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

[ ]

4. Outcomes

- **4.1** Below are the outcomes that people have said they would like this refreshed mental health and wellbeing strategy to achieve. Some of these describe how things might be better for individuals, some for communities, and some for the whole population of Scotland. Do you agree that the Mental Health and Wellbeing strategy should aim to achieve the following outcomes for people and communities?

1. Strongly agree	2. Agree	3. Neutral	4. Disagree	5. Strongly disagree

This will help us to understand what is most important to people and think about what our priorities should be. **Please indicate your selection with a tick under the corresponding number:**

Addressing the underlying social factors	1	2	3	4	5
Through actions across policy areas, we will have influenced the social factors that affect mental health and wellbeing, to improve people's lives and reduce inequalities Through, for example: • Improved cross-policy awareness and understanding of the social determinants of mental health and wellbeing, and how to address them • Cross-policy action works to create the conditions in which more people have the material and social resources to enable them to sustain good mental health and wellbeing throughout their lives • Policy implementation and service delivery that supports prevention and early intervention for good public mental health and wellbeing across the life-course	x				

Individuals	1	2	3	4	5
People have a shared language and understanding of mental health and wellbeing and mental health conditions		x			
People understand the things that can affect their own and other's mental health and wellbeing, including the importance of tolerance and compassion		x			
People recognise that it is natural for everyday setbacks and challenging life events to affect how they feel	x				
People know what they can do to look after their own and other's mental health and wellbeing, how to access help and what to expect		x			
People have the material, social and emotional resources to enable them to cope during times of stress, or challenging life circumstances			x		
People feel safe, secure, settled and supported		x			
People feel a sense of hope, purpose and meaning			x		
People feel valued, respected, included and accepted		x			
People feel a sense of belonging and connectedness with their communities and recognise them as a source of support		x			
People know that it is okay to ask for help and that they have someone to talk to and listen to them		x			
People have the foundations that enable them to develop and maintain healthy, nurturing, supportive relationships throughout their lives		x			
People are supported and feel able to engage with and participate in their communities		x			
People with mental health conditions are supported and able to achieve what they want to achieve in their daily lives	x				
People with mental health conditions, including those with other health conditions or harmful drug and alcohol use, are supported to have as good physical health as possible	x				
People living with physical health conditions have as good mental health and wellbeing as possible	x				
People experiencing long term mental health conditions are supported to self-manage their care (where appropriate and helpful) to help them maintain their recovery and prevent relapse		x			
People feel and are empowered to be involved as much as is possible in the decisions that affect their health, treatment and lives. Even where there may be limits on the decisions they can make (due to the setting, incapacity or illness), people feel that they are supported to make choices, and their views and rights will be respected	x				

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

The group agreed or strongly agreed with most of the outcomes.

'People have a shared language and understanding of mental health and wellbeing and mental health conditions.' - It would be good for people to have a shared understanding of mental health and wellbeing, as long as there could still be a diversity of views and not just one allowed version.

'People understand the things that can affect their own and others' mental health and wellbeing, including the importance of tolerance and compassion.' -
For people living with a mental health condition, when you are unwell it can be difficult to have tolerance and compassion towards yourself and/or others. There needs to be understanding of this.

'People know what they can do to look after their own and others' mental health and wellbeing, how to access help and what to expect.' – There needs to be more than signposting. You can be signposted to services and then find that the services turn you away.

'People have the material, social and emotional resources to enable them to cope during times of stress, or challenging life circumstances.' – The group put this as neutral as the outcome is too vague. 'Emotional resources' also places a lot of responsibility onto the individual.

'People feel a sense of hope, purpose and meaning.' – The group put this as neutral. People shouldn't feel that they have to have a purpose.

'People feel a sense of belonging, and connectedness with their communities and recognise them as a source of support' – Some people prefer to be anonymous, this should be respected. Others rely on support from their community but find themselves being uprooted from their community and the support that community provides when they are forced by circumstance to move somewhere else or are moved into supported accommodation in another location.

'People with mental health conditions, including those with other health conditions or harmful drug and alcohol use, are supported to have as good physical health as possible.' – The side effects of mental health medication cause harm to some people's physical health, sometimes life threatening or life shortening harm.

Communities (geographic communities, communities of interest and of shared characteristics)	1	2	3	4	5
Communities are engaged with, involved in, and able to influence decisions that affect their lives and support mental wellbeing	x				
Communities value and respect diversity, so that people, including people with mental health conditions, are able to live free from stigma and discrimination	x				
Communities are a source of support that help people cope with challenging life events and everyday knocks to wellbeing	x				

	1	2	3	4	5
Communities have equitable access to a range of activities and opportunities for enjoyment, learning, participating and connecting with others.	x				

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

The group strongly agreed with all of the outcomes for communities.

'Communities value and respect diversity, so that people, including people with mental health conditions, are able to live free from stigma and discrimination.' – It's important to challenge microaggressions as these can build up to have an impact on mental health.

Population	1	2	3	4	5
We live in a fair and compassionate society that is free from discrimination and stigma	x				
We have reduced inequalities in mental health and wellbeing and mental health conditions	x				
We have created the social conditions for people to grow up, learn, live, work and play, which support and enable people and communities to flourish and achieve the highest attainable mental health and wellbeing across the life-course	x				
People living with mental health conditions experience improved quality and length of life	x				

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

Services and Support	1	2	3	4	5
A strengthened community-focussed approach, which includes the third sector and community-based services and support for mental health and wellbeing, is supported by commissioning processes and adequate, sustainable funding		x			
Lived experience is genuinely valued and integrated in all parts of our mental health care, treatment and support services, and	x				

co-production is the way of working from service design through to delivery					
When people seek help for their mental health and wellbeing they experience a response that is person-centred and flexible, supporting them to achieve their personal outcomes and recovery goals		x			
We have a service and support system that ensures there is no wrong door, with points of access and clear referral pathways that people and the workforce understand and can use	x				
Everyone has equitable access to support and services in the right place, at the right time wherever they are in Scotland, delivered in a way that best suits the person and their needs		x			
People are able to easily access and move between appropriate, effective, compassionate, high quality services and support (clinical and non-clinical)	x				
Services and support focus on early intervention and prevention, as well as treatment, to avoid worsening of individual's mental health and wellbeing		x			

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

The group agreed or strongly agreed with all of the outcomes for services and support.

