Consultation Response: A Mental Health and Wellbeing Strategy for Scotland

SUBMISSION FROM SOCIAL WORK SCOTLAND, TO SCOTTISH GOVERNMENT CONSULTATION

09 September 2022

Social Work Scotland is the professional body for social work leaders, working closely with our partners to shape policy and practice, and improve the quality and experience of social services. We welcome this opportunity to comment on a Mental Health Wellbeing Strategy for Scotland and Scottish Government's vision of *"Better Mental Health and Wellbeing for All".*

"Social work and social care services are essential to the delivery of good outcomes, particularly but not exclusively, to the most vulnerable in our communities. Social work makes an important contribution to the public domain; working with people and helping them achieve change in their lives and helping them to contribute through the social relationship. This requires a particular balance of need, risk and rights."[1]

Social workers are uniquely placed as a profession to offer insight and contribution to this consultation as social workers hold legal duties under the Social Work (Scotland) Act 1968 placing responsibility on them for assessing the needs of those in the local authority area. As such, we seek to support the effective interaction and joint working of partner professionals in the process of delivering services and interventions to adults and children under the auspices of the above-noted legislation. Working within this multi-agency context, social workers hold a duty to offer perspective to ensure that a Human Rights enabling and strengths-based approach that is cognisant of the

[1] The Role of Chief Social Work Officer: Principles, Requirements and Guidance pursuant to Section 5(1) of the Social Work (Scotland) Act 1968 (www.gov.scot)

intersectionality of poverty, social justice and inequality [2] is central to the delivery of services.

Part 1 – Definitions

1.1. Do you agree with this description of "mental health"?

Everyone has mental health. This is how we think and feel about ourselves and the world around us, and can change at different stages of our lives. Our mental health is affected, both positively and negatively, by lots of factors, such as our own life circumstances, our environment, our relationships with others, and our past experiences, plus our genetic make-up.

Being mentally healthy is about having good mental health, as well as addressing mental health problems. Having good mental health means we can realise our full potential, feel safe and secure, and thrive in everyday life as well as to cope with life's challenges.

No x

1.2 If you answered no, what would you change about this description and why?

While we would agree that everyone has mental health, and with the component factors identified that make up mental health (life circumstances, environment, etc), we would suggest the addition of the individual's perception of control and influence of the factors and circumstances they are facing in life as a key and relevant aspect of mental health. An individual's perception that they can influence factors in their life is an important aspect of "mental health" that could be added to this definition to make it more robust.

According to the World Health Organization (WHO), mental health is "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community"[3] We would view the

[2] Intersectionality-Revealing-the-Reality-of-Poverty-and-Inequality-in-Scotland-May-2021.pdf (povertyinequality.scot)

[3] World Health Organization. Promoting mental health: concepts, emerging evidence, practice (Summary Report) Geneva: World Health Organization; 2004.

strength of this definition emerging from the subjective sense of realisation that an individual can influence their circumstances to support their resilience in the face of the wide range of human emotions resulting from life experiences.

1.3. Do you agree with this description of "mental wellbeing?"

Mental wellbeing affects, and is affected by, mental health. It includes subjective wellbeing (such as life satisfaction) and psychological wellbeing (such as our sense of purpose in life, our sense of belonging, and our positive relationships with others). We can look after our mental wellbeing in the same way as we do our mental health – and having good mental wellbeing can stop our mental health getting worse.

The Royal College of Psychiatrists defines wellbeing as: 'A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment'.

No x

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

We would suggest that the definition requires to be expanded to include the perceived and real ability to respond to and influence life circumstances. The sense of "things going well" can be subjective and related to the individual's resilience and perception, all of which can be affected by their life circumstances. In this respect we would also add systemic inequality, or systems in general, which can have a positive or negative impact on mental wellbeing and perception and actualisation of sense and ability to retain control.

We would again endorse the World Health Organisation's definition of mental health, noting the reference to mental wellbeing within making use, and aligning to, internationally agreed definitions, strengthens the position and ensures clarity in this, often confusing, landscape.

Relatedly, this consultation document makes reference to the workforce as being the "mental health & wellbeing workforce" and "the workforce for mental health & wellbeing". We agree with the separating out of the two groups i.e., specialist and universal, and we would be interested to understand what the policy team believe

constitutes as the “wellbeing workforce”, given the broad definition of wellbeing provided. We feel that a shared understanding of the “wellbeing workforce” is essential to taking forward any strategy proposed, the absence of which would cause confusion and make the consistent implementation of strategy impossible.

1.5. Do you agree with this description of "mental health conditions" and "mental illness"?

Mental health conditions are where the criteria have been met for a clinical diagnosis of mental illness. This means that a diagnosis of a mental illness has been given by a professional. Mental health conditions can greatly impact day to day life, and can be potentially enduring.

These include depression, generalised anxiety disorder (GAD), panic disorder, phobias, social anxiety disorder, obsessive-compulsive disorder (OCD) and post-traumatic stress disorder (PTSD), as well as bipolar disorder, schizophrenia, and other psychosis, among many more.

How mental illness affects someone can change from day to day. The professional treatment and support that each individual needs can change too. Someone may have an acute mental health problem or mental health condition that has not yet been diagnosed, but they can still be unwell. Their diagnosis may also change over time.

No x

1.6 If you answered no, what would you change about this description and why?

We would suggest that the additional reference of mental wellbeing to this definition would make it more robust.

As mentioned in previous responses regarding the definitions presented, it would be important to include the individual’s perceived and real ability to exert influence and control over the treatment, care and support, of their mental illness. This would align with legislative expectations around including the wishes of those requiring care, treatment and support for mental illness, and would support a social model approach

toward addressing mental illness, where things are “done with” and not “done to” an individual.

An individual can experience mental wellbeing where they are diagnosed with a mental illness. Viewing the treatment, care, and support of an individual with a diagnosed mental illness as a means to improving their mental wellbeing, which affects their mental health, would round out the definition set as presented.

