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Stakeholder consultation as social mobilisation: framing Scottish mental health policy

Abstract

Public and stakeholder consultation is increasingly important in the policy process, both in the UK and elsewhere. Social scientists have considered consultation primarily in terms of how it relates to decision-making – either as a means of involving a wider constituency of actors in the decision-making process, or as a means of legitimising the decisions taken by policy makers. This paper shows that consultation can also serve a rather different role in relation to policy: as in effect the first stage in policy implementation. Based on direct observation of a stakeholder consultation on Scottish mental health policy that took place during late 2007 and early 2008, it draws on elements of social movement theory to show how that consultation served as a means of enrolling, orienting and mobilising stakeholders to implement a largely pre-existing set of policy aims.

Keywords

Consultation; policy; implementation; social movement theory; mental health; Scotland.

Introduction

Writing in the late 1970s and 1980s, Grant Jordan and Jeremy Richardson (1979, 1982, 1987a, 1987b) identified consultation between government agencies and extra-

governmental interest groups as a key aspect of what they argued was a characteristically British – and more tentatively, Western European – style of government. Since that time, as policy networks have grown to include an increasingly wide range of actors and institutions, so too has the use of public and stakeholder consultations (e.g. Pierre and Peters 2000; Lovan et al. 2004; Stewart 2009). Policy academics and social scientists have accordingly paid increasing attention to analysing the role of consultation in the policy process. Jordan and Richardson made important early observations in this regard, listing a number of functions that they attributed to consultation, including generating new policy ideas, identifying objections to proposed policy initiatives, and negotiating compromise positions that would be acceptable to the relevant interest groups (1987b: 127-49). Other analysts have built on these insights, generating a burgeoning literature on the purpose and conduct of consultation in policy making.

One strand within that literature is concerned primarily with consultation – and “participation” more generally – as a means of bringing stakeholder knowledge and experience to bear on the design of policy (e.g. Pierre 1998). A substantial body of work is accordingly oriented towards determining what forms of consultation will best serve to generate stakeholder input, and how politics and power relations may act to restrict participation or to limit the influence of participants’ views over policy decision making (e.g. Simmons and Birchall 2005; Blakeley and Evans 2009; van Tatenhove et al. 2010).

A rather different strand of analysis – of more immediate relevance to the present paper – is concerned with the effect of consultation on those consulted. As Jordan and

Richardson observed, consultation offers a means not only of soliciting public and stakeholder input into policy, but also of persuading stakeholders to accept policy decisions (1979: 140-53; 1987a: 171, 234-42). More recent writers have developed this perspective, stressing the role of public and stakeholder consultation in securing a form of democratic assent to policy decisions (e.g. Harrison and Mort 1998; Abelson et al. 2003; Montpetit 2008), or as a means of heading off and minimising potential dissent (e.g. Seargeant and Steele, 1998; Chandler 2001; Rayner, 2003; Lyall 2007), or as a technique for building public trust, particularly in highly technical or scientific areas of decision making (Petersen 2007). Other researchers have sought to understand the processes through which consultation may work as an instrument of persuasion. In particular, the emergence of a discourse-centred approach to understanding policy processes has provided valuable tools for understanding the role of persuasion in policy deliberations within government (e.g. Majone 1989; Fischer 2003), and such tools have also begun to throw light on how consultation may help to shape public opinion (e.g. Flowerdew 2004).

But the work of policy does not end with decision making, nor with ensuring that public opinion is favourably disposed to policy decisions. Policies also need to be implemented, and effective implementation depends upon the actions of those responsible for putting policy into practice (e.g. Hill and Hupe 2002; Bevir and Rhodes 2003; Cairney 2009a). Recently, Stephen Bell and Andrew Hindmoor (Bell and Hindmoor 2009; Bell et al. 2010) have argued that persuasion, undertaken with the aim of influencing behaviour, may play a crucial role in policy implementation. In thinking about behaviour in relation to policy, however, Bell and Hindmoor cast their net rather narrowly, focusing on

policies such as smoking cessation that depend chiefly on changes in individual behaviour, and that may in consequence be pursued through techniques such as advertising and social marketing aimed at “inculcating ‘self-discipline’ or ‘compliance’ in target subjects” (2009: 17). But policy implementation commonly involves more than just changes in the behaviour of individuals. As the literature on implementation makes clear, effective delivery of policy often involves a coordinated reorientation of the activities of diverse actors and complex agencies. Such reorientation can rarely be achieved through simple prescription. Rather, it depends on the development of a shared appreciation of the aims of policy and a flexible and open-ended understanding of the kinds of action that might serve to achieve those aims.

It is the contention of the present paper that consultation may offer a means of inculcating precisely this kind of shared orientation around the implementation of policy. Our argument is based on a detailed examination of a consultation on Scottish mental health policy that took place during late 2007 and early 2008. Drawing on elements of social movement theory, we show how that consultation provided an opportunity for the articulation and negotiation of what we identify as a “collective action frame” (Benford and Snow 2000) aimed at mobilising stakeholders and members of the public around the work of implementing and enacting a particular approach to mental health service provision. In this instance, stakeholder consultation served, not simply as a means of informing or securing assent to policy decisions, but as a way of orienting and motivating the kind of collective action necessary for effective policy implementation. Seeing this consultation through the lens of social movement theory thus enables us to throw light on

an aspect of stakeholder consultation that has not hitherto been examined in detail, namely the way it can serve as a means of social mobilisation in pursuit of policy.

