

# Lanarkshire

## Mental Health & Wellbeing Strategy

### (2019-2024)

**FIRST DRAFT**

**“Mental Health Matters - It is in our Hands.”**

**Please note:**

*This is a **FIRST DRAFT ONLY** and a product of many contributions to date. It is the first assembly of the proposed strategy and as such is a work in progress. We will work with all interested parties and key contributors over the coming months to develop the strategy content to reflect our collective ambitions to improve mental health for all.*

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We would like to thank service users, Carer organisations and voluntary, Third sector organisations and members of staff, who committed time to develop this very important and meaningful strategy. Developing this strategy would not have been possible without their specialist knowledge and experience to write much of the content. Critical to the vision and values present in the strategy is the contributions of people with lived experience who have shown courage to generously share their stories and ideas on mental health and wellbeing to inform and where necessary radically change future models of care to ensure they reflect the needs of all service users.

## **1. Foreword**

In developing this strategy we have been thoughtful of the need to make real and substantial improvement to all aspects of mental health & wellbeing in Lanarkshire. Our key aspiration is for the people living here to feel able to talk about mental health no differently than we would our physical health.

To make a difference to people's lives we need every one of us to work together to build, sustain and strengthen mental health and wellbeing.

Our aim is to make mental health easier to talk about, thus challenging the stigma and discrimination that exists to improve support and services available. Through doing so we will make Lanarkshire the centre of excellence for mental health prevention, support and treatment, showing compassion, care and understanding to those who need it.

## 2. Introduction

The Lanarkshire Mental Health & Wellbeing Strategy sets the platform and a framework for a programme of change over the coming 5 years and is also a means for ensuring delivery of the commitments in the national mental health strategy.

Understanding the factors that determine good mental health and also how to influence them positively is the key to making a difference. The strategy identifies priority areas to ensure improvements are directed at those areas that will realise the greatest benefits for our population focusing in particular on tackling health inequalities. The strategy has been developed in two stages.

Stage 1 has seen the development of the overall scope, scale and framework as well as the priority areas that all (Government, Health and Social Care Partnerships (HSCPs) Councils, the NHS, the Third Sector and other and partners) are expected to address. This has formed the working environment for a system wide approach to ensure whole system representation and comprehensive coverage within the strategy.

Stage 2 reflects further detailed engagement developing wider inter-sectorial links to value the diverse experience and take full advantage of the expertise that exists across all interested organisations and to allow meaningful engagement with people with lived experience.

In addition to the multi-agency strategy development group, a communication and engagement group has been established. This is made up of public partnership, mental health, and voluntary/Third sector organisations from different parts of Lanarkshire and has acted as a reference group to provide advice, and ensure the meaningful engagement and representation of all stakeholders. ([See Appendix 3](#))

### 2.1. Mental Health: A Public Health Priority

Mental health can be used to describe a broad spectrum of terms including mental wellbeing, common mental health difficulties and mental illnesses or psychiatric disorders. It is important to note that these terms are not mutually exclusive as mental wellbeing can be experienced by someone with a psychiatric disorder and someone without a psychiatric disorder can have poor mental wellbeing.

Good mental wellbeing is fundamental to thriving in life. It is the essence of who we are and how we experience the world. Wellbeing consists of two components: feeling good and functioning well. Feelings of happiness, contentment, enjoyment, curiosity and engagement are all characteristics associated with a positive life experience. Equally important for wellbeing is how we function through experiencing positive relationships, having control over one's life and having a sense of purpose (NEF, 2008).

Poor mental health is an important public health challenge and significant mental health inequalities exist in Scotland. Improving the mental health of the population is a national

priority because improving mental health and wellbeing is recognised as having a positive effect on many different aspects of society.

### 2.1.1. Mental Health Inequalities

Mental health problems are not equally distributed across the population. Socially disadvantaged people have an increased risk of developing mental health issues to the extent that

- Adults living in the most deprived areas are approximately twice as likely to have common mental health problems as those in the least deprived areas (22% versus 11%)
- There were more GP consultations for anxiety in areas of deprivation than in more affluent areas in Scotland (62 versus 28 consultations per 1000 patients in 2010-2011)
- 9% of adults had two or more symptoms of depression or anxiety in 2012- 2013.
- People with mental illness die up to 20 years younger than their peers, primarily due to serious physical health conditions such as heart disease, stroke and diabetes
- Approximately 1 in 4 people experience a mental health problem at some point in their lifetime and at any one time approximately 1 in 6 people have a mental health problem
- The economic costs of mental health are substantial, amounting to approximately £10.8bn in 2009-2010, a 20% increase from 2004-2005 (£8.6bn)<sup>1</sup>

The link between social status and mental health problems is thought to result from the level, frequency and duration of stressful experiences and the extent to which social and individual resources and sources of support reduce their impact.

Stressful experiences occur across the life course and include

- poverty
- poor housing
- family conflict
- unemployment
- childhood adversity
- chronic health problems

These all contribute to a greater risk of mental health problems, particularly if several occur together and there are no protective factors to offset their negative impact.

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<sup>1</sup> <http://www.healthscotland.scot/health-topics/mental-health-and-wellbeing>

## 2.2. Case for Change

As noted above and throughout this strategy the prevalence of mental health problems within communities and the inequality in the distribution of mental health problems across society requires to be addressed.

Poor mental health impacts negatively on individuals and their families, as well as to society as a whole through the impact on public services, health, social care, housing, education, criminal justice, and the economy. People experiencing mental health problems are more likely to experience poverty, experience difficulties maintaining education and employment, be over-represented in the criminal justice system, have poor physical health, experience weight management issues, and be more likely to suffer from addictions to alcohol, drugs or smoking.<sup>2</sup> In Scotland the social, economic and human costs of mental health problems are estimated to be around £10.8 billion per annum<sup>3</sup>. Such high costs to the economy are not sustainable and at a societal and individual level there is a need for a refreshed and reinvigorated approach to mental health improvement in order to improve overall health outcomes and reduce inequalities.

Improving mental wellbeing will permeate all levels of society from individuals, families and social networks through to wider communities, workplaces and the economy. Good mental wellbeing positively impacts on our ability to learn, contribute, and be adaptive and to achieve our full potential as citizens throughout the life course. Through education, employment and into later life, good mental wellbeing builds resilience to manage life events and trauma, to support others across family and social networks and to be compassionate to those most in need.<sup>4 5</sup>

The principle reasons for planning changes in how we work are to:-

- improve the mental health & wellbeing of people in Lanarkshire
- speed up access to the most appropriate service
- provide access to the right person first time
- more accessible child and adolescent mental health
- improved responses to common mental health problems
- integrated community, inpatient and crisis mental health services
- get patients home more quickly after inpatient treatment
- provide services where the staff are trained to deliver the most up to date care and in ways which are sustainable
- provide services from accommodation, and facilities, which are modern and fit for purpose
- provide more appropriate care for an ageing population

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<sup>2</sup> Mental Welfare Commission for Scotland (2014): Annual Report. Scotland. Available at: [http://www.mwc.org.uk/media/205024/annual\\_report.pdf](http://www.mwc.org.uk/media/205024/annual_report.pdf)

<sup>3</sup> Long Term Monitoring of Health Inequalities: Headline Indicators - October 2015, Scottish Government

<sup>4</sup> Better Mental Health For All: A public health approach to mental health improvement. 2016. Mental Health Foundation

<sup>5</sup> Knapp M et al (2016): Youth Mental Health. New Economic Evidence. London. PSSRU



### 3. Strategic Context

#### 3.1. International Context

The World Health Organisations (WHO) comprehensive mental health action plan 2013-2020<sup>6</sup> was adopted by the 66th World Health Assembly. The four major objectives of the action plan are to:

- Strengthen effective leadership and governance for mental health
- Provide comprehensive, integrated and responsive mental health and social care services in community-based settings
- Implement strategies for promotion and prevention in mental health
- Strengthen information systems, evidence and research for mental health

These objectives are evident in the national and local context for mental health strategies and emergent subsequent plans.

#### 3.2. National Context

The recently published national Mental Health Strategy (2017-2027)<sup>7</sup> states that many mental health problems will be preventable, and almost all are treatable, enabling many people to either fully recover or manage their conditions successfully and live as healthy, happy and productive lives as possible.

The guiding ambition for mental health is simple but, if realised, will change and save lives. It states *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
- Timely access to treatment, and joined up accessible services
- The physical wellbeing of people with mental health problems
- Rights, information use, and planning

There has been no shortage of indicators, reports and publications documenting the growing pressures being placed on health and care services in Scotland, whether they stem from meeting the needs of a population living longer and with more complex health need to staffing shortages in various fields. In recognition of the importance placed on mental health support and service Scotland's mental health services have been given additional funding in 2018, taking total funding to £1.1bn in 2019-20. The new funding will be targeted to increase and improve staffing levels, develop new ways of working and

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<sup>6</sup> [https://www.who.int/mental\\_health/action\\_plan\\_2013/en/](https://www.who.int/mental_health/action_plan_2013/en/)

<sup>7</sup> Scottish Government Mental Health Strategy 2017-2027 [www.gov.scot/Publications/2017/03/1750](http://www.gov.scot/Publications/2017/03/1750)

design new service models that will see an increase in care delivered in non-hospital community settings.

Mental health and well-being is a key public health priority for Lanarkshire, and for Scotland in general. One in 4 people will experience a mental health problem at some point in their life. 23% of the total burden of disease is attributed to mental health (more than any other condition) and the associated cost for Scotland is estimated at over £10.7 Billion per year.<sup>8 9 3</sup>

### 3.3. Local Context

Work has been undertaken as part of NHS Lanarkshire's Achieving Excellence strategy, published March 2017. "Achieving Excellence" summarises our future plans, which will play an important role in improving health and social care alongside - and integrated with - the two Strategic Commissioning Plans for Health and Social Care North Lanarkshire and South Lanarkshire Health and Social Care Partnership. Other key influences on this work are both The National Clinical Strategy for Scotland, and the Health and Social Care Delivery Plan, both published by the Scottish Government in 2016 and the National Mental Health Strategy, published in 2017.

The development of a Lanarkshire Mental Health & Wellbeing Strategy (2019-2024) was initiated in September, 2018. Following initial development and scoping work it was agreed that a population wide approach would be taken to review what we currently do, develop an overview of the key things we can expect to see, and design and develop what is needed alongside people with lived experience and partner organisations. This reflects the value placed on engaging all key stakeholders in the design and development of services that affect them; to understand what works and turn the ambitions set out by all engaged in this development into improvements in support and services across the county for the population.

We have worked with a range of national and local departments to develop a strategic needs assessment to inform the content and ensure quality planning is central to the strategy development process. As the population changes/shifts and grows, health needs change and society develops, all health and, social care as well as support and services delivered by voluntary organisations must continually move forward so that in 5 years' time we have improved the way we work and have developed the right support and services in the right place as a result of working closely together and in doing so meet the needs of the people of Lanarkshire.

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<sup>8</sup>NHS Health Scotland, 2016, *Good Mental Health for All* [www.healthscotland.com/uploads/documents/25928-Good%20Mental%20Health%20For%20All%20-%20Mar16.pdf](http://www.healthscotland.com/uploads/documents/25928-Good%20Mental%20Health%20For%20All%20-%20Mar16.pdf)

<sup>2</sup> 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>

<sup>3</sup>The Scottish Government, 2016, *Fairer Scotland Action Plan* [www.gov.scot/Resource/0050/00506841.pdf](http://www.gov.scot/Resource/0050/00506841.pdf)

<sup>4</sup>Scottish Government Mental Health Strategy 2017-2027 [www.gov.scot/Publications/2017/03/1750](http://www.gov.scot/Publications/2017/03/1750)

## **4. A Shared Vision, Values and Principles**

### **4.1. National Vision for Scotland**

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. Mental Health Strategy, Scottish Government, 2017-2027.

### **4.2. Lanarkshire Vision**

During the development of Lanarkshire's Healthcare Strategy, Achieving Excellence (March 2017), various means of engagement were adopted to collaborate with patients, carers, staff and its partners to refresh the vision as to how services should and could change over the next five years. We recognise and acknowledge the valuable role played by carers and this is reflected in our ambitions for the future. The vision in Lanarkshire is to develop an integrated model that will put the person at the centre of decisions about their support, treatment and care, with greater understanding and confidence to manage their own condition, taking control of their life and having their voice heard.

'We wish to see a Lanarkshire where we all understand that there is no good health without good mental well-being, where we know how to support and improve our own and others' mental well-being and act on that knowledge, where it is safe to talk about your mental illness without fear of stigmatisation and where our mental well-being contributes to a healthier, wealthier, fairer, smarter, greener and safer Lanarkshire for all.

### **4.3. Service User and Carers Vision**

In developing this strategy it has been essential to engage, listen and hear from people using services about their vision of support and services for the next 5 years. Working with individual's with lived experience we have captured their vision of the future ensuring that it's at the heart of our implementation plans. This reflects the value placed on engaging all key stakeholders in the design and development of services that affect them; to understand what works and turn the ambitions set out by all engaged in this development into improvements in services across the county for the population.

### **4.4. People Delivering Supports and Services**

Our vision is that all the people of Lanarkshire enjoy good mental health throughout their lives. Our approach depends on maintaining wellness, preventing illness, and reacting proportionately when problems arise. We will do this by ensuring that we use our resources well, and that we link with communities to build resilience in the people that live here. For those experiencing mental health problems and mental illness, they should be able to see the right person, in the right setting, as quickly as possible. Help will be delivered matched to the needs of the person and will use a variety of approaches, including self-help, social, psychological and medical resources, to ensure that they recover as soon as possible.