Part 2 - Our overall vision

2.1. In the 'Draft Outcomes' section we have identified a draft vision for the Mental Health and Wellbeing Strategy: 'Better mental health and wellbeing for all'. Do you agree with the proposed vision?

No x

2.2 If not, what do you think the vision should be?

While the sentiment of, “Better mental health and wellbeing for all” is admirable, the ability to achieve this may not be realistic. The definitions provided for mental health and mental wellbeing at the start of this consultation acknowledge that both are universally experienced with subjective components, therefore the ability to influence this from any single profession without a wide and transformative approach to economic, housing, social and health reform, is a challenge. The social determinants of health will greatly impact mental health and wellbeing, and the breadth of economic response to the inequalities that contribute to poverty and disenfranchisement require multi agency and multi-disciplinary efforts to resolve. Reducing this to a statement such as “better mental health and wellbeing for all” minimises the complexity of the factors that influence mental health and wellbeing. We would suggest that a statement that is ambitious and recognises complexity would be better and that this should be framed around the National Performance Framework[4] and particularly the National Outcomes[5]. We are also aware and supportive of the work underway to develop a Human Rights Framework in Scotland, and believe there is merit in considering the language used throughout that piece of work and its application here.

[4] National Performance Framework | National Performance Framework
[5] National Outcomes | National Performance Framework

2.3. If we achieve our vision, what do you think success would look like?
Please see above.

Part 3 - Our key areas of focus

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

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

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

3.1. In the 'Draft Outcomes' section, we have identified four key areas that we think we need to focus on. Do you agree with these four areas?

Yes (with additionally needed) x

3.2 If not, what else do you think we should concentrate on as a key area of focus?
The complexity of promoting and supporting conditions for good mental health and mental wellbeing are multifaceted and will require engagement from a wide group of stakeholders, which the detail provided in this consultation does not suggest has been considered. At a minimum, economic, housing, and social inequalities, in conjunction with public health initiatives and community planning, should be improved to support a more equitable and community focused investment in people to allow them to access the fundamental and basic needs. These necessary components support a sense of influence and control over a person’s circumstances,

and we would see this perceived and real ability to control ones surrounds a key area for achieving good mental health and wellbeing.

In addition to the above, the acknowledgment of Human Rights and an individual's right to give this effect should be added as an explicit key area within the Mental Health Transition and Recovery Plan which would promote the right to self-determine and ensure this is integral to any approaches taken through the Plan.

Part 4.1 - Outcomes: addressing the underlying social factors

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

We'd like to know if you agree that the Mental Health and Wellbeing Strategy should aim to achieve each outcome.

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

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

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

Agree

Part 4.2 - Outcomes: individuals

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.

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

This is in response to the graph provided with tick boxes on the consultation

People have a shared language and understanding of mental health and wellbeing and mental health conditions. **Agree**

People understand the things that can affect their own and other's mental health and wellbeing, including the importance of tolerance and compassion. **Agree**

People recognise that it is natural for everyday setbacks and challenging life events to affect how they feel. **Agree**

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. **Agree**

People have the material, social and emotional resources to enable them to cope during times of stress, or challenging life circumstances. **Agree**

People feel safe, secure, settled and supported. **Agree**

People feel a sense of hope, purpose and meaning. **Agree**

People feel valued, respected, included and accepted. **Agree**

People feel a sense of belonging and connectedness with their communities and recognise them as a source of support. **Agree**

People know that it is okay to ask for help and that they have someone to talk to and listen to them. **Agree**

People have the foundations that enable them to develop and maintain healthy, nurturing, supportive relationships throughout their lives. **Agree**

People are supported and feel able to engage with and participate in their communities. **Agree**

People with mental health conditions are supported and able to achieve what they want to achieve in their daily lives. **Agree**

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. **Agree**

People living with physical health conditions have as good mental health and wellbeing as possible. **Agree**

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. **Agree**

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. **Agree**

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

The outcomes presented are very general and reliant on subjective experiences. Capturing success or failure in achieving these outcomes will be challenging as they do not incorporate a recognition of the need to address the inequalities mentioned in other areas of this consultation response. We would consider it imperative that the social determinants of health are addressed to support the environment necessary for people to develop and sustain good mental health and wellbeing. In reading these outcomes it becomes unclear who the Mental Health and Well Being Strategy is for and how it will be implemented across the many agencies, organisations, and structures which “people” come into contact with. The universal approach to meeting people’s mental health and wellbeing outcomes as written is aspirational, but not realistic.

In addition to addressing the social determinants of health, we would highlight the importance of ensuring Human Rights are able to be expressed as part of any strategy taken forward. In particular, in the outcome raised above in relation to empowering individuals to be as involved as possible in decisions involving their mental health. We would promote the use of advocacy, directive and non-directive, in any circumstance where decisions were being made that related to the expression of human rights and where an individual may not have capacity or ability to engage in such conversations on their own behalf.

Part 4.3 - Outcomes: communities

Including geographic communities, communities of interest and communities of shared characteristics.

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.

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

Communities are engaged with, involved in, and able to influence decisions that affect their lives and support mental wellbeing. **Agree**

Communities value and respect diversity, so that people, including people with mental health conditions, are able to live free from stigma and discrimination. **Agree**

Communities are a source of support that help people cope with challenging life events and everyday knocks to wellbeing. **Agree**

Communities have equitable access to a range of activities and opportunities for enjoyment, learning, participating and connecting with others. **Agree**

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

We would see the outcomes presented for Communities as vital, and note that many are enshrined in equalities legislation so therefore should be taken forward by organisations through legal duty. Addressing equity of access to ranges of activities would incur investment and we would suggest robust financial profiling be undertaken to determine the feasibility of the recommendations made within this consultation question and across all of the recommendations and proposals set out in the Mental Health and Wellbeing Strategy. Without such profiling, there is risk of setting up expectation with a potential that services and accessibility to a range of opportunities cannot be realised.

The ability to measure the outcomes listed is questionable, further infrastructure would need to sit alongside this Strategy to determine effective measures that distinguish from where organisations make attempts to meet the expectations raised within this Strategy, against the perception and satisfaction of the population at large to which they mean to impact. As noted in previous responses, addressing the social determinants of health is an important aspect to acknowledge when considering how these outcomes will impact communities and individuals and will affect the ability to achieve the vision set out in this strategy.

