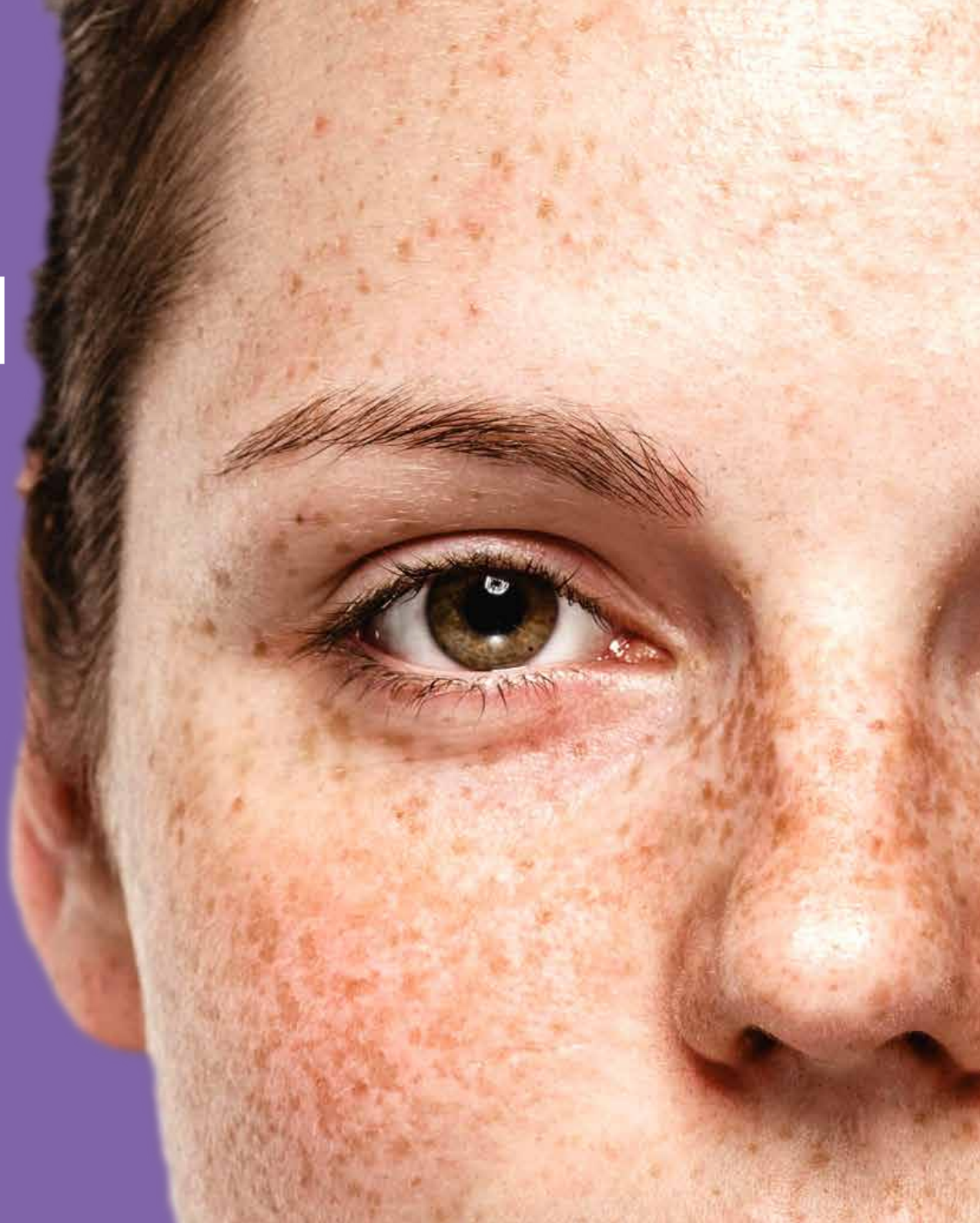
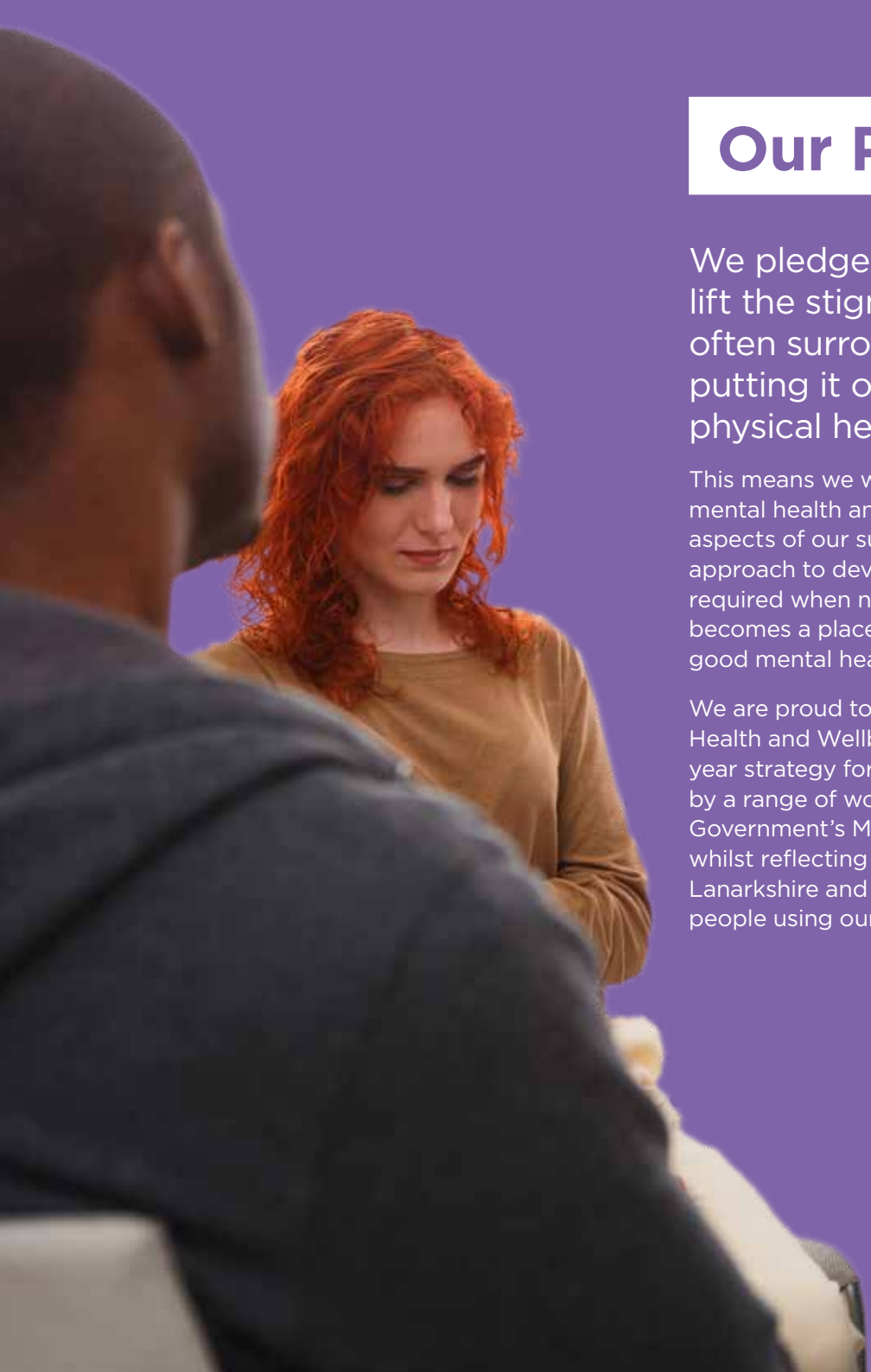
‘Getting It Right For Every Person’ (GIRFEP)

A Mental Health and Wellbeing Strategy for Lanarkshire

2019-2024



Contents



Our Pledge

We pledge to work together to lift the stigma and discrimination often surrounding mental health, putting it on an equal par with physical health.

This means we will ensure the promotion of mental health and wellbeing will underpin all aspects of our supports and services. Our joint approach to developing the support and services required when needed will ensure Lanarkshire becomes a place that champions and promotes good mental health for all.

We are proud to publish the Lanarkshire Mental Health and Wellbeing Strategy 2019. The five-year strategy for all age groups is informed by a range of work including the Scottish Government's Mental Health Strategy 2017-2027, whilst reflecting the needs of people living in Lanarkshire and importantly the experience of people using our services.

The contents of the strategy are consistent with North Lanarkshire Integration Joint Board's vision for improvements in mental health provision and are aligned with Lanarkshire's Healthcare Strategy 'Achieving Excellence' ensuring a strong interface with the developments in local authorities, health and social care organisations and makes specific linkages to the funding outlined by the Scottish Government to ensure changes result in improvements.

The mental health system is a complex Lanarkshire wide system and this strategy sets key areas of work with the intention to deliver a system wide programme of work, build a strong workforce at all levels and engage staff, service users and carers.

The mental health and wellbeing of the population of Lanarkshire is a top priority for all organisations who provide support and services to and with the people who live here.

In line with our Public Sector Equality duty and the duties placed on us by the Fairer Scotland Duty which came into force April 2018, we agree that when making strategic decisions we will think about how we can reduce inequalities of outcome, caused by socio-economic disadvantage treating individuals equally and taking their human rights into consideration. We all have a role to play in promoting good physical and mental health.



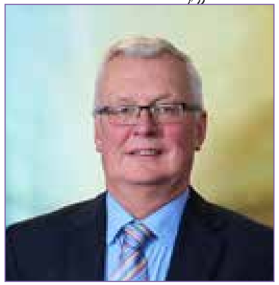






















Foreword

Critical to the vision and values present in the Strategy are the contributions from people with lived experience who have shown courage to generously share their experience and ideas on mental health and wellbeing with us.

In developing this Strategy we have been thoughtful of the need to continue to make real and substantial improvement to all aspects of mental health and wellbeing.

Developing this strategy would not have been possible without the collective investment of the many people who contributed to the content. If we are to make a difference to people's lives then we need everyone to work together.

This strategy has taken a population needs approach by engaging people using our services, voluntary and third sector organisations, NHS Lanarkshire, North and South Lanarkshire Council staff and departments, Scottish Ambulance Service and NHS24. We will continue to work closely with all interested parties/ stakeholders.

We want to make mental health easier to talk about thus challenge all stigma and discrimination wherever it exists. 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.

North Lanarkshire Integration Joint Board Chair, Avril Osborne
Vice Chair, Councillor Paul Kelly

Acknowledgement

'There is no health without mental health'. Every one of us have both physical health and mental health needs and therefore this strategy is for everyone in Lanarkshire. Working closely with all key groups and organisations in the development of this strategy has very much been centred on the needs of people of all ages living in Lanarkshire.

I recognise that people in Lanarkshire use many services and organisations in their day to day life and acknowledge that to make a difference, all of us need to play a part in making this strategy count.

There is a commitment to ensuring people in Lanarkshire can talk freely about their mental health and wellbeing as they would any physical ailment, safeguarding their mental health and wellbeing, where possible preventing mental ill heath occurring and when needed, to access support, care and treatment easily.

Strategy Executive Lead/Nurse Director HSCP North Lanarkshire, Anne Armstrong

Strategy Development

Large scale, system wide change requires a range of people and organisations to work together towards a shared vision, and to our delight everyone got involved. It has been a pleasure to work so closely and be guided by the needs and values of people with lived experience, carers, and organisations who provide support and services to people to build a coalition around mental health and wellbeing.

Key to the successful development of the content has been an inclusive approach, with input from all to set out our comprehensive strategy.

A delivery programme will, I hope, achieve the implementation of our shared ambition across a range of organisations on this extremely important priority topic. We look forward to a Lanarkshire where people can access the supports and services they need and stigma and discrimination is eradicated.

Kate Bell, Head of Service Change and Transformation/Strategy Programme Director

1. Introduction

01

This strategy, ***'Getting It Right for Every Person'*** (GIRFEP), ***A Mental Health and Wellbeing Strategy for Lanarkshire*** signals a significant opportunity for people as recipients of services and therefore sets the tone for all organisations in Lanarkshire to deliver substantial value to the future mental health and wellbeing of the population.

We support the statement made by the Royal College of Psychiatry and are committed to a strategy that delivers 'No Health without Mental Health'[1]. This report makes a compelling case that there is an urgent need to:

- do more to promote and protect wellbeing
- prevent common mental health problems
- strengthen the provision of mental health care
- put mental health care on an equal footing with physical health care in all settings including general hospitals, general practice, social work, education and the wider community

Changes to the law through The Public Bodies (Joint Working) (Scotland) Act 2014[2] require health boards and local authorities to integrate adult health and social care. Health and social care providers need a particularly close working relationship to progress mental health and wellbeing for all. As the host organisation for mental health services in Lanarkshire, North Lanarkshire Integration Joint Board's Strategic Commissioning Plan outlined the intention to develop a Lanarkshire Mental Health and Wellbeing Strategy in context with NHS and local authorities' strategic priorities, and aligned to national priorities and policy.

The Strategy describes more than an opportunity. It requires genuine, in-depth and far-reaching partnership across all public bodies and the voluntary and third sectors. Only by doing so will the desired outcomes for every person in Lanarkshire be achieved. For this reason, the development and delivery of this strategy is called *Getting It Right For Every Person*.

02

2. Our Purpose

Mental health and wellbeing has a profound impact on our quality of life. This strategy advocates a holistic approach and is fundamentally about achieving better mental health and wellbeing for all, and a Lanarkshire where every person can live a full life free from stigma and discrimination. This requires the fully committed partnership approach described in our pledge, which recognises that improving mental health and wellbeing is everyone's business.

The scope and scale of GIRFEP takes into consideration national and local priorities for ensuring the mental health and wellbeing needs of people living in Lanarkshire are met. All partners identified that it is essential to develop and implement GIRFEP using a rigorous inclusive planning approach.

GIRFEP sets the framework for an ambitious programme of change over the coming years and a means for ensuring delivery of the commitments and a shared accountability for implementation.

We recognise the importance of pooled resources and an asset-based approach to mental health and wellbeing to promote self-care and self-management support, where it is correct to do so, building community capacity and resilience aiming for wellbeing in which the goal is parity between mental and physical health.

The approach taken in our strategy makes clear the importance of a focus on the determinants of health and wellbeing to a life-course approach and to addressing stigma, discrimination and all inequalities.

All partners are committed to working with local and national organisations such as NHS Boards, Joint Boards, local authorities, voluntary and third sector, NHS Scotland, NHS24, Scottish Ambulance Service, NHS National Services Scotland and Scottish Government. This is to ensure we have a high quality, consistent and seamless approach to support, treatment and recovery delivering better outcomes for all.

2.1. Definitions

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 stable psychiatric disorder and someone without a psychiatric disorder can have poor mental wellbeing.

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)


03

3. Strategic and Legislative Context

The World Health Organisation's (WHO) Mental Health Action Plan 2013-2020[3] was adopted by the 66th World Health Assembly.

3.1. International Context

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 and wellbeing strategies and subsequent delivery plans.

The Human Rights Act 1998[4], incorporates most of the European Convention of Human Rights into UK law and brings several fundamental changes for mental health patients *(see related legislation section 3.4. page 16)*. The Equality Act 2010[5] (the Act) represents the culmination of years of debate about how to improve British equality law. It offers individuals stronger protection against discrimination. The Act also gives employers and businesses greater clarity about their responsibilities and it sets a new expectation that public services must treat everyone with dignity and respect.

3.2. Scottish Context

Delivering for Today, Investing for Tomorrow: The Government's Programme for Scotland 2018-19[6] promises to continue the major reforms that are underway in our health, education and justice systems, and builds on the progress made in tackling inequalities. It aims to make Scotland one of the 'best places to grow up and learn', to be 'empowered equal, and safe' and recognises trauma and adversity as significant risk factors for poor health and wellbeing and reduced life chances. It makes a commitment to develop a trauma informed workforce which will respond to minimise distress, overcome barriers and build trust. The 'Transforming Psychological Trauma: a Knowledge and Skills Framework for the Scottish Workforce[7]', and the forthcoming 'The Scottish Psychological Trauma Training Plan' will support this ambition by implementing national trauma awareness and training.

The Scottish Government commits to 'ensuring good health, both physical and mental, is not just the job of the NHS – indeed, good health is directly linked to our economic success as a nation. However, a modern, fit-for-purpose NHS, focused on prevention and speedy treatment where necessary, is essential. Our health service, like that of other nations, is facing the challenges of changing demographics and rising demand. We are determined to support it to meet those challenges'.

The public health priorities set out in the Scottish Government report[8] published by the Population Health Directorate of the Scottish Government (June 2018), are an important milestone. The six priorities represent agreement between the Scottish Government and local government about the importance of focusing our efforts to improve the health of the population.

We know from the research and evidence base that if we set out to improve the social, economic and physical environments we live in this will help create health and wellbeing. Through our local communities and public services we can make it possible for individuals to make positive decisions about their own health and feel supported to do so. This will have a huge impact on individuals, on communities and on Scotland as a whole.

The Scottish Government's *Mental Health Strategy 2017-2027*[9] 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 builds upon previous policy and research frameworks including: *The Mental Health Strategy for Scotland: 2012-2015*[10], *What research Mental Health Policy for Scotland: 2015*[11], *Scotland's National Dementia Strategy 2017-2020*[12], *The preliminary view and recommendations from the Children and Young People's Mental Health Task Force*[13]; the report describing the changing relationship with alcohol in Scotland, *Alcohol Framework the next steps*[14] and *The Road to Recovery: A New Approach to Tackling Scotland's Drug Problem*[15] a national drugs strategy that focuses on recovery but also looks at prevention, treatment and rehabilitation, education, enforcement and protection of children.

The enhancement of multi-professional, partnership and co-located approaches to the delivery of services, including statutory Mental Health Officer services (MHO) for those with significant and enduring mental health conditions, is required.

The Scottish Government's *'Health and Social Care Delivery Plan'* which was published in December 2016 describes what will be different for communities as:

- most care will be provided locally through an expanded Community Health Service, avoiding the need to go into hospital
- people will benefit from local practices and other community care with a wider range of available support. Practices will typically consist of complementary teams of professionals, bringing together clusters of health support and expertise. Communities will have 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
- local practices will be able to provide more information and secure better advice for people locally without the need to attend hospitals to get specialist consultancy advice. That advice will be increasingly delivered locally
- families will receive more integrated and extended primary and community care for their children. There will be more home visits from healthcare professionals, including three child health reviews, and teenage mothers will receive more intensive and dedicated maternal support

Significant to this agenda is Realistic Medicine, the Chief Medical Officer for Scotland's first annual report published in 2016 and her subsequent annual reports: *Realising Realistic Medicine and Personalising Realistic Medicine*[16] These reports set out the vision for introducing the realistic medicine concept and how it will make sure that by 2025 anyone providing healthcare in Scotland will take a realistic medicine approach.

Realistic medicine puts the person receiving health and social care at the centre of decisions made about their care. The approach recognises that a one size fits all approach to health and social care is not the most effective path for the person or the delivery of health and social care in all settings. It aims to reduce harm, waste and unwarranted variation, all while managing risks and innovating to improve. These concepts will be essential to a well-functioning and sustainable NHS for the future.

Realistic medicine in Scotland and in Lanarkshire is not just about doctors. 'Medicine' includes all professionals who use their skills and knowledge to help people maintain health and to prevent and treat illness. This includes professions such as nursing, pharmacy, counselling, physiotherapy and social work. The reports state that social workers are a key part of the decision-making processes that influence safe, effective and person-centred care across the country. They have skills in working with individuals in ways that are collaborative and outcome-focused. Social work, social care and health workers inhabit a shared arena in which links are already there with clinical colleagues - but more can be done locally and nationally to support the coming together of these services and those who provide them. This way the principles of Realistic Medicine can shape and influence the new and innovative service models within Scotland's Health and Social Care Partnerships.

GIRFEP, alongside a range of other strategies, will help to deliver a wide range of measures that the Scottish Government is taking to 'help create a Fairer Scotland' and ensure all people have fair and just access and experience of service. This means they can achieve the outcomes important to them irrespective of their mental health state.

3.3. Lanarkshire Context

The Lanarkshire strategy development and delivery is not just about how the NHS, integrated authorities and local authorities respond to mental health; it is about how our wider community planning partners and society contribute to mental health and wellbeing.

All of the engagement, proposals, initiatives and intentions set out in this strategy work together to achieve improvements in the context of addressing inequities and the socio-economic circumstances which affect mental health and wellbeing. These include income, education, housing and the promotion of safer, healthier communities.

NHS Lanarkshire published its Healthcare Strategy *'Achieving Excellence'* (March 2017)[18] to support future strategic health planning and to better respond to people's needs in Lanarkshire.

Achieving Excellence identified four strategic aims to achieve a vision, which meets criteria set out in the NHS Scotland Quality Strategy ambitions of being person-centred, safe and effective along with the requirement to improve efficiency and to achieve financial sustainability by doing the right thing, on time and within budget.