*A Lanarkshire where we:*

- *Promote well-being in the general population, both individually and collectively.*
- *Raise efforts around the prevention of mental health problems, mental ill-health, distress and suicide.*
- *Improve the quality of life, social inclusion, health equality, economic wellbeing and recovery of people who experience mental illness.*

#### **4.5. Principles**

The Lanarkshire Mental Health & Wellbeing Strategy will align with the national Mental Health Strategy and consider the following work which means working to improve:

- Prevention and early intervention
- Timely access to treatment, and joined up accessible services
- The physical wellbeing of people with mental health problems
- Rights, information use, and planning
- Stigma and discrimination related to mental health is challenged
- New ways of working will include a person centred approach and be Rights Based
- Involvement of people who use the services in discussion, design, development and implementation stages of the strategy for Mental Health & Wellbeing in Lanarkshire

### **5. Community Planning for Mental Health**

Mental Health is a fundamental component of the WHO's definition of health. Good mental health enables people to realize their potential, cope with normal stresses of life, work productively, and contribute to their communities. Therefore the basic concepts of mental health and social welfare cannot be separated. Taking a population approach requires consideration of a healthy environment, adequate housing, and stigma free high quality person centred services. This is a challenge for government, health and social care as well as voluntary, third sector and community organisations.

Community planning is defined as 'the process by which councils and other public bodies work together, with local communities, businesses and voluntary groups, to plan and deliver better services and improve the lives of people who live here'. Community Planning has been a central vehicle for partnership working across the public sector, private and third sectors since the introduction of local government (Scotland Act, 2003).

We will move towards supports and services being available to people where they live and in community settings. This does not mean that specialist hospital based services will never be necessary. It does mean that it should be for short periods whenever possible with the person returning home when the acute episode is over.

### **6. Population Needs Assessment**

Estimates of mental health service use are critical to understanding unmet need, patterns of service use, and the adequacy of service provision.

In order to commission and deliver mental health and wellbeing services that best meet the needs of the people of Lanarkshire, and to intervene at an early stage to address mental health problems, we require a clear understanding of the mental health and care needs of the population, a clear picture of the services currently provided, and how effective they are at meeting these needs.

The purpose of the Strategic Needs Assessment is to provide this clear understanding across all aspects of the strategic intentions captured within the strategy. We brought together the available data (qualitative and quantitative) on the mental health and wellbeing of the population of Lanarkshire, their mental healthcare needs, current service provision, and other available intelligence, to plan how we best meet these needs over the period of the strategy.

A separate document has been assembled in collaboration between NHS Scotland, (NSS, ISD) and local public health, mental health and social work analysts. The data captured and analysed will inform the detailed planning required for implementation of the strategy. The Strategic Needs Assessment document covers population wide data and information including births, life expectancy; deprivation and isolation as key risk factors for mental health and wellbeing, prevalence of mental health conditions and provide insight into each of the 5 core areas of priority described in the strategy.

## **6.1. Population Estimates and Projections**

The population of Lanarkshire is 658,130 with 339,960 people living in North Lanarkshire and 318,170 in South Lanarkshire (2017 Mid-Year Population Estimates):

- The median age of the population is 42, the same as for Scotland as a whole. The median age of the North Lanarkshire population (41) is slightly younger than that of South Lanarkshire (43)
- 5.4% of the population are aged under 5 (5.5% in North Lanarkshire and 5.3% in South Lanarkshire) compared to 5.2 in Scotland as a whole
- 11.5% are aged 5-14 years (12% in North Lanarkshire and 11% in South Lanarkshire) compared to 10.7% in Scotland as a whole
- 64% are of working age, the same as Scotland as a whole. The figures for North Lanarkshire and South Lanarkshire are 64% and 63% respectively
- 18% are of pensionable age (17% in North Lanarkshire and 19% in South Lanarkshire) compared to 19% across Scotland
- There are 21,582 (6.8%) more women than men
- Lanarkshire has an under 18 population of circa 140,601

Fig 1.1 Projected Population of North Lanarkshire by age and gender, 2017 and 2037

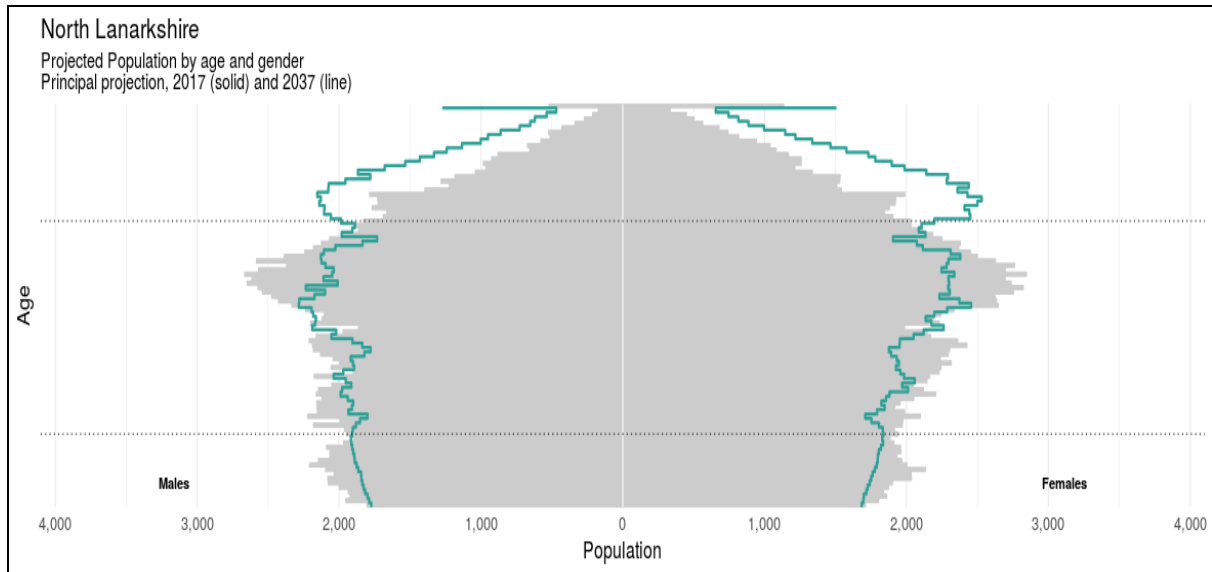
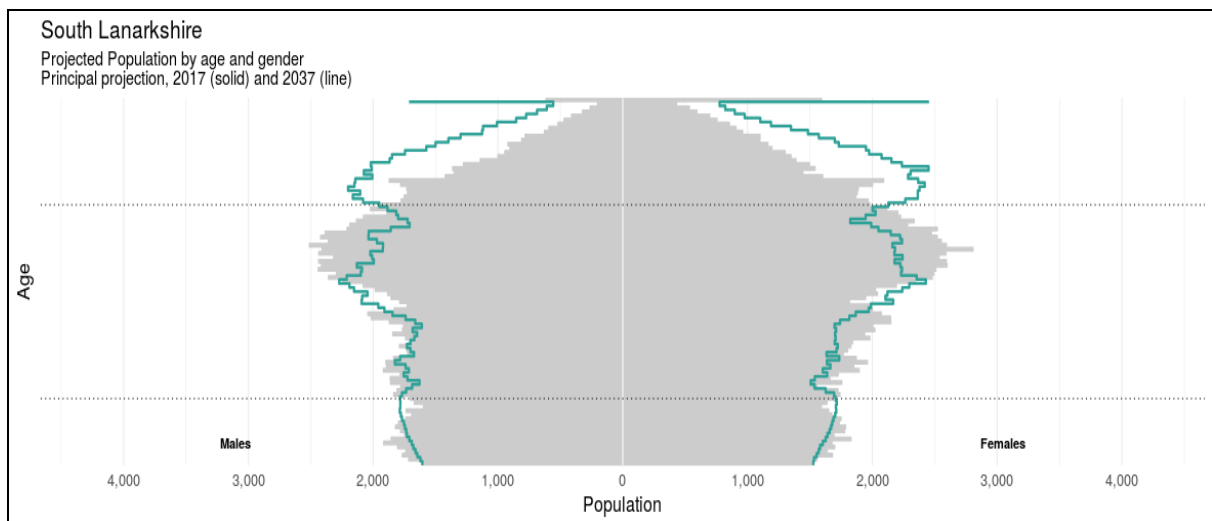


Fig 1.2 Projected Population of South Lanarkshire by age and gender, 2017 and 2037



The latest projections of Lanarkshire’s future population are based on 2016 estimates. These show that the population will rise by about 1.5% in the next 10 years and by 1.8% overall in the 20 years to 2037. However, the population profile will change markedly over this period:

- The population aged 75 and over is projected to increase by 26.9% between 2017 and 2027, with a further increase of 29.2% over the following 10 years, resulting in an overall increase of 32,389 more people aged 75 and over by 2037.
- The largest fall in population will be in the 50-54 age range, with a projected decrease of 9,310 (17.9%) by 2037.

Our local data and information tells us that 90% of people experiencing mental health problems are seen largely within primary care by General Practitioners mental health nurses and other practitioners.

The Mental Health Foundation research states that the groups experiencing higher prevalence of mental health problems include; Black, Asian and minority ethnic groups, Refugees and asylum seekers, Learning disability, People with a physical health problem, LGBT people, Carers, Domestic violence, Homelessness and Substance misuse Based on the Scottish Health Survey combined results (for Lanarkshire Health Board Area) 2012-2014<sup>10</sup>:

- 13.1% of the Lanarkshire adult population self-reported common mental health problems via General Health Questionnaire 12, a positive reduction from 14.8% (2008-2011) and lower than the national average of 15.4%
- Levels of self-reported wellbeing increased to an average score of 50.6 out of a possible 70 via Warwick Edinburgh Mental Health and Well-being Scale, a positive increase from 49.4 (2008-2011) and higher than the national average of 50.0
- Levels of self-reported life satisfaction increased to an average of 7.7 out of a possible 10, a positive increase from 7.5 (2008-2011) but slightly lower than the national average of 7.85

## **7. Programme Approach**

We recognise that redesigning support and services to meet people's needs across the scope of the strategy settings is complex and that it will require collaborative partnership working across organisational boundaries.

### **7.1. Communication and Engagement**

A communications strategy has been developed to set out practical steps detailing a strategic approach to what, when, who and how communications and engagement will measurably support the design and development of the Lanarkshire Mental Health & Wellbeing Strategy. A Communications and engagement group has been established with membership from service users, carers, and voluntary and Third sector organisations to act as a reference group and influence and inform all aspects of the strategy design and development.

The Communications and Engagement Strategy will aim to:

- a. Design and set out a framework that will enable effective stakeholder engagement and communication
- b. Ensure all those with a stake in the development and delivery of a Lanarkshire Mental Health & Wellbeing Strategy have been identified and are engaged appropriately
- c. Capture lived experience
- d. Ensure that communication is coordinated across all partner organisations and that all messages are consistent

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<sup>10</sup> Provided by Population Health Team, Analytical Services Division, ISD (26/10/2015)



- e. Ensure all feedback and comments are captured in a structured and manageable format
- f. Ensure all interested partners – service users, staff, elected members, other organisations etc. – are informed

## 7.2. Public and Service User Perspectives

Involving key people and organisations in the design and development of the strategy is a key principle in our approach. We are committed to engaging all stakeholders from the outset to ensure an inclusive, interactive approach that listened to and fed back to patients, carers, families and communities is implemented. A key component of the governance structure has been a Communication and Engagement sub group with membership open to individuals with lived experience, voluntary and third sector organisations, advocacy groups to act as a reference group and key contributor to the strategy development as well as a key distributor of information to keep people informed and engaged over the period of the strategy design and development towards a co-designed model for the future. This approach will continue throughout the implementation stage also.

## 7.3. Strategy Programme Governance

In order to strengthen effective planning, leadership and governance for mental health the strategy has identified priorities for mental health, wellbeing, support and services in Lanarkshire.

The Governance infrastructure below sets out the areas of work identified within the strategy.

Since the initiation of the strategy development we have engaged a wide range of contributors from across health, social work, social care, voluntary, community and third sector organisations as well as service users, carers and their families.

