Royal College of Nursing Scotland

RCN Scotland's response to the Scottish Government's consultation on a new Mental Health and Wellbeing Strategy

September 2022

https://consult.gov.scot/mental-health-unit/mental-health-and-wellbeing-strategy/

Mental Health and Wellbeing Strategy Consultation

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/N]**

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

See comments at 1.6.

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/N]**

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

See comments at 1.6.

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? **[Y/N]**

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

The descriptions provided in this section seem reasonably comprehensive and RCN Scotland has no significant comment to make. That said, whatever their final form, any descriptions included in the final Mental Health and Wellbeing Strategy must align with such descriptions or definitions as ultimately result from the recommendations of the Scottish Mental Health Law Review (SMHLR), led by John Scott QC, and due to report in September 2022.

To avoid the risk of ambiguity, it is important that all related pieces of Scottish Government work and strategies are well coordinated in terms of language, definitions, and descriptions.

We would not wish to see multiple descriptions and/or definitions of the same terms in various law and policy documents. This would be unhelpful both for those trying to understand the services which they may be able (or are entitled) to access and for those planning and delivering such services.

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/N]**

- **2.2** If not, what do you think the vision should be?

Yes. This person-centred outcome is the ultimate vision for any mental health strategy, plan or service. It also encompasses those who may not need access to services to support mental health and wellbeing but sets out a wider vision for a healthier Scotland.

In respect of those who do access mental health and wellbeing services, the key to realising the vision is to be clear on the primary measure for 'better'.

If the primary measure of 'better' is whether or not those who wished to 'get better' consider that they have improved, this will involve their own testimony based on their own lived experience of mental health issues and attendant services, but it should also involve the testimony of those who may support them informally (for example, their carers) and of those professionals caring for and treating people and running those services (for example, nursing staff).

The Strategy, when published later in 2022, must be very clear on how the vision will be achieved and how 'better' is intended to be measured.

'Better' should not be measured by proxy through input measures, such as how much Scottish Government money has been spent, how many more telephone calls a service has received or, how much service use or medication use ultimately declines (which might be erroneously taken as a proxy for an increase in positive mental health). An increase in service use and medication use might actually indicate an increase (rather than a decline) in positive mental health because, for many people, their positive mental health will only be sustained long-term by their long-term use of services and/or long-term taking of medication. We recognise that such quantitative measures as these examples have their place, but the strategy should maintain a clear focus on outcomes for people, and how 'better' can be measured in that context.

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

If the vision of 'better mental health and wellbeing for all' is achieved, success could look like several things. The vision is for all who live in Scotland, not only those who require and use mental health services.

Given that the Strategy will focus on every part of what mental health and wellbeing looks like, including the underlying reasons behind poor mental health and creating conditions for people to thrive (p2 of the consultation document), one measure of success could be improved population health in Scotland, through better access to fair work, education, transport and housing – all of which affect mental wellbeing.

In turn, this could reduce the demand for mental health services that we know can be caused by a range of socio-economic factors.

Success will look different in the context of mental health services that are provided for those who need them.

Everyone with a mental health condition or a mental illness or who considered that their mental health or wellbeing was poor, or was clinically assessed as requiring treatment, would have timely access to a safe, fully staffed service, with the necessary skills-mix between the professionals and others working in that service, which would enable that person's mental health and wellbeing to become 'better'.

This would mean that workforce supply always matched workforce demand and there were no vacancies in any service. It would mean that services always led to better outcomes for service users.

We appreciate that 100% or absolute success in such matters is unlikely in the real world but nevertheless, when it comes to 'visions' there is little point in *striving* for anything less.

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/N]**

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

The four key areas of focus (below) seem reasonable, moving as they do from the societal to the individual level and broadly recognising the need for the type of service that we describe in our answer to 2.3. We would suggest the fourth key area of focus is altered to read "Ensuring safe, effective treatment and care of people living with mental illness *provided by fully staffed teams with the necessary skills-mix.'* If the workforce required for these key areas of focus to be delivered is not in place, none of the ambitions the areas encapsulate will be realised.

To be clear: realising the vision of the strategy will be entirely predicated upon workforce. The 'all' to which the vision refers includes nursing staff who plan and deliver services. 'Better mental health and wellbeing for all' includes our RCN Scotland members. Valuing nursing staff is fundamental to the success of this refreshed strategy.

Four key areas of focus, as set out in the consultation:

1. Promoting and supporting the conditions for good mental health and mental wellbeing at population level.
2. Providing accessible signposting to help, advice and support.
3. Providing a rapid and easily accessible response to those in distress.
4. Ensuring safe, effective treatment and care of people living with mental illness.

5. 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
	X.			

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 Through, for example: • 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					

4.2 Individuals	**1**	**2**	**3**	**4**	**5**
People have a shared language and understanding of mental health and wellbeing and mental health conditions					
People understand the things that can affect their own and other's mental health and wellbeing, including the importance of tolerance and compassion					
People recognise that it is natural for everyday setbacks and challenging life events to affect how they feel					
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					
People have the material, social and emotional resources to enable them to cope during times of stress, or challenging life circumstances					
People feel safe, secure, settled and supported					
People feel a sense of hope, purpose and meaning					
People feel valued, respected, included and accepted					
People feel a sense of belonging and connectedness with their communities and recognise them as a source of support					
People know that it is okay to ask for help and that they have someone to talk to and listen to them					
People have the foundations that enable them to develop and maintain healthy, nurturing, supportive relationships throughout their lives					
People are supported and feel able to engage with and participate in their communities					
People with mental health conditions are supported and able to achieve what they want to achieve in their daily lives					
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					
People living with physical health conditions have as good mental health and wellbeing as possible					
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					
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					

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

The outcomes seem comprehensive and appropriate. We do not consider that it is appropriate for us to 'score' them.

