# Community Mental Health and Wellbeing Supports and Services Draft Framework – See Me Scotland Response

See Me is Scotland's national programme to end mental health stigma and discrimination. Our vision is to enable people who experience mental health problems to live fulfilled lives.

We are working to change negative behaviours towards mental health, by creating a movement for change, bringing people together all over Scotland who are passionate about tackling stigma, to work as one. We work with our supporters, volunteers and champions, to make real changes in communities across the country.

We want to change the culture around mental health so people feel confident enough to speak about how they are feeling and can ask for help if they need it, without the fear that they will be stigmatised and discriminated against. To do this we are targeting key settings where people face stigma and discrimination; in work, education, health and social care, and in their local communities.

See Me welcomes the opportunity to provide feedback on the Community Mental Health and Wellbeing Supports and Services draft framework. Please note that we have divided our comments into general comments and specific comments on the content of the draft framework.

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**General points:**

- References to community services should be mindful of the impact that stigma can have in preventing people from accessing these services. Highlighting the foundational nature of stigma ensures that consorted efforts are made to combat it, and for this reason we would advocate explicit reference to combating stigma throughout the content of the framework.
- A greater emphasis on the benefits of peer support for CYP would be welcome throughout the framework.
- We would like to see a greater level of acknowledgement of the value of social contact approaches in normalising mental health problems and promoting recovery.
- Mental health often appears to be used as shorthand for mental illness. We would recommend that these terms are kept separate and distinct.
- While we support many of the commitments in this framework, we would caution that achieving these changes is not merely a matter of providing training to members of staff. Training can be a poor indicator of change, if not backed up with measures to enabling and empowering staff, CYP and their families to create inclusive, stigma-free environments.

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**Specific comments:**

**Page 1, Objective section:**

Proposed edit:

**"Every child and young person in Scotland will be able to access services which support and improve their mental health and emotional wellbeing within their community, that are free from stigma."**

**Page 2, diagramme**

We would recommend that this diagramme include other services accessed by children, young people & families, such as youth provision, GPs, Community Learning, libraries, after schools clubs, play groups, colleges, sports provision etc.

**Page 2, Point 4:**

See Me welcomes the planned incorporation of the UNCRC and the embedding of this in practice, however we would like to see more detail in this paragraph on how to make rights real for people. The UNCRC can't be embedded in practice without consistent reference to the environments that enable rights-based approaches.

**Page 2, Point 5:**

Proposed edit:

"This framework is intended to be used to help you to design and build stigma-free, non-discriminatory and inclusive services and supports that are in line with national priorities and principles, relevant to your local developments and are based on local needs assessment, responsive to the needs of local communities."

It is welcome to see localities encouraged to make use of existing supports already established in their areas, however we would like to see a greater level of clarity from national decision makers in regards to the various priorities local authorities and partnerships are required to deliver on. For example, how does the commitment in primary care to greater use of treatment hubs fit with the community wellbeing service and infant mental health hubs?

Furthermore, greater detail on plans to ensure community services are inclusive and easily accessible for people would be welcome.

**Page 3, Point 8:**

A greater level of detail would be welcome on how families and carers receiving additional support are identified and supported. There are concerns around data sharing that may set up barriers to effective and seamless communications between the services intended to support these families and carers. Furthermore, greater clarity on the eligibility criteria and initiatives to make people aware of their eligibility for additional support would be welcome.

**Page 3: Point 9: (also Point 19)**

See Me fully endorses the commitment to clearly involve the voice of children, young people and families in developing or further developing community support and services. However, a greater level of detail on how this is intended to be done would be welcome. In particular,

- What steps are in place to ensure that the involvement is representative of the local population?
- Is this involvement using a mixed methods approach (e.g. survey, focus groups, interviews, lived experience inclusion on working groups, etc?)
- What mechanisms are in place to ensure the involvement of people is not purely at the consultation stage, but that people are empowered to take forward actions and continually shape and improve services?

**Page 4: Point 11:**

While the commitment in the Programme for Government is laudable, See Me would welcome more details on how children and young people are intended to self-refer, and what plans are in place for the different self-referral mechanisms a nine year old should use as opposed to a 16 year old, for example. In addition, from See Me's broader work we know that many young people lack trust, or even fear, community services. There are also families who have experienced generations of poor relations with community services. What steps are in place to ensure that CYP who fear a stigmatising response from community services will be supported to self-refer?