Part 4.4 - Outcomes: population

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.

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

We live in a fair and compassionate society that is free from discrimination and stigma. **Agree**

We have reduced inequalities in mental health and wellbeing and mental health conditions. **Agree**

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. **Agree**

People living with mental health conditions experience improved quality and length of life. **Agree**

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

The outcome regarding reducing inequalities in mental health and wellbeing and mental health conditions is not clear. The consultation does not set a baseline to enable a communal understanding of what the inequalities of mental health and wellbeing and mental health conditions are. One can presume this means access to services or support for mental health conditions, but the inequalities of mental health and wellbeing are less certain. Does this refer to the social determinants of health, such as poverty and access to basic health and social services? Without a shared understanding of what this means, the outcomes become less meaningful and therefore less clear to measure in future.

The ability to measure the outcomes listed is questionable, further infrastructure would need to sit alongside this Strategy to determine effective measures that distinguish from where organisations make attempts to meet the expectations raised within this Strategy, against the perception and satisfaction of the population at large to which they mean to impact.

Part 4.5 - Outcomes: services and support

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.

4.5. Do you agree that the Mental Health and Wellbeing Strategy should aim to achieve the following 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. **Neutral**

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. **Agree**

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. **Agree**

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. **Agree**

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. **Agree**

People are able to easily access and move between appropriate, effective, compassionate, high-quality services and support (clinical and non-clinical). **Neutral**

Services and support focus on early intervention and prevention, as well as treatment, to avoid worsening of individual's mental health and wellbeing. **Agree**

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

We would see social work as central to strong and community-based approaches to supporting people living with mental health conditions. The phrases used within this section and pulling together these outcomes are health slogans, which reflect service and care and treatment based approaches.

The use of a social model approach, one that recognises mental health within the social contexts in which people exist, would help to shift the focus of these outcomes away from services and toward an individual and their perception of the support they receive from engagement with professionals. This shift would support a focus of activity toward the person as included and supported to make informed decisions about their life, and whether they wish to engage with services or not, which would enhance these outcome statements.

In addition to the above, the acknowledgement that for some individuals, compulsory measure will be required when interacting with services would reflect an understanding of and an honesty in the context this engagement will take place. An assurance that Human Rights will be upheld and that advocacy supports will be enabled and prioritised to ensure the person remains at the centre of decisions made about the level of support they require is vital if a Mental Health and Wellbeing Strategy is to move toward a social model approach to engagement.

Part 4.6 - Outcomes: information, data and evidence

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.

4.6. Do you agree that the Mental Health and Wellbeing Strategy should aim to achieve the following outcome for data and evidence?

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. **Agree**

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

We would support the acknowledgement of the importance of data in decision making, but would enhance this with the inclusion of informed analysis, by multi agency professional agreement and inclusive of people with lived experience of services and support, where decisions were being made from data gathered. This

would offer opportunity to blend the medical and social perspectives of colleagues seeking to take forward improvement activity.

Part 4.7 - Outcomes: other

4.7. Are there any other outcomes we should be working towards? Please specify.

A specific outcome on supporting people with mental health conditions to give effect to their human rights would be recommended.

Part 5 - Creating the conditions for good mental health and wellbeing

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

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

5.1. What are the main things in day-to-day life that currently have the biggest positive impact on the mental health and wellbeing of you, or of people you know?

Social Work Scotland recognises the importance of self-determination and individual ability to act upon circumstances as important components of mental health and wellbeing. While it is generally understood that positive and supportive relationships, connection to one's community, the ability to engage in meaningful and productive activity, physical exercise and access to leisure activities, and economic circumstances that enable more than basic subsistence, are important factors affecting mental wellbeing, it is our belief that structures and systems in place should enable this. In the absence of fair and equitable structures and processes, the ability

to self-determine is reduced, and in this absence, we believe there would be a negative effect on mental health and wellbeing.

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

Please add your response to the text box

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

See response to section 5.1

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?

Please add your response to the text box

5.5. There are things we can all do day-to-day to support our own, or others', mental health and wellbeing and stop mental health issues arising or recurring. In what ways do you actively look after your own mental health and wellbeing?

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

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

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

Please see response to 5.1

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.

There can be multiple factors that impede ability to engage in activities that would support mental health and wellbeing, many of which would require a multidisciplinary approach by a variety of professions and organisations. In addition, individual resilience and the perceived and real ability to self-determine would make up important determinants of motivation and ability to engage in wellbeing activities.

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?

Please add your response to the text box

5.10. In what way do concerns about money impact on your mental health? 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.

Social Work Scotland supports anti-poverty actions to reduce the underlying causes of deprivation and inequality, to increase the basic minimum wage and to improve access to welfare benefits, through an approach that retains an individual's dignity and promotes fairness and opportunity.

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

Please see response to question 5.10

Part 6 - Access to advice and support for mental wellbeing

Our mental health and wellbeing are influenced by many factors, such as our home life, our work, our physical environment and housing, our income, our relationships or our community, including difficult or traumatic life experiences or any inequalities

we may face. In particular, research suggests that living with financial worries can have a negative influence; whilst good relationships, financial security and involvement in community activities support mental wellbeing. However, we want to hear what you think are the most important factors.

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

6.1. If you wanted to improve your mental health and wellbeing, where would you go first for advice and support?

- Friends or family or carer
- GP
- NHS24
- Helplines
- Local community group
- Third Sector (charity) support
- Health and Social Care Partnership
- Online support
- School (for example, a guidance teacher or a school counsellor)
- College or University (for example, a counsellor or a student welfare officer)
- Midwife
- Health visitor
- Community Link Workers
- Workplace
- An employability provider (for example, Jobcentre Plus)
- **Other**

If you selected 'other', please specify

Social Work Scotland is disappointed to note that social work is not listed as an option within this list. Social workers retain a duty under section 12 of the Social Work (Scotland) Act 1968[6] to promote welfare in their local area. While Local Authorities are named with the 1968 Act, the duty to undertake this legal

[6] Social Work (Scotland) Act, 1968 https://www.legislation.gov.uk/ukpga/1968/49/section/12

responsibility is devolved to social workers. The absence of both Local Authority and Social Workers from this list neglects the legal duties set out to support people in need within our communities. This absence also shows a poor understanding of the key and relevant partners required to improve mental health and wellbeing and something which should be addressed in further considerations given to the development of any strategy.

