

## Response ID ANON-A5H7-36F5-S

Submitted to A new Mental Health and Wellbeing Strategy - consultation  
Submitted on 2022-09-08 15:02:59

### Part 1 - Definitions

1.1 Do you agree with this description of "mental health"?

Yes

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

1.3 Do you agree with this description of "mental wellbeing"?

Yes

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

1.5 Do you agree with this description of "mental health conditions" and "mental illness"?

Yes

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

### Part 2 - Our overall vision

2.1 In the 'Draft Outcomes' section 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?

Yes

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

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

Please add your response in the text box:

- Prompt access to pharmacological and non-pharmacological treatment and joined up accessible services
- Improvement in the physical wellbeing of people with mental health problems and a reduction in the life expectancy gap for those patients
- Improvements in the services/projects which aim to prevent mental health decline for people of all ages
- Early intervention for those identified with a mental health condition
- Integrated care records so that help and support can be provided by all healthcare professionals providing care for patients
- All healthcare professionals trained to provide support for emotional and mental health and to refer for specialist help when appropriate

### Part 3 - Our key areas of focus

3.1 In the 'Draft Outcomes' section, we have identified four key areas that we think we need to focus on. Do you agree with these four areas?

Yes

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

### Part 4.1 - Outcomes: addressing the underlying social factors

4.1 Do you agree that the Mental Health and Wellbeing Strategy should aim to achieve the following outcome to address underlying social factors?

social factors - likert - 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:

Strongly agree

### Part 4.2 - Outcomes: individuals

4.2 Do you agree that the Mental Health and Wellbeing Strategy should aim to achieve the following outcomes for people?

individuals-likert - People have a shared language and understanding of mental health and wellbeing and mental health conditions:

Strongly agree

individuals-likert - People understand the things that can affect their own and other's mental health and wellbeing, including the importance of tolerance and compassion:  
Strongly agree

individuals-likert - People recognise that it is natural for everyday setbacks and challenging life events to affect how they feel:  
Strongly agree

individuals-likert - 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:  
Strongly agree

individuals-likert - People have the material, social and emotional resources to enable them to cope during times of stress, or challenging life circumstances:  
Strongly agree

individuals-likert - People feel safe, secure, settled and supported:  
Strongly agree

individuals-likert - People feel a sense of hope, purpose and meaning:  
Strongly agree

individuals-likert - People feel valued, respected, included and accepted:  
Strongly agree

individuals-likert - People feel a sense of belonging and connectedness with their communities and recognise them as a source of support:  
Strongly agree

individuals-likert - People know that it is okay to ask for help and that they have someone to talk to and listen to them:  
Strongly agree

individuals-likert - People have the foundations that enable them to develop and maintain healthy, nurturing, supportive relationships throughout their lives:  
Strongly agree

individuals-likert - People are supported and feel able to engage with and participate in their communities:  
Strongly agree

individuals-likert - People with mental health conditions are supported and able to achieve what they want to achieve in their daily lives:  
Strongly agree

individuals-likert - 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:  
Strongly agree

individuals-likert - People living with physical health conditions have as good mental health and wellbeing as possible:  
Strongly agree

individuals-likert - 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:  
Strongly agree

individuals-likert - 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:  
Strongly agree

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

Please add your response to the text box:

While we agree that people need to have the material, social and emotional resources to enable them to cope during times of stress, or challenging life circumstances, our wellbeing surveys of pharmacists have repeatedly shown that people have concerns about taking up the offer of these resources if offered by an employer. They are concerned about confidentiality, the impact on their career and how seeking help will reflect on them. Work needs to be done to reduce stigma and continue access for all to national resources for support.

Supporting people to self-manage their care requires a whole team approach. Healthcare professionals, including pharmacists, need to work together during the different phases of treatment, especially at the start of therapy, to help people:

- Obtain the information they need,
- Get the most from their treatments,
- Minimise avoidable drug-related harms

To facilitate this, we need formal links between GP practices, specialist services and community pharmacies, supported by the New Medicines Intervention Tool and Medicines Care and Review (MCR) service. Antidepressant prescribing could be an initial focus of these formal links. It can take a few weeks for some people to experience a noticeable benefit from a new antidepressant treatment. During this period, people often experience some

unpleasant side effects and are more at risk of suicide so information, re-assurance, signposting, and referral from community pharmacists could provide extra support if needed.

