



'Getting It Right For Every Person' (GIRFEP)

**A Mental Health and Wellbeing
Strategy for Lanarkshire**

Summary

2019-2024

Overview

'Getting It Right For Every Person' (GIRFEP)

A Mental Health and Wellbeing Strategy for Lanarkshire

GIRFEP makes a compelling case that there's an urgent need to do more to promote and protect wellbeing, prevent common mental health problems and strengthen both the provision of mental health care to all people and ensure that the care provided is equal to that given for physical illness in general practice, social work community and in hospital settings.

To quote the Royal College of Psychiatry, there is

“no health
without
mental health”

Our Pledge



NHS Lanarkshire, North Lanarkshire Council, South Lanarkshire Council and partner organisations have all pledged to collectively sign up to the principles and content of this strategy with a view to working together to deliver the best possible support and services to promote good mental health and wellbeing for all.

“Through doing this, we will make Lanarkshire a centre for excellence to promote mental health inclusion, support and treatment, showing compassion, care and understanding to those who need it.”

Avril Osborne, Chair, North Lanarkshire Integration Joint Board

Definition of Mental Health

‘Mental Health is defined as a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community.’

Definition of Wellbeing

‘A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment.’

**Source of both definitions above:
Royal College of Psychiatrists,
‘No health without mental health, the case study for action
Position statement (Feb 2011)**

What difference will this strategy make?

As GIRFEP is implemented, people in Lanarkshire should be able to see changes and improvements to the way they access mental health support and services, new ways of working, observe new staff roles, an end to mental health stigma and discrimination, and accelerated prevention and early intervention. Ultimately, this will improve people's physical wellbeing and mental health.



Context

The five year strategy for all age groups is informed by a range of national policies and strategies to reflect the needs of people living in Lanarkshire.

Our joint approach to developing the support and services required when needed will ensure Lanarkshire continues to champion and promote good mental health for all.

The Human Rights Act 1998 and The Equality Act 2010 offers further protection against discrimination, setting a new expectation that public services must treat everyone with dignity and respect.

The Scottish Government's Mental Health Strategy 2017-2027 focuses on a series of actions to:

- end mental health stigma and discrimination
- accelerate prevention and early intervention
- provide accessible services
- improve physical wellbeing of people with mental health problems
- promote and protect rights
- make better use of information and use planning, data and measurement for improvement.

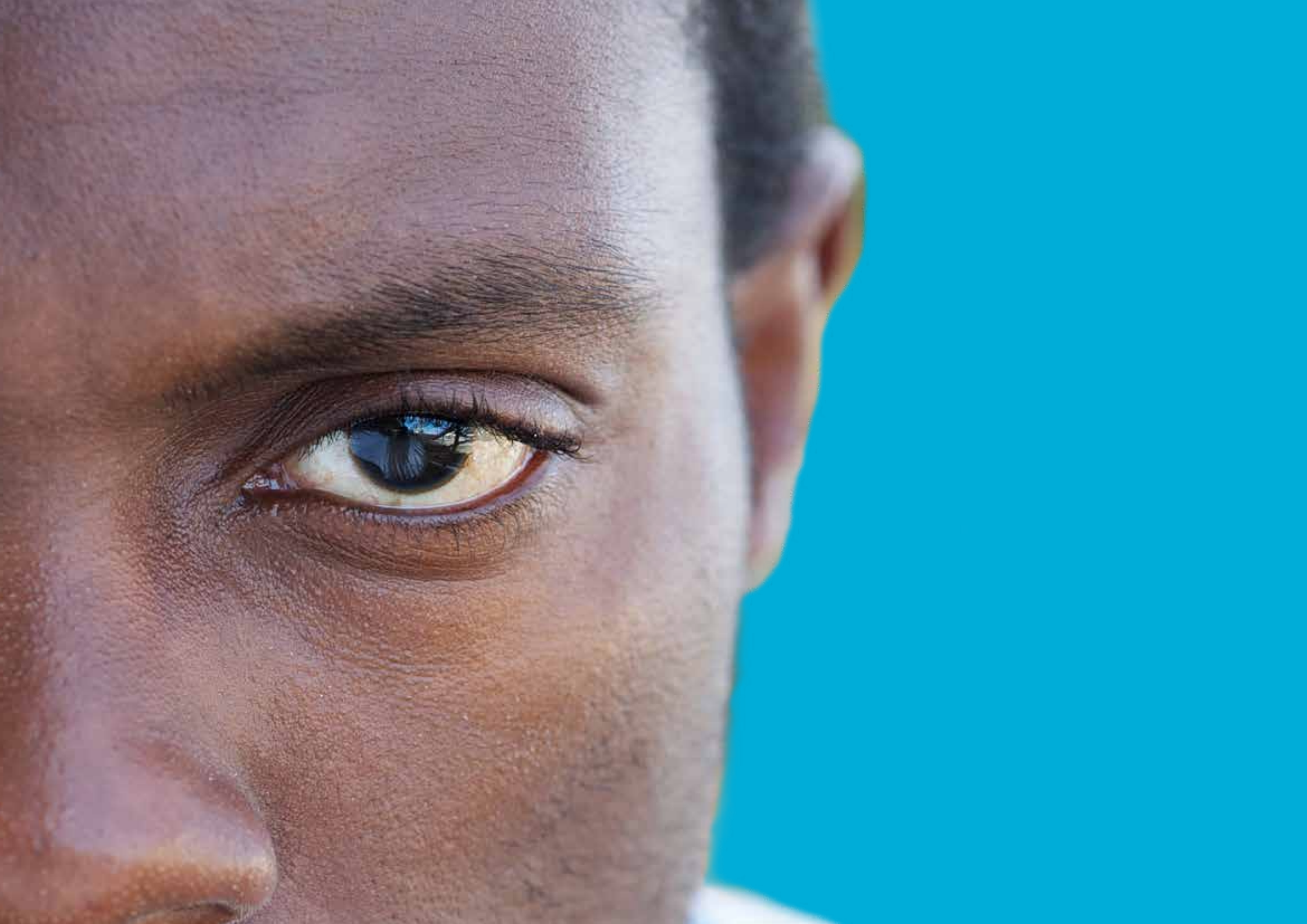
This is complemented by the Scottish Government's 'Health and Social Care Delivery Plan' (December 2016) which outlines how much more care will be delivered in local communities with the person at the centre of all decisions about their care and treatment with a wider range of support and services working together to deliver that care.

In Lanarkshire, it's not just about how the NHS, local authorities and partner agencies respond to mental health; it's about how our wider community planning partners and society contribute to mental health and wellbeing, so that Lanarkshire is a place where people thrive.

This strategy recognises that redesigning support and services, where required, to meet people's needs across the scope of GIRFEP is complex and it will require all agencies to work collaboratively across organisational boundaries.

