



RESPONDENT INFORMATION FORM

Full name or organisation's name

Royal College of Speech and Language Therapists

QUESTIONS – PART 1

DEFINITIONS

In this consultation, we talk about “mental health”, “mental wellbeing”, “mental health conditions” and “mental illness”. We have explained below what we mean by each of those terms. We want to know if you think we have described these in the right way, or if we should make changes to how we are describing them.

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.

- **1.1 Do you agree with this description of mental health? [Y]**
- **1.2 If you answered no, what would you change about this description and why?**

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’.

- **1.3 Do you agree with this description of mental wellbeing? [Y]**

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

Mental health conditions and mental illness

Mental health conditions are where the criteria has 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.

- **1.5 Do you agree with this description of mental conditions and mental illness? [N]**

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

The Royal College of Speech and Language Therapists (RCSLT) agree broadly with this description of mental health conditions and mental illness, however we would like the new mental health strategy to address the current challenges people with communication and swallowing needs face in receiving a diagnosis of mental illness by a professional or accessing treatment. People with a primary communication problem are at greater risk of experiencing mental health problems than their peers, commonly anxiety or depression. For example, 81% of children with social, emotional and mental health needs had undetected speech, language and communication needs. Communication difficulties are often barriers to explaining concerns around mental health and accessing talking therapies.

Mental ill health can also impact on safe eating, drinking and swallowing. This may be as part of a mental health diagnosis, a behaviour or side effect of medication.

There is a greater prevalence of dysphagia (eating, drinking and swallowing difficulties) in acute and community mental health settings compared to the general population.

Speech and language therapists are attuned to the communication and swallowing needs of individuals and how these are a protective factor (when met) for good mental health and a risk factor (when unmet) for poorer mental health across the lifespan from birth to end of life. However, these needs, which are fundamental to understanding and building relationships, may be missed in mental health services as they could be masked by other clinical needs, or be overlooked due to lack of awareness or access to multidisciplinary services. We believe more needs to be done to educate all professionals, including those working specifically in mental health services, on how to identify communication needs and ensure that affected individuals get the care they need. We also believe that speech and language therapists should be recognised as mental health professionals for the important role they play in bridging the communication gap for those who require mental health services as well as the rehabilitative and empowering work they do with individuals with communication or swallowing needs at the community and specialist levels.

QUESTIONS - PART 2

MENTAL HEALTH AND WELLBEING STRATEGY – OUR DRAFT VISION AND OUTCOMES

2. Our Overall Vision

- **2.1** On page 5 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? [Y]
- **2.2** If not, what do you think the vision should be?

While we agree with the proposed vision, we think using 'Good' rather than 'Better' would be more ambitious.

- **2.3** If we achieve our vision, what do you think success would look like?

We believe to successfully achieve this vision, we need a transformation in mental health services. Current mental health services subscribe to a medical model of care that seek to identify, extract and fix the person. We need to consider the whole person, and siloed services get in the way of health professionals providing holistic support. In order for a holistic approach to work, we need strong universal, targeted and specialist services that can shift concentration away from a medical model and increase early identification, prevention and reduction in mental health harms. We see SLTs and Allied Health Professionals (AHPs) playing a critical role in this transformation and believe AHP-led mental health services could lead this environment-focussed approach.

3. Our Key Areas of Focus

- **3.1** On page 5, we have identified four key areas that we think we need to focus on. Do you agree with these four areas? [Y]

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

We agree with the areas of focus, but would like to query the following:

Providing accessible signposting to help, advice and support – Is this signposting from within mental health services, or from outside services? We would like to seek assurances that this signposting is helpful and doesn't require people to simply move from service to service without getting the help they need.

Providing a rapid and easily accessible response to those in distress - We seek clarification of what is meant by "accessible response". Are these responses communication friendly?

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
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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	x				
Through, for example: <ul style="list-style-type: none"> • 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 					

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?

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				
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?

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	x				

and communities to flourish and achieve the highest attainable mental health and wellbeing across the life-course					
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 co-production is the way of working from service design through to delivery	x				
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?