What is critical to the successful realisation of these outcomes (and of any the other outcomes set out in this consultation document) is for the approach to measuring them to be undertaken:

1. in accordance with our comments in answer to question 2.2

2. in as comprehensive and robust a way as that taken with respect to the creation of the Mental Health Quality Indicators (MHQIs) under Action 38 of the Mental Health Strategy:2017-2027 https://www.gov.scot/collections/mental-health-strategy/

We understand the MHQIs (described collectively as 'a Quality Indicator Profile for Mental Health (QIPMH)') to be 'a range of indicators on individual care and treatment as well as service response… designed as a tool for monitoring and improving service quality' which, amongst other things, 'provide information that supports… development of mental health outcome measures related to effectiveness of interventions and service user experience (and) monitoring of the delivery of actions in the Mental Health Strategy' (of 2017-2027)'.

We understand the pandemic-related need to refocus that strategy as expressed through the Third Annual Progress Report on it https://www.gov.scot/publications/mental-health-strategy-third-annual-progress-report/ and the subsequent Mental Health – Transition and Recovery Plan https://www.gov.scot/publications/mental-health-scotlands-transition-recovery/

Our comment at bullet 2 above should not be taken to unequivocally endorse the existing MHQIs or to suggest that they can simply be transferred across to any refreshed strategy. It is simply to argue for the same robust approach to identifying appropriate indicators as part of the refreshed strategy. This is particularly important given there is a risk of creating a plethora of approaches to understanding our success in advancing 'better' mental health, which, if not rationalised, are likely to create an unnavigable landscape for service users, their supporters and professionals alike.

In Scotland, we already have Health and Social Care Standards for all services, which are supposed to cover mental health services https://www.gov.scot/publications/health-social-care-standards-support-

life/. We have 'outcomes and measures currently under development' for Mental Health in Primary Care services (see page 2 of this document Mental health and wellbeing in primary care services: planning guidance - gov.scot (www.gov.scot). We are in are in the process, through the work of the Scottish Government's Quality and Safety Board (QSB), of creating specific quality standards for both adult secondary care services and for psychological services and therapies. Further, the Scott review's interim report of July 2021 https://www.mentalhealthlawreview.scot/workstreams/scottish-mental-health-law-review-interim-report-july-2021/ also stated, with respect to people with 'mental disabilities' that 'the current framework (for ensuring that their rights are upheld) has significant gaps, particularly in setting clear standards and expectations of mental health services… (w)e will take this forward in part through a new Accountability workstream' (p.20) yet it remains unclear how this work is developing or how it links to the work of the QSB.

Any refreshed mental health strategy must seek to rationalise this landscape so that proper evaluation of the success of the new strategy is possible.

4.3 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					
Communities value and respect diversity, so that people, including people with mental health conditions, are able to live free from stigma and discrimination					
Communities are a source of support that help people cope with challenging life events and everyday knocks to wellbeing					
Communities have equitable access to a range of activities and opportunities for enjoyment, learning, participating and connecting with others.					

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

The outcomes seem comprehensive and appropriate. We do not consider that it is appropriate for us to 'score' them. However, we say that on the assumption that the word 'communities' is intended to include comprehensive, safely and fully staffed, community-based services, with the necessary skills-mix between the professionals working in those services, in accordance with our comments at 2.3. This would include the appropriate deployment of community nursing staff in such roles as might be supportive of tackling mental health matters (for example, district nurses, school nurses). 'Communities' is a term that could be interpreted differently by different audiences if not clearly defined. For geographic communities to be fully engaged in, involved with, and able to influence decisions that affect their lives and support mental wellbeing, the services available to that geographic area must be carefully modelled based on demand (taking into account unmet need), and must be safely staffed to deliver care that supports staff and patient or service user wellbeing. Broad reference to 'communities' should not vaguely mean 'self-help', unpaid care, or short-term, underfunded 'community health and social care projects' based on an assumed 'community capacity' that is too fragile to be sustained on anything other than a similar, appropriately resourced basis to public sector health and social care services.

4.4 Population	**1**	**2**	**3**	**4**	**5**
We live in a fair and compassionate society that is free from discrimination and stigma					
We have reduced inequalities in mental health and wellbeing and mental health conditions					
We have created the social conditions for people to grow up, learn, live, work and play, which support and enable people 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					

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

The outcomes seem comprehensive and appropriate. We do not consider that it is appropriate for us to 'score' them.