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

6.3. Is there anywhere else you would go to for advice and support with your mental health and wellbeing?
Please select all that apply.

- Friends or family or carer
- GP
- NHS24
- Helplines
- Local community group
- Third Sector (charity) support
- Health and Social Care Partnership
- Online support
- School (for example, a guidance teacher or a school counsellor)
- College or University (for example, a counsellor or a student welfare officer)
- Midwife
- Health visitor
- Community Link Worker
- Workplace
- An employability provider (for example, Jobcentre Plus)
- **Other**

Please see our response to question 6.1

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

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

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

Please see our response to question 6.1

6.7. Please use this space to tell us the positive experiences you have had in accessing advice and support for your mental health or wellbeing.
We want to hear about your experiences of accessing mental health and wellbeing support so we can learn from good experiences and better understand where issues lie.

Please add your response to the text box

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

Please see our response to question 6.1

6.9. We also want to hear about any negative experiences of accessing mental health and wellbeing advice and support so we can address these. If you have experienced barriers to accessing support, what have they been?

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

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

Poor communication between services, lack of coordination of strategic planning and integration, and operational jostling over priorities for finite resources all contribute to the barriers experienced when taking forward person-centred work through a joint approach. The acknowledgement of the roles each professional undertakes to provide a person-centred approach is important to ensure a human rights-based focus is maintained, and this acknowledgement and understanding is often not evidenced. However, strong examples of integrated and partnership working exist in Community Mental Health Teams and through Substance Use Teams and Alcohol and Drug Partnerships. In these teams, multi-disciplinary professionals work together to support people, leaning into the strengths learned through these joint working approaches, rather than concentrating on the barriers to engagement, would be a positive approach to considering this question and in solving this issue.

Additionally, whilst the recent investments in mental health are welcome across all services, the non-recurring nature of this funding impacts on the ability to spend it appropriately – for example it is very difficult to recruit to posts that are fixed term. Where recruitment is successful, the non-recurring nature of funding impacts on longer term planning for the future of a service – therefore creating a risk of increased expectation from our communities that cannot be met.

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

Part 7 - Improving services

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

7.1. Reflecting on your answers, do you have any specific suggestions of how to improve the types and availability of mental health and wellbeing support in future? In particular, do you have any thoughts on how the new National Care Service can create opportunities to improve mental health services?

The recognition of the legal duties held by social workers in relation to ensuring a human rights-based focus is vital to enabling a person-centred approach toward supporting mental health and wellbeing. To enable self-determination and perceived and real ability to affect change and take forward desired actions, in circumstances where mental health is impacted negatively, the involvement of social workers, advocacy, and social care providers should be integral to the development of strategies and services for people requiring support. The involvement of people with lived experience, and those who support them informally, along with family members, will also provide an important indicator of whether services remain in line with person centred and enabling approaches.

Part 8 - The role of difficult or traumatic life experiences

The NHS National Trauma Training Programme, led by NHS Education for Scotland (NES) defines trauma as:

"A wide range of traumatic, abusive or neglectful events or series of events (including Adverse Childhood Experiences (ACEs) and trauma in adulthood) that are experienced as being emotionally or physically harmful or life threatening. Whether an event(s) is traumatic depends not only on our individual experience of the event, but also how it negatively impacts on our emotional, social, spiritual and physical wellbeing. We are all affected by traumatic events in different ways."

8.1. For some people, mental health issues can arise following traumatic or very difficult life experiences in childhood and/or adulthood. What kind of support is most helpful to support recovery from previous traumatic experiences?

Traumatic experiences can impact upon the way that adults and the children experience the world around them, and their ability to build/ maintain both personal and professional relationships. People who have experienced trauma may have a heightened awareness of threat or distrust of others. Their experiences may have impacted upon their growth and development and their ability to manage many aspects of daily life.

It is important that support is tailored to the needs of the individual and that those offering support really get to know them and are able to meet them where they are rather than expecting them to fit in with systems and processes established to suit the service. Support needs to be relationship based and consistent. It is important that we do not refer to children and adults who have experienced trauma as "challenging" or "reluctant", but consider how their experiences are likely to have impacted upon them.

We need to consider how our organisations can be trauma informed and how staff can be supported to provide meaningful trauma informed support. It requires investment in staff and services as trauma informed support requires time to build relationships and the potential for a creative/ flexible response. However, it is important to remember that even small changes, such as giving the adult or child a choice about when/where to meet, can make a difference to their experience of that supportive relationship. The principles of safety, choice, empowerment, collaboration and trust should remain at the forefront of our minds as we develop services and support children and adults who have experienced trauma.

"Transforming Psychological Trauma; a knowledge and skills framework for the Scottish workforce"[1] is central to the development of this knowledge and understanding of truly trauma informed responses.

[1] https://transformingpsychologicaltrauma.scot/media/x54hw43l/nationaltraumatrainingframework.pdf

8.2. What things can get in the way of recovery from such experiences?
Please add your response to the text box

Recovery may be impacted by a lack of consistent support from agencies working with a child or adult. It is important that agencies working together share information, where appropriate, and that a consistent approach is adopted.

Points of transition can be particularly significant, whether it be a child moving from a small primary school where they were well known by staff to a large high school, or a young person transitioning from child to adult mental health services. It is important to acknowledge the importance of established relationships and recognise how these points of transition are experienced. Robust planning is essential.

