

A Chance for Change

What you said you want from the refreshed Scottish
Government Mental Health and Wellbeing Strategy



“The mental health strategy should change things”

**A Scottish Recovery Network report
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1. Introduction

Scottish Recovery Network promotes and supports mental health recovery. Our vision is:

Together we can make Scotland a place where people expect mental health recovery and are supported at all stages of their recovery journey.

Our mission is to bring people, services and organisations across sectors together to create a mental health system powered by lived experience which supports everyone's recovery journey. Collaboration and lived experience are central to our work. We have extensive experience of collaborating with partners to support mental health, wellbeing and recovery. This involves using co-design and co-production approaches.

1.1 The report

This report details feedback we gathered to inform the refresh of the Scottish Government's Mental Health and Wellbeing Strategy. The feedback is largely drawn from series of 'Help Shape the Future of Mental Health' conversation cafés held in March 2022. The cafés gathered the views of those with lived experience and an interest in mental health recovery.



**Things change quickly...
we need a strategy that can
move with the times**

The report has also been informed by the results of a comprehensive engagement exercise on the [future for mental health recovery](#) in Scotland. This was undertaken in Autumn 2020 by Scottish Recovery Network at the request of our Scottish Government sponsor. This included 10 online discussion events and an online survey completed by 335 people.

Our work is collaborative in nature. We connect with people with lived experience and those developing, managing and delivering a wide range of

mental health and wellbeing services and support. The discussions we have and the feedback and ideas people share with us have also informed this report.

1.2 A conversation café approach



The 6 conversation cafés were held between 21 and 30 March 2022. Each conversation café was facilitated by 2 Scottish Recovery Network team members and was designed using the approach from the [Recovery Conversation Café toolkit](#) - The conversation cafés lasted around 90 minutes each. After a welcome and connecting up exercise there was a facilitated discussion using questions designed to encourage participants to:

- **Consider the scope of the refreshed Mental Health Strategy**
- **Share their views and hopes of what the new Strategy will achieve**
- **Use their experiences to illustrate what good outcomes look like**

48 people participated in the conversation cafés. The majority of those participating were people with lived experience of mental health problems accessing services and support. A small number were front-line practitioners, many of whom were open about their own lived experience and who had experience of accessing as well as providing services.

The conversation cafés were recorded with participants permission. We worked with an independent researcher [Ruthless Research](#) to analyse the discussions.

2. Engagement summary

Participants at our conversation cafés were clear that the refreshed mental health strategy should be ambitious and be clear about the need for change.

They believe that the strategy should cover mental health and wellbeing for the whole population, whether this is about prevention, early intervention or support for those living with mental health problems. The strategy needs to be based on our knowledge and understanding of the economic, social and other determinants of mental health. It should consider the impact of health inequalities on individual, community and population mental health.

To do this effectively the strategy needs to take a whole system approach. It needs to equally value and provide access to a wide range of services and support across sectors. People felt that at the heart of the strategy should be the knowledge, skills and experiences of people with lived experience of mental health challenges. Lived experience should not be seen as an add on but fully integrated in the development of policy and service design, delivery and review on an ongoing basis.

The café discussions and feedback gathered identified a number of outcomes that people want to see from a refreshed Mental Health and Wellbeing Strategy.



**A recognition of the
value of lived experience.
Services shaped by
people in a significant
influential way**

3. Outcomes



People expect recovery and are supported at all stages of their recovery journey



All parts of the mental health system are equally valued



People can access the type of support that works for them and their life when and where they need it



Scotland is a mentally healthy society where needs related to mental health and wellbeing are acknowledged and supported



Lived experience is genuinely valued, integrated into all parts of our system and co-production is the way of working



Peer support and peer worker roles are a mainstream part of the mental health system



5. A recovery focused refresh

The discussions at the conversation cafés highlighted that people would like to see a commitment to significant change in mental health policy and services. The key issues and asks from our engagement activity are explored throughout this report.