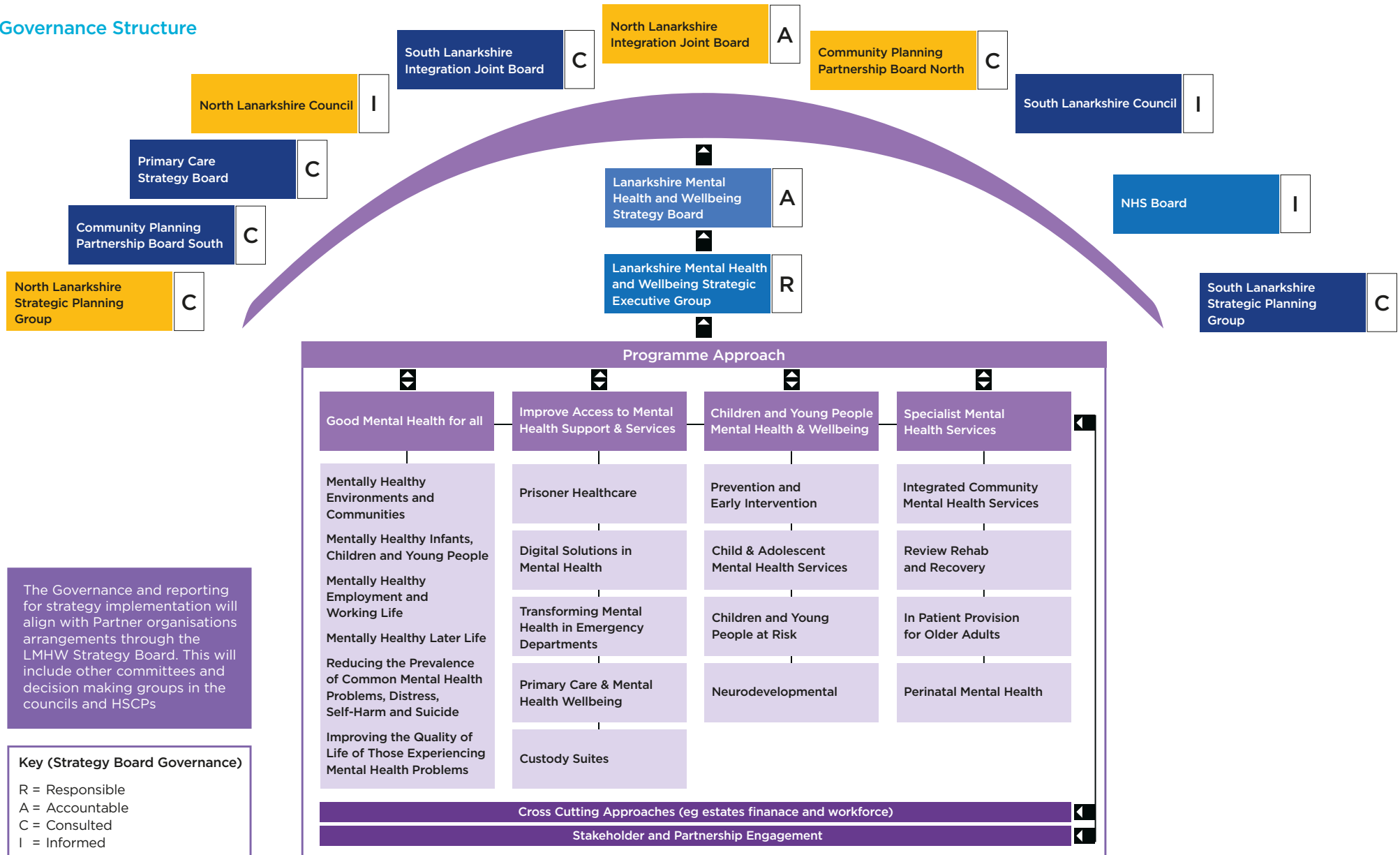
The population of Lanarkshire is 658,130 with 339,960 people living in North Lanarkshire and 318,170 in South Lanarkshire (2017 Mid-Year Population Estimates):





In order to strengthen effective planning, leadership and governance of the mental health and wellbeing strategy, the strategy will be delivered through this infrastructure.

Governance Structure



Making Mental Health a Public Priority

There is a need for a refreshed and reinvigorated approach to mental health improvement in order to improve overall health outcomes and reduce inequalities.

Good Mental Health for All (2016) provides a number of associated positive health and social outcomes for individuals and the broader community. Outcomes associated with improved mental health include

- healthier lifestyle, improved physical health, improved quality of life and increased life expectancy
- improved recovery from illness and fewer limitations in daily living
- reduced reliance on services with greater use of self-help and self-management approaches
- higher educational achievement
- reduction in workplace absence, greater performance and productivity, higher employment and higher earnings
- enhanced mental wellbeing within neighbourhoods and communities through increased participation in community life
- individuals empowered to take action to bring about change in their lives or within their community
- improved relationships, pro-social attitudes and behaviours, increased social cohesion and engagement, and reduction in crime.

A key driver for this strategy is the prevalence of mental health problems within communities and the relationship to inequalities such as access to healthy living environments, employment and tackling poverty where it exists.

People experiencing mental health problems are more likely to experience poverty, experience difficulties maintaining education and employment, are 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. In Scotland the social, economic and human costs of mental health problems are estimated to be around **£10.8 billion** per annum.

A priority for this strategy is ending mental health stigma and discrimination

Community Planning for Mental Health

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.’

This means we will move towards supports and services being available to people where they live and in community settings in Lanarkshire. Community Planning Partners will work with local people and communities to achieve this.

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. This has already been taken forward in some areas, particularly through the Health and Social Care agencies working with the third sector organisations. Our aspiration will be to make mental health an equal priority in the work undertaken by community planning partners.

Key factors that influence mental health and wellbeing are:

- **Housing** – research shows a clear link between housing and health inequalities. Particularly around the affordability and quality of homes and the role of the home in community inclusion and supporting wellbeing. Tackling and preventing homelessness contributes significantly towards reducing health inequalities.
- **Poverty** – a Scottish Government report states that 20% of people in Scotland are living in relative poverty. Poverty can be a cause or consequence of mental ill health. The local authorities are committed to developing and delivering a programme to tackle poverty, inequalities and deprivation.

GIRFEP aims to work with community planning partners to target collaborative interventions to reduce health inequalities





What
will
we
do?

Delivering Mental Health and Wellbeing

The strategy highlights four core priority areas to be taken forward to redesign supports and services and put in place new ways of working over the period of GIRFEP.