4.5 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					
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					
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					
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					
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					
People are able to easily access and move between appropriate, effective, compassionate, high quality services and support (clinical and non-clinical)					
Services and support focus on early intervention and prevention, as well as treatment, to avoid worsening of individual's mental health and wellbeing					

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

The outcomes seem comprehensive and appropriate. We do not consider that it is appropriate for us to 'score' them. With respect to 'community-focused' 'community-based services' see our comments re: 'communities' at 4.3.1. With respect to the various characteristics of services and support that the outcomes describe, (person centred, compassionate etc.) we are bound to note that these are already the characteristics of required nursing practice for Registered Nurses under the NMC Code (for example, 1'.1 treat people with kindness, respect and compassion') and the NMC Standards of Proficiency (for example, '3.4 understand and apply a person-centred approach to nursing care') so we would expect services and support involving nursing staff to exhibit those characteristics as a result. https://www.nmc.org.uk/standards/code/ https://www.nmc.org.uk/standards/standards-for-nurses/standards-of-proficiency-for-registered-nurses/

4.6 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					

5.6.1. Do you have any comments you would like to add on the above outcome?

This outcome seems comprehensive and appropriate. We do not consider that it is appropriate for us to 'score' it.

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

Yes. Under 'Services and Support' there should be a specific mental health workforce outcome that reflects the Scottish Government's 'Vision for the Health and Social Care Workforce' of **'A sustainable, skilled workforce with attractive career choices and fair work where all are respected and valued for the work they do'.**

We would go further and specify that 'fair work' covers 'fair pay and fair terms and conditions.'

This is especially important if, as stated in the consultation document, 'responses to the questions on the mental health and wellbeing workforce in this consultation will help us write a more detailed workforce plan that we will publish in 2023'. We have repeatedly called for such a plan, most recently in our report 'The Nursing
Workforce in Scotland' (March 2022), in which the challenges to securing the number of mental health nurses that we need were also set out, especially given the NHS vacancy rate for that nursing role was running at 12.4% at the time of publication. https://www.rcn.org.uk/About-us/Our-Influencing-work/Policy-briefings/sco-parl-nursing-workforce-in-scotland-report-290322

As already stated in this response, the success of the refreshed strategy will depend heavily on workforce. It will be impossible to achieve better mental health and wellbeing for all if those who require services to support their mental health journey cannot access services that are safely staffed by appropriately skilled professionals. Attracting and retaining staff to the nursing profession in Scotland is a significant challenge at the time of submitting this response, and improving pay is an underpinning element to sustaining the workforce long-term.

QUESTIONS – PART 3

6. 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?

In terms of our members, we know that what contributes positively to their mental health and wellbeing is to be able to offer high quality, safe and effective care to the standard expected of them and that they expect of themselves, in accordance with the NMC Code and NMC Standards of Proficiency and supported by fair pay and fair terms and conditions. See our comments at 5.3.

- **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?

No.

- **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?

For our members, we know that the biggest negative impact on their mental health and wellbeing comes from being placed in work environments where they are unable to work in the manner described in our answer to 5.1 and that this inability has a knock-on effect on quality of care. Whilst we consider that we must do everything we can to eliminate this negative impact on the workforce because we represent that workforce and its interests, we are equally concerned to do so because it has such a clear effect in the quality of care.

We made this point in our recently published Nursing Workforce Standards, https://www.rcn.org.uk/professional-development/publications/rcn-workforce-standards-uk-pub-009681: 'Evidence and experience show that having the right numbers of nursing staff, with the right skills, in the right place, at the right time improves health outcomes, the quality of care delivered, and patient safety.'

There is a great deal of evidence to support this contention. The King's Fund report 'The Courage of Compassion' (September 2020) https://www.kingsfund.org.uk/publications/courage-compassion-supporting-nurses-midwives unequivocally made it plain that 'the health and wellbeing of nurses and midwives are essential to the quality of care they can provide for people and communities, affecting their compassion, professionalism and effectiveness'.

The RCN's Nursing Under Unsustainable Pressures Report (June 2022) presented the findings from our recent Last Shift survey. When asked about the impact of staffing levels on nursing staff members in Scotland, 59% felt demoralised, 63% said they felt exhausted and negative and 65% said they felt upset/sad they could not provide the level of care they had wanted. These findings were reflected in the personal testimonies who those who responded – two examples to illustrated these points are included below.

https://www.rcn.org.uk/About-us/Our-Influencing-work/Policy-briefings/sco-parl-last-shift-survey-scotland-briefing-060622
Nursing Under Unsustainable Pressure | Publications | Royal College of Nursing (rcn.org.uk)

- "As well as impacting on care and the delivery of services, the impact of not having enough staff in Scotland is putting unsustainable pressure on staff and affecting wellbeing. Not only is patient safety and quality of care compromised when nursing staff have to work longer shifts, fatigue can also result in 'burnout',

impacting upon staff retention and on the existing shortage… Respondents from Scotland were more likely than any other part of the UK to agree with the statement "I felt exhausted and I felt negative" (with 63% saying the agree compared to 54% across the UK) and more likely to say they felt demoralised during their last shift (59% agreed, compared to 51% UK wide)."

- "I personally am feeling for the first time in my six-year career as a registered nurse that I may not be able to continue- I absolutely love my job, but I'm so heartbroken by the fact that I know I can't provide care are I would like to right now, that I'm no longer sure that I can carry on myself without physically and mentally burning out myself. I'm worried about the future for myself, my colleagues and most of all for my patients and their loved ones. Community staff nurse, NHS, Scotland"

- **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?

No.

- **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?

N/A.

- **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?

No.

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- **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.

Please see our answer to 5.3. The current reality of nursing as described in that answer makes it all the more important that we robustly implement the Health and Care (Staffing) (Scotland) Act 2019 as quickly as possible. This was the first of the ten recommendations in our report 'The Nursing Workforce in Scotland' (March 2022). https://www.rcn.org.uk/About-us/Our-Influencing-work/Policy-briefings/sco-parl-nursing-workforce-in-scotland-report-290322 Ideally implementation would occur faster than as set out in the Scottish Government's timetable for doing so https://www.gov.scot/news/protecting-healthcare-workers/

- **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?

