

Toward Mental Health Inclusion: Leading Change in Health and Social Care

Day 2: 21. September 2017

Parallel Session 4: 14.00 – 15.30

OR-18: *Anti-stigma interventions targeting
professionals in somatic and social care*

Calum Irving, See Me

#SeeMeInHealth



Why we need action to end mental health stigma



- We all have mental health: it changes
- Between 1 in 3 and 1 in 4 of us have a mental health problem*
- 9 out of 10 with MH problems experience stigma and discrimination
- Reaction of others often more damaging than diagnosis

But:

- Higher profile, greater awareness and understanding; Last year See Me reached an estimated 20 million+ (10,000 signed up in Scotland)
- Tipping point issue?
- Growing confidence to speak out and openness to working together

Speaking Out



About See Me

- Scotland's programme to end MH stigma and discrimination
- MH inclusion at work, at school and in our communities
- Changing Minds, Changing Policy and Changing Practice > to achieve **behaviour change**
- H&SC a key area: more strategic
- Potential for significant benefit from MH inclusion
- Encouraging response so far





Our thinking: public health



- A public mental health approach



- Mental health inclusion

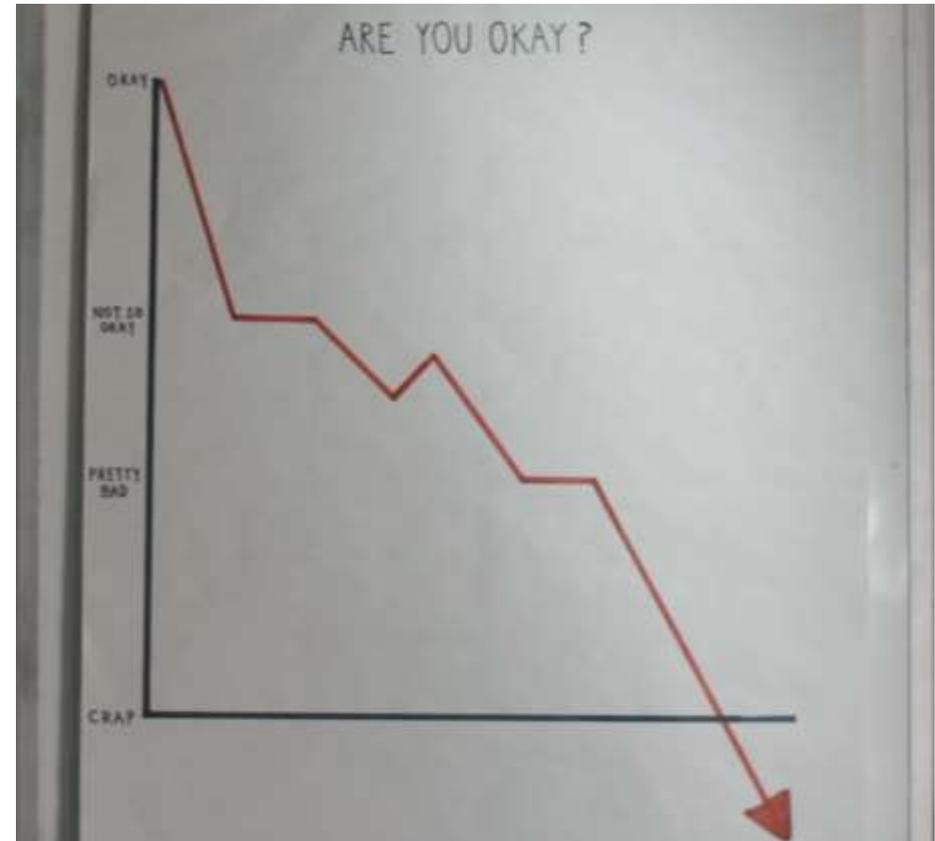


- Anti-stigma and discrimination action across health and social care

Our thinking: diversity and inclusion



- A 'diversity and inclusion' lens can help
- In facing poor mental health we'd want to be understood, helped: to be **included**
- To work, learn and receive care in environments free from mental health stigma and discrimination
- Earlier and more effective inclusion could prevent problems arising or worsening



Our thinking: human rights

- Rights agenda strengthening
- 'HRBA' approaches in policy and guidance
- P-A-N-E-L
- But!
 - What does it mean?
 - Just an 'add on'?
- Opportunity
 - Informed rights holders
 - Active duty bearers



Evidence

- Inequality: physical and mental health interact, higher rates of mortality and morbidity
- Discrimination from H&SC professionals and lack of MH literacy amongst some professionals
- Lack of confidence amongst primary care staff (e.g. >80% GPs surveyed wanted more info on local services, & resources for self-management of MH conditions (SAMH, 2014))
- Nearly 3/5 GPs plan to leave or reduce hours (RCGP, 2016)
- Nearly 3/5 of Directors of Nursing & Deputy Directors say staff wellbeing has become worse over past 2 years (RCN, 2017)



Evidence

“I had one GP who every appointment asked me if I had a drink problem or used drugs. I accepted this for the first and second appointments. But in the following appointments I found this insulting and frustrating. I very rarely drink and have never touched drugs. She even commented one day that I must be feeling better as I was not wearing dark clothing for a change.”