The policy context

Policy and services for mental health and illness have undergone enormous changes in Scotland over the past 15 years, and especially since the establishment of a devolved Scottish parliament in 1999. Previously, mental health policy in Scotland was framed principally around the problems of mental illness, and oriented overwhelmingly towards providing care and treatment for those experiencing mental ill health. Since the 1990s, however, policy has increasingly been reoriented towards the aim of promoting the “mental health and wellbeing” of the population as a whole (e.g. Scottish Executive 2003). This represents a very different action frame. By conceptualising mental health and wellbeing as more than just an absence of mental illness, it has served to broaden the scope of mental health policy to include a range of primarily community-based measures to improve the social, emotional, spiritual and psychological factors which conduce to life satisfaction and coping skills (Kahn and Juster 2002; Wiseman and Brasher 2008). These include anti-suicide and anti-stigma work, and promotion of recovery for those who have experienced mental ill health, as well as measures to raise awareness and promote wider understanding of mental health and wellbeing (Scottish Government 2007a).

This has in turn led to the involvement of a much wider range of actors and institutions in

shaping and implementing mental health policy. In addition to psychiatric institutions concerned with treating and supporting the mentally ill, the mental health community in Scotland now comprises a diversity of statutory and non-statutory organisations including national and local government bodies, voluntary service providers and service user groups (Smith-Merry, Freeman and Sturdy 2008). While service users may still face significant barriers to becoming fully equal partners in the design and implementation of policy (Lewis 2005, 2009), user involvement in organisations such as the Scottish Recovery Network nonetheless provides a powerful impetus to continuing reform of service provision (Smith-Merry, Freeman and Sturdy 2010).

While Scotland is not unique in reframing its mental health policy in this way, it is often held up as a particularly successful example of mental health service reform (Hunter et al. 2008; Smith-Merry 2008; Cairney 2009b). The main vehicle for such development in Scotland has been the National Programme for Improving Mental Health and Wellbeing (hereafter “the National Programme”), whose strategies have been gradually introduced since 2001. For all its exemplary status, however, successive evaluations have criticised the National Programme for failing to mobilise as wide a range of agencies and organisations as might have been hoped. In principle, implementation of the National Programme is a responsibility of actors working in all areas of social welfare, and not just within the field of mental health. However, evaluators note that it has mainly been taken forward by practitioners already working in mental health services within health boards, local government and the voluntary sector, with limited diffusion of the National Programme goals to practitioners and policy actors working in other areas (Platt et al.

2005; Hunter et al. 2008).

Evaluators have attributed this to a failure to foster a clear understanding of what is meant by mental health and wellbeing. Notably, a review of the National Programme launched in 2006 pointed to a lack of a “clear model of positive mental health” underpinning the programme, with the result that those working outside the traditional sphere of mental health had difficulty understanding how mental-health-promoting activities might be integrated into their own work (Hunter et al. 2008: 61). Consequently, the review stated, “in the next phase [of the National Programme] it is important that the model of positive mental health used is systematically refined, shared and developed with the key stakeholder groups”. In particular, a common language of mental health was seen to be needed, that would be understood beyond the confines of the existing mental health community: “The issue of a common language to describe both good mental health and mental ill health is closely related to the embedding of a shared vision discussed above.” This perception was evidently shared by practitioners themselves: “A number of those giving evidence to the panel acknowledged that the lack of a common language was problematic”, for example when attempting to coordinate service delivery where multiple agencies served a single target population (Hunter et al. 2008: 60-62). The 2006 review thus testifies to a widely-shared supposition that dissemination of an appropriate understanding of mental health and wellbeing was needed to enrol and mobilise the diversity of actors required to roll out the policies embodied in the National Programme.

The 2006 review was still under way when, in late 2007, the Scottish Government

published a consultation document entitled *Towards a Mentally Flourishing Scotland: The Future of Mental Health Improvement in Scotland 2008-11 (TAMFS)* (Scottish Government 2007b). The declared aim of the consultation was to solicit stakeholder responses to the Government's proposals for taking forward the National Programme. But the consultation document devoted considerable space to discussing the language and concepts used to talk about mental health and wellbeing, and this theme was picked up in many of the consultation discussions and responses. The question of how best to conceptualise mental health and wellbeing was thus one that exercised many of those who took part in the consultation, be it as promoters or as respondents. This quickly became apparent to the authors of the present paper when we embarked on a real-time study of the *TAMFS* consultation, and we therefore decided to make it a focus of our investigation.

Our study: methods and theory

Our research into the *TAMFS* consultation is part of a larger study of how different forms of knowledge function in the creation and implementation of mental health policy in Scotland. This in turn forms one strand of a Europe-wide research programme to investigate the role of knowledge in policy making in health and education. We chose to examine the *TAMFS* consultation process as a site where a number of different kinds of knowledge were mobilised. Ideas about the nature of mental health constitute one such form of knowledge.

The *TAMFS* consultation offered a very data-rich field of study. The consultation document was published in October 2007. Between January and March 2008, consultation events were hosted by Scottish local authorities and health boards and by a variety of non-government organisations, while Scottish Government itself organised two public “National Dialogue events” (Scottish Government 2008). The consultation events brought together stakeholders including social workers and public health workers, community workers, programme officers and managers from councils, health boards and NGOs, and service users and carers. The events generally included initial presentations from representatives of the Scottish Government’s Mental Health Division, the host organisations and individual practitioners, followed by discussion groups. Following the consultation events, a total of 76 response documents were submitted to the government; though many of these were based on discussion at the consultation events, a number of responses were also submitted by individuals or organisations independently of the consultation events. The written responses were collated by an independent consultant in April 2008 (Griesbach 2008). From April 2008 a National Reference Group comprising “key stakeholders” from government, the voluntary sector, service user groups and statutory bodies met to help formulate the final policy and action plan (Scottish Government 2007c). The resulting policy document was launched in April 2009 (Scottish Government 2009).

