Mental Health Strategy: 2017-2027

1st Progress Report

Scottish Government
Riaghaltas na h-Alba
gov.scot

Progress of the Strategy

Within the first 18 months of the Strategy 13 of the 40 actions **are complete or nearly complete.** The remainder are in progress, with only the review at the half way point of the strategy not yet underway. For example, this includes:

- Established the Distress Brief Intervention (DBI) programme in four areas, with over one thousand people receiving an intervention.
- Published our 2018-19 Programme for Government, with a quarter of a billion pounds of additional investment in mental health, with a focus on CAMHS support in communities and schools.
- Announced a Children and Young People's Mental Health Task Force, chaired by Dr Dame Denise Coia and supported by £5 million of additional funding.
- Established a Managed Clinical Network for perinatal mental health.
- Launched Transition Care Plans to help young people transitioning from CAMHS to adult mental health services.
- Launched a digital tool to support young people with eating disorders and their families.
- Rolled out computerised CBT across all Health Board areas in Scotland.
- Published the Suicide Prevention Action Plan which seeks to reduce suicides by 20%, supported by £3 million of funding and a new National Leadership Group.
- Established a Youth Commission on mental health.
- Launched a Quality Indicator profile to gather better mental health data.

Foreword

We launched our ten year Mental Health Strategy on 30 March 2017, and at the time, the Government committed to provide a regular progress update to Parliament.

I am happy to present this first progress report, which summarises the considerable achievements that have been made since the Strategy's publication, as well as the progress we expect to see over the next twelve months. Those achievements lay the foundations for the whole system improvements that we know we need to see, however there is still much to be done. The report also describes some of the challenges we face in working towards the central vision of the Strategy.

It is worth repeating that vision, which 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.

And our guiding ambition for mental health is that we must prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems. You should only have to ask once to get help fast.

The Strategy sets out 40 initial actions to better join up our services, to refocus these and to deliver them when they are needed with work to improve:

- **Prevention, early intervention, and physical wellbeing;**
- **Access to treatment, and joined up accessible services;**
- **Rights, information use, and planning.**

It is important to say that the actions alone will not, in themselves, completely deliver on our vision. They act as valuable and necessary levers to create the change we want to see. But getting to our ultimate vision, and achieving our ambitions, requires work beyond this initial set of commitments, including in policy areas across Government. This report therefore seeks to summarise progress across all of the centrepiece work currently happening to improve mental health in Scotland. That includes the significant commitments that we have made in our Programme for Government for 2018-19.

The 40 specific Actions incorporate a commitment to engaging and empowering individuals and communities as part of a rights-based approach. Everyone has the right to the highest attainable standard of mental health, one of our public health priorities is for a Scotland where we have good mental wellbeing. This means that not only health services, but the wide range of things that help us live in good health are available, accessible, acceptable and appropriate, and of equal quality:

- Housing
- Education
- Employment
- Social support
- Family income
- Our communities
- Childhood experience

Effective partnerships beyond traditional health settings, for example with emergency services, justice and education are therefore critical to delivering the change we want. Staff from NHS Boards, primary care, councils and third sector organisations are making life-changing, and life-saving, interventions every day. The voices of those with lived experience of services also need to be able to effectively inform this delivery.

A human rights based approach is about empowering people to know and claim their rights and increasing the ability and accountability of individuals and institutions who are responsible for respecting, protecting and fulfilling rights. In our approach to delivering the actions in the strategy we will ensure that service users are involved in ways that make sure that their voices are heard on decisions that impact on them.

The year has been a dynamic one for mental health, with ever rising public awareness of the topic. 2018 is also the Year of Young People. The priority of improving mental health has never been so well described and supported – and young people, in particular, champion the cause relentlessly. They should be commended for doing so. Stakeholders across health and social care also continue to show their widespread desire for improvement. People with lived experience are more able, and are better supported, to describe what they want and need. This has led to a renewed sense of purpose highlighted by the following things:

- The announcement of a **Child and Young Persons' Mental Health Taskforce** chaired by Dame Denise Coia;
- The creation of a **Youth Commission** for mental health services;
- The establishment of a **National Suicide Prevention Leadership Group**, chaired by Ms Rose Fitzpatrick and tasked with supporting the delivery of the Suicide Prevention Action Plan;
- £250 million for improvements to mental health announced in the 2018 **Programme for Government**, and;
- Ongoing Scottish Government support for the **See Me** anti-stigma campaign, including its specific work to involve young people.

We're making progress in changing how mental health and care support is available and delivered, and I look forward to us continuing to go further.

Clare Haughey
Minister for Mental Health

Themes

During discussions at the Forum of over 80 stakeholders held in December 2017, we heard a clear consensus that work ongoing under the Strategy should be organised into themes. We agreed with that feedback. Organising the Strategy in this way will ensure that progress continues to be made on the specific Actions themselves, while also enabling work to take place between the themes on shared priorities. Working with delivery agents and the delivery system across Scotland – at a national and local level – will also be important.

Therefore, we have framed this Annual Report around the four themes discussed and agreed with the Mental Health Partnership in light of the feedback from the December 2017 Forum[1]. The themes are as follows.

- **Children and Young People's Mental Health and Wellbeing**.
- **Adult Mental Health and Whole System Change**.
- **Public Mental Health and Suicide Prevention**.
- **Rights and Mental Health.**

---

[1] https://www.gov.scot/Topics/Health/Services/Mental-Health/Strategy/StrategyImplementation/NextSteps

1. Children and Young People's Mental Health and Wellbeing

This theme looks at children and young people's mental health across the whole system, including health, education and children and families. It covers the whole developmental period from preconception, through perinatal and infant mental health services, into childhood, adolescence and early adulthood. It also considers the importance of adverse childhood experiences (ACEs) throughout that developmental journey. In short, we will support the public health priority of a Scotland where we flourish in our early years.

The Scottish Government has also committed to ensuring that the principles of the United Nations Convention on the Rights of the Child are embedded into legislation in an effective and practical way. This means that our approach to delivering the Strategy's vision recognises that children and young people have the same basic general human rights as adults and also specific rights that recognise their special needs. Children have the right to the best healthcare possible, as well as a right to a standard of living that is good enough to meet their physical and mental needs. We must also tackle the poor mental health that is a barrier to children reaching the highest level of education of which they are capable. Our whole approach must recognise the importance of listening to the opinions of children, and involving them in decision-making.

17 of the actions in the strategy sit under this theme. This recognises the fundamental importance of prevention and early intervention in children and young people.

Perinatal mental health and infants (Actions 3, 4 and 16)

In April 2017 we established the perinatal mental health Managed Clinical Network (MCN) to support women who experience mental health problems during and after their pregnancy **(Action 16)**. The Scottish Government provides £173,000 per year to the MCN to support their work. The MCN has now completed a mapping and gapping exercise across Scotland, and will publish its recommendations by the end of 2018. Those recommendations are likely to focus on action at a general population level, for at-risk populations, and mothers with perinatal mental illness. Furthermore, the Managed Clinical Network's expertise and diligent work has directly informed a commitment and investment in our 2018 Programme for Government to develop a stronger network of care and support for the 1 in 5 new mothers who experience mental health problems. That equates to 11,000 women per year. This is a major achievement which will deliver tangible improvements for women and their babies across Scotland, reducing variation and improving quality of service awareness and response.

NHS Education Scotland are leading work on developing a framework of evidence-based early intervention programmes, with a delivery date of September 2020 **(Action 3)**.

Targeted parenting programmes for parents of 3-4 year olds with conduct disorder have been expanded, with 70 new groups being delivered by December 2018 **(Action 4)**. The Family Nurse Partnership Programme has also been extended so that it will be offered to every eligible teenage mother by the end of 2018. The 2018 Programme for Government has identified investment to build on this work and create a multidisciplinary approach to improving infant mental health across Scotland.

All of this work together will improve the mental health of new mothers and their infants. Significant early intervention at the start of a person's life will improve their future health and wellbeing.

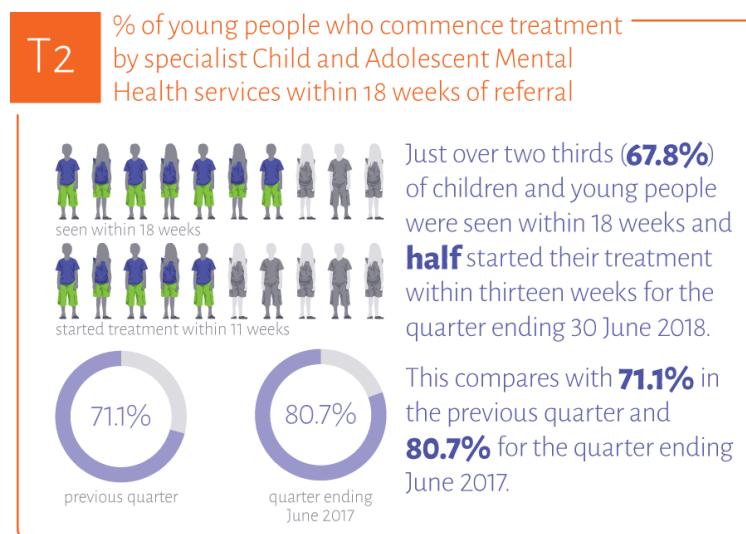## School age children (Actions 1, 2, 8, 17, 18, 19 and 20)

A range of actions within the Mental Health Strategy relate to supporting school age children. As well as driving forward progress on these actions, we have gone even further to ensure children and young people's mental health and wellbeing is supported. **Action 18** was to commission an audit of rejected referrals to Child and Adolescent Mental Health Services (CAMHS). We commissioned the Audit in October 2017 and it was published in June 2018. The Audit contained a number of recommendations for Scottish Government, which we have accepted in full. We also announced the establishment of a Children and Young People's Mental Health Taskforce, supported by £5 million of additional funding. One of the first actions of the Taskforce will be to support implementation of the recommendations from the Audit of Rejected Referrals.