The Scottish Government Mental Health Strategy 2017-2027 had a vision of:

‘a Scotland where people can get the right help at the right time, expect recovery, and fully enjoy their rights, free from discrimination and stigma’.

Many of those contributing to our conversation cafés and our Autumn 2020 engagement stated that they wanted to see a stronger commitment to mental health recovery. They wanted this to be more than a token mention in the vision. It was felt a recovery approach could be used not only in the context of improving services and support but also to shape the aims / outcomes of the refreshed strategy. To inform the actions to be taken to achieve these.

4.1 What do we mean by recovery?

Scottish Recovery Network use the following definition of recovery:

Anyone can have mental health problems but with the right support people can and do recover. Recovery means being able to live a good life, as defined by the person, with or without symptoms

In talking about recovery, we acknowledge that it is not necessarily easy or straightforward. Many people describe the need to persevere and to find ways to maintain hope through the most trying times. There are two core elements of the recovery approach:

- A fundamental belief that everyone has the potential for recovery – no matter how long-term or serious their mental health problems
- It is based on learning directly from people who are in recovery, or who have recovered from mental health problems

More options available to people, one size fits all approaches don't always work for everyone

Underpinning this is the knowledge that we all have mental health and that there are a wide range of factors and circumstances that can adversely affect our mental health.

Recovery recognises that there is a complex interplay between different models of, or perspectives on, mental health. It is also a trauma informed perspective, recognising and

understanding the way that trauma and adverse experiences, in childhood and adulthood, can have long lasting impacts on mental health. This is reflected in strengths-based approaches for example, the use of 'What's happened to you?' rather than 'What's wrong with you?' as the basis for a dialogue with people.

A lot of people are dealing with the symptoms and not the root cause



4.2 Translating recovery into policy and practice

Acceptance and understanding of mental health recovery has increased significantly but translating this into policy and the design and delivery of mental health services, particularly statutory services has been more challenging.

Interestingly those working in mental health services emphasised the need for a strong message about change from the top down. Some commented that strategies and plans concentrated on existing practices with minimal attention given to innovation and new, diverse ways of working. It was highlighted that clear messages about the need for transformation were not clearly communicated to those managing and working in mental health services and support on the ground.

There was a consensus that it should be clear to all involved that our mental health policy and system needed to change significantly to be fit for purpose. That this is not just about improving access to existing services but transforming the system so that everyone can be supported to live a good life of their choosing.

4.3 CHIME

Much of our work with others has been focused on how we can translate recovery concepts and approaches in a way that improves support for people experiencing mental health problems. In doing this we have found it helpful to move from focusing on the definition of personal mental health recovery to understanding and sharing what helps recovery and wellbeing.

While recovery is a personal journey common factors or themes emerge. The CHIME framework (Leamy et al, [Conceptual Framework](#) for personal recovery in mental health, 2011) is widely recognised and commonly used.

The CHIME Framework provides an opportunity to define what we mean when we say recovery promoting and supporting services. It can be used as a basis for policy and service design, delivery and review as well as in setting outcomes and standards in our mental health system.

What helps recovery?	What does this mean for policy and services?
Connections	<ul style="list-style-type: none"> • Supporting the person in their family and community • Bringing people together as peers to share experiences • Facilitating building and rebuilding of family, friendship and community networks
Hope and optimism	<ul style="list-style-type: none"> • Modelling hope by showing the possibility and reality of recovery • Hopeful, positive relationships
Identity	<ul style="list-style-type: none"> • Working with the whole person not just their mental health challenges • Bringing people together as human beings to challenge self and societal stigma
Meaning	<ul style="list-style-type: none"> • Coming together around shared interests and activities • Developing meaningful roles in services and groups for peers
Empowerment	<ul style="list-style-type: none"> • Action or support planning that puts the person in control • Choice and options rather than defined pathways • Opportunities to explore own story and recovery and develop understanding of lived experience

5. Good mental health and wellbeing for all

**Listen to people
and help them in
their lives.**

**It would save in
the long term.**

Participants said that the refreshed Mental Health Strategy should be focused on achieving good mental health and wellbeing for everyone. This includes population wellbeing as well as people living with mental health problems – whether they are accessing secondary mental health services or not.