Data collection for our study of the *TAMFS* consultation covered all these elements of the consultation process. We collected all available documents relating to the consultation, including the *TAMFS* consultation document and written consultation responses. We

attended and observed the two National Dialogue events, consultation events in three local regions – one urban (Greater Glasgow and Clyde), one semi-urban (Lanarkshire) and one rural (Highlands) – and two events run by NGOs. At these events we took detailed notes of the presentations and discussions, and photographed the notes of the discussions made by group facilitators plus any handouts given to participants. We also conducted interviews with ten individuals who were involved as contributors to the consultation document or consultation events or as contributors to some of the response documents. This empirical work produced a very large volume and range of data. For the purposes of preliminary analysis, all data were entered into the software programme NVivo8 and systematically hand coded. The preliminary analysis was intended to determine what themes, kinds of knowledge (for example statistical evidence, personal experience, economic data) and actors were involved or mentioned in the consultation.

Our preliminary analysis confirmed what we had already noted informally, that the conceptualisation of mental health was a prominent concern throughout the public stages of the consultation. We therefore decided to conduct a more detailed analysis of the role that discussions of the concept of mental health played in the consultation process. This analysis provides the substance of the present paper. We would stress that we are concerned here with the dynamics of discussion among the consultation participants, rather than with how information from those discussions impacted on the final policy document. We therefore focus on the data gathered from the “public” stages of the consultation process, including the TAMFS consultation document, the consultation

events and the written responses, and ignore the subsequent government work of collating the consultation responses and producing the policy document.

Our analysis draws heavily on the concept of “framing”. This concept has been employed extensively in policy analysis to understand the discursive means by which actors strategically seek to foreground particular conceptualisations of policy problems, and hence of the kinds of solutions that might be possible and desirable (e.g. Gamson 1992; Rein and Schön 1996; Jones 2001; Daviter 2007). However, our own analysis of the *TAMFS* consultation draws on a particular version of framing theory developed by researchers looking, not at policy-making per se, but at social movements. This version of framing theory has been developed most prominently in the work of Robert Benford and David Snow, who use it to theorise the discursive processes through which social movements are constructed, consolidated and expanded (e.g. Benford and Snow 2000; Snow and Benford 1988; Hunt Benford and Snow 1994; Snow et al. 1986). Central to this use of framing theory is an understanding of “collective action frames [as] action-oriented sets of beliefs and meanings that inspire and legitimate the activities and campaigns of a social movement organization (SMO)” (Benford and Snow 2000: 613). Following Goffman, frames are seen as ways of representing the world that are “intended to mobilize potential adherents and constituents, to garner bystander support, and to demobilize antagonists” (Snow and Benford 1988:198).

Three specific elements of Benford and Snow’s elaboration of framing theory proved particularly useful for our purposes. The first is the concept of “frame amplification”, by

which Benford and Snow mean the processes of “accenting and highlighting some issues, events, or beliefs as being more salient than others” with a view to “bringing into sharp relief and symbolizing the larger frame or movement of which it is a part”; such processes might include “the idealization, embellishment, clarification, or invigoration of existing values or beliefs”, as well as the adoption of slogans or other catchphrases (Benford and Snow 2000: 623-4). As Taylor observes, frame amplification is often an important step in re-articulating a frame so that others will more readily adopt it (Taylor 2000). Secondly, Benford and Snow develop the concept of “frame resonance” to talk about those aspects of a frame that determine its “effectiveness or mobilizing potency”, including the extent to which it is seen to accord with members’ experiences of the world, and the ways in which it is salient to their beliefs, ideas, and values (Benford and Snow 2000: 619-22). Thirdly, they coin the phrase “strategic fitting” to mean the deliberate tailoring of key elements of a frame – be they conceptual, discursive or practical – to maximise the extent to which they resonate with the concerns and interests of a target audience beyond the movement itself (Benford and Snow 2000: 627). As we shall see, these concepts proved strikingly applicable to our own analysis of the discourses deployed in the course of the *TAMFS* consultation.

Amplifying the mental wellbeing frame: *Towards a Mentally Flourishing Scotland*

The professed aim of the *TAMFS* consultation document was to set out the Scottish Government’s ideas about how to take forward the work of the National Programme, and to solicit the views of ‘key stakeholders’ on these proposals (Scottish Government 2007b:

1). The overall orientation of those ideas did not depart significantly from the goals and methods that had characterised the National Programme up to that point. Rather, the consultation document proposed a series of measures that were intended “to help, assist and reach those people, agencies and organisations that are unsure about what the priorities should be ... or are unclear how their particular area of work can make a positive contribution to this agenda as part of work on improving health and wellbeing” (Scottish Government 2007b: 7). The authors of the document were evidently mindful of the concerns raised by the on-going review of the National Programme, that the diffusion of that programme beyond the existing mental health policy community had been limited by the absence of a “clear model of positive mental health” (Hunter et al. 2008: 61). Consequently, an entire section of the *TAMFS* consultation document, entitled “Concepts and definitions”, was devoted to outlining a new theorisation of mental health and wellbeing (Scottish Government 2007b: 2-3). This was not intended to contradict the ideas of mental health and wellbeing that had been used to frame the earlier stages of the National Programme. Rather, the aim was to give greater theoretical clarity to those ideas by offering an explicit definition of mental wellbeing, in the expectation that this would help to mobilise hitherto un-enrolled actors into the work of the National Programme.

