CLD Standards Council Scotland (CLDSC)

CLDSC Members Consultation Report

In response to

Scottish Government Mental Health & Wellbeing Strategy Review 2022

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Introduction

The Mental Health and Wellbeing Strategy guides the work that the Scottish Government and partners will do to improve mental health and wellbeing in Scotland. This will include an overall shared vision, a set of outcomes, and how these will be achieved to improve people's mental health and wellbeing. Scottish Government want to make sure that the Strategy does the right things to improve mental health and wellbeing for people in Scotland.

CLDSC recognises that there is common ground between public health services and Community Learning and Development (CLD) in terms of values, outcomes and practice methods. Mental health and wellbeing improvement in particular requires a large amount of support and services to be based on work in, and with, Scotland's communities. CLD Partnerships (CLDP's) bring together both public and third sector bodies that have a role in community learning and development within each local authority area. "*To better support communities to participate in decisions that affect their health and wellbeing*". CLDSC believe that this strategy should not only recognise but strengthen the value of engaging effectively with CLDP's in order to maximise the impact which these partnerships can provide in supporting Mental Health and Wellbeing in Scotland's communities, as well as recognising the critical role CLD practitioners already undertake to support mental health and wellbeing in Scotland.

CLDSC consulted with a selection of its CLD practitioner members to form this response, using two forms of engagement as laid out in this response, with Part 1 reporting on the Strategy Outcomes questionnaire and part 2 on the Focus Group discussions. The registered members of the CLDSC (currently over 2,850 in number and steadily increasing) are involved in supporting individuals and communities across Scotland. This response reflects their own experiences; it does not seek to speak on behalf of communities. The purpose of the questionnaire and the focus group was for the CLDSC to gather member's voices in response to key areas of the consultation. The questionnaire focused on the section of the Scottish Government consultation regarding proposed outcomes relating to people and communities. The focus group looked at a number of key questions from the full consultation form which impacted directly with the CLD practitioners and the communities they work in. CLD practitioners work within the CLD competences[1], values[2] and ethics[3] to support change for others.

CLDSC members were also given the link to the full Mental Health and Wellbeing Strategy consultation, and encouraged to submit a full and individual response.

This report provides a high-level analysis of the feedback received from CLD workers and volunteers across the sector. Specifically, feedback was gathered to explore how CLDSC members can input and support the development of the Scottish Government strategy for the benefit of CLD practitioners, communities and of the learners it works with.

[1] CLDSC Competences
[2] CLDSC Values of CLD
[3] CLDSC Code of Ethics

Assumptions:

It is important to recognise that the survey results provided are an insight into the experiences based on the views of **17** respondents and that the focus group data provided is an insight into the experiences based on the views of **8** participants. These results are not representative of the entire CLD sector or CLDSC membership.

Part 1: Responses by Questionnaire

SG Section 2: Mental Health and Wellbeing Strategy Draft Outcomes for Individuals

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
People have a shared language and understanding of mental health and wellbeing and mental health conditions	76%	18%	0%	0%	6%
People understand the things that can affect their own and other's mental health and wellbeing, including the importance of tolerance and compassion	76%	6%	6%	6%	6%
People recognise that it is natural for everyday setbacks and challenging life events to affect how they feel	71%	18%	6%	6%	0%
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	76%	6%	0%	12%	6%
People have the material, social and emotional resources to enable them to cope during times of stress, or challenging life circumstances	76%	6%	6%	12%	0%
People feel safe, secure, settled and supported	71%	18%	0%	6%	6%
People feel a sense of hope, purpose and meaning	71%	18%	6%	6%	0%
People feel valued, respected, included and accepted	71%	12%	6%	6%	6%
People feel a sense of belonging and connectedness with their communities and recognise them as a source of support	76%	12%	6%	6%	0%
People know that it is okay to ask for help and that they have someone to talk to and listen to them	82%	6%	6%	6%	0%
People have the foundations that enable them to develop and maintain healthy, nurturing, supportive relationships throughout their lives	76%	6%	12%	6%	0%
People are supported and feel able to engage with and participate in their	76%	12%	6%	6%	0%

communities					
People with mental health conditions are supported and able to achieve what they want to achieve in their daily lives	71%	12%	0%	12%	6%
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	82%	0%	0%	6%	12%
People living with physical health conditions have as good mental health and wellbeing as possible	76%	12%	0%	0%	12%
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	76%	6%	6%	0%	12%
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	76%	12%	0%	0%	12%

