

# mental health strategy

SCOTTISH BORDERS



Scottish Borders  
Health and Social Care  
PARTNERSHIP



# CONTENTS

## SCOTTISH BORDERS MENTAL HEALTH STRATEGY

1. INTRODUCTION	3
2. VISION FOR MENTAL HEALTH	5
3. WHERE ARE WE NOW?	7
4. WHERE DO WE WANT TO BE?	11
5. HOW WILL WE ACHIEVE OUR STRATEGIC VISION?	12
6. STRATEGIC OBJECTIVES	13
GLOSSARY OF TERMS	23

### APPENDICES

1. MENTAL HEALTH STRATEGY DRIVERS	25
2. NATIONAL HEALTH & WELLBEING OUTCOMES	27
3. SCOTTISH BORDERS MENTAL HEALTH NEEDS ASSESSMENT RECOMMENDATIONS	28

 *If you always do what you've always done,  
you'll always get what you've always got.*   
**Henry Ford** (1863-1947), American founder of the Ford Motor Company

# SCOTTISH BORDERS MENTAL HEALTH STRATEGY

## 1. INTRODUCTION

The Mental Health Strategy provides a framework for delivery of mental health activities in Scottish Borders for all age groups, bringing together the range of work including promotion of population mental health, prevention of mental health problems, delivery of care and treatment of mental illness and support for recovery. The strategy provides the means for ensuring delivery of commitments from the national strategies on mental health and suicide prevention and enables implementation of the local Mental Health Needs Assessment recommendations and Scottish Borders Health & Social Care Partnership Strategic Plan objectives as they relate to Mental Health. It does not duplicate effort but where appropriate provides a reference point for other relevant strategic approaches e.g. Dementia Strategy, Joint Carers Strategy etc.

A number of key national and local strategies and policies (Appendix 1) have been published which guide the work undertaken locally, including the national mental health strategy, suicide prevention strategy, self-directed support, anti-stigma and health inequalities etc. This strategy also provides an opportunity to link Mental Health to the Health and Social Care Strategic Plan which provides the framework for Health and Social Care Integration in Scottish Borders. This strategy encourages creative ways of working through collaboration and effective partnership.

At the heart of this strategy is involvement. Through the Mental Health Needs Assessment, development of a Mental Health Strategy for Scottish Borders and consultation events, staff, service users, carers and community members were given opportunities to contribute to the future strategic direction of mental health in Scottish Borders.

There is a need for a consistent strategic approach across all age groups. This approach should take account of, and address the risk factors for mental illness and promote the positive factors for mental wellbeing. Negative life events such as long-term conditions, learning disabilities, adverse childhood events, substance misuse, homelessness, offending, poverty, unemployment, physical disabilities, caring etc have a considerable impact on health and wellbeing and in particular mental health<sup>1,2</sup>. A significant inequality is seen in the life expectancy of those with a diagnosed mental illness where life expectancy can be 10 to 15 years lower than the general population<sup>3</sup>. People with mental health problems experience inequalities in relation to income and employment. Ensuring there is strong representation in all relevant groups which address these areas of inequality will be key to delivering the objectives of this strategy. It is therefore important that the Community Planning Partnership's Reducing Inequalities Strategy recognises mental health as a priority.

<sup>1</sup> Scottish Borders Mental Health Needs Assessment 2015

<sup>2</sup> [http://www.scotphn.net/wp-content/uploads/2016/06/2016\\_05\\_26-ACE-Report-Final-AF.pdf](http://www.scotphn.net/wp-content/uploads/2016/06/2016_05_26-ACE-Report-Final-AF.pdf)

<sup>3</sup> <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0019590>

In line with international evidence and recognised good practice, the strategy brings together promotion, prevention, treatment, care and recovery to support improvement in the mental health of people in the Scottish Borders. By taking an outcomes focused approach, the strategy will enable partners to identify what they want to achieve and how to get there.<sup>4,5</sup>

There are other related areas which currently have strategies which take account of mental health including children & young people, early years, autism and dementia, as such, these areas of work will not be within the scope of the mental health strategy but will be cross referenced where relevant.

