Mental Health Strategy: 2017-2027

Healthier Scotland
Scottish Government

Contents

Introduction

Challenges with mental health have touched every life in Scotland: from a young person struggling in school, or a colleague absent from work, to an elderly relative living with dementia. We have all seen, and often personally felt and experienced, the impact of mental health problems.

Many mental health problems will be preventable, and almost all are treatable, so people can either fully recover or manage their conditions successfully and live as healthy, happy and productive lives as possible.

Our guiding ambition for mental health is simple but, if realised, will change and save lives - **that we must prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems**.

That means working to improve:

- **Prevention and early intervention;**
- **Access to treatment, and joined up accessible services;**
- **The physical wellbeing of people with mental health problems;**
- **Rights, information use, and planning.**

We want to create a Scotland where all stigma and discrimination related to mental health is challenged, and our collective understanding of how to prevent and treat mental health problems is increased. We want to see a nation where mental healthcare is person-centred and recognises the life-changing benefits of fast, effective treatment. We want a Scotland where we act on the knowledge that failing to recognise, prioritise and treat mental health problems costs not only our economy, but harms individuals and communities. In short, we share the ambition that you should only have to ask once to get help fast.

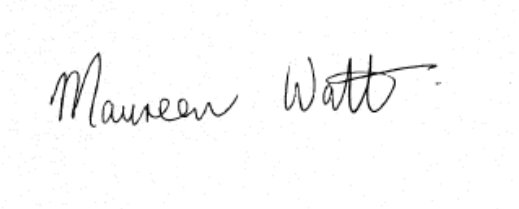
In the last decade mental health services have changed dramatically, with excellent work from NHS Board staff, primary care practitioners, councils and third sector organisations, making life-changing, and life-saving, interventions every day.

But we have the ambition to go further, and we know this ambition is shared across Scotland. Through this strategy we set out 40 initial actions to better join up our services, to refocus these and to deliver them when they are needed.
These actions include:

- Increasing the mental health workforce by 800 additional mental health workers in our hospitals, GP surgeries, prisons and police stations.
- Improving support for preventative and less intensive services (tiers 1 and 2 CAMHS) to tackle issues earlier.
- Reviewing the role of counselling services in schools.
- Testing and evaluating the most effective and sustainable models of supporting mental health in primary care
- Establishing a bi-annual forum of mental health stakeholders to help guide the implementation of actions in the coming years.

Our efforts must deliver on a human rights-based approach, so that people in the most marginalised of situations are prioritised in achieving health.

We can't achieve a sea change in mental health alone. This strategy also underpins how we will work in partnership with others to champion the better Scotland our people deserve.



Maureen Watt MSP
Minister for Mental Health

Summary of Actions

Prevention and early intervention

1. Review Personal and Social Education (PSE), the role of pastoral guidance in local authority schools, and services for counselling for children and young people.
2. Roll out improved mental health training for those who support young people in educational settings.
3. Commission the development of a Matrix of evidence-based interventions to improve the mental health and wellbeing of children and young people.
4. Complete the rollout of national implementation support for targeted parenting programmes for parents of 3- and 4-year olds with conduct disorder by 2019-20.
5. Ensure the care pathway includes mental and emotional health and wellbeing, for young people on the edges of, and in, secure care.
6. Determine and implement the additional support needed for practitioners assessing and managing complex needs among children who present a high risk to themselves or others.
7. Support an increase in support for the mental health needs of young offenders, including on issues such as trauma and bereavement.
8. Work with partners to develop systems and multi-agency pathways that work in a co-ordinated way to support children's mental health and wellbeing.
9. Support the further development of 'Think Positive' to ensure consistent support for students across Scotland.
10. Support efforts through a refreshed Justice Strategy to help improve mental health outcomes for those in the justice system.
11. Complete an evaluation of the Distress Brief Intervention by 2021 and work to implement the findings from that evaluation.
12. Support the further development of the National Rural Mental Health Forum to reflect the unique challenges presented by rural isolation.
13. Ensure unscheduled care takes full account of the needs of people with mental health problems and addresses the longer waits experienced by them.
14. Work with NHS 24 to develop its unscheduled mental health services to complement locally-based services.

Access to treatment and joined-up, accessible services

15. Increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons. Over the next five years increasing additional investment to £35 million for 800 additional mental health workers in those key settings.
16. Fund the introduction of a Managed Clinical Network to improve the recognition and treatment of perinatal mental health problems.

17. Fund improved provision of services to treat child and adolescent mental health problems.
18. Commission an audit of CAMHS rejected referrals, and act upon its findings.
19. Commission Lead Clinicians in CAMHS to help develop a protocol for admissions to non-specialist wards for young people with mental health problems.
20. Scope the required level of highly specialist mental health inpatient services for young people, and act on its findings.
21. Improve quality of anticipatory care planning approaches for children and young people leaving the mental health system entirely, and for children and young people transitioning from CAMHS to Adult Mental Health Services.
22. Support development of a digital tool to support young people with eating disorders.
23. Test and evaluate the most effective and sustainable models of supporting mental health in primary care, by 2019.
24. Fund work to improve provision of psychological therapy services and help meet set treatment targets.
25. Develop more accessible psychological self-help resources and support national rollout of computerised CBT with NHS 24, by 2018.
26. Ensure the propagation of best practice for early interventions for first episode psychosis, according to clinical guidelines.

The physical wellbeing of people with mental health problems

27. Test and learn from better assessment and referral arrangements in a range of settings for dual diagnosis for people with problem substance use and mental health diagnosis.
28. Offer opportunities to pilot improved arrangements for dual diagnosis for people with problem substance use and mental health diagnosis.
29. Work with partners who provide smoking cessation programmes to target those programmes towards people with mental health problems.
30. Ensure equitable provision of screening programmes, so that the take up of physical health screening amongst people with a mental illness diagnosis is as good as the take up by people without a mental illness diagnosis.
31. Support the physical activity programme developed by SAMH.

Rights, information use, and planning

32. Use a rights-based approach in the statutory guidance on the use of mental health legislation.

33. Commission a review of whether the provisions in the Mental Health (Care and Treatment) (Scotland) Act 2003 Act fulfil the needs of people with learning disability and autism, taking forward new legislative measures if necessary.

34. Reform Adults With Incapacity (AWI) legislation.

35. Work with key stakeholders to better understand Mental Health Officer capacity and demand, and to consider how pressures might be alleviated.

36. Work with employers on how they can act to protect and improve mental health, and support employees experiencing poor mental health.

37. Explore innovative ways of connecting mental health, disability, and employment support in Scotland.

Data and measurement

38. Develop a quality indicator profile in mental health which will include measures across six quality dimensions – person-centred, safe, effective, efficient, equitable and timely.

39. Establish a bi-annual forum of stakeholders to help track progress on the actions in this Strategy, and to help develop new actions in future years to help meet our ambitions.

40. Carry out a full progress review in 2022, the halfway point of the Strategy, to ensure that lessons are learnt from actions to that point.

Our Vision

Our vision for the Mental Health Strategy is of a Scotland where people can get the right help at the right time, expect recovery, and fully enjoy their rights, free from discrimination and stigma.[1]

Over the 10 years of the Strategy, we will work on achieving parity between mental and physical health.

The scale of the challenge to achieve parity is considerable:

- Only 1 in 3 people who would benefit from treatment for a mental illness currently receive it, on current estimates.
- People with life-long mental illness are likely to die 15-20 years prematurely because of physical ill-health.
- People with a mental health problem are more likely than others to wait longer than 4 hours in an Emergency Department.