The discussion of “Concepts and definitions” begins by acknowledging the problematic and contested nature of existing concepts of positive mental health. It then turns immediately to a consideration of what constitutes “mental wellbeing”:

“This includes our ability to cope with life’s problems and make the most of life’s opportunities, to cope in the face of adversity and to flourish in all our environments; to feel good and function well, both individually and collectively. Mental wellbeing ranges from good or high mental health, or flourishing, at one end of a continuum to poor mental health, or languishing, at the other end of the continuum.”

(Scottish Government 2007b: 2)

In adopting the language of “flourishing” and “languishing”, the document invoked the work of the American sociologist Corey Keyes (2007), whose ideas were summarised on the following page. Keyes explicates the idea of mental health in terms of two distinct axes or continua positioned at ninety degrees to one another (see figure 1). One axis represents the extent to which an individual suffers from mental illness, while the other represents the individual’s level of “mental wellbeing”, with “flourishing” marking the higher levels of mental wellbeing. Individuals may be situated at any point on the graph defined by these two axes.

[Insert figure 1 here or nearby]

Keyes’s model of mental health thus makes an analytic distinction between being “mentally ill” and having low “mental wellbeing”, and between being free of “mental illness” and having good “mental wellbeing”. Indeed, according to Keyes (2007), it is possible to suffer from “mental illness” while still enjoying good “mental wellbeing”, and vice versa.

Keyes's ideas are far from universally accepted among mental health service providers. But they held an obvious appeal for the authors of the *TAMFS* consultation document. Keyes's model of mental health does not deny the gravity of the problems associated with mental illness, or the need for psychiatric and other services to address those problems. But in arguing that there also exists a quite separate dimension of "mental wellbeing", which can be promoted independently of the presence or absence of mental illness, his model provides, in addition, a rationale for offering other kinds of mental health services that are not targeted solely at the mentally ill. This view was in keeping with the interests of the authors of the *TAMFS* consultation document. Keyes's model of mental health served both to reassert the idea of "mental wellbeing" associated with the earlier phases of the National Programme and to justify the promotion of community mental health initiatives aimed not just at the mentally ill but at the whole population. Moreover, Keyes's model, and especially the distinction he drew between "mental wellbeing" and the presence or absence of mental illness, could be represented very simply, in the form of a visually striking and memorable graphic (figure 1). As such, it offered a clear rhetorical advantage to those in the Scottish Government who wished to publicise what they saw as the benefits of the National Programme.

To use the language of framing theory: the *TAMFS* consultation document set out to frame mental health policy in a way that placed community mental health initiatives on an equal footing with the kinds of treatment services that had tended to be privileged by the earlier mental illness frame. Such a re-framing had already been attempted through

the National Programme's adoption of the concept of mental wellbeing, but that concept had failed to penetrate among many of those who were expected to help implement the National Programme. Keyes's re-theorising of mental wellbeing provided a way of clarifying key elements of that frame and highlighting how it differed from the mental illness frame. Moreover, his use of the language of "flourishing" to denote a high level of mental wellbeing introduced a new term that was specifically identified with the wellbeing frame. In the language of Benford and Snow, Keyes's theorisation served to amplify the existing mental wellbeing frame. That this amplification of the mental wellbeing frame was intended to inform debate around *TAMFS* was signalled both by the prominent position that Keyes's ideas were given in the consultation document and by the inclusion of the word "flourishing" in the title of that document.

The remainder of the *TAMFS* consultation document was devoted to laying out a number of proposals for taking forward the work of the National Programme, all framed within the amplified mental wellbeing frame. Specifically, the document identifies three main policy themes – promotion, prevention and support – each of which it explicates in terms of Keyes's concept of mental flourishing:

“Promoting positive or flourishing mental wellbeing applies to each of the above main themes of promotion, prevention and support. Promoting and improving mental wellbeing, encouraging and supporting the factors that enable people to flourish and reducing the risk factors that hamper flourishing, means that this

applies equally to people in the top left and the bottom two quadrants of the two continua model for mental health.” (Scottish Government 2007b: 4)

In this way, the *TAMFS* document sought to reassert a need for mental health interventions aimed not just at those suffering from mental illness, but also at helping and supporting others in the community on the grounds that, while not mentally ill, they might nonetheless suffer from what Keyes would consider to be low levels of mental wellbeing.

The promoters of the *TAMFS* consultation document also sought to ensure that the amplified mental wellbeing frame was highlighted throughout the consultation process. The Scottish Government offered “key people” as speakers at the various consultation events organised to generate responses to the *TAMFS* document, and a Government nominee spoke at each of the events that we observed (Scottish Government 2007d). As in the consultation document, these representatives set out “concepts and definitions” that they argued needed to be understood if the work of the National Programme was to be further developed.¹ The speakers were even more insistent than the *TAMFS* document in emphasising that mental health should be seen more than just an absence of mental illness, as in their *Concepts and Definitions* Powerpoint slide (see figure 2).

[Insert figure 2 here or nearby]

Another slide presented statistics produced by applying measures of mental wellbeing in Scotland, thus both exemplifying and validating the concept of wellbeing by associating it with measurable indicators. A further slide presented data from Keyes's own research, while the concept of "mental flourishing" was introduced using a slide depicting Keyes's dual continuum model of mental health (see figure 1). Specific proposals for enhancing community mental health provision were then presented in this new language. These steps all served to amplify the mental wellbeing frame further, by reiterating the distinction that Keyes drew between mental wellbeing and the presence or absence of mental illness, and by exemplifying how mental wellbeing and mental flourishing could be promoted and realised through certain kinds of policy action and service provision.

The government speakers also made clear the purpose behind their insistence on the need for a clear articulation of the concept of mental wellbeing. Echoing the views expressed by the 2006 review of the National Programme, they repeatedly emphasised the importance of developing a shared understanding of mental health. As one speaker put it, "we need to create an understanding of language and ideas and imbed this" (Government speaker, consultation event 290208). Moreover, government representatives went further than the 2006 review in their ambitions for who should share in that understanding.