These strategic aims will be integral to delivery of GIRFEP to:

- reduce health inequalities and improve health and healthy life expectancy
- support people to live independently at home through integrated health and social care working
- ensure hospital day case treatment is the norm, avoiding admissions where possible
- improve palliative care and support end of life services

The Plan for North Lanarkshire (2018)[19] sets out a shared ambition among the community planning partners where North Lanarkshire is a place for inclusive growth and prosperity for all to Live, Learn, Work, Invest and Visit. Its five priorities, which will be integral to delivery of GIRFEP, are to:

1. improve economic opportunities and outcomes
2. support all children and young people to realise their full potential
3. improve the health and wellbeing of our communities
4. enhance participation, capacity, and empowerment across our communities
5. improve North Lanarkshire's resource base

The South Lanarkshire Community Planning Partnership Community Plan, *'Stronger Together'*, (2019-2027)[20] has a common vision "to improve the quality of life for all in South Lanarkshire by ensuring equity of access to opportunities and to services that meet people's needs".

The ambitions of GIRFEP include:

- making communities safer, stronger and sustainable
- getting it right for children and young people
- improving health, care and wellbeing
- promoting economic growth and tackle disadvantage

We want Lanarkshire to be a place where everybody thrives. We want to reset how Lanarkshire thinks about wellbeing and health. Wellbeing cannot be created and sustained by one organisation in isolation. It is recognised by the community planning partnerships that this must involve all agencies.

"Tackling the causes of health inequalities through a rights-based approach will build on the good work in Lanarkshire and examine and transform the language, terminology, and models of mental health and wellbeing."

3.4. Legislative Context

There are a number of Acts designed to ensure that people are afforded their rights. The aim is to ensure that care, treatment and support does not discriminate, is lawful, respects the rights and promotes the welfare of individuals with mental disorders, learning disabilities and related conditions.

The legislation currently covering Mental Health and Wellbeing policy and practice includes:

- Mental Health (Care and Treatment) (Scotland) Act 2003
- Mental Health (Scotland) Act 2015 includes duties relating to patient representation: named persons, Advance Statements and Advocacy
- Human Rights Act 1998; European Convention of Human Rights
- Patient Rights (Scotland) Act 2011
- Adults with Incapacity (Scotland) Act 2000
- Adult Support and Protection (Scotland) Act 2007
- Criminal Justice (Scotland) Act 2016
- Carers (Scotland) Act 2018
- Mental Welfare Commission for Scotland, Human Rights in Mental Health Care (2015)

The guidance for this work in the public and voluntary sector is wide ranging and includes:

- *Mental Welfare Commission for Scotland, May 2017; My views, My treatment: Advance Statement Guidance*[21]
- *Mental Welfare Commission for Scotland, April 2016; Rights, Risks and Limits to Freedom*
- *Mental Welfare Commission for Scotland, March 2013; Capacity, Detention, Supported Decision Making and Mental Ill Health*[22]
- *Mental Welfare Commission for Scotland, May 2017; Autonomy, Benefit and Protection. Mental Welfare Commission for Scotland, 2008*

To align with these, a rights-based approach has been taken to developing this strategy. The Scottish Human Rights Commission advise that human rights should be mainstreamed across the whole strategy and should shape the planned implementation work.

Mental Health Officers (MHO) have a critical role in promoting access to rights and safeguards for children, young people and adults who experience mental health conditions, in particular, those who require to be detained under the Mental Health (Care and Treatment) (Scotland) Act 2003.

The Social Work Scotland Report *'Mental Health Officer: capacity, challenges, opportunities and achievements',* clearly identified the complexity of current Scottish mental health legislation in relation to the MHO role. Action 35 of Scottish Government Mental Health Strategy 2017-2027 recognises the increase in local government statutory responsibilities, and the impact this has on demand and capacity of MHO teams.

"Working together with professionals and people with lived experience, Scotland has the opportunity to create new legislation that can bring real improvement to the care and treatment of some of the most vulnerable members of our community."

(Colin McKay, Chief Executive of the Mental Welfare Commission)

04

4. A Shared Vision

"Our shared vision is to develop a culture where people can get the right help at the right time, expect recovery, and to fully enjoy their rights, free from stigma and discrimination".

Source: ***Scottish Mental Health Strategy: 2017-2027***

Our shared vision 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 have their voice heard. It is a vision where all people enjoy good mental health throughout their lives.

An understanding of how our personal and professional values matter and how this translates to our behaviours is of vital importance across all disciplines working within the mental health field and beyond. We have consistently heard from people who receive care and support, that the values of people providing that care and support or who work alongside them is very important.

We wish to see a Lanarkshire where we:

- all understand that there is no health without mental health
- know how to support and improve our own and others' mental wellbeing and act on that knowledge
- know it is good to talk about your mental health without fear of stigmatisation
- understand that good mental health contributes to improvements in life circumstances and overall quality of life
- raise efforts around the prevention of mental health problems, mental ill-health, and suicide
- improve the quality of life, social inclusion, health equity, economic wellbeing and recovery of people who experience mental illness
- actively listen to each other and are involved in decisions that affect personal care and treatment
- are treated with compassion and hopefulness
- ensure supportive relationships are promoted at all levels
- promote dignity, understanding, respect, inclusivity and fairness in our support and care
- value lived experience as central to design and delivery of support of services
- have non-judgemental practice and behaviours
- use all feedback to engage and inform choice
- ensure the staff providing care and support put the needs of the person first and value their contribution.

"I know that the government want to put mental health on the on a par with as physical health. And that the Carers Act means there is a duty to look at carers' needs. I know this specifically relates to social care - but are we not supposed to be all joining up and putting people at the heart of everything?"

(Carer, April 2019)


05

5. Mental Health: A Public Health Priority

There are many drivers influencing service change and transformation. The public sector is changing, as are the roles and relationships between NHS, social care and voluntary and third sector organisations. There is increased integration. The landscape will continually be reshaped by a combination of demographic changes and the challenges of managing and addressing the needs and expectations of the public.

All this will generate the need for changes and improvements in infrastructure and a shift in the balance of care to new ways of working and new roles within the workforce, as well as enhancements in where and how our support and services are accessed.

Good Mental Health for All (GMHFA) (2016)[23] 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 inequality in the distribution of mental health problems across them.

People experiencing mental health problems are more likely to experience poverty, experience difficulties maintaining education and employment, are more likely to be involved in the criminal justice system, have poor physical health, experience weight management issues, and are more likely to suffer from addictions to alcohol, drugs or smoking.[24] In Scotland, the social, economic and human costs of mental health problems are estimated to be around £10.8 billion per annum.[25] There is a need for a refreshed and reinvigorated approach to mental health improvement to address these 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. 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.[26] [27]

5.1. Mental Health and Wellbeing

One of the six public health priorities is "A Scotland where we have good mental wellbeing".

Good mental health and 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 our functioning in the world. Experiencing positive relationships, having some control over one's life and having a sense of purpose are all important attributes of wellbeing[28].

Poor mental health is an important public health challenge and significant mental health inequalities exist in Scotland. Improving the mental health and wellbeing of the population is a national priority as it is recognised that is has a positive effect on many different aspects of society.

"We all have episodes of poor mental health and distress at times in our lives; we can no longer stigmatise people for having a mental health illness, and we must open up the dialogue to reach a zero tolerance to this stigma. In doing so we wish to see radical change that allows all of us to talk freely about our mental health status and seek support and help from the right people at the right time"

(Dr Adam Daly, Consultant in Old Age Psychiatry, Associate Medical Director, Mental Health and Learning Disabilities)

5.2. Mental Health Inequalities

Mental health problems can be experienced by anyone at anytime of life, however, inequalities are neither acceptable nor inevitable. Mental health outcomes are not distributed evenly across the population, with inequalities evident for age, gender, deprivation and socio-economic status.

- Adults living in the most deprived areas are approximately twice as likely to have common mental health problems (as measured by the General Health Survey) as those in the least deprived areas (22% versus 11%)
- There is a significant difference in wellbeing scores on the Warwick Edinburgh Mental Wellbeing Scale (WEMWEBS) for S1 to S4 pupils with those in the three most deprived quintiles reporting lower scores than their more affluent counterparts (Realigning Childrens' Services reports)
- Women are more likely than men to report they have experienced a mental health problem (36% compared with 27%); people over 55 years old were the age group least likely to say they had experienced a mental health problem (23%); and those in the lowest income group were more likely than those in the highest income group (41% compared with 25%) to have experienced a mental health problem; this has been sourced from the Scottish Social Attitudes Survey, 2014
- Scottish suicide rates are four times higher in areas of the greatest deprivation than in areas of the least deprivation (GMHFA, 2016)[29]
- 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. (Health Scotland, GMHFA, 2016)[30]

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

A 2017 evidence-based briefing by Health Scotland on mental health inequalities 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".

People with mental health problems often experience poorer health and social outcomes compared to the wider population. Discrimination and prejudice in and across services and communities can lead to people not being taken seriously, being excluded, not getting the support they need and not being able to achieve the outcomes important to them.

In the most recent Scottish Social Attitudes Survey (SSAS, 2014) over one third of people (37%) who identified as having a mental health problem had experienced some negative social impact as a result of their mental health status. For example they had been discouraged from attending an event, been refused a job, or been verbally or physically abused. It is reasonable to assume that this could have prevented individuals seeking early support and treatment.

Stigma can also act as a barrier to wellbeing and prevention interventions. It is important for those experiencing mild/moderate mental health problems to be able to reach out and get the support they need. Failure to do so may result in escalation of mental health problems. It is important that we create conditions and environments that empower people to speak openly about mental health and that those listening are empathetic and equipped to take action and provide the right support in the right way.

Approaches to care and treatment should embed recovery principles, emphasising the importance of positive relationships, education, employment and purpose alongside reductions in clinical symptoms. (Health Scotland Good Mental Health For All, 2016).[31]

Mental health stigma and discrimination can also be exacerbated by discrimination in relation to other inequalities including race, gender, sexual orientation and disability (Better Mental Health For All, 2016).[32]

In Lanarkshire, we 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 their life.

We are committed to ending mental health stigma and discrimination as a priority for this strategy. We have developed a close partnership with See Me, Scotland's national organisation for challenging mental health stigma and discrimination, to take forward an ambitious programme. We will continue to develop this partnership, building local capacity to create a movement to challenge mental health stigma and discrimination and promote recovery.

"LGBT issues have seen a positive change in public attitude recently. Can we learn anything from this to reduce stigma and discrimination in relation to mental health?"

(Lanarkshire Association for Mental Health feedback)

06

6. Population Estimates and Projections

As with other areas in Scotland, Lanarkshire's population profile is progressively shifting towards the older age groups, with children and young people making up an increasingly smaller proportion of the overall population.

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):

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
- there will be a substantial drop in the under 60 population with the largest fall in the 45-59 age range, which is projected to decrease by 9,310 (14%) by 2037

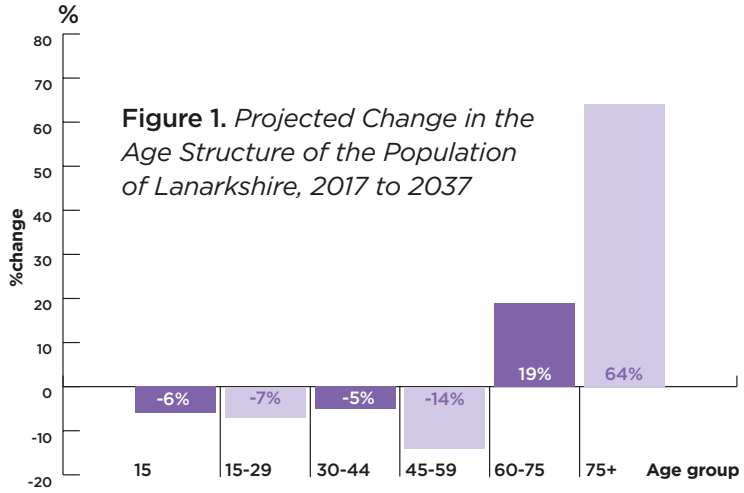


Figure 1. *Projected Change in the Age Structure of the Population of Lanarkshire, 2017 to 2037*

Source: **www.nrsscotland.gov.uk/statistics-and-data**

6.1. Mental Health and Wellbeing

The Scottish Public Health Observatory (ScotPHO) publishes mental health profiles for both males and female adults 16+ for Scotland as a whole and by local authority area. The indicators include drug and alcohol measures in recognition of the high prevalence of mental health issues associated with addictions.

Data from the Strengths and Diffculties Questionnaire (SDQ) undertaken by S1-S4 pupils in Lanarkshire schools found that those in the most deprived quintile had higher scores than those in the lease deprived (38% v 23% in North Lanarkshire and 36% v 28% in South Lanarkshire). Girls were more likely than boys to have raised scores, particularly for emotional symptoms. Boys were more likely to have raised scores for conduct problems (Child Health Plan and Reshaping Children's Services reports).

[1]Provided by Population Health Team, Analytical Services Division, ISD

Indicator	North Lanarkshire		South Lanarkshire		Scotland	
	Males	Females	Males	Females	Males	Females
Mean mental wellbeing score 4 year aggregate score on Warwick-Edinburgh Mental Wellbeing Scale (range 14-70)	49.9	49.8	49.5	49.8	49.9	49.9
Mean life satisfaction score, Range of 1-10	7.8	7.7	7.8	7.7	7.8	7.8
Common mental health problems %	16.1%	18.4%	16.5%	18.5%	14.2%	17.2%
Problem drinking %	27.2%	14.6%	22.9%	9.9%	24.1%	11.6%
Prevalence of problem drug use %	2.5%	0.8%	2.3%	0.8%	2.5%	1.0%
Drug related mortality, 5 year average rate per 100,000 population	18.7	6.9	20.6	7.6	19.7	7.9
Alcohol related mortality 5 year rolling average rate per 100,000 population	41.9	18.8	32.2	11.6	28.8	11.6
Deaths from suicide 5 year rolling average rate per 100,000 population	19.5	5.7	17.9	5.3	19.8	6.8

1 in 4
people in Scotland have reported experiencing a mental health problem at some point in their lifetime (SAS 2014) whilst at any one time approximately 1 in 6 people have a mental health problem (Health Scotland website).

DEPRESSION
is the most commonly reported mental health problem with 20% reporting to have experienced depression at some point (SSAS 2014).

In 2016/17
11%
of adults
had two or more symptoms of depression and 6% had previously self-harmed (ScotPHO).

17%
of those aged 16+ years in Scotland in 2017 reported having a General Health Questionnaire (GHQ) score of 4 or more, an indicator of low wellbeing or mental health problem (ScotPHO).

07

7. Research and Development

Research into mental health has long been the preserve of larger research centres based in large cities. This has meant that usually only individuals living in those areas have the opportunity to work with researchers to improve our knowledge, and to shape and improve the treatments that we can offer. This is now starting to change, and Lanarkshire will be part of that change so that local people can take part in research. We will further develop our approach to support researchers and clinicians locally, attract studies, and pursue funding and opportunities on a national level.

08

8. Partnership Approach

We recognise that redesigning support and services to meet people's needs across the scope of GIRFEP is complex and that this will require all agencies to work in a collaborative way across organisational boundaries. In developing the strategy and in future design and delivery we will aim to ensure people with lived experience, service users and families and carers remain key partners in GIRFEP.

09

Family outside new social housing in Motherwell

9. Community Planning for Mental Health

Mental health is a fundamental component of the WHO's definition of health. Good mental health enables people to realise 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'. It 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).

As a key component of strategic change in Lanarkshire we will move towards supports and services being available to people where they live and in community settings. We 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 only for as long as necessary whenever possible with the person returning home when the acute episode is over. We must acknowledge the breadth of work that has been taken forward in this area already, particularly from the third sector and partner agencies. Our aspiration will be to make mental health an equal priority in the work undertaken by community planning partners.

9.1. Housing

New research and evidence is emerging which makes a clear link between housing and health inequalities. Housing can be defined into three key areas: affordability of homes; quality of homes; and the role of the home as a foundation for which all other aspects of life and community inclusion can be built upon.

The Commission on housing and wellbeing identifies four key priorities in which housing in Scotland can reduce health inequalities. Priority four states that:

"Everyone in Scotland should have a home that supports wellbeing through connections to a place and a community."

The impact of good housing is crucial for good mental health but evidence suggests that mental ill-health is linked with adverse housing circumstances such as homelessness, with people with severe mental health problems less likely to be homeowners and more likely to reside in unstable environments. The detrimental impact of homelessness on health and wellbeing is severe, adversely affecting other aspects of life such as education and employability. Homeless and potentially homeless people experience health inequalities with higher rates of morbidity and mortality than the rest of the population. Tackling and preventing homelessness contributes significantly towards reducing health inequalities.

Access to high quality, affordable housing and housing support can help change this through vastly improving the health and wellbeing of people living in our communities, reducing inequalities and the need for more intensive and expensive health and social care interventions.

Recognising the need for more targeted collaborative interventions to help reduce these health inequalities, the Scottish Government has introduced the requirement for local partnerships to develop and implement a Rapid Rehousing Transition Plan (RRTP) to proactively address homelessness and rough sleeping. Improving mental health and wellbeing is a key priority within both North Lanarkshire and South Lanarkshire RTTPs, with a range of actions identified in which partners will work in a more concerted way, focussing on early prevention to support better outcomes for people who face some of the most significant health disadvantages in our communities.

The housing contribution to achieving the national health and wellbeing outcomes, and Health and Social Care's key priorities, is articulated in the Housing Contribution Statement, which acts as a bridge between the Health and Social Care Partnerships' Strategic Commissioning Plans and their respective local authority's Local Housing Strategy. The Housing Contribution Statement sets out the vital input that housing gives to both the physical and social aspects of living, providing the platform that enables people to achieve their full potential and for communities to become better connected and more resilient.

Integrated arrangements will help support the delivery of the actions identified in each local authority's Local Housing Strategy, Housing Contribution Statement and Rapid Rehousing Transition Plans, providing an opportunity for housing to become embedded further in health and social care planning to help improve mental health for all in Lanarkshire.

9.2. Poverty

According to a Scottish Government report, *Poverty and Income Inequality in Scotland 2015-2018*[33], 20% of people in Scotland were living in relative poverty after housing costs in 2015-18. Overall, the poverty rate continues to rise, income inequality continues to grow, and the average household income is progressing slowly. According to *Poverty and Mental Health*, The Health Foundation (2016): [34]

'There is a close link between poverty and mental health: poverty can be a cause or consequence of mental ill health. There are a complex set of environmental factors which can significantly affect mental health and getting to the root of the problem requires engagement with this complexity'.

The *South Lanarkshire Community Plan* (Local Outcome Improvement Plan) was approved in October 2017 and sets out the priorities and outcomes for the partnership over 10 years from 2017-2027. The overarching objective is Tackling Poverty, Deprivation and Inequality. Each of the Thematic Partnerships has a number of specific measures and actions in the overarching part of the plan with shown linkages to actions within each.

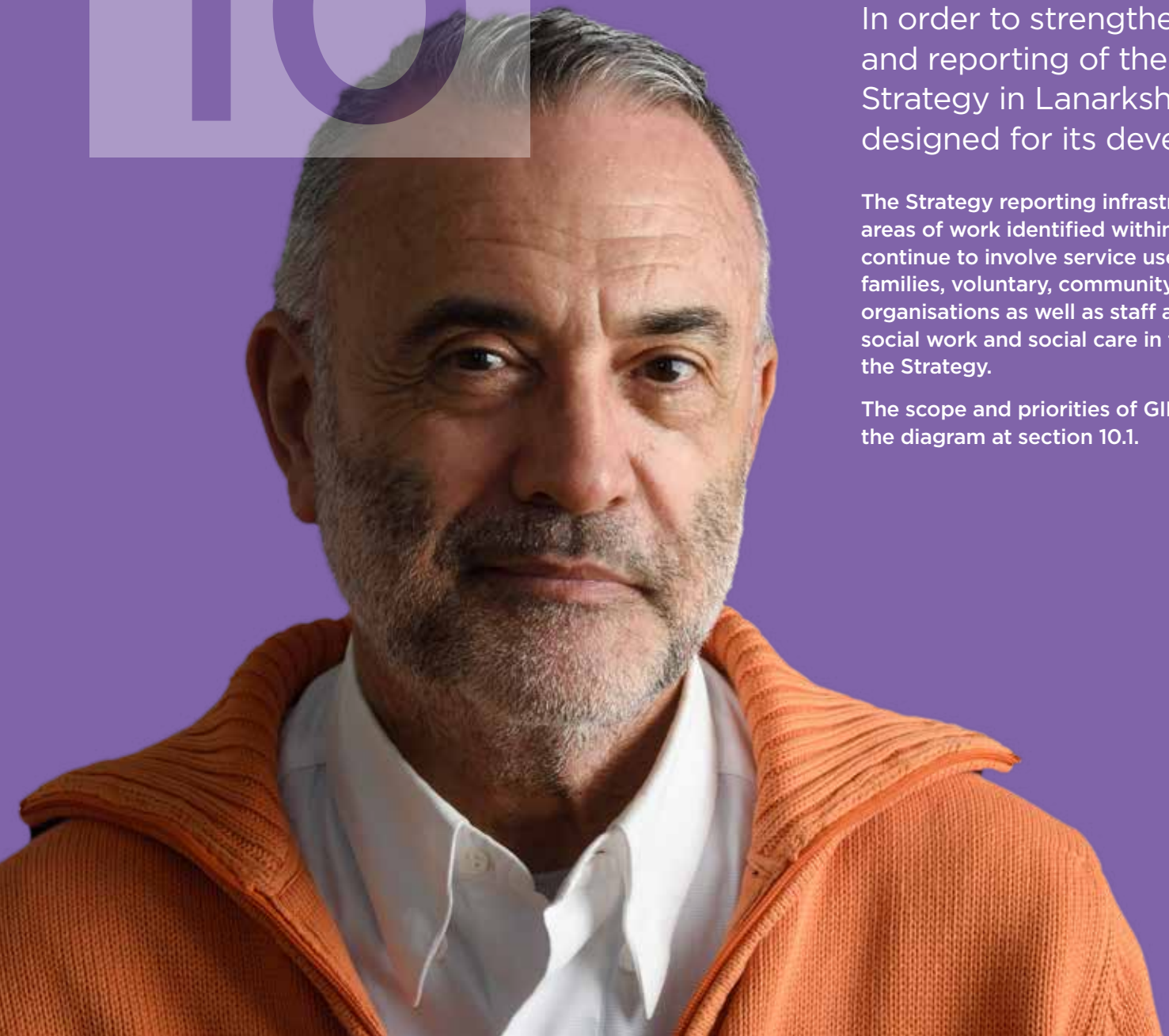
The Plan for North Lanarkshire and associated *Programme of Work* includes a commitment to develop a Tackling Poverty Strategy for North Lanarkshire which is being progressed by the multi-agency Tackling Poverty Officers' Action Group. This work is embedded within an overall approach of inclusive growth and tackling inequalities. The Tackling Poverty strategy will consider the wide variety of factors that impact on poverty and deliver on the recommendations of the recent North Lanarkshire Fairness Commission report[35].