SG Section 3: Mental Health and Wellbeing Strategy Draft Outcomes for Communities

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Communities are engaged with, involved in, and able to influence decisions that affect their lives and support mental wellbeing	76%	6%	6%	6%	0%
Communities value and respect diversity, so that people, including people with mental health conditions, are able to live free from stigma and discrimination	76%	0%	6%	12%	0%
Communities are a source of support that help people cope with challenging life events and everyday knocks to wellbeing	76%	18%	0%	0%	0%
Communities have equitable access to a range of activities and opportunities for enjoyment, learning, participating and connecting with others.	76%	0%	0%	6%	12%

SG Section 4: Mental Health and Wellbeing Strategy Draft Outcomes regarding Population

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
We live in a fair and compassionate society that is free from discrimination and stigma	88%	0%	0%	6%	6%
We have reduced inequalities in mental health and wellbeing and mental health conditions	76%	0%	6%	6%	12%
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…	71%	6%	6%	6%	12%
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	71%	6%	0%	6%	18%

SG Section 5: Mental Health and Wellbeing Strategy Draft Outcomes regarding Services and Support

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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 ad…	82%	0%	0%	6%	12%
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	82%	6%	0%	0%	12%

service design through….					
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	76%	12%	0%	6%	6%
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	82%	0%	6%	0%	12%
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	71%	18%	6%	0%	6%
People are able to easily access and move between appropriate, effective, compassionate, high quality services and support (clinical and non-clinical)	76%	6%	6%	6%	6%
Services and support focus on early intervention and prevention, as well as treatment, to avoid worsening of individual's mental health and wellbeing	82%	6%	6%	0%	6%

SG Section 6: Mental Health and Wellbeing Strategy Draft Outcomes regarding Information, Data and Evidence

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
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 in...	82%	12%	0%	0%	6%

SG Section 7: Mental Health and Wellbeing Strategy Draft Outcomes regarding Addressing Underlying Social Factors

Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Should the strategy aim to ensure that 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 a…	88%	12%	0%	0%	0%
Should the strategy aim to improve cross-policy awareness and understanding of the social determents of mental health and wellbeing, and how to address them?	82%	12%	6%	0%	0%
Should the strategy aims include policy implementation and service delivery that supports prevention and early intervention for good public mental health and wellbeing across the life-course?	100%	0%	0%	0%	0%

Additional Comments

"Some outcomes incorporate more than one intention and could possibly be separated out or simplified."

"There are a lot of outcomes! There may be a case for reducing the number and zoning in on "higher level" outcomes, with others becoming measures or indicators of progress towards success."

"The strategy is pointless unless funding is directed to help us achieve these outcomes."

"Achieving wellbeing is not simply being without illness. Neither is there a discrete state of mental wellbeing. Wellbeing is a whole person state. The language used is confused and confusing. The goal of any strategy should be for, as many people as possible to achieve a condition in which they can flourish. An understanding of how this is achieved is necessary, both for those for whom this is not the case, as well as, for those assisting them. Confused language is an obstacle to this."

Part 2: Responses from Focus Group

2.1 Discussion: The key things in day-to-day life that currently have the biggest positive impact on the mental health and wellbeing of CLD practitioners and the communities which they work with are:

a) Education on Self-Management/Self Care. Practitioners agreed that there needs to be a stronger recognition regarding the value and necessity of delivering positive education regarding having good mental health and wellbeing. Whilst it was recognised that the recent 3 years have posed additional challenges, it was felt that a lot of information, focus and media attention is on peoples negative states of mental health, and how to cope, rather than how to obtain and maintain a positive mental health and wellbeing through self-management and self-care.