In addition, some community services may set stigmatising and discriminatory barriers in place for CYP to self-refer, for example people being barred from services due to perceived risk based on their mental health condition, not on previous behaviour. These practices make it much more unlikely for that person to trust services and engage in these self-referral routes.

Furthermore, we would like to see more detail on how consistency in access and self-referral processes can be achieved across different local authorities and partnerships. We know that CYP find it difficult to navigate a new system if they move council area, or are advising a friend in a different council area, and this places unnecessary barriers in the way of accessing community services.

**Page 4, Point 12:**

Again, the Programme for Government commitment to integrated infant mental health hubs is welcome, however See Me would like greater clarity from Scottish Government on how these proposed new hubs fit with other similar initiatives aimed at greater integration and multidisciplinary working. For example, what is the fit of these hubs with the proposed primary care treatment hubs, the community wellbeing services, and even the new Social Security centres? Will local authorities and partnerships be encouraged to collocate all, some or none of these? In setting up any of these hubs consideration must be given to removing barriers to access, especially around reducing stigma and discrimination.

**Page 4, Point 13:**

Proposed edit:

'.. that brings professionals across different disciplines**,** including the third sector, to deliver…'

**Page 4-5, Point 15:**

See Me endorses the principles set out that partnership working between services should be encouraged, but would like to see a greater emphasis on building these services around the CYP. For example, "appropriate links to out of hours and crisis services" would mean consideration of people who don't have access to internet or a phone, or does not know of the role of NHS 24, 111 or other services for out of hours support. What steps will be taken to build inclusive, stigma-free access to services for this group of individuals also?

**Page 5, Point 16:**

Again, See Me would like to see an emphasis here on "There should be no wrong way to access stigma-free, non-discriminatory and inclusive support". An explicit focus on stigma, discrimination and inclusivity will help ensure that this framework is realised in a way that benefits all.

**Page 5, Point 17:**

It is welcome to see the emphasis that "Everyone involved in supporting mental health and wellbeing should be clear about the role of community support and services." See Me would like to see proactive plans to link to the third sector and other forms of community support outwith the local authority or partnership's remit. For example, informing the local TSI of progress, encouraging greater awareness of community resources, and taking a genuine partnership approach with the third sector should be a common practice.

**Page 5, Design and Delivery with children, young people and families**

See Me would recommend moving this section up to sit under the Taskforce and Programme for Government section on page 4. This is because it provides key background to the framework by referencing important initiatives such as Feels FM, the Youth Commission and the Taskforce. It would also highlight the importance of including involvement of CYP throughout the policy development and implementation process.

Furthermore, we would reiterate the importance of using mixed methods of engagement to ensure that the consultation and involvement work is representative of the local communities. Core to the success of such initiatives would be making links with other policy drivers intended to empower and involve people, e.g. the Community Empowerment Act, parental involvement strategies, and other drivers for engaging CYP and their families.

**Pages 5-6, Point 20:**

We support the principle that support should be easily accessible, but would welcome greater consideration of how people communicate with services and the impact of stigma in making it less likely for them to seek help, and be put off future help seeking when they receive a poor response from a professional. Consideration should be given to the language used and assumptions about levels of literacy. Ideally material should be coproduced with CYP to ensure it meets their requirements. Again, more details on the self-referral processes would be welcome, especially in regard to how it will support people who have had negative experiences of services to engage.

In line with the commitment to accessibility for all, we suggest the following edit: **"**In line with GIRFEC, community services should be equitably accessible to ~~those with additional and complex needs~~ all, there should be targeted provision for those considered "at risk" taking account of local need and there should be conscious efforts made to reduce health inequalities."

An explanation of the interpretation on "at risk" in this section would also be welcome. Does it refer to the risks of social exclusion or risks of harm, for example?

We welcome the statement that "Community services should be free of stigma, judgement and discrimination", and would welcome further articulation of how this is to be achieved in mind of issues set out throughout this feedback.

The support for 'prevention focused' approaches is welcome. It would be good to see more detail on how preventative measures will be communicated both within community services and with CYP.

We would strongly recommend the following edit to the Empowered paragraph: "~~Where appropriate,~~ Children, young people and families should take part in shared decision making." We feel that it runs contrary to the ethos of the person centred care and support and empowerment to include "where appropriate". Who is to judge this? And on what basis would anyone be excluded from decision making? We also feel this would make the following sentence "All decisions made about a child and family should consider the mental health impact." stronger as it would underline that decisions need to be taken alongside CYP and family.

