

The national intermediary and network for voluntary health organisations in Scotland

Consultation Response



Framework for Collaboration - Voluntary Health Scotland Response

20 September 2024

Response

VHS is the national voice, intermediary and network for voluntary health organisations in Scotland. We're passionate about what the voluntary health sector can achieve for people's health and wellbeing. We work with our members and others to address health inequalities, to improve health related policy, systems and partnership working, and to help people and communities to live healthier and fairer lives. VHS also facilitates the delivery of the Scottish Community Link Worker Network for those community link workers embedded in primary care settings across Scotland.

Voluntary Health Scotland agrees that the proposed Framework for Collaboration in relation to a multi-agency partnership approach to mental health distress is a step in the right direction in supporting people's mental health. We particularly welcome its emphasis on the principles of a whole system, person-centred and trauma-informed approach to supporting people experiencing mental health distress to get the help they need. The Framework outlines clearly the principles and processes for a multi-agency collaborative approach, with an emphasis on strong partnership working which will contribute to achieving this.

We also welcome the proposals for establishing multi-agency fora in each locality and the need to involve the third sector in these. VHS member, [See Me Scotland](#), is the national programme dedicated to ending mental health discrimination. They published their [Scottish Mental Illness Stigma Study](#) which was the first report of its kind to look at the severity of stigma and discrimination for people with experience of severe and enduring mental illness. It would welcome more detail in relation to the fora, particularly around several of the processes including systems for communication, data sharing and monitoring and accountability. It would particularly like to see more detail on the extent to which people of lived experience will be involved in these fora, especially in relation to those experiencing stigma and discrimination (which is more prevalent for those needing mental health support and which often results in people withdrawing from support). The voices of lived

experience need to be embedded within the co-production process. See Me Scotland also emphasises the importance of an intersectional approach to ensure those most marginalised are represented.

With regards to joint training, See Me Scotland would like to see specific multi-disciplinary training around stigma and discrimination, particularly in relation to enduring mental illness, to be developed as a foundational element of crisis intervention training and development. It would also welcome more clarity on the process for sharing data within the fora and assurance that appropriate permissions would be sought from people using services and that they would be able to review their notes. In relation to the involvement of people with lived experience, See Me Scotland would like to see assurances that they will be remunerated for their time.

The full extent of the third sector's contribution and role in addressing mental health distress needs to be fully recognised across the Framework. The third sector provides essential public services in the places where people live and work, something which is crucial to ensuring that people get the right help, in the right place, at the right time. The third sector plays a vital role in early intervention and prevention in local communities and plays a crucial role as part of the wider mental health pathway. The importance of prevention is emphasised both in [UN Sustainable Development Goals](#) (SDGs) and also the Scottish Government and COSLA's [Mental Health and Wellbeing Strategy](#). The third sector is vital in preventing mental health issues occurring in the first place or escalating to crisis point. It provides the relevant knowledge, services and support that tackle the wider social factors that may be contributing to someone's crisis. Many people presenting with mental health issues are experiencing multiple challenges.

We believe there is a significant gap in the lack of reference to Scotland's Community Link Workers within the Framework, particularly in the support, treatment and care pathways where they will be crucial to the referral pathway. Community Link Workers are embedded within primary care general practices and provide a pivotal role in supporting longer term support for people. This support includes longer term support and referral once Distress Brief Intervention (DBI) or mental health nurse support is completed or whilst individuals are waiting for additional statutory support on lengthy waiting lists.

In VHS's recently published report [Essential Connections](#) which explored the range and scope of community link worker programmes in Scotland, mental health was highlighted as the main reason for referral to a community link worker. The Scottish Community Link Worker Network also contributed their experiences to Audit Scotland's 2023 [report](#) on Adult Mental Health Services in Scotland. During two [focus groups](#) with Audit Scotland, CLWs spoke openly about the increased numbers of people they were seeing who were experiencing poor mental health and the challenges they faced in referring them to appropriate services.

Although the Framework references Primary Care and the Third Sector, it is CLWs who are the essential connectors between primary care, patients and third sector community services and organisations. The majority of CLWs are employed in third sector organisations to support people in some of the most deprived communities to improve their health and wellbeing. They are crucial to the early intervention and prevention agenda, taking a holistic and person-centred approach to supporting people in their communities. A great example of this working well in practice is the

national mental health charity [Change Mental Health](#) (CMH) which currently provides the community link worker service in the Highlands. This is beneficial for the CLWs' knowledge and upskilling around mental health issues and they also benefit from being close to and aware of other services that CMH provides, including their advice and support line and suicide bereavement service.

Feedback from some of VHS's members points to the lack of emphasis in the Framework on the role of Distress Brief Intervention (DBI). DBI was referenced as a gamechanger by Inspector Elaine Tomlinson from Police Scotland when discussing a more public health approach to policing at the Improving Mental Health and Wellbeing panel discussion at the Holyrood 'State of the Nation' conference on 17th September. Nick Ward, Change Mental Health's CEO, recently wrote a [letter](#) to the Cabinet Secretary on the issue of policing and mental health and outlined some of the best examples of local provision to ensuring people get the right support. He particularly highlighted the role of the Distress Brief Intervention programme for which Change Mental Health is the lead agency in Highland, Dumfries & Galloway, Argyll & Bute and Western Isles.

[Bipolar Scotland](#) has fed back their disappointment at the omission in relation to the examples provided of mental illness in the Framework document (Page 11) highlighting that bipolar is not included alongside depression, PTSD and schizophrenia as an example of a mental illness.

They would also like the Framework to include more emphasis on the important role of peer services in responding to a crisis. These are referenced under Tier 1 in the referral pathway; however, there are good examples of peer services like Hope Point in Dundee which are available 24 hours a day, 7 days a week to people experiencing suicidal thoughts or emotional distress. This is a good example of how services like this may prevent people's level of risk escalating and police involvement. Some CLWs have highlighted the need for more of these peer support services, given their long waiting lists. An Edinburgh based CLW talked about an 18-month waiting list for support for a mental health peer support service, illustrating the increasing demand.

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