### Part 4.3 - Outcomes: communities

4.3 Do you agree that the Mental Health and Wellbeing Strategy should aim to achieve the following outcomes for communities?

communities-likert - Communities are engaged with, involved in, and able to influence decisions that affect their lives and support mental wellbeing:  
Strongly agree

communities-likert - Communities value and respect diversity, so that people, including people with mental health conditions, are able to live free from stigma and discrimination:  
Strongly agree

communities-likert - Communities are a source of support that help people cope with challenging life events and everyday knocks to wellbeing:  
Strongly agree

communities-likert - Communities have equitable access to a range of activities and opportunities for enjoyment, learning, participating and connecting with others.:  
Strongly agree

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

Please add your response to the text box:

Pharmacies are at the heart of communities; they are accessible, and the public know there is a healthcare professional there who is easily accessible. It makes sense that people in crisis or who are looking for support will often turn to pharmacist and pharmacy teams for help. Pharmacy teams should be trained in mental health first aid and suicide prevention so they can respond to crisis situations.

### Part 4.4 - Outcomes: population

4.4 Do you agree that the Mental Health and Wellbeing Strategy should aim to achieve the following outcomes for populations?

Population - likert - We live in a fair and compassionate society that is free from discrimination and stigma:  
Strongly agree

Population - likert - We have reduced inequalities in mental health and wellbeing and mental health conditions:  
Strongly agree

Population - likert - 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:  
Strongly agree

Population - likert - People living with mental health conditions experience improved quality and length of life:  
Strongly agree

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

Please add your response to the text box:

No

### Part 4.5 - Outcomes: services and support

4.5 Do you agree that the Mental Health and Wellbeing Strategy should aim to achieve the following outcomes for services and support?

Services&Support likert - 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:  
Strongly agree

Services&Support likert - 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:  
Strongly agree

Services&Support likert - 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:  
Strongly agree

Services&Support likert - 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:

Strongly agree

Services&Support likert - 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:

Strongly agree

Services&Support likert - People are able to easily access and move between appropriate, effective, compassionate, high quality services and support (clinical and non-clinical):

Strongly agree

Services&Support likert - Services and support focus on early intervention and prevention, as well as treatment, to avoid worsening of individual's mental health and wellbeing:

Strongly agree

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

Please add your response to the text box:

Community focused

To ensure a community-based approach which will ensure there is no wrong door we must utilise community pharmacies. physical health monitoring and targeted public health initiatives in community pharmacy are needed to improve access to care. People with mental health conditions should be able to access services where and when they need them. Some medications prescribed for mental health conditions are considered high risk e.g. lithium, require regular physical monitoring and close observation of patients to minimise unintended harm. Physical health monitoring has two components:

- General physical health monitoring
- Specific monitoring required for the safe prescribing of some medicines used in the treatment of mental health conditions.

Community pharmacists routinely provide advice, support and check for interactions to reduce harm. Use of the high-risk medicine clozapine has been made safer through local community pharmacy services for almost 20 years. More could be done to enhance this role, for example to support improvement in the monitoring of other high-risk medicines and physical health. The accessibility of pharmacies in the heart of communities is a key strength of these services.

Public health is an intrinsic part of pharmacy practice. Pharmacists working in all settings can support people with mental health conditions by promoting public health messaging on physical and oral health, encouraging exercise, smoking cessation, and lifestyle advice.

Referral

Pharmacy teams can support with psychological self-help and signpost to local resources and could play an active role in social prescribing, improving access to non-pharmacological treatment options. Models of social prescribing by pharmacists need to be developed as a priority to widen access to the associated benefits. Going forward, community pharmacies should be viewed as primary care public health information hubs and resourced accordingly to improve access, engagement, and onward referral to NHS and third sector services.

Direct referral pathways into specialist care would reduce this administrative burden on GP practices and allow quicker more efficient access for patients.

Patient choice

To give people the ability to easily access and move between appropriate, effective, compassionate, high quality services and support (clinical and non-clinical) would require a shared patient record into which healthcare professionals, including pharmacists, have appropriate read/write access. Patients expect health professionals to have all the necessary information to keep them safe and to be aware of their personal care plans without repetition at every stage.