If you have a job, if you enjoy good mental health, you can:

- **make the most of your potential**
- **cope with what life throws at you**
- **play a full part in your relationships, your workplace, and your community**

(Mental Health and Inequalities)

10



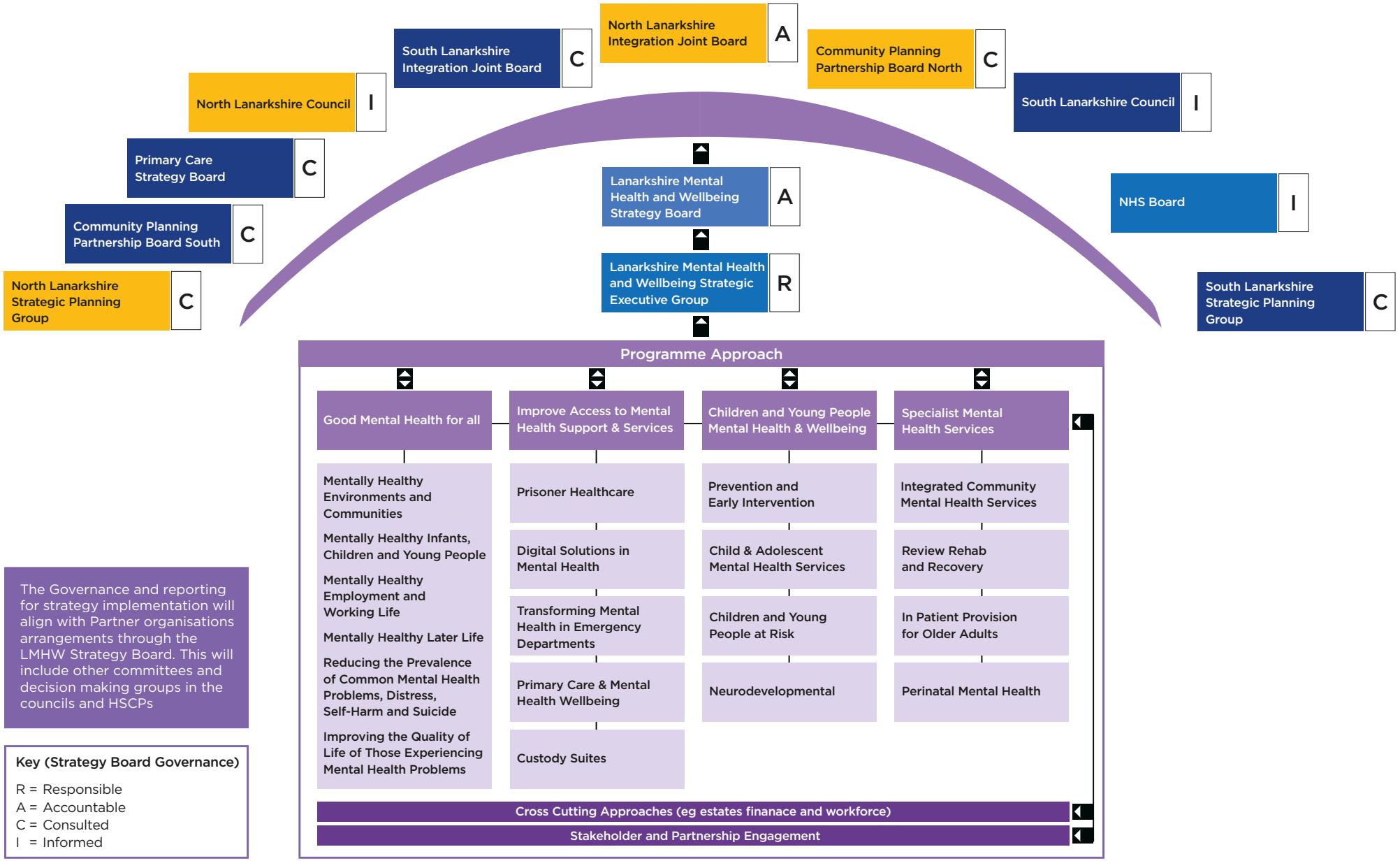
10. Strategy Governance

In order to strengthen effective planning, leadership and reporting of the Mental Health and Wellbeing Strategy in Lanarkshire, a programme approach designed for its development and delivery.

The Strategy reporting infrastructure sets out the areas of work identified within GIRFEP. We will continue to involve service users, carers and their families, voluntary, community and third sector organisations as well as staff across health, social work and social care in the delivery of the Strategy.

The scope and priorities of GIRFEP is illustrated in the diagram at section 10.1.

10.1. Lanarkshire Mental Health and Wellbeing Strategy Programme Governance



The Governance and reporting for strategy implementation will align with Partner organisations arrangements through the LMHW Strategy Board. This will include other committees and decision making groups in the councils and HSCPs

Key (Strategy Board Governance)

R = Responsible
A = Accountable
C = Consulted
I = Informed

11. Delivering Mental Health and Wellbeing

The following sections represent the core priorities to be taken forward over the period of GIRFEP. To support the delivery of GIRFEP, each area of work will have a suite of project documents with agreed plans and developed for implementation over the period of the strategy.

11.1

Good Mental Health For All

Our vision is for a Lanarkshire where everyone has good mental wellbeing from before birth (perinatal health) through to later life and where those experiencing mental health problems are supported, can 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 and work together to address the wider determinants that lead to poverty, marginalisation, vulnerability and poor quality of life.

Having a strong history of partnership working and drawing from Scotland's first national mental health improvement strategy *'Towards A Mentally Flourishing Scotland'* (2009), Lanarkshire partners developed a mental health improvement action plan *'Towards a Mentally Flourishing Lanarkshire'* (2010).

Local partners worked together to address wider determinants (eg Tackling Poverty strategies and Local Child Poverty Action Plans) and developed a broad range of local actions. Local third sector agencies have been particularly instrumental in driving this agenda.

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. It describes the key factors which operate at the level of the individual, their social circumstances and the wider environment which fosters good mental health and identifies risks to good mental health. These are outlined in Table 1 on the following page.

Opportunities to promote mental wellbeing and intervention

- Preconception
- Pregnancy and parenthood
- Transition from home, nursery and school
- Transition to adolescence and adulthood
- Worklife - unemployment and retirement

Drawing on this evidence, and building on work to date, Good Mental Health for All consultation and planning events were held in Lanarkshire in November 2017 to develop outcome focused Good Mental Health For All Action Plans for North and South Lanarkshire, with an overarching focus on reducing inequalities across six priority areas:

1. mentally healthy environments and communities
2. mentally healthy infants, children and young people
3. mentally healthy employment and working life
4. mentally healthy later life
5. reducing the prevalence of suicide, self-harm and common mental health problems
6. improving the quality of life of those experiencing mental health problems, including the promotion of recovery, stigma reduction and physical health improvement

Table 1 Protective and risk factors for good mental health

	Protective factors	Risk factors
Environmental factors	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	High unemployment rates Economic recession Socio-economic deprivation and inequality Population alcohol consumption Exposure to trauma
Social circumstances	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
Individual factors	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

Source: **NHS Health Scotland report, Good Mental Health for All, 2017**

Evidence indicates that where people have the tools to manage their own health – including being supported to do so, such as through social prescribing – that their wellbeing may be improved. GIRFEP promotes a move towards prevention and recovery models focused on assets, strengths and self-care and self-management.

Mentally Healthy Environments and Communities

A broad range of partnership programmes have been developed to address the wider contextual factors known to negatively impact on mental health and wellbeing. These include actions to mitigate the impact of welfare reforms, supported employment programmes, community safety, increasing focus on educational attainment, improving housing and addressing homelessness and improving green health and physical activity opportunities. Developing the capacity of the workforce to support mental wellbeing has also been a priority through training and workforce development.

We will continue to work through Community Planning Partnerships, Community Plans and Local Outcome Improvement Plans to create the conditions for good mental health and wellbeing throughout the entire life course recognising the importance of relationships, resilience, social connectedness and wider social and environmental factors (eg inclusive employment, good housing, community safety, education, financial security, environmental sustainability) and how these impact on wellbeing at all stages. There will be specific focus on improving life circumstances, on creating cultures and environments that are inclusive of everyone irrespective of their mental health state and creating opportunities for people who are experiencing particular challenges in relation to poverty, domestic abuse, addictions, criminal justice and homelessness.

Mentally Healthy Infants, Children and Young People

There is a growing body of evidence on Adverse Childhood Experiences that indicates children who have experienced cumulative key risk factors such as bereavement, parental divorce, abuse, parental drug or alcohol misuse and parental mental illness, are at higher risk of both physical and mental ill health in adulthood *(Better Mental Health For All 2016)*.

Understanding of child development stages, psychological and emotional connections and early intervention from pre-pregnancy, the early years, in childhood and adolescence is crucial as the strongest prediction of life satisfaction in adulthood.

The family, the environment and the wider community in which a child is raised are the most important determinants of wellbeing. Lanarkshire has a broad range of parenting programmes which aim to promote and support bonding and attachment pre and post birth, parenting skills, support trauma-informed approaches and build resilience in the early years. Furthermore it is our intention to positively promote and support women to breast feed their babies, moving Lanarkshire from a culture of bottle to breastfeeding, so that both mother and baby have the best possible start in life. There are also a range of programmes delivered through Curriculum for Excellence which promote children and young people's wellbeing and resilience through education and community settings including consideration to the role of social media as both a protective and risk factor for wellbeing.

These programmes will be reviewed and further developed through the North and South Lanarkshire Children's Services Partnership Plans, both of which have task groups focused on children and young people's mental health, wellbeing and resilience.

In line with the principles of Getting It Right For Every Child, 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.

Mentally Healthy Employment and Working Life

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

The importance of improving mental health at work is well documented as it enables people to contribute and develop social capital as well as have financial independence and security. However people who experience mental illness are more likely to be in low quality or insecure employment (eg zero hours contracts, irregular working patterns) or unemployed and this can negatively impact on their health through impacting on other determinants of wellbeing such as the ability to secure accommodation, or financial problems and wider lifestyle patterns and routines.

There have been strong partnerships in Lanarkshire with employability agencies and services to support people with mental health problems to maintain or return to employment and this work will be built upon and supported going forward.

There is also a need to build on 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.

The national Healthy Working Lives Programme and the Scottish Business Pledge provide useful frameworks to support local employers and the ambition is that all community planning partner agencies will pledge to be exemplar employers in this respect.

Mentally Healthy Later Life

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 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. Older people make an invaluable contribution as unpaid carers and in volunteering roles. Thus the health and wellbeing of carers should be recognised, maintained and supported.

The third sector has been instrumental in building community capacity amongst older adults and in promoting active ageing, resilience and connectivity and we will continue to build asset-based approaches as well as ensure support for carers in line with the 2018 Carers Act.

Lanarkshire has a long-term commitment to improving the quality of life for people with dementia and their families through developing post-diagnostic support, improving access to community transport and promoting active ageing and workforce development using the *Promoting Excellence: A framework for all health and social services staff working with people with dementia, their families and carers (2011)* and the national Allied Health Professions (AHP) Framework *Connecting People, Connecting Support (2017)*. The Promoting Excellence Framework, the AHP Framework and the National Standards of Care for Dementia (2011) are underpinned by the Charter of Rights for people with dementia and their carer.

Reducing the Prevalence of Common Mental Health Problems, Self-harm and Suicide

As well as building individual and community resilience, there is a need to ensure appropriate support for those experiencing common mental health problems, mental health suffering, or those contemplating suicide.

a) Social prescribing and self-management approaches

Since 2010 Lanarkshire has had an award winning social prescribing framework *'Well Connected'*. Building on local assets, this framework has created the conditions to makes it easier for people to access opportunities to improve their wellbeing, support prevention and promote recovery across a variety of domains including physical activity and leisure opportunities, green space, volunteering, employment, benefits, welfare and debt advice, self-management information provision through libraries and community based stress management classes.

We will 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, including maximising opportunities to promote wellbeing, prevention and supported recovery through technology. We will address the stigma and discrimination which may prevent people accessing and maintaining support from community assets. We are also exploring opportunities to extend the Well Connected model to young people (aged 12+) and already have this in place in libraries and leisure facilities in North Lanarkshire.

b) Distress brief intervention

Lanarkshire is the host site for an innovative national programme to ensure a compassionate and effective response to people presenting to services in distress.

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

The DBI 'ask once get help fast' approach has two levels:

1 trained frontline staff provide a compassionate response, signposting and offering referrals, seamlessly with confidence and clarity to DBI Level 2 service

2 Commissioned and trained third sector staff 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 14 days

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). The approach is now being rolled out to 16 and 17 year olds.

c) Suicide prevention

Every death by suicide is a tragedy not only for the individual but also has a far reaching impact on family, friends and communities. There has been a national focus on reducing suicides since 2002. Since then despite a reduction in suicide rates over recent years, last year saw an increase across Scotland.

The local and national vision is to prevent suicide and that help and support is available to anyone contemplating suicide. This includes ensuring people affected and those bereaved by suicide are not alone and will be supported. Through learning and improvement, we minimise the risk of suicide by delivering better services and building stronger, more connected communities.

Every Life Matters: Scotland's Suicide Prevention Action Plan (2018)[36] 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.

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. This will include establishing a Suicide Review Partnership Group to review all suicides in Lanarkshire and make improvements in line with learning from these reviews.

Improving the Quality of Life of Those Experiencing Mental Health Problems

To improve access to support for those experiencing common mental health problems, a number of issues need to be addressed.

a) Stigma and discrimination

Mental health stigma, discrimination and social exclusion is a significant issue for both people with lived experience, and their families and is a priority for action across all priorities within this strategy.

We will continue to work with See *Me* (Scotland's Programme to tackle mental health stigma and discrimination) 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. We will build on the success of local capacity to create a movement for change to challenge mental health stigma and discrimination and promote recovery.

b) Addressing physical health needs of those with mental health problems

People who experience mental illness are more likely to have poor physical health, experience weight gain, more likely to smoke and misuse alcohol or drugs[37]. As a result, they have an increased risk of diabetes, stroke and heart disease. The causal factors underpinning this relationship are often complex and interrelated and may include inequalities in access to services, deprivation, poor lifestyle behaviours and social isolation. This does not negate the mental health of people with physical health conditions.

Locally good practice has developed to support the wider health needs 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.

Lanarkshire will continue to build on good practice through working multi-disciplinary teams, alcohol drug partnerships and third sector organisations who provide support and services to people who are diagnosed with mental health disorders and conditions.

Children and young people's mental health will be the focus of Children's Service Planning groups in local authorities, that will have the aim of improving the physical and mental health of children and young people in Lanarkshire.

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:

- 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

Delivery plans are in development which will set clear timescales and progress measures 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.

"Mental health support should be a partnership - walking alongside rather than leading or pushing."

(Lanarkshire Conversation Cafe feedback, 2019)

11.2

Improving Access to Mental Health Supports and Services

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

- primary care and mental health wellbeing service
- transforming mental health in hospital emergency departments
- prisoner healthcare
- police 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. We will 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 services to have access to them.

There is a Community Mental Health Team (CMHT) 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. The CMHT 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. We must concentrate not just on mental illness, but on mental health and wellbeing. This includes prevention and early intervention, offering a range of interventions as soon as possible when 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 mental access in these five key areas which will make the biggest difference to people who need to access mental health support and services.

Primary Care

The vast majority of people with mental health problems who do get treatment are seen within primary care – 81% of people first come into contact with mental health services via their GP, with 90% of people receiving treatment and care for their mental health problem solely in primary care settings.[38] Through the new General Medical Services contract (2018) there are now increasing roles for other professions within a multi-disciplinary team such as pharmacists, advanced nurse practitioners and clinical support staff.

One in four people is likely to experience a mental health disorder during their lifetime. This represents 164,532 people in Lanarkshire. 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. Stress control classes[39] are a vital support resource available in all localities to provide support to a large number of people complaining of suffering from stress and who were keen to tackle problems themselves.

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 healthcare 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. We know that addressing mental illnesses in primary care settings will delay progression, improve survival outcomes, and is a more efficient system of care.

81% OF PEOPLE FIRST COME INTO CONTACT WITH MENTAL HEALTH SERVICES VIA THEIR GP

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 an 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 GP Practices with links to Primary Care Team, and the Community Mental Health Teams that will continue to provide care for the most unwell people who need specialist input. 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 and 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.

To this end, we call on health and social care partnerships to assess and monitor co-morbid mental illnesses in primary care settings, prioritise the training of professionals in mental health care, and, critically, incorporate mental health interventions within self-management programmes as part of considering the place of lived experience in service design and implementation.

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 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. It is important we ensure that individuals are able to access the right support 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 outwith normal working hours, and also to add additional resources in the Emergency Department setting.

We currently have the presence of mental health staff in Emergency Departments with 24-hour access to local authority Mental Health Officers and social work support and advice. However, it is our intention to extend this to give 24-hour access on each of our three University Hospital sites over the period of GIRFEP. 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 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.

Prisons – Mental Health Provision

In recent years, new arrangements have opened up the opportunities for closer partnership working between health and justice. In 2011, the NHS took over responsibility for the delivery of healthcare in prisons and in 2014 partnership arrangements were established for the delivery of healthcare in police custody. The National Prisoner Healthcare Network was established to support and facilitate local working. In 2017, re-organisation of community justice was implemented and the national body Community Justice Scotland was set up, as well as Community Justice Partnerships at local authority level. A document setting out the Scottish Government's plan[40] for a just, safe and resilient Scotland, with established priorities for 2017 to 2020 has as one its priorities 'to improve health and wellbeing in justice settings, focusing on mental health and substance use'.

North Lanarkshire Integration Joint Board host Prisoner Healthcare and provide leadership and management overview of healthcare developed and delivered in HMP Shotts, the only prison within Lanarkshire.

As part of the healthcare provision mental health and wellbeing supports and services are currently delivered to 539 male prisoners, some of whom are living away from their original home communities. Mental health problems are common in prison populations, and 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.

To improve mental health in prison we need a stronger focus on prevention, early intervention, self-management and training for our non-mental health staff. Many prisoners have mental health issues that are at a sub-clinical level who would undoubtedly benefit from taking a population-wide perspective to improving mental health and wellbeing without the need for the more intensive support.

A holistic approach will help prevent the development of mental health problems and address these sooner. A renewed focus on prevention will give an opportunity for increased collaboration between the staff and more joined up working with partners. As in the community there is a need to implement initiatives to tackle and challenge stigma and these could also be supported by the staff to raise awareness of mental health with prisoners, their families and staff.

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 sector, nursing, medical and psychological input, as well as recognising the potential of technology in providing some therapies.

We will develop stronger links for prisoners who are also subject to Mental Health Act orders to ensure access to local treatment and continuity at the time of release, liberation or transfer to their home localities.

The Scottish Prison Service's current national facility for women is at Her Majesty's Prison & Young Offenders Institutions (HMP & YOI) Cornton Vale. Women are also in our care at, HMP Greenock, HMP Edinburgh and HMP & YOI Grampian. We will develop a trauma focussed understanding for women who find themselves in the criminal justice system and who have complex issues and needs that can result in poor mental health.

As part of this strategy we will look to add to the workforce plans and requirements 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.

Police Custody

NHS Lanarkshire aims to provide person-centred, safe and clinically effective healthcare for people detained in police custody.

A contracted service is provided to the four custody suites in Lanarkshire with the medical input for these settings being covered by 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

We will improve access to specialist 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. This will result in more effective use of Police Scotland personnel and more response service to the individual.