Where the review recommended that more effort should be made to ensure that relevant ideas were shared with "key stakeholder groups" (Hunter et al. 2008: 61), the *TAMFS* document envisaged a Scotland in which "we *all* understand that there is no health without good mental health, where we know how to support and improve our own and others' mental health and wellbeing and act on that knowledge" (Scottish Government

2007b: 2, our emphasis). At least one government speaker endorsed this expansive vision, emphasising that “we need a public that understands both mental illness and mental health” (Government speaker, consultation event 190208). Dissemination of the shared action frame of mental wellbeing and mental flourishing should thus extend, not just to the existing community of mental health practitioners, nor just to other groups of practitioners who might be enrolled into the work of mental health promotion, but to the entire Scottish population.

The publication of the *TAMFS* consultation document and its endorsement by Government speakers at consultation events can thus be seen as an attempt to revitalise Scottish mental health policy by amplifying the mental wellbeing frame that informed that policy. On the whole, this did not involve any major innovations in policy itself, nor any significant change in the ideas that served to justify that policy. Rather, it represented a clarification and refinement of those ideas that was intended to make them accessible and meaningful to a range of actors beyond those who had already adopted the mental wellbeing policy frame. By presenting and explaining the amplified mental wellbeing frame to participants at consultation events across the country, advocates of government policy endeavoured to recruit new actors into that frame. Their success in doing so would depend on how far their reconceptualisation of mental health and wellbeing, and specifically the language of mental flourishing, resonated with the understanding, experiences and expectations of the consultation participants.

Frame resonance and strategic fitting: the consultation responses

In surveying the written responses to the *TAMFS* consultation, it is notable that only two expressed any reservations about the overall framing of mental health and wellbeing embodied in the consultation document. Both responses raised doubts about the “dual continua” model of mental health, and particularly about the way that model sought to distinguish “mental flourishing” from an absence of mental illness.

“The ‘dual continua’ model is interesting, but was presented as a ‘given’, without adequate referencing. The closest I could come to supporting the model would be that a mentally flourishing state makes mental illness less likely... ‘Mental flourishing’ is not a commonly recognised concept...”

(Anonymous Individual response 1²)

“Section 4.1 splits ‘mental well-being’ into three dimensions, without any discussion or referencing of why ‘emotional, social and psychological’ components should together amount to well-being. Section 4.2 proposes that ‘someone could experience signs and symptoms of mental illness and still have good or flourishing mental well-being’. Given that most conventionally accepted definitions of mental illness include the experience of distress of some kind (eg ‘*A clinically recognisable set of symptoms or behaviour associated in most cases with distress and interference with personal function.*’ (World Health Organisation, 1992)) this statement is of questionable validity.”

(Royal College of Psychiatrists response)

Both responses point to a lack of clarity in Keyes’s definition of mental wellbeing and “mental flourishing”, and they raise legitimate questions about how wellbeing should be understood if not with reference to the presence or absence of mental illness. But they were the only responses to do so. This led us to ask why only these two respondents saw fit to challenge the dual continua model of mental health, and why the rest were so uncritical of that model.

Consider first the two critical responses. Since the first of these responses was anonymous, it is not possible to infer anything further about the reasons for the respondent’s doubts about the dual continua model. However, the second response comes from the Royal College of Psychiatrists, and thus represents the views of medical consultants who are concerned specifically with delivering clinical care to the mentally ill. For these practitioners, the mental wellbeing frame and the interventions with which it is associated have only limited resonance with the kinds of problems they deal with, the circumstances in which they work or the methods they use. Seen from the perspective of those who deal with mental illness, there is little to be gained, either conceptually or in terms of service delivery, by thinking about wellbeing as anything other than an absence of illness.

By contrast, the overwhelming majority of the responses to the overall framing of mental health and wellbeing put forward in the *TAMFS* consultation document – including written responses and those expressed in the consultation events – were broadly

affirmative. Most of the non-government presenters at the consultation events and many of the respondents spoke of the language of mental wellbeing and mental flourishing in broadly positive terms, reflecting general acceptance of the framing of mental health policy put forward in the *TAMFS* document. Meanwhile, the discussion groups hosted as part of the consultation events tended to be more concerned with sharing best practice than with critical appraisal of the language and concepts represented in the *TAMFS* document (Smith-Merry, Freeman and Sturdy 2009).

This uncritical acceptance of the mental wellbeing frame may in turn be explained in terms of the interests of the participants. Many of those who contributed to the responses had already been involved in rolling out those elements of the National Programme concerned not with the development of psychiatric services for the mentally ill but with the promotion of other kinds of intervention aimed at promoting mental health within the community as a whole. Consequently, they were not only familiar with the concept of “mental wellbeing”, but were already committed to taking forward the kinds of community-based interventions associated with that concept under the National Programme.

