people who need support.
- We need to look at how people get access to health and social care services, and especially the importance of person-centred care.
- Staff need to have the skills and confidence to take a holistic approach and encourage people to be part of their communities.
- There needs to be scope to try out new approaches, and then continue what works. But it also means ending services that no longer meet peoples' needs or current standards.
- We need to do more to help the small numbers of people who are on out-of-area placements to connect with and return to ordinary living.

### **Quotes**

"There are probably ways of being better at checking people are doing ok, such as following up the offers of community and voluntary organisations to do this."

"There are still difficulties around getting access to services which support prevention."

"There are lots of good actions that do promote inclusion – but they are often short term and patchy."

"We need to make sure there are opportunities for group/collective solutions and for preventative approaches. There are worries that this could be lost if there is increased focus on personalised budgets."

"Development of more self-help/mutual support groups."

“People keep raising the potential benefits of Crisis Houses. We know there are lots of practical difficulties. So we need to look at possible models and what is feasible for different areas.”

“Vulnerable clients tend to receive fairly good follow through to help minimise the disruption to their ordinary living when they need hospital care, but it is still not consistent.”

“There are unnecessary problems around the transition when young people who have additional needs around their mental health or learning disabilities are moving from children’s to adult services. Children’s and Adult services need to work together more.”

“Better co-ordination of supports for people with more than one problem or diagnosis should be a priority for further action.”

“The services should be welcoming, accessible and pleasant places. This is more often about staff attitudes than the physical buildings.”

### ***Action suggested in the discussions***

- Make sure that the mechanisms that exist to encourage and realise person-centred services are being used. This can be monitored by routinely asking people if they do know about the plan for their care and support, and feel they were part of developing it.
- The arrangements for planning for each child who is looked after and accommodated should include taking account of their mental health and wellbeing, as this is a group of young people who are especially vulnerable.
- Review the arrangements for access to support and services responses when someone is actively suicidal.
- Start a discussion among commissioners, service providers and people who use services to look at how we can make better use of the skills of staff providing health and care services, so they can give people support for people to move on rather than referring to other services.
- Look at how support packages and the role of support workers can be used to give more active encouragement to people to take up opportunities to become more included in their community, such as the arts, employment and all the other aspects highlighted in With Inclusion in Mind.
- Review the scope for more use of Direct Payments to support mental wellbeing and social development. Highland Users Group and other groups of people who use services should be asked to help with this.

- Also look at the other supports available for people using Direct Payments – e.g. for the times when they are unwell and don't want responsibility for organising and managing their own care just at that point.
- Review the out of hours co-ordination between services, including the links with services such as housing.
- The NHS should continue with work to raise awareness among GPs of the full range of ways to care for people's mental health needs, so there is less reliance on prescribing drugs. This will be part of the local action to implement the Mental Health Delivery Plan.
- Make the connections between good physical health and good mental health even clearer. That will increase the impact of the resources that are already invested in promoting good health.
- Use the opportunities presented by the current mental health re-design in Argyll and Bute to involve services such as Education, Housing and Leisure.
- Look at extending the role of Local Area Co-ordination in Argyll and Bute to people with mental health needs, and look at how similar arrangements in the Highland Council area can also support people with mental health needs.

## **Parenting, Education and Lifelong Learning**

### ***Why this matters***

Positive childhood experiences contribute to good mental health and wellbeing throughout our lives.

Children who have mental health needs will need some additional support to benefit fully from school. School and related out of school activities are also a good place to provide the learning opportunities and support which promotes the wellbeing of children with additional needs.

Many people with mental health needs and people with learning disabilities value learning opportunities, but can find access difficult.

Learning is valuable in itself and brings benefits such as giving people a sense of achievement and self esteem. It can also lead on to opportunities around volunteering and work for some people.

People with mental health needs may need additional support to help them fulfil their role as parents.

### ***Examples of what we are doing well***

- LEAD Scotland
- Safe and Sound Project (Highlands)
- Tykes – young carers in East Sutherland - is good at providing information
- Peer support for parents in mid Argyll
- Workers in Children's services have done ASIST training
- Parenting skills project in Lochaber
- Working with children on wellbeing themes

### ***Points raised in the discussions***

- We should continue to work to raise awareness about mental health and wellbeing among people who provide education and learning services across the range of settings.
- Schools and other services have an important role in helping to promote mental health and wellbeing in children and young people.