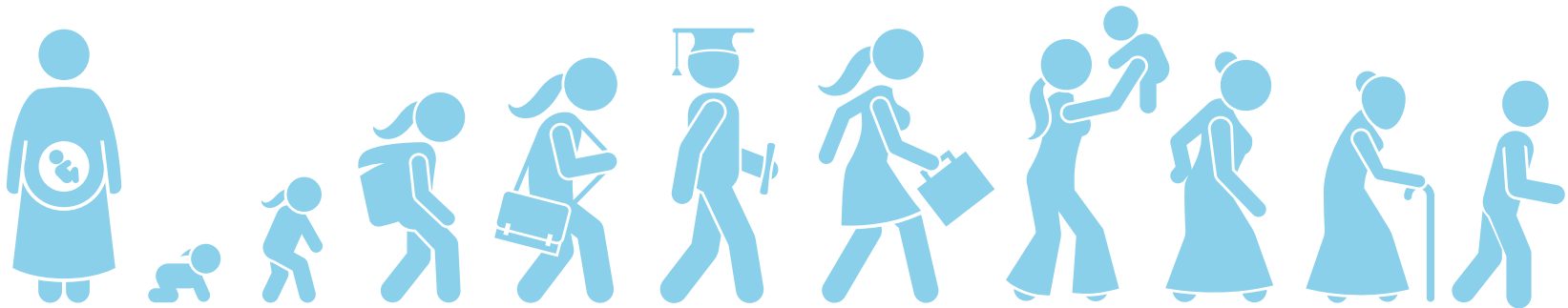
- 1. GOOD MENTAL HEALTH FOR ALL**
- 2. IMPROVING ACCESS TO MENTAL HEALTH SUPPORTS AND SERVICES**
- 3. CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING**
- 4. SPECIALIST MENTAL HEALTH SERVICES**

1.

GOOD MENTAL HEALTH FOR ALL

Our vision is for a Lanarkshire where everyone has good mental wellbeing throughout life and where those experiencing mental health problems are supported, can recover and have good mental wellbeing, free from stigma and discrimination.

There are a number of opportunities to promote mental health and wellbeing intervention throughout life.



OPPORTUNITIES TO PROMOTE MENTAL HEALTH AND WELLBEING INTERVENTION



And it's important to recognise the protective and risk factors for good mental health.

	Protective factors	Risk factors
Environmental factors	<ul style="list-style-type: none"> Social protection and active labour market programmes against economic downturn Equity of access to services Safe, secure employment Positive physical environment including housing, neighbourhoods and green space 	<ul style="list-style-type: none"> High unemployment rates Economic recession Socio-economic deprivation and inequality Population alcohol consumption Exposure to trauma
Social circumstances	<ul style="list-style-type: none"> Social capital and community cohesion Physical safety and security Good, nurturing parental/care relationships Close and supportive partnership/family interaction Educational achievement 	<ul style="list-style-type: none"> Social fragmentation and poor social connections Social exclusion Isolation Childhood adversity (Gender-based) violence and abuse Family conflict Low income/poverty
Individual factors	<ul style="list-style-type: none"> Problem-solving skills Ability to manage stress or adversity Communication skills Good physical health and healthy living Spirituality Self-Efficacy 	<ul style="list-style-type: none"> Low self-esteem Loneliness Difficulty in communicating Substance misuse Physical ill health and impairment Work stress Unemployment Debt

Mentally Healthy Environments and Communities

There are already a wide range of partnership programmes that address the wider social and environmental factors that can negatively impact on mental health and wellbeing including inclusive employment, good housing, community safety, education, financial security and environmental sustainability.

We will continue to work through Community Planning Partnerships, Community Plans and Local Outcome Improvement Plans to address these factors and create the conditions for good mental health and wellbeing throughout the entire life course, recognising the importance of relationships, resilience and social connectedness and those experiencing particular challenges.

Mentally Healthy Infants, Children and Young People

GIRFEP recognises the importance of early intervention at key stages in life, from pre-pregnancy and in the formative years of childhood and into adolescence as a crucial and strong predictor of life satisfaction into adulthood for good emotional health. This is the case, particularly for those children and young people who have experienced risk factors such as bereavement, divorce or abuse. New and continuing investment in parenting programmes, wellbeing modules in the school curriculum, access to emotional supports and other associated educational activities will be designed and developed.

Building on this investment and improving access to supports and services will see major redesign of services, with a deeper examination of the complex needs of children and families. With improved access to emotional wellbeing supports in schools we could see highly specialist clinicians working in partnership with – and directly in – social and community contexts. The ambition will be for children and young people to be empowered to take action for themselves, to reach out when problems arise and to get the right support at the right time.



1 in 4

PEOPLE ARE LIKELY TO EXPERIENCE A MENTAL HEALTH DISORDER IN THEIR LIFETIME

Mentally Healthy Employment and Working Life

Moving into adulthood, securing employment, starting relationships and families, people who experience mental problems and challenges are more likely to be in low quality or insecure employment or be unemployed. This can impact on other determinants of wellbeing such as the ability to secure accommodation, or financial problems and wider lifestyle patterns and routines.

Strong partnerships exist with Lanarkshire employability agencies and services to support people with mental health problems to maintain or return to employment and we will build on this going forward.

We will work with local employers to promote fair work environments and conditions which value staff, support mental health and wellbeing and address mental health stigma and discrimination.

Mentally Healthy Later Life

With people living longer, we aim to work with local communities and the third sector to ensure strong and resilient social and community networks and intergenerational relationships which encourage and support independence and connectedness, and reduce loneliness and isolation, particularly at key transitional points such as retirement and bereavement.

As well as older people making an invaluable contribution through caring and volunteering roles, the third sector has been instrumental in building community capacity amongst older adults and in promoting active ageing and resilience.

Reducing the prevalence of common mental health problems, self-harm and suicide

The strategy will add to current good practice to ensure appropriate support for those experiencing common mental health problems, mental health suffering, or those contemplating suicide through:

- **Social prescribing, self-care and self-management approaches** – we will continue to develop and extend accessible community assets to improve wellbeing including physical activity and leisure opportunities, volunteering, employment, welfare and debt advice, self-management information provision through libraries and community based stress management classes
- **Distress Brief Intervention (DBI)** - is a scheme being piloted by the Scottish Government in Lanarkshire pilot that offers an “ask once get help fast” approach for improved inter agency collaboration and coordination across a wide range of services to providing a compassionate and effective response to people in distress via trained frontline or third sector staff
- **Suicide prevention** – a range of suicide prevention programmes have been taken forward including awareness-raising campaigns targeting young men, a group at particular risk of suicide, 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. These programmes will continue to be developed and evaluated in line with the evidence-based actions outlined in the national plan

Improving the quality of life of those experiencing mental health problems

Mental health stigma, discrimination and social exclusion is a significant issue for people with lived experience, and their families and is a priority for action across all areas within this strategy. We'll continue to work with See Me, Scotland to take forward an ambitious three-year programme of work aimed at reducing stigma and discrimination within four areas: education, health and social care, communities and workplaces.