Some participants expressed concerns that the needs of those living with more serious and longer-term mental health problems are somehow seen as separate, often resulting in isolation and limited access to and choice of support. Many described their own experience of living with a long-term mental health issue. They told us the care they received from secondary mental health services often did not feel person-centred and was focused on maintenance rather than prevention and recovery.



“Person-centred care, that’s what we don’t have”



“People with severe and enduring mental illness, not just giving up on them and people being written off. Help them”



“Right at the centre of it all would be empathy and kindness”

It was felt by people that the refreshed Mental Health Strategy should start from a basis that good mental health and wellbeing are sustained by a wide range of accessible, cross sector services and support for everyone.

5.1 A wider view of mental health

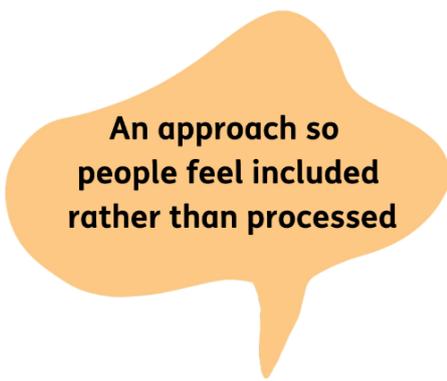
People also discussed that the strategy needs to redesign policy and services to consider a wider view of the influences on our mental health. There is increasing acknowledgement and understanding of the socio-economic determinants and the impact of health inequalities but this has not resulted in enough change in our mental health system which remains dominated by the medical model.



What is causing our mental health to suffer needs to be taken seriously

Conversation café participants felt that Scotland would be a more mentally healthy society if an approach were taken to address the full and varied spectrum of mental health needs, whether seeking to prevent mental health problems or address them. The systematic and societal causes of poor mental health were regularly discussed at the conversation cafés. Many people felt that our mental health system needed to be redesigned to be better able to address these issues in order to support good mental health.

5.2 A call for human kindness



An approach so people feel included rather than processed

Many shared experiences of accessing mental health services and emphasised the importance of kindness in their recovery journey. They talked about experiences with services.

There were examples of effective communication, where the support was built around their needs, aspirations, interests and strengths. Where they felt that the service provider was focused on them and not the service. This contrasted with other experiences where people felt neglected, abandoned and disempowered by services.



“More empathy when they are supporting people”

6. A whole system approach to support

People said the Mental Health Strategy should cover prevention and early intervention as well as recognising the need for ongoing access to different types of support. People not only need different support at various times but often a range of help at any one time to support their recovery journey.

It's not necessarily professional intervention that everyone needs

People need help when they need it

A significant issue highlighted was waiting times to access NHS mental health services. People reported first-hand experiences of asking for help and needing to wait for many months to access support. Participants suggested that moving away from a system reliant purely on the medical model would offer more options to those experiencing mental health problems.

They spoke about:

6.1 Early intervention and prevention

People said they wanted a stronger focus on earlier interventions and a more preventative approach across support. This, participants, argued would result in better mental health and less need for secondary and crisis services.



“It is important to catch a mental health problem very early”



“Prevention-focused, picking up people long before they get to crisis”

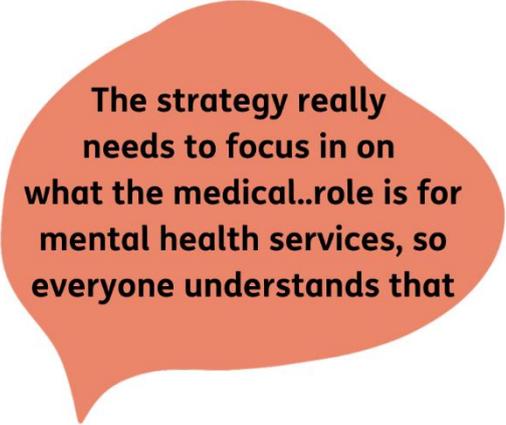


“Getting seen before something becomes a big issue”

6.2 Choice and agency

While being able to access services and support at the right time is important, participants were clear that equally important is that people have a choice of support so that the help they receive works for them.