- We should increase the role of lifelong learning as part of promoting people's confidence and in addressing the factors that contribute to some people's poor mental health and wellbeing.
- We need flexible access to learning opportunities, especially in rural areas.
- Parents with low self esteem need support to help them to engage with ordinary community services. But the benefits for them and for their children in the longer-term will be significant.
- People who have mental health needs or learning disabilities often need better information and signposting about the range of learning opportunities that are available. They also need more encouragement from staff in health and social care services to help them take part.

### **Quotes**

“Raising awareness and training for staff in schools should be a greater priority: mental health, recognising signs of unusual behaviour, knowing what to look for.”

“Supporting literacy and numeracy and helping people overcome the stigma when they struggle with these would have a big impact. Poor experience of learning is a factor in adults' poor mental health and wellbeing, so if we can help people have a good experience now it is preventative.”

“One size does not fit all. We need to get more responsive to individuals and we don't always have numbers to provide 'group' courses in rural areas in any case.”

“A problem in our area is just getting to the good opportunities that are there. It helps when projects come out to us.”

### **Action suggested at the discussions**

- Expand the support to parents with low self esteem and look at other ways to encourage people in these circumstances to engage with community services.
- Services that provide learning opportunities should work with people who have mental health needs and people with learning disabilities to review the information they provide about the range of opportunities that are available.
- Services which provide health and social care should check that staff recognise the potential benefits to people from learning and have the information they need to encourage people to take part.
- Make sure that people have good opportunities to attend college – range of courses, level of support for individuals, and generally raising standards and expectations for people with learning disabilities and for people with mental health problems.

- Look at ways to have a school nurse or some other person in each school who has awareness of mental health issues.
- Mental health awareness should be part of pupil mentoring programmes

## Healthy Living

### *Why this matters*

People with mental health needs and people with learning disabilities have poorer physical health and shorter life expectancy than the general population.

People often need encouragement to look after their diet and take physical exercise.

When people do look after our physical health there are direct benefits for their mental health and wellbeing – for example, the release of helpful chemicals in our brains when we take exercise.

Many of the activities that help people keep well also bring them into contact with other people and be part of their communities.

### ***Examples of what we are doing well***

- Gym at New Craigs
- STIGMA play
- Lifestyle cards for leisure facilities
- Your Choice for Healthy Living
- Physical Activity and Healthy Weight strategies

### ***Points raised in the discussions***

- Promoting physical activity is a way of also supporting people's mental health and wellbeing. We should be doing this through a very wide range of opportunities so everyone can be included and can get involved in ways that are right for them.
- All services need to be welcoming and use language that promotes people's mental wellbeing.
- Reaching young people is very important.
- A priority for health promotion and related services should be supporting parents around both their own health and wellbeing and their children's.
- We should make learning about health and wellbeing a part of many activities, rather than only a distinct activity.

- Remembering, and helping people to learn, that healthy living includes aspects such as spirituality.

### **Quotes**

“Looking back, some of the language we use about healthy living has undermined people’s confidence in themselves.”

“We need to get over the message that leisure and being active is not all about buildings and organised activity. It is also enjoying green spaces.”

“We can encourage active learning about health and well being through a range of routes, e.g. Health days/events, taster sessions, and as part of activities such as sport, drama, music and the arts.”

“Sports can provide a vehicle for engagement and social inclusion.”

“Sometimes people who live with mental health problems need support that makes them feel safe and secure – so some services just for them as well as access to mainstream services.”

“It links to money – often the cost is a barrier.”

“Healthy living services should be setting an example by making sure that they support groups of people who tend to get excluded such as gypsy travellers and people from other minority ethnic groups.”

### **Action suggested in the discussions**

- Health promotion services should work with mental health and learning disability services to make sure that people with mental health needs get the information and support they need to have good physical and mental health.
- Make activities that encourage healthy living for everyone welcoming and easy to access.
- Make sure that activities aiming to promote healthy living focus as much on mental as on physical health and wellbeing.