Pharmacists have been able to access more patient information during COVID-19 to support and improve patient care and the capacity of other healthcare colleagues. While access to patient health records, laboratory results and the care record, is available to pharmacists working in hospitals and primary care, it is not routine for community pharmacists. Access would enable pharmacists to:

- Give patients better advice with no delays
- Make more informed clinical decisions
- Improve pharmaceutical care
- Reduce the number of medicine related errors that contribute to unplanned hospital admissions.

Several different prescribers can be involved in patient care, particularly when specialist services are involved, and access to accurate information is essential for patient safety and in delivering more effective pharmaceutical care. Reducing medicines related errors, improving medicines adherence, and improving a person's understanding of their medicines can prevent relapses which contribute to unplanned admissions to hospital. Enabling the sharing of information between health professionals must be prioritised by Scottish Government to provide optimal patient safety systems in the ever increasingly complex area of therapeutic treatment.

## Part 4.6 - Outcomes: information, data and evidence

4.6 Do you agree that the Mental Health and Wellbeing Strategy should aim to achieve the following outcome for data and evidence?

Information, data & evidence - likert - 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:

Strongly agree

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

Please add your response to the text box:

It is imperative that staff making these decisions have an understanding of interpretation and interrogation of data in order to make best use of the data collected. There should be appropriate training available at both under and post graduate level.

We also need to improve the quality of data used by health and social care services. To do this we need better interoperability across systems and care providers with the wider sharing of, and access to, data. One way to do this would be a shared patient record. There is also a need for a single unified clinical coding system.

Clinical outcome data should be gathered and should link patient outcomes with the prescribing and administration data which will show the impact of services on improving population health and service improvements to be made.

## Part 4.7 - Outcomes: other

4.7 Are there any other outcomes we should be working towards? Please specify.

Please add your response to the text box:

Fully integrated care teams which include pharmacists working in all settings including community pharmacy.

Every mental health team, including Child and Adolescent Mental Health, should have access to a specialist mental health pharmacist whether based in community teams, mental health hospital wards or acute hospitals.

There are no treatment outcomes mentioned at all. Treatment, both pharmacological and non-pharmacological, is a vital part of treating poor mental health and promoting wellbeing and for it not to be an outcome is strange.

## Part 5 - Creating the conditions for good mental health and wellbeing

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?

Please add your response to the text box:

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?

Please add your response to the text box:

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 yourself, or the people you know?

Please add your response to the text box:

RPS are the professional leadership body for pharmacists. We advocate for the professional to enable pharmacists to provide the best holistic care for patients possible. The main things we will focus on here are work related and have been reported via our workforce wellbeing survey in 2021. 70% of respondents reported that their work had negatively impacted on their mental health and wellbeing. The reasons given included:

- Workload
- inadequate staffing
- long hours
- lack of work-life balance
- lack of recognition
- public expectation

Lack of rest breaks and protected learning time were also linked to a high risk of burnout among respondents.

More information on this report can be found at <https://www.rpharms.com/recognition/all-our-campaigns/workforce-wellbeing>

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?

Please add your response to the text box:

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?

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?:

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?

Please add your response to the text box:

5.8 Referring to your last answers, what stops you doing more of these activities?

Please add your response to the text box:

Our survey indicated that many of the respondents feel they experience long working hours with few breaks, and a lack of work-life balance. These factors will prevent people taking up activities which would be beneficial for their mental health either during their working day e.g. at lunchtime, or out with their working day.

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?

Please add your response to the text box:

5.10 In what way do concerns about money impact on your mental health?

Please add your response to the text box:

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

Please add your response to the text box:

## Part 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?

Not Answered

If you selected 'other', please specify:

6.2 If you answered 'online support' could you specify which online support?:

6.3 Is there anywhere else you would go to for advice and support with your mental health and wellbeing?

6.4 If you answered 'online support' could you specify which online support?:

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

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?:

Professional specific support is available to pharmacists via Pharmacist Support, an independent, trusted charity, providing a wide variety of support services to pharmacists and their families, former pharmacists, and pharmacy students. This is a valuable resource in being able to understand the specific pressures facing professionals.

However, we need to do work to ensure people feel comfortable and secure enough to access services. Pharmacists report barriers to accessing support were a lack of time, concerns about confidentiality and the potential impact on career, and respondents feeling that should be able to manage without seeking help. We need work to be carried out to make seeking help, when necessary, a normal part of life and to reduce the stigma on accessing mental health care.