That there should be parity of esteem between physical and mental health is widely accepted, and through this Strategy we aim to ensure that it is more than just a worthy ambition and can be made real. Over the 10 years of this Strategy, we must see, and be able to measure, the following for mental health compared to physical health: [2]

- **Equal access to the most effective and safest care and treatment**: Demonstrated by increasing the proportion of people who receive treatment for a mental illness, who would benefit from that treatment. This will also require improvements in prescribing and follow up care.
- **Equal efforts to improve the quality of care**: Demonstrated by achieving the same level of access to services and the same efforts to improve standards, infrastructure and staffing in mental healthcare as in physical healthcare.
- **Allocation of time, effort and resources on a basis commensurate with need**: Including addressing higher rates of premature mortality by targeting efforts at higher smoking rates and improving access to physical healthcare for people with a mental illness.
- **Equal status within healthcare education and practice**: Demonstrated by supporting core skills and competencies in mental health for a variety of staff.
- **Equally high aspirations for service users**: Recognising service users as equal partners in their own healthcare and emphasising expectations of good health and a good life.
- **Equal status in the measurement of health outcomes**: Met by robustly measuring people's responses to treatment, and people's experiences of mental health services, just as in physical health care.

[1] Derived from work by the Scottish Mental Health Partnership.
[2] Royal College of Psychiatrists, March 2013, *Whole-person care: from rhetoric to reality Achieving parity between mental and physical health,* Occasional paper OP88, p.20 http://www.rcpsych.ac.uk/pdf/OP88.pdf

To measure progress toward parity we will introduce a measurement framework similar to those used in physical health. This will draw on a range of information to understand the differences that are being made to, for example, premature mortality, what money is being spent, how long people wait to access services, rates of employment, and poverty levels.

Working to improve mental health care is not just the preserve of the NHS or the health portfolio. We will be working not only across the Scottish Government, but also across the wider public services to harness the broadest range of opportunities to improve the population's mental health. This work is broad and far-reaching, for example:

- **Poverty:** Poverty is the single biggest driver of poor mental health. The Fairer Scotland Action Plan sets out how we will help tackle poverty, reduce inequality and build a fairer and more inclusive Scotland. We will work with partners in local government, the third sector and communities to deliver this ambition and to recognise the importance of this activity in delivering good mental health for the whole population of Scotland.
- **Education:** Support from teachers and other school staff can be vital in helping ensure the mental wellbeing of children and young people. We will empower and support local services to provide early access to effective supports and interventions at tiers 1 and 2 and to use specialist CAMHS expertise where it will be most effective.
- **Justice:** We will support the justice system to work effectively with local partners to improve outcomes for people with mental health problems. We will facilitate work with Police Scotland and Integration Authorities to ensure that people with mental health problems or who are in distress are supported. We will work with the Scottish Prison Service and partners to improve the mental health of prisoners, including supporting young offenders.
- **Social Security:** Our overarching aim is to create a social security system in Scotland that is based on dignity, fairness and respect. This will be a system that helps to support those who need it and when they need it. We will ensure that this works for people with mental health problems.
- **Employment:** Not having a job is the single biggest inequality that people with mental health problems can face. We will use our new employability powers to work across health and employability services to support people with mental health problems to stay in work and to support people to get back into work. We will also encourage employers to support the mental wellbeing of their employees.[3]

Improvements will be supported by increasing resources for mental health, including an increasing share of the NHS frontline revenue budget, and investing in innovation in services. We will also require transparent reporting of how Integration Authorities use their resources to support mental health in different settings and services, so we can demonstrate progress without stifling innovation and cross-service working.

[3] https://scottishbusinesspledge.scot/workforce-engagement/#ffs-tabbed-11

Within services that are led by the NHS we will take forward our plans for investment twinned with reform to help deliver the best mental health outcomes possible:

- **Primary Care Transformation:** We will support the development of new multi-disciplinary models of supporting mental health in primary care to deliver "ask once, get help fast". That will necessitate models that allow access to information about what help is available; information about what people can do to look after themselves; signposting and support to access facilities in the community (e.g. leisure services and activities); and information about who is available to provide support so they can make informed decisions about what is best for them.
- **Urgent Care Transformation:** We will prioritise mental health pathways for people who need urgent care, including in emergencies in A&E. This means that when somebody has a mental health problem out-of-hours, they know how to, and are able to, access support as easily as they can for a physical health problem. This will include improving the range of support available through NHS24; ensuring that staff in A&E are able to support people in distress; and ensuring there is good access to specialist mental health support when it is needed.
- **Child and Adolescent Mental Health Services (CAMHS):** While we have improved access to CAMHS, we're determined to go further. Demand for this specialism is continuing to increase and services could work together more effectively, or to intervene early. We need to achieve the best outcomes for children. Sometimes CAMHS is the right route, and at other times an alternative would be better. We will look at the whole system, recognising the importance of specialist services but also the importance of early interventions at tiers 1 and 2. This includes providing support for families through parenting programmes where appropriate. We will ensure that wellbeing is embedded across services and that staff are confident to support a child or young person with their mental wellbeing.

We will deliver a focus on prevention and early intervention for children, young people and adults (including over-65s), to help prevent the development of mental health problems and to step in promptly if they do develop.

We will ensure that improving mental health and wellbeing are central in our new public health priorities, and will challenge the NHS to prioritise the physical health of people with mental health problems, removing barriers to people accessing services.

We will tackle early deaths. People with severe and enduring mental illness can die 15 to 20 years earlier than they might otherwise do because of co-occurring but treatable issues, such as physical health problems and addictions. This is a major health inequality.

This is the first national strategy in health and social care since their integration. This provides new opportunities for local areas to develop their own approaches, to innovate and to work across service boundaries to meet the needs of the local population. This Strategy aims to make clear the scale of the ambition over 10 years, to focus national actions to support local delivery, to remove barriers to change, and to make sure that change happens.

This Strategy will require work at a local and national level, with additional actions developed over the 10 years to deliver the vision and ambitions and to respond to what is happening. There should be a human rights-based approach to the improvements needed, using the PANEL principles of Participation, Accountability, Non-discrimination, Empowerment and Legality.

What is the context?

The term mental health is used in many different ways. It applies to a continuum from emotional wellbeing like happiness and sadness, to mental disorder like the acute reaction that can happen to stress, to mental illness like schizophrenia.

Environmental, social and individual factors help to determine mental wellbeing.[4] Genetic and environmental factors affect the prevalence and level of severity of mental illness in a population. These interactions are complex, but they offer different ways to influence mental health at an individual and population level.

This Strategy is part of a wide range of measures that the Scottish Government is taking to help create a Fairer Scotland.[5] The inequalities that drive differences in physical health outcomes are the same inequalities that detrimentally impact on mental health. Poverty and social exclusion can increase the likelihood of mental ill-health, and mental ill-health can lead to greater social exclusion and higher levels of poverty.[6]

This Strategy should also be seen in the context of the Scottish Government's 2020 Vision for health and social care delivery, which emphasises integrated care and prevention, anticipation and supported self-management; and in the context of the Scottish Government's Health and Social Care Delivery Plan, which reinforces the equal importance of mental and physical health and the need to address the underlying conditions that affect health.[7] When the ambitions of this Strategy and other areas of work are achieved, then it will be clear that people are able to start well, live well, age well and die well.

Inequality related to disabilities, age, sex, gender, sexual orientation, ethnicity and background can all affect mental wellbeing and incidence of mental illness. Some groups are more likely than others in our society to experience mental ill-health and poorer mental wellbeing – for example, people who have experienced trauma or adverse childhood events, people who have substance use problems, people who are experiencing homelessness, people who are experiencing loneliness or social isolation, veterans, refugees and asylum seekers. There may also be specific issues around access to services and support for those living in remote and rural communities.