## **Arts and cultural activities**

### ***Why this matters***

Arts and cultural activities have a positive impact on people's wellbeing, participation and self esteem.

The contributions that people make through arts and cultural activities can also benefit others in the community.

### ***Examples of what we are doing well***

- Taster session for young people through schools
- Arts services supporting community initiatives – Out of Eden
- Traditional Music Workshops

### ***Points raised in the discussions***

- A good approach is to promote the benefits of the arts to everyone – for the feelgood factor and as a way of achieving inclusion. Part of this is working around the practical issues of access for people in rural areas.
- It helps when there is good communication between the various arts initiatives, and between art activities and other activities/services – reaching all parts of organisations and local areas.
- Addressing the funding issues – better continuity and security – will enable people to plan ahead.
- Some mainstream arts activities need help to get better at including people who face additional barriers, for example around confidence.
- Make sure there are arts, drama and music therapists for the people who will benefit, including older people in care homes.
- We need to raise awareness about why some people need active encouragement to participate and how people running arts activities (and other mainstream activities) can welcome and encourage them to take part.
- The mobile libraries are a good resource and could be used more.

### ***Quotes***

“There are too many short-term initiatives – not enough continuity.”

“There are good opportunities for people to get access to the arts which are not being used because support workers and service users don’t know about them.”

“Provision is patchy – great opportunities that are benefiting some people with learning disabilities and people with mental health problems, but not available to everyone.”

“Arts activities that promote inclusion are generally driven by individuals rather than by strategy.”

“It’s getting more understanding about why the arts are so important – why people seek an outlet through art, writing etc when they have no other way to express or find what they feel.”

### ***Action suggested at the discussions***

- People from arts projects and other local services who met at the events arranged to meet up later and keep in touch. Someone with a lead responsibility for the arts should make sure this sort of local networking happens in each locality on a regular basis.
- Consider a campaign around promoting the benefits of participating in the arts for everyone, and involve people with mental health needs in planning how the messages will reach everyone.
- The Councils can help ensure that arts activities are accessible by making this a condition of any funding they provide.
- Argyll and Bute Council should look at the options for an arts and cultural development worker, as the benefits for people across the area would include benefits for their mental health and wellbeing.

## Housing

### ***Why this matters***

People affected by the Mental Health Act are more likely to be living in poorer housing than are the rest of the population.

They experience higher rates of homelessness – both where people's ill health has contributed to them becoming homeless, and where people experience mental ill health as a result of their experiences.

People may find it more difficult to maintain their home when they are unwell.

### ***Examples of what we are doing well***

- North and West Sutherland
- A network across Housing staff, Community Psychiatric Nurses and workers with expertise around substance misuse is being built up.
- Re-design of Birchwood. The transition was from a care home, to cluster flats and then to outreach flats. The staged approach meant that people were not cut off from support or from each other.
- The assessment process for housing in Argyll and Bute has been supportive and is objective.

### ***Points raised in the discussions***

- Training and raising awareness for staff in Housing Departments and Housing Associations will help these services provide better responses.
- housing for people affected by mental health problems and learning disabilities should be an integral part of overall plans, for example as part of approaches to make unit costs affordable and continuing to have social rented housing.
- Housing policies and practice should respect diversity, for example the needs of travellers.
- The development of links between people within a community and the development of community facilities should be seen as part of the housing plan.

### ***Quotes***

“Housing design needs to support tackling isolation and loneliness.”

“Supporting people in their tenancy needs to start before people move into a house”

“We need better understanding of the risks of social isolation and why people behave in certain ways – e.g. moving into a friend’s house. Housing polices need to reflect this and not have people at risk losing their own home.”

“We need more barrier free housing.”

“We need to develop new and different models for housing – self contained but with access to communal facilities for delivery of services and socialising.”

“We need to keep working at getting the balance between opportunities for people to be near people who have similar situations and people with whom they feel safe, and comfortable, and avoid having ghettos.”