The Children and Young People's Mental Health Taskforce is chaired by Dr Dame Denise Coia. Dame Denise has dedicated her summer to talking with children and young people, their families, services, agencies and practitioners. She published her initial recommendations on 11 September, setting out a whole systems approach to mental health services, which supports and builds on the actions in the Strategy. Dame Denise has already started work on a blueprint for how services and community support can better meet the rapidly changing need that we see across Scotland. It will look, in particular, at new provision for direct access to less intensive, education and community-based sources of help for our young people. This, in turn, will deliver **Actions 8 and 17.**

The Programme for Government also announced a significant investment in school based mental health support, which supports **Actions 1 and 2** in the Strategy. This includes investment of over £60 million in additional school counselling services, supporting 350 counsellors as well as £20 million for 250 additional school nurses. This will ensure that every high school has a counselling service. An additional 80 counsellors will also be provided in further & higher education.

We have also invested in mental health first aid, enhancing support and professional learning materials so that every council has access to mental health first aid training for teachers. Furthermore, £65 million has been committed to develop a community mental wellbeing service for 5-24 year olds, offering immediate access to counselling, self-care advice and family and peer support.

We recognise continuing public concern about access to Child and Adolescent Mental Health services. The most recent quarterly figures (Q2 Apr-Jun 2018) showed that only 67.8% of all people referred were able to access treatment within 18 weeks. This is despite increased investment, increased staffing, and the ongoing improvement support programme funded by the Scottish Government. This is, in part, because of an increased demand for services. More people are coming forward for treatment, helped by decreased stigma and rising awareness of mental health in the population. Improvement work and investment already underway as part of delivering **Actions 8 and 17,** combined with the new investment we have made in Programme for Government and the work of the Taskforce, will pave the way for the whole system change that is needed so that those who need specialist child and adolescent mental health services can access them in a timely manner.

T2   % of young people who commence treatment by specialist Child and Adolescent Mental Health services within 18 weeks of referral

seen within 18 weeks

started treatment within 11 weeks

71.1%
previous quarter

80.7%
quarter ending
June 2017

Just over two thirds (**67.8%**) of children and young people were seen within 18 weeks and **half** started their treatment within thirteen weeks for the quarter ending 30 June 2018.

This compares with **71.1%** in the previous quarter and **80.7%** for the quarter ending June 2017.

Child and Adolescent Mental Health services waiting times are included in the Quality Indicator Profile as a measure of whether mental health services are timely.

The Mental Welfare Commission for Scotland reported a significant reduction in admission of under-18s to non-specialist wards, however work is ongoing through a group of lead CAMHS Clinicians to produce protocols to further improve this. The work will have concluded by the end of 2018 **(Action 19)**.

NHS Ayrshire and Arran is the chosen site for building a National Secure CAMHS Inpatient Facility **(Action 20)**. An options appraisal for the specialist admission needs of young people with moderate to severe learning disability or autism and mental health problems is also underway through NHS National Services Scotland. The options appraisal working group will report to Directors of Planning in December 2018.

The Scottish Government also completed a research project examining the reported worsening of mental health and wellbeing in adolescent girls. A report that was delivered to the Scottish Government in August 2018 makes recommendations for future work on internet use, associated sleep disturbance, body image, and the gathering of better data to better inform future work. We view this is a major public policy challenge.

Higher education (Action 9)

A 'Think Positive' launch event to improve support for student mental health is planned for this autumn **(Action 9)**. The 2018 Programme for Government announced new investment of around £20 million to provide more than 80 additional counsellors in further and higher education over the next 4 years.

As an example of cross Government working, the Scottish Government responded to the independently chaired Student Support Review (SSR) in June this year. In response to the SSR's recommendations, Scottish Ministers announced that over £21 million will be invested in improving student support by the end of this Parliamentary term. The Board noted that financial worries contributed to student's mental health issues and this was something they wanted to assist with in their work on the SSR.

As an example of other innovative work happening across the country, the Scottish Association for Mental Health (SAMH) has been working in partnership with Glasgow Clyde College to 'create a mentally healthy, open and vibrant college community.' This is a two-year pilot project (which began in early 2017) and is funded by the Glasgow Clyde Education Foundation.

The project aims to train all staff on mental health and to enable them to support the college's 27,000 students. This has involved SAMH working alongside existing Glasgow Clyde counselling services, advisory teams and engaging with the student association to build on and increase existing capacity and ensure staff have the ability to support students appropriately.

The project also aims to 'normalise' mental health and to encourage a culture of openness, with students and staff encouraged to be open about their mental health and confident in seeking out support if required.

Young adults (Actions 21 and 22 and 26)

Under **Action 21**, Transition Care Plans (TCPs) were co-designed with young people and were launched on 29 August 2018. The TCPs have been designed by young people and clinicians, with the aim of allowing young people transitioning between CAMHS and adult mental health services to do so in a smooth and straightforward manner. Young people will be able to use them to outline their personal preferences for their own care. Crucially, they will be created, owned and updated by young people themselves. There is also a set of service documents for use by clinicians in both CAMHS and adult services. This includes a draft central transitions protocol for use by referring and receiving teams.

The Minister for Mental Health has written out to all Health Boards and Integration Joint Boards to ask them to implement use of the tool within their organisations.

Similarly, creation of a digital peer support resource to help young people with eating disorders is now being evaluated **(Action 22)**. These are just some of the developments that show the positive benefits of closely involving young people directly in service design.

Action 26 is to deliver better service response to first presentation psychosis. We are working with NHS Healthcare Improvement Scotland to consider how this can be achieved across Scotland.

Adverse childhood experiences (Actions 5, 6 and 7)

Research shows that adverse childhood experiences (ACEs) have a huge impact on children and young people and can have lasting effects throughout adulthood. ACEs are different types of abuse, neglect and family difficulties including parental mental ill-health. Investing in perinatal and infant mental health to support parents and infants, is therefore crucial in reducing and mitigating the impact of ACEs, Furthermore, better training of the children and families workforce around awareness and risk underpins **Action 6** to support children and young people with complex needs that present a risk to themselves or others.

Evaluations of trauma, bereavement and loss services in schools and Polmont Young Offenders Institution will be published by end November 2018 in response to **Action 7** to support the mental health needs of young offenders. Building on this work, the Children and Young People's Taskforce is considering "at-risk" populations as a specific strand of service need in its framework of delivery and change. This will ensure that care pathways include mental and emotional health and wellbeing, for young people on the edges of, and in, secure care **Action 5**.
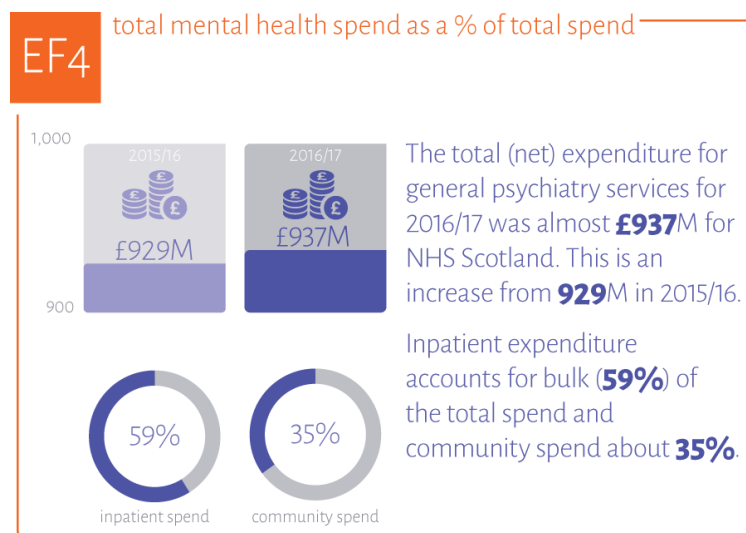
2. Adult Mental Health and Whole System Change

A human rights-based approach to health involves making sure that services are planned and delivered in proportion to need. Services also need to be available, accessible, appropriate, and of equal quality. This theme is therefore about the need to prioritise mental health through local and national leadership. This work is critical to ensure that resources (both in terms of finances and workforce – including improving access to mental health workers in key settings) are matched to mental health priorities. This requires partnership working across sectors, as well as service redesign, and an evidence base and monitoring system that supports, challenges and informs the commissioning and delivery environment.

Integration

Improving mental health in Scotland fundamentally depends on services working together effectively in partnership. The creation of Integration Authorities provides the opportunity for delivering the necessary transformation. The Scottish Government has been discussing how to optimise these arrangements with Local Authorities, Health Boards and with the Chief Officers of their Integration Authorities. The Chief Officers National group has created specific subgroups including one on mental health.

To deliver the Strategy's vision and ambition there needs to be better accountability with evidence of delivery of agreed outcomes. Financial investment in mental health services needs to be protected and spent appropriately. To do this commissioning guidance will be strengthened with enhanced collaborative learning between Integration Authorities and Health Boards around mental health redesign and delivery.

EF4 total mental health spend as a % of total spend

| 2015/16 | 2016/17 |
| £929M | £937M |

The total (net) expenditure for general psychiatry services for 2016/17 was almost **£937**M for NHS Scotland. This is an increase from **929**M in 2015/16.

Inpatient expenditure accounts for bulk (**59%**) of the total spend and community spend about **35%**.