-Michelle's Story

Evidence

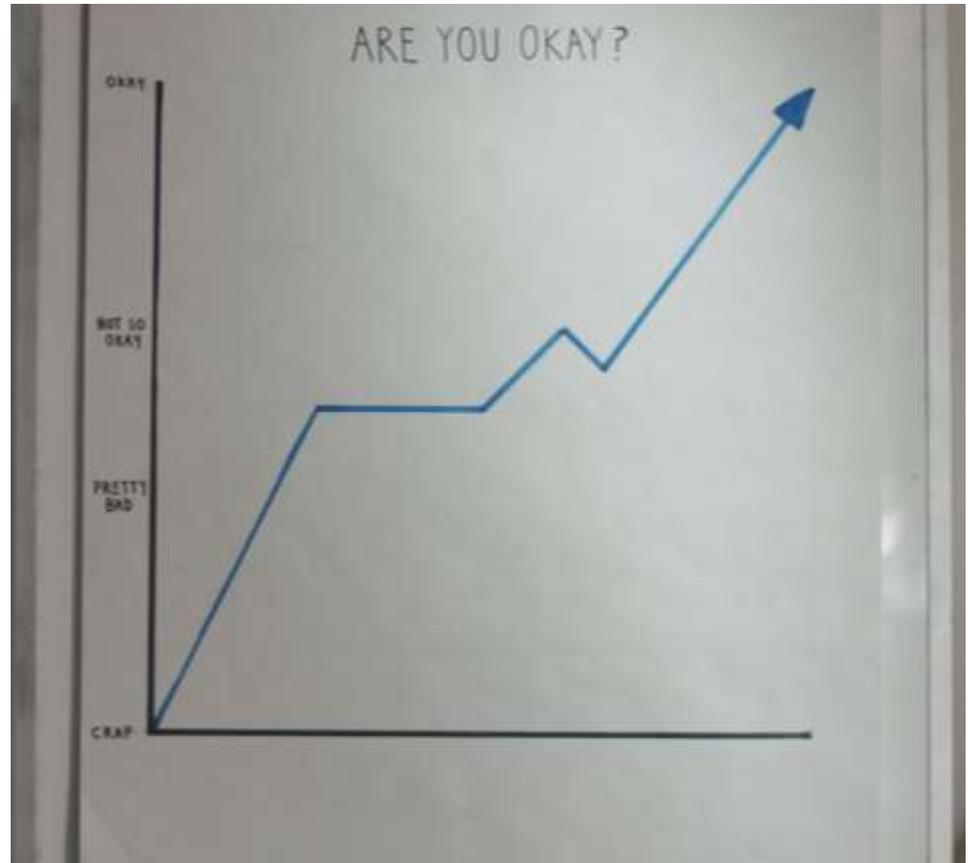
“I was at A&E and I could hear them speaking outside the door about me, I could hear them say that I knew how to get what I wanted, I found that unbelievably distressing.”

- Phoebe's Story



Emerging approaches

- Health Scotland: better integration between mental and physical health and social care
- RCN: MH is given greater emphasis in general nursing and medical training
- Realistic Medicine's focus on the 'whole person' and the 2030 Vision for Nursing are opportunities for inclusion
- SDS legislation
- But....



Emerging approaches

Where does change need to happen?



Promising commitment



Professor Fiona McQueen – Chief Nursing Officer

Professor Fiona McQueen is Scotland's Chief Nursing Officer. She joined the Scottish Government as interim Chief Nursing Officer in November 2014 after serving as Executive Nurse Director for NHS Ayrshire and Arran for 15 years. Previously, she was Executive Nurse Director at NHS Lanarkshire. She is an Honorary Professor at the University of the West of Scotland.



Dr Gregor Smith – Deputy Chief Medical Officer

Dr Gregor Smith is a GP and was appointed Deputy Chief Medical Officer for Scotland in October 2015. Prior to this he combined roles as a Senior Medical Officer in the Scottish Government and Medical Director for Primary Care in NHS Lanarkshire, where he spent most of his clinical career as a GP in Larkhall. He is an Honorary Clinical Associate Professor at the University of Glasgow and Fellow of both the Scottish Patient Safety Programme and Salzburg Global.

Gemma Welsh - See Me Volunteer

Gemma Welsh is a Trade Union Organiser who has been volunteering with See Me for over four years; sharing her story at events and in the media. Gemma was first diagnosed with depression as a teenager and has continued to experience periods of depression and anxiety throughout her adult life. As well as receiving good care and support from GPs, Gemma has also faced challenging and stigmatising reactions from health care staff.