RCSLT consider co-design and co-production as key in all our work but are acutely aware that for people with a communication need this will require adaption to make the process fully accessible. As such many individuals with communication needs who experience mental health difficulties may require support and/or adaptations to participate in co-design and co-production.

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?

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

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.

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?

- **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?

- **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 you, or people you know?

- **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?

People with a primary communication problem are at greater risk of experiencing mental health problems than their peers, commonly anxiety or depression. It is, therefore, very important that communication problems are identified early to prevent deterioration in mental health.

- **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?

- **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.

- **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?

- **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

- 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
- **6.2** If you answered 'online' 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?
 - 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

- **6.4** If you answered 'online' 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?

Speech and language therapists already play a vital role in mental health.

- They provide support to ensure people can understand their diagnosis and treatment options, express their views and access talking therapies as part of their care.
- SLTs increase safety by reducing the risk associated with swallowing problems – these can lead to malnutrition, dehydration, choking or aspiration pneumonia, requiring hospital admission and, in some cases, causing death.
- They support cost efficiencies and maximise the effectiveness of mental health services by adapting and promoting accessible language-based mental health treatments.
- SLTs also support other professionals to recognise and respond to communication and swallowing needs, including how to tailor information to support decision-making and discuss treatment options.

With SLTs in both specialist and community roles, we believe that SLTs should be included as a first port of call health professional, embedded in both mental health services and primary care.

- **6.7** 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 use this space to tell us the positive experiences you have had in accessing advice and support for your mental health or wellbeing.

- **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?

- **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?

- **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?

- **7.** 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. 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?

8. The role of difficult or traumatic life experiences

The NHS National Trauma Training Programme 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?

Adverse childhood experiences, including trauma, neglect and abuse, can negatively impact on a child or young person’s language and communication development - up to 60% of young people who offend have low language skills, with 46-47% of these being significant. Early intervention to address communication needs can greatly improve outcomes.

- **8.2** What things can get in the way of recovery from such experiences?

- **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?

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?

- **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?

For transformation of mental health services to work, we need to invest in support for children and young people. Mental health is shaped in childhood and, in many cases, poor mental wellbeing starts with an undiagnosed communication disorder. Society is not set up for their needs (e.g., excluded from job interviews and workplaces), and lack of support in transition to adulthood leads to poor life outcomes. RCSLT has found that speech, language and communication difficulties affect 60% of young people in contact with the justice system and 80% of young people not in education, employment or training. To improve children's mental health and interrupt the intergenerational cycle of poor life outcomes, we need to embed mental health services in schools, workplaces and community support organisations. This may require restructuring the current funding model for CAMHS.

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

- **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?

Early language development is foundational and fundamental to developing secure attachment to care givers and is a protective factor for emotional well-being and positive mental health. Children and young people who access mental health services are much more likely to have communication difficulties. Children with a mental health disorder report having speech or language problems five times more than those without. 81% of children with emotional and behavioural disorders have significant language deficits. Men who have speech difficulties in adolescence have a significantly higher risk of mental health problems. Developing good communication early in life has the biggest impact on children and young people's mental health, and speech and language therapists are well equipped to provide families with the tools needed to achieve this.

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?

- **10.3** How satisfied were you with the care and treatment you received?

- **10.4** Please explain the reason for your response above.

- **10.5** 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.

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?

- **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 believe joint working across services is critical to achieving transformation in mental health services. Speech and language therapists are accustomed to working in multidisciplinary teams with other AHPs, nurses and psychiatrists in mental health. It is similar in childrens' services, where good relationships with schools are critical to achieving positive outcomes.

It is our view that AHPs and mental health practitioners should be embedded in the community. This builds sustainability into the whole system and promotes good mental health at a universal level. Attempts to do this in the past had limited success because they tend to rely on 'bringing in an expert' who tries to apply a medical model to an education setting, for example. We hope to see more widespread collaborative work between services in order to achieve a holistic approach to mental health care.

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.

11.1 The previous questions provided an opportunity to comment on the factors that influence our mental health and wellbeing and our experiences of services. Do you have any further comments on what could be done to address mental health inequalities for a particular group of people? If so, what are they?