59% inpatient spend

35% community spend

Proportion of mental health is included in the Quality Indicator Profile as a measure of whether mental health services are efficient.

Primary care transformation (Action 23)

As part of the whole transformation of primary care, £15 million of innovation funding has been offered to Health Boards to test improved models of service provision. Different local arrangements have mirrored local needs. Through this work, four important areas emerged:

- Awareness and information availability to the general public to improve self-management and improve access to the right level of service at the right time appropriate to need;
- Enhancing training in mental health for all members of primary care teams appropriate to their roles;
- Mental health professionals embedded in primary care teams to provide direct assessment and treatment, and;
- Non-clinical staff link workers delivering support whether the problems were mental or physical or both.

Some excellent examples of local innovation have been developed. For example, North and South Lanarkshire Health and Social Care Partnerships have developed a mental health liaison nurse service within 5 GP practices. Their role was facilitate an improved understanding of mental health services for primary care practitioners. The liaison nurse role is to establish a robust communication and pre-referral pathway with primary care colleagues. It offers advice, triage, signposting and supported self-help for individuals who are experiencing mild mental health difficulties of a short term nature. This model supports patients to develop the skills and capacity for self-management of their mental health and wellbeing and increased access and uptake of social prescribing opportunities. Evaluation results show improvements for patient access and experience.

In Argyll and Clyde, the introduction of a community-based Cognitive Behavioural Therapy (CBT) programme for individuals with mild to moderate depression and anxiety has yielded a number of benefits. This uses the 'Beating the Blues' programme, made up of eight online sessions of approximately 50 minutes. It is confidential and available online 24 hours a day. Patients can be referred directly from NHS 24 to a GP or Community Mental Health Practitioner who can then refer the patient to the programme. In an evaluation carried out by the Department of Nursing, University of the Highlands and Islands for the Scottish School of Primary Care, online CBT was seen to be advantageous for patients in rural areas who wished to keep their mental health problems private. In addition, local evaluation data showed that people who had used the online CBT course rated their anxiety, depression and stress lower at the end of the course.

The Scottish School of Primary care are evaluating models and will publish their report in September 2018. A review of primary care improvement plans will be completed by December 2018 and these will inform future developments. As well as **Action 23** in the Strategy, this was a Programme for Government commitment in 2017-18.

Psychological therapy access (Actions 24 and 25)

Despite investment, increased staffing and ongoing improvement support programme funded by the Scottish Government, 76.3% of patients started treatment within 18 weeks of referral in the last quarter against a standard of 90%.

T1 % of people who commence Psychological therapy-based treatment within 18 weeks of referral

Around three quarters (**76.3%**) of patients **were seen within 18 weeks** for the quarter ending 30 June 2018.

76.3%
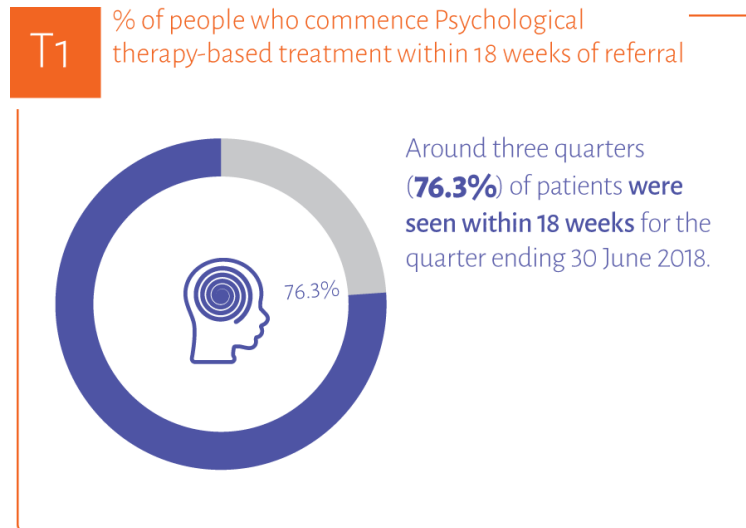
Waiting times for Psychological therapy-based treatment are included in the Quality Indicator profile as a measure of whether mental health services are timely.

The increasing demand for mental health services means that despite the increase in staffing, more people are waiting to be seen. In this context, specialist services alone can't meet the increasing demand and community provision needs to grow. We are working with partners to help improve this community-based provision for consistent care across the country.

In addition to the work required of NHS Boards through the Government's commitment to shifting the balance of care, there have been significant resources provided to Boards and partnerships to deliver improvements in services, with a clear expectation that this includes mental health services. An important strand being £54.1 million of funding over 4 years (from 2016-17) to allow and enable Boards to apply improvement within the context of local priorities.

Through work on capacity building there has been an increase in psychology services posts of 191 WTE posts. A programme of training has seen an additional 185 training places for CAMHS and PT workforce and wider service staff, increases in psychology and psychotherapy training posts, an increase in early intervention capacity, an increase in PT workforce capacity for primary care. There has been direct working with Boards by the Mental Health Access Improvement Support Team. This work has adopted improvement methodology to enable sharing and learning within and between teams.

During February and March 2018, the former Minister for Mental Health met with the Chairs and Chief Executives of the poorest performing boards with discussion focused on CAMHS and PT performance, prioritising mental health spending and whole system issues that need to be addressed to sustainably meet the waiting

times standard. This was followed up in June by teleconferences between the Director of Population Health and Chief Executives/ senior teams.

The 2018 Programme for Government set out plans to better utilise technology, and even before that, there has been a steady increase in the use of computerised cognitive behavioural therapy (cCBT). Since April 2018, cCBT has been operating across all health board areas in Scotland. This is an innovative way to improving psychological therapy access especially in rural communities.

Unscheduled care (Actions 13, 14 and 15)

NHS 24 has been leading on developing different supports for people with emergency mental health needs. These include:

- Extending the confidential Breathing Space service;
- Improving access to cCBT and therapy in rural areas, and;
- Strengthening the handling of mental health calls with increased direct mental health professional availability.

They have been funded by £500,000 announced in 2017, and further investment via the 2017 Programme for Government.

Examples of local innovation include the community triage model in NHS Greater Glasgow and Clyde. The National Suicide Prevention Leadership Group will review good practice in this area, including the community triage model of support, with a view to ensuring that support pathways are in place across Scotland by the end of 2019.

The 2017 Programme for Government committed to a £35 million investment over 5 years to provide access to 800 additional mental health professionals in all Accident and Emergency departments, all GP practices, and every police custody suite and to our prisons **(Action 15)**. Over the summer, Integrated Joint Boards submitted their plans to the Scottish Government which reflect their current provision and demands for mental health services. These plans also outlined their proposals for using the additional resources under this commitment to supplement and deliver new and innovative approaches within their local areas. Following this work, Integrated Joint Boards are now in the process of recruiting additional mental health workers for the key settings outlined within this commitment.

Better mental health in the justice system (Action 10)

A governance group has been established to develop an enhanced mental health pathway as part of the Justice strategy. Recruitment and training of mental health staff is to take place in October 2018.

Access to services by people with protected characteristics and other groups, such as those living in rural areas (Action 12)

The Scottish Government has supported the further development of the National Rural Mental Health Forum with an £100,000 investment. Membership has grown to over 50 organisations. NHS 24 are exploring how technology can be used most effectively to allow isolated people to access support and treatment. The National Suicide Prevention Leadership Group will be considering how interventions can explicitly relate to people in 'at risk' populations.

Better use of data (Action 38)

A Quality Indicator profile that mental health services can use as part of their improvement work has been finalised following extensive consultation and feasibility testing. Launched in September 2018, initial reports will be published by NHS National Services Information Services Division from January 2019. This profile will, for the first time, balance measures of activity with outcome –in terms of both clinical and personal outcomes for patients.

To illustrate progress in delivering the ambition of the Mental Health Strategy, a data Framework has been created, consulted on, and feasibility tested. This framework pulls together data from existing sources and together will illustrate four themes:

1. Childhood determinants of a mentally healthy life
2. The impact of mental ill health
3. Population Mental Health and Wellbeing
4. Parity of mental and physical health

Data from both sources is used to illustrate this and future Annual Reports to Parliament.

Inpatient beds

Annual information on psychiatric inpatient beds and their use comes from a national census and from the Information Services Division of NHS National Services Scotland. It is good to see the continued decline in admissions and discharges for inpatient mental health patients. Treating more people at home, or in a home-like setting, is a key part of the Scottish Government's vision for health because it helps with treatment, recovery and general wellbeing of patients.

The recent reduction in the numbers people discharged is as a result of investment in mental health and the development of these models in local community services which enable people to receive treatment at home.

The impacts of inequality are stark in these statistics: that's one of the reasons why the Scottish Government is working with partners to deliver the Fairer Scotland Action Plan to help tackle poverty, reduce inequality and build a fairer and more inclusive Scotland.

EF2 % readmissions to hospital within 28 days of discharge
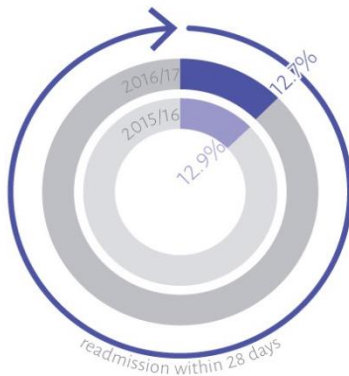
The percentage of readmissions within 28 days in Scotland shows a decrease from **12.9%** in 2015/16 to **12.7%** in 2016/17.

2016/17 12.7%
2015/16 12.9%
readmission within 28 days

Information on psychiatric beds are included in the Quality Indicator Profile as a measure of whether mental health services are efficient.