b) Socialising and Being Active. Agreement was had on the need to foster and encourage individual contact within communities to support mental health and wellbeing. Community events help combat isolation as well as engage mental stimulation, as well as the added benefits from seeing friends and family, having face to face contact and physical contact. Discussions were had around the difficulties to reach some members of communities whose health and wellbeing literacy levels are lower, therefore can be more anxious to engage with practitioners. It was agreed that CLD practitioners are a great stepping stone service for people to build confidence again, as well as having the ability to offer learning around health literacy and building resilience. Being active was a commonality in regards to having positive impact on mental health and wellbeing, with examples of gardening, being in nature, outdoor swimming, walking the dog and playing sports being top of the list.

c) Mindset and Personal Values. It was agreed that when CLD practitioners work with individuals, families and communities, the benefits from personal development means individuals have an increased sense of self, of worth and values which in turns creates the environment to foster behaviours around respect and connections. Practitioners agreed that engaging in lifelong learning, whatever the learning is, enables people to have a sense of purpose and worth. Other benefits of positive mind-set and developing health literacy included the understanding of talking as well as need to be listened to, listening and supporting others, living a life of value for self and others.

2.2 Discussion: The key things in day-to-day life that currently have the biggest negative impact on the mental health and wellbeing of CLD practitioners and the communities which they work with are:

a) Society and pressures of social norms, Neurodiversity.
b) Expectations of/from others, Pressures from parental influences, Controlling from others. Lack of family support and understanding
c) Exclusion, Isolation, Being alone, Feeling alone. Time constraints and frustration from pressure of work and life. Feelings and emotions, Always overwhelmed, Anxiety, Scared to change.

d) Cost of Living crisis, Food poverty, fuel poverty, rising bills and no money. No money/transport to access services and activities.
e) Climate change, concern for the planet and our future generations
f) Stigma and Discrimination, Lack of others understanding, Lack of mental health literacy within communities.
g) Poor NHS/Mental Health Support, Length of time it takes to get appointment, Limited access to trained practitioners, Referral times, Emphasis of clinical diagnosis and ridge care pathways, Waiting time for CAMHs then appointments to far apart to positively impact. Lack of understanding recovery - CHIME framework.
h) Adverse childhood experiences, Parental/Community projection of anxieties onto children/generations, Lack of peer support and seeing lived in experience as an asset
i) Lack of influence and control over professional life, endless reviews of CLD services but key messages from practitioners not being heard, increasing demand on CLD practitioners to support mental health and wellbeing, and play an active part of this workforce without any recognition, CPD or staff welfare. Struggle to balance wants and needs of personal and professional life. Increasing lack of CLD qualified staff and budget cuts but more work is coming so how can CLD teams support the families and communities when there is little support for CLD practitioners.
j) Lack of community services, lack of signposting to community led support, poor access to information and no recognition of CLD profession so often missed from critical community planning. Clubs that were previously available in community centres have been shut, rural especially, and these helped combat social isolation, increase community led support and allow people to be and feel seen.

2.3 Discussion: These are ways that CLD practitioners actively look after their mental health and wellbeing, as well as support and encourage individuals and communities to do so:

- Exercise
- Sleep
- Community groups
- Volunteer
- Time in nature
- Time with family and friends
- Mindfulness/meditation practice
- Read
- Watch a movie
- Study
- Online short open learn courses
- Walk
- Take time out without guilt
- Yoga
- Talk to people
- Coffee and cake
- Mindfulness
- The Decider Skills: 12 individual skills aimed at tolerating distress, regulating emotions, increasing mindfulness and improving relationships

2.4 Discussion: These are comments made regarding barriers to doing or accessing the activities listed above:

- It can be overwhelming, no idea where to start of who to ask.
- Anxiety and poor MH stops me leaving home, meeting others, doing new things and no CLD support in communities to help people overcome this
- Limited access to leisure services due to cuts in rural communities
- Poor finances linked to cost of living, no more disposable income
- Children varying ages, lack of family activities or support for us as a unit
- Lack of individuals mental health and wellbeing literacy, low understanding of how to keep well so focus on illness first then solution, rather than positive prevention
- Poor mental health and wellbeing literacy in our communities and no longer a strong CLD workforce to support the learning
- To busy, time, pressure of job, exhaustion
- Feeling guilty about spending time on yourself when you have other caring responsibilities, nervousness
- No community centres for people to drop in and access info and support without stigma. So many shut down so no access to universal support without stigma
- Low self-belief, someone like me doesn't do or deserve self-care. That's not what people like me do from where I come from
- Transport: access, cost and availability

ADDITIONAL NOTE: Angus Council community planning are running an event to explore the barriers to accessing activities as listed above, as well as possible community solutions. This is currently underway and could be near completion/achieved in October 2022. Might have parallels with this consultation.