6.7 Please use this space to tell us the positive experiences you have had in accessing advice and support for your mental health or wellbeing.

Please add your response to the text box:

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?:

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?

6.10 If you selected 'other', could you tell us what those barriers were?:

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?:

People are aware of support services, but we need to do work to ensure they feel comfortable and secure enough to access them. Pharmacists reported barriers to accessing support were a lack of time, concerns about confidentiality and the potential impact on career, and respondents feeling that should be able to manage without seeking help. We need work to be carried out to make seeking help, when necessary, a normal part of life and to reduce the stigma on accessing mental health care.

## Part 7 - Improving services

7.1 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? In particular, do you have any thoughts on how the new National Care Service can create opportunities to improve mental health services?

Please add your response to the text box:

To improve access, physical health monitoring and targeted public health initiatives in community pharmacy are needed. People with mental health conditions should be able to access services where and when they need them. Community pharmacists routinely provide advice, support, and check for interactions to reduce harm. Use of the high risk medicine clozapine has been made safer through local community pharmacy services for almost 20

years. More could be done to enhance this role, for example to support improvement in the monitoring of other high risk medicines and physical health. The accessibility of pharmacies in the heart of communities is a key strength of these services.

Public health is an intrinsic part of pharmacy practice. Pharmacists working in all settings can support people with mental health conditions by promoting public health messaging on physical and oral health, encouraging exercise, smoking cessation, and lifestyle advice.

Pharmacy teams should be trained in mental health first aid and suicide prevention so they can respond to crisis situations. Pharmacists and their teams are at the front line of patient care wherever they are practicing. They can face sensitive or challenging situations and need to be equipped to support patients in distress and be aware of suicide prevention techniques. There is a potential role for community pharmacy in preventing suicide and self-harm if properly integrated into the multidisciplinary team and included in suicide prevention strategies.

Pharmacists should have appropriate read and write access to medical records to deliver safe, integrated and effective patient care. Patients expect health professionals to have all the necessary information to keep them safe and to be aware of their personal care plans without repetition at every stage. While access to patient health records, laboratory results and the care record, is available to pharmacists working in hospitals and primary care, it is not routine for community pharmacists.

Access would enable pharmacists to:

- Give patients better advice with no delays
- Make more informed clinical decisions
- Improve pharmaceutical care
- Reduce the number of medicine related errors that contribute to unplanned hospital admissions.

The question about the National Care Service did not appear on the respondent information form so we have not answered this.

## Part 8 - The role of difficult or traumatic life experiences

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?

Please add your response to the text box:

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

Please add your response to the text box:

Patients having to repeat their story to every healthcare professional they encounter is not going to be beneficial. A single shared patient record would mean this did not have to happen. It would also mean healthcare professionals in all settings, including pharmacists, would be able to make reasonable adjustments to their practice to make them more trauma informed.

Access would enable pharmacists to:

- Give patients better advice with no delays
- Make more informed clinical decisions
- Improve pharmaceutical care
- Reduce the number of medicine related errors that contribute to unplanned hospital admissions

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?

Please add your response to the text box:

RPS believe it would be beneficial for all pharmacy teams to be trained in psychologically informed care or trauma training.

Pharmacy teams can build on their current skills to offer a more trauma informed approach. With some additional training, pharmacy staff could offer trauma awareness and motivational interviewing to build a non-judgemental therapeutic relationship with the patient. In areas of need, pharmacy teams could then undergo further training and move up to a more enhanced level of service where interventions are more structured. Once established as health hubs, community pharmacy teams could offer remote treatment options e.g. computerised Cognitive Behavioural Therapy (CBT) with a professional pharmacy team on-site to offer support.

As healthcare professionals it is important that pharmacists and pharmacy teams reflect on their own practice and identify areas they could change to help reduce any negative impact on patients who have experienced trauma.

## Part 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?

10.2 If you selected 'other', could you tell us who you received treatment from?:

10.3 How satisfied were you with the treatment you received?

Please add your response to the text box:

10.4 Please explain the reason for your response above:

10.5 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? Are there ways in which you think connections between services could be improved through the development of the National Care Service?

Please add your response to the text box:

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.:

One area for improvement would be access to data to ensure patients only have to tell their story once. A single shared patient record would mean pharmacists, and other healthcare professionals involved in a patient's care, would have appropriate read and write access to medical records to deliver safe, integrated and effective patient care.