The strategy, along with the Scottish Borders Mental Health Needs Assessment, will ensure mental health services are delivered making the best use of currently available resources<sup>4,5</sup>.

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<sup>4</sup> <http://www.healthscotland.com/uploads/documents/25928-Good%20Mental%20Health%20For%20All%20-%20Mar16.pdf>

<sup>5</sup> <http://www.fph.org.uk/uploads/Better%20Mental%20Health%20For%20All%20FINAL%20low%20res.pdf>

## SCOTTISH BORDERS MENTAL HEALTH STRATEGY

# 2. VISION FOR MENTAL HEALTH

“ *Our vision is of a community which works together to value and promote a holistic approach to mental health and emotional wellbeing.* ”

## AIMS

**In doing this, we support a community which**

- Promotes good mental health and wellbeing for all
- Respects, protects and supports people with mental health issues and mental illness to live well
- Recognises, supports and values families and carers
- Promotes partnership between services and the population they serve.

## PRIORITIES

**This will ensure:**

- People are able to find and access information and advice on mental health and wellbeing
- Communities are more confident about what they can do to promote mental health
- Improved support pathways for people who are at risk of or experience mental ill health
- Frontline staff have the appropriate levels of knowledge and skill to enable them to provide the best support and signposting
- Individuals will have an increased understanding of their own mental wellbeing
- Improved access to services and reduced barriers particularly for those with dual diagnosis.



illustration: © Jane Smart

## SCOTTISH BORDERS MENTAL HEALTH STRATEGY

### 3. WHERE ARE WE NOW?

#### KEY FACTS ABOUT MENTAL HEALTH IN SCOTTISH BORDERS

Scottish Borders has a population of 114,030, 17% are under 16 years old, 30% are over the age of 60<sup>6</sup>. Evidence shows that mental illness affects 1 in 4 adults and 1 in 10 children under 15. These figures would suggest that around 19,800 adults and 1898 children and young people living in Scottish Borders will experience mental ill health at some point in their lives. Depression and anxiety are the most common; however others include eating disorders, personality disorders and schizophrenia. It should be noted that these figures are estimates due to the exact prevalence of mental health issues being problematic to approximate as many do not seek assistance.<sup>7</sup>

Deprivation and isolation are key risk factors for mental ill health. 3% of the Borders population live in Scotland's most deprived data zones, 43% live in fuel poverty, 11% of children live in poverty and around 47% live in rural locations.

In 2014/15 17.5% of the Borders population were prescribed medication for anxiety/depression/psychosis; the Scottish average is 17.3%. The suicide rate for the Borders was 15 per 100,000 population (age-sex standardised rate) compared to 14.2 for Scotland.

There is a strong association between mental and physical health. Around 30% of all people with a long-term physical health condition also have a mental health problem, most commonly depression/anxiety. Mental health problems can seriously exacerbate physical illness, affecting outcomes and the cost of treatment. The effect of poor mental health on physical illness is estimated to cost the NHS at least £8 billion a year<sup>9</sup>

<sup>6</sup> Scottish Borders Area Profile 2016

<sup>7</sup> [http://www.parliament.scot/ResearchBriefingsAndFactsheets/S4/SB\\_14-36.pdf](http://www.parliament.scot/ResearchBriefingsAndFactsheets/S4/SB_14-36.pdf)

<sup>8</sup> <http://www.scotpho.org.uk/>

<sup>9</sup> <http://www.kingsfund.org.uk/time-to-think-differently/trends/disease-and-disability/mental-and-physical-health>

The recent SALSUS survey of young people in Scotland shows that on a global measure (SDQ), mental health and wellbeing has remained relatively constant over the last 6 – 7 years. However, this masks variation in different aspects of mental health. There has been a decrease in the number of young people who have a conduct problem, while pro social behaviour has improved over the same period. Emotional problems have increased as have, to a lesser degree, peer relationships problems.