2.5 Discussion: Money Worries and Debt, and the impact on mental health and wellbeing.

There was a deep concern regards the long term impact of food and fuel poverty/cost of living crisis, particularly around the anticipated growth in need for authorities to support children as families fail to provide basic needs. Basic needs that are becoming unobtainable for so many working poor, impacting long term on families ability to care for each other and stay together, with participants offering comments from individuals in their communities such as "How to prioritise, money or fuel", "Stress and anxiety at not being able to afford the essentials whilst working as a professional practitioner, how does anyone manage?" and "how do I meet my families basic needs, we are starving and cold"

CLD practitioners would like to note concern regarding increased stigma and divide between class and communities, with so many young people unable to participate in activities, access food and clothing, and growing the divide. Comments like "Reduced disposable income means less access to recreational activities that help me keep my mental health and wellbeing positive and well". There is also increasing worry about the detrimental impact that the loss of opportunities to interact with peers is having, specifically around not affording people to cultivate critical social skills which have been lost or not developed as an result of covid.

Practitioners reported noticing an increase in negativity, growth in peoples mental health issues and increase in risk of suicide rates within communities they work in, as well as increase in homelessness. It was agreed that for many, normal rates of anxiety are cascading into sever, and enduring, due to prevailing stress of debt and cost of living.

CLD practitioners raised concerns around the increased demand for mental health and wellbeing support and interventions, and the compounding detrimental impact that has on service users and providers, including CLD practitioners. Services are already overwhelmed and there is a need for CLD practitioners to encourage community led self-prescribing and developing people's health literacies to help combat this.

2.6 Discussion: Places and support CLD Practitioners would use for themselves and/or access to support communities:

- Friends or family or carer
- GP
- NHS 24
- Helplines
- Local community groups
- Third Sector (charity) support
- Health and Social Care Partnership
- Online support
- School (Pupil Support, School Nurse, Guidance, School Counsellor)
- Health visitor
- Community Link Workers
- Workplace Support

Other:

- Peer Support, Peer Navigators, Advice from those with lived in experience
- Recovery Colleges[4]
- CLD Practitioners with compassionate conversation skills
- Third Sector such as "Signposting" funded by NHS/LA and made up from CLD staff and who support social prescribing and connect with community support
- Local advocacy services
- Time to Talk: Council Service for staff
- Self-Prescribe/Google
- DBI: Distress Brief Intervention Services (Adult and Young People) [5]

Online support

- Mood Gym: https://moodgym.com.au/
- Kooth: https://gov.kooth.com/uk
- Near Me: Video Appointments (nearme.scot)
- NHS patient Access: Patient Access - GP appointments & prescriptions online

[4] Recovery Colleges

[5] DBI

- Breathing Space: https://breathingspace.scot/
- Recovery Networks Online: https://www.scottishrecovery.net/
- Togetherall: Togetherall
- Big white wall: https://www.mhinnovation.net/innovations/big-white-wall
- 7 Cups of tea: https://www.7cups.com/
- Mikeysline: Home - Mikeysline
- Online CLD adult learning programmes for personal development (various depending on LA/Provider)
- Mind: Home - Mind

Community Groups who offer support and work in partnership with CLD or have CLD practitioners:

- HUG
- Action for Mental Health
- Mikeysline
- The Foyer
- Lochaber Hope
- Caithness Cares
- Recovery College
- CLD Led support sessions
- Local peer support groups on Facebook
- WEA/Reach Programme
- Reachout Mentoring
- Edinburgh Thrive
- Rashash

2.7 Discussion: Awareness around issues and priorities when supporting mental health and wellbeing of young people, their parent, carers and families

Some CLD practitioners wanted it noted that they had seen an increase in use of steroids within young people, mostly for exercising, going to the gym for example, as well as a growth in poor mental health around body image - ties into wider impact on mental health and wellbeing.