The Strategy recognises the need for increased access to the right services, first time for people who experience severe and enduring mental illness as this can have the impact on many areas of their lives, such as poor physical health, the likelihood to experience weight gain, they may be more likely to smoke and to misuse alcohol or drugs, and be at increased risk of diabetes, stroke and heart disease.

By establishing a multi-agency group, we will continue to identify and develop local good practice to support the wider health needs of people and those of people who experience mental health problems better through holistic assessments and promoting access to services such as leisure, smoking cessation and wider community-based programmes.

The Good Mental Health Action Plans will be delivered over a five year period 2018-2023. We will prioritise actions to ensure focus on our most vulnerable groups, including:

- care-experienced children and young people
- people who are homeless, and their families
- people with addiction issues
- people in the criminal justice system and their families
- people who experience severe and enduring mental health problems



2.

IMPROVING ACCESS TO MENTAL HEALTH SUPPORTS AND SERVICES

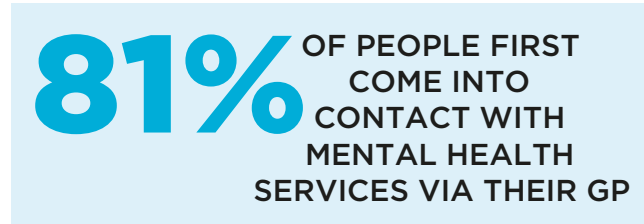
Our current mental health service is based around our Community Mental Health Teams (CMHT), which is a major move from hospital-based care in the past. A CMHT is based in each locality, with specialist skills related to the groups of people that they care for. Their remit is wide, from those with the most severe forms of mental health disorders to those with milder symptoms, prioritising those who are experiencing more severe symptoms.

We will continue to focus on improving people's mental health and wellbeing as well as on the presenting mental health conditions. This includes prevention and offering a range of early interventions as soon as a person seeks help, and in the location where they need that help. Using funding from the Scottish Government, over the next four years we will employ almost 100 new staff focused on expanding the provision of access to specialist mental health supports and services in the community which will make the biggest difference to people and their families.

There are five areas of work identified within this section of GIRFEP:

Primary Care and Mental Health Wellbeing Service

General practice has been the initial point of contact for people seeking help for mental health problems and mental illness. Primary Care is undergoing the biggest change in a generation redesigning and changing how GPs and primary care functions. This will see 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. The introduction of earlier interventions to provide support and address mental health disorders, psychological and emotional wellbeing in primary care settings will be more effective and delay exacerbation of conditions, provide a better system of care and improve outcomes for people.



The introduction of new ways of working, including the new mental health and wellbeing teams, will follow a new model aligned to GP Practices with links to the Primary Care Team and the Community Mental Health Teams providing care for the most unwell people who need specialist input. Health and social care partnerships will implement this community based model, prioritise the training of professionals in mental health care, and, critically, incorporate mental health interventions within self-management programmes. A key aspect of future work will consider the place of lived experience in service design and implementation.

Hospital Emergency Departments

Attendances at hospital emergency departments by people with mental health disorders and mental health problems are increasing and more referrals are being made to the existing specialist teams.

Over the period of the strategy we will offer people more options from partners such as the Scottish Ambulance Service, Police Scotland and NHS 24, particularly out with normal working hours and provide

additional and new resources in the Emergency Department setting. We'll extend current 24-hour access to Mental Health Officers (MHOs) and social work support across NHS Lanarkshire's three University Hospital sites at Hairmyres, Monklands and Wishaw and work with partners to test new ways of working to enable individuals to access the most appropriate support or service to meet their needs.

Prisoner Healthcare

Mental health problems are common in prison populations and are often complex, linked with physical and mental ill health. A stronger focus on prevention, early intervention, self-management and training for our non-mental health staff will improve mental health and wellbeing in prisons.

A holistic approach will help prevent the deterioration of mental health problems and a renewed focus on prevention will give an opportunity for increased collaboration between the staff and more joined up working with partner organisations, particularly to tackle and challenge stigma. It's crucial that we provide an equivalent level of care to prisoners as to the rest of the population by ensuring they have access to a suitable range of interventions. Developing a trauma-focussed understanding for men and women in the justice system and adding to workforce plans will ensure we have the right people to deliver the right support, care and treatment.

Police Custody

There are four custody suites in Lanarkshire served by a contracted General Practitioner service but with around 3,000 people needing a Forensic Physician/Nurse and around 20% referred for mental health issues, more needs to be done to improve access to specialist mental health assessments.

We will:

- increase the number of skilled nurse practitioners to work within the police custody setting; improve our capacity to provide clinical assessment; reduce the need to travel to emergency departments, and enable more access to specialist services and or community-based services to meet the needs of each individual.
- complete a review of the potential of access to telemedicine, early intervention pilots such as Distress Brief Interventions (DBI) and discuss the potential of third sector support and mentorship within the custody units.

Digital Solutions

Over the period of the strategy there is a great potential for digital technology to improve many aspects of health and social care provision. Connected health or technology-enabled care (TEC) is the collective term for Telecare, Telehealth, telemedicine, ehealth, digital health and eHealth services.

- We already have a number of online resources such as Making Life Easier and Cognitive Behaviour Therapy and our trials on delivering information in Post Diagnostic Support in Dementia show that we demonstrate that basic tools are already in place.
- Building on this, we will continue to work with partners in order to develop access to assistive and digital technology as a component of personalised support.

3.