Several national surveys of the health of young people in Scotland show that mental health and wellbeing deteriorates with age and that by the age of 15, girls have worse mental health and wellbeing than boys, particularly in relation to emotional health<sup>10</sup>.

**There are two main areas of young people’s lives that show a close association with their mental health and wellbeing:**

- Number and nature of friendships: those with fewer friends have poorer mental health
- Relation with school: young people who dislike school, feel pressured by school work, truant on multiple occasions or have been excluded tend to have poorer mental health and wellbeing

The surveys show an association between levels of mental health and wellbeing and deprivation but deprivation has a less powerful impact on mental health than attitudes to school. In line with other research evidence, a range of factors emerge as important in protecting and promoting mental health and wellbeing in young people: belonging to a club or group or regular involvement with a hobby, interest or sports activity is beneficial.

A recent survey of Young People by the Scottish Youth Parliament (July 2016)<sup>11</sup> suggests that 25% of those aged between 12 & 26 years of age consider themselves to have had a mental health problem, 70% of whom did not know what help and support was available in their area with 1 in 5 not knowing where to go for advice and support.

## HEALTH & SOCIAL CARE INTEGRATION

The Mental Health Service began a programme of integration a number of years ago. The last year, has seen the co-location of integrated locality based Community Mental Health Teams. These multi-disciplinary teams bring together staff from health and social care under one management structure with the aim of providing the right support to individuals delivered by the most appropriate profession.

Wider Health & Social Care integration has also become a reality. The Strategic Plan, details how we plan to improve health and wellbeing in Scottish Borders through integrating health and social care services. The nine objectives provide a framework for this and by linking these objectives to the relevant areas of mental health, this strategy will ensure the best opportunity for improving the mental health and wellbeing of the Scottish Borders. By working with individuals and local communities, these strategic objectives will support people in Scottish Borders to achieve the National Health & Wellbeing Outcomes (Appendix 2).

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<sup>10</sup> (SHeS, 2015; SALSUS, 2015; HBSC, 2016).

<sup>11</sup> [https://d3n8a8pro7vhmx.cloudfront.net/scottishyouthparliament/pages/475/attachments/original/1467641786/SYP\\_MENTALHEALTH-REPORT\\_FINAL\\_2\\_\(1\).pdf?1467641786](https://d3n8a8pro7vhmx.cloudfront.net/scottishyouthparliament/pages/475/attachments/original/1467641786/SYP_MENTALHEALTH-REPORT_FINAL_2_(1).pdf?1467641786)



## MENTAL HEALTH NEEDS ASSESSMENT AND LOCALLY DEVELOPED PLANS

In order to inform future planning and service development, in 2014, the Mental Health Service commissioned an independent organisation to undertake the Scottish Borders Mental Health Needs Assessment. This provides a detailed description of current mental health provision, identifies gaps and makes 21 recommendations. A wide range of stakeholders influenced the Needs Assessment and it therefore provides robust information on which to build this strategy. The recommendations can be found in Appendix 3.

In addition to the Needs Assessment, there are a number of action plans and workplans which arise from the Mental Health & Wellbeing Partnership Board sub-groups in Scottish Borders (Structure Appendix 4) including; Mental Health Commissioning Strategy Delivery Plan, Mental Health Improvement and Suicide Prevention Action Plan.

## SERVICE USERS INVOLVEMENT AND RIGHTS TO LIFE DECLARATION & CHANGE AGENDA

The Needs Assessment identified the importance of service user and carer involvement. The Mental Health Service has in the past been guilty of a tokenistic approach to this. The last few years have seen a new approach with a commitment to continue funding for a service user & carer development post to ensure meaningful engagement. Service users and carers have been key stakeholders in the development of this Strategy, commissioning of new services and recruitment of staff.

The Rights for Life Declaration<sup>12</sup> is a statement of the rights that people affected by mental health issues in Scotland are calling for. Its aim is to help achieve transformational change to the way people affected by mental health issues enjoy their rights. It is based on the views of hundreds of people with experience of mental health issues and those family and friends who care for them. The Change Agenda, which accompanies the declaration, will be used to inform service policy, practice and responses to people asserting their rights.