It was highlighted that people seeking help have the agency, or can be supported to have the agency, to judge what type of support would suit them best.



The strategy really needs to focus in on what the medical..role is for mental health services, so everyone understands that



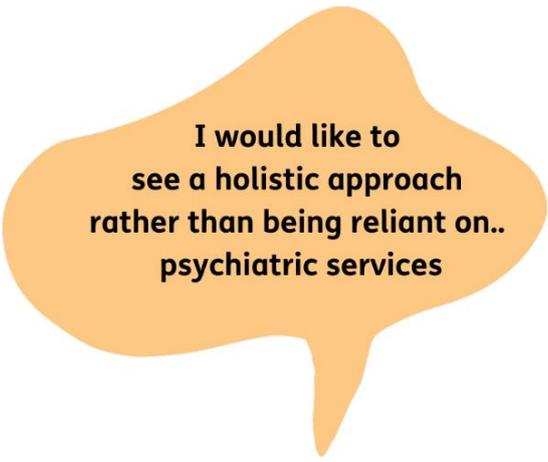
A role for professionals but less reliance on professionals

People were not saying no to secondary mental health services. They were saying that within this overall picture of timely access to a choice of support there is a need to improve secondary mental health services and define their role.

6.3 Third sector and community-based support

People told us they would like to see tailored support with better access to a range of help in the community. Reshaping the mental health system in this way would open up access and help to reduce waiting lists. This of course would require different thinking, information sharing and a change in approach from both services and those seeking support.

Conversation café participants felt that people seeking help for mental health problems should have access to holistic and personalised support as soon as they need it in order to avoid crisis and distress for individuals and families. This is not just about access to any service but about being able to access the services and support appropriate for the person and their life.



I would like to see a holistic approach rather than being reliant on.. psychiatric services



“Yoga, meditation, being outdoors. People need to be sent in that direction first and foremost”



“More community groups and community things – instead of medication or as well as medication”



“Support for specific groups and for those groups to be highlighted in the strategy – different groups will need different support”



7. All parts of the mental health system are equally valued

Conversation café participants felt that the mental health system would feel more joined up if different types of support were equally valued. People often talked about the dominance of the medical model and how this resulted in other mental health support not being seen as equal or valued by those in clinical services. This is also apparent in the general population and reinforced by messaging which has an emphasis on mental illness and directing people into the medical system for help only via GPs.



“Most people go straight to their GP because they think that’s what they’ve to do. But there’s so many services they could go to before they go to their GP for anything, and that might reduce people going to their GPs and going on medication”



“Something for GPs that re-educates them so they don’t just run to medication”

There needs to be people employed as Link Workers between the NHS and charities and the local community

Participants felt it was important to note that there should be a much wider picture of support given investment and recognition. People do not always have to go through a medical route to get help and do not need to get trapped in clinical pathways and services when other support may be more appropriate.

Many welcomed the development of new roles such as Community Links Practitioners, Community Connectors and Peer Workers. It was however felt that these roles needed to be recognised as a much more important part of the system. It was suggested that getting more buy-in

for the development of these newer non-medicalised roles would be more likely if medical professionals had a stronger focus on mental health recovery.

These roles and recovery focused approaches could support people to identify what would work for them and then enable them to be connected to the right help to suit their needs.



Money coming for a year at a time is really challenging for making long term strategic plans



Put the money to the grassroots

In previous strategies there has been limited acknowledgement of the role of third sector and community support. However, this has been within plans focused the medical model. These plans often overstate the role of clinical services and undervalue the role of other types of support.