We will:

- increase the number of skilled nurse practitioners. This will enable these 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 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, early intervention pilots such as DBI and other support
- discuss the potential of third sector support and mentorship within the custody units

We will 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 incorporate more detailed data collection on activity to improve the service and develop a robust business case 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 current outcome measures.

Digital

Technological advances offer immense opportunities to mental health services. Local advances have already been considerable with web-based resources such as "Making Life Easier" reaching many people. We have 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 GIRFEP.

There is an increasing need to consider the efficacy of using electronic and digital assistive technological devices in order to support people to live independently and enhance individual freedoms while respecting the right to privacy and dignity. We will continue to work with partners in order to develop access to assistive and digital technology as a component of personalised support.

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 communities where people live. Close links will be needed between these workstreams to achieve maximum benefit and really deliver a change in the way the people of Lanarkshire are able to access mental health care.

"Mental illness is nothing to be ashamed of. Neither is talking about it. It's #timetotalk."

(time-to-change.org.uk)

11.3

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.

Delivery of our vision will see an inclusive approach which covers the whole developmental period from preconception through perinatal and infant mental health into childhood, adolescence and early adulthood.

This area of GIRFEP covers the continuum of services and support for children and young people in Lanarkshire, including:

- **Universal Provision** – health promotion & improvement, maternity services, health visiting, youth learning services, family nurse partnership, voluntary and third sector organisations
- **Education Services** – school nursing, educational psychology, and counselling services
- **Social Work** – children and families, justice services, employability
- **Specialised Physical Health Services** – including primary care, paediatrics, children's community nursing, integrated children's nurse
- **Child & Adolescent Mental Health Services** – NHS specialist mental health services that focus on the needs of children and young people who have difficulties with their emotional or behavioural wellbeing

Children's Rights

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

Recognising, respecting and promoting the rights of children and young people is essential to improving outcomes for all children and young people. From 1st 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 UNCRC requirements.

The Scottish Picture

Building on the strong foundations created by the Distress Brief Intervention (DBI) programme and the positive early observations, the Scottish Government committed to expand the DBI programme pilots during 2019 to include people under 18. In its Programme for Government 2018-2019, *Delivering for Today, Investing for Tomorrow,* the Scottish Government agreed to direct a programme of investment in services to support the mental health and wellbeing of children and young people from 0–25 years.

In September 2018, Audit Scotland published its report *Children and Young People's Mental Health* and the Children and Young People's Mental Health Task Force published its *Preliminary View and Recommendations*.

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:

- 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 five 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

In July 2019, the *"Children and Young People's Mental Health Task Force"* published a set of recommendations, intended to provide a blueprint for how children and young people's services should support mental health.

The Task Force highlights that:

- transformational change is required to improve children and young people's mental health and the services that support them and that preventative approaches are central to this
- a number of immediate actions are both required and possible to effect change in the short term
- a whole system approach, underpinned by 'Getting it Right for Every Child'[41] (GIRFEC) will help children, young people and their families receive the support they need when they need it
- the focus for delivery of its recommendations on the ground are the local Children's Services Partnerships (CSPs) as they are intended to support and build on existing and developing good practice
- early intervention and prevention are vital to improving outcomes for children and young people, decreasing waiting times for Child and Adolescent Mental Health Services (CAMHS) and reducing rejected referrals. However, it is recognised that increasing this activity may not directly benefit the children and young people who are already waiting for help. It is also possible that enhanced identification of children and young people experiencing mental health difficulties will result in increased demand on CAMHS in the short term
- children and young people's mental health should be a visible priority for relevant public bodies and partnerships and unambiguous commitment is needed at all strategic levels to support those working together on the frontline to deliver services

The Children and Young People's Mental Health Task force was jointly commissioned by the Scottish Government and COSLA in June 2018 and chaired by Dame Denise Coia. The aim of the Taskforce was that children, young people, their families and carers should know that they are supported in good mental health and will be able to access services which are local, responsive and delivered by people with the right skills. The Taskforce published its recommendations in July 2019. These recommendations are intended to provide a blueprint for how children and young people's services should support mental health.

"Only by taking this whole system approach can we get closer to giving confidence to children, young people, their families and carers that they will be supported in good mental wellbeing and that they will get help fast when mental ill health occurs" Dame Denise Coia, Chair of the Children and Young People's Mental Health Task Force"

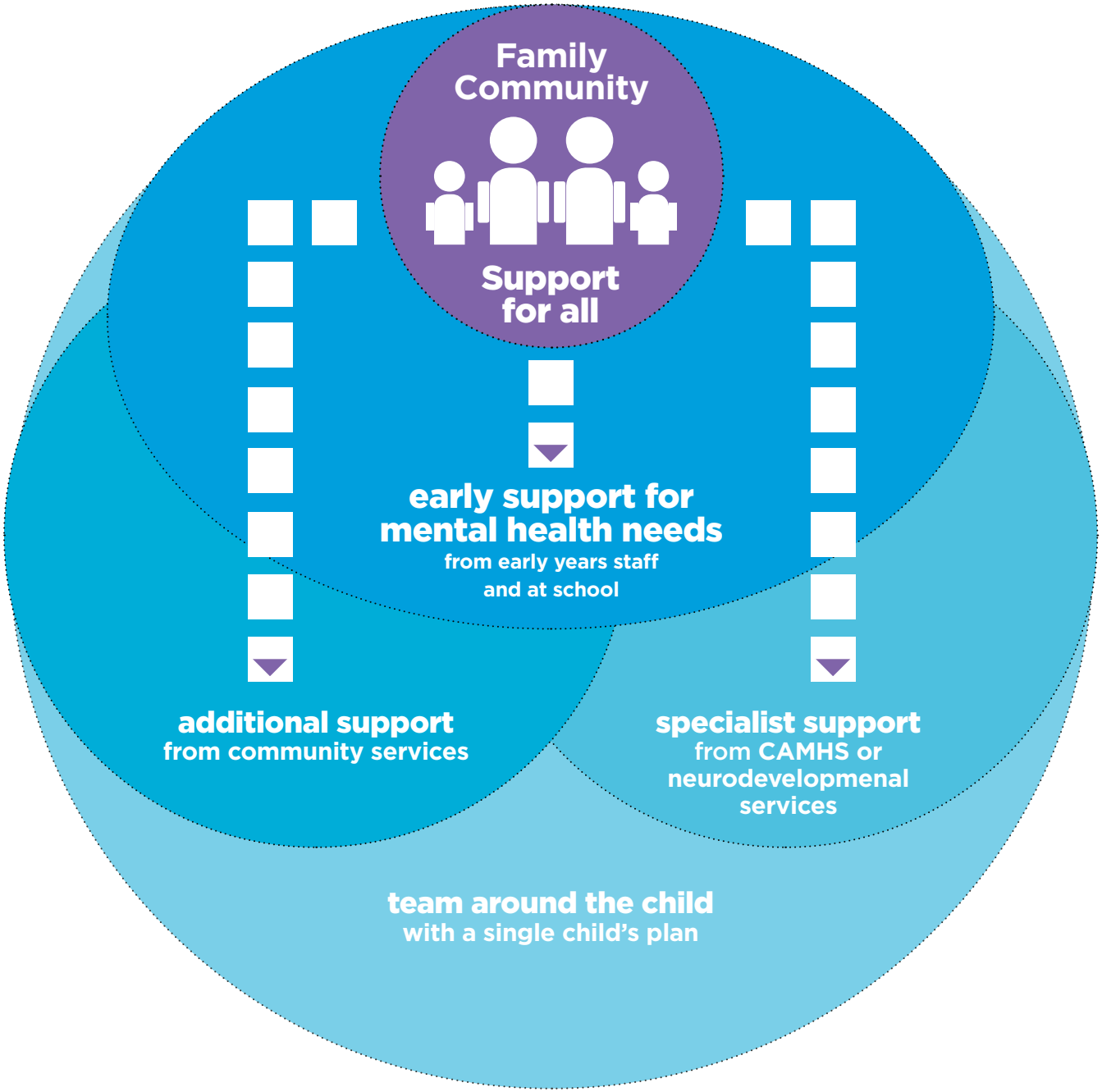


Figure 2. Whole system model for children and young people's mental health support and services

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 shown in Figure 2, including those at risk of not receiving a service and those with neurodevelopmental support needs.

Figure 3: Children and Young People's Mental Health Taskforce Building Blocks

The Taskforce has begun to identify a set of building blocks (Figure 3 above) to integrate the recommendations of all its workstreams and 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. It recommends that future approaches to children and young people's mental health are based on these building blocks.

It proposes that 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. They would supplement not replace GIRFEC and children's services planning arrangements. This framing would help partnerships, families and communities plan and organise their role and contribution in ways that are well informed by evidence to embed preventative approaches and support transformation change.

Lanarkshire Context

The Realigning Children's Services (RCS) national programme carried out surveys in North and South Lanarkshire. These surveys found that that most children and young people living in Lanarkshire report being happy, consider themselves healthy, like the areas they live in, and have good relationships with family, peers and teachers.[42]

However, a small but significant number of young people across all backgrounds are affected by their life circumstances and as these experiences increase life's challenges within particular groups of children and young people:

- those who live in areas of greater deprivation
- pupils with lower attachment to school
- young people with a disability or life limiting illness
- children and young people with a learning disability
- looked after children and young people

This can be further compounded by the impact of a range of external factors such as increasing levels of child poverty, freezes in welfare benefits and increasing pressure from social media.

This is evidenced in our RCS data which indicates that a significant percentage of secondary age pupils, primarily girls and in particular in S3 and S4, had poorer mental health and emotional wellbeing as indicated by their Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) scores. In addition to this there have been recent concerns around a number of suicides by young men, particularly in North Lanarkshire, indicating that the issues of mental ill health cut across genders and can have serious consequences when issues have not been identified and addressed. Many children and young people report that they want appropriate support in the context of their everyday lives. It is important that we develop educational practitioners who have the knowledge, skills and confidence to provide early intervention and appropriate support and young people.

For older children and young people, Youth Learning Services provide activities that are fun, interactive and informative, such as young carers groups, band nights, drop-in sessions and sports and recreation and also run programmes that include, or touch upon, mental health and wellbeing issues. There are, however, young people aged 16-24 who are not in mainstream education or training, who do not traditionally engage with services and are at risk of "falling through the cracks" as they may be unaware of the support available to them, or are unsure how to access services.

Many young people may not realise they are experiencing negative mental health issues until they reach crisis point and many are fearful of multiple stigma and discrimination. The negative impacts of experiences of discrimination and marginalisation, both direct and indirect, on LGBTi individuals and groups are well established, making disclosing or seeking support more daunting. As with adults, instances of poor mental health may be hidden as young people in these situations may self-medicate using illegal substances or alcohol. We will strive to raise awareness of available services and resources in a format that young people can access and easily understand.

We recognise that the concept of resilience, the variation in capacity of children and young people - dependent on life circumstances to withstand negative life events - is key in preventing mental health difficulties and requires to be at the forefront of our strategy. Young people will be engaged to be part of the improvement programme, incorporating peer education, peer support, service co design, delivery and evaluation.

Children and Young People with a Learning Disability

Up to 3% of children and young people have a learning disability. This is a significant, life-long condition and is becoming increasingly prevalent as children and young people with these conditions live longer.

Studies have shown that children and young people with a learning disability have:

- a ten-fold higher prevalence of mental ill health than other children[43 44 45]
- increased physical health needs
- reduced life expectancy
- high rates of co-morbidities such as communication disorders, sensory impairments, physical and neuropsychiatric conditions

The health inequities for children and young people with learning disabilities have been well documented[46]. This group can fall into gaps between policies and services and so become overlooked as was highlighted in Dame Christine Lenehan's report, *'These are Our Children'* (January 2017).

"There is no one place for support and oversight for this group. There are difficulties in managing cultures/working arrangements to enable a coordinated approach"

Children and young people with more severe levels of learning disability and mental ill health and their families can find it challenging to have their views heard due to the communication difficulties of the children and young people, the stress and exhaustion of their families, isolation and social exclusion.

In the recent Audit of Rejected CAMHS Referrals, only 0.4% of those included had a learning disability noted, when it was estimated that 14% of children and young people with diagnosable psychiatric disorder also had a learning disability. People 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.

Lanarkshire approach

We will provide a broad range of services and supports to meet the needs of all children. For the majority, this will be within our universal services. Some children will require additional supports and a small number will need specialist or intensive services to meet their needs.

To achieve this, delivery of the Children and Young People's elements of GIRFEP will be firmly embedded in the Children's Services Plans for North and South Lanarkshire. These will link to the North and South Lanarkshire and Good Mental Health For All action plans and the NHS Lanarkshire Children and Young People's Health Plan.

Consistent with the recommendations of the Children and Young People's Mental Health Task Force, delivery will require a whole systems approach that involves health, education, the third sector and, crucially, children and families themselves in co-designing and co-producing support and services that will ensure that children and young people and their families will get the right help and support when they need it, and are able to access to specialist services when mental ill health occurs.

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
- PSE programmes in schools
- School nursing teams
- youth learning services
- NHS Youth Counselling Service in secondary schools
- educational psychology services
- Distress Brief Interventions for under 18s
- neurodevelopmental pathway
- Children and Adolescent Mental Health Services (CAMHS)

To support the achievement of our vision, and in line with Task Force Recommendations, we will develop workforce plans to ensure a competent and confident workforce across all sectors that will make best use of our skills and resources. This will include working alongside the third sector to ensure that the supply of well-trained staff is maintained and expanded and a programme of education and training for the multi-sector workforce.

Delivering Improvement

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. In the North this will be via the Children's Services Partnership Board and in the South by the Getting it Right for South Lanarkshire's Children Partnership Board, with specific plans for CAMHS integrated into delivery plans which will be aligned to the national work led by the Children and Young People's Mental Health Task Force.

"Treat mental health with the honesty, integrity and transparency it deserves to encourage people to care for their physical and mental health unilaterally and to have access to a health care system that encourages that view."

(Lanarkshire Mental Health Network workshop, Feb 2019)

11.4

Specialist Mental Health Services

Within NHS Lanarkshire's Healthcare Strategy, *'Achieving Excellence'* (March 2017), there are specific objectives to redesign hospital-based mental health services. For implementation these will jointly sit within Achieving Excellence, Mental Health and Wellbeing Strategy and strategic commissioning plans for North and South Lanarkshire Health and Social Care Partnerships.

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

- review of Older Adult Inpatient Services
- integration of Community Mental Health Services including Mental Health Officer services within Locality Teams
- review of Rehabilitation and 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
- 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

Review of Older Adults Inpatient Provision

Life expectancy is a success story in Scotland having increased in recent decades. But life expectancy, and our healthy life expectancy – the years we live in good health – varies significantly across Scotland. A rise in the elderly population, particularly if not matched by community-based alternatives to admission, will place ever-greater pressure on hospitals.

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

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. These sites must offer a level of accommodation tailored to their populations, including dementia-specific design where appropriate.

"People don't know and understand if they haven't been through it themselves but that doesn't mean they can't help.

"It's not necessarily answers we are looking for, it's just someone who is willing to listen and that can really help massively."

(R's story)

As part of *Achieving Excellence,* Older Adult Inpatient Services and adult services were reviewed.

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 people using services and staff, while providing more control over the quality and safety of care provided

In relation to Hospital Based Complex Clinical Care, we will implement a proactive model to promote the return of people with dementia to a more homely setting from our complex care beds. This can be funded by changing the way that we use this resource to focus on the people that we can help most, by discharging those that do not need the service, and by bringing the beds back to hospital sites. The development of this more flexible model will better meet the expectations of people using services and staff while providing more control over the quality and safety of care provided.

Integration of Community Mental Health Services within Locality Teams

Integration of community mental health teams is a key action.

Integration of teams into localities has already begun and is being progressed in partnership with North Lanarkshire Health and Social Care Partnership. Operational management of South Lanarkshire Community Mental Health services will be transferred to South Lanarkshire Health and Social Care Partnership. A three-year work plan will be developed to consider co-location with NHS and local authority staff, including Mental Health Officers, financial and clinical care/ statutory governance.

Review of Rehabilitation and Recovery Services

The Mental Health and Rehabilitation Service in NHS Lanarkshire aspires to a "whole system approach" for recovery from mental illness. This is aimed at maximising an individual's quality of life and social inclusion, treatment, encouraging skills and promoting independence and autonomy in order to lead to successful community living through appropriate support. "Wolfan, Holloway F, Killaspy H" (2009).

What makes the Mental Health Service Rehabilitation and Recovery Service unique is the understanding about the length of time the team expects the person 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 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. This will include Inpatient Rehabilitation Beds, Community Rehabilitation Services and close ties to locality based Community Mental Health Teams, access to patient representation, 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 will be a major step forward. There will 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 about how they will work differently to better meet the needs of this group of service users.

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 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. This will also involve good communication and co-ordination between all agencies involved to support women and their babies towards recovery.

The current service meets 82% of the Royal College of Psychiatrists Perinatal Quality Network Standards for Community Perinatal Mental Health Services (Type 1). This means that currently the service only accept referrals of women up to six weeks post natal although are able to provide support to families on their case load up to one 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. There is a need to improve access to this specialist service so that it meets all of the Royal College of Psychiatrists Perinatal Mental Health Clinical Quality Network Community Standards (Category 1).

Over the duration of GIRFEP we will:

- consider the outcome of the Managed Clinical Network which will map the current service against the national standards with a view to improving services in Lanarkshire. This will 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 third sector partners (for example Homestart Glasgow North/ Lanarkshire and Crossreach Bluebell Counselling services) in meeting the needs of this client group
- the recent investment in Perinatal Mental Health services of £50 million across Scotland will allow us to achieve this, enabling women to recover, bond with and nurture their babies and ensuring an improved start in life

Forensic Mental Health Services

In March 2019, the Scottish Government announced that forensic mental health services for people is to be reviewed.

Forensic mental health services specialise in the assessment, treatment and risk management of people with a mental disorder who are currently undergoing, or have previously undergone, legal or court proceedings.

The development of future forensic mental health services needs to reflect 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:

- the demand for forensic mental health services, including bed availability and use in hospitals across the levels of security and in the community across Scotland
- the delivery of forensic mental health services in prison
- the delivery of high secure forensic services in hospital, given the decline in the number of people in the State Hospital
- the capacity of medium secure services to deliver forensic mental health services for all service users who require such services
- the impact of excessive security appeals at medium security on low security
- the availability of specialist open (ie unlocked) forensic rehabilitation services
- the movement of people who use services from low or medium security into the community

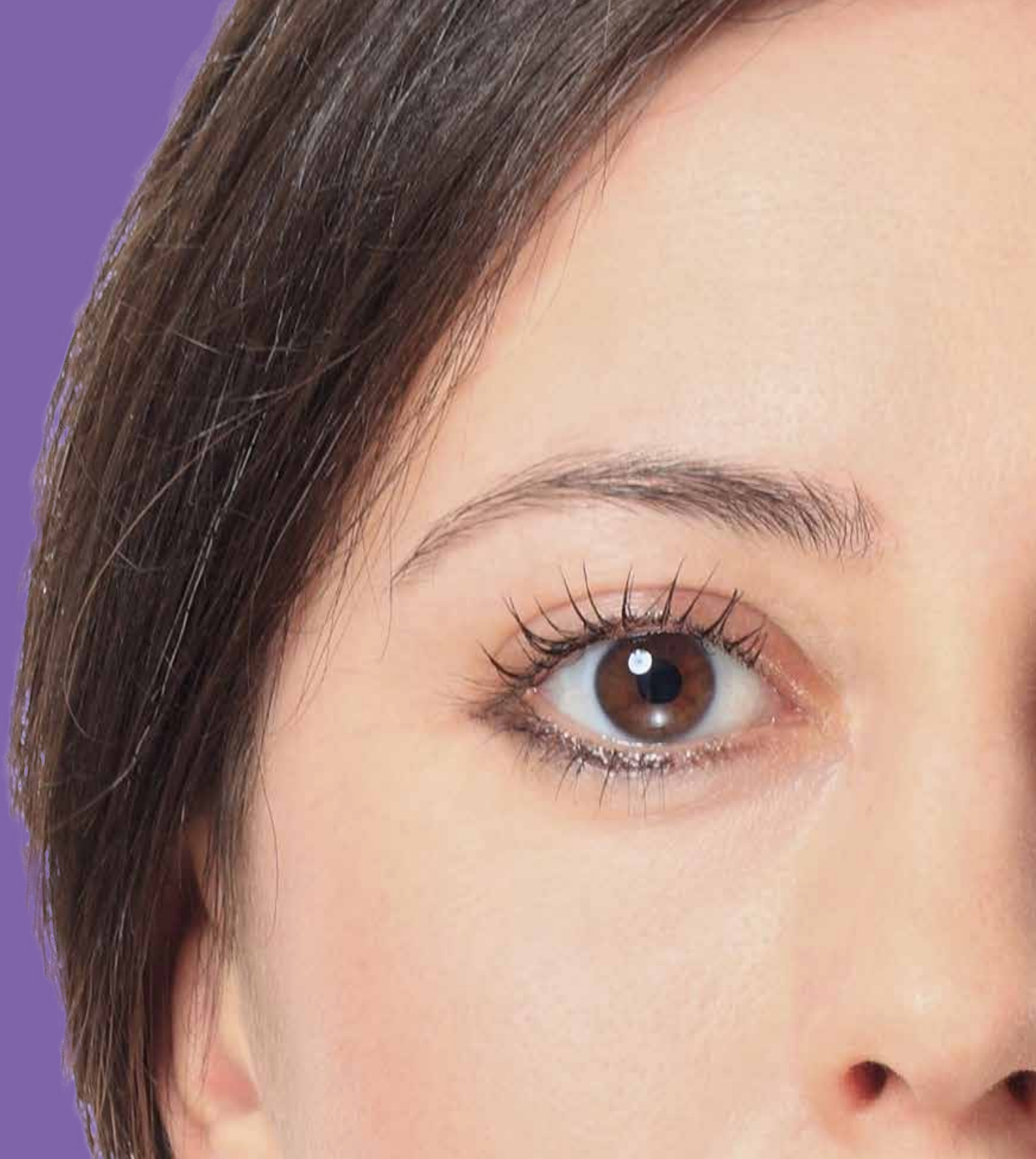
The Forensic Mental Health Service within Lanarkshire comprises three key components: a 15-bed inpatient low secure facility, a 12-bed forensic rehabilitation unit and a Community Forensic Mental Health team.