The commitment to "tell your story once" is welcome. We would like to see more detailed consideration of how seamless transitions between services can be made compatible with data sharing regulations, and what the implications of the dropping of the Named Person policy will have.

**Page 6, Point 21:**

See Me would welcome a reference to the stigma families and carers may experience by association with a CYP with a mental health problem. This can in turn have a detrimental effect on their mental health and ability to seek help for themselves or on behalf of the CYP.

**Page 6, Point 22:**

Suggested edit: "We recognise that some in a ~~parental~~ caring role may have their own mental health issues which are being addressed through adult services." Greater consideration of the impact of poverty on creating "resilient families" would also be welcome, as poverty may make it more likely that those in a caring role have themselves had negative experiences of services, increasing their reluctance to engage with services.

**Page 7, Point 25:**

We would add the following points to the list of causes of distress that need to be addressed and underline that it is not intended to be an exhaustive list:

- Self agency and individual capacity
- (un)employment
- Gambling
- Housing issues
- Debt
- Poverty
- Gender identity or sexuality

**Page 7, Point 26:**

Proposed edit: "Local partners should identify and demonstrate clearly any particular individuals and groups and needs that should be addressed by their community support."

**Page 7-8, Point 27:**

Proposed edit: "The support available should be free from stigma, highly flexible, and adaptive to need and the changing circumstances of the child, young person or family/carer"

"Confidential services for those who choose them, for example outwith their school or immediate community" More detail on how to do this in a manner compatible with data sharing legislation would be welcome.

We would also like to see added to the list a point on the benefits of social contact as a means of promoting recovery and reducing stigma around mental health.

**Page 8, Point 28:**

Proposed edit to bullet point three:

"Targeted interventions for specific groups - e.g. LGBT Youth, Deaf communities, young parents and carers, children and young people in poverty, children and young people with learning disabilities, or complex needs."

Proposed edit to bullet point six:

"Support for children and young people which helps them to contextualise their emotions by age and stage and understand brain development; emotional regulation skills based on DBT, CBT or other relevant models, ~~and~~ support to develop self-care, and consistent working to reduce stigma."

In addition, See Me would like to see the benefits of peer support and a greater focus on working closely with third sector community resources included in this list.

**Page 8, Point 29:**

See Me fully endorses the commitment that "Community mental health and wellbeing support and services should be easily accessible and available to children, young people and their families/carers." However we would like to see more consideration of the impact of structural stigma as barriers to inclusion. More consideration should be given to combating stigma within community services, and acknowledging the impact of self-stigma in preventing people from seeking help in the first place.

Furthermore, a greater focus on how CYP are intended to link to services would be welcome. As mentioned above, self-referral is a welcome policy drive, but it needs to bear in mind the very real barriers people may have to accessing services that they or their families, have previous poor experiences of.

We would also like to see greater consideration to the capacity of services. If there is a higher level of demand due to better self-referral routes, how will the added demand be met and what contingency plans will be in place for this eventuality? We would recommend a coordinated approach across a local authority area, for example drawing on learning from the Childcare Sufficiency Assessments currently underway in local authorities in England.

**Page 9, Point 35**:

Add to the list of ensuring that services are accessible:

- Facilitating additional costs of travel in areas of rurality

**Page 9, Point 36:**

Include reference to "inclusive environments" and ensuring that CYP are involved in designing and developing what these look like.

**Page 9-10, Point 38:**

While we welcome the acknowledgement that much of the community support is provided through the third sector workforce, See Me would like to see greater consideration of how the third sector is to be involved in the planning process of delivering inclusive, stigma-free community services. This should involve inclusion of the local TSIs and a commitment to sharing information on resources available between public and third sector services. For the kind of integrated approach outlined in this document to be truly effective, integration of the public services is not sufficient, the third sector must be properly informed, consulted and included in the decision making process.

**Page 10, Point 39:**

We would like to see a commitment to increasing the skills and knowledge of CYP and their families on mental health and wellbeing needs. For example, the framework should include reference to ensuring that CYP and their families are informed and skilled to support mental health and wellbeing, and what steps would help achieve this, e.g. training to combat mental health stigma and discrimination.

**Page 11, Point 43:**

Include a specific commitment to ensuring that staff are aware of the foundational nature of stigma in preventing people accessing services, and made aware of approaches that reduce stigma and promote inclusivity of their services.

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**If you have any questions or would like more information on this response, please get in touch:**

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