To enable the development of a more balanced mental health system there will need to be a commitment to shifting resources and to addressing the fragile and short-term funding culture for third sector and community-based initiatives.

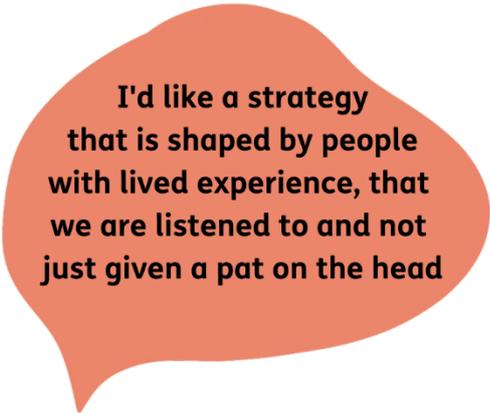


“There needs to be more collaboration, a joined-up approach, partnerships”

Some participants were concerned that non-medical support were not valued due to their evidence base not being appropriately recognised. While the focus on evidence-based approaches can be welcomed there is concern that the evidence base currently drawn from (often not including lived experience) is limited and at times weak.

8. Genuinely value lived experience

People welcomed the commitment to engaging lived experience in the development of the refreshed strategy. They contended that this should not be seen as a one-off exercise but the start of a longer-term approach. It was felt that people with lived experience should be an ongoing crucial part of policy development and service design, delivery and review.



I'd like a strategy that is shaped by people with lived experience, that we are listened to and not just given a pat on the head

They said this needs to be more than 'warm words' about listening to the voice of lived experience. Participants wanted the Scottish Government to move beyond a commitment to listening, to embracing an approach where mental health policy and services are co-produced with lived experience.

People felt strongly that individuals with lived experience have useful insight to share about their own mental health care and about services. They were clear that they did not only want to be listened to but to be enabled to make decisions about what is best for them. Participants shared that getting involved with others to inform and shape decisions at all levels was an important part of their mental health recovery.



“Lived experience being used, giving people a purpose so they can use that experience. What way of recovering than using that to get better?”

However participants felt that much needed to be done to ensure that lived experience is valued as highly as other types of experience. This will require acknowledgement of the hierarchies and power dynamics in the mental health system and a sustained plan of action to eliminate them.

Arrow.



“Can people let go of power for others to claim that power?”

8. Make peer support and peer worker roles mainstream

**Peer support
and the value around that.
Hope, lived experience and
recovery**

Peer support is seen as key to embedding recovery within mental health services and the community. Discussions involved the multiple benefits that peer support has for people. It was strongly felt that the role peer support plays should be more highly valued in the strategy and in turn by services and those providing help.

This means a strategy committed to ensuring that peer support is an equally valued part of our mainstream mental health system. This would require investment in peer support groups, peer-led services and initiatives such as recovery colleges and to employing significantly more Peer Workers.

**Investing money in
positions,
in posts, in training**



“Employing people with mental health issues, more peer to peer support”



“Peer to peer is what we need, not the hierarchy. You need that lived experience to help someone that is at rock bottom”

Scottish Recovery Network welcomes the opportunity to facilitate lived experience engagement in the refresh of the Scottish Government Mental Health and wellbeing Strategy and for the chance to offer a recovery perspective in this work. We are keen to continue to be an integral part of the transformation of our mental health system, supporting this ‘Chance for Change’ and a positive new future for mental health in Scotland.

Get in touch

If you have any questions or need this information in a different format please contact us:

- Call us on **0300 323 9956** | British Sign Language (BSL) users can contact us directly using [contactScotlandBSL](#)
- Email us: info@scottishrecovery.net
- Check out our website www.scottishrecovery.net
- Sign up for our [newsletter](#)



Scottish Recovery Network

Together we can make mental health recovery real