NHS Lanarkshire's Forensic Mental Health Service provides care and evidence-based opinions on the care and treatment of mentally disordered offenders in Lanarkshire. The aim of the Lanarkshire service is to assist patients to maximise the potential for independent living, while maintaining the safety of the public, other patients and staff.

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

'Forensic' means related to, or associated with, legal issues. Forensic mental health services provide assessment and treatment of people with a mental disorder and a history of criminal offending, or those at risk of offending.

12



12. Mental Health and Inclusion

The support and services within this section describe the inclusivity of GIRFEP and identify particular groups where ongoing mental health developments are taking place.

12.1. Adult Neurodevelopmental Disorders (Including Autism and ADHD)

The *Mental Health Strategy Scotland* (2012-15, commitment 33) outlines development of specialist mental health services and associated support for people with a range of neurodevelopmental disorders (NDDs). In line with this commitment, the Royal College of Psychiatry has agreed in principle to establish a Neurodevelopmental Disorder Psychiatry special interest group.

By definition, NDDs are a group of disorders that typically manifest early in development and are characterised by developmental deficits that produce impairments of personal, social, academic and occupational functioning, irrespective of an individual's level of intelligence.

Autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD) and tic disorders are commonly occurring neurodevelopmental disorders which persist into adulthood and frequently co-occur with major psychiatric disorders.

Due to the overlap between the various disorders and complexities around diagnostic assessment and management it is pragmatic to consider them as a group in the context of a need for a joined-up service between mental health and social work.

The care pathway should be effective to reduce inappropriate referrals by using evidence-based screening tools, providing training and information to referrers, developing shared care protocols with primary care, CAMHS, learning disability and other sub-specialities such as addiction, forensic, eating disorder and perinatal mental health teams.

All these measures need to be analysed in the context of the Scottish national autism strategy 2018-21, local ADHD initiatives, NHS Lanarkshire Autism strategy and North Lanarkshire autism strategy plan.

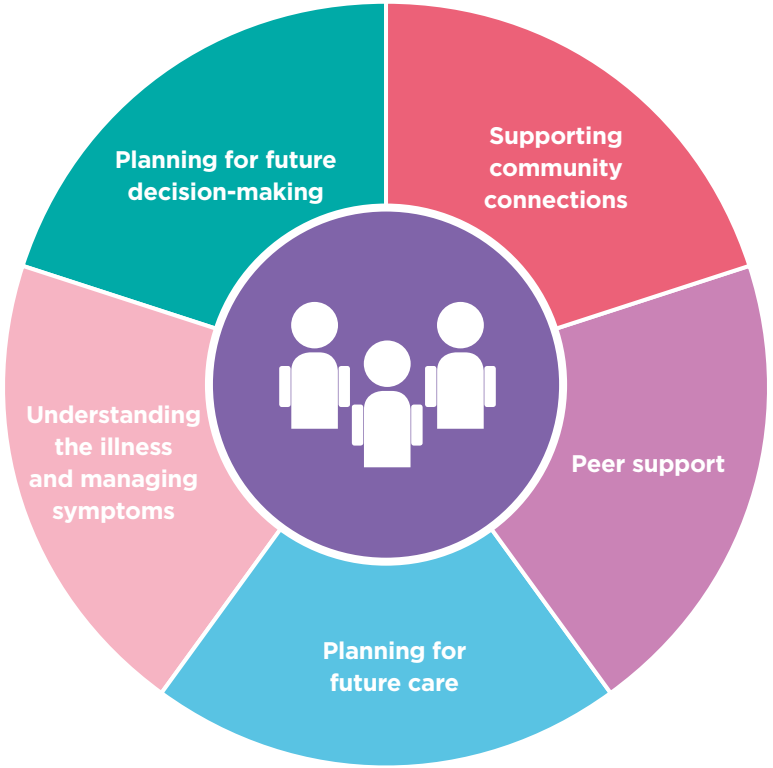
12.2. People with Dementia

Dementia is one of the leading causes of disability and death for people aged 65 and over, and it causes significant psychological burden as well as social and financial distress to those living with it, their carers and families. The prevalence of young onset dementia is also significant and presents similar challenges. Dementia is considered 'young onset' when it affects people under 65 years of age. It is also referred to as 'early onset' or 'working age' dementia. However this is an arbitary age distinction which is becoming less relevant as increasingly services are realigned to focus on the person and the impact of the condition, not the age.

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 need 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 requiring continuity of support from more integrated services.

There are obvious benefits to obtaining a dementia diagnosis earlier rather than later, and it remains the ambition to ensure more people are diagnosed earlier and get timely access to good quality post-diagnostic support. Alzheimer Scotland's 5 Pillars Model of Post Diagnostic Support has been suggested as a useful model for post-diagnostic support.

Figure 4 below – Alzheimer Scotland's 5 Pillars Model of Post Diagnostic Support



Source: **National Dementia Strategy: 2017-2020**[47]

Alzheimer Scotland's 8 Pillars Model of Integrated Community Support provides a useful platform for coordinated care to support people with dementia living at home during the moderate to severe stages of the illness. The approach centres on a Dementia Practice Coordinator who provides tailored post-diagnostic support while at the same time increasing the level and focus of integrated care coordination.

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 and End of life Care

This work is being delivered through the Dementia Strategy Implementation Group with oversight from the MHWS Group.

12.3. People with Learning Disabilities

As part of the Mental Health and Learning Disabilities Directorate, the Adult Learning Disability Service provides input to people over the age of 16 who have a learning disability and a health issue and live in the Lanarkshire area. A significant proportion of this work is related to providing support and intervention for mental health issues. The National Institute for Clinical Excellence (NICE) guidelines state that between 25% and 40% of people with learning disability will experience a mental health problem. People with a learning disability are more likely to experience mental health issues and are as likely as or more likely than the rest of the population to experience Adverse Childhood Events, trauma, isolation and stigma. Provision of good quality services for this group is a high priority.

The Adult Learning Disability Service is multi-disciplinary, with a variety of mental health professionals (nurses, occupational therapists, psychiatrists, psychologists, dieticians, physiotherapists and speech and language therapists). All of the various developments are taken forward in a multi-disciplinary way, with different disciplines leading on different aspects, ensuring that we are looking at our population in the most holistic way possible, with a strong emphasis on meeting needs.

The Adult Learning Disability Service will be ensuring the recommendations from *Scotland's Learning Disability Strategy*[48] *"Keys to Life"* and *"Coming Home"*[49] are addressed, as well as the national Mental Health Strategy.

The NHS Education for Scotland Educational Framework *"Supporting Psychological Wellbeing in Adults with Learning Disabilities"* will help 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. The Clinical Quality Group has already identified the need for all staff within the service to complete the NES resource *"Thinking About Me? Essential Psychological Care for People with Learning Disabilities"*. This is the starting point for ensuring the service has a fit for purpose staff group to support and understand the mental health needs of people with learning disabilities.

40%

of people with a learning disability will experience a mental health problem

12.4. Acute Hospital Psychiatry Liaison Services

The prevalence of mental illness is particularly high in acute hospital settings, where around half of all inpatients suffer from a mental health condition such as depression, dementia or delirium. 80% of all hospital bed days are occupied by people with both physical health conditions and mental health problems, 25% of all patients admitted to hospital with a physical illness also have a mental health condition and 5% of all Emergency Department attendances are due to mental disorders. Most patients who frequently re-attend Emergency Departments do so because of an untreated mental health problem. Patients admitted to hospital may have a pre-existing mental disorder, may develop a mental disorder secondary to their physical disorder or may have physical symptoms that have mainly psychological causation (psychological stress is often expressed as physical symptoms).

Acute hospital staff can lack training, knowledge and skills related to the recognition and management of common mental health problems affecting acute hospital care. There is a requirement for a specialist multi-disciplinary liaison psychiatry service to address these needs. Such a service can provide advice, assessment, treatment and training which spans emergency departments' acute inpatients.

Services can help to ensure that people need only ask once to get help fast. Health and financial benefits come from reduced lengths of stay, reduced re-admissions and investigations and improved care of both mental and physical health problems.

Other benefits of a liaison service include improved compliance with mental health and mental capacity-related legislation, reduced risk of adverse events, reduced stigma related to mental health conditions and improved staff recognition and understanding of mental disorder.

Future development of the service currently centres on working to evidenced-based standards, for example the PLAN (Psychiatric Liaison Accreditation Network) quality standards (2017, Royal College of Psychiatrists), better use of IT, streamlining processes and a more robust auditing system, the development of a liaison service leaflet to be given to staff or carers and the resolution of some internal operational issues. Benchmarking activities against a number of the standards are also planned.

The evidence, guidelines and strategies mentioned above reveal a significant gap between nationally recommended liaison service provision and the more limited provision currently in place within NHS Lanarkshire, and suggest that the benefits expected of a liaison service are therefore not likely to be fully realised in Lanarkshire. Optimising liaison service pathways, reconfiguring systems and finding more efficient ways of working will go some way to bridging this gap. To more robustly address this shortcoming, staffing levels within the liaison service will need to addressed, including medical, nursing, allied health professionals and psychology.

12.5. Delayed Discharges (Mental Health)

A delayed discharge results when a person who is an inpatient in hospital and who is clinically ready for discharge continues to occupy a hospital bed beyond the ready-for-discharge date. Predominantly these are patients waiting to return home but in some cases they will move to a care home or supported housing. It may also involve a transfer to an intermediate care facility for short term rehabilitative care.

A delay in discharge from hospital can be harmful and debilitating, particularly in the case of older people where it can often prevent a return home. Achieving timely discharge from hospital is an important indicator of quality and is a marker for safe, person-centred and integrated care.

The Delayed Discharge Mental Health Liaison Service provides discharge planning support to all the mental health and learning disability inpatient wards across NHS Lanarkshire. It works across multi-disciplinary teams (MDT) to develop care pathways for each patient within agreed protocols and criteria in collaboration with MDT staff and Consultant Psychiatrists with support from the multi-disciplinary members of the Delayed Discharge Monitoring Group/Length of Stay meetings. The team supports colleagues in acute hospital care wards with discharge planning advice following referral to the service. Our aim is to enable appropriate supports to be in place to meet people's mental health needs on discharge from hospital.

The team will continue to foster relationships with colleagues in the Mental Health and Learning Disability inpatient wards and staff in acute care areas. They will support staff to understand the benefits and processes of identifying delayed discharges and to 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.

12.6. People with Personality Disorders

People with personality disorder should expect equal access to and quality of service across Scotland. The recent Royal College of Psychiatrists' report on *Treatment of Personality Disorder in Scotland* (2018)[50] recommended that personality disorder should be a priority for the Scottish Government, with inclusion of specific actions in the Scottish Mental Health Strategy to improve experiences of care and outcomes at a national level. At a regional level, there were recommendations that health boards should include personality disorder in plans for mental health services. In line with the Royal College of Psychiatrists' report, services for people with personality disorder diagnosis should be trauma-informed.

We will continue to support the range of evidence-based therapies already on offer in NHS Lanarkshire, and seek additional opportunities to develop Mentalisation-Based Therapy and Dialectic Behavioural Therapy supervision and training.

12.7. Tertiary Eating Disorder Specialist Service (TESS)

TESS is a pan-Lanarkshire service seeing adults over 16 years of age with severe eating disorders, such as anorexia nervosa and bulimia nervosa, resulting in complex needs. TESS offers a modified young people's pathway, for those in late adolescence (typically aged 16-21 years), devised secondary to emerging evidence for early intervention improving prognosis (Schmidt et al 2016)[51]. Additionally TESS provides consultation, education and training for people working with patients with eating disorders, within the other tiers of the eating disorder treatment pathway.

The ethos of TESS is to work with patients in the community whenever it is possible and safe to do so. TESS offers person-centred, evidence-based care and treatment. Due to the complex nature of their needs, often patients will also access treatment from various members of the multidisciplinary team at the same time. TESS can up-step care by at times creating a 'hospital at home' as an alternative to inpatient admission. It is recognised that a minority of patients will have severe and enduring difficulties. TESS offers a fortnightly EDMA (Eating Disorders Monitoring and Advice) Clinic[52] for these people with the aim of optimising physical safety and enhancing quality of life. TESS does not have access to a NHS specialist eating disorder unit. If inpatient admission is required, admission to a local psychiatric ward is the first line option. However, should specialist inpatient eating disorder be required, this has to be sourced from a private health provider.

"About a quarter of deaf individuals have additional disabilities and a high probability of complex mental health needs. Improved access to health and mental health care can be achieved by provision of specialist services with professionals trained to directly communicate with deaf people and with sign-language interpreters."

(Dr Johannes Fellinger, Lancet, vol 379, issue 9820, pp1037-1044, March 2012)[53]

40%

of deaf and hard of hearing people will have an issue with mental health compared to 25% of the general population

It is known that, nationally, increasing numbers of patients with eating disorders have required inpatient admissions over the last 10 years (NHS England 2018)[54]. This finding has also been replicated within NHS Lanarkshire, resulting in an increased out-of-area spend.

Given this increase requiring out-of-area private inpatient treatment in recent years, we plan to explore the development of a local, high-quality NHS inpatient specialist resource for patients with severe eating disorders in line with MARSIPAN guidance (Royal College of Psychiatrists, 2014)[55]

Service improvement requirements include:

- the development of ICD[3]-11 with new eating and feeding diagnostic categories, specifically Binge Eating Disorder and Avoidant-Restrictive Food Intake Disorder (ARFID) (World Health Organisation 2018)[55], requires that over the course of the strategy we seek to develop treatment pathways for patients with these diagnoses within NHS Lanarkshire
- TESS seeks to develop its workforce, in line with its allocated resources and clinical demand, referring also to the relevant Royal College of Psychiatrists Report (CR170) (Royal College of Psychiatrists 2012)
- TESS plans to continue to review and develop as a service in response to emerging evidence and guidance

[3]The ICD is the global health information standard for mortality (death) and morbidity (disease) statistics. ICD is increasingly used in clinical care and research to define diseases and study disease patterns, as well as manage health care, monitor outcomes and allocate resources.

12.8. Severe and or Enduring Mental Illness (Including Schizophrenia and Bipolar Disorder)

The Global Burden of Disease 1990-2020[57] identifies the leading causes of disability worldwide as major depression, with bipolar affective disorder at number six and schizophrenia at nine. Such conditions are often chronic and require long-term treatment strategies within a multi-disciplinary setting, and are the core work of a General Adult Psychiatry service. Engagement with community mental health teams, including the increasing use of psychological therapies, are key to providing tailored, person-centred care with the availability of inpatient facilities when required. Modern pharmacotherapy treatments continue to emerge and we will offer and support their evaluation under conditions of routine clinical practice. Equally important is understanding the increasing evidence for multi-morbidity (the co-occurrence of two or more long-term conditions) which leads to premature mortality in schizophrenia and bipolar disorder seen in our own practice as well in as a wider Scottish context.

There is a higher physical healthcare need for this population attending general psychiatry services. In support of the Equality Act (2010), the need for increased physical healthcare will be accentuated by a significant proportion of patients with such long-term mental health conditions being seen in psychiatry beyond the age of retirement. Acknowledging the need for treatment pathways which incorporate mental and physical health care needs will require closer working between general adult psychiatry, general practitioners, older adult psychiatry and specialist hospital services to reduce the burden of ill health and premature mortality. A number of models of care have been designed and tested over the years including physical health clinics within mental health services. We will investigate the best way to take this forward in Lanarkshire.

12.9. Deaf and Deafblind Community

The Deaf Community in Scotland is a community with its own language (BSL) and culture, but has far greater barriers to inclusion, integration and participation than most other groups. Where many speakers of non-native languages can learn to understand and speak English on some level, this is not a solution open to the deaf and deaf-blind community and it falls on the hearing community to minimise barriers to inclusion and facilitate participation by deaf and deafblind people.

Approximately 88,000 people in Lanarkshire have mild to moderate deafness and approximately 7,200 people are severely to profoundly deaf. Scottish Council of Deafness (SCoD) has published statistics which highlight the difficulties deaf and hard of hearing people face.

> **"My dad's short term memory is very poor. He gets very anxious in unfamiliar places. I have no doubt that enabling my dad to stay at home contributed to his quick recovery. We are very appreciative of this service."**
>
> ***(Living with dementia case study)***

Communication is key to assessing mental health and to accessing and utilising mental health support services, but is also the principal difficulty for deaf and hard of hearing people when trying to access support for mental health issues. While the BSL (Scotland) Act 2015[58] and the BSL National Plan 2017 to 2023[59] set out proposals and guidelines to *"make Scotland the best place in the world for BSL users to live, work and visit"*, this cultural and linguistic barrier prevents the deaf community from fully participating in the everyday life that most of us enjoy.

Communication difficulties add significantly to the complexity of isolation issues faced by deaf and deafblind people as does accessing appropriate, specially designed services locally.

Developing and establishing a care pathway that could be effective in reducing barriers to service access would:

- ensure provision of mental health services are accessible and appropriate to the deaf and deafblind population
- ensure that the deaf and deafblind population can expect the same experiences and outcomes from mental health services
- deliver cross-functional training to staff in the difficulties faced by deaf and deafblind people
- ensure adequate provision of staff trained to an appropriate level of BSL which enables them to undertake complex dialogue with BSL users and interpreters
- update primary care protocols to ensure deaf and deafblind people are not disadvantaged within services by incorporating appropriate cultural and linguistic provisions when planning services
- update 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 that require the presence of an interpreter, or other specialist equipment/service. This can then be arranged automatically without the need for additional stress and complication for the patient

We will work to ensure the participation and collaboration of deaf and deafblind professionals and the deaf and deafblind community in development and planning for mental health services across Lanarkshire, and in the provision of appropriate and accessible emotional and psychological support for deaf and deafblind people within service provision and in the wider community.

The work described in the above section will be accountable to operational planning groups within the specialist areas they relate to. Additional to other components of GIRFEP, they will link into Mental Health and Wellbeing Partnership reporting arrangements.

> **"What's currently offered is only a sticking plaster."**
>
> ***(Veterans First Point feedback, 2019)***

13

13. Pharmaceutical Care in Mental Health

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"* 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.'

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 GIRFEP is aligned with these board-wide strategic ambitions.

For some people with mental health problems medication is a short-term solution used to get them over an immediate crisis, for others it's an ongoing, long-term treatment that enables them to live with severe enduring mental health problems.


14

14. Communication and Engagement

A Communications and Engagement 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 strategy.