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[4] NHS Health Scotland, 2016, *Good Mental Health for All*, p.12 http://www.healthscotland.com/uploads/documents/25928-Good%20Mental%20Health%20For%20All%20-%20Mar16.pdf accessed 19 October 2016

[5] The Scottish Government, 2016, *Fairer Scotland Action Plan* www.gov.scot/Resource/0050/00506841.pdf

[6] See, for example, Scottish Government, February 2016, *A National Clinical Strategy for Scotland*, p21, table of Longstanding illness by Scottish Index of Multiple Deprivation (SIMD) quintiles 2014, http://www.gov.scot/Resource/0049/00494144.pdf; Ben Fell and Miles Hewstone, June 2015, *Psychological Perspectives on Poverty*, Joseph Rowntree Foundation Report, pp.19-23 https://www.jrf.org.uk/report/psychological-perspectives-poverty; Iris Elliott, (June 2016) *Poverty and Mental Health: A review to inform the Joseph Rowntree Foundation's Anti-Poverty Strategy*. London: Mental Health Foundation https://www.mentalhealth.org.uk/sites/default/files/Poverty%20and%20Mental%20Health.pdf

[7] Scottish Government, December 2016, *Health and Social Care Delivery Plan* http://www.gov.scot/Resource/0051/00511950.pdf

Legislation that underpins the current arrangements for the National Health Service in Scotland already includes a parity of approach in relation to mental and physical health. It also places a duty on Local Authorities to provide services for those who have or have had a mental health problem, to promote their well-being and social development, and a duty to minimise the effect of mental disorder and give people the opportunity to lead lives which are as normal as possible.[8]

In addition, since April 2016, there has been a key role for Integration Authorities relating to local health and social care services, including hospital and community mental health services.

Scotland's commitment to meeting the needs of those who require access to mental health services reflects the importance we attach to realising the right of every individual to the highest attainable standard of physical and mental health.[9] The actions set out in this Strategy contribute to the progressive realisation of that internationally-recognised right, and directly support the shared vision of a socially inclusive and successful Scotland where every member of society is able to live with human dignity.

Put simply, this Strategy's context is not just a question of how the NHS, Local Authorities and Integration Authorities deal with mental health, but how our wider society thinks about mental health in how decisions are made.

[8] See section 1A of the National Health Service (Scotland) Act 1978; see also sections 25 and 26 of the Mental Health (Care and Treatment) (Scotland) Act 2003; Scottish Government, 2007, *With Inclusion In Mind: the local authority's role in promoting well-being and social development* provides guidance and best practice to fulfil the duty http://www.gov.scot/Resource/Doc/200490/0053601.pdf; People with mental health problems are also protected and supported through a range of community care legislation, including the Social Work (Scotland) Act 1968, the Adults with Incapacity (Scotland) Act 2000, the Community Care and Health (Scotland) Act 2002 and Adult Support and Protection (Scotland) Act 2007

[9] See in particular the International Covenant on Economic, Social and Cultural Rights, Article 12. Also the: UN Convention on the Rights of the Child, Article 24; UN Convention on the Elimination of All Forms of Racial Discrimination, Article 5; UN Convention on the Rights of Persons with Disabilities, Articles 1, 17, 25 et al.; UN Convention on the Elimination of All Forms of Discrimination Against Women, Article 12.

Prevention and early intervention

Ambitions:

- **Every child and young person** to have **appropriate access** to emotional and mental well-being **support in school.**
- **Appropriate, evidence-based, parenting programmes** should be available across Scotland.
- **Evidence-based interventions to address behavioural and emotional issues** in children and young people should be available across Scotland.
- Mental health support and treatment for **young people involved in offending who have mental health problems should be available across Scotland.**
- **Mental health training for non-mental health staff** should be available across health and social care services.
- **Training in first aid approaches for mental health should become as common** as physical first aid.

Prevention and early intervention are key to minimising the prevalence and incidence of poor mental health and the severity and life time impact of mental disorders and mental illnesses. Prevention and early interventions must be a focus of activity and funding.

Education

Along with literacy and numeracy, health and wellbeing is one of the three core areas that are the responsibility of all staff in the school. All adults who work in Scotland's schools have a responsibility to support and develop the mental, emotional, social and physical wellbeing of pupils, as part of what is referred to as 'Responsibility of All'. To support this responsibility, Education Scotland provides training and professional development, as well as promoting good practice on positive relationship and behaviour approaches.

Making sure that children and young people are included, engaged and involved in their education is fundamental to achievement and attainment in school. That means ensuring that schools provide a positive culture for all students' social, emotional and mental wellbeing, and that appropriate pastoral care and access to educational psychologists is available. The school environment can then help children to feel secure, resilient, confident, supported, and ready to learn.

- **Action 1:** Review Personal and Social Education (PSE), the role of **pastoral guidance** in local authority schools, and services for counselling for children and young people.

- **Action 2:** Roll out **mental health training** for those who support young people in educational settings.

Actions to support children and their families

A child or young person's wellbeing is influenced by everything around them, and by the different experiences and needs they have. The vision and practice of Getting it Right for Every Child (GIRFEC) empowers those working with children and families to operate across professional boundaries to provide support and to identify and address need at the earliest opportunity to prevent problems escalating. The eight SHANARRI indicators can be used to identify what help and support a child or young person may need in order to improve their wellbeing and their mental health.[10]

For a child, good relationships, starting with early attachment, create the setting for good mental health and resilience. A key factor is the quality of the parent-child relationship. The Scottish Government has supported the roll-out of evidence-based interventions that support children and their families with behavioural issues, through the Psychology of Parenting Programme (POPP).

To build on the success of POPP there is a need for a range of solid, evidence-based interventions for emotional, behavioural and/or conduct issues where a child would not be diagnosed with a mental illness, but could be helped by a psychologically-informed approach. This should include interventions to support children's parents or carers.

- **Action 3:** Commission the development of a Matrix of **evidence-based interventions** to **improve the mental health and wellbeing** of children and young people.

- **Action 4:** Complete the rollout of national implementation support for **targeted parenting programmes** for parents of 3- and 4-year olds with conduct disorder **by 2019-20**.

[10] SHANARRI indicators: Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, Included http://www.gov.scot/Topics/People/Young-People/gettingitright/wellbeing

Adverse childhood experiences, including sexual abuse

Understanding and addressing Adverse Childhood Experiences (ACEs) is important to children's current and future mental health and wellbeing. Universal services - for example, health visitors, midwives, and school nurses - can play a role in helping to reduce the incidence and impact of ACEs and in supporting good mental health, prevention and early intervention, especially for vulnerable children and families. This role can be maximised by ensuring the workforce are ACE-informed and confident in the early identification of risk factors and of symptoms of mental ill-health.

The Scottish Government has commissioned NHS Education for Scotland (NES) to develop a National Trauma Skills and Knowledge Framework and a National Training Plan for practitioners. Prevention of future abuse and increasing the safety of those currently affected by abuse and trauma – both adults and children – will be a central theme of both of these pieces of work.

Children and young people may be affected by parental substance misuse. The Scottish Government will fund a response to the recommendations of "Everyone has a story" which supports innovation and good practice in supporting children and young people affected by this issue.

Disabled children

It is crucial to consider the mental health needs of disabled children and young people. Some will be disabled because of mental health conditions that impact on their lives, while others will experience poor mental health as a result of their physical impairment or long-term condition, including where that is not a disability. Children with physical health conditions may experience four times greater anxiety, low mood and psychological distress than others and are at greater risk of mental health difficulties.

Appropriate treatment and facilities, as well as support for families and those caring for them, are vital. The Scottish Government will ensure that its Framework for Supporting Disabled Children, Young People and their Families makes clear links to the ambitions in this Strategy, and that mental health issues for disabled children, and for young people and their families and carers, are given consideration during the engagement and development process for that Framework.