'A strengthened community-focussed approach, which includes the third sector and community-based services and support for mental health and wellbeing, is supported by commissioning processes and adequate, sustainable funding.' – This approach should be bottom up. It should not advantage large organisations over small, local, user-led organisations. There should be a move away from short term funding, so that organisations can commit to service users and not place a time limit on the support they provide. People with lived experience should be fully and meaningfully involved in commissioning and procurement processes.

'Lived experience is genuinely valued and integrated in all parts of our mental health care, treatment and support services, and co-production is the way of working from service design through to delivery.' – Remuneration and support should be provided for people with lived experience when they give up their time to take part in service design processes or act as lived experience representatives (bearing in mind the impact on benefits).

'Everyone has equitable access to support and services in the right place, at the right time wherever they are in Scotland, delivered in a way that best suits the person and their needs.' – The group agrees with this outcome but had concerns that it could mean redistributing funding across Scotland so that areas which have better services lose funding to support services in other parts of Scotland. There should be an overall increase in funding, levelling up not dumbing down.

'People are able to easily access and move between appropriate, effective, high quality services and support (clinical and non-clinical)' – Transitions should include children's / young people's services > adults > age 65+, plus transitions between services in different areas. People sometimes find that the services they use change completely if they move from one part of the city to another, sometimes just moving a few streets away can cause this. There should be a supported transition with flexibility, taking into account the stress which often accompanies a move and the circumstances which might have prompted it.

'Services and support focus on early intervention and prevention, as well as treatment, to avoid worsening of individuals' mental health and wellbeing' – This should not take focus and resources away from treatment and support for people with severe and enduring mental health issues.

Information, data and evidence	1	2	3	4	5
People who make decisions about support, services and funding use high quality evidence, research and data to improve mental health and wellbeing and to reduce inequalities. They have access to infrastructure and analysis that support this	x				

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

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

- When someone with mental health issues is seeing multiple doctors, nurses and other medical staff, there will be good communication between them so that the person's needs and wishes are fully understood, while maintaining respect for confidentiality.

- People are properly involved in the decisions made about their treatment, including being fully informed of the risks of any side effects, so they can make an informed decision about treatment.

- Healthcare workers do not discriminate against people with lived experience of mental health issues, either direct or indirect discrimination (e.g. diagnostic overshadowing). This includes workers in physical / general healthcare.

- There is parity of esteem between mental health services and physical / general health services.

- Health is treated holistically, with recognition of the connection between mental and physical health.

QUESTIONS - PART 3

5. Creating the conditions for good mental health and wellbeing

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

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

These are some of the things which people have told us (in meetings, peer research and surveys) have a negative impact on their mental health and wellbeing:

- Housing issues: Cost of rent and concerns about rent going up. Housing conditions (for instance, damp and mould and repairs not being carried). Being stuck in temporary accommodation for years. Being stuck in private rental accommodation. Feeling at the mercy of landlords. Concerns about safety and anti-social behaviour.
- Financial issues including worries about finances and dealing with the benefits system
- Noise pollution
- Air pollution
- Stigma and discrimination – from the general public and being discriminated against when they access services, including health and social care services
- Mental health medication side effects – direct effect these have on mental and physical health and the indirect effect on wellbeing they have because of what they stop people from doing.
- Physical health issues / Impact of visual impairment, and lack of support / treatment for these

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

- **5.5** There are things we can all do day-to-day to support our own, or others', mental health and wellbeing and stop mental health issues arising or recurring.

  In what ways do you actively look after your own mental health and wellbeing?
  - o Exercise
  - o Sleep
  - o Community groups
  - o Cultural activities
  - o Time in nature
  - o Time with family and friends

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

These are some of the things which people have told us* they do to look after their mental health and wellbeing: (*in meetings, peer research and surveys)

- Getting out and about
- Meeting up with and keeping in touch with friends and family
- Work (if they're able to work) is important for some people's wellbeing
- Taking part in community groups
- Taking part in creative activities - art, music, creative writing etc.
- Taking photographs
- Watching TV or listening to the radio
- Listening to music
- Activities like yoga, walking and badminton
- Taking part in activity groups for people with lived experience of mental health issues – for instance, walking groups
- Accessing green spaces / being in nature
- Learning new things / group activities (e.g. archaeology group)
- Shopping
- Food

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

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

- Lack of green spaces nearby
- Financial barriers
- Agoraphobia
- Exhaustion
- Side effects of mental health medication causing fatigue or otherwise making it difficult to leave the house
- Not receiving adequate care for mental or physical health issues – it's easier to do these things when your mental and physical health are better
- Not being able to access the activities they want to take part in because they've been told they're in the wrong locality

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

We carried out peer research on the impact of side effects of medication, this included their impact on wellbeing. Please contact us if you would like more information.

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

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

6. Access to advice and support for mental wellbeing

- **6.1** If you wanted to improve your mental health and wellbeing, where would you go first for advice and support?
  - ○ Friends or family or carer
  - ○ GP
  - ○ NHS24
  - ○ Helplines