### ***Actions suggested in the discussions***

- Departments should work together to develop more options around housing and support for people when they move from hospital back to their own homes or when young people who have been looked after get their own homes, including flexible approaches to tenancy and good support from NHS staff.
- Build on the training on mental health awareness delivered by Highland Users Group and offer this to staff in the Housing Departments and in housing providers.
- The Housing Department and Housing Associations should get more involved in community development.

## **Volunteering opportunities**

### ***Why this matters***

Volunteering helps people increase their confidence and self esteem.

It gives people links with others in their community.

When people volunteer they are able to make a contribution and give support as well as receiving it.

Work on this topic will enable the Councils and NHS Highland to work towards the Government's Volunteering Strategy.

### ***Examples of what we are doing well***

- Volunteers in Alness are working with children who do not have English as a first language.
- Recognising the mutual support in many projects – people giving and receiving support from each other.
- Argyll and Bute Council uses volunteers for literacy projects.
- The Active Schools project promotes volunteering among people with additional needs.
- NHS and other organisations share training with other organisations. This results in more training for volunteers and other people learning about the contribution of volunteers.

### ***Points raised in the discussions***

- There should be more active encouragement of people with mental health problems, learning disabilities and others to consider volunteering. This includes raising awareness about the potential value of volunteers generally in making a contribution to the community and benefits to the people who volunteer.
- More can be done to raise awareness of people with mental health needs about the range of volunteering opportunities, including that it does not have to be related to mental health issues.
- A priority is getting the right support for both people who volunteer and the people they then work alongside. This includes stability within the

organisations that provide volunteering opportunities and anticipating possible risks.

- We need better co-ordination around volunteering, including the links between the local authorities and NHS and voluntary organisations.

### **Quotes**

“Volunteers fulfil an important function and are valued by communities. Being able to contribute is good for our mental health and wellbeing.”

“Remember that volunteering is not right for everyone. Volunteering should not be seen as the only course of recovery. ”

“A worry is that people who get involved in volunteering may be seen as fit for work and pushed into paid work when they are not ready. “

“People with mental health problems are not volunteering due to problems with confidence and self esteem. Yet it is a good way to build that self esteem.”

“Support for volunteers is important and the key to keeping volunteers – e.g. mentoring projects such as Shirlie.”

“Support workers should be giving people advice and support and encouragement to take up volunteering opportunities.”

“We can do more to encourage older people to contribute their skills and experiences as volunteers.”

### ***Action suggested in the discussions***

- Voluntary organisations, the Councils and NHS should work together to develop a good practice guide on getting the right support for both people who volunteer and the people they then work alongside. This can then be used by all organisations working with volunteers.
- Organisations that support volunteering should work together to offer pre-volunteering programmes and taster sessions.
- The Councils and NHS should start a sustained initiative to promote volunteering. This should specifically include the role of volunteers in the activities they provide themselves and in the service providers they contract with.

## Employment

### *Why this matters*

People who enter the mental health system are at risk of losing their job, and with it many of the supports that would keep them well.

People with learning disabilities and mental health needs find it more difficult to get jobs than do others in their communities.

### ***Examples of what we are doing well***

- The services linked to Highlands and Islands enterprise are effective and valued.
- Work Positive at Highland Council

### ***Points raised in the discussions***

- Reducing stigma among employers and overall community to help people get opportunities around employment will help a lot.
- There needs to be more information for people and for employers on the help that is already available.
- Promote good practice around employment practices that promote health and wellbeing, such as opportunities for flexible working, supportive workplaces, a good work-life balance, and opportunities to learn.
- Mental health services and public bodies should be setting the example as good employers.
- They should also be encouraging people wanting to get back into employment and making this an integral part of the support and care they provide.
- Provide more information about options around self employment and social enterprises as ways for people to learn and use skills, and identify ways to encourage these, e.g. through Highland and Islands Enterprise.

### ***Quotes***

“NHS Highland and the 2 Councils should be setting the good example in their own employment practices.”

“Public bodies are the biggest employers in the area. If they set the lead and have

more supported employment places, or more opportunities for people with mental health needs or other disabilities to learn how to get into work, then we will have made enormous progress.”

“Employers, including public sector, could do more to help with short-term placements, so people can find out what they are good at and want to do.”

“Look at peer support as part of helping people back into work.”