3. Public Mental Health and Suicide Prevention

This theme provides leadership and direction on public mental health by aligning mental health with the public health priorities. It will develop alliances across those priorities to deliver improved outcomes. We will use the broadest range of opportunities to improve the population's mental health and reduce inequalities by contributing to a Scotland where:

- We live in vibrant, healthy and safe places and communities;
- We reduce the use of and harm from alcohol, tobacco and other drugs;
- We have a sustainable, inclusive economy with equality of outcomes for all, and;
- We eat well, have a healthy weight and are physically active.

This theme also contains related pieces of work, including the implementation of the Suicide Prevention Action Plan, and the piloting of Distress Brief Interventions. There is a significant and substantial role for Scotland's Public Health organisations, with a particular focus on ensuring that service delivery is coherent and comprehensive. We want to ensure that individuals do not fall into gaps between services during transitions.

<u>Suicide prevention</u>

Following wide-ranging and extensive national engagement, the Suicide Prevention Action Plan *Every Life Matters* was launched on 9 August 2018. It sets an ambitious target of reducing suicides by 20% over 5 years. The Chair of the National Suicide Prevention Leadership Group, Ms Rose Fitzpatrick, was announced at launch and the first meeting of this group will take place on 26 September 2018, with a delivery plan for the 10 actions to be published in December 2018.

Scotland has been hugely successful in reducing suicides – from the period 2002-2007 to the period 2013-2017 the suicide rate fell by 20% (using rolling averages which smooth out annual fluctuations and give a clearer picture of the longer-term trend). This has been testament to the commitment and energy of people working in public services, as well as to the improved public awareness and reduced stigma associated with mental ill-health.

We want to fight any suggestion of complacency. The new Action Plan makes suicide prevention everyone's business, and aims for learning from every suicide to be used in future improvement. The Actions set out include actions on creating and implementing refreshed mental health training and suicide prevention training; a coordinated approach to public awareness campaigns on suicide and its prevention; development of improved support for people experiencing crisis; and development of appropriate reviews into all deaths by suicide, to ensure that lessons from reviews are shared and acted upon. The voices of people with lived experience are central to the action plan and there is explicit consideration of its application in relation to children, young people and special 'at risk' populations.

The Scottish Patient Safety Programme is now in its tenth year, it has a specific work stream on mental health which is extending its improvement approach beyond general adult wards into under 18 and learning disability settings. Positive examples of change are reported in its annual reports. This approach of learning through experience puts the focus on patient's rights and we are seeing positive examples of change which include reductions in the use of restraint and seclusion, better medicine management and safer discharge planning. The Programme has extended into piloting a new model of intensive observation practice in wards. This model emphasises the therapeutic opportunity in any necessary enhanced observation of an inpatient.

Distress Brief Intervention (Action 11)

The Distress Brief Intervention (DBI) programme provides the offer of next day contact with a distress worker from a third sector background to anyone presenting in distress to A&E, police, ambulance services, and primary care. It has been funded by £3.4 million from Scottish Government. Since going live in 2017, four pilot sites in Aberdeen, Lanarkshire, Borders and Highlands have successfully helped more than 1000 people, by delivering packages of supportive listening and problem solving. An evaluation by Stirling University was commissioned this year, and will report in 2021. Building on the success of the DBI, the 2018 Programme for Government has committed to extending the programme to under 18s during 2019.

Substance misuse, comorbidity, alcohol minimum unit pricing (Actions 27 and 28)

The delivery of minimum unit pricing for alcohol by Scottish Government was a major international achievement which is projected to significantly save lives and reduce the burden of alcoholic liver disease.
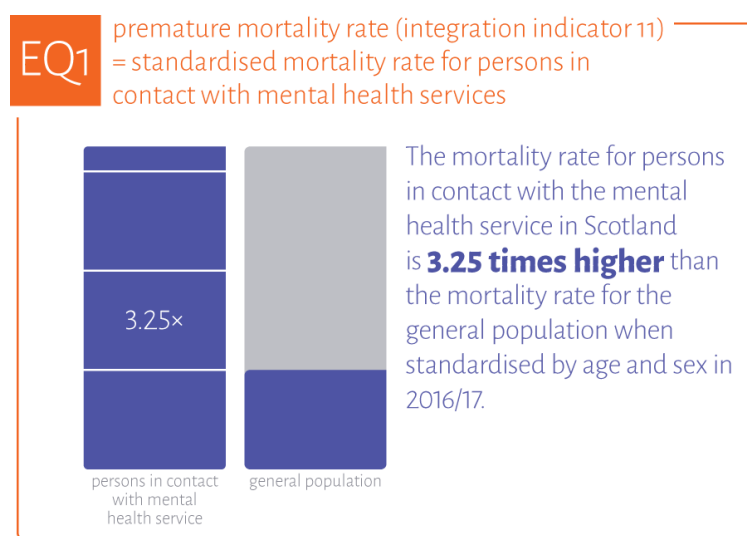
NHS Education Scotland produced the LPASS report (Lead Psychologists in Addiction Services Scotland) which describes an evidence-based approach to therapy. Its use has being promoted through seminars to commissioners, managers, trainers and practitioners across all sectors of substance misuse services.

T3 % of people who wait less than three weeks from referral received to appropriate drug or alcohol treatment that supports their recovery

drug treatment 4,389 — 93.5% — alcohol treatment 6,091

The quarterly trend over the past three years shows little change in performance.

Of the **10,480** people who started their first treatment for the quarter ending 31 March 2018, **93.5%** waited three weeks or less.
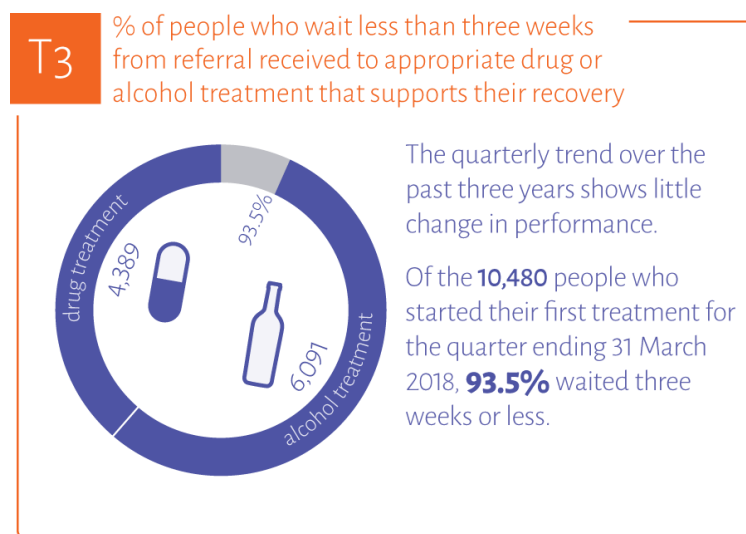
Waiting times for drug and alcohol treatments are included in the Quality Indicator Profile as a measure of whether mental health services are timely.

Physical health improvement in those with mental ill-health including work on activity, screening and smoking cessation (Actions 29, 30 and 31)

The premature mortality of 15-20 years in people with severe and enduring mental ill-health is a well-recognised major health inequality. The cause of premature death is cardiovascular, lung and cancer diseases. A programme to increase the physical activity of people with a physical and mental health diagnosis has been taken forward by in Fife, West Lothian and North Ayrshire, and is backed by £1m of Scottish Government funding **(Action 31)**.

EQ1

premature mortality rate (integration indicator 11) = standardised mortality rate for persons in contact with mental health services

3.25×

The mortality rate for persons in contact with the mental health service in Scotland is **3.25 times higher** than the mortality rate for the general population when standardised by age and sex in 2016/17.

persons in contact with mental health service   general population

Data on premature mortality are included in the Quality Indicator Profile as a measure of whether mental health services are equitable.

In addition, there has been work on smoking cessation with IMPACT guidance rolled out to all community mental health care staff and settings in NHS Lothian **(Action 29)**. To tackle inequality in screening services, across Scotland, for the last 2 years NHS Health Boards and third sector organisations, including those supporting people with mental health problems, were invited to bid for the Health Screening Inequalities Fund. This is a fund set up under the Cancer Strategy to help improve access to screening services. For 2018/19, three bids were received relating to supporting people with mental ill health and are currently being considered **(Action 30)**.

4. Rights and Mental Health

The central importance of rights is embedded throughout the Mental Health Strategy and the delivery of all of its Actions. The importance of rights and equalities run through each of the other themes. This dedicated theme seeks to ensure that a rights and equalities-based approach is fully developed.

Working with the Mental Health Partnership of third sector mental health organisations, service providers, service users and professional bodies is key to our approach. Taking a collective leadership approach, we are working alongside stakeholders to identify priorities actions that would contribute to realising the rights of persons with a mental illness and co-ordinate collaborative action to deliver those priorities.

Assessing equality and human rights impacts

The Mental Health Strategy makes it clear that its vision and ambitions apply to **all** citizens of Scotland. Our human rights approach means that we will seek to address stigma and discrimination in all its forms and remove barriers that prevent people with a mental illness from reaching their full potential.