As stated previously, we believe that a transformation change in mental health services is needed. We have long advocated a whole systems approach to address speech, language and communication needs (SLCN) in children and young people, and the same can apply here. The recent [Equity for All](#) report demonstrated that in the areas of highest SLCN there was the lowest level of SLT resource. These areas also demonstrated an intergenerational cycle of poor spoken language and coinciding poor mental health, low attainment, unemployment, offending and life chances. RCSLT believes that we should take forward the recommendations within this report, which include tailoring service models to the populations they serve, rather than apply a one-size-fits-all approach to care. It also requires a cultural shift from the traditional medical model to a whole systems, person-centred approach. We would like to see this taken forward in a new mental health strategy.

12. Funding

- **12.1 Do you think funding for mental health and wellbeing supports and services could be better used in your area? [Y]:**
- **12.2 Please explain the reason for your response above.**

- **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?**

We feel the current funding arrangement through more traditional services and CAMHS favour a medical model of care, and continuing with this arrangement will not achieve the early identification and prevention approach to mental health we want to see. Funding needs to go towards a model of care that can provide high quality universal services and holistic targeted and specialist services.

13. Anything Else

- 13.1 Is there anything else you'd like to tell us?

QUESTIONS – PART 4

OUR MENTAL HEALTH AND WELLBEING WORKFORCE

In the past decade, mental health services have changed dramatically, with increases in the breadth of support available in community settings, as well as an increase in the provision of highly specialist services. Our people are our biggest asset and we value the essential contribution that workers make in all settings across the country each and every day.

To deliver our ambitions, it is essential that we understand the shape of the current mental health and wellbeing workforce in Scotland, and what the future needs of the workforce are. We must embed an approach based on fair work principles which supports the wellbeing of workers in all parts of the system.

The mental health and wellbeing workforce is large, diverse, and based in a range of services and locations across Scotland. We want to make sure that we are planning for everyone who is part of this workforce. The breadth of mental health services and settings where services may be located, as well as the range of users accessing them are illustrated below.

In the Strategy, we want to set out our approach to supporting the workforce building upon the principles and actions set out in the recently published [National Workforce Strategy for Health and Social Care](#).