No.

- **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?

The Scottish results of our most recent employment survey (May 2022) https://www.rcn.org.uk/Professional-Development/publications/employment-survey-2021-scotland-uk-pub-010-155 could not be more stark when it comes to how concerns about money impact on the mental health of our members:

- **'**poor staffing levels and pay that has failed to keep pace with the cost of living (are part of the) evidence in this report (that) shows many of our members are finding these pressures too much'
- 'Just 21% feel their pay is appropriate or very appropriate'.

Whilst 'the main reasons respondents in Scotland gave for thinking about leaving their current job were feeling undervalued (75%) followed by concerns about low staffing levels (65%), feeling under too much pressure (64%) and feeling exhausted (64%)' over half (53.8%) felt that 'levels of pay are too low'.

Scottish nursing staff have recently made it clear directly to the Cabinet Secretary for Health and Social Care, Humza Yousaf MSP, face-to-face, that many of them are struggling to survive on their current levels of pay. They did so at an RCN round table event on 30 March 2022 and at an RCN Congress 2022 event on 7 June 2022.

- **5.11** What type of support do you think would address these money related worries?

A pay settlement for NHS Scotland Agenda for Change staff in line with the RCN's proposals.

In the context of the National Care Service (NCS) Bill, we look forward to discussing with the Scottish Government, and with MSPs in the Scottish Parliament, the extent to which robust and detailed provisions on collective bargaining, terms and conditions, and pay and for the entire NCS workforce can best be embedded in the NCS. The establishment of the NCS will directly affect the mental health workforce given the policy proposals to transfer certain mental health service to the NCS.

RCN Scotland is currently examining the question of whether this may most effectively be done via the primary legislation itself or by other means. Currently, the only significant references to such matters are contained in the 'Statement of Benefits' with only some passing references made in the Policy Memorandum.

The Statement of Benefits appears to have no formal status in terms of its relationship to the Bill (and so will not have any such status with respect to the subsequent Act) and so we are not clear that its contents are capable of having any effect on what the Bill may come to contain, what the Act may ultimately contain, and how the Act must be interpreted, whether that is by a Court of otherwise.

The UK Supreme Court has made it clear that a Policy Memorandum can be used to inform a consideration of the purpose and effect of a Bill (by a Court, and so presumably by others) but the Policy Memorandum accompanying the NCS Bill does not contain a sufficiently clear commitment to the matters set out in the Statement of Benefits (to do with collective bargaining et cetera) to give RCN Scotland confidence that the Policy Memorandum could be relied upon to inform an understanding of the Act if the Act itself was similarly lacking in detail.

In any case, the point is that if robust and detailed provisions on collective bargaining, terms and conditions, and pay for the entire NCS workforce are not embedded in the NCS from the start, the lack of collective bargaining and the challenges around terms and conditions and pay that are currently features of large parts of the health and social care landscape will not be addressed and so the workforce's 'money related worries' will continue.

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?

Not applicable, as this is an RCN Scotland organisational response.

- **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?

Not applicable, as this is an RCN Scotland organisational response.

- **6.5** If you answered local community group, could you specify which type of group/ activity/ organisation?

Not applicable, as this is an RCN Scotland organisational response.

- **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?

Community nursing teams were not included on the list of options for 6.1 and 6.3. It would have been appropriate to have listed them, given their role providing support to people on mental health and wellbeing issues. We recognise that this may have been unintended. However, it would be helpful in future iterations of any consultations relating to mental health and wellbeing strategies to recognise the vital and central role played by community nursing teams in Scotland.

Furthermore, although we are in the midst of a drive to expand mental health primary care services, such services, to which self-referral is possible, do already
exist and should have featured on the list also. For example: https://www.nhsinform.scot/scotlands-service-directory/health-and-wellbeing-services/10913%201glc1116

- **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.

Not applicable, as this is an RCN Scotland organisational response.

- **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?

No.

- **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?

Not applicable, as this is an RCN Scotland organisational response.

- **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?

No.

- **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?

Not applicable, as this is an RCN Scotland organisational response.

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?

Not applicable, as this is an RCN Scotland organisational response.

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

N/A.

- **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?

No.

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?

The same priorities as we outline in our response to 4.2, 4.2.1 and to section 5. These are essentially about ensuring the provision of timely access to safely, fully staffed services, with the necessary skills-mix between the professionals working in those services. As far as we are aware, broadly speaking, it is not the *type* of care and treatment that a child or young person may get that is the issue, it is the fact that so many children and young people cannot get any, or at least any substantive, care and treatment of any kind. This is directly connected to how many professionals are available to deliver that care and treatment. In saying this, we urge Scottish Government be mindful of the role that school nursing and health visiting plays in supporting the positive mental health and wellbeing of children and young people, often well before they are referred to – or are able to access - child and adolescent mental health services (CAMHS).

Our report 'The Nursing Workforce in Scotland' (March 2022) noted that 'With the Scottish government standard that 90% of children and young people should start treatment within 18 weeks of referral to child and adolescent mental health services (CAMHS), in the quarter to December 2021, seven out of 10 (70.3%) of children and young people were seen within 18 weeks, compared to 78.6% during July to September and 72.6% during March to June (PHS, 2021b)'. https://www.rcn.org.uk/About-us/Our-Influencing-work/Policy-briefings/sco-parl-nursing-workforce-in-scotland-report-290322

- **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?