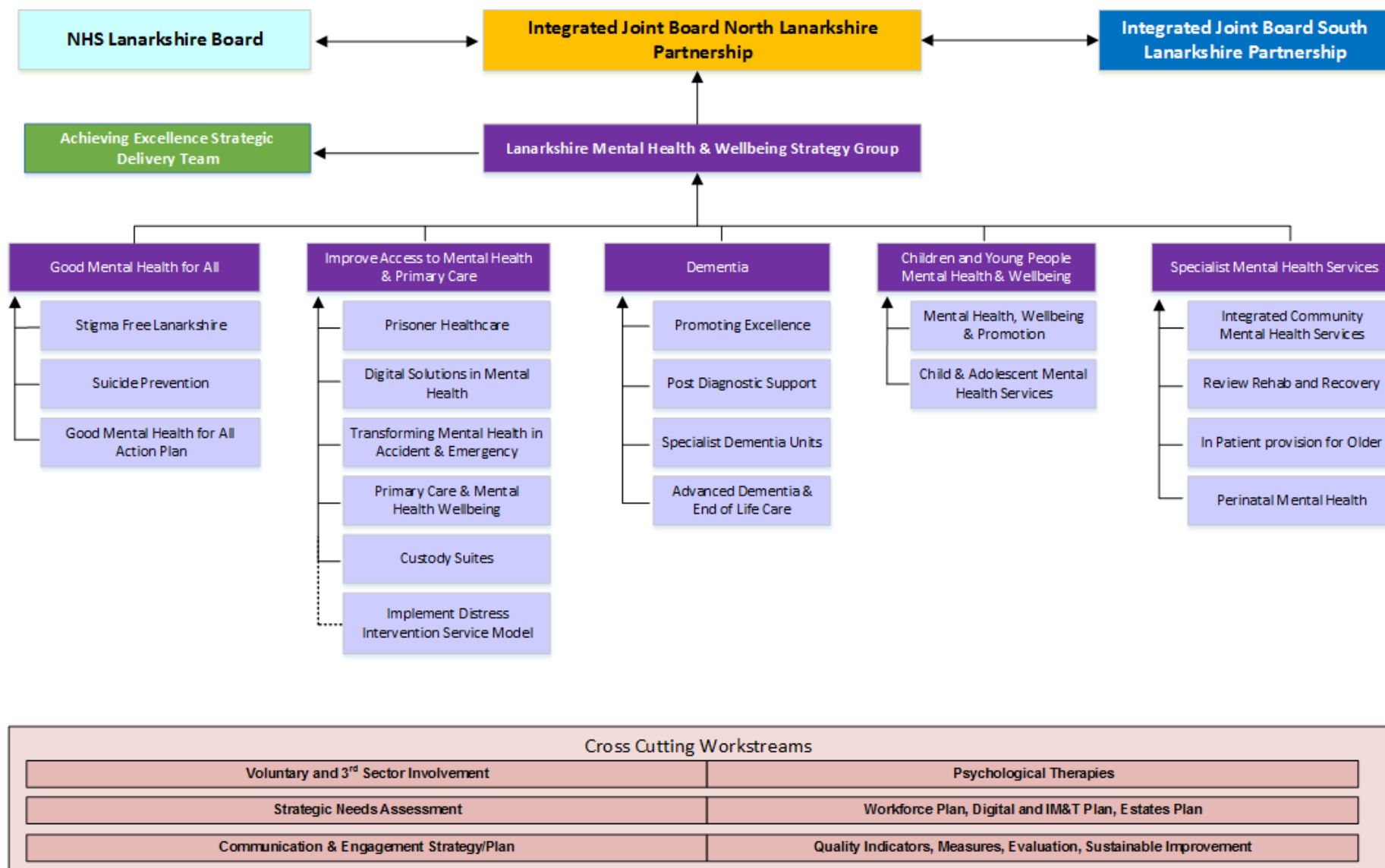
To ensure a plain English approach to the development of the strategy all contributors have worked with the following guidance. Each of the main chapters describe:

- a. The vision and if agreed the shared vision
- b. An understanding of where we are now across Lanarkshire
- c. Where we wanted to be (*in 5 years or over the period of the strategy*)
- d. What do we need to do to get there (*high level actions*)
- e. How will we know we have achieved this (*outputs/outcomes*)

The scope and priorities of the strategy is illustrated in the diagram below. However, it is important to note that the needs of all groups accessing mental health supports and services will be considered throughout the strategy development and implementation.



## Lanarkshire Mental Health & Wellbeing Strategy Programme Governance



## 8. Strategies Core Priorities and Developments

The following sections represent the core priorities to be taken forward to redesign and put in place, new ways of working over the period of the strategy.

Each core priority will have a suite of documents with agreed high level actions plans and associated documents developed for implementation over the period of the strategy.

### 8.1. Good Mental Health For All

This section of the strategy covers:

- **Stigma Free Lanarkshire**
- **Suicide Prevention**

Our vision is for a Lanarkshire where everyone has good mental wellbeing from before birth through to later life and where those experiencing mental ill health are supported to recover and have good mental wellbeing, free from stigma and discrimination.

To achieve this vision we have to recognise the strong relationship between inequalities and poor mental health. The primary causes of health inequalities are rooted in the political and social decisions and priorities that result in an unequal distribution of income, power and wealth and how this can lead to poverty and marginalisation of individuals and groups.<sup>11</sup>

Inequalities can be both a cause and effect of poor mental health. Experiencing social disadvantage such as poverty, adverse childhood experiences (ACEs), drug and alcohol misuse, poor social networks or unemployment can increase the risk of mental ill health.

A recent evidence based briefing by Health Scotland on mental health inequalities (2017) describes how negative social factors can cumulatively impact on mental health.

*“Current thinking suggests the link between social status and mental health problems is the level, frequency and duration of stressful experiences and the extent to which these are buffered by social and individual resources and sources of support. These stressful experiences (including poverty, family conflict, poor parenting, childhood adversity, unemployment, chronic health problems and poor housing) occur across the life course and contribute to a greater risk of mental health problems if they are multiple in nature and if there are no protective factors to mitigate against their negative impact”.*

Inequalities can however also be an effect of mental ill health as the experience of mental ill health can negatively impact on people’s ability to actively contribute to employment, their social networks and their relationships.<sup>3,4</sup>

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<sup>11</sup> <http://www.healthscotland.scot/health-topics/mental-health-and-wellbeing>

People with mental health problems often experience poorer health and social outcomes compared to the wider population. Approaches to care and treatment should therefore embed recovery principles emphasising the importance of positive relationships, education, employment and purpose alongside reductions in clinical symptoms. (Ref 22 in GMHFA)

In addition, the stigma, discrimination and social exclusion experienced by people with mental ill health can also impact on inequalities and mental wellbeing for both people with lived experience, and their families. In the most recent Scottish Social Attitudes Survey (2014) over one third of people (37%) who identified as having experienced a mental health problem had experienced some negative social impact as a result of their health status (for example they had been discouraged from attending an event, been refused a job, or been verbally or physically abused) and may well prevent individuals seeking early support and treatment (SSAS, 2014).

Mental health stigma and discrimination can also be exacerbated by discrimination in relation to other inequalities including race, gender, sexual orientation and disability (BMHFA, 2016).

Mental health inequalities are however neither acceptable nor inevitable.

In Lanarkshire, we therefore want to focus our efforts on addressing the individual, social, economic, environmental, and cultural factors that lead to inequalities. By improving the circumstances in which people are born, grow, live, work and age we can strive to ensure everyone is afforded the right to develop, enhance and maintain their mental health and wellbeing throughout the life course.

In 2016 Health Scotland produced Good Mental Health For All which set out the role that good mental health plays in creating a fairer healthier Scotland. This report describes the key factors which operate at the level of the individual, their social circumstances and the wider environment which are protective of good mental health and those which are risks to good mental health. These are outlined in Table 1 below.

**Table 1 Protective and risk factors for good mental health**

	<b>Protective factors</b>	<b>Risk factors</b>
<b>Environmental factors</b>	Social protection and active labour market programmes against economic downturn Equality of access to services Safe, secure employment Positive physical environment including housing, neighbourhoods and green space	High unemployment rates Economic recession Socio-economic deprivation and inequality Population alcohol consumption Exposure to trauma
<b>Social circumstances</b>	Social capital and community cohesion Physical safety and security Good, nurturing parental/care relationships Close and supportive partnership/family interaction Educational achievement	Social fragmentation and poor social connections Social exclusion Isolation Childhood adversity (Gender-based) violence and abuse Family conflict Low income/poverty
<b>Individual factors</b>	Problem-solving skills Ability to manage stress or adversity Communication skills Good physical health and healthy living Spirituality Self-Efficacy	Low self-esteem Loneliness Difficulty in communicating Substance misuse Physical ill health and impairment Work stress Unemployment Debt

At a population level this means creating the conditions for good mental health and wellbeing throughout the entire life course and recognising the importance of relationships, resilience, social connectedness and wider social and environmental factors and how these impact on wellbeing at all stages. There needs to be a specific focus on improving the life circumstances and opportunities of people who are experiencing challenges and a recognition of the interrelationship between mental health and other vulnerabilities such as poverty, addictions, criminal justice and homelessness.

Taking a life course approach also recognises key transition points where there are opportunities to promote mental wellbeing at a population level (e.g. pregnancy and parenthood, transition to adolescence and adulthood, unemployment or retirement) and

also highlights opportunities to intervene early with those most at risk as a result of wider vulnerabilities.

Early intervention in early years, childhood and adolescence is crucial as the strongest prediction of life satisfaction in adulthood is emotional health as a child and evidence suggests the majority of mental health problems emerge in childhood. There is a growing body of evidence on Adverse Childhood Experiences whereby children who have experienced cumulative key risk factors such as bereavement, parental divorce, abuse, parental drug or alcohol misuse, and parental mental illness have been shown to be at higher risk of both physical and mental ill health in adulthood (BHFA, 2016). The family, the environment and the wider community in which a child is raised are therefore the most important determinants of wellbeing thus promoting and supporting bonding and attachment pre and post birth, parenting skills, and promotion of children and young people's wellbeing through education and community settings must therefore be a high priority for all.

As people move into adulthood relationships and responsibilities change as people become partners, employees, parents and carers and all of these responsibilities can positively or negatively impact on mental wellbeing.

The importance of secure employment to good mental health is well documented as it enables people to contribute and develop social capital as well as have financial independence. However people with mental health problems are more likely to be in low quality and insecure employment or unemployed which can negatively impact on their health.

Therefore there is a need to work with local employers to promote work environments and conditions which value staff, support mental health and wellbeing and address mental health stigma and discrimination. Community planning partner agencies should be exemplar employers in this respect.

The importance of promoting mental health and wellbeing in later life is an area which has received increasing recognition in recent years. People are living longer and there is a need to work with local communities and the third sector to ensure strong and resilient social and community networks which encourage and support independence and connectedness and reduce loneliness and isolation, particularly at key transitional points such as retirement and bereavement. In addition, older people make an invaluable contribution through caring and volunteering roles and this should be recognised and supported to allow carers' own health and wellbeing to be maintained.

### 8.1.1. Suicide Prevention

Every death by suicide is a tragedy that has a far reaching impact on family, friends and communities long after a person has died. There has been a national focus on reducing suicides since 2002. Since then there has been a 19% reduction in the suicide rate across Scotland.

The local and national vision is for suicide to be preventable, help and support is available to anyone contemplating suicide and to those who have lost a loved one to suicide.

Every Life Matters: Scotland's Suicide Prevention Action Plan (2018) outlines a range of actions aimed at continuing the downward trend in deaths by suicide based on known and emerging evidence about factors which can be associated with suicide. These include: raising public awareness and encouraging open dialogue about suicide; staff training; developing and testing models for prevention, crisis support and digital technology; considering the needs of children and young people in local suicide prevention plans; and, developing local processes for reviewing all deaths by suicide.

Drawing from Scotland's first national mental health improvement strategy Towards A Mentally Flourishing Scotland (2009) Lanarkshire partners set out a 5 year mental health improvement action plan 'Towards a Mentally Flourishing Lanarkshire (2010).

Local partners have worked together to develop a broad range of local actions across the life course including considerable action to address adversity in early years through parenting interventions, peer education for young people, work to address mental health in later life and work to better support the needs of those with mental health problems. Local third sector agencies have been particularly instrumental in driving this agenda.

Developing the capacity of the workforce to support mental wellbeing has also been a priority area and includes the roll out of the Solihull programme across community planning partners and mental health first aid training.

Towards A Mentally Flourishing Lanarkshire also included the development of a successful, award winning social prescribing framework *Well Connected*. Building on local assets this framework has created the conditions to makes it easy for people to access opportunities to improve their wellbeing across a variety of domains by offering access to including physical activity and leisure opportunities including Greenhealth, volunteering, employment, benefits, welfare and debt advice, self-management information provision through libraries and community based stress management classes.

Programmes have also been developed to address the wider contextual factors known to negatively impact on mental health and wellbeing including actions to mitigate the impact of welfare reforms, supported employment programmes, increasing focus on educational attainment, improving housing and improving green health and physical activity opportunities. Progress has also been made through working in partnership with nationally

driven programmes to focus on suicide prevention (Choose Life); and promoting recovery (Scottish Recovery Network).

Lanarkshire has a strong record for adopting a multi-agency response to suicide prevention. A range of programmes have been taken forward including awareness raising campaigns targeting young men through local professional football clubs and local communities, development of a Suicide Prevention app, delivery of suicide prevention training and working with partners to target locations of concern.

Addressing mental health stigma and discrimination is a key priority for Lanarkshire and we have developed a close partnership with See Me, Scotland's national organisation for challenging mental health stigma and discrimination in order to take forward an ambitious three year programme of work aimed at reducing stigma and discrimination across four areas: children and young people; health and social care; communities; and, workplaces. Lanarkshire are also the host site for a national programme to ensure a compassionate and effective response to people presenting at services in distress.

Work undertaken since 2017 has resulted in outcome focused Action Plans with an overarching focus on reducing inequalities across the following six priority areas:

1. Mentally Healthy Infants, Children and Young People
2. Mentally Healthy Later Life
3. Mentally Healthy Environments and Communities
4. Mentally Healthy Employment and Working Life
5. Reducing the Prevalence of Suicide, Self-harm, Distress and Common Mental Health Problems, supported via the Suicide Safer North Lanarkshire Programme
6. Improving the Quality of Life of those Experiencing Mental Health Problems, including the promotion of recovery, stigma reduction and physical health improvement, supported via the Sigma Free Lanarkshire programme and rights based approach

The Good Mental Health Action Plans will be delivered over a five year period 2018-2023. A full list of all the actions to be taken forward can be found in [Appendix 2](#).

We will prioritise actions to ensure focus on our most vulnerable groups, including:

- Looked after and accommodated children and young people
- People who are homeless, and their families
- People with addiction issues
- People in the criminal justice system
- People with severe and enduring mental health problems

Delivery plans are in development which will enable clear timescales and progress measures to be determined for each action which will be reported annually.

The Good Mental Health For All Action Plans will be delivered as part of this strategy and spread through a range of partnerships and programmes.

We will ensure the ambitions of Good Mental Health For All (North and South Lanarkshire, 2018) are reflected in the Community Planning Local Outcome Improvement Plans and the strategic plans of all partnership agencies.

By June 2019 Delivery Plans will be developed, with identified individual or organisational lead for each action, timescales and year-on-year progress towards completion of each action will be monitored as part of the strategy implementation plan.



## 8.2. Improving Access to Mental Health Supports and Services

There are five areas of work identified within this section of the strategy.