It was agreed that a sense of mattering, part of belonging was important for young people, and families. Increased sense of community and neighbourhoods are needed, and the importance of connecting the people and their places of work with the impact it has on improving mental health and wellbeing, and offering a strong balance to communities, improving mental health and wellbeing

It was felt that wrap-around support provided to the whole family at the same time was crucial yet rarely happens. When a young person has severe mental health problems, suicidal for example, the support is for that person and not the parents, carers or family as a unit. Mental health of one person impacts on the family, and the family need support,

learning and growth to overcome and move forward. The importance then of giving everyone involved a clear voice and listening was also noted.

It was agreed that understanding and supporting intersecting areas of care was essential and often missed. Health care, community care, CLD support need to work together to improve the services available as well as halt cross over and waste of vital resources.

Child exploitation. It was felt this is an area of concern that is often missed or misunderstood. Inter-agency and partnership development, including practitioner education is required.

Not only life time learning but "Cradle to Grave" mental health support and literacy.

Building in the care/support for transition to independent living for young people in care where emotionally are not ready to be independent. Building in support for those with an intellectual /sensory impairment where their needs also value their voices as to what they want to do.

2.8 Discussion: Positive Examples of Partnership Working

The CLD Regulations place a duty on local authorities to secure the delivery of community learning and development in their area, working with other CLD providers and communities. As an output of this process, the local authority must publish a plan every three years setting out:

- what action it and its partners intend to take to provide CLD over the period of the plan
- how delivery will be coordinated by the local authority; and
- what needs have been identified but will not be met during the relevant three years

Many CLD Plans contain examples of where CLD is planning to work in partnership to improve mental health and wellbeing. CLDSC strongly suggest that it would be beneficial for these plans to be reviewed as part of the strategy consultation.

The Trieste model of mental health care[6] has been described as a "whole system, recovery-oriented approach". It provides an example of community-based mental health care in lieu of deinstitutionalisation. The central premise of the Trieste model is that mental health treatment should place the unwell person—not his or her disorders—at the centre of the health care system. In practical terms this meant that people experiencing mental health challenges should live in the community. Their social inclusion and rights and freedoms as citizens should be respected, and a holistic view be taken incorporating all aspects of their life such as their housing, income, work, social etc

Discussion was had regarding the benefits of an Out-of-hours MH triage service where Police Scotland aren't the first port of call but are part of a multi-disciplinary team, again looking at

[6] Trieste Model of Mental Health Care

the wider picture and engaging alternative services. “An equal mix of statutory, third sector and peer support - it takes a village”

CLD practitioners noted the benefits of engaging support from individuals with lived experience, in a meaningful way, to build and grow knowledge or required support and services

It was agreed that vulnerable people shouldn't have to re-tell their story or explain multiple times to multiple people. It is the duty of the health care practitioners, and all agencies who may be involved to make sure information runs freely between support services and not being precious about 'their' bit.

Importance was placed on the simple fact of “Speak to those in need”. If we want to understand the developmental needs of our services to improve the mental health and wellbeing of every individual in Scotland, we should speak to those currently in need, ask what help they require to access support, how do they access support, and what processes need to be in place to enable them to be empowered to be in control of their health and wellbeing. CLD practitioners will play a vital role in this, as they already have built the connections and relationships with individuals and communities in our most disadvantaged areas.

2.8 Discussion: What else could be done to address mental health inequalities for any particular groups of people in our communities?

- Greater understanding, amongst decision-makers, of how inequalities really look amongst different group in their area of influence, and the courage to make brave decisions. CLD practitioners to go out into areas of deprivation and learn what it is they need to educate decision makers
- Evidence of the impact of erasing debt and impact on positive outcomes for families
- Engage more 'holistically' the whole person, whole communities, whole system and crucially the whole experience. Human Learning Systems approach, Dr Toby Lowe[7]
- MH issues can be one of many issues for some - therefore a need not to focus on one group of people (whole individual with multi-factorial needs)
- Recognition and funding for CLD to expand services within communities
- Meaningful Engagement with 'communities of experience'
- Vulnerable children in developmental stages should have immediate access to support. Two years or more waiting for help is nonsense
- Asset mapping and asset based approaches
- Co evaluate and develop these consultations to get more transformative change, who is consulting with those most in need of mental health and wellbeing support?
- Promotion of services available, raising awareness and accessibility
- National Discussion on Education Reform
- Funding that is long-term and fit-for-purpose
- Making sure evidence is gathered when interventions work - and continue to fund effective practice