It is important to note that amongst infants, children and young people, the highest rates of mental ill-health occur in those with learning disabilities and those with autism. Unless appropriate treatments and services are available then health inequalities will widen. Integration Authorities and Local Authorities will therefore need to understand the mental health and wellbeing inequalities experienced in their areas and plan the delivery of local services to reduce those inequalities, to remove barriers to health, and to ensure improved outcomes.[11]

[11] United Nations Convention on the Rights of the Child, July 2016, *Concluding Observations on the Fifth Periodic Report… CRC/C/GBR/CO/5, 61*. "The Committee recommends that the State party: (a) Regularly collect comprehensive data on child mental health, disaggregated across the life course of the child, with due attention to children in vulnerable situations and covering key underlying determinants"

Looked after children

NHS boards are required to provide all children and young people who become looked after with a health assessment within four weeks of notification. Alongside this, it is important to respond appropriately to the emotional distress linked to both the circumstances that led to the child becoming looked after and the experience of being looked after in any setting.[12] Professionals working with looked after children and young people should have the necessary knowledge and skills around issues linked to trauma and attachment. Consideration should also be given to the transition period from being looked after to being established as an independent adult.

There are particular issues for young people on the edges of, and in, secure care to ensure that systems work well together for the child at the heart. It is crucial that mental and emotional health and wellbeing needs are considered throughout those systems to help improve outcomes for children and young people.

- **Action 5:** Ensure the **care pathway** includes **mental and emotional health and wellbeing**, for young people on the edges of, and in, **secure care**.[13]

Children involved in offending

Children and young people involved in and/or at risk of offending may have mental health problems, but not necessarily a mental illness. Work to address offending must take account of, and address, mental health issues as part of improving outcomes.

The youth justice strategy "Preventing Offending: Getting it Right for Children and Young People (2015)" identified a need to improve understanding and enhance capacity in relation to mental health and trauma, through practice development and supporting services for young people – all as part of a preventative approach to reducing offending. Work on this will be supported by partners including the Centre for Youth and Criminal Justice, and the Youth Justice Improvement Board. It will include work to support practitioners who are managing children, as well as early intervention approaches.

- **Action 6:** Determine and implement the additional support needed for practitioners **assessing and managing complex needs** among children who present a high risk to themselves or others.
- **Action 7:** Support an increase in support for the **mental health needs of young offenders**, including on issues such as trauma and bereavement.

[12] Scottish Government, May 2014, *Guidance on Health Assessments for Looked After Children and Young People in Scotland* http://www.gov.scot/Resource/0045/00450743.pdf
[13] Alison Gough, October 2016, Secure Care in Scotland: Looking Ahead, Centre for Youth and Criminal Justice

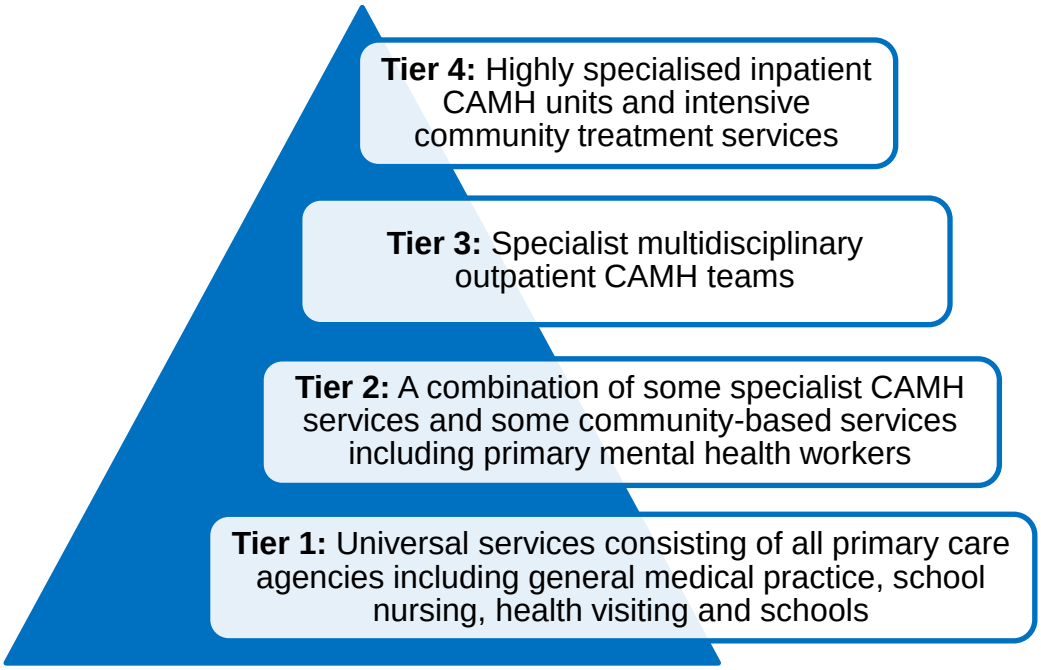
Young Carers

In the 2011 Census, 4% of young carers said they had a mental health condition; this compares with 1% of non-carers. When Integration Authorities and Local Authorities prepare the young carer statement as part of the Carers (Scotland) Act 2016, (which will be commenced in April 2018), they should take into account the mental health and wellbeing of young carers.

Understanding Child and Adolescent Mental Health Services

Child and Adolescent Mental Health Services (CAMHS) are usually planned and provided around a 4-tier model, as illustrated in Figure 1. A characteristic of the model is that child and adolescent mental health specialists will usually offer consultation and support to the teams and individuals working in the generalist and community-based tiers.

Figure 1: CAMHS Tiers Diagram



It is extremely important that services and staff are available to treat our most unwell children and young people. At the same time, children and young people who have mental health problems but are not ill, or who have behavioural or emotional issues, may benefit from preventative or less intensive services. Improved support at tiers 1 and 2 could have the potential to tackle such issues earlier and stem the flow of referrals to the more intensive tiers 3 and 4.

Work on child and adolescent mental health, and work on progressing Child and Adolescent Mental Health Services, must address both elements. There is therefore a need for a multi-agency, whole system approach to planning and service provision so that the different tiers function together effectively. The Integration Authorities or Local Authorities working with their NHS Board, as appropriate, will be well placed to do this.

- **Action 8:** Work with partners to develop **systems and multi-agency pathways** that work in a co-ordinated way to support children's mental health and wellbeing.

Part of improving support at tiers 1 and 2 is having a workforce that is confident in dealing with mental health issues. To help this, mental health-informed training programmes should continue to be offered. Taking part in such training can, for example, build the confidence and capacity of front line staff in non-mental health services (such as health visitors, midwives, school nurses and teachers) to support good mental health and wellbeing, and can help to ensure that their responses to distress are sensitive and well informed.

Accessing treatment in Child and Adolescent Mental Health Services is discussed in the following chapter.

Further and Higher Education

Students of further and higher education face some unique challenges, but we want to ensure a consistent level of support for mental health across the country. These education settings also provide opportunities to help address stigma and discrimination, and support efforts towards self-management.

Working with the NUS, we've supported their 'Think Positive' project and we will work to explore how this can be developed and built upon in the coming years, particularly for the most vulnerable students

- **Action 9:** Support the further development of 'Think Positive' to ensure consistent support for students across Scotland.

Mental Health and the Justice system

This Strategy does not just focus on traditional mental health services. In comparison to the general population, the prevalence of mental health problems among those in contact with the justice system is high. Mental health issues commonly co-exist with problem substance use (alcohol and drugs), chronic physical health conditions, learning difficulties, and homelessness. Relationships with families and other supports may be limited or absent. The transition from prison back to the community is a particularly high risk period for people's mental health, and continuity of care is important.

There are many opportunities to develop and improve actions that promote good mental health for people who come into contact with the justice system as a result of their offending behaviour, or who contact the police in distress. The Justice Strategy, due to be published shortly, explicitly frames the challenge of the 'relatively poor mental health and wellbeing of those in the justice system', making reference to the prevalence of mental health and addiction problems for those in police custody, in

prison and leaving prison. It makes clear that justice agencies are commonly dealing with situations where the main issues are mental health and distress where no offence, or only a minor offence, has been committed.