- Prisoner Healthcare
- Primary Care and Mental Health Wellbeing Teams
- Transforming Mental Health in Hospital Emergency Departments
- Custody Suites
- Digital Solutions in Mental Health

One of the greatest achievements of mental health services over the past 30 years has been to move from a system of institutional and hospital based care, to a system of care based in the communities in which people live. Whilst the large Victorian, mental health institutions in Lanarkshire no longer exist we have more to do. We aim to be bold in what we see as the next steps in this journey, allowing more people who could benefit from mental services to access them timeously.

Our current mental health, service model is based more around mental illness than mental health, designed for those with more severe mental health problems, but also trying to cater for all with a mental health problem.

Our current mental health service is based around our Community Mental Health Teams. There is a team in each locality, with specialist skills related to the groups of people that they care for. Their remit is wide, from those with the most severe forms of illness to those with milder symptoms. People who are experiencing more distress and presenting a higher risk are often the priority within the teams, and this can mean that those with milder problems do not get as much of a focus. The teams are also supported by our inpatient mental health wards, which are discussed further in the section on Specialist Mental Health Services.

While it is important not to lose this focus, in the future we need to be able to recognise that mental health has many different aspects and needs new approaches to adapt to changing demands. Thus we must concentrate on not just mental illness, but mental health and wellbeing. This includes prevention and early intervention, offering both a range of interventions as soon as possible when a person seeks help, and in the location that they need that help. Using funding from the Scottish Government, over the next 4 years we will be employing almost 100 new staff who will be focused on expanding the provision of mental access in 5 key areas which will make the biggest difference to people who need to access mental health support and services. These key areas as mentioned above are in Primary Care, Emergency Departments, Custody Suites, Prisons, and in the digital domain.

### **8.2.1. Primary Care**

90% of people experiencing mental health problems are seen largely within primary care by General Practitioners, mental health nurses and other practitioners. One in five adults is likely to experience a mental health disorder during their lifetime this represents 20% of the Lanarkshire population. Additionally, the prevalence of these disorders is even greater in those with chronic and debilitating long term conditions which has been linked to varying levels of depression in some sufferers. Stressors like relationship difficulties, financial hardship and unemployment often precipitate poor mental health and wellbeing, and primary care and general practice has been the initial point of contact for people seeking help for mental health problems and mental illness.

At the same time, primary Care is undergoing the biggest change in a generation with the introduction of a new contract for General Practitioners. The way that primary care functions is changing with new health care professionals supporting GPs to deliver care utilising the skills of a wide range of professions to better meet the needs of people at the earliest opportunity.

Mental health and wellbeing is pivotal to this, and the provision of mental health and wellbeing supports by other organisations such as community and voluntary organisations, NHS24 and increasing range of new ways of working in primary care and community setting promises to deliver many interventions in a way that not just prevents mental health problems getting worse, but potentially helps communities become more resilient, accepting and supportive. The introduction of new mental health and wellbeing teams will follow a new model, aligned to both the Primary Care Team, and the Community Mental Health Teams who will continue to provide care for the most unwell people who need specialist input. The locally based multi-disciplinary teams will consist of a range of professionals, including third sector workers and mental health nurses, working alongside GP practices. These teams are a new resource, helping people who do not need to see a GP, and also facilitating and improving access to specialist mental health services where needed. New ways of working are being tested across Lanarkshire – they have already proven popular with both primary care staff and service users. Using robust evaluation, agreements will be reached on what works best to plan for the spread and sustainability of future models of care.

## 8.2.2. Hospital Emergency Departments

People with mental health problems and mental illness often present to Emergency Departments in one of our three acute hospitals. Our Emergency Departments deliver a good service for many people, but they are not ideally suited to help people who are experiencing distress due to mental health problems. Evidence shows that, attendances at Emergency departments are increasing, and more referrals are being made to the existing specialist teams and therefore important that we ensure that individuals are able to access the right support and service at the right time in the right place.

We therefore intend to both increase the options people have by working with partners such as the Scottish Ambulance Service, NHS 24 and others to offer other avenues where help can be obtained, especially in the period out with normal working hours, and also to add additional and new resources in the Emergency Department setting.

In Emergency Departments we currently have the presence of mental health staff most of the time however it is our intention to extend this to give 24 hour a day access on each of our 3 University Hospital sites over the period of the strategy. During 2019/20 we will work with the Scottish Ambulance Service, NHS 24 and Police Scotland to test a new way of working which enables individuals to access the most appropriate support and or service to meet their needs. The breadth of interventions will also be expanded to include Distress Brief Interventions, as one of a number of options that could be offered to those attending the Emergency Department.

### **8.2.3. Prisons – Mental Health Provision**

We provide mental health care to the 539 prisoners within HMP Shotts. Mental health problems are common in prison populations, and they have historically been under resourced. It is also acknowledged that they have high levels of both physical and mental ill health, particularly relating to complex mental illness. This has been confirmed locally with anxiety, substance misuse and trauma causing most issues. There are also concerns that with an increasing aged population within the prison service.

There is a need to ensure that we provide an equivalent level of care to prisoners as to the rest of the population. This means ensuring that they have access to a suitable range of interventions including adequate third sector, nursing, medical and psychological input, as well as recognising the potential of technology in providing some therapies.

As part of this strategy we will look to add to the current team to ensure we have the right people to deliver the right support, care and treatment. New processes for accessing care will be drawn up and used to ensure that systems and processes are fit to deliver the care, for example with group therapy, self-referral, screening, and training for staff in the prison. This will result in an increase in the number of people able to access treatment, better identification of problems with mental health at an earlier stage, and a reduction in distress.

### 8.2.4. Police Custody

NHS Lanarkshire aims to provide person centred, safe and clinically effective healthcare for people detained in Police custody. There are 4 custody suites in Lanarkshire. The service is currently a contracted service with medical input in these settings provided by contracted General Practitioners.

There is currently limited access to services such as Distress Brief Intervention and computer based support.

- Around 3,000 people contact per year who have a need for a Forensic Physician/nurse
- Around 20% are referred primarily for mental health issues

Our future work will be to improve access to specialised mental health assessment to achieve better outcomes for people suffering from mental health issues in custody, to connect better with locality-based support and mental health services and to reduce the need to transfer individuals detained by Police Scotland to Emergency department for assessment where appropriate to do so. This will result in more effective use of Police Scotland personnel and more response service to the individual. On this bases:

By April 2020 we will:

- Increase the number of skilled nurse practitioners enabling these practitioners to work within the Police custody setting improving our capacity to provide clinical assessment in this setting reducing the need to travel to Emergency Departments and enabling follow up by specialist services to be more readily accessible
- Improve follow up by specialist and or community based services to meet the needs of each individual

By April 2021/22 we will:

- Complete a review of the potential of access to telemedicine, Distress Brief Intervention and other support
- Discuss the potential of third sector support and mentorship within the custody units

We would aim to use digital technologies linking services appropriately together to meet the needs of this service user group.

We will achieve this by reviewing standard operating procedure relating to mental health assessment and treatment, establishing close collaboration with healthcare providers and developing audit systems and processes to review outcomes. We will aim to incorporate more detailed data collection on activity to continuously improve the service and develop a robust business case following consultation of what can be achieved in subsequent years. We will monitor progress through the production of an annual report and review progress and performance against the current outcome measures.

### **8.2.5. Digital**

Technological advances offer immense opportunities to mental health services, especially in an area as large and diverse as Lanarkshire. Local advances have already been considerable with web based resources such as “Making life easier” reaching many people. We have also made a difference locally using evidence based online resources such as computerised Cognitive Behaviour Therapy (CBT) and our trials on delivering high quality, reliable information in Post Diagnostic Support in Dementia show that we have many of the basic tools in place already. Building on this and ensuring that we focus on the promise that technology brings us will be essential to all of the work of the strategy.

These five key areas are all important as we look toward providing a more accessible and responsive service, but each of these areas has the potential to benefit other areas of Health, social care and indeed in communities where people live. Close links will be needed between these workstreams to achieve maximum benefit from the emergent work and really deliver a change in the way the people of Lanarkshire are able to access mental health care.

### 8.2.6. Distress Brief Interventions

Distress Brief Interventions (DBIs), emerged from the Scottish Government's work on the Suicide Prevention and Mental Health Strategies (Action 11). It is an innovative way of supporting people in distress presenting with a number of contributing factors but do not require a traditional clinical model of support.

The DBI programme is hosted in Lanarkshire, on behalf of the Scottish Government and is being piloted over 53-months (November 2016 to March 2021) in four sites across Scotland: 1. Aberdeen, 2. Inverness, 3. Scottish Borders 4. Lanarkshire.

The DBI 'ask once get help fast' approach has two levels. DBI Level 1 is provided by trained front-line staff and involves a compassionate response, signposting and offer of referral, seamlessly with confidence and clarity to a DBI Level 2 service. Level 2 is provided by commissioned and trained third sector staff who contact the person within 24-hours of referral and provide compassionate community-based problem solving support, wellness and distress management planning, supported connections and signposting for a period of up to 14 days. The programme is nurturing and delivering a shared vision for *connected compassionate support*.

Since January 2017 over 1,000 individuals have utilised this approach in Lanarkshire with good effect. The plan is to continue to work in partnership with colleagues in Aberdeen, Inverness the Scottish Borders, DBI central and national team to:

- Continue the incremental delivery of DBI across the four test sites and key staff groups, co-ordinated through the DBI training plans, ensuring that service demand does not exceed capacity
- Continue to support the independent evaluation, whilst continuing to gather routine performance data in support of the continuous improvement of DBI – interim reports are produced six monthly and independent evaluation will be published by March 2021
- Expand the Distress Brief Intervention (DBI) Programme pilots during 2019 to include people under 18 years in line with the Scottish Governments Programme for Government.

### 8.3. Mental Health & Wellbeing of People with Dementia

*In Lanarkshire every person with dementia and their carers will have equal opportunity to access timely diagnosis and high quality person centred support from diagnosis to end of life.*

In 2015, it was estimated that there were approximately 90,000 people with dementia in Scotland. In 2017/18 there was an estimated 5055 people in Lanarkshire diagnosed with dementia. New diagnosis of Dementia is gradually increasing with increasing number of people being diagnosed in between the age of 80 and 84 years.

Dementia is one of the leading causes of disability and death for individuals aged 70 years and older, and it causes significant psychological burden as well as social and financial distress to those living with it, their Carers and families. The Estimated economic cost of Dementia is 1.1% of global GDP. People with dementia have complex needs spanning the health and social sector, which require coordinated psychological, social and biomedical support. Our local services needs to adapt to changing demand as prevalence of dementia increases with age, and with increasing longevity in life, people with Dementia are living with multiple comorbidities and have more complex needs.

Like elsewhere in Scotland, there has been a lot of progress made in Lanarkshire in the past decade or so ***in transforming services and improving outcomes for people with dementia, their families and carers***. Our focus will be on the following areas:

- Promoting Excellence
- Post Diagnostic Support
- Specialist Dementia Units/Acute Hospitals
- Palliative & End of life Care



### 8.3.1. Promoting Excellence

The Promoting Excellence group aims to meet commitment 9 of Scotland's National Dementia Strategy, which states 'We will continue to support the ongoing implementation of the *Promoting Excellence* dementia health and social care workforce framework'.

We have come a very long way since Promoting Excellence was launched in 2011 alongside Scotland's first Dementia Strategy. A huge proportion of staff are currently working at the skilled, enhanced, and expertise levels in services with direct care with individuals with dementia (their families and carers) have attended training on Dementia. For example, over 700 staff have attended the two day 'Psychological interventions in response to stress and distress in dementia' and over 400 in the 'Palliative Care Training in Dementia' programmes.

Training requires to be delivered to a wider range of staff groups to ensure the wellbeing of people with dementia is recognised and distressed behaviours are not attributed to 'dementia' but understood as an interaction of complex factors that may require mental health intervention, or a social/environmental intervention.

We acknowledge that delivering face to face training requires dedicated resource to embed training into practice. Evidence demonstrates that skill development does not transfer into practice with training alone, it requires supervision, and support. Future arrangements will require quality planning, business case development to take into consideration the need for additional dedicated resource for existing staff to be released from current service requirements to provide this, or resource for staff to be employed to do this specifically for an ever increasing workforce.

Individuals with dementia should receive the most effective, safe, and evidence based care, from an informed workforce that provides dignity, expertise and ensures person centred care at all times.

We will know we have made an impact through the promoting excellence approach when staff are more informed, they are more knowledgeable and can effectively put this into practice when working with individuals and their families/carers.

### 8.3.2. Dementia Units

A service improvement group Specialist Dementia & Acute Inpatient (SDAIP) Group was formed in 2018. The group has been developed based on the work achieved and ongoing within the Acute General Hospitals, following the introduction of Commitment 10 in the 1st dementia strategy, 2011 and Commitment 11 of the 2nd dementia strategy, which concentrated on specialist Dementia units.

Commitment 7 of Scotland's national dementia strategy 2017-2020 states;

*'we will continue to implement national action plans to improve services for people with dementia in acute care and specialist NHS care, strengthening links with activity on delayed discharge, avoidable admissions and inappropriately long stays in hospital'*

The Interface between Specialist Dementia Care and Acute hospitals is a key factor in providing high quality seamless care. A finding of the Mental Welfare Commission report into the death of Mrs V was the adverse impact of numerous transfers between the two settings.

The Specialist Dementia & Acute in-patient Progress Group will be the platform to ensure delivery of seamless care and will endeavour to provide the means to empower staff to deal with situations/skills out with their usual practice, whether it be physical or stress and distress related interventions across acute Hospital services, Old Age Psychiatric Liaison Services and delayed discharge ensuring individuals using these services needs are met and their carers supported throughout the journey.

### 8.3.3. Post Diagnostic Support

At present the majority of care and support provided in the post diagnostic period is delivered by Older Adult Community Mental Health teams that are not sufficiently resourced at present and do not have the capacity to meet the growing demand presented within Lanarkshire.