If an adult or child is significantly impacted by their experiences it may take some time for them to build a relationship with those offering support, or indeed to be ready to even start to build such a relationship. It is essential that professionals recognise this and are able to develop the support offer accordingly. The way in which we develop systems and processes can make this more difficult. For example, a person who receives a stern letter after missing several appointments because they felt too overwhelmed to attend is not likely to engage with that service going forward. If they were contacted to acknowledge the missed appointments and asked what further support could be offered to help them to attend this would be much more likely to contribute to a positive outcome.

It is essential that services and those tasked with offering support consider how that support is likely to be experienced by the person who has experienced trauma. Each person will have their own experiences and will have been impacted differently, and that engaging with the child or adult, seeking their views is key to a meaningful supportive relationship.

8.3. Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation?
Please add your response to the text box

For practice to be truly trauma informed, consideration of how it is experienced by those who use the service and also the changes that we can make both on an organisational and individual level is required.

It is essential that we also apply these principles to the people working within our organisations, to ensure that they feel supported to undertake their roles and that they do not experience vicarious trauma themselves. Staff need to be safely within their own window of tolerance to be able to respond to the needs of others. We urge that any additional Mental Health workforce strategy considerations and intended outcomes align themselves to the ongoing work around trauma, and the expectations and outputs agreed within its work stream to ensure continuity and avoid duplication.

Part 9 - Children, young people and families' mental health

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

There is an established Children's Mental Health and wellbeing Taskforce with seven priority work streams looking at identified deliverables areas such as crisis support, early intervention, pathways aligned to Promise, neurodevelopment, education and training, CAMHS specification. We would refer to the outputs of this government led work in relation to priorities for children and young people and would urge that any additional Mental Health workforce strategy outcomes are coordinated with existing streams of work.

9.2 Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation?

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

Please refer to our paper submitted to the Health Social Care and Sport Parliamentary Committee on Mental Health and Wellbeing of Children and Young People[7], which notes the key issues for children and young people, and highlights the societal factors which are a significant factor – poverty and exclusion from society – alongside the many other pressures impacting children's mental health

Those pressures and factors are many and varied – trauma within the home and out with, adverse experiences, bullying, peer pressure particularly relation to the use of social media, on line activity and abuse and exploitation, school and exam pressures, worries about the future (environment, health, the wider world). This has an effect to only on mental health but on physical and psychological wellbeing and development in to adulthood. Recommendations and outcomes from work undertaken in relation to Children and Young People should be considered as part of

[7] https://socialworkscotland.org/consultations/health-wellbeing-of-children-and-young-people/

any new strategy development to avoid duplication and support continuity of approach.

9.4 Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation?

A range of investigations have also highlighted that the Covid-19 pandemic and associated social distancing measures, has had a specific adverse effect on children's mental health and wellbeing. We would refer you to our written evidence to the Education, Children and Young People Committee on the Impact of covid on children and young people in December 2021 [8], which not only details the impact but also provides research links and evidence on these areas. This detail should be considered within any new strategy developed to ensure that ongoing work and learning from other areas influences new developments. This will support continuity and avoid duplication of efforts.

Part 10 - Your experience of mental health services

10.1. If you have received care and treatment for any aspect of your mental health, who did you receive care and treatment from?

- Community Mental Health Team
- GP Practice
- Inpatient care
- Third Sector Organisation
- Psychological Therapy Team
- Digital Therapy
- Peer support group
- Perinatal Mental Health Team
- Child and Adolescent Mental Health Team (CAMHS)
- Forensic Mental Health Unit
- Other

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

[8] Education, Children and Young People Committee: Overall Impact of Covid 19 on Children and Young people - Social Work Scotland

10.3. How satisfied were you with the treatment you received?
Please add your response to the text box

10.4 Please explain the reason for your response above

10.5. If you were in contact with other health and social care services as part of your mental health care and treatment, how satisfied were you with the connections between these services? Are there ways in which you think connections between services could be improved through the development of the National Care Service?

Mental health care and treatment often involves links with other health and social care services. These could include housing, social work, social security, addiction services, and lots more.
Please add your response to the text box

10.6 Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation? For example, positive experiences of close working or areas where joint working could be improved.
We would take the opportunity to highlight that Adult social work services are not necessarily separate to mental health services – specifically in the case of community-based services. Community Mental Health Teams (CMHTs) are integrated health and social work teams that pre-date the public Bodies (Joint Working) Act 2014 and there is much to be learned from the approach and experience of CMHTs. Likewise, substance use teams (addiction is a medical term with a specific bias built into it) since the implementation of the above legislation are integrated, with representation from the social work, social care, nursing and medical professions. To think of these professions as siloed is flawed, and is not representative of the current system.

There is an expectation from Scottish Government that local areas (variously defined as Health Board area, or Local Authority area) have an Alcohol & Drug Partnership (ADP) that provides strategic governance and oversight to improve and embed

partnership approaches across each of the disciplines noted above (Housing, Third Sector, Social Work etc). We would suggest that there is a potential rich source of information that could be useful in the development of best practice. Likewise, many, if not all areas have established Mental Health & Wellbeing Strategy Groups that could, again, provide a rich source of learning for Scottish Government in the Development of this new Strategy.

This learning is particularly important whilst we grapple with the design and implementation of the National Care Service (NCS). In our submission to the Scottish Parliament Committee's (stage 1 bill scrutiny) in respect to the NCS, we highlighted the existence of this learning, and suggested a "pause" to facilitate analysis and consideration of this in order to support the development of systems.

We also highlighted our concern that the moving of Adult social work (which would likely, but not definitely, include community mental health teams and substance use teams) into the new Care Board structure, runs the risk of disruption to current arrangements for joint working between these services and, in particular housing and homelessness services.

Part 11 – Equalities

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

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

11.1. Do you have any further comments on what could be done to address mental health inequalities for a particular group of people?

Please add your response to the text box

If so, what are they?

Throughout the course of this consultation, we have highlighted that the social determinants of health are a key element to addressing inequality and supporting mental wellbeing. We would refer to our previous answers for further detail.