In response to this challenge the Justice Strategy sets out a priority to 'work with others to improve health and wellbeing in justice settings, focusing on mental health and addictions' and more broadly describes a partnership and prevention approach to supporting those with mental health problems. The Justice Strategy identifies the need to learn from and build upon the innovative approaches such as Community Triage, THRIVE and Distress Brief Interventions that are currently underway in this area in order to deliver improved, evidence-informed responses in the future. The Justice Strategy also acknowledges the need to ensure that interventions for victims and offenders are informed by understanding of the impact of trauma.

In the 10 year Strategy for policing in Scotland (to be finalised in Summer 2017), Police Scotland has highlighted that it will work with partners to intervene early to address high impact issues such as mental health problems. The following examples illustrate some of the improvement work already underway:

- Police Scotland Safer Communities, in partnership with NHS Health Scotland, has developed mandatory training packages for officers and staff to raise awareness of mental health distress and suicide intervention. Police Scotland is also the first police force in the UK to introduce mandatory mental health awareness training for its workforce.
- The Community Triage service provides police officers with out-of-hours telephone access to Community Psychiatric Nurses, who offer professional support to both police officers and to those in distress. It was piloted in Glasgow and Edinburgh and is gaining ground elsewhere.
- The National Co-ordinating Network for Healthcare & Forensic Medical Services for People in Police Care will be consulting on draft guidance in 2017 with a view to improving the quality of mental health services for people detained by the police.
- The National Prisoner Healthcare Network works closely with partners in Health, Justice and the Third Sector to support the health inequalities agenda and to reduce re–offending.[14]

❖ **Action 10:** Support efforts through a refreshed Justice Strategy to help improve **mental health outcomes for those in the justice system**.

[14] http://www.nphn.scot.nhs.uk/wp-content/uploads/sites/9/2016/02/NPHN-Mental-Health-Implementation-Report-May-2016.pdf

Responses in emergency care and in the Blue Light Services

Adverse experiences can lead to poor mental health, and people in distress often present to frontline services, such as the police and at Emergency Departments. In 2016, the Scottish Government launched a Distress Brief Intervention programme, to test out a new approach to provide better support to people presenting in distress but who do not require further emergency service involvement. A national host is working with a small number of pilot sites across Scotland. A development year is underway, with service provision to begin from Summer 2017.

Integration Authorities and their partners also have a major role to play through the provision of services which can protect against adverse experiences occurring and help to mitigate their effects when they do occur.

- **Action 11:** Complete an evaluation of the **Distress Brief Intervention** by 2021 and implement the findings from that evaluation.

Good Mental Health For All

We have endorsed *Good Mental Health for All,* published by NHS Health Scotland in 2016. Integration Authorities, Local Authorities, NHS Boards, the Third Sector and other community planning partners can use that document and plan partnership action to tackle the determinants of mental health and the causes of inequalities in mental health.

If inequalities are to be tackled successfully, it will be important that local partnerships use good data about the make-up of their communities and ensure appropriate targeting of actions to address issues for those most at risk. As an example, in-work poverty can contribute to inequalities, which affect people's mental health. Promoting Fair Work and the real Living Wage can contribute to tackling in-work poverty. We will continue to work with COSLA and other partners to promote Fair Work and the real Living Wage.

Rural Communities

The challenge presented by isolation is keenly felt by many in our rural communities. The National Rural Mental Health Forum has been established to help people in rural areas maintain good mental health and wellbeing.

This forum will help develop connections between communities across rural Scotland, so that isolated people can receive support when and where they need it.

- **Action 12:** Support the further development of the **National Rural Mental Health Forum** to reflect the unique challenges presented by rural isolation.

Stigma and discrimination

Where people do not feel welcomed, or do not see themselves represented, it can be hard for them to open up about mental health problems or to believe they will be listened to. Differences in ethnicity, sexuality, or gender identity, for example, should not be barriers to receiving high quality services to treat mental health problems.

The SeeMe programme has proven vital in efforts to promote anti-discrimination and we will ensure that it continues and develops.

Mental Health and Housing

Evidence shows there is a strong link between poor mental health and people experiencing housing problems and homelessness. Poor quality housing may also affect people's wellbeing. Housing services alone cannot prevent homelessness or address housing need. Early preventative mental health interventions are needed and Integration Authorities and Local Authorities have significant opportunities to develop joined-up policy and service provision in this area.

To help staff in housing – and staff in other groups who may be the first point of contact for vulnerable people - it's important that staff feel confident in dealing with mental health problems, just as they might with a physical health problem. That means knowing what to do and what their limits are. Training such as 'first aid' in mental health can help here.

We will also ensure that the provision of evidence-informed, quality assured training programmes on mental health, for non-health workforces is supported and continues.

Tackling inequalities in unscheduled care

Research shows that people with a mental health problem are more likely than others to have the maximum wait of four hours in Emergency Departments breached.[15] *Pulling Together,* the National Review of Primary Care Out of Hours Services, declared that psychiatric urgent care and emergencies must be prioritised no less than physical health presentations.[16] Too often, people with mental health needs experience longer waits in out of hours services than people with physical health needs. This is unacceptable and is a basic issue of parity in healthcare. Addressing it will help in delivering against the right to the highest attainable standard of health, as well as delivering on non-discrimination and equality in a human rights-based approach, and helping to achieve both parity of esteem and treatment.

[15] Source: ISD Scotland A&E Datamart

[16] Scottish Government, December 2015, *Pulling Together: Transforming Urgent Care for the People of Scotland*: National Review of Primary Care Out of Hours Services, p.32 www.gov.scot/Publications/2015/11/9014

Some mental health services are community-based, so improvements in the response to unscheduled care presentations need to focus on the community as well as on hospital sites.

- **Action 13:** Ensure **unscheduled care** takes full account of the needs of people with mental health problems and addresses the longer waits experienced by them.
- **Action 14:** Work with NHS 24 to develop its **unscheduled mental health services** to complement locally-based services.

The Third Sector

The Third Sector plays a crucial role in supporting people, in providing services, in developing research, and in policy development. Support to the Third Sector can also help in achieving, for example, Participation and Empowerment in a rights-based approach, because of the role that the Third sector often plays within communities, at the local strategic planning level, and in national policy development and legislation. The Scottish Government will consider how its support to the Third Sector can help build capacity in local areas for effective partnerships between Third Sector bodies, between the Third Sector and public authorities, a strong mental health Third Sector Interface, and to support continuing development of recovery-oriented services.

Access to treatment and joined-up accessible services

Ambitions:

- **Access to the most effective and safe care and treatment for mental health problems should be available across Scotland**, meeting the same level of ambition as for physical health problems.
- **Safe and effective treatment that follows clinical guidelines.**
- **Safe and effective treatment accessed in a timely way.**
- Services that **promote and support recovery-based approaches.**
- **Multi-disciplinary teams** in primary care to ensure every GP practice has staff **who can support and treat patients with mental health issues.**
- **Appropriate mental health professionals are accessible in Emergency Departments and** through other **out-of-hours crisis services.**

Access to services for mental health problems within a clinically appropriate timescale is a basic issue of health equality. There must be access to high quality, specialist mental health care for those who have higher levels of need, as well as general health care which can deal with an issue there and then for people with a mental health problem. General health care must also address the conditions that can contribute to people becoming unwell, with the ultimate aim of reducing the need for specialist services.

Workforce

One of the keys to ensuring that the principle of 'ask once, get help fast' is met is ensuring the right workforce is in place. We will be working at a local and national level, through Community Planning Partnerships, Integration Authorities, NHS Boards, training bodies, and local and national government. As well as increasing the supply of the mental health workforce with different skill mixes across different services, we need to make careers in mental health more attractive with clear career pathways.