This strategy provides an opportunity to ensure the Rights for Life Declaration is embedded in mental health services across the Borders.

## WIDER DETERMINANTS OF MENTAL HEALTH

There is an improved understanding and recognition of the risk and protective factors for mental health as detailed in Good Mental Health for All<sup>13</sup>.

There has been an increased focus on mental health at both national and local levels, which has resulted in Government commitments to addressing issues, and local inclusion of mental health in a broad range of service plans and strategies. Through the community planning theme of reducing inequalities, there is a desire to improve partnership working to ensure inequalities are addressed and a genuine sense that a process of change has begun.

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<sup>12</sup> <https://rightsforlife.org/the-declaration-2/>

<sup>13</sup> <http://www.healthscotland.com/uploads/documents/25928-Good%20Mental%20Health%20For%20All%20-%20Mar16.pdf>

**In the Reducing Inequalities Strategy, the Community Planning Partnership has made a commitment to:**

- Focus resources on areas of greatest need to reduce inequalities, through core service delivery and programmes
- Maximise impact of locality planning to reduce inequalities
- Enhance capacity of staff to address inequalities and support individuals and families, through training and tools

## CHILDREN & YOUNG PEOPLE

The mental health of children and young people is a priority for the Children and Young People's Leadership group in implementing the Integrated Children and Young People's Plan 2016 – 2018. This is being taken forward through the sub groups of the Leadership group, to include early years work to foster the development of emotional health and resilience and to support family relationships and parenting. The Children and Young People's Planning group is committed to increasing understanding of mental health, raising awareness of the information, resources and supports available for children, young people and families, and improving access to support when required. Engagement with young people and with parents is key in this.

## CAMHS

The Scottish Government has recently allocated funding to health boards in Scotland, over a period of four years, to improve access to both CAMHS and Psychological Therapies.

A project plan is currently being drawn up detailing how the Mental Health Service plans to use this funding to improve CAMHS waiting times, and a short life working group is being set up to manage the project plan.

## ADULTS

For adult and older adult community mental health teams the continuation of the Integration of health and social care will also impact on the services provided. In particular this will impact for service users in the following ways; easier access to the right worker at the right time, consistency in the service people can expect and evidence of continuous improvement across health social care partnerships creating a seamless experience for service users.

For people with dementia the Borders Dementia Working Group whose membership is solely people with a dementia diagnosis will further develop its role in campaigning, influencing policies, reducing prejudice and stigma service development and being the voice of people with dementia. The network of dementia cafes is continuing to deliver community support to the population and it is envisaged that this will expand to cover all towns in the Scottish Borders particularly in Berwickshire. People with a diagnosis are being enabled to complete "Getting to Know Me" a document aimed at promoting their interests and wishes if they experience periods in which they can't express those needs. After diagnoses, people can expect to receive individualised support resulting in a personal plan within the first year.

For all adults the integration of health and social care means that discharge from hospital will be timely and coordination of support and care is personalised.

## SCOTTISH BORDERS MENTAL HEALTH STRATEGY

### 4. WHERE DO WE WANT TO BE?

**Consistently, the key themes which have emerged from the consultation work undertaken to develop this strategy are:**

- People are able to find and access information and advice on mental health and wellbeing
- Communities are more confident about what they can do to promote mental health
- Improved support pathways for people who are at risk of or experience mental ill health
- Frontline staff have the appropriate levels of knowledge and skill to enable them to provide the best support to people
- Individuals have an increased understanding of their own mental wellbeing
- Improved access to services and reduced barriers particularly for those with dual diagnosis.

These will be addressed through the implementation of this strategy.

# SCOTTISH BORDERS MENTAL HEALTH STRATEGY

## 5. HOW WILL WE ACHIEVE OUR STRATEGIC VISION?

The Strategic Plan for Integration sets out a number of objectives. By aligning these with mental health, we are able to develop a clear plan for how we will achieve our strategic vision. Each objective identifies what it means for mental health, what we are currently doing, what we plan to do next and what difference we will notice in 5 years' time.