Iona Colvin - Chief Social Care Adviser

Iona Colvin is a social worker by background and became the Scottish Government's Chief Social Work Adviser in April 2017. Iona was appointed as Chief Officer for the North Ayrshire HSCP in April 2015. Previously Iona was Director of the North Ayrshire HSCP. In 2010 Iona joined North Ayrshire Council as Corporate Director of Social Services and Chief Social Work Officer.

Opportunities in policy

- Leadership and culture
- Personalisation and person-centred approaches
- Prevention
- Early intervention
- Workforce reform
- Mental health and wellbeing of the workforce

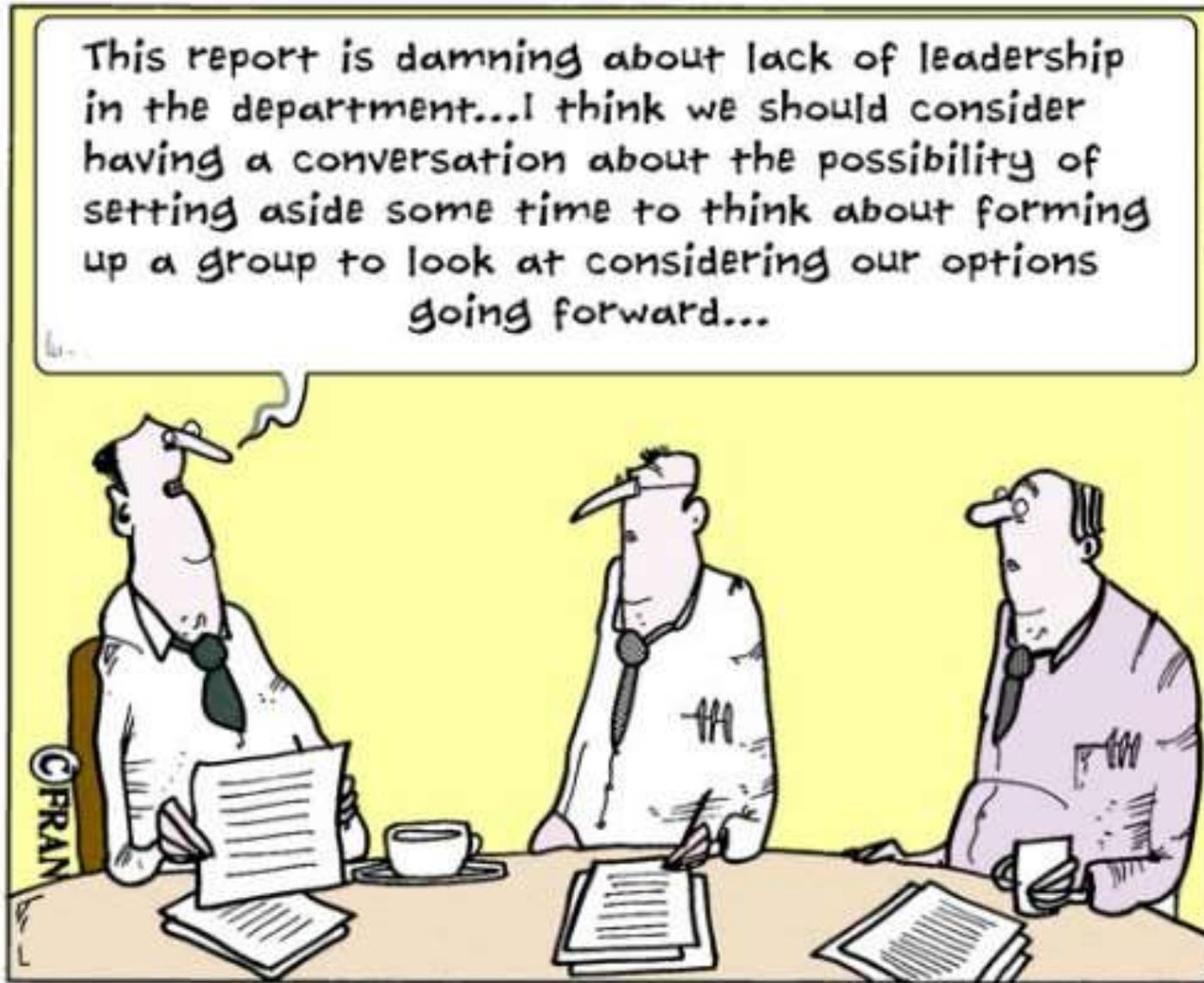
What can help?



See Me's focus in H&SC

- Evidence, approaches, examples and opportunities suggest ways forward we want to explore





Thank you for listening

Together we can end mental
health stigma and discrimination

#SeeMeInHealth

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