- **Action 15: Increase the workforce** to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons. Over the next five years **increasing additional investment** to £35 million for 800 additional mental health workers in those key settings.

Perinatal mental health

According to the Royal College of General Practitioners, "Up to one in five women… are affected by mental health problems in the perinatal period. Unfortunately, only 50% of these are diagnosed. Without appropriate treatment, the negative impact of mental health problems during the perinatal period is enormous and can have long-lasting consequences on not only women, but their partners and children too."[17]

In 2016 the Mental Welfare Commission for Scotland recommended that the Scottish Government establish a national Managed Clinical Network (MCN) for perinatal mental health.[18] There were 26 Managed Clinical Networks in Scotland commissioned by NHS National Services Division; none of these, however, covered mental ill-health. This MCN for perinatal mental health is therefore a first.

- **Action 16:** Fund the introduction of a Managed Clinical Network to improve the recognition and treatment of **perinatal mental health problems**.

A Managed Clinical Network is a network of specialist staff working together. They are virtual entities designed to drive upwards the standards of patient care through integration of services and collaboration. Getting it right for mothers is not only good for them - it's good for the health and wellbeing of their children, and can contribute to breaking the cycle of poor outcomes from early mental health adversity.

Child and adolescent mental health

Work on access to CAMHS, and on reducing waiting times, should ensure that CAMHS is available, accessible, acceptable, of a good quality, and pays particular attention to vulnerable children (e.g. those living in poverty, children in care, children in contact with the criminal justice system and children with a learning disability and/or autism). Improvement work on access should also consider variations in levels of demand that cannot be explained by factors such as different socio-economic circumstances. It should also consider design of services and referral pathways, such as rejected referrals.

- **Action 17:** Fund improved provision of **services to treat child and adolescent mental health problems**.
- **Action 18:** Commission an **audit of CAMHS rejected referrals**, and act upon its findings.

[17] www.rcgp.org.uk/clinical-and-research/toolkits/perinatal-mental-health-toolkit.aspx accessed 31 Oct. 2016

[18] Mental Welfare Commission for Scotland, June 2016, *Keeping Mothers and Babies In Mind*, Visit and Monitoring Report: Perinatal Themed Visit report. Recommendation 13, p.6 http://www.mwcscot.org.uk/media/320718/perinatal_report_final.pdf

Work on treatment pathways and development of CAMHS intensive treatment services outwith an inpatient setting are essential. As reported by the Mental Welfare Commission for Scotland in 2016, there have been improvements with fewer incidences of young people being admitted to non-specialist wards.[19] We want to see this improvement continue.

Where an admission to a non-specialist ward occurs it must be ensured that safe and appropriate care can be provided in the non-specialist setting and that the admission is clinically and socially appropriate for the young person. The Mental Welfare Commission has recommended that standards be reviewed. To develop protocols for admissions, there will be a discrete piece of work.

- **Action 19:** Commission Lead Clinicians in CAMHS to help develop a **protocol for admissions to non-specialist wards** for young people with mental health problems.

Some children travel outwith Scotland to receive specialist care. While it is possible that, in order to provide the appropriate clinical care, some highly specialist services will always need to be provided out of the country where numbers of patients are very small, this should be minimised where possible. In order to reduce the need for our vulnerable young people to travel outside Scotland for their health care and to improve the pathways of care, the Scottish Government has offered funding to support the capital development of a forensic CAMHS inpatient unit. Planning proposals are currently with the NHS. The Scottish Government is also supporting work on potential mental health inpatient needs of children and young people with a learning disability (intellectual disability) and/or an autism spectrum disorder.

- **Action 20:** Scope the required level of **highly specialist mental health inpatient services for young people, and act on its findings**.

Young people can struggle to make the transition from children's mental health services into adult mental health services. Both children's and adult services need to cooperate to make this transition as seamless as possible. Smooth transitions between services are also part of achieving joined-up accessible services.

- **Action 21: Improve quality** on anticipatory care planning approaches for children and young people leaving the mental health system entirely, and for children and young people **transitioning from CAMHS to Adult Mental Health Services**.

[19] Mental Welfare Commission for Scotland, October 2016, *Young Person Monitoring 2015/16*, Statistical Monitoring Report
http://www.mwcscot.org.uk/media/343729/young_person_monitoring_report_2015-16.pdf

Eating disorders

The vast majority of people with an eating disorder are treated in the community by their local primary or community mental health care teams, with support links to specialist hospital or voluntary sector care where appropriate. To help ensure that young people with an eating disorder are able to access support in a way that reflects digital lifestyles, the Scottish Government will support the development of a digital tool for this.

- **Action 22:** Support development of a **digital tool to support young people with eating disorders**.

Primary care and mental health

For health and social concerns, the person that many people turn to first is a primary healthcare practitioner, often their GP. Mental health issues are a common feature of primary care consultations and around a third of GP consultations have a mental health element. Strategic planning and commissioning for primary care services is the responsibility of Integration Authorities.

Scottish Government sees the transformation of primary care as key to delivering the National Clinical Strategy. The Scottish Government is working with primary care providers to test new models of service provision. We are also developing a Workforce Strategy, which will be crucial in ensuring that the broader NHS workforce is confident in dealing with mental health problems, and in ensuring the availability and capacity of specialist mental health staff.

Integration Authorities will want to consider how they can maximise the role of both clinical and non-clinical workers in primary care, such as Link Workers. Link Workers provide problem-solving, listening and signposting for physical, mental and social problems. They also work with people to optimise their own health, and monitor some chronic condition care plans. This approach will support the delivery of ask once, get help fast.

- **Action 23: Test and evaluate** the most effective and sustainable models of **supporting mental health in primary care**, by 2019.

Psychological therapies

NHS Boards are working hard to reduce waiting times for access to psychological therapies for all ages. The Scottish Government will continue to offer national support to NHS Boards with a programme of improvement and learning from good practice. There should be no unwarranted variation across the country, and no lower levels of access to psychological therapies for people who are already receiving other forms of mental health care, nor for people over the age of 65.

- **Action 24:** Fund work to improve **provision of psychological therapy services** and help meet set treatment targets.

- **Action 25:** Develop more accessible **psychological self-help resources** and **support national rollout of computerised CBT** with NHS 24, by 2018.

Better information technology

The Scottish Government's planned new Digital Health and Social Care Strategy will give an opportunity to connect the needs of mental health services and users into digital infrastructure investments that are being mapped out for health and community care over the next 5 years and beyond.

Parity of quality of treatment

There are clinical guidelines for which treatments should be delivered, and how, for mental health issues, just as there are for physical health issues. Best practice should be followed in the delivery of mental health treatment, with the evidence base and clinical guidelines as the basis for that best practice: this is about the right treatment, with the right number of sessions, with outcomes monitored and recorded. Using evidence-based clinical guidelines to treat mental health problems will be important evidence that parity between mental and physical health is being achieved. Using them will also help to deliver on non-discrimination.

Early interventions at the onset of a mental illness

Early intervention at the commencement of illness – especially for psychosis – has been shown to have positive impact on the development and severity of the illness, making a difference to people's life chances and quality of life.

Availability of fast and effective treatment for first episode psychosis matters especially, although not exclusively, for our young people and their families, because first episode psychosis:

> **"occurs most commonly between late teens and late twenties, with more than three quarters of men and two thirds of women experiencing their first episode before the age of 35".**[20]

- **Action 26:** Ensure the propagation of best practice for **early interventions for first episode psychosis**, according to clinical guidelines.

[20] NICE, April 2016, *Implementing the Early Intervention In Psychosis Standard and Waiting Time Guidance,* NHS England, https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/04/eip-guidance.pdf p.12

People with equivalent life-changing, severe physical health diseases are entitled to expect and receive rapid, modern, evidence-based services. So should those with mental ill-health. Work in this area was also in the previous Mental Health Strategy and it is therefore likely that it will require additional improvement support, for example through Healthcare Improvement Scotland, to ensure impact.