The activities behind these objectives will not be the sole responsibility of mental health services. There is a need to ensure a broad approach that supports mental wellbeing for all, provides the right support at the right time for those who experience mental illness and provides every opportunity for recovery. To achieve this will require co-production between statutory organisations, voluntary organisations, service users & carers. Success will mean not doing more of the same; it will require creativity and innovation to deliver services that are fit for the future.

Implementation will require the development of an action/delivery plan with identified leads and timescales for action. The Mental Health & Wellbeing Partnership Board will oversee the implementation of this strategy and its associated action plan. The Board will also play a lead role in influencing other strategies that have a direct or indirect impact on the successful delivery of this strategy.

A process of engagement has contributed to the development of this strategy. A short life working group was established to develop a template which was widely distributed among stakeholders. The feedback from this formed the basis of two engagement events which were attended by a broad range of stakeholders covering service users, carers, third sector organisations, mental health services, education, community learning and development etc. The information gathered from these events has been used to populate the strategic objectives as detailed below.

## SCOTTISH BORDERS MENTAL HEALTH STRATEGY

# 6. STRATEGIC OBJECTIVES

# 1. WE WILL MAKE SERVICES MORE ACCESSIBLE AND DEVELOP OUR COMMUNITIES

## WHAT THIS MEANS FOR MENTAL HEALTH:

Our community will work together to promote awareness and a positive image of mental health; information and activities will be available to help everyone maintain good mental health.

## WHAT WE ARE CURRENTLY DOING:

- Promoting mental health awareness and literacy through community based activities and capacity building through Healthy Living Networks and Community Learning & Development
- Awareness raising and education on suicide prevention
- Workplace initiatives on mental health and wellbeing in SBC and NHS
- Outreach work to share experiences of recovery
- Providing support through Local Area Co-ordination and building capacity in communities
- Delivering locality based, integrated health and social care community mental health teams

## WHAT WE PLAN TO DO NEXT:

- Improve how we coordinate information and resources on mental health and wellbeing for the public
- Work with local community learning partnerships and other locality forums
- Promote awareness among planning partners of what supports and challenges mental health for people in the Borders
- Promote national campaigns such as See Me locally
- Develop consistent referral criteria for mental health services
- Roll out mental health first aiders in SBC
- Work to challenge and reduce stigma and discrimination in our communities
- Embed arts, cultural and sporting activities as a central component to our work
- Test/explore new approaches to commissioning arts, cultural and sporting interventions into a range of services

## WHAT DIFFERENCE WILL YOU NOTICE IN 5 YEARS:

- People are able to find and access information and advice on mental health
- Communities are more confident about what they can do to promote mental health
- Strategies and action plans across the Integration Joint Board and Community Planning Partnership show evidence of partners' commitment to promoting mental health

## 2. WE WILL IMPROVE PREVENTION AND EARLY INTERVENTION

### WHAT THIS MEANS FOR MENTAL HEALTH:

All members of our community will have the information and support available to be able to identify early signs of and prevent mental health problems, mental illness and manage distress.

### WHAT WE ARE CURRENTLY DOING:

- Lifestyle Advisor Support Service (LASS)
- Doing Well
- Stressbusters
- Local Area Co-ordination service
- Healthy Living Networks
- Community Learning and development locality plans & associated activity
- Small Change Big Difference programme in NHS and SBC and with partners
- Delivering support in the workplace
- Suicide prevention and mental health first aid training programmes
- General Adult and CAMHS treat first episode psychoses
- Carer peer groups
- Community mental health workers in secondary schools
- Support for women in ante and post-natal periods
- Early Years Centres
- Wide range of community groups and activities