No.

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

Not applicable, as this is an RCN Scotland organisational response.

- **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?

No.

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?

Not applicable, as this is an RCN Scotland organisational response.

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

Not applicable, as this is an RCN Scotland organisational response.

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

Not applicable, as this is an RCN Scotland organisational response.

- **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?

Not applicable, as this is an RCN Scotland organisational response.

- **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.

No

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?

No specific comments, but we do support the measures, including those regarding mental health, set out in the Scottish Government's 'Race equality: immediate priorities plan' https://www.gov.scot/publications/immediate-priorities-plan-race-equality-scotland/ (September 2021). This plan, amongst other things, represents the advancement of the matters to be addressed as identified by the Expert Reference Group on COVID-19 and Ethnicity https://www.gov.scot/groups/expert-reference-group-on-covid-19-and-ethnicity/ and it was exactly this that we called for in our 2021 manifesto for the Scottish Parliament elections, Protect the Future of Nursing' ('We call for… The recommendations of the Expert Reference Group on COVID-19 and Ethnicity to be implemented in full, with prioritisation across government departments.' https://www.rcn.org.uk/protect).

12. Funding

- **12.1** Do you think funding for mental health and wellbeing supports and services could be better used in your area? **[Y/N]:**

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

If this means 'geographical area, the answer is 'no comment'. If it means 'professional area', see our comments above at 4.2.1, section 5 and 9.1 on matters related to service provision and workforce.

- **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?

No.

13. Anything Else 3.1 Is there anything else you'd like to tell us?

No.

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.

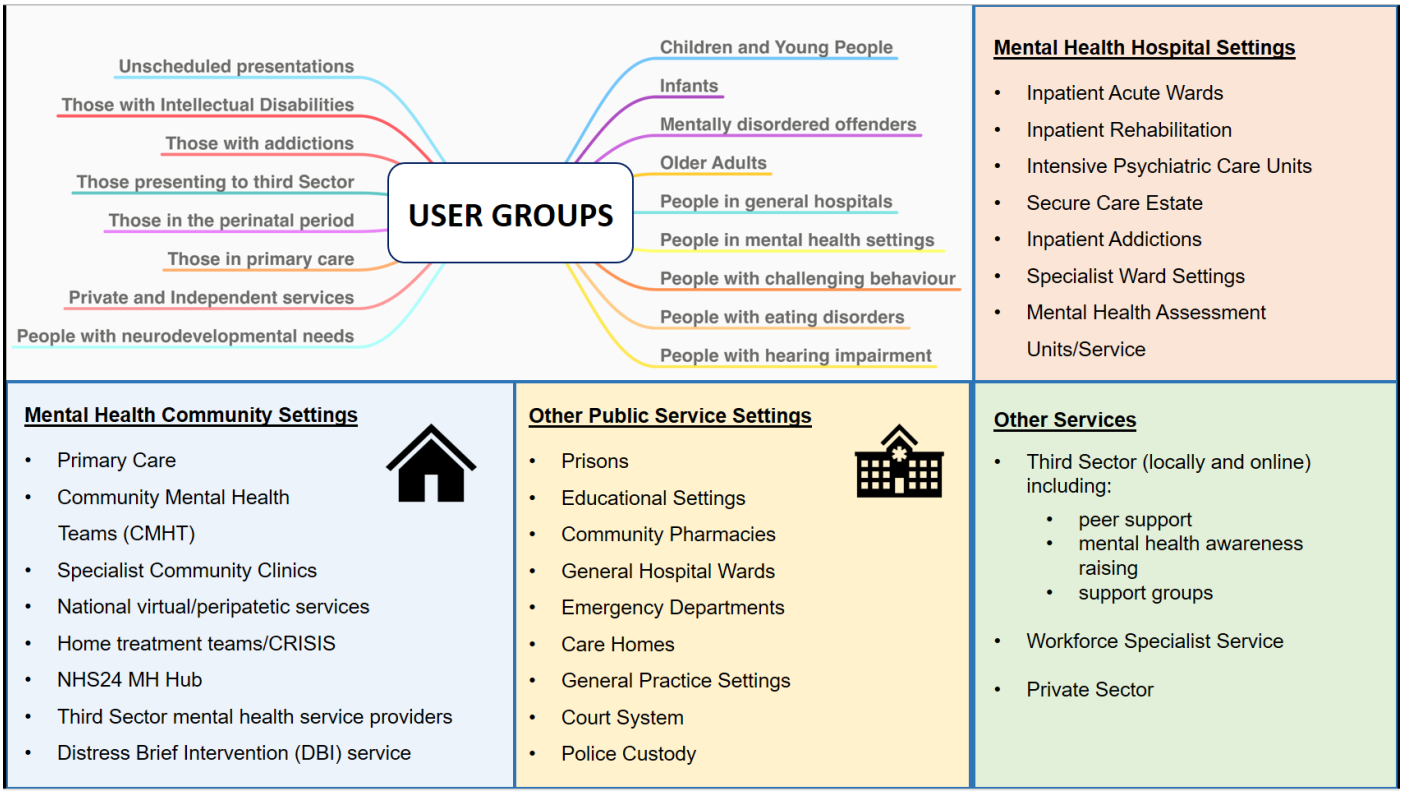
In the Strategy, we want to set out our approach to supporting the workforce building upon the principles and actions set out in the recently published National Workforce Strategy for Health and Social Care.