## Part 11 - Equalities

11.1 Do you have any further comments on what could be done to address mental health inequalities for a particular group of people?

Please add your response to the text box:

Ensuring consistency and quality of services across the health boards. Specialist mental health pharmacists use their skills and expertise to individualise treatments to get the best outcomes for people in the care of mental health services. They could also be involved in analysing, monitoring and researching psychotropic prescribing trends or working with prescribing advisers and community prescribers to ensure use of evidence-based medicine, to address inappropriate medicines use.

Providing leadership and education and assuring the best use of medicines in mental health are the core roles of the specialist mental health pharmacist. Currently, the size and capacity of specialist mental health pharmacy teams varies across Scotland; for example, some NHS Boards have only one specialist mental health pharmacist. Resources are finite and demand for specialist services exceeds capacity.

A core priority of the NHS mental health programme is to support community services to deliver high quality, evidence-based interventions which improve outcomes and enable recovery. Having a specialist mental health pharmacist as part of the community mental health team will facilitate this. RPS believes that every mental health team, including Child and Adolescent Mental Health, should have access to a specialist mental health pharmacist whether based in community teams, mental health hospital wards or acute hospitals.

If so, what are they?:

## Part 14 - Our vision and outcomes for the mental health and wellbeing workforce

14.1 Do you agree that these are the right short term (1-2 years) outcomes for our mental health and wellbeing workforce?

Short term workforce outcomes - Plan: Improved evidence base for workforce planning including population needs assessment for mental health and wellbeing:

Strongly agree

Short term workforce outcomes - Plan: Improved workforce data for different mental health staff groups:

Strongly agree

Short term workforce outcomes - Plan: Improved local and national workforce planning capacity and capability:

Strongly agree

Short term workforce outcomes - Plan: Improved capacity for service improvement and redesign:

Strongly agree

Short term workforce outcomes - Plan: User centred and system wide service (re)design:

Strongly agree

Short term workforce outcomes - Plan: Peer support and peer worker roles are a mainstream part of mental health services:

Strongly agree

Short term workforce outcomes - Attract: Improved national and international recruitment and retention approaches/mechanisms:

Strongly agree

Short term workforce outcomes - Attract: Increased fair work practices such as appropriate channels for effective voice, create a more diverse and inclusive workplace:

Strongly agree

Short term workforce outcomes - Attract: Increased awareness of careers in mental health:

Strongly agree

14.2 Do you agree that these are the right short term (1-2 years) outcomes for our mental health and wellbeing workforce?

Short term outcomes: Train - Train: Long term workforce planning goals are reflected in and supported by training programmes provided by universities, colleges and apprenticeships:

Strongly agree

short term outcomes: train - Train: Increased student intake through traditional routes into mental health professions:  
Strongly agree

short term outcomes: train - Train: Create alternative routes into mental health professions:  
Strongly agree

short term outcomes: train - Train: Create new mental health roles:  
Strongly agree

short term outcomes: train - Train: Improved and consistent training standards across Scotland, including trauma informed practice and cultural competency:  
Strongly agree

short term outcomes: train - Train: Our workforce feel more knowledgeable about other Services in their local area and how to link others in to them:  
Strongly agree

short term outcomes: train - Train: Our workforce is informed and confident in supporting self-care and recommending digital mental health resources:  
Strongly agree

short term outcomes: train - Train: Develop and roll out mental health literacy training for the health and care workforce, to provide more seamless support for physical and mental health:  
Strongly agree

short term outcomes: train - Train: Improved leadership training:  
Strongly agree

short term outcomes: train - Train: Improved Continuing Professional Development (CPD) and careers progression pathways:  
Strongly agree

14.3 Do you agree that these are the right short term (1-2 years) outcomes for our mental health and wellbeing workforce?