Currently there is also limited awareness and understanding of Dementia as a terminal illness across both health and social care settings, therefore there is a lack of a whole systems holistic approach to dementia care throughout post diagnostic period.

Lanarkshire has made crucial progress in diagnosis rates, post-diagnostic support, and in improving the experience of people with dementia and that of their families and carers in various settings like acute hospitals however there is more to do.

The data available for post diagnostic support shows the progress being achieved in Lanarkshire for the percentage of people estimated to be newly diagnosed with dementia who were referred for post – diagnostic support at 61.3% (LDP Target % 100%; which is well above the national average is 46.7%). In relation to the percentage of people referred that received 12 months dementia post-diagnostic support, Lanarkshire is now at 88.5% (LDP Target % 100%; National average is 83.9%).

We must continuously improve our practice to:

- Offer timely, consistent, person-centred, coordinated and flexible support, taking into account of individual needs and circumstances for people living with dementia and their carers across a range of settings, including hospital and the community
- Redesign and transform services enabling the majority of the care for the person with Dementia who is increasingly being diagnosed in later life to be delivered in our communities. Include a flexible and responsive approach to palliative and end-of-life care for people with dementia responsive to their individual needs. We would want to involve and encourage carers input throughout the journey of the person with Dementia
- Involve carers' in ensuring their own needs are being recognised and addressed. We would provide good quality, dignified, safe and therapeutic treatment, care and support to all and in all care settings – at home, in acute hospitals or specialist NHS facilities

### **8.3.4. Advanced Care and End of Life Care**

Scotland's Dementia Strategy (2017) Commitment 5 is the primary driver underpinning the need for service redesign and development in relation to the care of individuals with a diagnosis of dementia in the advanced stages of their illness.

The principle behind this commitment is to provide equality of care and treatment to support decision making for individuals with advanced dementia comparative to individuals with other types of terminal diagnosis.

The evidence would suggest that at the point of diagnosis there is a lack of forward planning and understanding of the progression of this illness and the level of care and support that is required by both patients and carers particularly in the end stages of Dementia. It is not widely recognised as a terminal illness.

We will work to the long terms goal for 'a person with dementia and their families to be able to choose where a person dies (all things being equal) just as with any other individual with a terminal illness. Service and supports for including hospice care will be accessible and available to ensure there is equity of care and support for all individuals with a terminal diagnosis.

## 8.4. Children and Young People’s Mental Health

This area of the strategy covers a number of areas as follows:

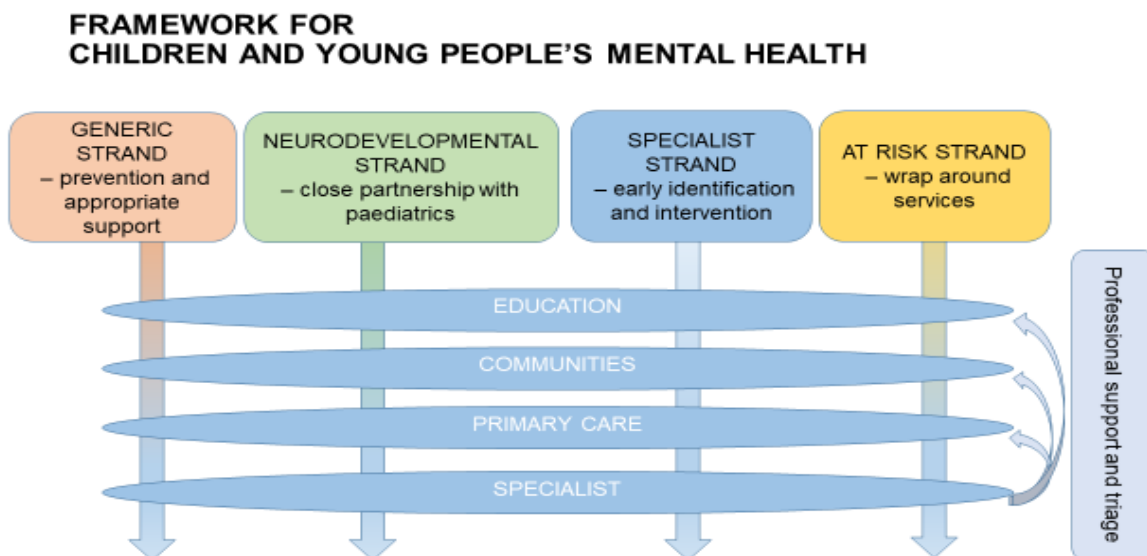
- **Children’s Mental Health & Wellbeing**
- **Children and Adolescent Mental Health Services**

Work has been undertaken by NHS Lanarkshire staff who are responsible for childrens services and work within Children and Adolescent Mental Health, public health whilst engaging with local authorities and third sector organisations. The further development of the work, overseeing and co-ordinating the implementation may require a dedicated infrastructure to integrate all aspects of children and young people’s mental health.

As a whole system approach is in the best interests of children and families this work will be carried out taking into consideration the emergent national approach alongside the childrens services plans in each Health & Social Care Partnership area.

It is anticipated that the work will follow the themes as set out by the national taskforce as shown in the diagram below.

**Figure 2**



Recognising, respecting and promoting the rights of children and young people is essential to improving outcomes for all children and young people. From 1<sup>st</sup> April 2017 all public bodies must report every three years on the steps they have taken under Part I of the

Children's and Young People (Scotland) Act 2014, to implement the United Nations Convention on the Rights of Children (UNCRC) requirements.<sup>12</sup>

Our vision is to maximise the mental health and wellbeing for all children and young people in Lanarkshire building on the principles of Getting it Right for Every Child (GIRFEC) which sets out a clear picture of services working together holistically to support children and their families. To achieve this we will link closely with the Children's Services Plans in North and South Lanarkshire, the Good Mental Health For All action plan and the NHS Lanarkshire Children's Health Plan.

The vision recognises and is committed to the United Nations Convention on the Rights of the Child which means that we recognise that children and young people have the same basic general human rights as adults and also specific rights that recognise their specific needs.

We will aim to provide the best possible start for our children and young people within Lanarkshire by providing the right support at the right time, listening to the voices of the children and their families and adopting an early intervention approach which is focused on outcomes.

Delivery will require a whole system approach including health, education and crucially children and families themselves. This will ensure that children and young people and their families are supported in good mental wellbeing and that they will get help and support quickly from all health and social care services and access to specialist services when mental ill health occurs.

Delivery of this vision will see an inclusive approach which covers the whole developmental period from preconception through perinatal and infant mental health in to childhood, adolescence and early adult-hood. This is at the heart of The Children Services Plans within both North and South Lanarkshire, which are jointly produced by a range of agencies who work together to improve services for children, young people and their families.

The children and young people (Scotland) Act 2014 places GIRFEC on a statutory footing by putting children and young people at the centre of planning and delivery. This is set out in the Rights Wheel - GIRFEC and Children's Rights that best describes how it all fits together. ([Appendix 1](#))

Building on the strong foundations created by DBI and the positive early observations, the Scottish Government committed to *expand the Distress Brief Intervention (DBI) programme pilots during 2019 to include people under 18* as part of its programme for Government 2018-2019, in the document titled: *Delivering for Today, Investing for*

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<sup>12</sup> <http://www.legislation.gov.uk/asp/2014/8/section/2/enacted>

*Tomorrow: The Government's Programme for Scotland 2018-19*, which was published on the 4<sup>th</sup> September 2018. See page 65

Shortly following the above announcement, the Chair of the *Children and Young People's Mental Health Task Force (C&YPMHTF)*, published their *Preliminary View and Recommendations report*, with Audit Scotland subsequently publishing, *Children and Young People's Mental Health* Both reports call for a step change in how mental health supports and services are delivered, with the following key themes and recommendations being highlighted across both reports:

- The need for a stronger focus on prevention, social support and early intervention, beyond the current focus on specialist mental health services, which has seen a 22% increase in referrals to specialist services over 5 years, with an increase of 24% in the number of rejected referrals during the same time, and an average wait of 11 weeks for a first appointment
- The need to provide a wider range of generic, less specialist services which are more able to respond appropriately for those who don't require clinical intervention, which will free up specialist services to see those in most need
- The need to review alternative models of supports and services and consider a co-ordinated approach to piloting alternative models
- The need to build the evidence base on 'what works' and share good practice.
- Better information and understanding for the public, all agencies and services, of where emotional distress is best addressed

The preliminary view and recommendations by Dame Denise Coia as the chair of the Children and Young People's Mental Health Task Force which has now moved to a delivery plan, endorses this vision and acknowledges the challenges that surround the accountability and governance for children and young people's mental health services. Helpfully the work of the task force has been described in four strands which although not mutually exclusive describe a grouping together of characteristics of people who may need similar services.

The four strands are:

- A generic strand of children and young people experiencing emotional distress and anxiety
- A specialist strand of children and young people with serious mental health problems who require rapid access, assessment and treatment by specialist CAMHS
- A neurodevelopmental strand that may indicate a neurodevelopmental disorder requiring specialist assessment and support from a range of specialists
- A risk strand of children and young people who have serious or multiple adverse experiences and who may be looked after or in care

Over the next two years however the Children & Young People's Mental Health Task Force, intend to produce recommendations as to how Scottish CAMHS services will be delivered within a structured model. Where earlier intervention through Midwifery, Health

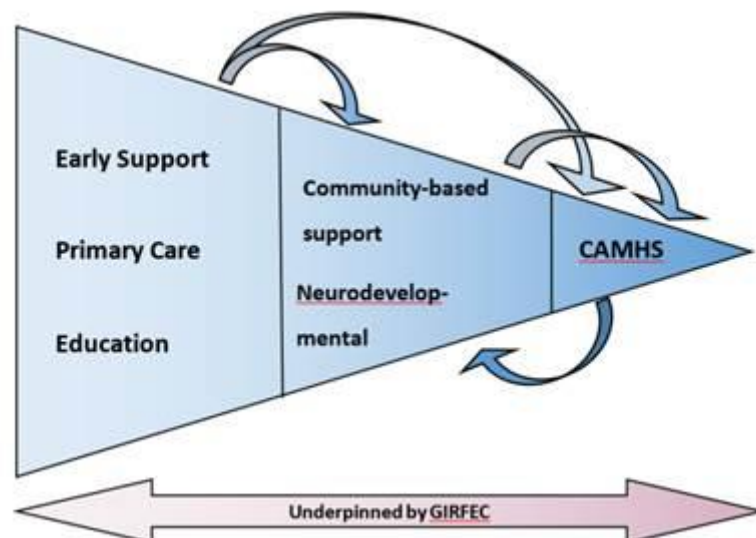
Visiting Universal Pathway, including supporting women to breast feed their babies, Positive Parenting programmes aimed at improving attachment and nurture in developing positive mental health and wellbeing for both mum and baby, Schools Counselling, School Nursing teams, Distress Brief Intervention for under 18's and Mental Health First Aid training for all teachers.

It is therefore our intention to fully implement all aspects of the Health Visiting Universal Child Health Programme alongside the new role of School nursing outlined by the Chief Nurse for Scotland and counselling in Schools in line with the national mental health strategy, to implement evidence based programmes such as the psychology of parenting programme supporting positive attachment and nurture. Furthermore it is our intention to positively promote and support women to breast feed their babies moving Lanarkshire from a county where breast feeding is done by the few to done by the many ensuring both mother and baby have the best possible start in life. We are committed to working across health, both local authorities and the third sector to ensure we have a joined up consistent seamless support and treatment where required ensuring our children and young people thrive.

The task force has made recommendations to try and intervene earlier, reduce the reliance on CAMHS for low intensity issues and to reduce the waiting times and rejection of referrals for those who really need the service.

The graphic above at figure 2 illustrates the strategic direction and at figure 3 here describes a future model that will see access to mental health support and services increase and be more accessible.

**Figure 3**



To support delivery against the vision a workforce strategy will be developed to ensure a competent and confident workforce that will make best use of the ability and resources.



As the recommendations of the task group are fleshed out and become more directive the local CAMHS service will engage with partners through short life working groups ensuring a link with work around strategy development, prevention and transition.

## 8.5. Specialist Mental Health Services

Within NHS Lanarkshire's Healthcare Strategy, 'Achieving Excellence', March 2017 there were specific objectives that mental health services were working towards, some have been fully achieved and others are ongoing and as such will jointly sit within Achieving Excellence, Mental Health & Wellbeing Strategy and Strategic commissioning plans for North and South Lanarkshire Health & Social Care Partners.

There are four identified work streams within the Specialist Services section of Lanarkshire Mental Health & Wellbeing Strategy:

- Review of Older Adult Inpatient Services
- Integration of Community Mental Health Services within Locality Teams
- Review of Rehabilitation & Recovery Services
- Perinatal Mental Health Services

Our vision for specialist mental health services in Lanarkshire is that:

- People can get the right help, in the right place, at the right time
- Safe person centred effective and high quality care can be accessed by all those who are adversely affected by mental illness timeously
- Services are joined up, person-centred and focussed on prevention, social support, early intervention and recovery
- Those affected by mental health problems can fully enjoy their rights, free from discrimination and stigma

### 8.5.1. Review of Older Adults Inpatient Provision

Our ambition for Mental Health inpatient Services is ultimately is to have our inpatient services located within two sites across NHS Lanarkshire.

Mental Health Inpatient provision is one of the key work streams within the Lanarkshire bed modelling steering group involving key clinical and management staff invited from the Mental Health service and colleagues from Planning within the two Health and Social Care Partnerships.

As part of NHS Lanarkshire's Healthcare Strategy, 'Achieving Excellence', Older Adult Inpatient Services and adult services were reviewed. All acute adult and older adult inpatient beds were relocated to ensure all provision was on a District General Hospital site by 2018.