Part 12 - Funding

12.1. Do you think funding for mental health and wellbeing supports and services could be better used in your area?

Yes

No

12.2 Please explain the reason for your response above.

Shifting fiscal resource toward community and preventative options, with investment in community sustainability. Anti-poverty strategies and approaches that retain dignity, support equity in opportunity, and enable benefit maximisation, are some of the initiatives that should be progressed to support mental health and wellbeing.

12.3. Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation?

Please add your response to the text box

Part 14 - Our vision and outcomes for the mental health and wellbeing workforce

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

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

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

14.1. Do you agree that these are the right short term (1-2 years) outcomes for our mental health and wellbeing workforce?

Plan: Improved evidence base for workforce planning including population needs assessment for mental health and wellbeing. **Agree**

Plan: Improved workforce data for different mental health staff groups. **Neutral**

Plan: Improved local and national workforce planning capacity and capability. **Agree**

Plan: Improved capacity for service improvement and redesign **Agree.**

Plan: User centred and system wide service (re)design. **Agree**

Plan: Peer support and peer worker roles are a mainstream part of mental health services. **Neutral**

Attract: Improved national and international recruitment and retention approaches/mechanisms. **Neutral**

Attract: Increased fair work practices such as appropriate channels for effective voice, create a more diverse and inclusive workplace. **Neutral**

Attract: Increased awareness of careers in mental health **Neutral.**

14.2. Do you agree that these are the right short term (1-2 years) outcomes for our mental health and wellbeing workforce?

Train: Long term workforce planning goals are reflected in and supported by training programmes provided by universities, colleges and apprenticeships. **Agree**

Train: Increased student intake through traditional routes into mental health professions. **Neutral**

Train: Create alternative routes into mental health professions. **Neutral**

Train: Create new mental health roles. **Neutral**

Train: Improved and consistent training standards across Scotland, including trauma informed practice and cultural competency. **Neutral**

Train: Our workforce feel more knowledgeable about other Services in their local area and how to link others in to them. **Agree**

Train: Our workforce is informed and confident in supporting self-care and recommending digital mental health resources. **Neutral**

Train: Develop and roll out mental health literacy training for the health and care workforce, to provide more seamless support for physical and mental health. **Neutral**

Train: Improved leadership training. **Neutral**

Train: Improved Continuing Professional Development (CPD) and careers progression pathways. **Agree**

14.3. Do you agree that these are the right short term (1-2 years) outcomes for our mental health and wellbeing workforce?

Strongly disagree Disagree Neutral Agree Strongly agree

Employ: Consistent employer policies. **Neutral**

Employ: Refreshed returners programme. **Neutral**

Employ: Improved diversity of the mental health workforce and leadership **Neutral.**

Nurture: Co-produced quality standard and safety standards for mental health services **Neutral**.

Nurture: Safe working appropriate staffing levels and manageable workloads. **Agree**

Nurture: Effective partnership working between staff and partner organisations. **Agree**

Nurture: Improved understanding of staff engagement, experience and wellbeing. **Neutral**

Nurture: Improved staff access to wellbeing support. **Agree**

Nurture: Improved access to professional supervision. **Neutral**

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

Social work, with its unique contribution to the professional landscape, is guided by legislative duties and powers and a core value base from which it operates. There are designated tasks that can only be taken forward by social workers, and which require the governance arrangements that involve a Chief Social Work Officer. To this end, we strongly believe that the social work workforce should have a workforce strategy that reflects its wide ranging duties and needs in its own right and not be limited to any strand of policy development or task it undertakes. In taking such a narrow approach, the capacity and duties of the whole of the workforce will be siloed and limited and this is a risk to any workforce planning, missing out on the breadth of contribution social workers make across the system. The Health and Social Care Partnership Workforce Strategy applies to Adult social work only, and is an example of the challenges that can be faced when trying to consider social workers as task based, rather than looking to the wider connections across the lifespan where they operate. The exclusion of Justice and Children and Families social workers in this approach render it an unsuccessful means through which to plan for the profession.

The recruitment and retention of social work staff should be undertaken in line with the wider legislative duties and powers held by this section of the workforce, and carried forward in line with professional values and ethics, to maximise the professions' ability to enable the expression of human rights, in support of social

justice, through anti discriminatory and trauma informed approaches. Chief Social Work Officers, as the legislatively recognised leaders in social work, should be central to the design, development, and actioning of education, recruitment and retention policies and practices.

The suggestion of developing training for mental health awareness will not provide seamless support for mental health alone, implementation science suggests a more complex process for impacting change within a system. While we support further learning and training as part of systemic change, we acknowledge it as part of a process rather than a single stream of work. Approaches to social work post qualifying learning should adhere to the activities being taken forward by the Office of the Chief Social Work Advisor in relation to an Advanced Practice Framework for Social Work.

While the statements set out in this Strategy are relevant to social work and its workforce, we would suggest that the overall parsing of the social work workforce into areas of practice through the multiple strategies considering its involvement, to be a weakness, and one in which will require to be rectified by the profession in one overarching strategy, taking on board much of the thinking laid out within these statements.

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

Comprehensive data and management information on the Mental Health and wellbeing workforce. **Neutral**

Effective workforce planning tools. **Agree**

Good understanding of the gaps in workforce capacity and supply. **Agree**

Improved governance and accountability mechanisms around workforce planning. **Agree**

User centred and responsive services geared towards improving population mental health outcomes. **Agree**

Staff feel supported to deliver high quality and compassionate care. **Neutral/Agree**

Leaders are able to deliver change and support the needs of the workforce. **Agree**

Staff are able to respond well to change. **Agree**

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

While we would agree with the general statements made within this 3-4 year plan, we would stand by our previous comments, that social work as a profession requires its own workforce strategy that reflects the multiple areas in which the profession work, and one that reflects the context in which social workers hold legal duties. This would include engagement where compulsory measures are required, community, preventative, and assessment and review activity.

14.7. Are there any other short and medium term outcomes we should be working towards?

Activities that reflect and acknowledge human rights and support an individual to express theirs, while offering opportunity to self-determine, are key to supporting mental health and wellbeing and should have specific actions identified to take this forward.