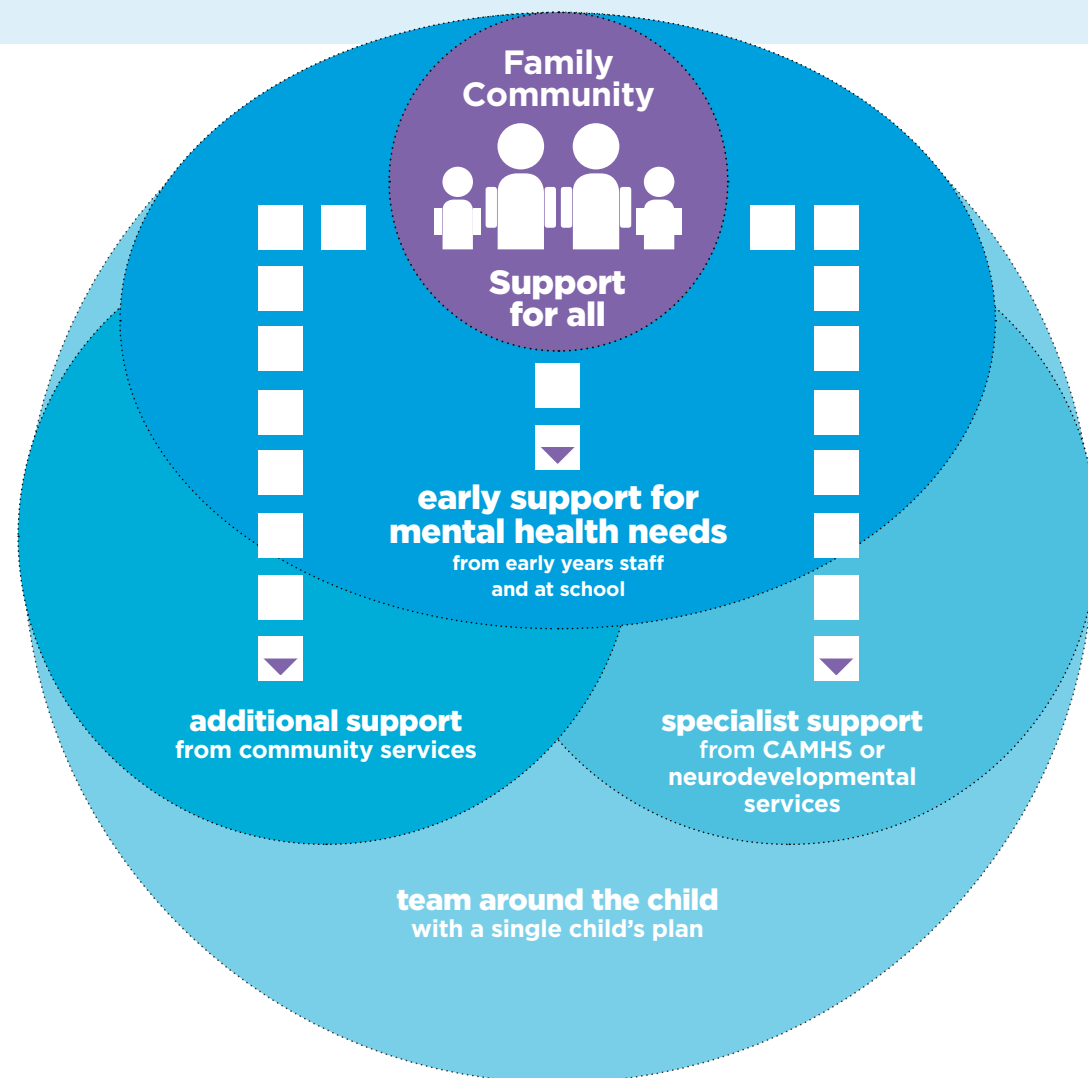
CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH AND WELLBEING

We 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.

- Our support and services cover the whole developmental period from preconception through perinatal and infant mental health into childhood, adolescence and early adulthood.
- Working through the Children's Service Planning process GIRFEP will deliver these through universal health provision, education services, social work, specialised physical health services and child and adolescent mental health services.

Given specialist mental health service referrals have increased by 22% in Scotland, Government reports highlight a need for a stronger focus on prevention, early intervention and social supports, with a need to provide a wider range of generic, less specialist services for those who don't require clinical intervention but support for emotional distress.

- The Scottish Government, Children and Young People's Mental Health Task Force recommended that transformational change is required to improve children and young people's mental health and that early intervention and prevention was vital.
- The Taskforce believes a whole system approach involves addressing the mental health and wellbeing needs of children, young people and families in an integrated way across the groupings as shown in the diagram opposite.



- A set of building blocks (see figure below) will help to embed prevention and best practice in all our work with children, young people and their families and create a whole system approach to children and young people's mental health that ensures the right help at the right time.

These building blocks are used by Children's Services Planning Partnerships to frame and reinforce both their local approach and their contribution to the national performance framework, supplementing GIRFEC and children's services planning arrangements.



In Lanarkshire, although the vast majority of children and young people are happy and healthy, a small number are affected by their life circumstances such as those who live in areas of greater deprivation, with lower attachment to schools, those with a disability or life-limiting illness, with a learning disability or those that are looked-after children and young people. Other external factors such as child poverty and social media can impact on poorer mental health and emotional wellbeing, and can lead to suicide, particularly amongst young men.

Youth Learning Services provide a range of interactive activities for older children and young people. There are some people in the 16-24 age group who are not in mainstream education or training, who do not traditionally engage with services and are at risk of "falling through the cracks". This can have the effect of some young people not reaching out early or not realising they are experiencing negative mental health until they reach crisis point or are fearful of multiple stigma and discrimination, with some turning to illegal substances or alcohol.

- At the forefront of our strategy to help prevent mental health difficulties is raising awareness of available services and resources and recognising the range of capacity and levels of resilience in children and young people. We will engage with young people as part of the improvement programme, incorporating peer education, peer support, service co design, delivery and evaluation.



Children and Young People with a Learning Disability

Children and young people with a learning disability require improved and often alternative communication methods to make services and resources accessible to them.

- We will ensure that the needs of these children and young people are fully taken into account, to avoid unintentional further widening of mental health inequalities.

In Lanarkshire to deliver the broad range of support and specialist services for children and young people, the Children and Young People's elements of GIRFEP will be firmly embedded in the Children's Services Plans for North and South Lanarkshire.

Already a range of supports and services have been and will continue to be developed and delivered, including:

- earlier intervention through Midwifery, Health Visiting Universal Pathway, including supporting women to breastfeed their babies
- parenting programmes aimed at improving attachment and nurture in developing positive mental health and wellbeing for both mum and baby
- building capacity in partner services and agencies, including the voluntary sector
- Personal and Social Education (PSE) programmes in schools
- School nursing teams
- Youth Learning Services

- NHS Youth Counselling Service in secondary schools
- Educational Psychology Services
- Pilot Distress Brief Interventions (DBI) for under 18s as part of the national DBI programme
- Neurodevelopmental Pathway
- Children and Adolescent Mental Health Services (CAMHS)

To support the achievement of our vision, and in line with Scottish Government Task Force Recommendations, we will:

- develop workforce plans to ensure a competent and confident workforce across all sectors, including working alongside the third sector to provide a programme of education and training for the multi-sector workforce. The further development and delivery of this work, overseeing and co-ordinating the implementation, will be led by the Lanarkshire's two Children's Service Planning Partnerships.



4.

SPECIALIST MENTAL HEALTH SERVICES

There are four identified work streams within the Specialist Services section of Lanarkshire Mental Health and Wellbeing Strategy. These are set out here.

Review of Older Adult Inpatient Services

Our ambition for Mental Health Inpatient Services is to have our acute inpatient services, both Adult and Older Adult, located within two acute hospital sites across NHS Lanarkshire.