“There are well established ways for people who have episodic illnesses and their employers to cope with this sort of situation. More people need to know that it can be done.”

“We need guidance on what makes a mentally healthy workplace.”

“More work with families – helping people on a journey towards employment, raising families’ expectations.”

### ***Action suggested in the discussions***

- NHS Highland, The Highland Council and Argyll and Bute Council should work with service user-led groups to make sure that their employment practices reflect best practice around valuing people with mental health problems and people with learning disabilities in the workplace.
- The initiatives around reducing stigma and changing attitudes around mental health should include material around employment.

## **Personal Finances**

### ***Why this matters***

People with mental health difficulties are nearly 3 times as likely to have problems around debt.

People with mental health needs and people with learning disabilities often have difficulties opening bank accounts and getting access to financial advice.

Having enough money enables people to take advantage of other opportunities that support inclusion, such as taking part in sports and leisure activities, and in arts and cultural activities.

Tackling this issue will help with Closing the Opportunity Gap priorities around lifting people out of poverty.

### ***Examples of things that are working well***

- Welfare rights officer and Debt Counsellor services
- Advice through the Citizens' Advice Bureau

### ***Points raised in the discussions***

- We need to make sure that people have access to information and advice on the range of financial matters. This includes debt management as well as maximising benefits; personal budgeting; advice in situations when people are making changes in their lives, such as considering a paid job or volunteering, or moving into their own home
- Raising awareness among mental health and learning disabilities groups, support providers etc about the sources of information is important. This should include sources of help when someone is in a financial crisis.
- Raising awareness among staff in finance advice services about the issues facing people with the range of mental health needs and learning disabilities.

### ***Quotes***

“A problem is access to services for finance in rural areas. We need to have a solution for access to information, if you can't get to an office-based service.”

“People need more support for finances when moving from benefits to paid employment – need additional support to get into managing own finances.”

“Develop LETS as way of helping people with limited money.”

“There is a need for help with the money aspect of transition between homelessness and having a house.”

“People need help around the whole range of financial services, such as access to house contents and other insurance.”

“Talk to banks and financial organisations and include them in plans – for example, helping people to manage an account.”

“There are good financial advice services available, but not everyone is confident enough to access them.”

### ***Action suggested in the discussions***

- Money advice services and mental health and learning disability services should work together to improve the access to information about existing sources of help and financial advice.
- The local authorities and the advice services should look at the scope to increase access to the Citizens' Advice Bureau and other services on an outreach basis, both as support for people with mental health needs and as part of meeting the general needs of people living in rural areas. The benefits in reducing worries etc. would have a big impact around inclusion for people with mental health needs and in supporting mental health and wellbeing for many more people.

## **Civic Engagement**

### ***Why this matters***

Contributions from a wide range of people improves the decision-making for the community as a whole.

It will help the Councils and NHS Highland be more aware of issues that are central to Towards a Mentally Flourishing Scotland and other policies around health and wellbeing.

Good support here is linked to achieving the good practice set out in the National Standards for Community Engagement.

### ***Examples of things we are doing well***

- Participation by people with mental health problems is supported through Highland Users Group and other groups.
- Highland Youth Voice draws together the experiences and contributions of children and young people on many issues, including those that affect young people's mental health and wellbeing.

### ***Points raised in the discussions***

- There needs to be more effort around general development of opportunities for people to engage in civic affairs. This includes following the good practice in the National Standards of Community Engagement and making more opportunities for people to raise issues that are important to them.
- Civic engagement should be promoted as something which is important for everyone, so it becomes more inclusive with more people taking part, employers seeing this as something worth supporting, etc.
- Mental health and wellbeing needs to be threaded through all policy/strategy, not a side issue. So public engagement of every issue needs to welcome and encourage people with mental health problems and learning disabilities.
- There needs to be more training and shared learning around engagement and participation – for people in the official bodies and for people with mental health needs. This needs a sustained, long-term commitment.
- There need to be opportunities for people to raise issues at a very local level, for example through mental health forums. We also all need to look for ways for people who are not active in formal groups to be involved.

- There are fewer examples of the impact of collective advocacy and of people participating in range of situations in Argyll and Bute than in other parts of the Highlands.