Veterans

The Scottish Government supports the Armed Forces Covenant and, as set out in "*Renewing Our Commitments*" (Feb 2016), no one should suffer disadvantage as a result of military service. Armed Forces veterans, including those who have experienced trauma, may benefit from particular models such as peer support, combined with mainstream treatment. The Scottish Government will support efforts to meet the needs of veterans and their families, and local partnerships will want to consider how best to provide services locally for them.

Suicide and self-harm

Prevention of suicide and self-harm will continue to be the focus of separate work. Later in 2017, the Scottish Government will engage with stakeholders with a view to developing a new strategy or action plan for publication by early 2018.

Dementia

Dementia remains a priority for the Scottish Government and its partners. The forthcoming National Dementia Strategy will reflect the continued importance we attach to this agenda, building on the significant work which is already underway across Scotland.

The physical wellbeing of people with mental health problems

Ambitions:

- That **premature mortality** of people with severe and enduring mental illness **is tackled.**
- That **the rate of smoking** amongst people with a diagnosed mental health problem **should decline at the same rate** as the rate for the general population.
- That the **uptake of screening for cancers**, amongst people with a diagnosed severe and enduring mental illness, **should be the same** as the rate for the general population.
- That **side effects of psychiatric medication are appropriately monitored** and, where possible, reduced.

It is unacceptable that people with severe and enduring mental illness may have their lives shortened by 15 to 20 years because of physical ill-health. This is a significant health inequality. Tackling it will help support parity and accessibility to – and availability of – services, as well as supporting prevention and earlier interventions work. Tackling it will also help to ensure non-discrimination in a human rights-based approach.

There must be actions that improve the physical health of people with mental health problems and that improve the mental health of people with physical health problems. Actions need to happen at population community levels, in primary care services, in specialist mental health services and in specialist acute services. There should be holistic services around the individual. Addressing inequalities needs to be built in. People who have a mental health condition are considered as having a disability if it has a long-term effect on normal day-to-day activity, as defined under the Equality Act 2010, where 'long term' is if the condition lasts, or is likely to last, 12 months. Disabled people are therefore intrinsic to this Strategy. Adults with learning disabilities also have higher rates of mental ill-health than any other group in the population, so services for this population must be accessible.

Primary care

Integration Authorities will want to consider how they can maximise the role of clinical and non-clinical workers in primary care who provide problem-solving, listening and signposting for physical, mental and social problems, who work with people to optimise their own health and who monitor some chronic condition care plans. As part of its Workforce Planning, the Scottish Government will also consider this.

Liaison psychiatry

Liaison psychiatry is a type of multidisciplinary, mental health specialist service. Such a service can provide advice, assessment, treatment and training, which spans emergency departments, inpatients and some outpatient acute services. This is for people with physical health problems who also have a mental health issue, as well as treating people whose primary diagnosis is a mental health one.

Such services can help to ensure that people need only ask once to get help fast. Health and financial benefits come from reduced lengths of stay, reduced re-admissions and investigations and improved care of medically unexplained symptoms, dementia and long term conditions.[21]

These services should be funded and provided by acute services as part of the range of services needed in an acute setting. As part of its Workforce Planning, the Scottish Government will work with NHS Boards on their liaison psychiatry provision and specialist mental health provision for acute patients.

Alcohol and drug misuse

People who have problems with alcohol and/or drug misuse, and who also have a mental health problem, may sometimes fall through the gaps where services are not joined up. Substance misuse can also affect families and carers. Integration Authorities will therefore wish to ensure that alcohol, drugs, mental health services and social services work jointly and in a holistic way, so that people receive help with substance misuse and any underlying mental health issues.

Problem substance use and mental health issues are included in the Distress Brief Intervention design but work must be wider, addressing needs in primary care and in other parts of healthcare.

- **Action 27:** Test and learn from better assessment and referral arrangements in a range of settings for dual diagnosis for people with **problem substance use and mental health diagnosis**.
- **Action 28:** Offer opportunities to **pilot improved arrangements** for **dual diagnosis** for people with problem substance use and mental health diagnosis.

[21] The Academy of Medical Royal Colleges published "No Health without Mental Health" 2009, with a supplementary report 2011 "The supporting evidence" https://www.rcpsych.ac.uk/pdf/ALERT%20print%20final.pdf

Smoking

While the general smoking rate is declining, smoking rates among those with mental health problems have changed little during the past 20 years. One in three people with mental health problems in the UK smoke, as compared with one in five of the general population.[22]

Smoking can negatively affect the efficacy of medication taken for mental health problems, thereby increasing pharmaceutical costs. Stopping smoking can reduce depression, anxiety and stress and can reduce the long term risk of cancer – all of which can have a positive impact on the individual and a reduction in healthcare costs. Making a difference to smoking rates can help tackle premature mortality.

- **Action 29:** Work with partners who provide **smoking cessation** programmes to target those programmes towards people with mental health problems.

Physical health screening

As the Mental Welfare Commission for Scotland has highlighted, smoking is not the only factor contributing to early deaths of people with a mental illness. Other contributing factors may include: poorer access to physical healthcare and diagnostic overshadowing (where physical problems are under-treated or wrongly attributed to mental health issues), inadequate diet, lack of exercise, the effects of long-term use of psychiatric medication, higher rates of suicide (compared to the general population), and accidental and violent deaths.[23] Public health is failing this population.

To begin to address the often poorer physical health of people with more severe mental health problems, issues with medication and screening are areas to start.

- **Action 30:** Ensure **equitable provision of screening programmes**, so that the take up of physical health screening amongst people with a mental illness diagnosis is as good as the take up by people without a mental illness diagnosis.

The *National Confidential Inquiry into Suicides and Homicides by people with Mental Illness* has identified the organisational existence of a local comorbidity policy as a protective risk factor[24]. The Scottish Government has communicated this through Healthcare Improvement Scotland.

[22] ASH Scotland, March 2016
[23] http://www.mwcscot.org.uk/media/307343/mental_health_strategy_statement_final.pdf
[24] http://research.bmh.manchester.ac.uk/cmhs/research/centreforsuicideprevention/nci/

Physical activity

Medication can have side effects on weight. Keeping physically active can help with some of the impacts of weight gain as well as having an effect on mood. Our vision is of a Scotland where more people are more active, more often, in part because being active is good for mental wellbeing. With Active Scotland, the Scottish Government will support the development of a programme on physical activity by the Scottish Association for Mental Health (SAMH). The programme will improve the physical and mental health of people experiencing physical and mental health challenges, enabling them to live longer and healthier lives through increased levels of physical activity. Initiatives such as Our Natural Health Service are welcome for the differences they may make to people's mental wellbeing.[25]

- **Action 31**: Support the **physical activity** programme developed by SAMH.

Dying well

The Scottish Government has published a Strategic Framework for Action on Palliative and End of Life Care, 2016-21.[26] We expect the vision, aims and outcomes of the Strategic framework to apply to those who are dying and who also have severe and enduring mental illness, as well as those who are dying and who need mental health support to enable them to die well.

[25] See http://www.snh.gov.uk/land-and-sea/managing-recreation-and-access/healthier-scotland/
[26] http://www.gov.scot/Resource/0049/00491388.pdf

Rights, information use, and planning

Ambitions:

- That **a human-rights based approach is intrinsic** to actions to improve mental health.
- That **legislation related to mental health is fit for purpose.**
- That people who have experienced mental health problems can be **supported back into the workplace.**
- That people who develop poor mental health are **supported to stay in work** just as they would be with physical health problems.

A human rights-based approach is intrinsic to actions in this Strategy. This is being addressed through the PANEL principles: Participation, Accountability, Non-discrimination and equality, Empowerment, and Legality.