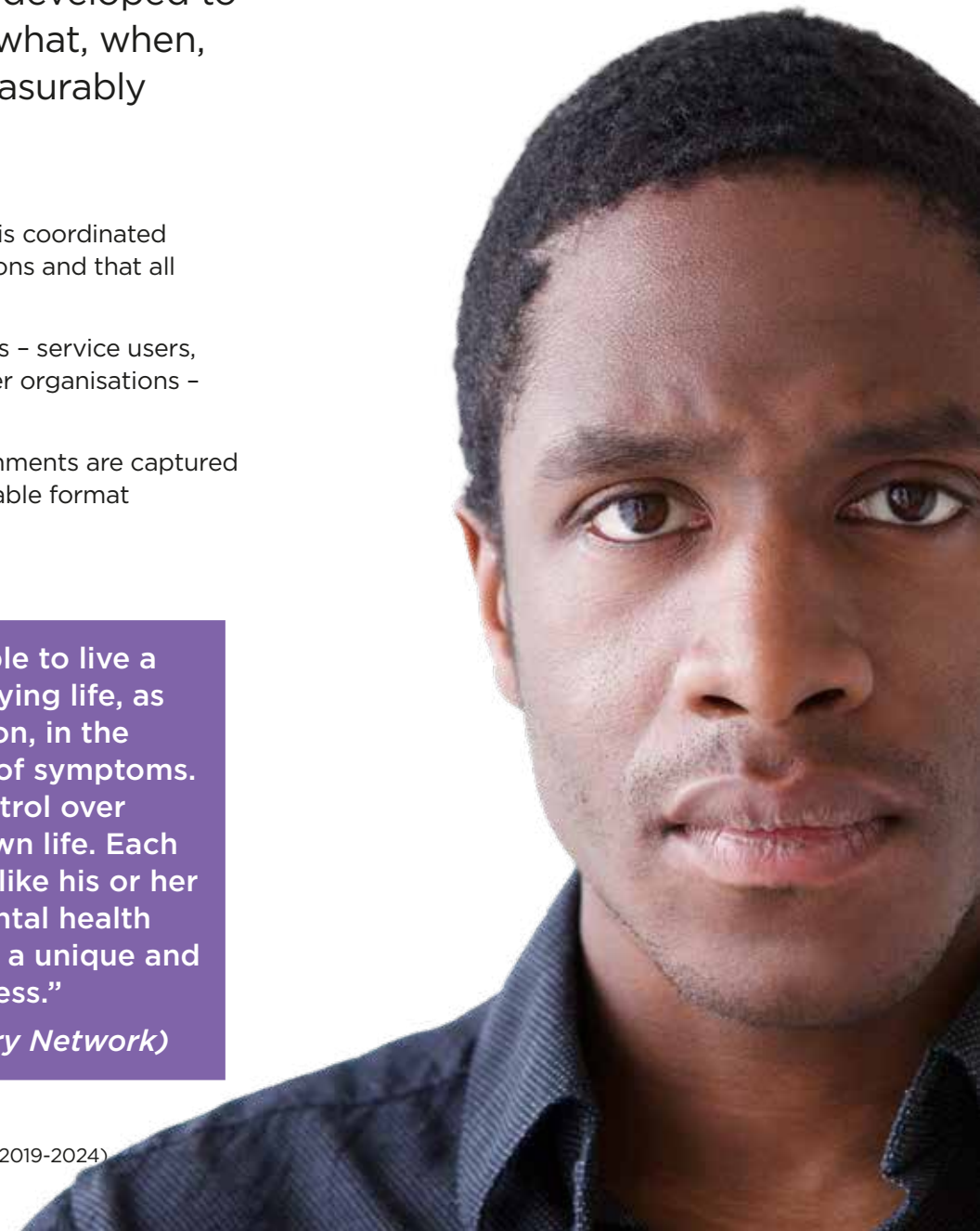
A Communications and Engagement group has been established with membership from service users, carers, and voluntary and third sector organisations to act as a reference point and influence and inform all aspects of GIRFEP design and development.

The Communications and Engagement Strategy will:

- set out a framework that will enable effective stakeholder engagement and communication
- work with all key organisations to create an iterative approach to design and development of GIRFEP
- ensure all those with a stake in the design, development and delivery of a Lanarkshire Mental Health and Wellbeing Strategy have been identified and are engaged appropriately
- work with organisations and networks to increase public awareness of mental health and wellbeing as a key component of life
- capture lived experience to support what works and what needs to change
- ensure that communication is coordinated across all partner organisations and that all messages are consistent
- ensure all interested partners – service users, staff, elected members, other organisations – are informed
- ensure all feedback and comments are captured in a structured and manageable format

"Recovery is being able to live a meaningful and satisfying life, as defined by each person, in the presence or absence of symptoms. It is about having control over and input into your own life. Each individual's recovery, like his or her experience of the mental health problems or illness, is a unique and deeply personal process."

(The Scottish Recovery Network)



15

15. Service User and Carer Perspectives

Everyone who uses our services has rights and responsibilities. During our engagement to develop the strategy, people, carers, service users, advocates and family members shared a common set of needs.

These include;

- the right to self-expression and being respected as valuable community members
- the right to privacy and confidentiality
- to be listened to and respected.

There is also an understanding that respect is a two-way arrangement that comes with a responsibility to act in a way which respects the support and services being provided.

Organisations working with people with lived experience also shared the view that people need to take responsibility for the results of any decisions they make, including the choice not to make a decision. Further detail of our engagement process and feedback on mental health supports and services is available in the Community and Engagement Report.

15.1. Carers

GIRFEP acknowledges the sizeable contribution carers make to the health and care system as care providers. It is well known that while in a caring role, carers are not protected from financial hardship. Caring (a role which is often adopted suddenly if a loved one becomes ill) often results in a burden of care being placed on the carer and a reduction in household income (in the short and longer terms because of pension implications), through the inability to work at all or full-time.

The Scotland's Carers report 2015[60], and a North Lanarkshire Care Health Needs Report[61] suggest that some caring can be rewarding and beneficial but too much, particularly for those in more deprived areas, can have negative consequences for carer health and wellbeing, with carers who spend more time caring being more likely to describe their health as bad or very bad.

41%

of carers have a long-term condition that affects their caring

Carers are more likely to have long-term mental health issues and unpaid caring is a significant predictor of poor mental health and wellbeing and possible psychiatric disorders[62]. 41% of carers said they had a long-term condition or illness and this increased with caring input. Young carers aged under 25 were also twice as likely as non-carers to have a long-term condition or disability (22%). Poorer physical health was also associated with old age, challenging care situations, lower economic status and less informal support. Caring may impact on a carer's ability to look after their own health, which can have lasting impacts on the carer and can continue after the caring role has stopped. This is particularly the case for those providing higher levels of care over extended periods, those living with the cared-for person and female carers.

The importance of working closely with carers as partners is well established. The Scottish Government has published statutory guidance for local authorities, health boards and integration authorities on effective implementation of the provisions of the Carers (Scotland) Act 2016[63] ('the Act').

"Many times even the smallest words of encouragement have helped me since my breakdown. You will never know how much it has helped me and for that kindness I am eternally grateful."

(M's story)

The Act guidance and measures includes, among other things:

- a duty on local authorities to provide support to carers, based on the carer's identified needs which meet local eligibility criteria
- a specific Adult Carer Support Plan and Young Carer Statement to identify carers' needs and personal outcomes
- a requirement for each local authority to have its own information and advice service for carers which must provide information and advice on, among other things, emergency and future care planning, advocacy, income maximisation and carers' rights
- to involve carers in the planning of discharge from hospital of the cared-for person

Reflecting a preventative approach to identify each carer's personal outcomes and needs for support and reflecting a requirement to provide information and advice services to carers, the Act gives carers' rights to a new adult carer support plan or young carer statement.

North and South Lanarkshire Health and Social Care Partnerships are in the process of updating their Carer Strategies 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.

16

16. Working with Voluntary Organisations and Third Sector

As part of the Scottish Government's commitment to developing the role of communities and the third sector, it invested in the development of a network of Third Sector Interfaces (TSIs) across Scotland[64].

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

There are two TSIs in Lanarkshire:

- Voluntary Action South Lanarkshire (VASLan) is South Lanarkshire's Third Sector Interface
- Voluntary Action North Lanarkshire (VANL) is North Lanarkshire's Third Sector Interface

The TSI model aims to support better connectivity between the third sector and with the community planning process, and to enable third sector organisations to influence and contribute effectively to the design and delivery of Single Outcome Agreements and Community Planning Outcomes. TSIs engage 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 and Wellbeing Strategy, TSIs have identified a range of actions designed to improve on how the Third Sector Interface organisations provide the best outcome for our third sector and statutory partners. Through a combination of actions they provide a greater understanding of the scale and range of activity delivered by third sector organisations and with a focus on localities to support a better understanding of unmet need in communities and enable-improved planning across the wider partnership.

TSIs will continue to play an active role within the implementation of GIRFEP, supporting and building on the third sector's contribution and encouraging collaboration and partnership working with statutory bodies and the private sector.

The TSIs will work with others to secure funding to support 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. 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.

> **"The issue is that statutory agencies can view the third sector as an adversary and not an ally. The issue of mental health should be tackled collaboratively and third sector should be utilised as a safety net."**
>
> ***(Lanarkshire Mental Health Network workshop, 2019)***

17

17. Interdependent Strategies

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.

17.1 Addictions and Mental Health

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 from 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 annual report on drug-related death reported that 73% of people who died the previous year in Lanarkshire had a psychiatric diagnosis in the six 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 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. 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 integrated 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 and increased 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. It has also 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:

Mental health and addiction services will:

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

The Joint Dual Diagnosis Short Life Working Group will:

- develop 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 that have a dual diagnosis
- develop a joint Service Improvement Plan based on the suggestions and experiences highlighted in the externally commissioned review

"Whilst emotionally draining I thought it was essential for me to share a small part of my story to show that living with mental health problems isn't easy but there are creative things you can do to help positively focus yourself. It's not a cure but it helps and if in doing this it saves a life from being lost then that's a major accomplishment."

(D's story)

17.2 Police Scotland

Police incidents involving people with mental health problems have been rising for a number of years. Calls for assistance to the police from people in crisis have risen dramatically. In the last year alone 11,368 calls involving concern for persons or missing persons were received by police in Lanarkshire, many involving mental health issues. Over 25% of these calls (2891) were emergency calls to the 999 service and a significant proportion of these related to mental health, self-harm and suicide attempts. Since 2014 this has meant a rise of over 400% in incidents recorded with a 'vulnerable person' marker. Nationally, this is changing the nature of what it means to be a police officer. Only one in every five calls now results in a report of a crime. Missing people, often with mental health problems, occupy a large proportion of police time. People in police custody frequently identify as suffering from mental health problems. Police officers should not, typically, be the 'go to' service for those in mental health crisis, but often they are. While we will always be there for those emergencies where a threat to life exists, better access to more appropriate services is needed.

While such problems can and do affect people from all walks of life, our experience is that the distribution is not equal. We find that mental health problems occur more frequently with other factors, such as substance misuse and alcoholism, homelessness, poverty and deprivation and crime and victimisation. Rarely do these issues present in isolation, nor can they be tackled in isolation.

While police officers have striven to meet these demands, ultimately they are empowered to enforce the criminal law, and lack the experience, qualifications and professional authority to resolve mental health problems in any lasting way. This strategy is welcome, as it recognises the partnership necessary to encourage good mental health. It seeks to deliver meaningful change in order to provide better and more appropriate help, including to persons in crisis.

The advent of the following initiatives, and the ability to co-ordinate their cumulative impact under the Mental Health Strategy, should make a significant difference to people in need of support and, consequently, the impact on the police service in Lanarkshire:

- Community Triage
- Distress Brief Interventions
- Access to mental health services in custody (Action 15)
- NHS 24/Police Scotland mental health pathway

Given the nature of police work, we recognise the potential for impact on our own staff, many of whom live as well as work in Lanarkshire. As the division within Police Scotland that first introduced Wellbeing Champions, we are committed to supporting our people and to eliminating stigma attached to mental health issues. We will be proud to work with partners to reduce stigma, remove barriers and encourage people to feel able to access support and services when they need to do so.

17.3 NHS24

NHS 24 provides a range of mental health services 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 computerised 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 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 centered and meet the needs of our population

Breathing Space is a free, confidential phone and web based service for people in Scotland experiencing low mood, depression or anxiety. They are here in times of difficulty to provide a safe and supportive space by listening, offering advice and information. It is their belief and hope that by empowering people they will have the resources to recover.

17.4 Scottish Ambulance Service

The Scottish Ambulance Service's (SAS) current strategy *'Towards 2020: Taking Care to the Patient',* Improving Access, Improving Care, Improving Outcomes, 2015-2020 recognises that it has a significant contribution to make to the effective delivery of the Scottish Government 2020 vision as a frontline service providing emergency, unscheduled and scheduled care 24/7. This five-year strategic framework describes how SAS plan to do that in a way that supports NHS Scotland quality ambitions for person-centred, safe, and effective care.

By 2020 SAS aim to:

- improve access to healthcare
- improve outcomes for patients – specifically cardiac, trauma, stroke, mental health, respiratory, frailty and falls
- evidence a shift in the balance of care by taking more care to the patient
- enhance our clinical skills as a key and integral partner working with primary and secondary care
- develop our service as a key partner alongside Integration Joint Boards
- collaborate with other partners including the voluntary sector and the other blue light emergency services as part of a contribution to shared services and public service reform
- build and strengthen community resilience
- expand our diagnostic capability and use of technology to improve patient care
- develop a more flexible, responsive and integrated scheduled patient transport service

The Scottish Ambulance Service frequently responds to people who may be in distress or experiencing mental health-related issues. Operationally, SAS continues to provide support and care for those requiring assistance but recognises that by working collaboratively with key partners, many can be directed to a more appropriate response for their condition at the initial point of contact.

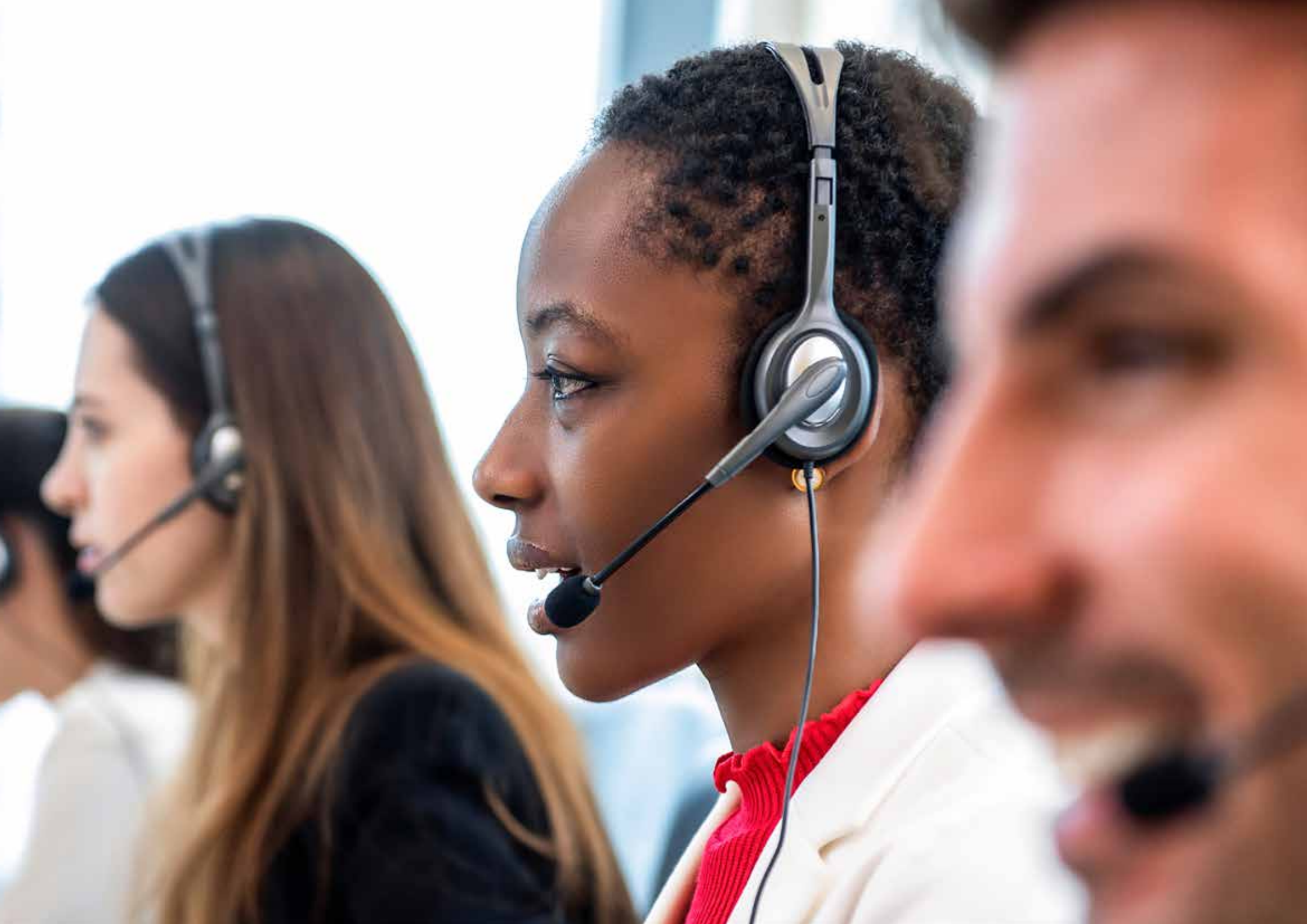
The Scottish Ambulance Service is involved at local level developing important pathways, at national level within projects such as Distress Brief Interventions (DBI) and in a collaborative manner with agencies such as NHS24 and Police Scotland to design pathways which guide patients to the most appropriate response, first time.

These approaches are consistent with the SAS *'Taking Care to the Patient'* strategy which aims to provide high quality care to individuals in the most appropriate setting.

The service is also currently developing its future strategy which will reflect the Scottish Government's desire to ensure mental health receives the same level of prioritisation as physical health.

Collaboration, partnership working and co-design is key to achieving this and 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.

"We are continuing to work closely with mental health services to ensure we provide the highest possible level of care for vulnerable patients, including those who are experiencing a mental health crisis."
(Scottish Ambulance Service)



18

18. Cross Cutting Themes

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

18.1. Psychological Services

- 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 Disorders Specialist Service (TESS)

Over the past seven years, PS in Lanarkshire has seen significant changes. A matched, stepped care model was introduced across the Adult Psychological Therapies Teams in 2012/13, and this contributed to reducing the longest waits from 61 weeks in September 2011 to a current average of 15.6 weeks. Since the introduction in 2014 of the Referral to Treatment Target for Psychological Therapies, NHS Lanarkshire has consistently been one of the best performing health boards in Scotland.

In recent years, various quality improvement programmes have been implemented across PS. These include, for example, trials of appointment reminder systems via mobile phone to reduce failure to attend appointments; guided self-referral pilots in two localities, to improve access to services and alleviate pressures on GPs; and telephone screening to increase signposting of patients within and outwith PS. 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.

Our PS are multi-professional, comprising clinical and counselling psychologists; CBT therapists; clinical associates in applied psychology; senior charge nurse therapists; mental health practitioners, psychological therapists, and counsellors. practitioners offer a range of evidence-based psychological interventions within the tiered, matched care model. Individual therapy is supported with group-based psychological interventions, as well as NHS 24 telephone based CBT support, online computerised CBT, and open access stress control groups in every locality.

In addition to provision of core clinical activity, PS clinicians provide a significant amount of consultation both within and outwith Mental Health and Learning Disabilities services, and also provide in-house and external training across professions and agencies. Staff regularly teach at universities across Scotland, including Glasgow Caledonian, Edinburgh, Glasgow, Stirling and Dundee. The service also has SLAs in place for doctoral trainee psychologists (Glasgow Caledonian, Glasgow, Edinburgh), and MSc trainee psychologists (Stirling/Dundee, Edinburgh). In addition, the service undertakes research and audit on an ongoing basis.

"Mental health is a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community."
(WHO, 2005).

18.2. Workforce Development Plan

Significant amongst the improvements required in health and social care supports and services to improve access to, and outcomes from, mental health services is the right workforce. This is a complex area, which will need time for all relevant stakeholders to have an opportunity for real engagement in order to fully scope the landscape, issues and levers so that models of care are designed to improve outcomes for people in order to 'get it right' to design models of care to improve outcomes for people. The development of the Workforce Plan is an essential component of delivering this strategy. In developing this key national workforce planning frameworks will be utilised such as the Six Steps Methodology to Integrated Workforce Planning[65]; the Workforce Planning approach recommended by the Scottish Government's "Revised Workforce Planning Guidance", CEL 32[66], Everyone Matters: 2020 Workforce Vision, the Health and Social Care Delivery Plan, Fair Work Framework and the National Health And Social Care Workforce Planning: Discussion Document published in February 2017.

Developing our workforce

NHS Board	Consultants		All Applied Psychologists		Psychiatrists		Nurses		Total Staff	
	Staff (WTE)	Staff per 100,000 population (NRAC adjusted	Staff (WTE)	Staff per 100,000 population (NRAC adjusted)	Staff (WTE)	Staff per 100,000 population (NRAC adjusted)	Total Staff (WTE)	Total Nurses (WTE) per 100,000 population	Total Staff (WTE)	Staff (WTE)/100,000 NRAC Adjusted population
NHS Lanarkshire	46.6	7.1	72.2	11.0	90.8	13.8	744.1	113.3	953.7	145.3
SCOTLAND	445.3	8.2	441.0	8.1	1060.4	19.5	8516.9	157.0	10463.6	192.9

The NHS Lanarkshire Mental Health workforce currently comprises approximately 954 whole time equivalents (excluding allied health professionals). The table does include established professional groups (for example, psychiatry, nursing, and psychology) and a whole range of other workers in a variety of roles.

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. This is in part due to demands placed on services by increased numbers of older people as the Lanarkshire population ages. Similarly our workforce is also ageing with a large proportion of the workforce being 45 years of age and above. This means that by 2024 we will have a higher volume of people retiring year on year. Indeed there are pressures currently being experienced across Lanarkshire's Health and Social Care workforce as detailed below.

In service of new models 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.

Developing a mental health workforce to meet the needs of the future is a challenge for the whole of the NHS and partners in local government; education, social work and other public, voluntary and third sector organisations. Without the right workforce no strategy can be implemented successfully. To inform workforce development GIRFEP has set out a system-wide approach in order to understand the current and future demand and capacity, and likely direction of travel for mental health services and the people who receive and deliver the services in context alongside all other demands.