Moreover, a number of respondents also echoed the views expressed in the 2006 review of the National Programme, and by the authors of the *TAMFS* document, in their diagnosis of the factors that had hindered fuller implementation of that programme. In particular, they agreed that an appropriate and consistent language of mental health was

required if the policies represented in the National Programme were to continue to move forward:

“...when talking about mental health, mental wellbeing and mental illness there needs to be consistency in language used.” (NHS Borders multi-agency response)

“...we need a common language”

(Practitioner presentation, consultation event 190208)

“Mental health literacy and developing a common language at all levels should be prioritized ...” (NHS Lothian Health Promotion response)

This perception of a need for a common language was rooted in the practical experiences of many of those responsible for implementing community mental health policy. Under the National Programme, mental health work had developed along multi-agency lines involving practitioners from a range of different specialist backgrounds. Effective collaboration across specialty divisions was thus necessary for effective service delivery. As a number of consultation participants explained, the difficulties of working across disciplinary boundaries were exacerbated by the absence of a shared language to facilitate communication and collaboration:

“...often a challenge of working in partnerships is the problem of speaking different specialist languages”

(Practitioner presentation, consultation event 180208)

“...need for a multidisciplinary discussion to develop a common language and understanding – the National Programme Review (NPR) highlights the need to develop a common language ... Decisions taken on this need to be widely disseminated, consistently used and a focus of learning and development opportunities for a diverse workforce.” (NHS Health Scotland response)

Given this need, a number of respondents welcomed the clarification of the language of mental wellbeing provided in the *TAMFS* consultation document.

“It is also useful to have clarity on concepts and definitions and the Council endorses and supports the definitions offered in the document of mental wellbeing and of mental illness.” (City of Edinburgh Council response)

In particular, several responses made positive mention of the concept of “mental flourishing” introduced in the *TAMFS* document and at the consultation events, and of the way that concept helped to emphasise that mental health work was not concerned solely with addressing mental illness.

“The Steering group was in broad agreement with the approach of the document and the model of Mental Health illustrated. In particular the movement away from viewing mental health as an “illness” and moving towards the more general

concept of “flourishing” was welcomed.”

(North Ayrshire Choose Life Steering Group response)

“He said he was hugely encouraged by the increasing recognition of the continuum concept of mental health from languishing to flourishing. People working in mental health really like the notion and they are using it in making links with other services such as housing and community support.”

(Report of the National Consultation Event, Glasgow)

For these respondents, the amplified mental wellbeing frame presented in the *TAMFS* document spoke directly to their own understanding of the problems of cross-agency working that they encountered in the course of their work – a clear case of what Benford and Snow call “frame resonance”.

Not all those who endorsed the overall framing of mental health policy put forward in the *TAMFS* consultation document were equally positive about the language in which it was couched, however. The reasons for this are of particular interest. As we have seen, those who endorsed the language of mental wellbeing and “mental flourishing” saw it as a valuable for facilitating work between different kinds of specialists. But other respondents were more concerned about how that language would be received by other audiences. Not content to communicate only with specialists and service providers, they saw a need to engage a much wider constituency in the pursuit of mental wellbeing. These respondents agreed that language was vital in this regard: “we have to change the

language to create an understanding about mental health”, as one discussion group put it (Discussion group 1, consultation event 300108). But several respondents expressed a concern that the *TAMFS* document failed to meet this need:

“Not an ‘easy read’ document so limits who can understand and discuss it ... the general public is not engaged in it. The agenda needs to be translated into the language of the public.” (Discussion group 1, consultation event 190208)

“Concerns were also raised about some of the language, even in the easy read version, remaining inaccessible.” (NHS Education response)

“Need to use plain English and everyday, appropriate language which is appropriate and accessible for all.” (Ayrshire and Arran response)

“...today’s agenda should be understood without using about half of the mental health specialist language used on the slides this morning as we need to shift the focus back on to the community and do the basic actions that will effect fundamental change.” (Practitioner presentation, consultation event 050308)

In particular, a number of respondents identified the language of “mental flourishing” as especially problematic, as it introduced yet another new term into a field that was already heavily laden with jargon:

“In the past the language has been about ‘successful’, ‘sustainable’, ‘resilient’ etc. communities – now the talk is about ‘flourishing’ communities”

(Practitioner presentation, consultation event 040208)

“- Where does ‘flourishing’ come from anyway?

- [general derisive comments from group about term].

- It was all one type of language and suddenly flourishing comes into it.”

(Discussion group 1, consultation event 190208)

“The language needs to be Scottishized, languishing and flourishing are inaccessible terms to many.” (NHS Borders multi-agency response)

Crucially, none of these responses challenged the mental wellbeing frame as a whole. Rather, what they questioned was the technical language, and specifically the language of “flourishing”, that had been introduced by the authors of the *TAMFS* consultation document. Referring repeatedly to the need for “accessibility”, it is evident that these responses came from individuals and agencies whose principal concern was to work and communicate effectively with service users and other members of the public, and who felt that the language of “flourishing” would hinder rather than assist in such communication. For these practitioners, the particular amplification of the mental wellbeing frame articulated in the *TAMFS* document did not resonate with their experience of mental health work; on the contrary, it clashed with the need for accessibility, which they saw as vital to their interactions with the public.

This disagreement amongst the *TAMFS* respondents is an interesting instance of what Robert Benford has called “frame resonance disputes”. These are disagreements between social movement members over “how reality should be presented so as to maximize mobilization” (Benford 1993: 691). In the case of the *TAMFS* consultation, the frame resonance dispute arose because different respondents were concerned to address and mobilise different constituencies. For those concerned primarily to ease collaboration with other specialist agencies, the language of flourishing, and the amplified mental wellbeing frame of which it was a part, was seen to offer an effective tool of communication and coordination, and hence of building a viable shared action frame. For those whose principal concern was rather to communicate with service users and the general public, the language of flourishing appeared more likely to alienate than to mobilise its intended audience. For both groups, the “strategic fitting” of the mental wellbeing frame to the culture and interests of a particular target audience was crucial to the way they evaluated the amplification of that frame presented in the *TAMFS* consultation. But the very different audiences that the two groups of respondents prioritised led them to adopt diametrically opposed view of how well the language employed in that document was likely to suit their strategic interests.

Discussion and conclusions.