We are working with advocates for protected characteristic groups to review the equality impact assessment for the strategy. This will not only be an opportunity to consider the use and interpretation of the available evidence and data, but also a catalyst for improving links between organisations and individuals advocating for protected characteristic groups and Scottish Government officials as well as how we reach 'hidden populations' of service users. We will work with colleagues from the Scottish Government human rights team to ensure that we are fully considering the impact of human rights and taking appropriate action to ensure that individuals' rights are fulfilled**.**

Mental Health and incapacity legislation and practice (Actions 32, 33, 34 and 35)

The public engagement phase of the independent review of whether the provisions in the Mental Health (Care and Treatment) (Scotland) Act 2003 fulfil the needs of people with learning disability is underway **(Action 33)**. The review involves people with an exceptionally wide range of communication abilities and has adopted a human rights approach to engagement. There is a strong emphasis on consulting with, and actively involving, persons with disabilities in this process and for engagement to be continuous across the review. This includes advisory groups consisting of professionals and people with lived experience. The independent review will report its findings at the end of 2019.

The Code of Practice for the Mental Health (Care and Treatment) (Scotland) Act 2003 is in the process of being revised, with rights at its heart. We will consult on the draft Code in early 2019, with it coming into effect by the end of that year.

The right to life is a basic human right. The protection of this right means ensuring the appropriate investigations into deaths, especially deaths in institutions. A review

of the arrangements for investigating the deaths of patients who, at the time of death, were detained in hospital by virtue of a mental health order or admitted voluntarily to hospital for the purpose of receiving treatment for a mental disorder is underway. The review will conclude at the end of 2018.

A reform of the Adults with Incapacity (Scotland) Act 2007 is taking place and we will consult on proposals to reform the law on adults with incapacity with the aim of people receiving more support to make their own decisions and better access to the right care and support **(Action 34)**.

A framework in practice for social work is exploring Mental Health Officer supply and demand to alleviate pressures. **(Action 35)**.

Employment (Actions 36 and 37)

Everyone has the right to work and it is recognised that mental illness can be a barrier to employment. Work on employability innovation and integration funding is ongoing, with individual project leads meeting in December 2018. A Health and Safety Executive Health Summit on 1 November 2018 will consider a mentally healthy workplace as a key strand.

Delivering Improvement

Understanding what works, and why, is crucial to ensuring that improvement work will deliver the change that is required. Identifying and recognising challenges and weaknesses is therefore a vital part of delivering improvement. We want to create an environment where learning can be shared, successful approaches can be up-scaled, and unsuccessful approaches changed or stopped.

Across society, we see a constantly evolving understanding of good mental health, mental ill health, and mental wellbeing. In the past, many people were unwilling or unable to discuss their mental ill-health and seek appropriate support and treatment. This is thankfully beginning to change.

We also need to ensure that the public's understanding and expectation of mental health services is accurate and appropriate. The services that are being delivered also need to better reflect need. We know that there is a gap between how current services are configured and some of the overall needs of the population. There is often too great a focus on crisis and specialist services. For both adults and children, there need to be new models of support that are less specialised, available for far more people, and that are delivered across different services and settings. People need to be able to get the right help at the right time, in the right place.

The 2018 Programme for Government reflects the important role of the NHS in improving the mental and physical health of Scotland's people. And through our investment of a quarter of a billion pounds, we have also made it clear that we need to deliver mental health services across all levels of Government, public services, third sector and communities.

We know that changing the location and nature of services and support requires a development of the skills and capacity of the workforce who will deliver these services. This means up-skilling people across health and other sectors to ensure they are sensitive and responsive to emerging need. We also need to enable approaches which are preventative, and deliver early interventions where we can. It means ensuring that access to mental health professionals is seamless and efficient, so that support is in place to the benefit of the individual and to allow other key services to function.

Related to this, we also know that the workforce must grow. We are investing significantly through Action 15 of the Strategy, committing significant investment to delivering an additional 800 mental health professionals by 2021-22. We are doing this in partnership with Integrated Authorities, Health Boards, Local Authorities and other key sectors, recognising the different services and settings where people can present while in distress.

And finally, the role of data and information is another area where there is significant scope for improvement. We need to move away from the current focus on waiting times and workforce statistics, and instead use evidence to identify areas for improvement, what works, and what hasn't. Measuring patient outcomes and experience will also be important. Action 38 of the Strategy – the launch of a Quality Indicator profile and a Mental Health data framework – will be key to this.

Appendix 1. Mental Health Strategy Data Framework

Quality Indicator Profiles (Action 38) are benchmarking tools for operational improvement. They are important in helping Boards and IJBs (and partners) to look at improvement more broadly.

This is complemented by a Mental Health Strategy Framework of data illustrating population mental health and wellbeing, strategic impact and parity of esteem. The below tables have been taken from the Mental Health Strategy data framework and Quality Indicator Profile.

1. Childhood determinants of a mentally healthy life

Percentage of children reporting poor mental health in Scotland [1]
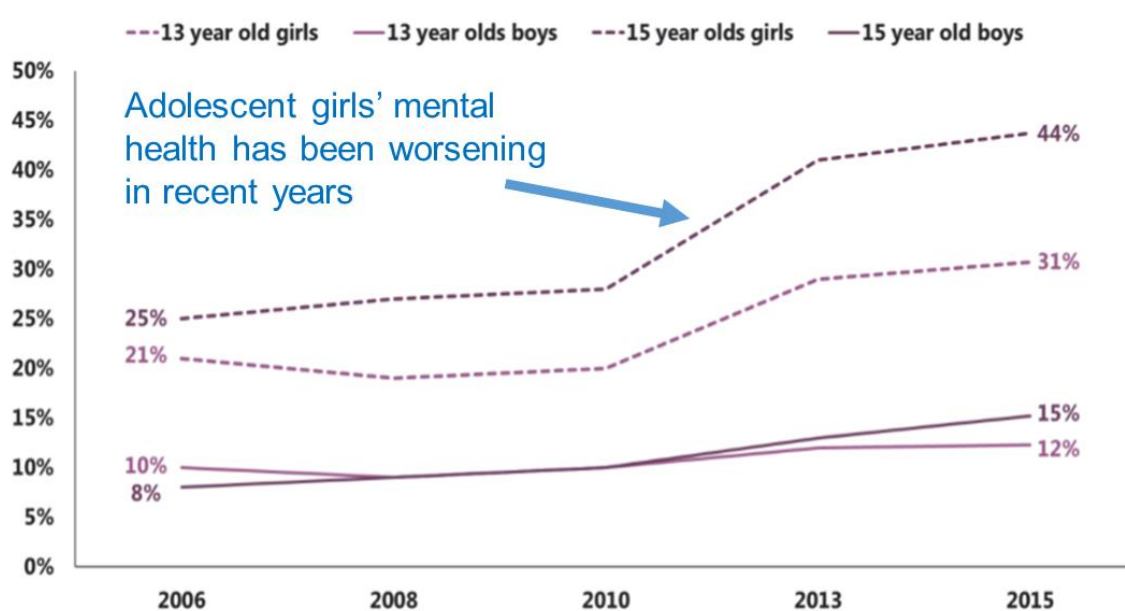
Mental health is strongly influenced by experiences of adversity in childhood:

One in ten children in Scotland live in households that are unable to afford basic necessities. [2]
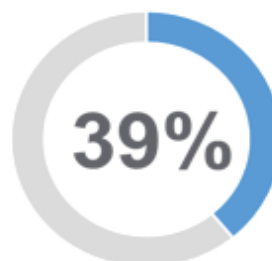
39% of adults who experienced partner abuse in the last 12 months had children living in the household when the most recent incident took place. [3]

792 offences of cruelty and neglect against children were recorded in Scotland in 2016/17 – **a rate of 8.6 offences per 100,000 children, compared to 9.0 per 100,000 children in 2014/15.** [4]

2. The impact of mental ill health

People with mental health problems in Scotland still experience stigma [5]

	Yes	No
I have witnessed people being treated differently or unfairly because of their mental health problems	69%	31%
I have experienced being treated differently or unfairly because some I know /care for has a mental health problem	29%	71%
I have experienced being treated differently or unfairly because of my mental health problem	33%	66%
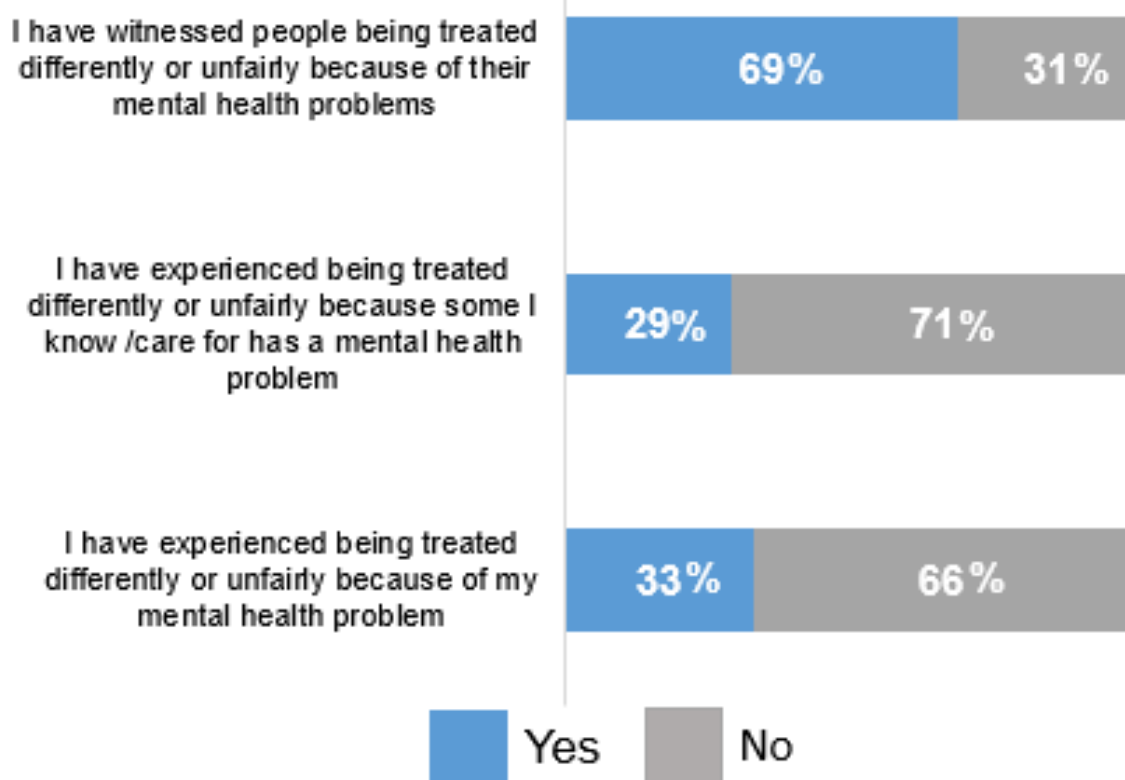
3. Population mental health and wellbeing