The vision set out in this strategy will take many years to bring about. It requires major, and in some cases, fundamental, changes to the way the mental health workforce is developed. GIRFEP implies changes to way services operate and work with those who use them as well as the interactions with the rest of the NHS, local government and other public services. By changing 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.

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. We will promote a clear understanding and value of each other's roles, responsibilities, accountabilities and culture, supporting children and their families, people with long-term conditions and their carers to be the lead partners in decisions about their health and wellbeing. This approach places the person at the centre of all that we do, building on their personal strengths and aspirations to develop a personalised plan that enables the individual to achieve their personal goals. In addition we are committed to the implementation of the Fair Work Framework. The aim being to create a world leading working life by 2025 where fair work drives success, wellbeing and prosperity for individuals, businesses, organisations and society ensuring our workforce has an effective voice, opportunity, security, fulfilment and respect balancing the rights and responsibilities of employers and employees.

The future workforce model will be realistic and 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 as appropriate and wherever possible, reducing unnecessary hand offs, using technology and increasing the workforce's skills and competencies and essentially building community resilience in line with local strategies. This will maximise workforce availability, adaptability and affordability to deliver modern mental health and wellbeing services by 2024.

An understanding of current utilisation of the workforce to ensure effective use of existing resources will be essential as will understanding the likely implications for retention of the existing workforce many of whom will remain with us for the next 5-10 years. In addition, the implications of the pending legislation regarding safe staffing levels will be scoped to ensure the partnerships are compliant with future legislative requirements.

Through our partners, on-going work is required with national regulatory bodies, Scottish Government and higher educational institutions to ensure that the undergraduate programmes development are designed in line with the population's future health and social care needs with sufficient focus on mental health and wellbeing. Similarly, work will be required with schools in developing Lanarkshire's young people for a career in health and social care. This will be supported by the North Lanarkshire Health and Social Care Academy working in tandem with NHS Lanarkshire Practice Development Centre and Organisational Development within both council and partnerships.

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 celebrate the difference the support and services provided make in people's lives.

18.3. Estates and Accommodation Requirements

Estates and accommodation requirements will be driven by the service model of care; the improvements required to the quality of our buildings, a growing understanding of the benefits to be realised through co-location and consolidation of certain services are all key aspects in delivering services to people in support of GIRFEP. We will ensure through this work 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.

This investment and ongoing engagement with the service demonstrates that we are committed to ensuring that appropriate facilities are delivered in support of the current and future needs of the people we serve. All design work has a start point of the user need and service delivery 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 models of service delivery. This will be based upon assessment of needs, contemporary models of support and care, assessment of future requirements based upon projected demographic change, the requirement to provide accessible 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

People often cite effective communication as a priority for them. It is important to recognize that communication can be general term and, often refers more specifically to accessibility and coordination of care, being able to get in touch with the right person. Frustration can occur when one part of the service is not aware of changes someone else made to care arrangements.


667

19

19. Service Redesign and Transformation

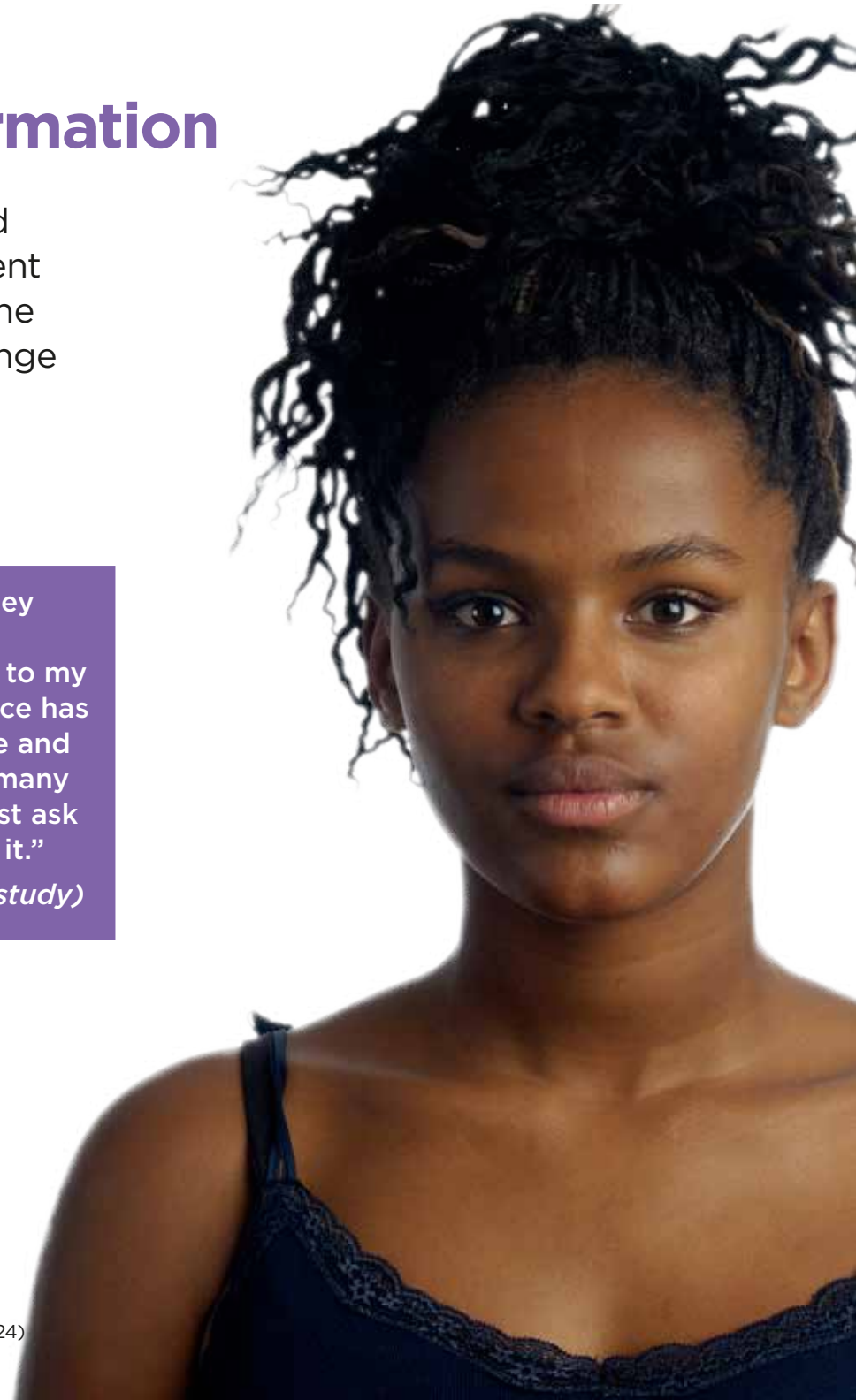
Transformational change and improvement of this scope, and at this scale requires the application of a range of improvement methodologies and availability of a range of experts across the 'improvement' field to lead and implement a sustainable change process that results in improvement.

It makes sense for organisations invested in this strategy to note that change is constant and organisations need to invest in specialist resource and be flexible and ready to respond at any time. Kotter[67] and other academic papers support the matrix management approach we have taken in Lanarkshire. This is worth consideration regarding the transferability to a dedicated multi-disciplinary improvement team approach to support successful sustainable improvement, optimising all specialist improvement and planning expertise to deliver an integrated, robust and sustainable rigour in our change programmes.

GIRFEP will be the blueprint to implement a redesign and improvement programme for mental health and wellbeing in Lanarkshire over a five year period 2019-2024. Taking a strategic change programme approach will enable our shared vision and commitment to be achieved across national and local organisational boundaries.
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.

"My mental health journey started a year ago and I haven't regretted going to my GP one bit. My experience has been a very positive one and I want to encourage as many people as possible to just ask for help when you need it."

(Lived experience case study)



20

20. Evaluation

Robust evidence will be needed for how effectively individual components of GIRFEP contribute towards outcome achievement. The evaluation team will work closely with all aspects of the 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.

The theory of how outcomes for GIRFEP are to be achieved has been laid out in an achievement framework or logic model (Appendix 5). This is an early draft that can be updated as the work progresses since complex strategy implementation rarely follows a predictable, linear path. The next stage of the process is for the individual workstreams to identify which outcomes they will contribute to (in collaboration with the evaluation team) and what measures would demonstrate their achievement. The national mental health quality indicators may be relevant to this conversation, as will any other emerging measures related to funding accountability.

The Evaluation Team consists of qualitative and quantitative expertise, both of which will be deployed to augment the data gathered by GIRFEP projects and workstreams.

20.1. Measures of Success/Key Performance Indicators

GIRFEP will:

- contribute to achievement of outcomes for people (nine 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 family, carers, patient representation; what people can do to look after themselves; signposting and support to access facilities in the community (eg 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
- measure the use and impact of lawful compulsory interventions;
- 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
- future proofed plans to transform the services over the next five 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

20.2. What difference will GIRFEP make

The governance arrangements set out at section 6.1 will ensure a robust framework is established by the Mental Health and Wellbeing Strategy Board to outline the specific monitoring and reporting intervals to understand progress against the delivery of the strategy, year on year over the period of implementation 2019-2024.

As GIRFEP is implemented, people in Lanarkshire should be able to recognise changes that result in improvements to the way they access mental health supports services, new ways of working, new staff roles (people delivering new types of supports, care and treatment).

This will result in:

- increased awareness of what mental health and wellbeing can be in Lanarkshire
- a demonstrable difference in people expressing their emotional and wellbeing needs
- a recognisable shift in equity between physical and mental health needs in relation to supports and care services
- increased focus on prevention and early intervention
- provision of easily available and consistent accessible information; advice; support; high quality, safe, locally based care when required
- feeling better informed, more resilient communities
- more people able to look after their own mental health
- narrowing of the inequalities gap
- people will have better understanding of their rights and support to express their views about their treatment, support and care
- more informed understanding about the experiences of those who require treatment in hospital settings in order to improve those experiences
- more people able to live with mental ill health unaffected by stigma
- fewer people requiring specialist community or hospital-based services with ease of access and flow through for those that do

21. Financial Framework

Achieving long-term financial sustainability of our health and social care system and making the best use of our total resources is critical to the successful delivery of this strategy.

A programme of change of this scale will require a significant effort from all organisations as expenditure and activity are at record levels and growth trends indicate that the level of funding will only need to increase. However, with greater pressures on the system, this will also require change in the way services are delivered. 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, effective, efficient and person centred services at all times.

We have public, voluntary and third sectors, with a proud history of successful change and innovation in Lanarkshire. The collective resources of all respective organisations will be needed to deliver sustainable quality. Multiple perspectives and pooled resources are likely to offer a more rounded view of complex issues. It is clear that our most cherished of public services has had to evolve, changing to reflect advances in medicine and the changing needs of our people. Our NHS, and the wider health and social care system, will need to continue to adapt, recognising changing demands and that people are living longer, thanks in no small part to the NHS and the care and treatment it has provided.

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.

Collectively, we recognise that like other health and social care systems, we do face inflationary pressures, which could be exacerbated by the uncertainty created by Brexit. Achieving long-term financial sustainability and making best use of resources is critical to delivering on current and future imperatives, with mental health a top priority.

Appendix 1 The Rights Wheel GIRFEC

The Rights Wheel GIRFEC and Children's Rights - How it all fits together

Getting it right for every child (GIRFEC) supports families by making sure children and young people can receive the right help, at the right time, from the right people. The aim is to help them to grow up feeling loved, safe and respected so that they can realise their full potential.

Most children and young people get all the help and support they need from their parent(s), wider family and community but sometimes, perhaps unexpectedly, they may need a bit of extra help.

GIRFEC is a way for families to work in partnership with people who can support them, such as teachers, doctors and nurses.

- Wellbeing sits at the heart of the GIRFEC approach and reflects the need to tailor the support and help that children, young people and their parents are offered to support their wellbeing.
- A child or young person's wellbeing is influenced by everything around them and the different experiences and needs they have at different times in their lives.
- Each child is unique and there is no set level of wellbeing that children should achieve. Each child should be helped to reach their full potential as an individual.

"Getting it Right For Every Person, mental health and wellbeing is important to all of us"

Appendix 2 Good Mental Health For All Actions

Infants, Children and Young People	Environments and Communities	Reducing the prevalence of suicide, self-harm, distress and common mental health problems
• Promote early intervention and maximise community assets through the development of a Social Prescribing Framework for Young People • Improve emotional and behavioural outcomes through supporting access to early interventions for vulnerable children and young people • Promote awareness of Trauma-Informed approaches to care (eg Adverse Childhood Experiences and Resilience) • Promote a whole-systems approach to promoting positive mental health and reducing stigma across educational establishments • Review, develop and support the roll-out of evidence-based parenting programmes in line with the Lanarkshire Parenting Pathway • CAMHS to provide multi-agency training using high level clinical supervision and peer coaching • 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	• Implementation of the partnership's Tackling Poverty Strategy • Improve engagement with communities • Harness the contribution of the community and voluntary sectors to bring in additional resources • Roll out Community Conversation methodology across localities • Support a partnership approach to maximising our natural community assets through the Lanarkshire Greenhealth Partnership Group • Maximise opportunities for outdoor play • Support the continued development and accessibility of outdoor activities such as walking groups, green gyms and other initiatives • Support opportunities for Greenspace Volunteering • Work in partnership to increase access to quality, affordable and safe housing • Working to prevent, reduce and mitigate the negative consequences of homelessness • Promote safer communities through partnerships with Community Planning, police and communities themselves	• 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 • Maximise opportunities to promote wellbeing through technology • Provide support to those who face physical, emotional, economic or cultural barriers to accessing community supports • 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 • Establish a Suicide Review Partnership Group to review all suicides which will include a focus on locations of concern • Review mental health awareness and suicide prevention training, identify gaps and develop a strategic approach to delivery • Maximise community assets and opportunities to drive key messages about wellbeing • Evaluate the impact of Community Based Programmes in preventing common mental health problems • Frontline staff have the skills, competencies and confidence to deliver on DBI interventions • People are signposted to services appropriate for their needs

Mentally Healthy Employment	Later Life	Improving the quality of life of those experiencing mental health problems
• Raising awareness of local/national campaigns with employers • Raising awareness of employers legal requirements • Challenge stigma and discrimination in the workplace through Stigma Free Lanarkshire • Raise awareness of supportive policies and practices to improve physical and mental health • Promote training and pathways to improve employer's knowledge on workplace mental health • Promote mental health services and supports to enable employees to stay in work/return to work • Promote the 'Scottish Business Pledge' as an optional pathway to promote a mentally healthy workplace • Work in partnership with the Department of Work and Pensions to support staff working with vulnerable clients • Work in partnership to improve the local labour market, reduce long term unemployment and achieve fair work for all • Community Planning Partners being role models for inclusive employment	• Build capacity within the third sector to address the needs of isolated and/or lonely older adults • Extend transport options through a range of partnerships • Raise awareness and increase uptake of carers' assessments and implement the 2018 Carer's Act • Work with local employers to ensure that staff have access to information about retirement • Promote active ageing, resilience and connectivity through asset based approaches, particularly for people diagnosed with dementia and other long term health conditions	• Develop partnerships across businesses, communities, schools, health and social care to create a movement for change in relation to challenging stigma • Promote national and local campaigns to raise awareness and drive attitudinal change • Build capacity through Stigma Fee Lanarkshire champions • More service users and carers are involved in services and service development • Work in Partnership with See Me, Scotland's National Organisation addressing stigma and discrimination, and Lanarkshire Recovery Network • Increase the strategic priority given to physical health needs of people with Severe and Enduring Mental Health Problems (SEMH) • 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

"Participating in the strategy workshops has been beneficial for us, it's allowed us to make a positive contribution to the final draft Mental Health and Wellbeing strategy.

It has also been helpful for the strategy group as it has allowed them to get input, ideas, thoughts and views from a wide range of stakeholders who have an interest in mental health supports and services."

(Liz McWhinney, Lanarkshire Links)

Appendix 3 What difference will GIRFEP make?

What will be different for individuals?

- People will be equal partners with their clinicians, working with them to arrive at decisions about their care that are 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 & wellbeing teams will be able to provide more information and secure better advice for people, get aces 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

Appendix 4 Transformative Practice Example

Examples of transformative practice elsewhere might also be considered. In Wales, the Aneurin Bevan University Health Board (ABUHB) is adopting an "Iceberg" model of service delivery for children and young people. Developed by Dr Liz Gregory, Consultant Clinical Psychologist, the Welsh parliament is considering how it could be rolled out nationally[68]. It contends that a medically defined, diagnosis-based approach risks locating difficulties entirely within the child, overlooking other factors. Contextual issues are key, eg poverty and multiple other Adverse Childhood Experiences (see Section 6). These negatively affect any child's ability to engage with healthcare systems.

Traditional services follow a "pyramid" structure: low-intensity interventions at the bottom and high-intensity individual contact at the top, with the majority of clinical resources focused at that point. This is of no use to children who are unable to engage. The Iceberg Model therefore aims to look deeper (see Figure A) into how to reach out to families who struggle to access clinical services. This model requires time, effort and commitment, from health, social care and third sector partners. It is offered as a contemporary example of thinking aligned with our shared vision – to inform what we do and how we do it, in keeping with the philosophies of integration and realistic medicine. The core question is not "what standardised intervention can we offer" but "what do this child and family need right now?" Complex community-based work can be offered as long as the right resources are there. Highly specialist clinicians need to be able to work in partnership with – and directly in – social and community contexts.

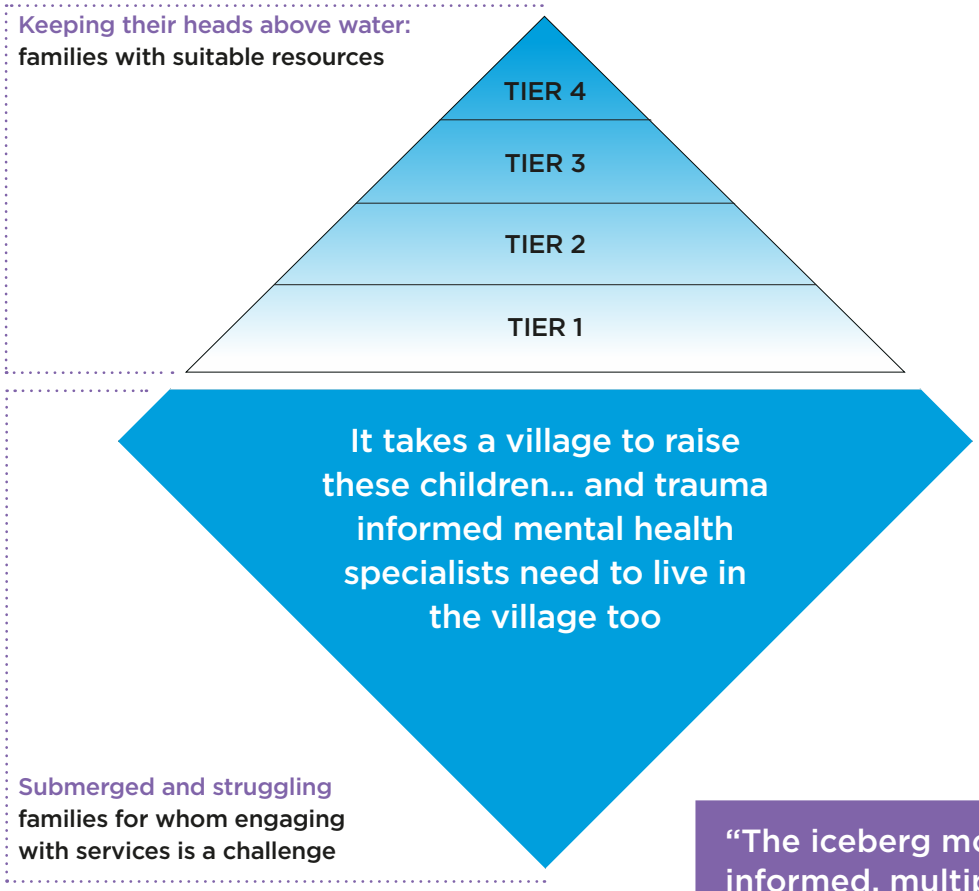


Figure A

Source: *Aneurin Bevan University Health Board (ABUHB), "Iceberg" model of service delivery for children and young people. Permissions given to NHS Lanarkshire via Dr Simon Stuart, NHS Lanarkshire Clinical Psychologist.*

"The iceberg model is a trauma-informed, multiple-systems approach which could ultimately lead to a rebalancing of appropriate care, with greater focus on early community interventions, an affiliated reduction in waiting lists for highly specialist services, and potentially a positive impact upon the health of future generations."