Part 15 - The scope of the mental health and wellbeing workforce

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

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

15.1. The mental health and wellbeing workforce includes someone who may be:

- Employed
- Voluntary
- A highly specialised Mental Health worker, such as a psychiatrist, psychologist, mental health nurse or counsellor
- Any health and social care or public sector worker whose role are not primarily related to mental health but contributes to public mental health and wellbeing

A social worker or Mental Health Officer

Someone with experience of using mental health services, acting as a peer support worker

15.2. The mental health and wellbeing workforce includes someone who may work / volunteer for:

- The NHS
- The social care sector
- Social care services
- The third and charity sectors
- Wider public sector (including the police, criminal justice system, children's services, education)
- The private sector
- **Other**

15.3 If you selected other, please specify:

In response to question 15.1 and 15.2, the social work workforce includes social workers, social work assistants, Mental Health Officers (specially trained social workers), and can include Occupational Therapists, Social Care workers, Care at Home, and Care Home workers. These professionals work in Adult, Justice, and Children and Family services and cover a wide range of assessment, support, and duties in relation to protection activities, with individuals who have mental illness and mental health and wellbeing issues.

It would be Social Work Scotland's position that given the variety of areas that Social Workers operate, the social work workforce should have a workforce strategy that recognises these roles, and their likelihood to reach across the lifespan. The inclusion of a part of the social work workforce into a Mental Health Strategy would distract from the collective considerations that are necessary across the profession to ensure is sustainability and future development. Social Workers move between services and progress across a wide range of development positions during the course of their career. Retaining the ability to plan for and project into the future, the need of the workforce is vital to ensure the ongoing ability to deploy the skilled and professional workforce required to meet a range of social issues.

The values and ethics of the social work profession and the duties placed upon the workforce through legislation place the profession in the unique position of having a skill set that meets requirements wherever human rights enablement and social justice progression is practiced. It is across this multi-service spectrum in which social workers operate and while social workers work within mental health, their unique role, which retains legal duties under multiple pieces of legislation, make it more suited to a whole profession workforce consideration and planning approach rather than through separate and task specific considerations as suggested by these questions.

15.4. The mental health and wellbeing workforce includes someone who may be found in:

- Hospitals
- GP surgeries
- Community settings (such as care homes)
- The digital space, providing internet or video enabled therapy
- Educational settings (such as schools, colleges or universities)
- Employment settings
- Justice system settings (such as police stations, prisons or courts)
- **Other**

15.5 If you selected other, please specify:

The question above does not include Social Work Services, which is where a significant number of professionals operate from to support individuals with mental illness to achieve mental wellbeing. Social Workers, Occupational Therapists, Housing, and Social Work Assistants, can all operate from a Local Authority Social Work Service, and all play a vital role in supporting people's mental health and wellbeing. In addition to the above, the social care workforce underpins the day-to-day support that enables people living with mental illness to achieve mental health and wellbeing. The list provided is reductive and guides the reader toward a medical and judicial consideration of how mental health and wellbeing is enabled, which is not reflective of the wider approaches being taken across Scotland.

Social workers hold legal duties under multiple pieces of legislation that place responsibilities on them across the age spectrum for individuals with mental illness and mental health and wellbeing challenges. The absence of the acknowledgement of social work in this list calls into question the understanding of the breadth and responsibility of the mental health workforce and aligns thinking toward a medical model approach, or in the case of the addition of Justice, toward a punitive interpretation of the engagement continuum in mental health.

15.6. The mental health and wellbeing workforce includes someone who may:

Complete assessments for the presence or absence of mental illness
Provide treatment and/or management of diagnosed mental illness
Provide ongoing monitoring of diagnosed mental illness
Undertake work to prevent the development of mental illness
Undertake work to address factors which may increase the risk of someone developing mental illness
Provide support to families of those with mental illness
Provide direct support on issues which affect wellbeing, but might not be directly related to a diagnosed mental illness, such as housing, financial issues, rights
Other

15.7 If you selected other, please specify:

Social workers play a significant role in supporting individuals living with mental illness. The assessment of support requirements, assurance of advocacy involvement, and promotion of the condition through which human rights can be enabled, are all roles that social workers undertake through legislative duties. The professions value base in relation to human rights, improving access to social justice, anti-discriminatory approaches and enabling self-determination and choice and control are important aspects of supporting people to live well with mental illness and to sustain mental wellbeing.

In addition to the list above, we would suggest the addition of the social work duty in relation to protection and where compulsory measures may be required. In cases where protection and compulsory measures are required, a social worker and/or a specially trained social worker (a Mental Health Officer- MHO) hold responsibilities that other professionals cannot undertake. Articulating that important element in mental health work is vital to provide a comprehensive picture of the engagement continuum in which mental health work is taken forward.

Part 16 - Solutions to our current and future workforce challenges

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

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

Social workers, and those social workers with specialist training (Mental Health Officers- MHOs) hold duties to promote welfare in both the Social Work (Scotland) Act 1968, and in the Mental Health (Care and Treatment) Act 2003. This activity can and should be progressed through preventative and community-based measures, in conjunction with people who use services, their carers, and the social care workforce who deliver care and support. Recent research, as presented in Setting the Bar[9]

[9] Setting the Bar, Social Work Scotland, June 2022. https://socialworkscotland.org/reports/settingthebar/#:~:text=Setting%20the%20Bar%20supports%20the,the%20systems%20they%20work%20in.

supports the position that Scotland needs to train and employ more social workers, provide better support throughout professional careers, and enable social workers to have a stronger voice at all levels of the systems they work in. To achieve this, the Mental Health and Wellbeing Strategy should recognise the important contribution the social work profession plays in the preventative, community, and protective spectrum of mental health work.

Social Work Scotland members would be in support of multi-disciplinary and multi-agency approaches to meet the needs of those with mental illness, where approaches are rooted in the mutual respect of the roles in which all key partners play in the support, enablement, and person centred, approaches toward mental health care and treatment.

16.2. How do we grow the workforce, in particular increasing the capacity for prevention and early intervention, which enables individual needs to be recognised and addressed in a timely, appropriate manner?