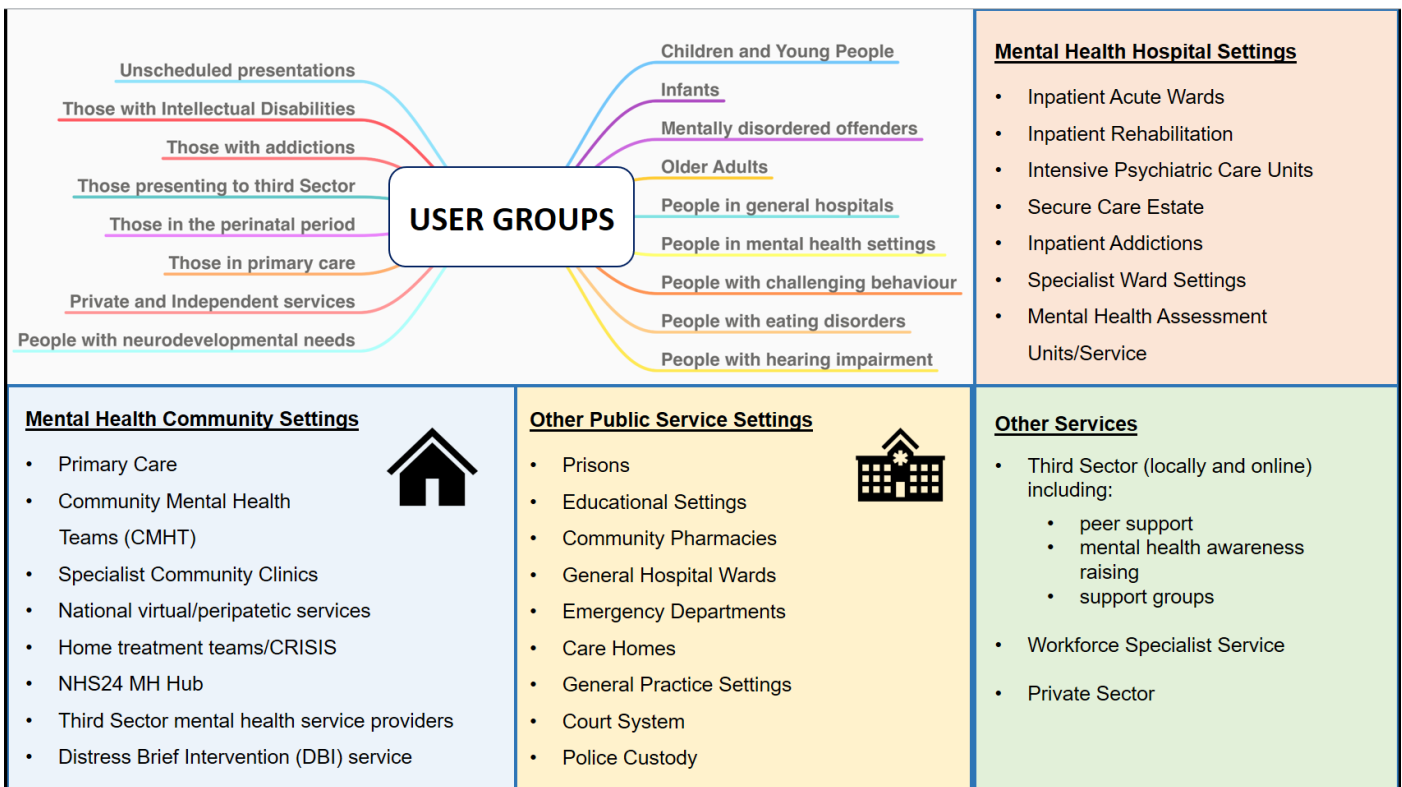
Following on from the publication of the Strategy, we will work with partners, including NHS, local authorities and the third sector, as well as people with lived experience of mental ill health and mental health services, to produce a more detailed Workforce Plan.

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 outcomes for our mental health and wellbeing workforce? For each we'd like to know if you think the outcome is:

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

Short term (1-2 years)		1	2	3	4	5
Plan	Improved evidence base for workforce planning including population needs assessment for mental health and wellbeing	x				
	Improved workforce data for different mental health staff groups			x		
	Improved local and national workforce planning capacity and capability	x				
	Improved capacity for service improvement and redesign	x				
	User centred and system wide service (re) design	x				
	Peer support and peer worker roles are a mainstream part of mental health services			x		
Attract	Improved national and international recruitment and retention approaches/mechanisms		x			
	Increased fair work practices such as appropriate channels for effective voice, create a more diverse and inclusive workplace	x				
	Increased awareness of careers in mental health	x				
Train	Long term workforce planning goals are reflected in and supported by training programmes provided by universities, colleges and apprenticeships	x				
	Increased student intake through traditional routes into mental health professions		x			
	Create alternative routes into mental health professions		x			
	Create new mental health roles	x				
	Improved and consistent training standards across Scotland, including trauma informed practice and cultural competency	x				
	Our workforce feel more knowledgeable about other Services in their local area and how to link others in to them	x				
	Our workforce is informed and confident in supporting self-care and recommending digital mental health resources	x				
	Develop and roll out mental health literacy training for the health and care workforce, to provide more seamless support for physical and mental health	x				
	Improved leadership training	x				

	Improved Continuing Professional Development (CPD) and careers progression pathways	x				
Employ	Consistent employer policies	x				
	Refreshed returners programme	x				
	Improved diversity of the mental health workforce and leadership	x				
Nurture	Co-produced quality standard and safety standards for mental health services	x				
	Safe working appropriate staffing levels and manageable workloads	x				
	Effective partnership working between staff and partner organisations	x				
	Improved understanding of staff engagement, experience and wellbeing	x				
	Improved staff access to wellbeing support	x				
	Improved access to professional supervision	x				

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

Medium term (3-4 years)	1	2	3	4	5
Comprehensive data and management information on the Mental Health and wellbeing workforce	x				
Effective workforce planning tools	x				
Good understanding of the gaps in workforce capacity and supply	x				
Improved governance and accountability mechanisms around workforce planning	x				
User centred and responsive services geared towards improving population mental health outcomes	x				
Staff feel supported to deliver high quality and compassionate care	x				
Leaders are able to deliver change and support the needs of the workforce	x				
Staff are able to respond well to change	x				

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

- **14.2** Are there any other short, medium and longer term outcomes we should be working towards? **Please specify:**

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.