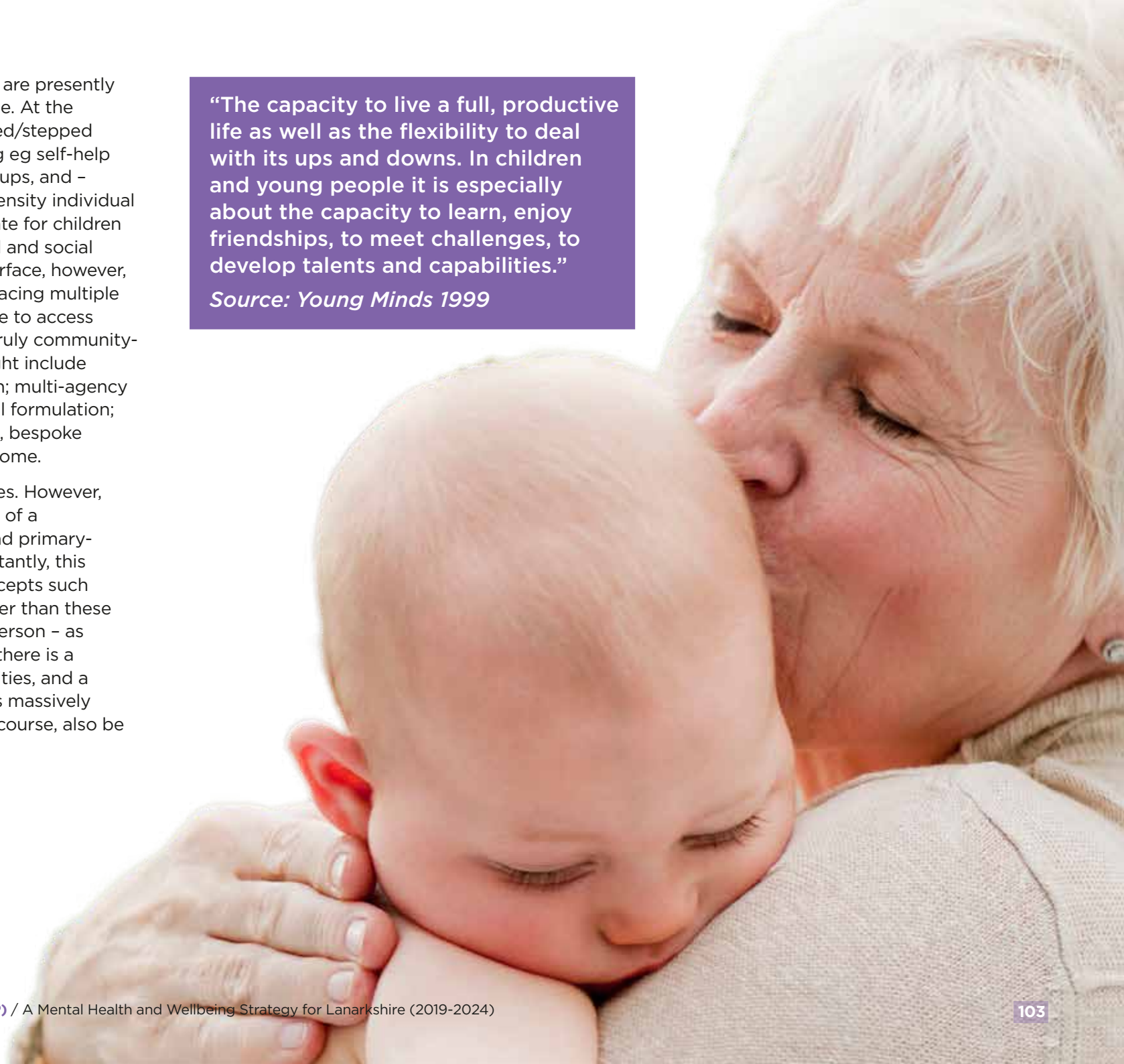
(Dr Simon Stuart, NHS Lanarkshire, Clinical Psychologist)

Figure A shows both how services are presently structured, and what could be done. At the top is the current model of matched/stepped care, tiered interventions, including eg self-help material for families, parenting groups, and – moving towards the top – high-intensity individual therapeutic work. This is appropriate for children and families who have the material and social resources to engage. Below the surface, however, is the rest of the iceberg: families facing multiple adversity and trauma, who struggle to access clinic-based services and require truly community-embedded approaches. These might include trauma-informed early intervention; multi-agency services informed by psychological formulation; and, for the most complex families, bespoke therapeutic placements, close to home.

This is a major rethinking of services. However, early indications in the ABUHB are of a reduction in referrals to CAMHS and primary-care mental health services. Importantly, this model reconsiders the idea of concepts such as "resilience" and "recovery"; rather than these being located entirely within the person – as if anyone can simply learn them – there is a consideration of structural inequalities, and a recognition that the playing field is massively unequal[69]. Such thinking could, of course, also be applied to adult services.

"The capacity to live a full, productive life as well as the flexibility to deal with its ups and downs. In children and young people it is especially about the capacity to learn, enjoy friendships, to meet challenges, to develop talents and capabilities."

Source: Young Minds 1999



The Workforce Plan will help to bring about:

- 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

Source: **: Adapted and adopted from Scottish Government, Mental Health Strategy 2017-2027, Dementia Strategies, Realistic Medicine 2016**

Appendix 5 Evaluation Achievement Framework

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 (MH&WB) Strategy

Implement the MH&WB 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 MH&WB

Lanarkshire people are aware of MH&WB issues

Lanarkshire people are aware of the impact of MH&WB 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 MH&WB

Lanarkshire communities are compassionate

Lanarkshire people have a good quality of life

Inequalities in MH&WB are reduced or eliminated

Appendix 6 Reference Documents

[1]Department of Health, The mental health strategy for England, 2011

[2]The Public Bodies (Joint Working), (Scotland) Act 2014. http://www.legislation.gov.uk/asp/2014/9/contents/enacted

[3]World Health Organisation, Action Plan 2013-2020, https://www.who.int/mental_health/publications/action_plan/en/

[4]The Human Rights Act, 1998, https://www.legislation.gov.uk/ukpga/1998/42/contents

[5]Equality Act 2010 https://www.equalityhumanrights.com/en/equality-act-2010/what-equality-act

[6]Scottish Government, Programme for Government, 2018-19, Delivering for today, investing for tomorrow: the Government's programme for Scotland 2018-2019 https://www.gov.scot/publications/delivering-today-investing-tomorrow-governments-programme-scotland-2018-19/

[7]Transforming Psychological Trauma, NHS Education Scotland, https://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-psychology/transforming-psychological-trauma.aspx

[8]Scottish Government, Public Health Priorities report, June 2018 https://www.gov.scot/publications/scotlands-public-health-priorities/

[9]Scottish Government Mental Health Strategy 2017-2027 https://www.gov.scot/publications/mental-health-strategy-2017-2027/

[10]Scottish Government Mental Health Strategy 2012-2015 https://www.gov.scot/publications/mental-health-strategy-scotland-2012-2015/

[11]Scottish Government What Research Matters for Mental Health Policy in Scotland, 2015 https://www2.gov.scot/Topics/Health/Services/Mental-Health/WRMDec2015

[12]Scotland's Dementia Strategy 2017-2020 https://www.gov.scot/publications/scotlands-national-dementia-strategy-2017-2020/

[13]Scottish Government, Health and Social Care Integration Directorate part of children and families social care; https://www.gov.scot/publications/children-young-peoples-mental-health-task-force-preliminary-view-recommendations/

[14]Changing Scotland's Relationship with Alcohol 2009, https://www.webarchive.org.uk/wayback/archive/20170706133017/http://www.gov.scot/Publications/2009/03/04144703/14

[15]The Road to Recovery: a new approach to tackling Scotland's Drug problems https://www.gov.scot/publications/road-recovery-new-approach-tackling-scotlands-drug-problem/pages/0/

[16]Scottish Government, Realising Realistic Medicine: Chief Medical Officer for Scotland annual report 2015-2016, https://www.gov.scot/publications/chief-medical-officer-scotland-annual-report-2015-16-realising-realistic-9781786526731/

[17]Scottish Government, Practising Realistic Medicine, Chief Medical Officer, Annual Report, 2018, https://www.gov.scot/publications/practising-realistic-medicine/

[18]NHS Lanarkshire Healthcare Strategy 'Achieving Excellence, March, 2017 https://www.nhslanarkshire.scot.nhs.uk/download/achieving-excellence/

[19]The North Lanarkshire Plan, 'One Place – One Plan https://www.northlanarkshire.gov.uk/index.aspx?articleid=26904

[20]South Lanarkshire Council Community Plan, 'Stronger Together', 2017-2027; https://www.southlanarkshire.gov.uk/cp/downloads/file/126/community_plan_2017-2027

[21]New rights guide for Scotland's mental health patients, 'Rights in Mind' 2017 https://www.mwcscot.org.uk/about-us/latest-news/new-rights-guide-for-scotlands-mental-health-patients/

[22]Mental Welfare Commission for Scotland, March 2013; Capacity, Detention, Supported Decision Making and Mental Ill Health https://www.mwcscot.org.uk/publications/research-reports/

[23]NHS Health Scotland, Good Mental Health For ALL, 2016, http://www.healthscotland.scot/publications/good-mental-health-for-all

[24]Mental Welfare Commission for Scotland (2014): Annual Report. Scotland. Available at: http://www.mwc.org.uk/media/205024/annual_report.pdf

[25]Long Term Monitoring of Health Inequalities: Headline Indicators - October 2015, Scottish Government

[26]Better Mental Health For All: A public health approach to mental health improvement. 2016. Mental Health Foundation

[27]International Health Action Plan (insert Date) https://www.who.int/mental_health/action_plan_2013/en/

[28]New Economics Foundation, Measuring Wellbeing in Policy, 2008, https://neweconomics.org/2008/10/measuring-wellbeing-policy

[29]NHS Health Scotland. *Good Mental Health for All*. Edinburgh: NHS Health Scotland, 2016 http://www.healthscotland.com/uploads/documents/25928-Good%20Mental%20Health%20For%20All%20-%20Mar16.pdf

[30]NHS Health Scotland, Good Mental Health For ALL, 2016 http://www.healthscotland.scot/health-topics/mental-health-and-wellbeing/overview-of-mental-health-and-wellbeing

[31] http://www.healthscotland.com/uploads/documents/25928Good%20Mental%20Health%20For%20All%20-%20Mar16.pdf

[32] https://www.fph.org.uk/media/1644/better-mental-health-for-all-final-low-res.pdf

[33]Scottish Government, Poverty and Income Inequality in Scotland 2015-2018 published 2019 https://www.gov.scot/publications/poverty-income-inequality-scotland-2015-18/

[34]Mental Health Foundation, 'Poverty and Mental Health' paper, 2016 https://www.mentalhealth.org.uk/publications/poverty-and-mental-health

[35]North Lanarkshire Fairness Commission, 2017 Report, https://www.northlanarkshire.gov.uk/index.aspx?articleid=34022

[36]Scotland's Suicide prevention action plan: Every Life Matters https://www.gov.scot/publications/scotlands-suicide-prevention-action-plan-life-matters/

[37]Mental Welfare Commission for Scotland (2014): Annual Report. Scotland. Available at: http://www.mwc.org.uk/media/205024/annual_report.pdf

[38]NICE Clinical Guideline 123 https://www.nice.org.uk/guidance/cg123/chapter/Introduction

[39]Stress Control Classes, developed by Jim White, Clinical Psychologist in Glasgow http://www.elament.org.uk/self-help-resources/stress-control-classes/

[40]Scottish Government, Justice in Scotland: vision and priorities, 2017 https://www.gov.scot/publications/justice-scotland-vision-priorities/

[41]South Lanarkshire Partnership, Stronger Together, 'Getting it Right for Every Child' 2017-2020; https://www.southlanarkshire.gov.uk/downloads/file/11688/childrens_services_plan_2017-2020

[42]ScotCen Social Research, Health and wellbeing among children and young people in North Lanarkshire, Findings from the RCS Wellbeing Survey Programme (2017)

[43]Eric Emerson, Chris Hatton, (2007) "The Mental Health of Children and Adolescents with Learning Disabilities in Britain", Advances in Mental Health and Learning Disabilities, Vol. 1 Issue: 3, pp.62-63, https://doi.org/10.1108/17530180200700033

[44]Hughes-McCormack et al (2017) "Prevalence of Mental Health Conditions and Relationship with General Health in a whole-country population with intellectual disabilities compared with the general population. BJPsych Open (2017) 3, 243-248 Based on Scotland's Census 20111.

[45]Mencap website with links to useful references and UK Statistics https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/children

[46]The Lenehan Review (2017) "These are our Children" a national review of services for Children with a Learning Disability and Autistic Spectrum conditions was also provided for reference. https://councilfordisabledchildren.org.uk/help-resources/resources/these-are-our-children

[47]Scottish Government, National dementia strategy: 2017-2020, https://www.gov.scot/publications/scotlands-national-dementia-strategy-2017-2020/pages/4/

[48]Scotland Learning Disability Strategy, 'Keys to Life' (2013), https://keystolife.info/

[49]Scottish Government, Coming Home, Coming home: complex care needs and out of area placements (2018), https://www.gov.scot/publications/coming-home-complex-care-needs-out-area-placements-report-2018/pages/6/

[50]RCPsych CIR 214 *"Personality Disorder in Scotland: Raising awareness, raising expectations, raising hope"* October 2018

[51]Schmidt U, Brown A, McClelland J, Glennon D, Mountford VA (2016). An idea worth researching: Will a comprehensive, person-centered, team-based early intervention approach to first episode illness improve outcomes in eating disorders? International Journal of Eating Disorders, 49, 374-377

[52]Royal College of Psychiatrists (2012). Eating Disorders in the UK: Service Distribution, Service Development and Training. Report from the Royal College of Psychiatrists' Section of Eating Disorders (CR170). Royal College of Psychiatrists.

[53]Dr Johannes Fellinger, Lancet, vol 379, 2012 https://medicalxpress.com/news/2012-03-mental-health-problems-prevalent-deaf.html

[54]NHS England (2018). Admissions for eating disorders by sex and ethnic category. Hospital Episode Statistics (HES), NHS Digital. Retrieved from https://digital.nhs.uk/data-and-information/find-data-and-publications/supplementary-information/2018-supplementary-information-files/admissions-for-eating-disorders-by-sex-and-ethnic-category-england

[55]Royal College of Psychiatrists (2014). MARSIPAN: Managements of Really Sick Patients with Anorexia Nervosa 2nd Edition (CR189). Retrieved from https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr189.pdf?sfvrsn=6c2e7ada_2

[56]World Health Organisation (2018). International Statistical Classification of Diseases and Related Health Problems, 11th Revision (ICD-11). Geneva: WHO

[57]The Global Burden of Disease 1990-2020 - Murray, C.J.L. & Lopez, A.D. (eds) *The Global Burden of Disease. A comprehensive assessment of mortality and disability from diseases, injuries and risk factors in 1990 and projected to 2020*. (GBD Series Vol. I. Harvard School of Public Health on behalf of the World Health Organization and the World Bank, Cambridge, Massachusetts, 1996)

[58]Scottish Government< (Scotland) British Sign Language http://bslscotlandact2015.scot/templates/

[59]Scottish Government, British Sign Language (BSL) National Plan, 2017-2023 https://www.gov.scot/publications/british-sign-language-bsl-national-plan-2017-2023/

[60]Scottish Government, Carers Report, 2015, https://www.gov.scot/publications/scotlands-carers/

[61]North Lanarkshire Carers Together, Carer Health Needs Report, June, 2017

[62]Warwick-Edinburgh Mental Wellbeing Scale and General Health Questionnaire in the Scottish Health Survey, reported in Scotland's Carers 2015

[63]Scottish Government Carers (Scotland) (Act), 2016 https://www2.gov.scot/Topics/Health/Support-Social-Care/Unpaid-Carers/Implementation/Carers-scotland-act-2016

[64]Scottish Government, Third Sector Interface Network, 2016, https://www.gov.scot/publications/evaluation-scotlands-third-sector-interface-network-model-voluntary-action-scotland-9781786526526/pages/1/

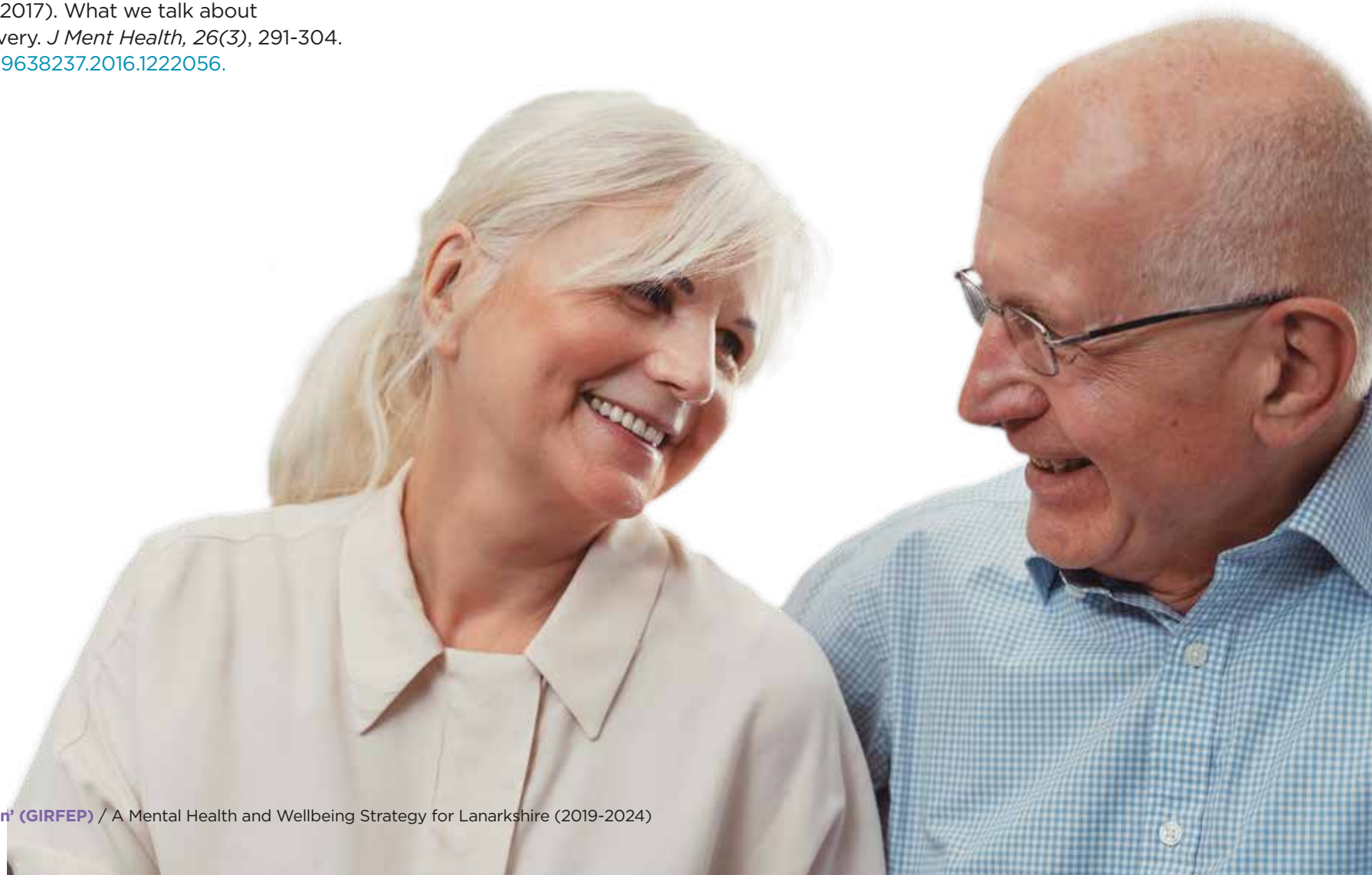
[65]Skills for Health (2008) Six Steps Methodology to Integrated Workforce Planning. Available at http://skillsforhealth.org.uk/planning-your-workforce-strategy/six-steps-workforce-planning-methodlogy

[66]Scottish Government Revised Workforce Planning Guidance 2011, CEL 32 (2011). Available at http://www.sehd.scot.nhs.uk/mels/CEL201132.pdf

[67]Kotter, John, Change model, 2018, https://www.change-management-coach.com/john-kotter.html https://www.kotterinc.com/8-steps-process-for-leading-change/

[68]National Assembly for Wales: Children, Young People and Education Committee (2018). *Mind Over Matter*. Available at: http://www.assembly.wales/laid%20documents/cr-ld11522/cr-ld11522-e.pdf

[69]Stuart, Tansey & Quayle (2017). What we talk about when we talk about recovery. *J Ment Health, 26(3)*, 291-304. https://doi.org/10.1080/09638237.2016.1222056.




Lanarkshire
Links
Service User and Carer
Involvement in Mental Health


VANL
Voluntary Action North Lanarkshire


Lanarkshire Association
For Mental Health
lamh


Voluntary Action
South Lanarkshire
Putting the Voluntary Sector FIRST


See Me
End mental health
discrimination


The Richmond Fellowship
Scotland


Lanarkshire
Carers Centre
carerstrust
Scotland
a Network Partner


NORTH LANARKSHIRE
carers
together


South
Lanarkshire
Health and
Social Care
Forum


Health&Social Care
North Lanarkshire


South
Lanarkshire
Health and Social Care
Partnership
Working together to improve health and wellbeing
in the community – with the community


NHS
Lanarkshire


NHS
24


SCOTTISH AMBULANCE SERVICE


NORTH
LANARKSHIRE
COUNCIL


SOUTH
LANARKSHIRE
COUNCIL


POLICE
SCOTLAND
Keeping people safe


South Lanarkshire
Partnership
Stronger together


nlp
North
Lanarkshire
Partnership