

PE1438/C

Scottish Recovery Network and Penumbra Joint Submission in Response to Public Petition PE1438¹

The Scottish Recovery Network (SRN) and Penumbra welcome this opportunity to respond to this important public petition and would like to thank the committee for seeking our views. We would also like to acknowledge the petitioner, Lynsey Pattie, for sharing her experiences in Parliament with a view to improving experiences and outcomes for people experiencing mental health problems in Scotland. The fact that the petitioner has had the opportunity to raise these issues is we believe an indication of an empowering and inclusive approach to the improvement of public life in Scotland.

Mental health improvement and our service responses to mental health problems have been the subject of unprecedented policy focus in Scotland since devolution and significant and widespread efforts to improve the experiences of people with mental health problems should be acknowledged. Our approach to mental health issues as a nation has been internationally noted and our policy and improvement methods are cited as examples of good practice. However, the reality is that despite this effort and focus, the experiences of people using mental health services still often falls well short of what we would like and expect to see.

The petitioner identifies that nursing staff are hard pressed and under resourced. While continued and increased investment is needed to bring our mental health services to parity with their physical health counterparts, especially in times of recession when evidence suggests recovery rates lower², it is our view that this is more than simply about investment.

Firstly in relation to the specific points on waiting times waiting times we concur with the petitioner that 26 weeks is an unacceptable waiting time for child and adolescent mental health services and is an example of inequality where adults have 18 week waits. Part of the issue behind waiting times may be that whilst more investment has gone into Child and Adolescent mental health services in recent years this has gone into secondary care, whilst we believe there is a significant under-provision in community and preventative services for young people.

In relation to schools and curriculum for excellence there are a number of pieces of work that have tried to link the curriculum to raising awareness of mental health

¹ The Scottish Recovery Network is an initiative hosted by Penumbra and as such it seemed appropriate to provide a joint response to the Committee.

² Warner, R. (2004) Recovery from Schizophrenia: Psychiatry and Political Economy. Hove, Taylor & Francis.

issues. The national anti-stigma campaign 'see me' recently launched a teaching pack for schools that maps to curriculum for excellence <http://www.seemescotland.org/whatsonyourmind> . Glasgow based group, Positive Mental Attitudes, have also prepared teaching packs that can be used to raise awareness and understanding amongst 13-15 year olds.

More broadly we believe that part of the issue is the extent to which we value certain interventions over others in in NHS mental health services and also the way we measure success. The petitioner suggests that there is a lack of interaction in inpatient settings and that nurses are unable to talk to people. This is a common complaint regularly identified, for example, in reports by the Mental Welfare Commission on inpatient experiences³. Initiatives like Releasing Time to Care and Leading Better Care are designed to free up time for one to one engagement and to ensure good leadership in NHS services. These and other initiatives are to be welcomed but we believe that there are more fundamental issues at play that require attention as they are potentially at odds with the Scottish Government's stated policy ambition of ensuring recovery focused and person centred services.

These include an emphasis on measuring services by their achievement of service oriented targets rather than on the individual recovery outcomes they are achieving and also on a deeply entrenched approach to the experience of mental health problems that prioritise medical perspectives and treatments over what are wrongly considered to be 'softer' skills of person centeredness and supportive relationship development, like empathy, compassion and the ability to instil and share hope.

These are exactly the types of approaches and skills identified as important in inpatient settings by the petitioner and indeed by many other people using services but in our view they remain undervalued in Psychiatry. Further, there is increasingly clear evidence that personal recovery is characterised by a set of foundational elements. These were described recently as connectedness; hope and optimism about the future; identity; meaning in life; and empowerment (giving the acronym CHIME)⁴.

There have been significant efforts to redress the balance from medically oriented and predicated interventions towards more recovery focused and person centred approaches within the NHS. At SRN we have been involved a number of them, including the development of the Scottish Recovery Indicator service improvement tool (SRI2 www.sri2.net). SRI2 is a tool that helps services reflect on their policies and practices and the extent to which they are focused on recovery and to take appropriate actions in response to findings. It has been used widely across Scotland

³ See for example: Mental Welfare Commission. (2010) Report from our visits to people in receiving mental health care and treatment in Scotland January – May 2010. Edinburgh, Mental Welfare Commission

⁴ Leamy, M., Bird, V., Le Boutillier, C., Williams, J., & Slade, M. (2011). Conceptual framework for personal recovery in mental health: systematic review and narrative synthesis. *The British Journal of Psychiatry*, 199(6), 445–52.

and emerging evidence suggests positive results. We both also play a lead role in the development of the new professional role of Peer Support Worker, where SRN has developed the training required and Penumbra has employed 24 people as peer support workers. Penumbra has also developed a reliable and validated outcomes measure for recovery called I.ROC (individual recovery outcomes counter) which helps people to measure their recovery journey against 12 indicators of health and wellbeing.

Like the committee and petitioner we firmly believe that people with their own lived experience of mental health issues and recovery are uniquely placed to support others in a mutually empowering and hopeful way. Evidence clearly shows that peer skills can be successfully harnessed in Peer Working roles within systems⁵ and we will continue to promote the development of these roles and to champion the employment of Peer Support Workers as a central component of recovery focused and person centred service systems. The development of roles within NHS settings has been much slower than we would have liked so we strongly welcome the committees recognition of the roles potential as well as the Scottish Government's continued commitment to role development, articulated in the new Mental Health Strategy.

Additionally we have been delighted to have worked closely with NHS Education for Scotland over a number of years to support the development of recovery focused and person centred practices. One indicator of progress is that curricula for mental health nurses pre-registration training has changed significantly in line with recovery focused and values based practices. This is an extremely welcome development and one that we would like to see reflected in other professional pre-registration training programmes including that for Psychiatrists and GPs. We recently responded to a Royal College of General Practitioners consultation⁶ and welcomed there suggestion that GP training be extended to take greater account of mental health issues as, in our experience, too many people receive inconsistent and poorly informed support from GPs in relation to their mental health and recovery.

We are concerned that without a root and branch review of our service provision that, given the strong vested interests from some professional groups in maintaining the status quo, the sort of changes to NHS services that petitioner and many other people would like to see will be hard one. As identified there has been a significant focus on improving our response to mental health provision in Scotland but there is a great deal more to do to ensure that experiences and outcomes are improved and more closely aligned to the needs and wishes of people in receipt of those services. We hope that the Scottish Government's commitment to a 10 year on follow up to the Sandra Grant Report, to review the current state of mental health services in

⁵ Repper, R. & Carter, T. (2011). A review of the literature on peer support in mental health services. *Journal of Mental Health*, 20(4), 392–411.

⁶ Royal College of General Practitioners. (2012). *RCGP Consultation - Better care for patients: defining the role of general practice in 2022 – a call for action*. London, Royal College of General Practitioners

Scotland, will be a thorough and open review, unbiased by professional interest, and that those leading it will be prepared to ask the sort of fundamental questions of our health services underpinning values base that this petition suggests, and we would agree is needed.

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