The specific areas for review are:

- The current inpatient provision for older adult services
- Older adult community mental health service structure and model

- Contracted bed provision: an overarching principle is to bring contracted beds back into NHS Lanarkshire estate, which will allow us to develop a more cost effective and flexible model that will better meet the expectations of patients and staff, whilst providing more control over the quality and safety of care provided

### **8.5.2. Integration of Community Mental Health Services within Locality Teams**

Integration of community mental health teams is a key action within the Mental Health work stream of NHS Lanarkshire's Achieving Excellence strategy.

The transfer has already begun and is being progressed in North Lanarkshire Health and Social Care Partnership. The transfer of the operational management of South Lanarkshire Community Mental Health services to South Lanarkshire Health and Social Care Partnership was approved in principle at South Lanarkshire IJB with a 3 year work plan to be developed to consider staff, financial and clinical care governance.

### **8.5.3. Review of Rehabilitation and Recovery Services**

The Mental Health & Rehabilitation Service in NHS Lanarkshire aspires to a "whole system approach" to recovery from mental illness, which maximises an individual's quality of life and social inclusion, maximising treatment, encouraging skills and promoting independence and autonomy, in order to promote hope for future and lead to successful community living through appropriate support "Wolfan, Holloway F, Killaspy H" (2009). What makes the Mental Health Service Rehabilitation & Recovery Service unique is the understanding about the length of time the team expects the patient to reach the recovery goal. The maintenance of therapeutic optimism throughout this time is paramount. The aspiration would be to have an effective mental health rehabilitation service and to achieve this there needs to be a managed functional network across a wide spectrum of services. This would include Inpatient Rehabilitation Beds, Community Rehabilitation Services and close ties to locality based Community Mental Health Teams, Social Care Services and Third Sector Support.

The enhancement of the Community Rehabilitation Team and provision of a dedicated psychology post working with community and inpatients would be a major step forward. There should be an emphasis on all parts of rehabilitation having a sense of connection with each other and expectation for work across both inpatient and community settings. This requires clear agreements and pathways with Community Mental Health Teams regarding how they will work differently to better meet the needs of this group of service users.

#### **8.5.4. Perinatal Mental Health**

The NHS Lanarkshire Perinatal Mental Health Service (PMHS) provides safe person centred effective and high quality care to women and their families who are being adversely affected by maternal mental illness.

The service aims to identify those women who are at highest risk of experiencing Maternal Mental Health and work in partnership with them to proactively improve resilience and recovery.

The Service currently meets 82% of the Royal College of Psychiatrists Perinatal Mental Health Clinical Quality Network Community Standards (Category 1). This means that currently the service only accept referrals of women up to 6 weeks post natal although are able to provide support to families on their case load up to 1 year post natal. Currently the service is able to focus on those women with the most complex need with those with less complex needs being managed within Adult Community Mental Health Services. Therefore there is a need to improve access to this specialist service meeting all of Royal College of Psychiatrists Perinatal Mental Health Clinical Quality Network Community Standards (Category 1). Over the duration of the strategy we will:

- Consider the outcome of the Managed Clinical Network mapping the service against the national standards with a view to improving services in Lanarkshire to include the further development of the specialist multi-disciplinary perinatal mental health team in Lanarkshire
- Identify and utilise opportunities for the early detection/intervention within Primary Care and Midwifery Services in relation to the detection and management of perinatal and infant mental health
- Identify and engage with Community based assets (third sector) in meeting the needs of this client group such as Homestart Glasgow North/Lanarkshire and Crossreach Bluebell Counselling services.

The recent investment in Perinatal Mental Health services of £50 million across Scotland will enable us to achieve this enabling women to recover, bond with and nurture their babies enabling their start in life to be improved and positive mental health and well-being of the child to be achieved.

## **9. Pharmacotherapy in Mental Health**

### **9.1. Mental Health & Wellbeing Strategy - Pharmaceutical Care**

The use of medicines is a core aspect of managing mental illness and they should be used in conjunction with other established treatments and therapies where appropriate. NHS Lanarkshire's Achieving Excellence's quality ambitions are to deliver patient-centred, safe and effective care and include a vision for medicines management where 'All service users, regardless of their age and setting of care, will be supported to ensure they get the best possible outcomes from their medicines while avoiding waste and harm.'<sup>1</sup>

An NHS Lanarkshire Medicines Quality Strategy is currently being developed with the following objectives in relation to medicine use:

- Improving the Quality and Safety of Medicines Use
- Delivery of Person Centred Care
- Effective Use of Resources
- Developing the workforce

Achieving parity of esteem between physical and mental health is a widely accepted priority in health services, and therefore mental health services should aspire to these broader medicines objectives. The pharmaceutical care aspect of Lanarkshire's Mental Health & Wellbeing Strategy is aligned with these board-wide strategic ambitions.

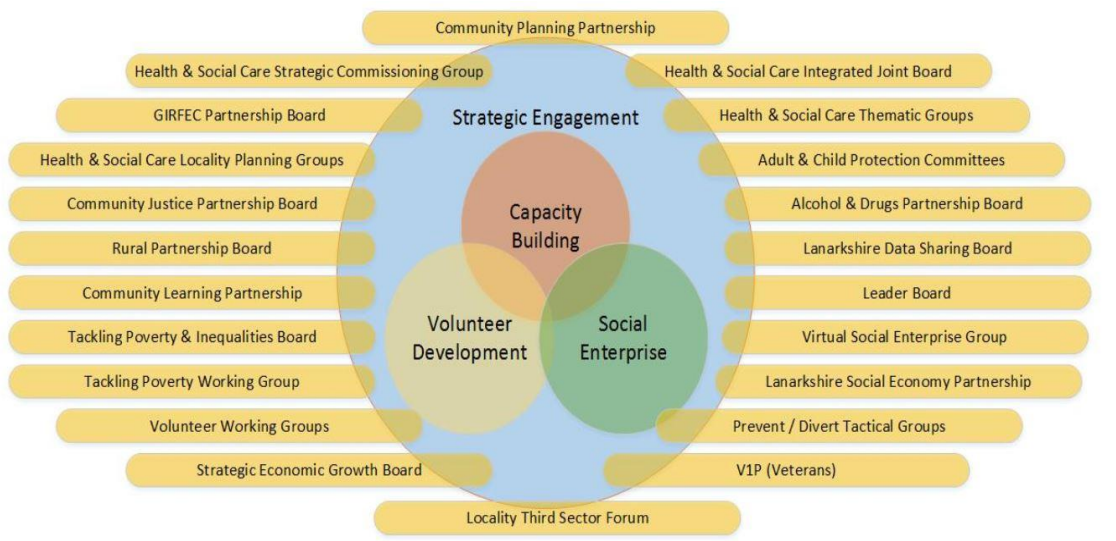
## **10. Working with the Voluntary Organisations and Third Sector**

Third Sector Interfaces across Scotland are required by the Scottish Government to act as a key point of intelligence about local third sector organisations and volunteering.

### **10.1. Voluntary Action South Lanarkshire**

Voluntary Action South Lanarkshire (VASLan) is South Lanarkshire's Third Sector Interface. VASLan participates in a number of strategic partnership boards, groups and networks representing the Third Sector at all levels of engagement which cover the four core areas (Volunteering; Social Enterprise; Organisation Support and Strategic Engagement). We understand the value and impact of the Third Sector in South Lanarkshire in generating more than £40m worth of revenue for Health & Social Care and Children's Services and in demonstrating the highly significant contribution of its staff and volunteer workforce.

VASLan engages with the Third Sector and localities at all levels to strengthen the relationships and ensure that the voice of the community is heard at a strategic level.



To fulfil the aims of the Lanarkshire Mental Health & Wellbeing Strategy Voluntary Action South Lanarkshire (VASLan) has identified a range of actions designed to improve on how VASLan as the Third Sector Interface for South Lanarkshire provides the best outcome for our Third Sector and statutory partners. Through a combination of actions we attempt to provide a greater understanding of the scale and range of activity delivered by Third Sector organisations and with a focus on localities support a better understanding of unmet need in communities and enable improved planning across the wider partnership.

To ensure a continuous flow of information between strategic and Third Sector partners VASLan as the central source of Third Sector knowledge and intelligence has built and compiled significant resources – EPI (Engage Promote & Involve) which underpin the Locator Tool, Virtual Networks, focused Third Sector Forum and a plethora of surveys, reports, briefing papers and consultations. Additionally, both directly and indirectly, we focus on mental health provision across South Lanarkshire through:

- A dedicated officer with a specialist remit for children & young people promoting the GIRFEC strategy to the third sector as well as delivering training, holding information events and in the strategic development of various aspects of child protection and children & young people’s services
- As part of our wider health and social care involvement and collaborative work with NHS Health Improvement we are supporting the roll out the ACES and Resilience Communication Programme to the Third sector. This is an ongoing programme designed to highlight to the sector the proven link between adverse childhood experiences and poor mental and physical health enabling them to support resilience in the people that they work with
- Through our health and social care involvement we have worked with the sector to identify and demonstrate the Third sectors contribution to the National Health and Wellbeing Outcomes of which mental health and wellbeing are a key feature
- Our Locator database is an invaluable resource that can be utilised across South Lanarkshire by everyone to promote wellbeing in the community
- Our locality based Third Sector Forum structure is a platform that allows the sharing of information across a range of Third Sector partners including a group of key Third

Sector partners who support the TSI to contribute to key agenda areas. The locality Third Sector Forum events are also open to partner agencies to engage directly with Third Sector groups at a local level

In seeking to meet future strategic expectations within the strategy, VASLan as the Third Sector Interface will continue to build on our knowledge of the sector, identifying gaps and development opportunities. Our key objective continues to support and encourage asset based approaches in the community that improve and maintain good mental health and reduce health inequalities.

We will also continue to play an active role within the framework of the implementation strategy, supporting and building on the Third Sectors contribution and encouraging collaboration and partnership working with statutory bodies and the private sector.

## **10.2. Voluntary Action North Lanarkshire**

There are over 2000 community and voluntary groups in North Lanarkshire most if not all of which contribute to local people's mental well-being even if this is not stated as their specific purpose or explicit or measured outcome. (By mental well-being we mean healthy emotional and cognitive development and positive experiences which help people feel good, resolve problems and develop resilience.)

As the intermediary body for the community and voluntary sector funded by the Scottish Government, North Lanarkshire Council and Health and Social Care Partnership North Lanarkshire, Voluntary Action North Lanarkshire (VANL) proposes the following actions to support development, delivery and review of Lanarkshire's Mental Health Strategy in North Lanarkshire over the next five years.

- Support formation and facilitation of a new Community and Voluntary Mental Health Network for North Lanarkshire to aid communication, engagement and influencing on mental health issues spanning promotion and protection of good mental health for all; anti-stigma; and support, care and recovery for people with mental health problems
- This network would assist the Lanarkshire Mental Health Strategy Group and Communication and Engagement Group and would also support wider engagement in mental health issues through the following North Lanarkshire cross-sector partnerships and programmes such as:
  - Community Planning Partnership, in which VANL is closely involved, including:
    - the North Lanarkshire Partnership Board and Senior Officers' Group
    - the Voluntary Sector Partnership Group and linked thematic groups
    - locality meetings
  - The Community Capacity Building and Carer Support Programme funded by Health and Social Care Partnership North Lanarkshire and hosted by VANL with extensive community and voluntary sector involvement



- Community Learning and Development Partnership, Children's Services Partnership and Community Justice Partnership through which VANL supports wider community and voluntary sector engagement on these important issues

We will work with others to secure funding to support improved evaluation and reporting of the contribution of the community and voluntary sector overall to population mental health and how this reduces demand for more expensive public services. We will use evidence arising from this improved evaluation to guide more strategic and sustainable investment in the community and voluntary sector to strengthen their contribution to improve mental health for local residents.

## **11. Interdependent Strategies**

### **11.1. Addictions and Mental Health**

Our vision is that there will be non-discriminatory equity of service delivery to people with mental health and drug or alcohol problems, irrespective of where they come into service, ensuring that they see the Right Person, in the Right Place, at the Right Time, that there will be No Wrong Door with regard to accessing services wherever the first point of contact is – in keeping with the Vision in the Mental Health Strategy for Scotland.

The UK-wide National Confidential Inquiry into Suicide and Homicide by People with Mental Illness concluded that from 2002-2012 in Scotland, of all completed suicides 58% had a history of alcohol misuse and 44% of drug misuse – combined, 69% of people who completed suicide between 2002 and 2012 in Scotland suffered alcohol and/or drug misuse, and 16% of completed suicides had a diagnosis of major mental illness and alcohol/drug dependence or misuse (generally known as “dual diagnosis” within the mental health field).

Furthermore, the UK National Programme on Substance Abuse Deaths reported in 2013 that 33% of people who died a drug related death the previous year had a mental health diagnosis; for the same time period, the National Drug Related Deaths Database (Scotland) put this figure at 56% for Scotland.

In 2013 in Lanarkshire, the Alcohol and Drug Partnership's (ADP's) annual report on drug related death reported that 73% of people who died the previous year in Lanarkshire had a psychiatric diagnosis in the 6 months before death, rising to 83% if earlier history was considered. It has been suggested that effective mental health working with this group might save more lives than drug and alcohol work (Fridell et al, 2006).

It therefore becomes clear that there is a significant cross-over between the people who see general mental health services and those who attend drug and alcohol services. Historically, it has been well-recognised in the UK that this causes problem issues for services, and for the people who use them: with people who have both mental health and substance use issues not fitting easily into the criteria for either service, and therefore



being at risk of receiving suboptimal input, conflict over which service provides care, and variable perception of which are “primary” issues – yet both problems require to be adequately addressed in care and treatment. The Scottish Government commissioned the “Mind The Gaps” report on this topic in 2003; and in 2006, “Closing The Gap”, and the Comorbid Mental Health and Substance Use in Scotland report.