### **Quotes**

“We need to look at the range of methods, and use approaches that work well for people, give choice. For example, encourage methods for consultation that do not always involve public events.”

“Make mental health and wellbeing part of everyone’s business in policy/decision making.”

“Listen to people and feed back to them. Give people information about what is possible. Then they will be less likely to have unrealistic expectations.”

“More opportunities for people to build up their confidence and skills around participation – e.g. consulting with other members of groups, sitting on committees etc.”

“Use creative ways for people to gain these skills, such as arts and drama.”

“Organisations also need help to get better, e.g. to write in plain English.”

“The participation skill tends to exclude the people with the greatest risk of ill health.”

“The services that are specifically there to support people with or at risk of mental health problems and people with learning disabilities should be setting the lead in having service user participation in planning what they do.”

### **Action suggested in the discussions**

- The Highland Council and Argyll and Bute Council should look at the Community Planning arrangements, to make sure that mental health and wellbeing is picked up in all issues.
- The Councils and NHS Highland should work with community groups to review how they are implementing the National Standards for Community Engagement, including investing in developing people’s skills around civic engagement.
- The Highland Council should work with Highland Youth Voice to take forward the issues that are important to children and young people around mental health and wellbeing and being included in their communities. They should make sure that children and young people with mental health needs have opportunities to contribute. They should also work together to raise

awareness about the many ways to support and promote the mental as well as the physical health and wellbeing of children and young people.

- Argyll and Bute Council and NHS Highland should look at how they can support collective advocacy for people who are at risk of poor mental health and wellbeing.

## **National issues which we will encourage and support**

The discussion in the Highlands identified issues which will need to be taken on at a national policy level.

### ***Points raised during the discussions***

- Addressing the 'Benefits Trap' and the barriers to people obtaining employment or getting involved in some volunteering and learning needs to be a priority for the Scottish Government as well as for the Westminster Departments.
- National policies on learning need to actively promote good mental health and wellbeing. Examples include teaching emotional intelligence and literacy to staff and pupils throughout school and higher education experience.
- The Scottish Government should look at how funding streams are set up. The arrangements could do more to encourage partnerships, involve community groups and voluntary organisations and promote initiatives that tackle the causes of people being excluded and having poor mental health and wellbeing.
- It would help if there was guidance on the balance between risk and inclusion from bodies such as the Care Commission and Mental Welfare Commission.
- National initiatives to promote mental health and wellbeing would reinforce and complement local ones.
- A national campaign to raise awareness around employment and mental health and wellbeing would be a big asset. Points it should include are the role of employers, good employment practice, creating more options for people considering employment and support for social enterprises and supported employment.
- Developing national standards around recovery, including the roll out of the Scottish Recovery Indicators and building this in to the training of health care staff, will also help support good practice in local services.

### ***Action suggested in the discussions***

These are actions which people in the Highlands can take to support implementation or to contribute to the development of good practice across Scotland.

- NHS Highland and the Councils should promote the use the Scottish Recovery Indicators as part of the delivery of all mental health and related services.

- All services should use the 10 Essential Shared Capabilities learning and other training resources related to recovery.
- Mental health and learning disability services should work with the colleges providing adult education opportunities on ways to encourage people to take part and to be able to learn at their own pace. This experience should then be fed in to examples of good practice in learning as well as good practice in inclusion.
- We should continue to develop and provide opportunities for young people and parents in the Highlands to learn about positive mental health. Again, we should share our experiences with and learn from people in other places.
- We can contribute examples from rural areas to policy documents and initiatives on matters that contribute to good mental health and wellbeing.
- We should continue to develop local initiatives around employment, volunteering and encouraging people to get advice about personal finances to the point where these are seen as examples of good practice in a national context.

### **Section 3: Overall co-ordination**

This section lists suggested actions which will provide overall co-ordination of the points suggested to take forward specific aspects of Towards a Mentally Flourishing Highland, and make sure that these are part of on-going policies and service plans.