short term workforce outcomes: employ - Employ: Consistent employer policies:  
Strongly agree

short term workforce outcomes: employ - Employ: Refreshed returners programme:  
Strongly agree

short term workforce outcomes: employ - Employ: Improved diversity of the mental health workforce and leadership:  
Strongly agree

short term workforce outcomes: employ - Nurture: Co-produced quality standard and safety standards for mental health services:  
Strongly agree

short term workforce outcomes: employ - Nurture: Safe working appropriate staffing levels and manageable workloads:  
Strongly agree

short term workforce outcomes: employ - Nurture: Effective partnership working between staff and partner organisations:  
Strongly agree

short term workforce outcomes: employ - Nurture: Improved understanding of staff engagement, experience and wellbeing:  
Strongly agree

short term workforce outcomes: employ - Nurture: Improved staff access to wellbeing support:  
Strongly agree

short term workforce outcomes: employ - Nurture: Improved access to professional supervision:  
Strongly agree

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

Please add your response to the text box:

#### Workforce planning

It is essential to undertake effective workforce planning to identify gaps in the service for mental health and wellbeing. However, this can only be done if there is planning taking place for the profession as a whole.

This must include collating transparent data around current roles and services which make up current workforce activity. Data should include workforce establishment, vacancy rates/ turnover broken down by grades/roles, sector and geography. These data are required in order to provide the bigger picture alongside further information such as reasons for leaving roles, age profiles and Equality, Diversity and Inclusion metrics. These data, alongside specific country ambitions, should be used to inform future workforce models and what workforce will be required to deliver it and will ensure the correct workforce are in place to deliver current and new services.

#### Improving capacity and capability

To increase capacity in pharmacy teams to deliver a holistic model of care to mental health patients and trauma informed care we need investment to train new pharmacy staff and upskill existing members of the team, matching skills to tasks. Career pathways, supported by credentialing, should continue to be developed and adopted to make all roles more attractive and rewarding, allowing all staff to develop and work to the top of their competence and ability. This along with Introducing a shared electronic patient medication record, accessible across all sectors, and improved multidisciplinary team working will increase the capability of these teams to deliver better care to more patients.

#### Training

All those working in patient facing roles, including pharmacists and pharmacy teams, should undergo training in mental health first aid, suicide prevention and trauma informed care. Pharmacists and pharmacy teams are at the front line of patient care wherever they are practicing. They can face sensitive or challenging situations and this training would equip them to support patients in distress. There is also a potential role for community pharmacy in preventing suicide and self-harm if properly integrated into the multidisciplinary team and included in suicide prevention strategies

There has recently been funding to increase the number of pharmacists and pharmacy technicians working within mental health teams. It is important that these new pharmacists are supported to undertake credentialing to advanced and consultant level and the technicians have a defined career pathway to ensure these vital roles are rewarding and attractive.

#### Staff experience, wellbeing, and support

We need to ensure that all staff providing services within or on behalf of the NHS have access to, and be enabled to take, appropriate rest breaks, both for the welfare of pharmacists, pharmacy teams and for patient safety.

Governments and NHS bodies must enable funded protected learning time and the infrastructure to support it. This must be available for all pharmacists to enable the continuum of professional development from foundation to consultant level.

Work must be done to remove the stigma around accessing mental health support and make it easier to do this when working.

14.5 Do you agree that these are the right medium term (3-4 years) outcomes for our mental health and wellbeing workforce?

Medium-term workforce outcomes - Comprehensive data and management information on the Mental Health and wellbeing workforce:  
Strongly agree

Medium-term workforce outcomes - Effective workforce planning tools:  
Strongly agree

Medium-term workforce outcomes - Good understanding of the gaps in workforce capacity and supply:  
Strongly agree

Medium-term workforce outcomes - Improved governance and accountability mechanisms around workforce planning:  
Strongly agree

Medium-term workforce outcomes - User centred and responsive services geared towards improving population mental health outcomes:  
Strongly agree

Medium-term workforce outcomes - Staff feel supported to deliver high quality and compassionate care:  
Strongly agree

Medium-term workforce outcomes - Leaders are able to deliver change and support the needs of the workforce:  
Strongly agree

Medium-term workforce outcomes - Staff are able to respond well to change:  
Strongly agree

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

Please add your response to the text box:

Workforce planning must be for individual professions as a whole on an ongoing basis. This must include collating transparent data around current roles and services which make up current workforce activity. Data should include workforce establishment, vacancy rates/ turnover broken down by grades/roles, sector and geography. These data are required in order to provide the bigger picture alongside further information such as reasons for leaving roles, age profiles and Equality, Diversity and Inclusion metrics. These data, alongside specific country ambitions, should be used to inform future workforce models and what workforce will be required to deliver it and will ensure the correct workforce are in place to deliver current and new services.