Viewed through the lens of social movement theory, much of what took place in the course of the *TAMFS* consultation was consonant with the kind of strategy that is

commonly employed to mobilise new members into a social movement. By endeavouring to clarify the idea of mental wellbeing and highlight the kinds of community-based policy initiatives with which it was associated, government activists aimed to recruit actors who had not hitherto aligned themselves with the implementation of such initiatives – a clear instance of what social movement theorists have called “frame amplification”. Other participants in the consultation process were clearly aware of, and in most cases sympathetic to, this aim, and went on to discuss how effective they thought the reframing of mental health was likely to be in mobilising particular constituencies of actors. Their evaluation depended on their assessment of the degree of “resonance” and “strategic fitting” between the amplified action frame and the cultural interests and expectations of different social groups. The great majority of those who contributed, participated or responded to the *TAMFS* consultation thus shared an interest in mobilising new sectors of Scottish society to assist in rolling out the aims of the National Programme for Improving Mental Health and Wellbeing.

It might be noted, in this regard, that the framing of mental wellbeing in the *TAMFS* consultation also possessed a distinctively Scottish resonance. The language of ‘flourishing’ has deep cultural associations in Scotland. During the nineteenth century, the phrase “Let Glasgow Flourish” became the motto of the nation’s main industrial city, and in 2006, the same motto was used as the title of a major report on health conditions in the west of Scotland (Hanlon et al. 2006). A year later, the Scottish National Party (SNP) launched their economic manifesto for the 2007 Scottish Parliamentary elections under the title “Let Scotland Flourish” (Scottish National Party 2007). Fortuitously, Keynes’s

conception of mental flourishing was introduced into Scotland at exactly the same time, in a series of public lectures that he gave in the months before the publication of the *TAMFS* document (see Choose Life 2007). Following the SNP's election success, this provided a convenient way for the authors of the *TAMFS* document to link their own vision of mental health policy to the strategic goals announced by the new government:

“We wish to see a Scotland where ... our flourishing mental health and mental wellbeing contributes to a healthier, wealthier and fairer, smarter, greener and safer Scotland.” (Scottish Government 2007b: 2)

In effect, the image of a “Mentally Flourishing Scotland” conjured by the title of the consultation document served to locate mental health policy within a broader political vision of a resurgent Scottish nation.

In the event, this reference to wider national aims and aspirations does not appear to have been picked up in any of the consultation responses. Consequently, we have no evidence that it had any impact on how the reframing of mental health was received by consultation participants. Nonetheless, it is suggestive. Identity politics is often a powerful force in the formation, maintenance and direction of social movements, and social movement theorists recognise that national identity, too, can serve this purpose – especially but not solely in relation to overtly nationalist movements (e.g. Larvie 1999). We can see the way that the authors of the *TAMFS* consultation document sought to link their own campaign to wider national ambitions in just such a light – as in keeping with

precisely the kind of identity politics that is often central to the formation of social movements. In this respect, too, the *TAMFS* consultation displayed one of the key techniques that social movements use to motivate members.

It lies beyond the scope of the present paper to say whether the consultation actually achieved its aim of mobilising new actors beyond those already involved in implementing the National Programme. While there are strong anecdotal reasons to suppose that the language of mental wellbeing and mental flourishing enjoys wide currency and approval within the Scottish mental health community, our research has looked solely at processes internal to the consultation itself. What our focus on the consultation does enable us to say with some certainty, however, is that those who took part in the *TAMFS* consultation behaved in certain key respects like members of a social movement who sought to expand the membership and momentum of that movement, and who debated how best to frame the field of mental health to secure that end.

What can we conclude from all this? Policy analysts and social scientists have tended to think of social movements as developing independently of – indeed, often in opposition to – official policy processes. Recently, however, a number of authors have observed that social movements may include actors embedded within state agencies, and that such “state actor-social movement coalitions” may prove to be particularly effective in securing positive policy outcomes (e.g. Stearns and Almeida 2004). Mark Wolfson speaks of the “interpenetration” of civil society organisations and state agencies in the anti-tobacco movement (Wolfson 2001), and Steve Epstein proposes, in the course of a

survey of research into health social movements, that such interpenetration may be more typical than early social movement researchers supposed (Epstein 2007: 506).

The present case study builds on this insight. The Scottish mental health community comprises a loose coalition of actors that spans the statutory, non-governmental, voluntary and service user sectors; and the Scottish Government plays an important role in maintaining this coalition by providing, either directly or indirectly, the major source of funding for almost all of the agencies involved (Smith Merry et al. 2008). But government involvement is not confined to the financial sphere. In addition, as our study of the *TAMFS* consultation shows, government policy makers are also active in seeking to shape and promote a collective action frame that will inform the activities of the various members of the coalition, facilitate cooperation between different agencies and sectors, and encourage recruitment of new actors to help take forward the community mental health agenda.

That is not to say that the Scottish mental health community represents anything so coherent as a social movement – though certain elements within that community have certainly formed social movements, for instance around the promotion of “recovery” within Scottish mental health services (Smith Merry et al. 2010). Rather, our study of the *TAMFS* consultation shows that government policy activists employed similar framing techniques to those used to expand the membership and activity of a social movement; while many of those who responded to the consultation did so in a way that not only aligned them with the collective action frame being promulgated by the activists, but also

indicated their aim of mobilising further civil society actors. In this respect at least, the Scottish mental health community exhibited some of the key characteristics of a social movement, with government actors playing a prominent animating role.

This throws new light on the purpose that public and stakeholder consultation may serve in the policy process. As we indicated in our introduction, academic analyses of such consultations have been chiefly concerned with their role in either informing or legitimising policy decisions. Our study of the *TAMFS* consultation indicates that consultation may serve in addition as a means for government policy makers to seek to consolidate and extend the mobilisation of civil society actors for the purpose of rolling out and implementing policy. In effect, the *TAMFS* consultation may be seen as the first stage in a programme to implement a set of prior policy decisions.