- Following a review of current inpatient, community and contracted bed provision for older adult services, we will implement a proactive, flexible model to promote the return of people with dementia to a more homely setting from our complex care beds, with a focus on the people that we can help most.

Integration of Community Mental Health Services within Locality Teams

- Integration of community mental health teams will exist in all localities throughout Lanarkshire. This is a work in progress and a key action which has already begun.
- Operational management of South Lanarkshire Community Mental Health services will be transferred to South Lanarkshire Health and Social Care Partnership and a three-year work plan will be developed to consider co-location with NHS and local authority staff.

Review of Rehabilitation & Recovery Services

The Mental Health and Rehabilitation Service in NHS Lanarkshire aspires to a “whole system approach” for recovery from mental illness, aimed at maximising an individual’s quality of life and social inclusion.

- The aspiration would be to have an effective mental health rehabilitation service where there is a focus on discharge planning from the point of admission, and to achieve this there needs to be a managed functional network across a wide spectrum of services.
- The enhancement of the Community Rehabilitation Team and provision of dedicated psychology working with community and inpatients will be a major step forward, while working with clear agreements and pathways with Community Mental Health Teams.

Perinatal Mental Health Services

The NHS Lanarkshire Perinatal Mental Health Service (PMHS) 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.

- Currently the service accept referrals for women up to six weeks post natal, focusing on those with the most complex needs.
- Improvement plans will continue to meet the Royal College of Psychiatrists Perinatal Mental Health Clinical Quality Network Community Standards.
- We will identify and utilise opportunities for the early detection/intervention within Primary Care and Midwifery Services and identify and engage with third sector partners, to enable women to recover, bond with and nurture their babies and ensuring an improved start in life.

Other areas addressed in the Strategy include:

Forensic Mental Health Services

Following the Scottish Government announcement of a review of forensic mental health services (March 2019), this strategy reflects the proposed future structures of forensic services, key priorities for our health services, and joined up practices with criminal justice services.

The review will cover demand for services, delivery of services in prison and high secure hospitals and medium, low and open facilities and the movement of people within those services.

- NHS Lanarkshire and the Scottish Prison Service will establish an action plan based on the recommendations of the review as they emerge.

Mental Health and Inclusion

A number of supports and services are being linked to the development of the strategy for particular groups including:

- **Adult neurodevelopmental disorders (including autism and ADHD)** – we will consider a joined-up service between mental health and social work for autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD). The care pathway should reduce inappropriate referrals, provide training and information, and develop shared care protocols with primary care, CAMHS, learning disability and other sub-specialities such as addiction, forensic, eating disorder and perinatal mental health teams

- **People with dementia** - our local services need to adapt to changing demand as dementia increases with age, increasing longevity in life, and the amount of people living with multiple comorbidities requiring continuity of support from more integrated services. The ambition is to ensure more people are diagnosed earlier and get timely access to good quality post-diagnostic support with a focus on promoting excellence, post-diagnostic support, specialist dementia units and palliative and end of life care
- **People with learning disabilities** - provision of good quality services for this group of people is a high priority. We will identify the training needs for the wider staff groups to ensure the mental wellbeing of our service users is at the heart of service delivery and the service has a fit for purpose staff group to support and understand the mental health needs of people with learning disabilities
- **Acute hospital psychiatry liaison services** – the prevalence of mental health in acute service is high, with 80% of all hospital bed days occupied by people with both physical health conditions and mental health problems. There is a requirement for a specialist multi-disciplinary liaison psychiatry service to provide advice, assessment, treatment and training which spans emergency departments' acute inpatients. Future development of the service centres on working to evidenced-based standards, better use of IT, streamlining processes and a more robust auditing system and the development of a liaison service leaflet. Staffing levels within the liaison service will need to be addressed, as well as optimising liaison service pathways, reconfiguring systems and finding more efficient ways of working
- **Delayed discharges** - the delayed Discharge Mental Health Liaison Service will continue to foster relationships with colleagues in the Mental Health and Learning Disability inpatient wards and staff in acute care areas, support staff to understand the benefits and processes of identifying delayed discharges and work to facilitate discharges in collaboration with both Health and Social Care Partnerships. We will work with families and patients at an earlier point in their discharge to ensure proactive discharge planning and optimum provision of best care
- **People with personality disorders** - services for people should be trauma-informed and we will continue to support the range of evidence-based therapies already on offer and seek additional opportunities to develop Mentalisation-Based Therapy and Dialectic Behavioural Therapy supervision and training
- **Tertiary eating disorder specialist service (TESS)** - we plan to explore the development of a local, high-quality NHS inpatient specialist resource for patients with severe eating disorders and develop treatment pathways for patients with these diagnoses. We will develop the workforce and continue to review and develop as a service in response to emerging evidence and guidance.
- **Severe and or enduring mental illness (including schizophrenia and bipolar disorder)** - engagement with community mental health teams, including the increasing use of psychological therapies, are key to providing tailored, person-centred care and is understanding the increasing evidence for multi-morbidity. Closer working between general

adult psychiatry, general practitioners, older adult psychiatry and specialist hospital services will help to reduce the burden of ill health and premature mortality and we will continue to explore the best way to take this forward

- **Deaf and deafblind community -** communication difficulties and accessing appropriate services add significantly to the complexity of isolation issues faced by deaf and deafblind people. Developing and establishing a care pathway that can reduce barriers to service access would ensure provision of mental health services are accessible and appropriate. These include delivering cross-functional training to staff in the difficulties faced by deaf and deafblind people, ensuring adequate provision of staff trained to an appropriate level of British Sign Language, updating primary care protocols to ensure deaf and deafblind people are not disadvantaged and updating clinical IT system used by NHS staff so that a simple 'red flag' identifier signals when a patient is deaf, deafblind, or has other sensory specific communication needs

Pharmacotherapy in Mental Health

The use of medicines is a core aspect of managing mental illness with medication used in conjunction with other established treatments and therapies where appropriate.

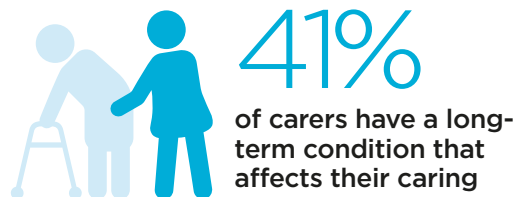
- NHS Lanarkshire Medicines Quality Strategy aims to improve the quality and safety of medicine use, deliver person-centred care, make the most effective use of resources and develops the workforce.