### WHAT WE PLAN TO DO NEXT:

- Identify and address unmet need e.g. mothers/ parents of small children, single men of working age; older people & those with Long Term Conditions who are isolated, those who have experienced childhood trauma, carers etc.
- Improve access to information and clarify pathways to sources of help which promotes a wide range of support options
- Build capacity in universal services to respond sensitively to mental health issues
- Targeted delivery of training on suicide prevention and follow up support
- Asset mapping of community based resources, groups and opportunities to support mental health and wellbeing
- Improve life chances for children, young people and families at risk
- Improve transition support and response to mental health issues in schools
- Promoting steps for mental wellbeing and self-management
- Encourage creativity and innovation i.e. use of modern technology
- Utilise available funding streams to undertake tests of change in communities
- Deliver a care programme approach<sup>14</sup> to ensure those with complex needs including mental health, addictions and criminal justice have their needs met
- Develop approaches in education to promote mental health and wellbeing
- Identify specific projects that can be used as pilots for embedding arts, sporting and cultural activities

### WHAT DIFFERENCE WILL YOU NOTICE IN 5 YEARS:

- Improved pathways to support for people who are at risk of poor mental health so that people get the help they need early
- Improved knowledge and skills in frontline services about supporting and signposting people
- Early detection of psychosis and intervention for first episode psychosis provides better outcomes for individuals
- Individuals will have an increased awareness of their own mental health wellbeing
- Communities will have improved mental health literacy
- Partnerships between health and art, cultural and sporting organisations improve the reach and impact of health interventions

<sup>14</sup> <http://www.nhs.uk/Conditions/social-care-and-support-guide/Pages/care-programme-approach.aspx>

### 3. WE WILL REDUCE AVOIDABLE ADMISSIONS TO HOSPITAL

<p><b>WHAT THIS MEANS FOR MENTAL HEALTH:</b>          We will provide person centred, effective, recovery focussed care and treatment for those experiencing mental illness, avoiding hospital admission where possible. We will support family &amp; carers to support recovery.</p>
<ul style="list-style-type: none"> <li>• Evaluating and reviewing the pattern of commissioning to ensure a broad range of options aimed at supporting independence in the community</li> <li>• Developing clear referral criteria for mental health services</li> <li>• Developing information about available services in the community</li> <li>• Delivering self-management programmes through third sector</li> <li>• Ensuring consistency in resourcing and delivery of packages of care through mental health panel</li> <li>• Undertaking personal outcomes focussed assessments and offering the range of options available through Self Directed Support.</li> <li>• Provide Crisis Support</li> <li>• Where required, follow the principles of the Mental Health Act</li> </ul>
<p><b>WHAT WE PLAN TO DO NEXT:</b></p> <ul style="list-style-type: none"> <li>• Increase the number of peer workers</li> <li>• Ensure holistic approach which takes account of families as well as the individual</li> <li>• Review options for perinatal support network in line with Healthy Start Healthy Scotland</li> <li>• Consider approaches to identified areas of unmet need e.g. support for those who have experienced trauma, those with co-occurring mental illness and addictions etc.</li> <li>• Continue programme of evaluations of statutory &amp; voluntary sector services to ensure they meet the needs of the population</li> <li>• Implement Rights for Life declaration across all mental health services</li> <li>• Deliver a care programme approach to ensure those with complex needs including mental health, addictions and criminal justice have their needs met</li> <li>• Improve the physical health of those with existing mental illness</li> <li>• Develop a model which supports those in distress</li> <li>• Work with cultural and physical activity organisations to create activities targeting those with mild to moderate mental illness</li> <li>• Consider the future requirements for hospital based care and opportunities for further development of community-based supports</li> </ul>
<p><b>WHAT DIFFERENCE WILL YOU NOTICE IN 5 YEARS:</b></p> <ul style="list-style-type: none"> <li>• Reduced hospital admissions and reduced readmission rates</li> <li>• Clear referral and admission criteria for services</li> <li>• Clear information available in a range of formats about community based services and how to access them</li> <li>• Flexible person centred approaches to delivering support</li> <li>• Improved outcomes for carers and families</li> </ul>



## 4. WE WILL PROVIDE PERSON CENTRED, EFFECTIVE, RECOVERY FOCUSED CARE CLOSE TO HOME

### WHAT THIS MEANS FOR MENTAL HEALTH:

Our community will work together to ensure that timely support is available for people experiencing a decline in their mental health and if appropriate, their carers in order, where possible, to reduce the need for more intensive care and treatment.