It remains to be seen whether a similar analysis will prove applicable to other public and stakeholder consultations. But there are good reasons to suppose that it should.

Consultation has become deeply integrated into the conduct of Scottish Government since the establishment of a devolved parliament in 1999 (Keating 2010). In part, this seems to have been motivated by a desire to ensure popular assent for policy decisions. The public consultation undertaken by the Scottish Government in connection with its plans to ban smoking in public places, for instance, was expressly intended to reframe debate around the dangers of passive smoking, and it proved effective in mobilising a number of pressure groups to voice support for the policy (Cairney 2007; Donnelly and Whittle 2008). But consultation has also been effective in forging closer links between

the Scottish Government and the voluntary sector (Keating 2010: 92-93), which has assumed an increasingly important role not just in making but also in implementing policy, particularly in relation to social services (Fyfe, Timbrell and Smith 2006). As we have seen in the case of the mental health services, social service delivery often presents challenges to do with mobilising diverse actors and agencies around the pursuit of common aims. If the *TAMFS* consultation is any guide, stakeholder consultation may be as important in addressing such problems of implementation as in simply mobilising assent for policy decisions.

It is also reasonable to ask whether similar processes are in train beyond Scotland. Though devolution is sometimes seen as having ushered in a new era of popular democracy and participatory politics that set Scotland apart from the top-down style of politics that prevailed in Westminster, more considered analysis suggests that similar moves towards more participatory forms of government are underway south of the Border (Cairney 2008). Certainly, the growth in consultation is common to both the Scottish and the UK governments – as is the increasing use of third sector agencies in the delivery of social policy and the promotion of multi-agency working. In this context, the example of the *TAMFS* consultation is highly suggestive. If *TAMFS* is any indication of wider processes, the growth of consultation does not simply mark the rise of a more consensual form of political decision making. It would also seem to indicate a shift from a command-and-control approach to implementation, towards one that relies much more heavily on the mobilisation of extended constituencies of policy actors through the negotiation and diffusion of shared action frames.

Further research will of course be needed to determine whether or not that is the case. For the present, however, we can say with some certainty that, in the case of *TAMFS*, the consultation process was undertaken as a means of consolidating, extending and mobilising a mental health policy community that had some key features in common with a social movement. It seems likely that similar intentions have informed and will continue to inform many other public and stakeholder consultations, both in Scotland and elsewhere. And if that is so, it means that social movement theory may have much to offer to how we think about the growth in stakeholder consultation, and about the changing forms and functions of modern government more generally.

Notes.

1. A pod-cast version of the government presentation given at the consultation events is available online at <http://www.wellscotland.info/mentally-flourishing-scotland-interactive.html> under the title “Concepts and definitions”.
2. All response documents referred to in this paper can be found at: <http://www.scotland.gov.uk/Publications/2008/04/03092148/0>

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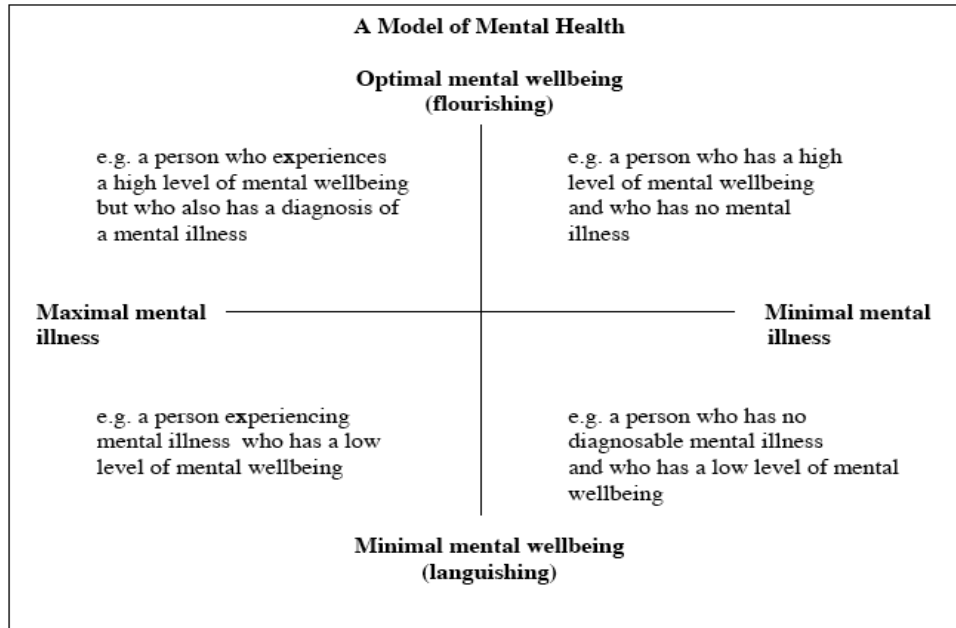
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Figure 1: Model of mental health based on the work of Corey Keyes (2007) presented in the *Towards a Mentally Flourishing Scotland* consultation document.




(Keyes in Scottish Government 2007b:3)

Figure 2: PowerPoint slide used by Scottish Government to define ‘mental health’ and associated concepts.

Concepts and Definitions

- There is a difference between ‘mental health’ and ‘mental illness’
- Mental health is more than the absence of clinically defined mental illness
- Mental ‘health’ can be measured, and is often termed ‘mental wellbeing’
- Mental Wellbeing has a number of different dimensions and components

 The Scottish Government