The Mental Health Strategy for Scotland 2017-2027 highlighted an expectation that Integrated Authorities would ensure that alcohol and drugs services, 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.

The national strategy recommended two action areas:

- To 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
- To offer opportunities to pilot improved arrangements for dual diagnosis for people with problem substance use and mental health diagnosis

Staff from mental health and addiction services have provided a number of suggestions to develop services which meet the needs of patients with dual alcohol/drug and mental health problems, in collaboration with the service users and peer support staff who also attended the joint events. These include:

- Flexibility of staff and service provision
- Gain better understanding of each other’s role
- Better joint working

To support improvements in service delivery and improved experience for service users there is frequent discussion regarding joint training and sharing of expertise amongst services. We will continue the discussion on how best to ensure that mental health staff have a familiarity with associated substance misuse skills such as harm reduction, motivational approaches and relapse prevention. Also in turn, it has been recognised that substance misuse staff would benefit from additional training and support from mental health colleagues in areas such as risk management and safety planning.

**The key actions for this work will be as follows:**

By August 2019, mental health and addiction services will:

- Establish a joint Dual Diagnosis Short Life Working Group to lead and drive service change and improvement

By August 2020, the joint Dual Diagnosis Short Life Working Group will have:

- Developed a joint Workforce Development Plan, Commission an external agency to work with staff, service users, carers and families about their experiences and views to review current service provision and determine the current size of the population who have a dual diagnosis
- Develop a joint Service Improvement Plan based on the suggestions and experiences highlighted in the externally commissioned review

## 11.2. NHS24

NHS 24 provides a range of mental health services currently, to respond to a wide range of mental health and wellbeing needs. These include the '111' service, linking in with local out of hours services, but also Breathing Space, which offers a listening service ranging from low mood, anxiety and depression to those in acute distress. NHS 24 also runs Living Life, a primary care mental health service offering a range of psychological interventions. In addition, NHS 24 has a range of online resources, support and information through NHS Inform and computerized cognitive behavioural therapies in partnership with NHS Boards across Scotland.

NHS 24 has embarked on an ambitious redesign of its mental health services, co-designing with a range of partners and building on insights gained from our service users. NHS 24's mental health redesign programme aims to improve access to mental health services through more effective and timely assessment, working collaboratively with partners across health, social care and justice.

Key components of this work that will be delivered in 2019, include:

- Development of a mental health hub to improve access through the '111' service, designed to get those in need to the right care directly, increasing the breadth of specialist mental health practitioners within NHS 24 to reduce the need for onward referral, and more effectively linking in with services locally
- Collaborative working with Police Scotland and the Scottish Ambulance Service to reduce attendances at Emergency Departments for those in distress, which is often not the best outcome, routing callers through the NHS 24 mental health hub
- Expanding access to digital resources, such as cCBT, and online signposting to support and information
- working in partnership with NHS 24, Police Scotland and the Scottish Ambulance Service ensuring new models of service are person centered and meet the needs of our population

## 11.3. Workforce Requirements and Development

Effective workforce planning is essential if we are to ensure people in Lanarkshire see the right person at the right time in the right place. In taking this forward we will use a whole

system approach. Scoping the development of the workforce strategy and plan will include:

- Analysis of each element of the mental health & wellbeing strategy by each project and workstream to determine the current and future workforce needed to deliver the strategy and including managing partners
- Compile appropriate data to identify current workforce issues that require action, including business succession planning
- Details of how key stakeholders are going to be engaged throughout the workforce planning process
- Establish key performance indicators and timetables for implementation

The workforce development and planning process will be driven by all executives, managers and supervisors throughout the organisations within the scope of the strategy. Workforce planning issues should be driven by the NHS Board, the Health and Social Care Partnerships and partner organisations including consideration about community capacity building and adding to community based, universal services to impact positively on the overwhelming demand on some areas of mental health provision.

A recent development is the establishment of a Health and Social Care Academy within North Lanarkshire. The aim being to develop and attract the future workforce to meet the needs of the health and social care sector across Lanarkshire. We will utilise and further this vehicle amongst others to recruit our future workforce from our local communities providing opportunity to provide meaningful employment, reduce inequalities and deprivation all risk factors in poor mental wellbeing.

#### **11.4. Estates and Accommodation Requirements**

Estates and accommodation requirements are driven by the Clinical Services Model and are a key aspect in delivering services to patients in support of the strategy. NHS Lanarkshire has developed accommodation to meet clinical requirements and has a history of supporting service delivery through the provision of 'fit for purpose' accommodation. There are a number of recent examples of this which underpin our commitment to deliver services in line with service requirements. Very recent examples of this are:

- Beckford Lodge, a 15 bed forensic low secure ward in Hamilton
- Glencairn Ward, a purpose built 12 bed rehabilitation and recovery unit in Coatbridge
- Re-provision of Child And Adolescent Mental Health Services (CAMHS) service accommodation within Hamilton and Clydesdale to ensure patient services are provided locally in appropriate 'fit for purpose' facilities

In addition, accommodation for mental health services within community facilities, continues to be provided in modern flexible accommodation designed in accordance with modern standards and in conjunction with healthcare professionals.

This investment and ongoing engagement with the service, demonstrates that NHS Lanarkshire is committed, to ensuring that appropriate facilities are delivered in support of clinical services. All have been designed with a start point of service requirements. This is the approach that will be adopted as the development of this strategy is taken forward. There is a clear structure in terms of the events that require to be undertaken, this is:

1. Develop and agree model of clinical service delivery. This will be based upon assessment of needs, contemporary models of support and care, assessment of future requirements base upon projected demographic change, the requirement to provide services accessible to people using services and ,where appropriate, close to where they live
2. Determine accommodation requirements on the basis of the agreed service model
3. Review existing accommodation to determine its fitness for purpose against the accommodation requirements identified at step 2
4. Assess the gap between the desired accommodation requirements and the actual accommodation available

## **12. Redesign and Transformation**

The Lanarkshire Mental Health & Wellbeing Strategy is set out within a complex system which is population wide. The future developments will require contributions from all care groups and all key organisations with an interest in or a responsibility for supporting people who access services across Lanarkshire now and in the future.

The Strategy will be used to redesign and transform mental health & wellbeing in Lanarkshire over a 5 year period 2019-2024.

Change and improvement at this scale will require the availability of a range subject matters experts across a range of mental health specialties to lead the service change process. This will also require the identification, resourcing and utilisation of all available improvement resources in areas such as strategic quality planning, data analytics, complex service change, redesign, and evaluation to ensure an evidenced based approach.

## **13. Mental Health Programme Evaluation**

Robust evidence will be needed for how effectively individual components of the Lanarkshire Mental Health & Wellbeing Strategy contribute towards outcome achievement. This evaluation will take the Contribution Analysis approach to link inputs and outcomes, recognising that observed results may not be solely attributable to the actions undertaken.

The Mental Health Quality Indicators and any relevant national outcomes will form part of the evolving logic model.

The Evaluation Team consists of qualitative and quantitative expertise, both of will be deployed to augment the data gathered by the Mental Health & Wellbeing strategy workstreams themselves. Regular updates on progress will be provided, as required.

### 13.1. Measures of Success/Key Performance Indicators

The Lanarkshire Mental Health & Wellbeing Strategy will:

- Ensure improvement in outcomes for people (9 Health and Wellbeing outcomes)
- Support the development of new multi-disciplinary models of supporting mental health in primary care to deliver "ask once, get help fast"
- 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. early interventions, 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
- Establishes better interfaces to join up services to be proactive, work together more effectively, or to intervene early
- Prioritise mental health pathways for people who need urgent care, including in Emergency Departments.
- Provide improvements in access that 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
- Deliver improvements in the range of support available through NHS24; ensuring that staff in Emergency Departments are able to support people in distress; and ensuring there is good access to specialist mental health support when it is needed
- Is future proofed and plans to transform the services over the next 5 years to deliver the vision and ambitions and to respond to changes in demand, the introduction of new ways of working, new roles and responsibilities, shifts in clinical and non-clinical roles and future population needs

What will success look like?

- Increased focus on prevention and early intervention
- More people able to look after their own mental health
- Narrowing of the inequalities gap
- Better informed, more resilient communities
- More people able to live with mental ill health unaffected by stigma
- Provision of easily available and consistent accessible information; advice; support; high quality, safe, locally based care when required
- Fewer people requiring specialist community or hospital based services with ease of access and flow through for those that do

### 14. Financial Framework

The Scottish Government announced in December, 2017 further funding of £17 million for mental health services across the country. They set a target of introducing 800 additional mental health workers over a 3 year period to improve access to dedicated mental health professional across key settings including Prisoner Healthcare, Primary Care and Mental

Health Wellbeing Teams, Transforming Mental Health in Hospital Emergency Departments, Custody Suites and Digital Solutions in Mental Health.

Nationally the funding to support this commitment will increase to £35 million by 2021-2022, with an initial 11 million being made available for Adult services to support the first phase of this commitment in 2018/19.

A further £5 million has been identified for Childrens services across the country as well as £50 million for perinatal mental health services.

## **15. Conclusion**

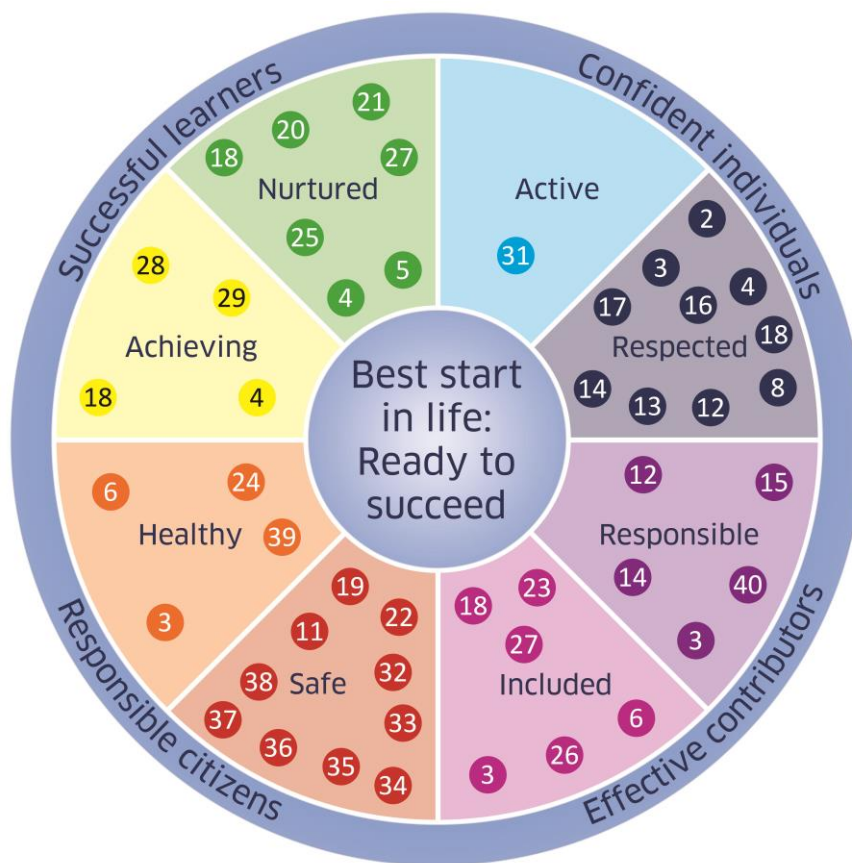
On approval of the strategy content the key lead organisations will put in place leadership and sufficient resources necessary to implement the strategy and sustain improvements.

As a key element of the strategy implementation a suite of documents have been assembled as part of the engagement and the strategy development with all stakeholders since the autumn of 2018. The project documentation consists of draft project initiation documents, terms of reference and emergent infrastructure with membership representative of all organisations, service users, carers and voluntary organisations.

The programme of work will use an improvement approach and have dedicated multi-disciplinary improvement team to develop, design, lead, support and drive implementation with continued involvement and influence from service users and carers alongside senior managers, clinicians and front line staff.