Our mental health and incapacity law sets out principles which have been at the forefront of a rights-based approach to law in this area. International law continues to develop and other jurisdictions have taken the step to overhaul their mental health and incapacity legislation. The approach taken here is to take account of supranational observations, build on existing good practice, and learn from other jurisdictions and about what works well. [27]

Mental Health legislation

The implementation of mental health law will promote the realisation of the human rights of people experiencing mental health problems. This will also be a focus of a co-ordinated approach to any review of incapacity legislation and its interaction with mental health law. We will continue to work with partners on support for decision-making.

- **Action 32:** Use a **rights-based approach** in the statutory guidance on the use of mental health legislation.
- **Action 33: Commission a review** of whether the provisions in the Mental Health (Care and Treatment) (Scotland) Act 2003 Act fulfil the needs of people with learning disabilities and autism, taking forward new legislative measures if necessary.

27 http://tbinternet.ohchr.org/_layouts/treatybodyexternal/Download.aspx?symbolno=E%2fC.12%2fGBR%2fCO%2f6&Lang=en

Adults with Incapacity Legislation (AWI)

Adults with Incapacity legislation should fully reflect the requirements of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), with particular emphasis on provision of supported decision making, addressing issues around deprivation of liberty and the interaction of AWI legislation with the legislation on mental health and adult support and protection.

- **Action 34**: **Reform Adults With Incapacity (AWI) legislation.**

Mental Health Officers

The independent role played by social work Mental Health Officers (MHOs) is central to ensuring that people's human rights are protected and upheld when their care and treatment involves compulsion or can include detention. With the increase in local government's statutory duties in relation to mental health, there has been a corresponding increase in the workload of MHOs. This can impact on the proportion of time available to focus on prevention, early intervention and recovery.[28]

- **Action 35:** Work with key stakeholders to better understand **Mental Health Officer capacity** and demand, and to consider how pressures might be alleviated.

Getting a job and staying in work

Work can be good for mental health. Not being in work can be a factor in poverty, which is a determinant of mental ill-health. People with poor mental health are less likely than people with poor physical health and people with good health to transition from unemployment to employment.[29]

Labour market policies should focus on assisting people with poor mental health to move from unemployment into employment, and public health and employment initiatives must focus on assisting people to stay in work.

NHS Health Scotland works with employers to provide appropriate training opportunities to support workplace mental health and wellbeing: this offers opportunities for employers to support and implement policies on mental health in the workplace.

- **Action 36:** Work with **employers** on how they can act to protect and improve mental health, and support employees experiencing poor mental health.

[28] For further information on the Mental Health Officer workforce, see *Mental Health Officers (Scotland) Report 2015: A national statistics publication for Scotland,* Scottish Social Services Council, August 2016.

[29] Institute for Social and Economic Research, 2016, *Health and Employment: Findings from the largest longitudinal study of UK households,* p.5 www.understandingsociety.ac.uk/d/303/Insights_2016_HealthEmployment.pdf?1478704546

There is already a range of different devolved and reserved support services in Scotland that could potentially help individuals with mental health conditions to sustain or return to fair work, improve the ability of employers to promote good mental health in the workplace, and support employees with mental health conditions. The current landscape of support can, however, be fragmented and complex, with a range of different eligibility criteria and some gaps and duplication. This can mean that people with mental health conditions do not find their way to support at an early enough stage to make a real difference to their ability to sustain or return quickly to fair work when they encounter problems.

- **Action 37:** Explore with others innovative ways of **connecting mental health, disability, and employment support in Scotland**.

Support people to manage their own mental health

Evidence indicates that where people have the tools to manage their own health – including being supported to do so, such as through social prescribing - then their wellbeing may be improved.[30]

Training in first aid approaches for mental health should be as common as training in physical health first aid. Other opportunities also exist through peer support, digital tools and better use of electronic information because these offer huge potential for widening access, supporting co-production and self-management.

The Scottish Government's ambition is for a sustainable health and social care system which helps to build resilient communities. There needs to be a strategic shift towards recovery models focused on assets, strengths and self-management. This is fundamental not only to how mental health services are designed and provided, but fundamental to the design and provision of all services that have the potential to improve mental health and wellbeing. This goes substantially beyond the scope of health services.

The importance of the approach and culture of staff in public services, including, but not limited to, mental health services and other health and social care services, in working with people with mental health problems, cannot be overstated. Every contact is an opportunity to promote health (both physical and mental), and to take a recovery-oriented approach.

Integration Authorities and Local Authorities will therefore wish to mainstream a recovery-oriented and rights-based approach throughout clinical services, through workforce development and use of tools like IROC (Individual Recovery Outcomes Counter) and SRI2 (Scottish Recovery Indicator). The Scottish Government will also consider how its support to the Third Sector can help to mainstream throughout health and social care services a recovery-oriented and rights-based approach.

[30] http://www.wellscotland.info/priorities/Social-Prescribing-and-Self-Help

Self-directed support

The aim of the Social Care (Self-directed Support) (Scotland) Act 2013 is to allow people, carers and families to make informed choices about what their social care support is and how it is provided. It aims to empower people to be equal partners in their care, to support decisions and to participate in education, work and social life. This, of course, includes people accessing social care for support with their mental health. The actions in the 2016-18 Self-Directed Support implementation plan should help to ensure that Integration Authorities provide more creative and flexible support.

Future Direction

The introduction of the Mental Health (Care and Treatment) Act 2003 provided the most recent significant shift in how mental health services were provided. Partners have said that it is time for the next big change in how mental health services are provided and what they look like. Integration of health and social care creates the conditions for this next transformation of mental health services, to use the whole system to empower and support people to recover and stay well.

We have set out actions in this Strategy that address the most immediate challenges and priorities for the first 3-4 years of the Strategy. Other priorities will emerge. However, we are signalling now that the next phase of the Strategy will have a focus on mental health services in secondary care including inpatient and community services. This will allow Integration Authorities and partners in all sectors to start planning what that could mean now, so national support, including workforce planning and improvement support, can be aligned to support the changes that are needed.

Data and measurement

Mental health strategy data framework

The Scottish Government will develop a mental health strategy data framework. The aims are to have data that is useful to planners of services, clinicians, and people developing policy, and to cut back on the collection of data that is under-used or not fit for purpose. This will help meet the World Health Organisation's Global Target 4, on routine collection and reporting of mental health indicators.[31]

Good data collection requires an underpinning of development and use of digital tools and better use of electronic information: as well as supporting data these can increase efficiency and improve healthcare outcomes in Scotland. That is, of course, a cross-cutting agenda.

Governance and reporting process

The Scottish Government will also develop a governance process to oversee this 10 year Strategy, and a reporting process to track progress.

- **Action 38:** Develop a **quality indicator profile** in mental health which will include measures across six quality dimensions – **person-centred, safe, effective, efficient, equitable and timely**.

The monitoring and implementation of this Strategy will be supported by local performance management and reporting undertaken by Integration Authorities. This will allow for tracking of progress towards the nine national health and wellbeing outcomes – for which Integration Authorities are accountable to deliver.

As good mental health is not the sole preserve of health services, or even public services, we will also seek to work regularly with stakeholders to shape how actions are implemented and how we learn lessons for the future. By working together, both within and outwith government, we can realise the ambitions of this Strategy.

- **Action 39:** Establish a **bi-annual forum** of stakeholders to help track progress on the actions in this Strategy, and to help develop new actions in future years to help meet our ambitions.
- **Action 40:** Carry out a full **progress review** in 2022, the halfway point of the strategy, to ensure that lessons are learnt from actions to that point.

[31] World Health Organisation (WHO), 2013, *Mental Health Action Plan 2013-2020,* p.19 http://apps.who.int/iris/bitstream/10665/89966/1/9789241506021_eng.pdf **Global target** 4: *80% of countries will be routinely collecting and reporting at least a core set of mental health indicators every two years through their national health and social information systems (by the year 2020].*

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