#### ***Using the existing structures for planning strategies and services***

There are joint planning arrangements for community care services and for children and young people: these include groups of people covered by the Act and With Inclusion in Mind, and who will benefit from action to promote their current and future mental health and wellbeing. These joint planning groups should have a clear remit to identify opportunities for extending the impact of Towards a Mentally Flourishing Highland and make sure that action to take forward the points in this report and emerging actions is sustained.

NHS Highland and The Highland Council and Argyll and Bute Councils should look at what they can do to promote good mental health and wellbeing within each local area or ward through the community planning arrangements as part of the follow on from this report.

Each local area should set up arrangements for people who live with mental health problems, people with learning disabilities to assess how far the services there are welcoming and accessible, along the lines of the current reviews by Access Panels. The good practice points listed in With Inclusion in Mind are a good starting point.

There should also be a checklist or impact assessment to enable the people involved in each local area, department or team to look at how each investment or activity in any of local authority or NHS responsibility can take account of the opportunities to promote good mental health and wellbeing.

#### ***Overall policies and practice to promote good health and wellbeing***

The work to support good mental health and wellbeing should be closely linked to overall activities to promote general health and wellbeing.

Staff with health promotion responsibilities within the NHS and the 2 local authorities should help colleagues be aware of the ways in which good physical health and wellbeing and good mental health and wellbeing are interconnected.

People with long-term health conditions are a group who are more vulnerable in terms of their mental health and wellbeing. Their mental health needs should be an integral part of current and planned work to promote their wellbeing, including support to people who want to take a more active role in managing their condition.

#### ***Implementation of National Standards for Community Engagement and other good practice in participation***

Good opportunities for civic engagement are highlighted in *With Inclusion in Mind and Towards a Mentally Flourishing Scotland*. The National Standards for Community Engagement set out good practice around public engagement in the way services and strategies are developed. The NHS and local authorities should make sure that each part of their organisation is aware of and following the standards. They should also make sure that the practical implementation also promotes inclusion – getting the processes that enable people who are risk of being excluded because of their mental health needs to have their say.

NHS Highland, the Highland Council and Argyll and Bute Council should make sure that people who work for and are in touch with mental health, learning disability and older people's services know who to contact in each public body if they have a question around opportunities for people to be part of public engagement and/or how these reflect the National Standards.

The NHS and local authorities should look at options for capacity building training for staff and the public which will include people who are at greater risk of poor mental health and wellbeing. Capacity building training has been identified in the National Standards for Community Engagement and in *Changing Lives* as an important part of ensuing strong participation over the longer-term.

NHS Highland, the Highland Council and Argyll and Bute Council should make sure that all services, including those provided by the NHS and local authorities as well as those commissioned from other organisations, are following best practice in enabling the people who use the services to direct their own care. This will link with the good practice which is described in the Care Commission standards, the Recovery Indicators and general standards for health services.

### ***Implementation of the Disability Discrimination Act***

This Act places responsibilities on public bodies to make all the services they provide accessible to disabled people. This includes people who have a disability in relation to their mental health needs or a learning disability. Specific actions which will also help address issues identified for people with mental health needs are

- Providing information about services that are delivered or commissioned in accessible formats.
- People with mental health needs contributing by training staff.
- People with mental health needs also being part of assessing accessibility, for example through user-led audits of how far mainstream services are accessible and inclusive.

### ***Implementation of policies and practice developments on care services***

*Changing Lives* sets out the policy and practice direction for social work services following the 21<sup>st</sup> Century social work review. Aspects which are directly related to the implementation of *Towards a Mentally Flourishing Highland* are

- Person-centred care through plans for, and developed with, individual people.

- Design and delivery of services that enable people to have more flexible support, and which enable them to be included in their communities.
- Involving people who use services and families in assessing the quality of services and helping providers develop the quality of what they deliver, for example as part of audit and training teams.

The arrangements for taking forward the implementation of Changing Lives and Towards a Mentally Flourishing Highland should be closely linked to avoid apparent overlaps or gaps.

The report from the *national confidential inquiry into suicide* was published in June 2008. It picks up concerns from across Scotland that are similar to those raised at the local discussions in the Highlands. Actions in response to the national inquiry which will address local concerns will include the role of the Community Mental Health teams in supporting vulnerable people and joint work to identify people who are at risk.