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
	X			

- 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:**

14.1 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	✓				
	Improved workforce data for different mental health staff groups	✓				
	Improved local and national workforce planning capacity and capability	✓				
	Improved capacity for service improvement and redesign	✓				
	User centred and system wide service (re) design					
	Peer support and peer worker roles are a mainstream part of mental health services					
Attract	Improved national and international recruitment and retention approaches/mechanisms	✓				
	Increased fair work practices such as appropriate channels for effective voice, create a more diverse and inclusive workplace	✓				
	Increased awareness of careers in mental health	✓				
Train	14.2 Long term workforce planning goals are reflected in and supported by training programmes provided by universities, colleges and apprenticeships	✓				
	Increased student intake through traditional routes into mental health professions	✓				
	Create alternative routes into mental health professions					
	Create new mental health roles					
	Improved and consistent training standards across Scotland, including trauma informed practice and cultural competency	✓				

	Our workforce feel more knowledgeable about other Services in their local area and how to link others in to them	✓				
	Our workforce is informed and confident in supporting self-care and recommending digital mental health resources	✓				
	Develop and roll out mental health literacy training for the health and care workforce, to provide more seamless support for physical and mental health	✓				
	Improved leadership training					
	Improved Continuing Professional Development (CPD) and careers progression pathways	✓				
Employ	14.3 Consistent employer policies	✓				
	Refreshed returners programme	✓				
	Improved diversity of the mental health workforce and leadership	✓				
Nurture	Co-produced quality standard and safety standards for mental health services					
	Safe working appropriate staffing levels and manageable workloads	✓				
	Effective partnership working between staff and partner organisations	✓				
	Improved understanding of staff engagement, experience and wellbeing	✓				
	Improved staff access to wellbeing support	✓				
	Improved access to professional supervision	✓				

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

The outcomes seem comprehensive and appropriate. We do not consider that it is appropriate for us to 'score' every single one of them, but we have scored a selection which reflect RCN's view of what must constitute priorities for action.

We are not clear what is envisaged by the proposals to 'Create alternative routes into mental health professions' and 'Create new mental health roles' and we look forward to seeing that detail so that we can offer more informed comment.

We would say now, however, that any new routes or roles should add clear additional value to the routes and roles that already exist and/or significantly develop those routes and roles for the benefit of those in need of care and treatment but also for the benefit of the workforce in

terms of helping to realise the above outcome of 'Improved Continuing Professional Development (CPD) and careers progression pathways.'

The creation of new routes and roles should not be used as a way of avoiding the challenges to recruiting into, and to developing, our invaluable established roles, such as mental health and learning disability nursing, particularly given the strict entry and ongoing regulatory requirements associated with nursing roles, to which other roles are not necessarily subject.

Also, we would also not wish to see such new routes and roles have the effect, intentionally or unintentionally, of diminishing the professional status of nursing or of having a damaging effect on nursing pay. For example, it is important that services are provided by appropriately trained and qualified staff, not substituted for services that are seen as providing savings using less qualified staff than required for the level of care needed.

We trust that 'Consistent employer policies' is an outcome that will be realised comprehensively within the NHS itself (in both primary and secondary care), where consistency is relatively common but where unhelpful variation still exists, and via the stated policy intention for the new National Care Service (NCS) to feature collective bargaining with respect to all the services that come under its auspices.

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

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

No.

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

In our report 'The Nursing Workforce in Scotland' (March 2022) we made ten recommendations 'to ensure there are enough registered nurses and nursing support workers to deliver safe and effective care across all settings'. This, naturally, includes mental health. https://www.rcn.org.uk/About-us/Our-Influencing-work/Policy-briefings/sco-parl-nursing-workforce-in-scotland-report-290322 It is clear that the short- and medium-term outcomes set out above will require more detail in the forthcoming strategy itself, but we are pleased to see in them a direction of travel that is recognises many elements of our recommendations, numbers two to ten of which are reproduced below (the first of our recommendations, with respect to implementation of the Health and Care (Staffing) (Scotland) Act is referenced in our answer to 5.8). We look forward to working with Scottish Government to ensure that the recommendations are fully taken up as much in the field of mental health as we trust that they will be across all fields. That said, the outcomes set out above reflect some of our recommendations more obviously than they do others. In terms of this question (14.7), we have marked with an asterisk (*) four of the nine that we feel could be more explicitly reflected in the revised list of short- and medium-term outcomes that will feature in the strategy itself (numbers 3, 4, 5 & 6 below). In particular, we would like to see this outcome 'Increased fair work practices such as appropriate channels for effective voice, create a more diverse and inclusive workplace' rewritten to include a commitment to fair and appropriate pay that accounts for the value of staff and for cost of living, particularly as measured with reference to inflation.

Recommendations 2-10.

2. Scottish Government and employers must review planning assumptions to ensure workforce planning across health and social care is fit for purpose, consulting with trade unions on the development of a service recovery plan and a recruitment and retention strategy for staff.