Social Work Scotland would acknowledge the need for growth in the workforce to meet the aims and aspirations of legislation and policy. To achieve the preventative and community-based approaches aspired to in legislation, there is a requirement to support relational practice, and in the recently published report, Setting the Bar, social workers reported not feeling that they were able to practice their profession in the way in which they were trained.[10] To grow a workforce able to take forward a relational approach toward supporting those who require its services there needs to be a multi-pronged approach, one which recognises the important and unique roles each partner plays, and which is able to support each other in maximising these roles to their fullest. To achieve this we would support an approach to social work recruitment, retention, and career progression that affords the opportunity to carry forward the professions values through relational engagement. Such an approach would include routes into social work from other job roles that acknowledge life experience and affords an opportunity for local services to “grow your own” from their available workforce.

[10] Setting the Bar, Social Work Scotland, June 2022. https://socialworkscotland.org/reports/settingthebar/#:~:text=Setting%20the%20Bar%20supports%20the,the%20systems%20they%20work%20in.

A collaborative approach to data collection to enable intelligent recruitment into higher education that meets the demand on social work services, alongside robust practice-based placement opportunities for qualifying students, is also required. The acknowledgement of the role of the Scottish Social Services Council, as regulators for social work workforce, would be key to developing any actions regarding the social work workforce.

Post qualifying advancement, with graduated remuneration that moves away from managerial progression toward professional experience progression would be an enhancement for the profession as well. The Setting the Bar report found an appetite for a strong social work voice to articulate the role and responsibilities of the profession, from social worker, through specialisms such as Mental Health Officer, and arriving at a wider understanding of the legislative position the Chief Social Work Officer retains across Scotland. This finding reflects an additional challenge, the necessary requirement to develop the awareness of the role and responsibilities of social workers through the legislative duties and positions they hold in organisations. In achieving this with key and relevant partners, the scope through which the strength of the social work workforce can be realised across the many areas in which the profession operate, will offer a “growth” in its move away from task focused and transactional expectation, toward relationship based and supportive engagement.

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

Please see response to 16.2

16.4. How do we widen the workforce to fully integrate the contribution of non-professionals and experts by experience, including peer support workers without sacrificing quality of care?

Please see response to 16.2

16.5. How do we support a more inclusive approach to workforce planning, recognising that many different workers and services provide mental health and wellbeing support?

Please refer to response 16.2. In addition to that detail, the acknowledgement of the unique role that social workers play through legislative responsibilities in relation to prevention, welfare, and protective work, reflects a need for a social work workforce strategy that connects with other workforce needs and considerations within Scottish Government. A coordinated approach within Scottish Government acknowledging the workforce needs in relation to key areas of responsibility would be welcomed.

16.6. With increasing demand on mental health services, how do we prioritise creating capacity for re-designing services to better manage the impacts of COVID-19, and other systemic pressures?

Please add your response to the text box

A targeted workforce strategy that supports a holistic approach to considering the duties, powers, and capacity within the social work workforce would be a positive step toward understanding the needs of the workforce and support the ability to strategically plan for and develop the workforce that will meet the mental health and wellbeing needs of individuals and communities that the profession supports. The development and leadership of work to create such a strategy should sit with the Office of the Chief Social Work Advisor who can provide oversight and guidance informed from the leadership in the profession.

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

There are multiple work streams considering the wellbeing of workforce, and several initiatives underway to support this. Inclusion of all aspects of the social work workforce within wellbeing strategies is essential to support the workforce feeling valued. The recent decision to expand the Improving Workforce Culture Strategy to include the whole of the social work workforce is a significant and welcomed step forward in demonstrating to the workforce their value in the wider system.

Part 17 - Our immediate actions

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

Please select as many options below as you agree with.

Develop targeted national and international recruitment campaigns for the mental health workforce

Scope alternative pathways to careers within the workforce, beyond traditional university and college routes, such as apprenticeship pathways into mental health nursing

Improve capacity in the mental health services to supervise student placements to support the growth of our workforce

Take steps to increase the diversity of the mental health workforce, so it is reflective of the population that it cares for

Work with NHS Education Scotland (NES) to improve workforce data, including equalities data, for mental health services in the NHS, by the end of 2023

Undertake an evaluation of our Mental Health Strategy 2017 commitment to fund 800 additional mental health workers in key settings, including A&Es, GP practices, police station custody suite and prisons, to ensure that the lessons learnt inform future recruitment.

17.2. Do you think there are any other immediate actions we should take to support the workforce? Please specify.

The immediate actions set out in the above question do not acknowledge the role of the Scottish Social Services Council as regulators of the social work profession. Social work is a legally protected title that requires registration to enable the individual to practice and work as a social worker. The immediate actions set refer to NHS approaches, and therefore, don’t accommodate for the unique role that social

workers play within the mental health system. The social work workforce requires a workforce strategy that acknowledges the roles it occupies across the mental health and wellbeing continuum, and the development of such a strategy should be led by social work leaders and include close discussion and involvement with the social work regulators. Social Work Scotland would welcome an opportunity to engage with such work.

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

Please add your response to the text box

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

Please add your response to the text box

Part 18 - Final thoughts

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

The responses provided throughout the consultation encourage the consideration of social determinants of health when setting definitions to create a universal understanding of terms used to describe mental health, mental wellbeing, and mental illness, and to ensure that the connections are made across these definitions to acknowledge that they do not represent static conditions experienced by people, but are things which can be influenced by multiple factors. We have identified at numerous points in this consultation that the unique role of the social worker within mental health services is underpinned by legal duties and powers, and supported by a core value base focused on human rights, social justice, and an approach toward individuals that reflects unconditional positive regard. Development of any strategy for mental health and wellbeing must include the contribution of social workers, or it will risk being ineffective. Social Work Scotland are keen to work alongside colleagues in Scottish Government to support the development of a mental health

and wellbeing strategy that reflects the role and governance of social work in its aims and aspirations.

For further information on the content of this response, please contact:

Jennifer Rezendes
Head of Policy and Workforce, Social Work Scotland
Jennifer.Rezendes@socialworkscotland.org