[7] **Human Learning Systems**

- A critical need to do more co-evaluation/ people with lived experience determining measures of success
- More funding like the CMH&WB fund that are administered by not-the-usual suspects
- Resource local community grassroots mental health initiatives
- Drug use as a Devolved Matter (Decisions made locally) Currently held in reserve by UK Government
- Promoting early intervention through social prescribing in association with CLD. NOT through GPS prescribing walking as is proposed in England/Wales

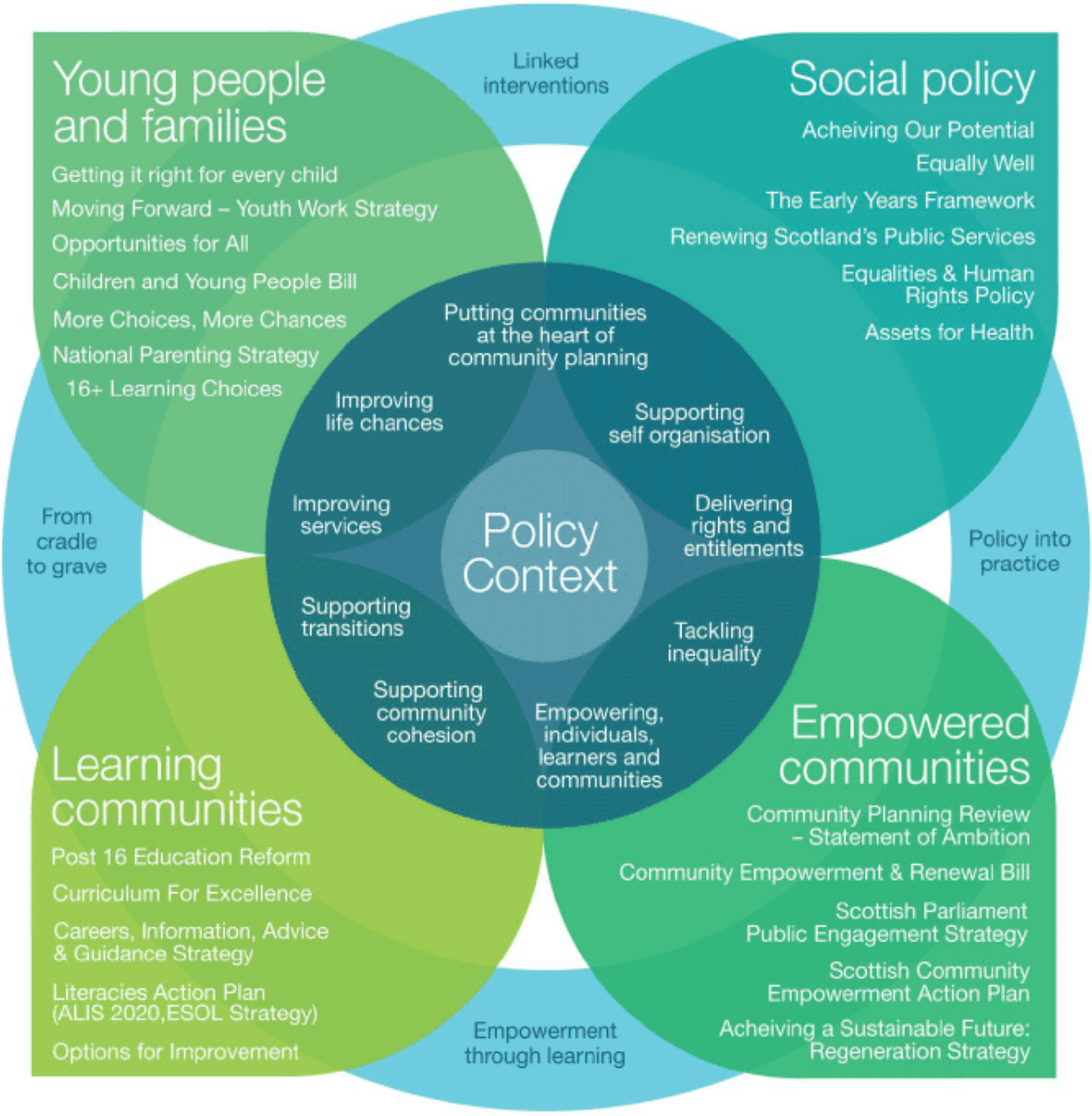
2.9 Discussion: The Scope of the Mental Health and Wellbeing Workforce. How do you, as a CLD Practitioner, support individuals, families or communities with mental health and wellbeing.