Communication and Engagement

A Communications and Engagement Strategy sets out the framework for a comprehensive programme of stakeholder engagement and a menu of mechanisms through which a range of communications have been shared, such as newsletters, workshops, conferences, annual general meetings, email distribution networks and a dedicated in-box have all encouraged an open and transparent two communication to ensure the strategy development has been accessible to all. A programme of involvement and engagement has been in place throughout the strategy development from October 2018 through to design and production of the strategy a year later. This has shaped and informed the strategy by listening to and capturing lived experience, feedback from all interested partners, service users and staff.

As well as practical steps detailing what, when, who and how communications and engagement has been shared and delivered, the strategy and full communications and engagement report details what difference the approach made to the design and development of GIRFEP.

A crucial part of our engagement has been the perspectives from service user and carers.



GIRFEP acknowledges the importance of working closely with all service users as equal partners and the sizeable contribution carers make to the health and care system as unpaid carers and care providers. We will align to a range of policy and guidance to ensure service users and carers are equal partners in the design and delivery of the Mental Health and Wellbeing strategy. These include:

- Statutory guidance from the Scottish Government places a duty on local authorities to provide support to carers, information and advice, support plans, as well as involving carers in the planning of discharge from hospital
- North and South Lanarkshire Health and Social Care Partnerships Carer Strategies (being updated to reflect the range of duties placed on them as the result of the implementation of the Carers Act 2018)
- The strategies will set out the ways in which the Health and Social Care Partnerships will support the implementation of the Carers Act and detail the resources that will be available to commissioned organisations that support carers with clear pathways to support highlighted. There is a commitment from both partnerships to inform, involve and consult with carers in the development of the carer's strategies



Working with Voluntary Organisations and the Third Sector

A network of Third Sector Interfaces (TSIs) is in place across Scotland with two in Lanarkshire:

- Voluntary Action South Lanarkshire, VASLan and Voluntary Action North Lanarkshire, VANL have developed a range of actions have been identified to ensure TSI's provide the best outcome for our third sector and statutory partners. This includes working with others to secure funding to support availability of community based networks and supports for mental health and wellbeing, improved monitoring, evaluation and reporting of the contribution from the community and voluntary sector overall to population mental health and how this reduces demand for more expensive public services.
- VASLan and VANL will use evidence arising from this work to guide more strategic and sustainable investment in the community and voluntary sector to strengthen their contribution to improve mental health for local residents.

Interdependent Strategies

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 and that there will be no wrong door with regard to accessing services, wherever the first point of contact is.

Between 2002-2012, 16% of completed suicides in Scotland had a diagnosis of major mental illness and alcohol/drug dependence or misuse and in 2012, 33% of people who died from a drug-related death had a mental health diagnosis. It is 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.

- Staff from mental health and integrated addiction services have provided a number of ways to develop services which meet the needs of patients with dual alcohol/drug and mental health problems, including flexibility of staff and service provision, gaining better understanding of each other's role and better and increased joint working.
- We will explore 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 and substance misuse staff would benefit from additional training and support from mental health colleagues in areas such as risk management and safety planning.
- A Dual Diagnosis Short Life Working Group will be established to lead and drive service change and improvement, including developing a joint Workforce Development Plan, reviewing current service provision and determining the current size of the population that have a dual diagnosis and developing a joint Service Improvement Plan based on the suggestions and experiences highlighted in the externally-commissioned review.

Our key partners also have a role to play in providing mental health supports and services for and to people.

Police Scotland

Police Scotland will work alongside other organisations and departments with the NHS, by co-ordinating our resources and responses, the cumulative impact of the range of initiatives including community triage, distress brief interventions (DBI) and access to mental health services in custody under the Mental Health and Wellbeing Strategy, will make a significant difference to people in need of support and consequently, the impact on the police service in Lanarkshire.

NHS 24

NHS 24 has embarked on an ambitious redesign of its mental health services aimed at improving access to mental health services through more effective and timely assessment and working collaboratively with partners across health, social care and justice. Key components of this work that will be delivered in 2019, including:

- the development of a mental health hub to improve access through the '111' service, designed to get those in need to the right care directly
- collaborative working with Police Scotland and the Scottish Ambulance Service to reduce attendances at Emergency Departments for those in distress
- expanding access to digital resources, such as CBT, 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-centred and meet the needs of our population.

Scottish Ambulance Service

The Scottish Ambulance Service (SAS) frequently responds to people who may be in distress or experiencing mental health-related issues.

- SAS recognises that by working collaboratively with key partners, many cases can be taken to or directed to the right place, first time to ensure people get the most appropriate response for their condition at the initial point of contact. The Mental Health and Wellbeing strategy collaboration, partnership working and co-design is key to achieving this.
- The service is developing important pathways at a local level and with projects such as Distress Brief Interventions (DBI) at a national level as well as developing alternative pathways with partners.
- SAS is continuing to engage with key stakeholders, including patients and carers, who are using their first-hand experiences to help shape more effective and patient-focused mental health services across the country.

Cross Cutting Themes

Psychological Services (PS) comprises 10 locality-based Community Mental Health Teams as well as pan-Lanarkshire specialist services including:

- PS for Adults with Learning Disabilities (PSALD)
- Psychological Therapies for Older People (PTOP)
- Forensic Psychology Services
- Clinical Health Psychology Services (pain, stroke, brain injury, neonatal)
- Addiction Psychology Services (APS)
- Veteran's First Point
- EVA Psychology (domestic abuse)
- Tertiary Eating Disorder Service

In recent years, various quality improvement programmes have been implemented to reduce missed appointments, to improve access to services and alleviate pressures on GPs and to increase signposting of patients within and out with psychological services. In addition, the service has introduced a range of tests of change, and is actively involved in the Healthcare Improvement Scotland Mental Health Access Improvement Collaborative, with seven projects ongoing.

Workforce Development Plan - the development of the Workforce Plan is an essential component of delivering this strategy. Currently the demands on our workforce are changing with a needed growth in services delivered in primary care and the community and increased requirements of the public resulting in a number of workforce

pressures across mental health services in Lanarkshire.