1.259 million days are lost

in Scotland due to stress, depression or anxiety caused or made worse by work [6]
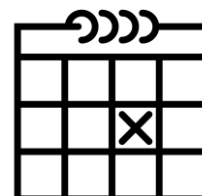
In 2017 the unemployment rate for people in Scotland with a mental health condition was **12%** [7]

26%

of adults in Scotland drink at hazardous or harmful levels [8]

15%

of adults in Scotland have low wellbeing or a possible psychiatric disorder [9]

Individuals with poor mental health experience a range of inequalities: [11]

Individuals reporting a possibly psychiatric disorder ▭

All adults ▭

Percentage of adults who rate their general health as good or very good.
- 46%
- 74%

Percentage of adults in Scotland who smoke.
- 31%
- 20%

Percentage of adults in Scotland who are overweight or obese.
- 66%
- 65%

Percentage of adults in Scotland who meet physical activity recommendations
- 49%
- 65%

Average mental wellbeing scores for adults in Scotland*
- 40
- 50

*Note: Wellbeing is measured with the WEMWBS, a self-report measure of various aspects of positive mental wellbeing.

5. References

Childhood determinants of a mentally healthy life

1 Scottish Government (2017) Scottish Schools Adolescent Lifestyle Use Survey (SALSUS) 2015: Mental Wellbeing Report

2 UK Department for Work and Pensions, Family Resources Survey, 2016/17

3 Scottish Government (2016) Scottish Crime and Justice Survey 2014/15: Partner Abuse.

4 NSPCC (2018) How Safe Are Our Children?

Impact of mental ill health

5 Scottish Health Council (2018) Our Voice Citizens' Panel, Survey on HIV awareness, mental health and wellbeing and inclusive communication, 4th Survey Report, May 2018

6 Health and Safety Executive (2017) Estimated days lost per (full-time equivalent) worker due to self-reported stress, depression or anxiety caused or made worse by work, for people working in the last 12 months, Scotland, 3 year average (2014/15-2016/17). Data from Labour Force Survey.

7 Office for National Statistics, Annual Population Survey 2017

Population mental health and wellbeing

8 Scottish Government (2017) The Scottish Health Survey 2016, Table 1.1 Estimated usual weekly alcohol consumption level

9 Scottish Government (2017) The Scottish Health Survey 2016, Table 8.4 GHQ12 scores

10 Office for National Statistics (2018) Personal well-being in the UK: January to December 2017, with analysis by country

Parity of physical and mental health

11 Scottish Government. Scottish Health Survey, 2016.

Appendix 2. Mental Health Action Delivery 2017-2018.

Summary of Achievements

Achieved	Soon to be completed	Ongoing	Yet to start
10 Actions: 12, 16, 18, 21, 22, 25, 29, 31, 38, 39	3 Actions: 1, 7, 35	26 Actions: 2, 3, 4, 5, 6, 8,9, 10, 11, 13, 14, 15, 17, 19, 20, 23, 24,26 27, 28, 30, 32, 33, 34, 36, 37	1 Action: 40

ACTION	ACHIEVEMENT
Children and Young People – Whole System Change	
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	• Phase 1 - a desk study of existing PSE guidance for education professionals - completed **(Oct 17)** • Phase 2 of the Review – Thematic Inspection of PSE Delivery in 55 schools and early learning settings **(May 18)** • Phase 3 – analysis of findings development of recommendations commenced at the end of **June**, with an engagement workshop with COSLA, ADES and local authorities **(Aug 18)**.
2 - Roll out improved mental health training for those who support young people in educational settings	• Analysis of existing training programmes completed. • Roll out of Borders wide SMFHA, Confidence to Learn and See Me What's On Your Mind training across all secondary schools (6000 pupils) – involving pupils, teachers and wider sector – part of wider work commissioned by NHS Borders/Scottish Borders **(launched 23 Jun 18)**.
3 - Commission the development of a Matrix of evidence-based interventions to improve the mental health and wellbeing of children and young people	• Ministerial approval for NES proposal **(Aug 17)** • The Executive Group has met monthly. The lines of reporting, terms of reference and outline of roles and responsibilities for the Design Team and Advisory Group have been established. • Both the Design Team and Advisory Group have been recruited to, with representation across Health, Education, Social Care and the Third Sector.
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	• Since 2013, 22 CPP areas in total have adopted the PoPP model. 20 of these CPP areas are continuing to actively implement the PoPP plan, whilst the remaining two areas have chosen to pause their PoPP activity at this time. • Since November 2017, 68 practitioners have completed the full suite of PoPP training in either the Incredible Years or Triple P programmes. This takes the overall total to 720 practitioners (461 IY; 259 TP) who have been trained to deliver these programmes since the PoPP

	implementation started in 2013.
	• Overall 703 PoPP groups have now been delivered (or are currently being delivered) to 4,402 families (including 5,445 caregivers).
5 - Ensure the care pathway includes mental and emotional health and wellbeing, for young people on the edges of, and in, secure care	• The Secure Care Strategic Board had its first meeting on 6 October 2017 and has now met on four occasions. • The board has now agreed the following working vision:- "Our vision is of compassionate, nurturing, relational, rights based responses and supports within families, schools and communities; for all children and young people whenever there are concerns about significant harm to self and/or other people."
6 - Determine and implement the additional support needed for practitioners assessing and managing complex needs among children who present a risk to themselves or others	• The Youth Justice Improvement Board held a national training event around responses and services to young people where there are high levels of concern about significant harm to self and/or others. This event was informed by progress/findings in work to develop the care pathway for young people on the edges of, and in, secure care.

7 - Support an increase in support for the mental health needs of young offenders, including on issues such as trauma and bereavement	• Community Safety colleagues funded Barnardos to deliver trauma, bereavement and loss (TBL) projects in Polmont for 2 years (2016/17 and 2017/18). The project was to provide:
	   o Provision of TBL service to young women in Polmont and associated staff training and development, with small scale evaluation
	   o Pilot to explore support needs in relation to TBL for young people leaving Polmont, who have participated in the Here and Now Service
	   o Responding earlier to young people's experiences of TBL by working with identified children in schools, capacity building with parents and staff, with small scale evaluation
	 • All of the above initiatives have now been completed as planned and are awaiting the evaluation conducted by CYCJ (both the schools and Polmont women evaluations will report in **Autumn 2018**)

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.	• Discussions have taken place with Health Improvement Scotland who will develop a proposal for a Children and Young People's Mental Health Collaborative. This Programme will involve children and young people, families, communities and service providers from all sectors working together to re-define, redesign and transform how we support mental health and wellbeing.
9 - Support the further development of "Think Positive" to ensure consistent support for students across Scotland	• Three year bid submitted to the Scottish Government, which would expand and develop the Think Positive project. • For 2017-18 Record numbers of colleges and universities across Scotland have signed up to take part in the Think Positive Student Mental Health Agreement (SMHA) project.
16 - Fund the introduction of a Managed Clinical Network to improve the recognition and treatment of perinatal mental	• Perinatal Mental Health Managed Clinical Network (MCN) established and core team appointed. • 5-year workplan created following stakeholder strategy day. • MCN concentrating on:

health problems	Mapping & gapping / service development. Care pathway development. Education & training. Communication & engagement:.
17 - Fund improved provision of services to treat child and adolescent mental health problems	• We are now entering year 3 of the £54m package (2016-2020) of support to help boards improve their performance against waiting times targets by investing in workforce development, recruitment and retention, and service improvement support. • The CAMHS workforce has increased from 993.5 WTE to 1014.4 WTE since this investment began (March 2016 to March 2018). • £4.6 million was provided to Healthcare Improvement Scotland to establish a Mental Health Access Improvement Support Team (MHAIST) which is working in partnership with Boards to improve access to mental health services.
18 - Commission an audit of CAMHS rejected referrals, and act upon its findings	• The audit has now taken place and a report and recommendations was published on **29 June 18**. • The Task Force chaired by Denise Coia was also announced on **29 June 18**.
19 - Commission Lead Clinicians in CAMHS to help develop a protocol for admissions to non-specialist wards for young people with mental health problems	• Comments collected from Lead Clinician's group regarding the Standards developed by the Royal College of Psychiatrists (RCP) . • Permission given by RCP for the standards to be used and amended by NHS Scotland. • Stakeholders meeting held **January 18**.
20 - Scope the required level of highly specialist mental health inpatient services for young people, and act on its findings	• The LD CAMHS inpatient needs assessment was published by the SG on in **Nov 17** with support in principle for the main recommendation that a national LD CAMHS inpatient unit for Scotland should be established. • Specialist Short Life Working Group in progress.
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	• The Transition Care Plans, designed entirely by young people via the Scottish Youth Parliament, were officially launched on **29 August.**
22 - Support development of a digital tool to support young people with eating disorders	• A national launch of the online platform for parents and carers: www.caredscotland.co.uk took place in **February 2018** during Eating Disorder Awareness Week.