3. **Fair pay, good employment terms and safe working conditions for all registered nurses and nursing support workers wherever they work. ***

4. **The Scottish government must increase investment in health and care services to enable providers to employ more registered nurses, achieve and maintain safe staffing levels and ensure nursing teams have the correct skill mix. ***

5. **A commitment to continue to increase the number of nursing student places in line with workforce modelling rather than affordability, ensure a fair bursary and improve access to other financial support to widen access and increase student retention. ***

6. **Further recognition of and investment in the registered nurse role across community, social care and primary care services to ensure the workforce reflects increasing clinical need and changing models of care. ***

7. Development of an evidence-based methodology for determining safe and effective staffing in the care home sector to ensure that funding reflects clinical need and the correct staffing numbers and skill mix to meet these needs.

8. A commitment from the Scottish government to undertake modelling to project the growth required in the mental health nursing workforce and develop a fully costed and transparent mental health workforce plan.

9. Gaps in NHS, social care and general practice nursing workforce data must be addressed and regular reporting on action to deliver workforce commitments is required to enable transparency and more robust planning for the future.

10. Scottish government must provide publicly available health and social care activity data to ensure this informs workforce planning across all health and social care settings including general practice.

It is also important to note that there remains an issue in service redesign and reprovision where such services attract staff away from existing services, rather than attracting staff new to the services overall. This can be particularly unhelpful in mental health where, for example, a new primary care mental health service may offer jobs at a higher banding then an existing community mental health team (technically part of secondary care) so building one team at the expense of another.

Mental health services in Primary Care are currently benefitting from extra funding, and rightly so, but mental health services in secondary care are soon to be made subject to new Scottish Government mandated quality standards through the work of the Quality and Safety Board, chaired by the Minister for Mental Wellbeing and Social Care.

The introduction of such standards should form part of the mental health strategy itself. The strategy should in turn recognise the impact on the resources that may be needed to ensure that mental health services in secondary care can meet those standards. Those resources will include staff but may also include things such as appropriate places for person-centred care to be delivered. One example offered to us by a member was that for a person who has suffered trauma through the loss of a child, neither the home nor a local centre with 'parent and baby' services taking place in it provide a conducive location to deliver person-centred care.

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_____

Comment on Q15

It is not appropriate to include volunteers in any core definition of the mental health and wellbeing workforce based on the standard measures of headcount and WTE. This is not because their contribution is any less valuable than anyone else's contribution. It is because it is simply not possible to effectively workforce plan, including for recruitment and retention, and to meet public demand for services, in the short-, medium- or long-term if any part of that plan relies on volunteers, who by the voluntary nature of their valuable contribution are not covered by enforceable contractual obligations.

That is, their time cannot be measured with certainty or accuracy in forward work plans, and they can reduce or stop their work at any time, depending on a range of factors over which the sector may have no control (and certainly not contractually). This would pose significant challenges for robust and reliable workforce planning.

Volunteers add immense value in many ways and often they can 'reach the parts that others cannot'. However they are not simply 'unpaid workers' who can be treated as if they form part of the paid workforce. To consider them as such, and to plan and count them as if they were, creates a false picture of the workforce .

There is a risk of double-counting if the scope of the mental health and wellbeing workforce is extended to include the wider public sector, particularly when roles have other core functions than mental health and wellbeing services. We recognise the value of a cohesive, joined-up public sector approach to supporting better mental health and wellbeing for all.

However, in seeking to quantify the specialist workforce dedicated to the provision of mental health and wellbeing services as a primary function of their work, it is not appropriate to include those who '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.'

Again, whilst these people do invaluable work, it cannot be considered primarily 'mental health' work, in the context of defining the specialist workforce. There is a risk that the contribution of this work could be misrepresented, and that the nature of the mental health and wellbeing workforce might also be misrepresented.

For example, those working in the wider public sector, as described in this consultation question, might not have been specifically trained in mental health and wellbeing matters. It is possible that they may not be properly qualified to help with such matters. Given that the question relates specifically to building consensus around who is in our mental health workforce, our position is that volunteers who provide and support mental health and wellbeing professionals, and other non-mental health specialists who complement the work of mental health and wellbeing professionals should not form a core part of any such definition of the future workforce

When seeking to define the mental health and wellbeing workforce, it is important not to put an inappropriate burden on wider public sector staff whose core professional responsibilities and accountabilities may be aligned to mental health and wellbeing but not their core focus.

Equally we do not want to see a situation where it is possible to claim that there have been significant increases in the mental health and wellbeing workforce which have been achieved only by a statistical categorisation of roles that might have a tenuous link to mental health and wellbeing.

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?

In the case of nursing, by empowering them to work to the top of their competencies in all circumstances and to take on all responsibilities commensurate with their skills, abilities, qualifications, and level of professional practice.

Where a qualified specialist professional has a role other than a strictly clinical role (for example, a management role) they must be afforded the time to discharge that role within their normal working hours, up to and including becoming non-case holding.

- **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?

In the case of nursing, ensure safe staffing becomes a reality in Scotland and paying nursing staff fairly and appropriately. See our several comments on these matters above.

Otherwise, ensure that there are sufficient funded places in higher education for mental health and learning disability nurses to meet the demand for services as established though the proposed approach to workforce planning as outlined in this consultation.

Attracting students to careers in mental health and learning disability nursing is linked to fair pay. We cannot emphasise strongly enough the extent to which the future of the nursing workforce, including mental health and disability nursing, is linked to fair pay.

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

If we understand the question correctly, this is about ensuring the ongoing provision of specialised and complex care roles in areas like forensic mental health. If that is what is meant, it is a question of the relative attractiveness of any given role and so we would make the same points as we do above: ensure safe staffing becomes a reality in Scotland and pay people in such roles fairly and appropriately.