- **15.1** Please read the following statements and select as many options as you feel are relevant.
 - a) The mental health and wellbeing workforce includes someone who may be:
 - i. Employed
 - ii. Voluntary
 - iii. Highly specialised
 - iv. Expert by experience

 - b) The mental health and wellbeing workforce includes someone who may work / volunteer for:
 - i. The NHS
 - ii. The social care sector
 - iii. The third and charity sectors

- iv. Wider public sector (including the police, criminal justice system, children's services, education)
 - v. The private sector
 - vi. Other, please specify _____
- c) The mental health and wellbeing workforce includes someone who may be found in:
- i. Hospitals
 - ii. GP surgeries
 - iii. Community settings (such as care homes)
 - iv. The digital space
 - v. Educational settings (such as schools, colleges or universities)
 - vi. Employment settings
 - vii. Justice system settings (such as police stations, prisons or courts)
 - viii. Other, please specify _____
- d) The mental health and wellbeing workforce includes someone who may:
- i. Complete assessments for the presence or absence of mental illness
 - ii. Provide treatment and/or management of diagnosed mental illness
 - iii. Provide ongoing monitoring of diagnosed mental illness
 - iv. Undertake work to prevent the development of mental illness
 - v. Undertake work to address factors which may increase the risk of someone developing mental illness
 - vi. Provide support to families of those with mental illness
 - vii. 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
 - viii. Other, please specify _____

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?

To meet the communication and swallowing needs within mental health, speech and language therapy needs to be integrated (and financially supported to do so) within mental health services. Children & Young People mental health services are currently leading the way by embedding SLTs into core mental health teams and we welcome this development. The effective use of SLTs in Adult mental health services is sporadic and rare. In contrast with colleagues in children's services, adult mental health services have been slower in acknowledging the importance of embedding SLTs into the core team.

- **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?

We welcome the increased investment in AHPs and SLTs within CAMHS. However, because of the significant shortage and low supply of SLTs in Scotland the unintended consequence of this action is that SLTs have been pulled from core services into CAMHS and left a gap behind them that we cannot fill. Improved tier 3 and 4 services are essential, but we cannot move resource away from community services that have an essential role in preventing mental health issues in the first place. England, Wales and Northern Ireland have all increased the supply of SLTs in the last few years. Scotland has not. This has led to a significant shortage of a profession that is essential in promoting wellbeing and preventing mental health difficulties.

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

- **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?

- **16.5** How do we support a more inclusive approach, recognising that many different workers and services provide mental health and wellbeing support?

- **16.6** With increasing demand, how do we prioritise creating capacity for re-designing services to better manage the impacts of Covid and other systemic pressures?

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

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 should be for the mental health and wellbeing workforce. **Please tick as many options below as you agree with.**
 - a. Develop targeted national and international recruitment campaigns for the mental health workforce
 - b. Scope alternative pathways to careers within the workforce, beyond traditional university and college routes, such as apprenticeship pathways into mental health nursing
 - c. Improve capacity in the mental health services to supervise student placements to support the growth of our workforce
 - d. Take steps to increase the diversity of the mental health workforce, so it is reflective of the population that it cares for
 - e. 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
 - f. 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.**

- **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.**

- **17.4** Do you have any examples of different ways of working, best practice or case studies that would help support better workforce planning and ensure that we have skilled, diverse, valued and supported workforce that can provide person-centred, compassionate services that promote better population mental health and wellbeing outcomes. For example, increasing the use of advanced practitioners. **Please Specify.**

