

Glasgow Association for Mental Health Submission in Response to Public Petition PE1438

Thank you for inviting Glasgow Association for Mental Health (GAMH) to respond to this Public Petition. We welcome the fact that the petitioner, Lynsey Pattie, has taken the opportunity to contribute to the continuous improvement of Scotland's mental health services.

Glasgow Association for Mental Health is a community based organisation that provides support to up to 1200 people per week including Carers of people in recovery. Our work includes supporting people to exercise their rights, participate in their communities, prepare for employment, and deliver education and training on mental health as well as providing direct support with mental health issues. Our response to the Petition is informed by this experience.

In our view, the Scottish Parliament can be rightly proud of both the priority it has given to mental health policy and the largely progressive approach that has been adopted, even in the face of a persistent misunderstanding of mental illness in wider society. That being said, the success of even the best policies relies on the quality and consistency of practical implementation. While there are many examples of good practice in the mental health system, it is disappointing to observe the number of occasions on which people in recovery do not receive the quality of service response they should expect.

In relation to Child and Adolescent mental health services, it does appear that young people are being treated less fairly than adults in terms of waiting times. It cannot be acceptable that young people are to wait 26 weeks for a service while adult waiting times are 18 weeks. Services for children and young people should be provided in age appropriate settings whether these are hospital or community based. A key priority for Child and Adolescent services should also be preventive and offer early intervention support.

Service and policy development should be in keeping with the United Nations Convention on the Rights of the Child (UNCRC) to which the United Kingdom government is a signatory. See for example Article 3 "All organisations that work with or for young people should work towards what is best for each child or young person".

The Petitioner is right in our view, to identify stigma and discrimination as major barriers to mental health recovery. Attitudes based on stereotypes of people with personal experience of recovery as "dangerous", "needy" or more recently "benefit scroungers" corrode self-respect and self-belief, inhibit choice and autonomy. (See for example *Key Themes in Recovery* Scottish Recovery Network www.scottishrecovery.net).

We were therefore pleased to see the development of a teaching pack for use in schools which promotes mental health education for young people and which connects the national anti-stigma campaign “See Me” with the curriculum for secondary schools.

Locally, Glasgow Association for Mental Health has been a member of the Glasgow Anti Stigma Partnership since its inception (see for example Mental Health and Wellbeing in Greater Glasgow and Clyde: Anti Stigma Catalogue NHSGGC 2009) We have delivered 182 Understanding Mental Health workshops to 2500 people between 2006 and 2012.

The workshops aim to provide course participants with an understanding of mental health, mental health problems, stigma and recovery and aim to tackle inequalities in the workplace. A key part of the training draws on the personal experiences of those with mental health problems. Evaluations of the workshops consistently record the powerful impact of the contribution of our Lived Experience Trainers. Our experience of delivering these workshops has enabled us to develop a small social enterprise, LX Training, using the principles of *Peer Support* (Experts by Experience: Guidelines to support the Development of Peer Worker Roles in the mental health sector SRN 2012) and *Co-Production* (Co-Production in Health and Social Care: Governance International 2012).

We have also participated in other strands of work developed by the local anti–stigma partnership (NHSGGC 2009): *Mosaics of Meaning: Understanding stigma and discrimination towards mental health problems within black and minority ethnic communities* and its follow up: *Mosaics Community Conversation (an intervention model that uses community development approaches to engage the community.)* and ‘*Are You Really Listening*’ *Storytelling Project* which is designed to elicit people’s experiences of stigma and discrimination and a Later Life peer support pilot programme developing a peer led awareness programme on depression in later life.

NHS Greater Glasgow and Clyde has supported these among a range of anti-stigma initiatives which we believe illustrates the diversity and depth of interventions required to bring about lasting change in public attitudes to mental health and mental illness. Unfortunately despite all this commitment, experience suggests that one irresponsible newspaper headline can undermine years of effort to address the stigma of mental illness especially now that this is compounded by the stigma of being a welfare benefit claimant.

The Petitioner has identified that people who are in-patients in psychiatric hospitals can be left to fend for themselves as nursing staff do not have time to spend with them and there is no information available about services and resources in the community. Unfortunately she is not alone in making these points as people we support do make the same observations from time to time. Given that any setting has the potential to offer the opportunity for recovery it is very concerning that “hospital is not the best place for getting better”.

In our view, relationship is at the heart of all effective mental health work. Relationships that are based on respect and trust and are positive will have the greatest impact on someone's recovery. Communication that is values based and skilfully delivered will be effective even when brief.

The Scottish Government has rightly developed mental health policy which seeks a more person centred approach. However within the psychiatric system human skills are still not sufficiently valued. These skills need to be systematically taught and role models clearly visible within services. Also any workforce or profession will have its focus drawn to how it is monitored or evaluated or rather to *what* is monitored or evaluated. Assessments of the effectiveness of any mental health service must give sufficient weight to the experience of the people using it. A focus on service outcomes alone will not deliver what people in recovery are asking for time and again. In our experience, people are asking for the same improvements as the Petitioner.

The Scottish Recovery Network has developed the Scottish Recovery Indicator (SRI2). This is a tool that assists reflective development of services so that they focus on recovery and can inclusively plan necessary improvements.

Within community based services Penumbra has developed I.ROC a validated measure of a person's recovery journey which encourages a highly personalised service and supports Co-production. At GAMH we have recently started to work with Penumbra to implement the use of this measure within our services because it fits closely with our values and will support a strengths based and solution focused practice.

Having noted these positive developments however, possibly the growth of the role of Peer Support Workers across a range of settings will be one of the most important and lasting improvements within the mental health system. The Scottish Governments continued recognition of and support for this is very welcome. The role of Peer Support Worker is an essential component of mental health services not least because of the unique and powerful impact of personal experience of recovery.

In summary, while Scotland's mental health system can be seen to be improving and has undergone significant change under the direction of our parliament, some improvements which are fundamental to the quality of peoples experience of services seem too slow in coming.

Jenny Graydon
Chief Executive
Glasgow Association for Mental Health