- **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?

It is not strictly necessary to 'widen the workforce' to 'integrate the contribution of non-professionals and experts by experience' into service provision.

The people to whom the question refers might have a formal, strategic role in designing and reviewing services but not in operational delivery. However, if the aspiration is to bring those contributions and experience to bear face-to-face with those who need support, as the reference to 'peer support workers' implies, we would suggest that the third sector contains many models that may be drawn upon.

Although we are not able to cite specific examples in this consultation response, it appears likely that they will deploy people in a way commensurate with their skill set and recognise when intervention from a qualified specialist professional is required. This is also true to the extent that any statutory service may make use of such people and there may already be models of this in the field.

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

It is not entirely clear what is meant in this question by 'a more inclusive appraoch'.

If it refers to including 'many different workers and services' in service strategy, planning and delivery then we would suggest that such 'workers and services' need to be appropriately represented on the forums that have oversight of and responsibility for those processes.

If it refers to creating a more inclusive and diverse workforce, we refer to recommendation 5 of our aforenoted workforce report ('A commitment to continue to increase the number of nursing student places in line with workforce modelling rather than affordability, ensure a fair bursary and improve access to other financial support to widen access and increase student retention https://www.rcn.org.uk/About-us/Our-Influencing-work/Policy-briefings/sco-parl-nursing-workforce-in-scotland-report-290322) and the detail on student support contained in that report, particularly on pages 19-21.

We would also recommend widening access to nursing to ensure a more inclusive and diverse workforce should take cognisance of the recommendations of the Commission on Widening Participation in Nursing and Midwifery Education and Careers (2017). https://www.gov.scot/publications/cno-commission-widening-participation-nursing-midwifery-education-careers/

- **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?

In the case of nursing, we repeat that this means ensuring that safe staffing becomes a reality in Scotland and nursing staff are paid fairly and appropriately so that we can recruit and retain the right number of staff to meet demand – this creates the capacity we need. See our several comments above.

We would also repeat our point that where a qualified specialist professional has a role other than a strictly clinical role (for example, a management role) they must be afforded the time to discharge that role within their normal working hours, up to and including becoming non-case holding.

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

As set out above ensuring safe staffing becomes a reality in Scotland and paying nursing staff fairly and appropriately are fundamental to the wellbeing of staff, as is the workplace culture..

The National Wellbeing Hub (NWH, https://wellbeinghub.scot/) is a welcome support, as are the associated resources, but it treats symptoms, many of which are caused by the very work undertaken by the people that the Hub is there to help. The lack of time that nursing staff have to use the Hub's offerings is but one example.

The ongoing wellbeing of those who work in health and social care is typically a direct result of their jobs, not of extraneous, possibly temporary, personal issues for which they need 'individualised help' or in response to which they need to 'build personal resilience'. Our survey results (cited in answers to previous questions) make that abundantly and powerfully clear as does recent academic research (see Rui-Han Teoh *et al* (13 July 2022) Recommendations to support the mental wellbeing of nurses and midwives in the United Kingdom: A Delphi study, *Journal of Advanced Nursing*, http://doi.org/10.1111/jan.15359)

To see the NWH type of help as the primary 'solution' is to completely mischaracterise rational human reactions to intolerable work-system pressures as internalised, individualised matters to be solved by the person themselves.

That is why workforce wellbeing issues will only be addressed comprehensively through system changes such as safe staffing and pay, rather than through well-intended but peripheral measures such as resources to encourage mindfulness, for example.

RCN Scotland is committed to supporting and protecting the wellbeing of all its members, and we are keen to see a clear commitment to this in all Scottish Government workforce strategies.

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.**

We do not object to these immediate actions *per se* but we have the following comments to make:

a) International recruitment campaigns must be truly ethical, which may ultimately mean going further to ensure an ethical approach than any current ethical international recruitment policy may provide for, particularly with respect to the developing world.
b) We refer to our comments in response to the questions is sections 14, 15 and 16, epically at 14.4 and 14.7
c) Strongly agree, see our comments above, especially at 14.4, 16.1, 16.2 and 16.6
d) Strongly agree, see comments at 16.5
e) Strongly agree, see our responses on data at 14.5 and 14.7, referring to the recommendations from our workforce report.
f) Strongly agree. This would be very welcome. It should include gathering more specific information from Integration Authorities than is currently gathered. That information would match the precise type of Action-15-funded post with the numbers of such posts, rather than providing the numbers and the types of post without such matching, as is the case in the quarterly figures as

currently published https://www.gov.scot/publications/mental-health-workers-quarterly-performance-reports/#_edn1

- **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.**

Nothing further to what we have said above on this question, see especially 16.7.

- **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.**

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

On several counts, the consultation asks for views on matters which, whilst of interest to nursing as a profession and a workforce in either a very broad sense (for example, nursing staff use services too) or in an extremely specific sense (for example, to do with specialist clinical matters) do not constitute matters on which we consider it a priority for us to comment in this specific response.

Rather we have sought to comment in a way that reflects what we know to be concerns of the majority of our members, in the context of being applicable to the matters raised by this consultation. We have therefore sought to respond (or not to respond) to the questions to the extent that any given proposal:

- accords or does not accord with the ethos and professional practice of nursing (primarily mental health and learning disability nursing)
- appears likely to operate to the benefit or detriment of nursing as a workforce.