Mental Health Whole System Change

10 - Supports efforts through a refreshed Justice Strategy to help improve mental health outcomes for those in the justice system.	• Work underway to develop an enhanced national mental health pathway for those coming into contact with emergency services who are in mental health crisis or distress.
15 - Increase the workforce to give access to dedicated mental health professional to all A&Es,	• In late 2017, Scottish Ministers commissioned the Health & Justice Collaboration Improvement Board (H&JCIB) to consider how Action 15 might best be delivered.

all GP practices, every police 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	• The H&JCIB asked that Integration Authorities (IAs) each develop a plan setting out their goals for improving capacity in the settings outlined within Action 15 from 2018/19. • The plans from IAs have been received, and a summary was provided for the H&JCIB for its meeting on **11 September 18**.
23 - Test and evaluate the most effective and sustainable models of supporting mental health in primary care, by 2019.	• The Scottish Government is investing £110 million in the Primary Care Fund (PCF) in 2018-19 to support implementation of the new GP contract and wider primary care reform. This includes several different funding lines, including the Primary Care Transformation fund and the Primary Care Mental Health Fund. To date, £10m has been invested via PCMHF to encourage the development of new models of care to ensure that people with mental health problems get the right treatment, in the right place, at the right time. • In 2018/19, a further £5.5 million of funding will be released.
24 - Fund work to improve provision of psychological therapy services and help meet set treatment targets	• We are now entering year 3 of the £54m package (2016-2020) of support to help boards improve their performance against waiting times targets by investing in workforce development, recruitment and retention, and service improvement support. The number of all clinical Staff in psychological services has increased from 1079 WTE to 1157 WTE since this investment began (March 2016 to March 2018). • A programme of work is being taken by SG in collaboration with partners in HIS/ ISD and NES to work collaboratively with Boards and IJBs to deliver sustainable improvement in access to services. We want partners to develop whole system solutions which address prevention, early intervention and pathways within and between services. A detailed plan of this work is being developed.
Public Mental Health	
11 - Complete an evaluation of the Distress Brief Intervention (DBI) by 2021 and implement the findings from that evaluation	• Lanarkshire DBI service commenced in **June 17**, with learning from controlled testing supporting roll out in Aberdeen, Inverness and Borders. • Commissioning of DBI independent evaluation completed and contract awarded. • The DBI programme has met its key landmarks with all four key front-line DBI Level 1 service pathways (Emergency Departments, Primary Care, Police Scotland and Scottish Ambulance Service) now 'live' in all four pilot site regions.
12 - Support the further development of the National Rural Mental Health Forum to reflect the unique challenges presented by rural isolation	• Rural Mental Health campaign launched **(June 17)**. • Announcement in **May 18** of a further £50k funding (£100k in total). • Membership of the forum has now grown to c. 50 organisations.
13 - Ensure unscheduled care takes full account of the needs of people with mental health problems and addresses the	• Meeting with MH Service Lead, GRI General Manager and Clinical Lead MH Service Redesign to discuss plans for improving MH access in front door areas **(July 17)**

longer waits experienced by them	• Participation in NHS24 scoping exercise around redesign of their MH service **(Aug 17)**. • Mental Health Test of Change of Procedure across NHS Greater Glasgow and Clyde (GGC) of placing Community Psychiatric Nurses (CPN) in hospital Emergency Departments (ED) overnight to facilitate Mental Health assessments of those presenting distress during the period 11 December 17 to 18 March 18.
14 - Work with NHS 24 to develop its unscheduled mental health services to complement locally-based services	• NHS 24 draft Strategy 2017-22 published and 5 year programme of Organisational Improvement commenced • Discussions with Police Scotland to establish a possible mental health collaboration between NHS 24, SAS and Police Scotland
25 - Develop more accessible psychological self-help resources and support national rollout of computerised CBT with NHS 24, by 2018.	• Building on the success of the EU funded MasterMind project, funding was secured in 2016 through the Scottish Government's Technology Enabled Care (TEC) Programme to make cCBT available in all 14 territorial health boards. • **cCBT services have been operating across all health board areas in Scotland since April 2018.**
26 - Ensure the propagation of best practice for early interventions for first episode psychosis, according to clinical guidelines	• Healthcare Improvement Scotland ran a series of regional events discussing current priorities in relation to how Boards and the Scottish Patient Safety Programmes Mental Health team work together. These events included workshops on early intervention in psychosis.
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.	• The Lead Psychologists Addiction in Substance Misuse Services in Scotland (LPASS) Report was published on 4 June 2018. • The report provides national best practice guidance for the Delivery of Psychological Interventions in substance misuse services for both practitioners and IJB commissioners. • NES will begin delivering LPASS seminars to those interested in the coming months, details on dates and venues are currently being developed.
28 - Offer opportunities to pilot improved arrangements for dual diagnosis for people with problem substance use and mental health diagnosis.	• The LPASS (Lead Psychologists in Addiction Services Scotland) report - see Action 27 – has been shared (4 June 2018) with integrated authorities as a basis for the promotion, assessment and review of local dual diagnosis joint working protocol offering peer and national support to improve quality of service delivery.
29 - Work with partners who provide smoking cessation programmes to target those programmes towards people with mental health problems	• IMPACT guidance now being introduced to other NHS Board areas around Scotland, having been piloted in NHS Lothian. • Tobacco Control Action Plan published on 20 June – contains commitments and actions on rolling-out IMPACT and raising awareness amongst medical professionals and healthcare staff of the significant impact smoking has on mental health medications.
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	• Screening Inequalities Fund Letter 2018/19 issued to NHS Health Boards and third sector organisations, including mental health stakeholders, to encourage bids for funding under the Cancer Strategy to tackle inequalities in access to screening services across Scotland. • Two projects are currently being undertaken which

without mental illness diagnosis	specifically aim to address action 30 of the Mental Health Strategy. The first is by NHS Dumfries and Galloway 'To improve the uptake of breast, cervical and bowel screening in people experiencing homelessness and or with mental health problems through gaining an understanding of the barriers and facilitators for accessing screening. • The second by NHS Lanarkshire, 'Review options to increase the uptake to cervical, bowel and breast screening services for the homeless population in Lanarkshire.'
31 - Support the physical activity programme developed by SAMH	• ALBA Fife's third cohort referrals started November 2017 and completed in February 2018 with 23 participants recruited (target 32) with 10 participants completing the 16 weeks intervention with 3 more still actively engaged. • ALBA North Ayrshire's first cohort referrals started September 2017 and completed in December with 12 participants recruited (target 20) with 8 participants completing the 16 weeks intervention • ALBA West Lothian's first cohort referrals started September 2017 and completed in December with 22 participants recruited (target 20) with 15 participants completing the 16 weeks intervention.

36 - Work with employers on how they can act to protect and improve mental health, and support employees experiencing poor mental health	• Between January to June 2018, NHS Health Scotland Health and Work Directorate has delivered :
	  o 43 one day course of Mentally Healthy Workplace (MHW) for Managers (552 people trained)
	  o 4 MHW Training for Trainers courses (28 people trained)
	  o 8 workshops on Resilience and Wellbeing (97 people trained)
	  o 3 Managers' Competency Workshops (36 people trained)

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	• Draft mental health strategy framework completed by Public Health Registrar Colin Sumpter after engagement with multiple stakeholders. Sent to ISD and HSCA for feasibility testing in **May 18**. • QI profile implementation date set as **Sept 18.**
39 - Establish a bi-annual form 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	• Second biannual forum held **6 Dec 17** • Feed-back from biannual discussed with MH partnership and other stakeholders resulting in agreement to reduce frequency to annual and to focus work around 4 themes.
Rights based approach and Equalities	
32 - Use a rights-based approach in the statutory guidance on the use of mental health legislation	• Interim guidance has been drawn up in consultation with stakeholders and published on the mental health law website
33 - Commission a review of whether the provisions in the Mental Health (Care and	• Appointment of Review Groups finalised and includes people with lived experiences – this will ensure that all perspectives are covered equally for an inclusive and

Treatment) (Scotland) Act 2003 Act fulfil the needs of people with learning disability and autism, taking forward new legislative measures if necessary	credible review
34 - Reform Adults With Incapacity (AWI) legislation	• A consultation on proposed reforms to the AWI Act closed on 30th April. The results have been analysed and a stakeholder event was held on 28th June. This disseminated the results of the analysis and gave an indication of the way forward. 3 working groups will convene in the autumn to discuss deprivation of liberty, graded guardianship/forum and support and training for attorneys/guardians respectively.
35 - Work with key stakeholders to better understand Mental Health Officer capacity and demand, and to consider how pressures might be alleviated	• SSSC Mental Health Officers (Scotland) Report 2016 published **(Aug 17)** • Social Work Scotland report 'The Mental Health Officer: capacity, challenges, opportunities and achievements' published **(Oct 2017)** • National Health and Social Care Workforce Plan Part 2 co-published by SG and COSLA. • Research commissioned on current training and development for qualified social workers – to feed into Framework in Practice development
37 - Explore innovative ways of connecting mental health, disability, and employment support in Scotland	• £2.5 million Employability Innovation and Integration Fund launched **(June 18)**