- Challenge bias and stigma (potentially unconscious)
- Help repair ruptured relationships
- Listening, signposting and supporting learners to access support
- CLD has underpinning of Education (Jarvis) 8 to support individuals to transform from one identity to another, a more knowledgeable and improved workforce
- We recruit volunteers and help them gain confidence and new skills
- Taking forward/facilitating SAtSD[9] - Communities, individuals and services
- Generating social capital and identity capital
- Delivering Health & Wellbeing SCQF in conjunction with community learning
- Delivering Understanding Mental Health SVQ in communities
- Supporting the overcoming personal and public stigma
- Promoting value of CLD and associated approaches
- Mental Health & Wellbeing Literacy Development for individuals and communities
- Signposting to local opportunities and services
- One to one personal development sessions (anxiety, confidence, mental health strategies)
- What matters to CYPF[10] - Fundamental of the Promise
- Empower and stretch human beings/ pushing people into a safer environment to drive something new (e.g. safe place to brave space)
- Providing free and accessible learning opportunities
- Identify skills, knowledge and values that mental health workers need and how those not involved professionally in mental health can improve their practice.
- Public sector is equipped with the skills, knowledge and resources to meaningfully enable communities to support good mental health and well-being e.g capacity within community development workforce

CLD Workforce Recognition:

[8] **Education as the Underpinning System**
[9] **The Scottish Approach to Service Design**
[10] **Care for Young Peoples Future**

The diagram below was used in the 2012 Strategic Guidance on CLD for Community Planning Partnerships to illustrate the policy context for CLD in Scotland. A number of specific policies have been replaced or amended, but it continues to provide a useful picture of the pivotal role of CLD.



2.10 Discussion: Any Additional Comments

- PACE[11] training to sit better with CLD sector regarding pastoral style work
- Better opportunities for CLD practitioners tackling Mental Health and Wellbeing - linked to the education reform
- A number of areas in Scotland are also taking up Dyadic Developmental Psychotherapy[12]

[11] **PACE**

- Lack of uptake of peer support open dialogue in Scotland
- Alignment to the wellbeing economy/ stronger investment in CD workforce (social capitalism)
- https://www.corra.scot/grants/revision-of-the-promise-partnership/ [13]
- Look at good practice examples from Finland, England etc linked to dialogue point
- Services need better structured to account for transition periods (e.g. not as simple as child - adult)
- Commitment to CLD Workforce across Scotland to support Mental Health & Wellbeing programmes and prevention
- Wider education about particular approaches/ how to work with young people
- Critically important we create valuable opportunity for other services (SW/NHS) to understand the work CLD do, partnership working and its benefits
- Risk, uncertainty and lack of continuity created by yearly contracts of practitioners for important interventions (E.g. family learning interventions)
- More resources and groups are required within CLD services - Adult education needs more trained staff and youth services need more staff to help their MH and WB agenda i.e. a group in every area of West Lothian or at least a north south east and west teens drop in provision and accessible in villages as transport is poor or non-existent even although the app said the bus is on its way
- There needs to be more opportunity for anyone everyone (not means tested as per the criteria - it should be on interest based - because those not on benefits need access to education without barriers of cost) interested in MH to go to groups clubs drop ins or in local centres. Education - access for all
- Communities can be a source of support but they need knowledge, resources and expertise to do this. More support for them needs to be in place

[12] **Dyadic Developmental Psychotherapy**
[13] **The Promise Partnership**