## Appendix 1 The Rights Wheel GIRFEC and Children’s Rights - How it all fits together



<p><b>Article 2:</b> The Convention applies to everyone: whatever their race, religion or abilities, whatever they think or say, whatever type of family they come from.</p>	<p><b>Article 3:</b> The best interests of the child must be a top priority in all things that affect children.</p>	<p><b>Article 4</b> Governments must do all they can to make sure every child can enjoy their rights.</p>
<p><b>Article 5</b> Governments must respect the rights and responsibilities of parents and carers to direct and guide their children as they grow up, so that they can enjoy their rights properly.</p>	<p><b>Article 6</b> Every child has the right to life. Governments must do all they can to make sure that children survive and develop to their full potential.</p>	<p><b>Article 8</b> Governments must respect every child's right to a name, a nationality and family ties.</p>
<p><b>Article 11</b> Governments must do everything they can to stop children being taken out of their own country illegally or being prevented from returning.</p>	<p><b>Article 12</b> Every child has the right to have a say in all matters affecting them, and to have their views taken seriously.</p>	<p><b>Article 13</b> Every child must be free to say what they think and to seek and receive all kinds of information, as long as it is within the law.</p>
<p><b>Article 14</b> Every child has the right to think and believe what they want and to practise their religion, as long as they are not stopping other people from enjoying their rights. Governments must respect the rights of parents to give their children information about this right.</p>	<p><b>Article 15</b> Every child has the right to meet with other children and to join groups and organisations, as long as this does not stop other people from enjoying their rights</p>	<p><b>Article 16</b> Every child has the right to privacy. The law should protect the child's private, family and home life.</p>
<p><b>Article 17</b> Every child has the right to reliable information from the media. This should be information that children can understand. Governments must help protect children from materials that could harm them.</p>	<p><b>Article 18</b> Both parents share responsibility for bringing up their child and should always consider what is best for the child. Governments must support parents by giving them the help they need, especially if the child's parents work.</p>	<p><b>Article 19</b> Governments must do all they can to ensure that children are protected from all forms of violence, abuse, neglect and bad treatment by their parents or anyone else who looks after them.</p>
<p><b>Article 20</b> If a child cannot be looked after by their family, governments must make sure that they are looked after properly by people who respect the child's religion, culture and language.</p>	<p><b>Article 21</b> If a child is adopted, the first concern must be what is best for the child. All children must be protected and kept safe, whether they are adopted in the country where they were born or in another country.</p>	<p><b>Article 22</b> If a child is a refugee or is seeking refuge, governments must make sure that they have the same rights as any other child. Governments must help in trying to reunite child refugees with their parents.</p>

<p><b>Article 23</b> A child with a disability has the right to live a full and decent life with dignity and independence, and to play an active part in the community. Governments must do all they can to provide support to disabled children.</p>	<p><b>Article 24</b> Every child has the right to the best possible health. Governments must work to provide good quality health care, clean water, nutritious food and a clean environment so that children can stay healthy. Richer countries must help poorer countries achieve this.</p>	<p><b>Article 25</b> If a child lives away from home (e.g. in care, hospital or in prison), they have the right to a regular check of their treatment and the way they are cared for.</p>
<p><b>Article 26</b> Governments must provide extra money for the children of families in need.</p>	<p><b>Article 27</b> Every child has the right to a standard of living that is good enough to meet their physical, social and mental needs. Governments must help families who cannot afford to provide this</p>	<p><b>Article 28</b> Every child has the right to an education. Primary education must be free. Secondary education must be available for every child. Discipline in schools must respect children's dignity. Richer countries must help poorer countries achieve this.</p>
<p><b>Article 29</b> Education must develop every child's personality, talents and abilities to the full. It must encourage the child's respect for human rights, as well as respect for their parents, their own and other cultures, and the environment.</p>	<p><b>Article 31</b> Every child has the right to relax, play and take part in a wide range of cultural and artistic activities.</p>	<p><b>Article 32</b> Governments must protect children from work that is dangerous or might harm their health or education.</p>
<p><b>Article 33</b> Governments must protect children from the use of illegal drugs.</p>	<p><b>Article 34</b> Governments must protect children from sexual abuse and exploitation.</p>	<p><b>Article 35</b> Governments must ensure that children are not abducted or sold.</p>
<p><b>Article 36</b> Governments must protect children from all other forms of bad treatment.</p>	<p><b>Article 37</b> No child shall be tortured or suffer other cruel treatment or punishment. A child should be arrested or put in prison only as a last resort and then for the shortest possible time. Children must not be in a prison with adults. Children who are locked up must be able to keep in contact with their family.</p>	<p><b>Article 38</b> Governments must do everything they can to protect and care for children affected by war. Governments must not allow children under the age of 15 to take part in war or join the armed forces.</p>
<p><b>Article 39</b> Children neglected, abused, exploited, tortured or who are victims of war must receive special help to help them recover their health, dignity and self-respect.</p>	<p><b>Article 40</b> A child accused or guilty of breaking the law must be treated with dignity and respect. They have the right to help from a lawyer and a fair trial that takes account of their age or situation. The child's privacy must be respected at all times.</p>	



## Appendix 2 Good Mental Health For All Actions

<p><b>Infants, Children and Young People</b></p> <ul style="list-style-type: none"> <li>• Promote early intervention and maximise community assets through the development of a Social Prescribing Framework for Young People</li> <li>• Improve emotional and behavioural outcomes through supporting access to early interventions for vulnerable children and young people</li> <li>• Promote awareness of Trauma-Informed approaches to care (e.g. Adverse Childhood Experiences and Resilience)</li> <li>• Promote a whole systems approach to promoting positive mental health and reducing stigma across educational establishments</li> <li>• Review, develop and support the roll-out of evidence-based parenting programmes in line with the Lanarkshire Parenting Pathway</li> <li>• CAMHS to provide multi agency training using high level clinical supervision and peer coaching</li> <li>• Raise the attainment of young people in education through early access to appropriate support for vulnerable families affected by drug and alcohol misuse, homelessness, poverty, living in care</li> </ul>	<p><b>Environments and Communities</b></p> <ul style="list-style-type: none"> <li>• Implementation of the Partnership's Tackling Poverty Strategy</li> <li>• Improve engagement with communities</li> <li>• Harness the contribution of the community and voluntary sectors to bring in additional resources</li> <li>• Roll out Community Conversation methodology across localities</li> <li>• Support a Partnership approach to maximising our natural community assets through the Lanarkshire Greenhealth Partnership Group</li> <li>• Maximise opportunities for outdoor play</li> <li>• Support the continued development and accessibility of outdoor activities such as walking groups, green gyms and other initiatives</li> <li>• Support opportunities for Greenspace Volunteering</li> <li>• Work in partnership to increase access to quality, affordable and safe housing</li> <li>• Working to prevent, reduce and mitigate the negative consequences of homelessness</li> <li>• Promote safer communities through partnerships with Community Planning, Police and communities themselves</li> </ul>	<p><b>Reducing the prevalence of suicide, self harm, distress and common mental health problems</b></p> <ul style="list-style-type: none"> <li>• Continue to develop and extend accessible community assets and non-clinical sources of support to empower people to protect and improve their health and wellbeing</li> <li>• Maximise opportunities to promote wellbeing through technology</li> <li>• Provide support to those who face physical, emotional, economic or cultural barriers to accessing community supports</li> <li>• Develop a North Lanarkshire Suicide Prevention Action Plan which is informed by the Scottish Government's Suicide Prevention Action Plan, due for publication Summer 2018</li> <li>• Establish a Suicide Review Partnership Group to review all suicides which will include a focus on locations of concern</li> <li>• Review mental health awareness and suicide prevention training, identify gaps and develop a strategic approach to delivery</li> <li>• Maximise community assets and opportunities to drive key messages about wellbeing</li> <li>• Evaluate the impact of Community Based Programmes in preventing common mental health problems</li> <li>• Frontline staff have the skills, competencies and confidence to deliver on DBI interventions</li> <li>• People are signposted to services appropriate for their needs</li> </ul>
<p><b>Mentally Healthy Employment</b></p> <ul style="list-style-type: none"> <li>• Raising awareness of local/national campaigns with employers</li> <li>• Raising awareness of employers legal requirements</li> <li>• Challenge stigma and discrimination in the workplace through Stigma Free Lanarkshire</li> <li>• Raise awareness of supportive policies and practices to improve physical and mental health</li> <li>• Promote training and pathways to improve employer's knowledge on workplace mental health</li> <li>• Promote mental health services and supports to enable employees to stay in work/return to work</li> <li>• Promote the 'Scottish Business Pledge' as an optional pathway to promote a mentally healthy workplace</li> <li>• Work in partnership with the Department of Work and Pensions to support staff working with vulnerable clients</li> <li>• Work in partnership to improve the local labour market, reduce long term unemployment and achieve fair work for all</li> <li>• Community Planning Partners being role models for inclusive employment</li> </ul>	<p><b>Later Life</b></p> <ul style="list-style-type: none"> <li>• Build capacity within the third sector to address the needs of isolated and/or lonely older adults</li> <li>• Extend transport options through a range of partnerships</li> <li>• Raise awareness and increase uptake of Carer's Assessments and implement the 2018 Carer's Act</li> <li>• Work with local employers to ensure that staff have access to information about retirement</li> <li>• Promote active ageing, resilience and connectivity through asset based approaches, particularly for people diagnosed with dementia and other long term health conditions</li> </ul>	<p><b>Improving the quality of life of those experiencing mental health problems</b></p> <ul style="list-style-type: none"> <li>• Develop partnerships across Businesses, Communities, Schools, Health and Social Care to create a Movement for Change in relation to challenging Stigma</li> <li>• Promote National and Local campaigns to raise awareness and drive attitudinal change</li> <li>• Build capacity through Stigma Free Lanarkshire champions</li> <li>• More service users and carers are involved in services and service development</li> <li>• Work in Partnership with See Me, Scotland's National Organisation addressing stigma and discrimination, and Lanarkshire Recovery Network</li> <li>• Increase the strategic priority given to physical health needs of people with Severe and Enduring Mental Health Problems (SEMH)</li> <li>• Ensure parents and caregivers using services are empowered to access the range of health improvement opportunities and supports available to aid recovery and promote wellbeing</li> </ul>

**Appendix 3 - Membership of Boards and Groups****Mental Health & Wellbeing Strategy Group Membership**

<b>Name</b>	<b>Title</b>
Jennifer Allen	Workforce Planning Project Manager, NHS Lanarkshire
Anne Armstrong (Executive Lead)	Nurse Director, HSCP North Lanarkshire, (Lead for Mental Health, LD, Justice and Addictions)
Helen Alexander	Evaluation Manager, NHS Lanarkshire
Kate Bell (Programme Director)	Head of Service Change and Transformation, NHS Lanarkshire
Adam Daly	Interim Associate Medical Director Mental Health, NHS Lanarkshire
Judith Dickenson	Depute Principal Education Psychologist, South Lanarkshire Council
Eddie Docherty	Senior Communications Officer, NHS Lanarkshire
Gavin Dolan	Senior Nurse, NHS Lanarkshire
Maddy Halliday	Chief Executive Officer VANL
Wendy Halliday	Assistant Director, See Me
Magda Henderson	Project Manager, NHS National Services Scotland
Karen Hunter	Integrated Health & Social Care Manager, North HSCP
Jenny Hutton	Health Improvement Advisor
Christine Jack	Operational Manager, HSC North Lanarkshire
Graham Johnston	Head of Planning & Development, NHS Lanarkshire
Fraser Kyle	Senior Management Accountant, NHS Lanarkshire
Paula Macleod	General Manager, Mental Health & Learning Difficulties, NHS Lanarkshire
Pali Mahal	General Practitioner (GP)
Carla Maxwell	Carer Support Worker
Karen McCafferty	Associate Nurse Director Mental Health & Learning Difficulties, NHS Lanarkshire
Morag McGhee	Senior Nurse, University Hospital Monklands
Margaret McGreevy	General Manager, Airdrie Community Health Clinic
Lisa Meikle	Project Support Officer, NHS National Services Scotland
Kevin Mullarkey	South Lanarkshire Children's Services Partnership Representative
Ian Nicol	Programme Manager, NHS National Services Scotland
Andrew Pender	Senior Nurse University Hospital Wishaw, NHS Lanarkshire
Fiona Porter	Deputy Director of Finance, NHS Lanarkshire
Geraldine Queen	Child Health Commissioner
Sandra Renicks	Development Officer (Health and Social Care), VASlan
Elsbeth Russell	Assistant Health Promotion Manager, North Health and Social Care Partnership
Jennifer Russell	Integration Manager for Mental Health & Learning Disabilities - South HSCP
Gary Tanner	Director of Psychology, NHS Lanarkshire
Lorna Templeton	Lead Pharmacist – Mental Health & Learning Disabilities
Jacqueline Terrance	Occupational Therapist
Kerri Todd	Assistant Health Promotion Manager, NHS Lanarkshire

### Strategic Needs Assessment Short Life Working Group

Name	Role
Kate Bell	Programme Director (Chairperson)
Ian Nicol	Programme Manager
Karen Lorenzetti	Public Health Analyst, NHS Lanarkshire
Laura Dobbie	Senior Information Analyst, ISD,
Nicola Starkey	Senior Information Development Manager, ISD
David Readhead	Principal Information Analyst, Local Information Support Team, ISD
Andrew Murray	Senior Information Analyst, Local Information Support Team, ISD,
Stewart Welsh	Mental Health Analyst, NHS Lanarkshire

### Communication and Engagement Sub Group Membership

Name:	Organisation
Kate Bell, Programme Director	NHS Lanarkshire
Ian Nicol, Programme Manager	Mental Health & Wellbeing Strategy (NSS)
Magdalena Henderson, Project Manager	Mental Health & Wellbeing Strategy NHS NSS
Lisa Meikle, Project Support Officer	Mental Health & Wellbeing Strategy NHS NSS
Eddie Docherty, Senior Communications Officer	NHS Lanarkshire
Helen Biggins	South Lanarkshire Public Partnership Forum
Liz MacWhinney	Lanarkshire Links
Hugh Cairns	Lanarkshire Association for Mental Health
Avril Cutler, Development Officer	Stigma Free Lanarkshire
Alex Gilmour	Richmond Fellowship
Helen Gourlay	Scottish Health Council
Maddy Halliday	Voluntary Action North Lanarkshire
Sean Harkin	North Lanarkshire Carers Together
Carla Maxwell, Carer Resource and Partnership Officer	Lanarkshire Carers Centre
Thomas Moan	Partnership for Change
Eileen Quinn, Service Manager	Experience Counts, Association for Mental Health
Sandra Renicks	Voluntary Action South Lanarkshire
Gillian Ventura	Scottish Health Council
Distribution list	North Lanarkshire PPF
Distribution List	South Lanarkshire Health & Social Care Forum
Distribution List	Sporting Memories Group
Distribution List	Equals Advocacy

## Appendix 4 - Document Control Sheet

<b>Title</b>	<b>Lanarkshire Mental Health &amp; Wellbeing Strategy 2019-2024</b>
<b>Date Effective From</b>	Final date for approval by IJB to be confirmed
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<b>Proof Reading &amp; Quality Assurance</b>	Ongoing
<b>Approvers</b>	Integrated Joint Board North Lanarkshire

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### Approvals: This document requires the following signed approvals.

Name	Title	Electronic Signature	Date	Version
Anne Armstrong	Executive Lead - Mental Health & Wellbeing Programme (On behalf of NHS and HSC Partnerships)		20.03.19	<b>FIRST DRAFT</b>
Ross McGuffie	Interim Chief Officer HSC North Lanarkshire		20.03.19	<b>FIRST DRAFT</b>