Key Deliverables in next 6 months

ACTION	DELIVERABLE
Children and Young People – Whole System Change	
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	• Further engagement with third sector organisations **(Autumn 18)** • Publish report, containing recommendations, by the end of 2018.
2 - Roll out improved mental health training for those who support young people in educational settings	• Continued provision of SMFHA Young People training to participating local authorities (**July 18** onwards as part of two year roll out – led by Education Scotland) • SMFHA trainer provision enabling a further cadre of available trainers to roll out training in educational settings (from **October 18 to March 19** - led by Health Scotland)
3 - Commission the development of a Matrix of evidence-based interventions to improve the mental health and wellbeing of children and young people	• Prototype of the Framework to be completed, **December 18.**
4 - Complete the rollout of	• Support the ongoing implementation and sustainability of

national implementation support for targeted parenting programmes for parents of 3 and 4 year olds with conduct disorder by 2019-20	the Psychology of Parenting Project (PoPP) in the mature PoPP sites so that at least 70 new PoPP groups are delivered, **Dec 18**
<u>**5**</u> **- Ensure the care pathway includes mental and emotional health and wellbeing, for young people on the edges of, and in, secure care**	• Secure Care Strategic Board to consider draft pathway by end **Nov 18**.
<u>**6**</u> **- Determine and implement the additional support needed for practitioners assessing and managing complex needs among children who present a risk to themselves or others**	• CYCJ are developing a comprehensive knowledge and skills development package for practitioners and managers in conjunction with SSSC in relation to high risk. This is due to be launched in **2019/20**.
<u>**7**</u> **- Support an increase in support for the mental health needs of young offenders, including on issues such as trauma and bereavement**	• The evaluation of trauma, bereavement and loss services in three Scottish schools will be published by end of **Nov 18**. • The evaluation of trauma, bereavement and loss services for females in Polmont will be published by end of **Nov 18**.
<u>**8**</u> **- 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**	• Agree final proposal from HIS on Transformation Collaborative - **Autumn 18.**
<u>**9**</u> **- Support the further development of "Think Positive" to ensure consistent support for students across Scotland**	• Think Positive launch event in **Autumn 18.**
<u>**16**</u> **- Fund the introduction of a Managed Clinical Network to improve the recognition and treatment of perinatal mental health problems**	• Publication of Mapping & Gapping Report on current service provision. End of **December 18.** • Publication of Recommendations for Perinatal Mental Health Care Provision for Scotland. End of **December 18**.
<u>**17**</u> **- Fund improved provision of services to treat child and adolescent mental health problems**	• Review Improvement Plans submitted by the 4 poorest performing Boards on CAMHS and continue engagement to ensure that they stay on track with their performance trajectories. Report back on progress by **Dec 18**. • Health Improvement Scotland (HIS) to develop and deliver an improvement collaborative focusing on access to CAMHS which will enable teams to identify improvements to the quality of care and processes to improve access. Phase 1 to complete by **May 19** • Health Improvement Scotland (HIS) to develop and work with Boards on the implementation of a diagnostic assessment that will enable Boards to identify and plan to address strategic improvement priorities - implementation

	ongoing from **July 18**.
18 - Commission an audit of CAMHS rejected referrals, and act upon its findings	• Coia Taskforce to consider recommendations in the report and agree plan of action - **October 18**.
19 - Commission Lead Clinicians in CAMHS to help develop a protocol for admissions to non-specialist wards for young people with mental health	• The final draft of the standards and protocol for child admissions to adult wards will be completed and circulated end of **Oct 18.**

20 - Scope the required level of highly specialist mental health inpatient services for young people, and act on its findings	• **LD CAMHS**
	    ○ SLWG concludes work **(tbc late 18)**.
	• **Secure CAMHS**
	    ○ Site Option Appraisal, **19 Oct 18**

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	• Rollout of TCPs across Scotland to become standard practice **(ongoing)**.
22 - Support development of a digital tool to support young people with eating disorders	• Full evaluation of project available **Oct 18.**

Mental Health Whole System Change

10 - Support efforts through a refreshed Justice Strategy to help improve mental health outcomes for those in the justice system	• Enhanced mental health pathway - project manager in place and to commence recruitment and training of mental health staff from **1 Oct 18.**
15 - Increase the workforce to give access to dedicated mental health professional to all A&Es, all GP practices, every police 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.	• Enhanced mental health pathway – project manager in place and to commence recruitment and training of mental health staff – from **1 Oct 18.**
23 - Test and evaluate the most effective and sustainable models of supporting mental health in primary care, by 2019	• Review of primary care improvement plans to ensure they demonstrate how additional funding is being used to re-design primary care services to ensure that those who need mental health support can access it when they need it – **Dec 18**.
24 - Fund work to improve provision of psychological therapy services and help meet	• Phase 1 of improvement collaborative to complete by **May 19**. • Health Improvement Scotland (HIS) to develop and work with Boards on the implementation of a diagnostic

set treatment targets	assessment that will enable Boards to identify and plan to address strategic improvement priorities - implementation **ongoing from July 18**.

Public Mental Health

11 - Complete an evaluation of the Distress Brief Intervention (DBI) by 2021 and implement the findings from that evaluation	• Continue the controlled incremental delivery of DBI training across the four test sites and key staff groups, co-ordinated through the DBI training plans, ensuring that service demand does not exceed capacity to deliver DBI in-line with specification.
12 - Support the further development of the National Rural Mental Health Forum to reflect the unique challenges presented by rural isolation	• Forum members agree work priorities for the year ahead.
13 - Ensure unscheduled care takes full account of the needs of people with mental health problems and addresses the longer waits experienced by them	• Further recommendations developed relating to the approach to management (which is likely to suggest an assessment in parallel between emergency/acute medicine and mental health services). **End of Nov 18.**
14 - Work with NHS 24 to develop its unscheduled mental health services to complement locally-based services	• Commencement of test of change project within NHS 24.
25 - Develop more accessible psychological self-help resources and support national rollout of computerised CBT with NHS 24, by 2018	• cCBT services have been operating across all health board areas in Scotland since April 18 – **the key deliverable has already been achieved**.
26 - Ensure the propagation of best practice for early interventions for first episode psychosis, according to clinical guidelines	• Healthcare Improvement Scotland to discuss whether alternative strategies for engaging with Boards and identifying priorities relating to the detection and treatment of first episode psychosis are viable **(Oct 18).**
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	• Seminars aimed at commissioners, managers, trainers and practitioners across all sectors of substance misuse services. Aim of the seminars is to introduce participants to the LPASS report and explore strategies for implementation **(Autumn 18)**.
28 - Offer opportunities to pilot improved arrangements for dual diagnosis for people with problem substance use and mental health diagnosis	• Already completed, The LPASS report was published **June 18**.
29 - Work with partners who provide smoking cessation programmes to target those programmes towards people with mental health problems	• Legislation to make it an offence to smoke within 15 metres of hospital buildings including psychiatric units and hospitals will be laid in the Scottish Parliament in **Oct 18**. • Tobacco is being removed from all prisons in Scotland on

	30 Nov 18.
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 mental illness diagnosis	• 3 bids received for 2018/19 screening inequalities funding for projects working on inequalities in access to screening for individuals with mental health problems. The bids are currently being considered and if successful will receive funding late September – early October. • A progress update on existing mental health projects funded by the 17/18 screening inequalities fund is due in October • The Scottish Screening Committee is holding a screening inequalities event on the 4th October and are keen to encourage mental health stakeholders to attend. • Work is ongoing to identify a Chair for the Screening Inequalities Network. We are also looking for a mental health representative for the network and would welcome nominees/volunteers. We hope to have the network established by the end of 2018.
31 - Support the physical activity programme developed by SAMH	• Finish support with all long term clients for Fife at the end of **Dec 18**. • Target of 1500 physical activity staff and volunteers trained in Mental Health Awareness and/or Behaviour Change Elearning.in the next **6 - 12 months**
36 - Work with employers on how they can act to protect and improve mental health, and support employees experiencing poor mental health	• Health and Safety Executive Health Summit with mentally healthy workplace as key strand – **1 Nov 18** • Roundtable discussion of key stakeholders to facilitate mental health workplace standard concept – **Autumn 18**. • Ongoing provision of workplace mental health training • Guidance on suicide awareness – **Dec 18**.
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	• Quality Indicator profile and Mental Health framework launch by **end Sept 18**.
39 - Establish a bi-annual form 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	• Annual report to Parliament – **Sept 18**. • Next Annual forum - **Dec 18**.

Rights based approach and Equalities

32 - Use a rights-based approach in the statutory guidance on the use of mental health legislation	• Policy development for revision of the code, and scoping of the best way to incorporate a rights-based approach in the Code of Practice, to be completed by **Jan 19.** • Targeted consultation initially with specific key stakeholders to enable targeted policy development before public consultation. Following that there will be a public consultation and a user-testing exercise. To be completed by **Jan 19**.
33 - Commission a review of whether the provisions in the	• The review is stakeholder driven and evidence led. There will be 3 public engagement phases to this review,

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	running until **Nov 18**.
34 - Reform Adults with Incapacity (AWI) legislation	• Over the next **6 months** the messages received from the consultation will be distilled down into draft policy that can be tested with stakeholder groups.
35 - Work with key stakeholders to better understand Mental Health Officer capacity and demand, and to consider how pressures might be alleviated	• Development of a Framework in Practice for Social Work - completion of initial research phase and engagement with stakeholders – **Dec 18**.
37 - Explore innovative ways of connecting mental health, disability, and employment support in Scotland	• Three projects receiving funding from the Employability Innovation and Integration Fund will continue to support people with mental health issues. Funding for the projects will end on **31 March 19**.

Scottish Government
Riaghaltas na h-Alba
gov.scot

© Crown copyright 2018

OGL

This publication is available at **www.gov.scot**