14.7 Are there any other short and medium term outcomes we should be working towards?

Please add your response to the text box:

## Part 15 - The scope of the mental health and wellbeing workforce

15.1 The mental health and wellbeing workforce includes someone who may be:

Employed, Voluntary, A highly specialised Mental Health worker, such as a psychiatrist, psychologist, mental health nurse or counsellor, Any health and social care or public sector worker whose role is not primarily related to mental health but contributes to public mental health and wellbeing, A social

worker or Mental Health Officer, Someone with experience of using mental health services, acting as a peer support worker

15.2 The mental health and wellbeing workforce includes someone who may work / volunteer for:

The NHS, The social care sector, Social care services, The third and charity sectors, Wider public sector (including the police, criminal justice system, children's services, education), The private sector

15.3 If you selected other, please specify::

15.4 The mental health and wellbeing workforce includes someone who may be found in:

Hospitals, GP surgeries, Community settings (such as care homes), The digital space, providing internet or video enabled therapy, Educational settings (such as schools, colleges or universities), Employment settings, Justice system settings (such as police stations, prisons or courts), Other

15.5 If you selected other, please specify::

Pharmacies

15.6 The mental health and wellbeing workforce includes someone who may:

Complete assessments for the presence or absence of mental illness, Provide treatment and/or management of diagnosed mental illness, Provide ongoing monitoring of diagnosed mental illness, Undertake work to prevent the development of mental illness, Undertake work to address factors which may increase the risk of someone developing mental illness, Provide support to families of those with mental illness, 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, Other

15.7 If you selected other, please specify::

Provide support and advice to the patient and others on the pharmacological management of the diagnosed mental illness

## Part 16 - Solutions to our current and future workforce challenges

16.1 How do we make the best use of qualified specialist professionals to meet the needs of those who need care and treatment?

Please add your response to the text box:

RPS believes that every mental health team, including Child and Adolescent Mental Health, should have access to a specialist mental health pharmacist whether based in community teams, mental health hospital wards or acute hospitals.

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?

Please add your response to the text box:

The clinical skills of pharmacists working in all settings (community pharmacy, GP practices, mental health services, primary and secondary care) should be further utilised to improve pharmaceutical care. Pharmacists often see people who have one or more long term condition on a regular basis. They can recognise early signs and symptoms of deterioration in mental as well as physical health and provide the appropriate support. They can also help with reducing or stopping medication once it is felt a patient has recovered.

In the community, physical health monitoring and targeted public health initiatives in community pharmacy are needed. These could be delivered by pharmacy teams with appropriate funding and the right skill mix in teams.

Pharmacy teams should be trained in mental health first aid and suicide prevention so they can respond to crisis situations and intervene to improve patient outcomes.

To assist with recognising and addressing needs in a timely and appropriate manner, pharmacists should have appropriate read and write access to medical records to deliver safe, integrated and effective patient care and share critical information on patients mental health.

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

Please add your response to the text box:

We need to ensure that staff are encouraged and supported to develop their own career pathway and follow established frameworks to achieve core advanced and consultant level accreditation. Following these frameworks ensures that professionals will undertake training, coaching, research and advanced clinical practice. This will ensure a workforce that is skilled enough and confident in dealing with complex cases all while helping to train the next generation of specialists.

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?

Please add your response to the text box:

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

Please add your response to the text box:

16.6 With increasing demand on mental health services, how do we prioritise creating capacity for re-designing services to better manage the impacts of COVID-19, and other systemic pressures?

Please add your response to the text box:

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

Please add your response to the text box:

All working environments must adopt a culture of belonging, so pharmacists, and all those working in the system, feel recognised, valued, and are able to confidentially access support for their mental health and wellbeing if needed.

Employers, managers, and pharmacy teams must actively promote the wellbeing of staff, engaging with staff and working together to tackle the causes of work-related wellbeing problems and to support staff who are experiencing mental health problems.

Career development and flexible working options should be discussed and enabled to help support staff to manage and optimise their workload.

The skills required to help managers and individuals support personal and team mental health and wellbeing, including cultural considerations, must be embedded in undergraduate, foundation and post registration training.

A protected break must be enabled both for the welfare of pharmacists and for patient safety. A cultural change is needed so that pharmacists, NHS bodies, employers, Governments, regulator, and the public recognise the essential importance of taking breaks for patient safety and workforce wellbeing.