By maximising workforce availability, adaptability and affordability to deliver modern mental health and wellbeing services by 2024, we will carry out the following:

- to inform workforce development GIRFEP has set out a system-wide approach to understand the current and future demand and capacity, and the future direction of mental health services
- this requires fundamental, major changes in the way we plan, educate, recruit, train, retain and develop the mental health and physical health staff-groups in the short term, we can bring about large scale change and make it possible to meet people's needs more effectively in the future
- as a new model of care and to ensure improved access to universal services, Mental Health staff are reaching out to share their expertise more widely with a range of other professionals – such as GPs, physical health staff, and increasing access to and expanding wellbeing and counselling supports in social work and schools
- the future mental health and wellbeing workforce will be based within integrated locality teams with support from specialists where required rather than working as individual practitioners. This way we will develop the workforce, with the appropriate knowledge and skills integrating more closely the work of hospital-based specialties alongside community-based teams, local authority, carers and third sectors

- the future workforce model will consider the requirements to deliver new and innovative models of care, establishing strong links with third and independent sectors, blurring roles between clinical and social care staff, reducing unnecessary hand offs, using technology and increasing the workforce's skills and competencies and essentially building community resilience in line with local strategies
- in the interests of staff mental health and wellbeing, there is also a clear call for all organisations to be 'compassionate organisations' that prioritise the wellbeing of their staff, that enable people to work flexibly and in new ways, and that celebrates how support and services make a difference in people's lives

Estates and Accommodation

- We will work together with service users, people with lived experience and staff to ensure that accommodation for mental health services within community facilities, continues to be provided in modern flexible accommodation designed in accordance with standards and in conjunction with healthcare professionals.
- We will review and assess existing accommodation requirements, develop and agree models of service delivery based upon assessment of needs, contemporary models of support and care, future requirements based upon projected demographic change, the requirement to provide accessible services and, where appropriate, close to where they live.

Service Redesign and Transformation

GIRFEP will be the blueprint to implement a redesign mental health and wellbeing in Lanarkshire over a five year period (2019-2024).

- We will seek to do things differently in future to shift the balance of care, to take on new ways of working and apply a continuous improvement model to ensure safe and effective, efficient and person-centred services at all times.
- Our collaboration and commitment will be at the heart of successful delivery plans for redesigning mental health and wellbeing supports and services, locally and informing national improvement methodologies.
- A programme of change of this scale requires significant effort from all organisations as expenditure and activity grow, the level of funding will only need to increase. With greater pressures on the system, this will also require change in the way services are delivered.
- Planning for the future of our health and social care services requires a clear financial context which outlines the challenges facing the system, but at the same time looks at our approach to addressing these pressures – through a combination of investment, improvement, reform and redesign.

Evaluation

Achievement frameworks will be designed for the strategy and all related areas of work to ensure a clear understanding of what works and crucially what does not.

- We will gather robust evidence to demonstrate how effectively individual components of GIRFEP contribute towards outcome achievement.
- Those involved in the evaluation will work closely with all aspects of further development and delivery and take a contribution analysis approach to link inputs and outcomes, recognising that observed results may not be solely attributable to the actions undertaken.

What difference will GIRFEP make to individuals and communities?

What will be different for individuals?

- People will be equal partners with their clinicians, working with them to arrive at decisions about the care that is right for them
- People will be supported to reflect on and express their preferences, based on their own unique circumstances, expectations and values. This might mean less intervention, if simpler options would deliver the results that matter to them
- People will be supported to have the confidence, knowledge, understanding and skills to live well, on their own terms, with whatever conditions they have
- People will have access to greater support from a range of services beyond mental health, with a view to increasing self-care, self-esteem and build resilience and reinforcing their whole wellbeing
- Health and social care professionals will work together to help older people and those with more complex needs receive the right support at the right time, and where possible, live well and independently by managing their conditions themselves
- Hospitals will focus on the medical support that acute care can and should provide, and stays in hospital will be shorter. Individuals will benefit from more care being delivered in the community, and where possible, at home
- Everyone will have online access to a summary of their Electronic Patient Record and digital technology will underpin and transform the delivery of services across the health and social care system
- Children, young people and their families will benefit from services across the public sector - including health, education, social care and other services - working together to support prevention and early intervention of any emerging health issues
- The diet and health of children from the earliest years will improve from coordinated and comprehensive nutritional support for children and families

- There will be a significant reduction in the harmful impact on health of alcohol, tobacco and obesity, and our approach to oral health will be founded on prevention
- People will have access to more and more effective services across the health system to support mental health, including the specialist services for children and young people. Mental health will be considered as important as physical health
- People will lead more active, and as a result, healthier lifestyles
- People will receive more sensitive, end of life support that will aim to support them in the setting that they wish. All those who need hospice, palliative or end of life care will receive it and benefit from individual care and support plans. Fewer people will die in hospitals

What will be different in communities?

- Most care will be provided locally through an expanded network of community organisations and community health and social care service
- People will benefit from local practices and other community care with a wider range of available support. Community services will consist of teams of professionals, bringing together mental health supports and expertise
- Communities will have easier access to quicker and joined-up treatment - this might be the GP, but supported by a team including highly-trained nurses, physiotherapists, pharmacists, mental health workers and social workers. GPs will take on a greater leadership role
- Locality mental health and wellbeing teams will be able to provide more information and secure better advice for people, get access to specialist support and advice
- Families will receive more integrated and extended primary and community care for their children
- There will be more home visits from health care professionals, including child health reviews, and teenage mothers will receive more intensive and dedicated maternal support

What changes will the Workforce Plan bring?

- clearer understanding about respective roles and responsibilities of all mental health staff across organisations
- clearer understanding about the changes and improvements which will be made and why over the period of the strategy
- improved consistency, allowing for sharing of best workforce planning practice across Scotland
- robust workforce planning to deliver effective, efficient delivery of services and better patient/service user/client outcomes
- engagement with key community, voluntary, third sector organisations to seek a longer-term view of the challenges in regard to capacity and capability of the future workforce and the skills, knowledge values, qualities needed to inform redesign in response to these
- a workforce for children and young people's mental health that will deliver collaborative working across early years, schools, primary care, further and higher education and community settings



Here's a snapshot of how we will achieve this

Lanarkshire's Mental Health and Wellbeing Strategy Achievement Framework

What we start with:

Time
Funding
Expertise
Leadership
Staffing
Communication
Governance
Evidence base
National policy

What we will do:

Consult with key stakeholders

Create a Mental Health and Wellbeing (MHWS) Strategy

Implement the MHWS Strategy. Actions will include:

- Increasing mental health service provision in community settings
- Ensuring all staff are trained in current practice
- Ensuring capacity to manage MH&WB issues meets demand
- Providing integrated services, including shared information
- Focusing on early intervention and prevention, where possible
- Communicating widely, publicising all aspects of this work

What we will achieve in one to two years:

People have access to the services that meet their needs

People have access to the information they need

Staff have the knowledge they need to deliver MHWS

Lanarkshire people are aware of MHWS issues

Lanarkshire people are aware of the impact of MHWS on their own and others' lives

What we will achieve in two to five years:

People have enough resilience to manage life events and trauma

People maintain their independence, avoiding hospital admission where possible, and achieving timely discharge following any admission

People feel more connected to their local communities and have adequate social networks

Having mental health issues is viewed no differently to having physical health issues

Lanarkshire people are comfortable talking about mental health

What we will achieve in the longer term:

Lanarkshire people have good MHWS

Lanarkshire communities are compassionate

Lanarkshire people have a good quality of life

Inequalities in MHWS are reduced or eliminated

