

Consultation on 'Mental Health in Scotland – a 10 year vision': Scottish Social Services Council (SSSC) response

The SSSC is the regulator for the social service workforce in Scotland. Our work means the people of Scotland can count on social services being provided by a trusted, skilled and confident workforce. We protect the public by registering social service workers, setting standards for their practice, conduct, training and education and by supporting their professional development. Where people fall below the standards of practice and conduct our Fitness to Practise team can investigate and take action.

We:

- publish the national codes of practice for people working in social services and their employers
- register people working in social services and make sure they adhere to our Codes of Practice
- promote and regulate the learning and development of the social service workforce
- are the national lead for workforce development and planning for social services in Scotland.

Our purpose is to raise standards and protect the public through regulation, innovation and continuous improvement in workforce planning and development for the social service workforce. Social service workers provide care and support for some of the most vulnerable people in Scottish society. The sector employs more than 200,000 people¹ in Scotland (SSSC, 2016). These workers deal with complex care needs and make a real difference to peoples' lives.

Resources the SSSC has developed include Promoting Excellence, a framework developed with NHS Education for Scotland for all health and social service staff working with people with dementia, their families and carers. We are developing a number of resources to support the implementation of Promoting Excellence. We are also developing a framework for palliative care.

The social service sector includes 670 Mental Health Officers (MHOs) (SSSC, 2016). An MHO is a specially trained social worker who has the training, education, experience and skills to work with people with a mental disorder.

Q1. Our framework sets out 8 priorities for a new Mental Health Strategy that we think will transform mental health in Scotland over 10 years. Are these the most important priorities? If no, what priorities do you think will deliver this transformation?

Yes. We agree with these priorities and would also note the following points.

¹ There are a number of groups of workers not captured by this data. These include childminding assistants and personal assistants employed by individuals in receipt of a direct payment.

We believe that there is a need for the strategy to reflect some of the challenges around Mental Health Officers. Recruitment is a particular challenge as there is a substantial shortfall of MHOs. Our Mental Health Officers (Scotland) Report 2015 has shown that the shortfall is at its highest recorded level. The number of MHOs aged 45 or over is rising. Furthermore, MHO training can be difficult to access, resource intensive and services struggle to release staff for the extended placement times required. Addressing these challenges will play a critical role in delivering the required transformation.

It is important that the strategy highlights the impact families, friends and communities have in supporting people to maintain good mental health.

Scotland's social service workforce provides support in a number of settings, including day care for children services, adult care homes and in people's homes. The previous Mental Health Strategy included a commitment to make infant mental health training more widely available to professionals in the children's services workforce. We would welcome moves to include similar commitments within the new strategy.

'Recovery' is referred to under Priority 7: 'Focus on **'All of Me'**: Ensure parity between mental health and physical health.' It is important to define what recovery means and how it is measured, as 'recovery' can mean different outcomes for different people. Achieving better qualitative measures for recovery could be a priority itself. Greater evidence around what helped individuals in their recovery should help target treatments appropriately and will help achieve better outcomes.

Q2. The table in Annex A sets out a number of early actions that we think will support improvements for mental health. Are there any other actions that you think we need to take to improve mental health in Scotland?

We believe that the actions detailed will achieve positive impacts, for example the rolling out of computerised Cognitive Behavioural Therapy (CBT).

There is a need to detail how the strategy fits with other policy developments such as:

- the 2020 Vision for Health and Social Care
- the integration of health and social care
- the National Dementia Strategy
- the Carers (Scotland) Act 2016
- the Suicide Prevention Strategy
- Self-Directed Support (SDS).

An action plan linking the developments may help to drive progress. It could include, for example, steps to improve access to SDS for people living with a mental health condition.

It is important to ensure that the expansion of link and peer support workers is fully resourced and to explore the range of interventions and locations where

they can provide support. The roles of other groups and professionals in providing self-management support could also be detailed.

Taking further steps to provide training and career development opportunities for the workforce would help to improve mental health in Scotland. Many social service workers are increasingly involved in the administration of medication and have the right skills and experience to take on a more advanced role in mental health support. They will be well placed to support the actions in the strategy, and to signpost people who use services to relevant sources of support, if they are able to pursue training which meets their needs.

Q3. The table in Annex A sets out some of the results we expect to see. What do you want mental health services in Scotland to look like in 10 years' time?

Mental Health services in 10 years' time will:

- maintain a focus on early intervention
- be easy to access
- be quick to respond
- be supported by well trained and confident staff
- deliver a wide range of interventions
- work closely with other agencies to improve outcomes.

Scottish Social Services Council
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