All employers must offer, or signpost to, wellbeing support that is culturally sensitive and relevant. A collaborative approach must be taken across the profession to address the stigma and fear around mental health and to support individuals seeking well-being support. All employers should support and encourage the pharmacy workforce to access wellbeing services when needed and reduce the perception of stigma.

## Part 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 (in the next year) should be for the mental health and wellbeing workforce.

Take steps to increase the diversity of the mental health workforce, so it is reflective of the population that it cares for, 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

17.2 Do you think there are any other immediate actions we should take to support the workforce? Please specify.

Please add your response to the text box:

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.

Please add your response to the text box:

17.4 Do you have any examples of different ways of working, best practice or case studies that would help support better workforce planning?

Please add your response to the text box:

Developing a pharmacist prescribing role within Child and Adolescent Mental Health Services (CAMHS)

Due to lack of consultant cover the waiting time from diagnosis to treatment for children and adolescents with attention deficit disorder was 6 months. To reduce the waiting time a pharmacist independent prescriber was introduced to initiate, follow up and titrate medication. The waiting list of 78 people with newly diagnosed ADHD cleared between the start of clinic in January and August 2018. Now people are seen, assessed and started on treatment within the HEAT target of 18 weeks. This service has recently expanded locally with more pharmacist prescribers involved.  
NHS Tayside

A community pharmacist providing a clozapine service for people with schizophrenia noticed that one patient was drinking more than usual and knew that this could cause a relapse. The community pharmacist alerted their link secondary care pharmacist to discuss if there was anything that could be done to help. The secondary care pharmacist alerted the community mental health team who reviewed the patient quickly and provided support to prevent a psychotic relapse. NHS Forth Valley

Role of psychiatric liaison pharmacist

Teach and Treat

In Highland and Forth Valley an NHS Education Scotland Teach and Treat module has been developed by specialist secondary care mental health pharmacy teams to support and encourage GP practice pharmacists to include mental health medicines in their routine medication reviews for people

with longterm conditions and in polypharmacy reviews. This will have a positive impact on providing parity with physical and mental health conditions, one of the keys aims of the Scottish Government Mental Health Strategy 2017-27.

## Part 18 - Final thoughts

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

Please add your response to the text box:

### About you

What was your age last birthday?

Add your answer in the box below:

45

Do you have a physical or mental health condition or illness lasting or expected to last 12 months or more?

No

If you answered 'Yes' to the above question, does this condition or illness affect you in any of the following areas?

If you selected 'Other', please write your response here:

If you answered 'Yes' to the above question, does your condition or illness reduce your ability to carry-out day-to-day activities?

Not Answered

What is your sex?

Female

Do you consider yourself to be trans, or have a trans history?

No

If you would like to, please describe your trans status in the box (for example non-binary, trans man, trans woman):

What is your ethnic group?

Scottish

If you selected 'Other', please write your response here:

Which of the options best describes how you think of yourself?

Prefer not to say

If you selected 'Other', please write your response here:

What religion, religious denomination or body do you belong to?

None

If you selected 'Other', please write your response here:

### About you continued

What is your name?

Name:

Laura Wilson

What is your email address?

Email:

laura.wilson@rpharms.com

Are you responding as an individual or an organisation?

Organisation

What is your organisation?

Organisation:

Royal Pharmaceutical Society

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

Publish response with name

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Yes

I confirm that I have read the privacy policy and consent to the data I provide being used as set out in the policy.

I consent

## Evaluation

Please help us improve our consultations by answering the questions below. (Responses to the evaluation will not be published.)

Matrix 1 - How satisfied were you with this consultation?:

Neither satisfied nor dissatisfied

Please enter comments here.:

It was very long

Matrix 1 - How would you rate your satisfaction with using this platform (Citizen Space) to respond to this consultation?:

Neither satisfied nor dissatisfied

Please enter comments here.:

Just to note, when you download the respondent information form, complete it and then go to put your answers into the Citizen Space platform, the answers with the options to agree, neutral, disagree, etc. are the opposite way round. On the form it goes from 1 to Strongly agree to 5 to strongly disagree from left to right. On the platform it is strongly disagree to strongly agree left to right. This could lead to transcription errors.

There was also an answer about the National care service on the platform which is not on the form.