### WHAT WE ARE CURRENTLY DOING:

- Evaluating current services to ensure efficacy and efficiency
- Implementing Needs Assessment recommendations
- Delivering care through multi-disciplinary integrated community mental health teams
- Delivering a range of services through the third sector which offer choice and flexibility
- Access to independent advocacy

### WHAT WE PLAN TO DO NEXT:

- Work to increase the number of peer workers throughout our services
- Improve treatment for people with mental illness and co-occurring issues e.g. addictions, learning disabilities, autism, criminal justice
- Improve integrated health & social care services
- Improve services for people in groups of unmet need e.g. trauma, autism, ARBD
- When hospital admission is necessary, it will be high quality person centred, outcome and recovery focussed
- Improve opportunities for respite
- Increase availability of psychological therapies including delivery of therapies
- Provide opportunities for sharing good practice across voluntary and statutory services

### WHAT DIFFERENCE WILL YOU NOTICE IN 5 YEARS:

- Hospital admission avoided where possible
- Reduced prevalence of suicide, self-harm and common mental health problems
- Better access to appropriate services
- Increased personalisation – more choice and control
- Increased levels of co-production with service users, carers and families

## 5. WE WILL DELIVER SERVICES WITHIN AN INTEGRATED CARE MODEL

### WHAT THIS MEANS FOR MENTAL HEALTH:

Our community will work together to ensure that those who have experienced mental health problems have available, accessible and meaningful recovery focussed opportunities.

### WHAT WE ARE CURRENTLY DOING:

- Delivering community based care through multi-disciplinary community mental health teams
- Evaluating statutory and voluntary services to ensure we deliver the right support at the right time
- Promote & support partnership working between organisations
- Where practical, developing joint protocols and procedures across health and social care
- People with lived experience play an active role in developments in mental health service including e.g. strategy, policy and staff recruitment

### WHAT WE PLAN TO DO NEXT:

- Promote empowerment and positive recovery from mental health problems
- Develop the local recovery college model
- Develop community based and peer led networks and assets and link these with learning and development
- Support the delivery of mental health recovery networks aligned to community assets
- Develop a hub and spoke approach to delivering community based services, co-locating services where possible and ensuring equity across the Borders
- Ensure continued opportunities for service user feedback and use this to support service developments
- Seek to develop data sharing protocols which reduce the need for people to repeat their stories unnecessarily
- Consider ways to ensure mental health services work in partnership with other services/ organisations to offer a variety of opportunities for service users e.g. cultural and physical activity organisations to support recovery

### WHAT DIFFERENCE WILL YOU NOTICE IN 5 YEARS:

- More people with mental health problems will recover and stay well
- There are increased opportunities for positive life beyond illness
- Services will be delivered within an integrated care model
- A recovery- oriented service is embedded
- There is equity of service provision across the Borders

## 6. WE WILL SEEK TO ENABLE PEOPLE TO HAVE MORE CHOICE AND CONTROL

### WHAT THIS MEANS FOR MENTAL HEALTH:

We will continue to provide opportunities for those who have experienced mental illness, their carers and wider stakeholders to influence development and delivery of services.

We will ensure that outcomes focussed models of care are implemented and that individuals influence the outcomes they hope to achieve.

### WHAT WE ARE CURRENTLY DOING:

- Service users and carers are involved and enabled to influence strategic direction and decision making
- Developing clear referral criteria for mental health services
- Develop a commissioning plan which provides a range of services and provides accessible information about their function
- Provide options for support through self-directed support approach
- Developing referral process which focusses on service user outcomes
- New commissioned service specifications include a requirement to implement outcome and recovery focussed assessment and support plans
- Implemented new personal assessment process in social work
- Mental health management attend mental health forum to hear views of service users and carers and to provide timely feedback on service developments

### WHAT WE PLAN TO DO NEXT:

- Service users are involved in recruitment processes
- Mental Health will be represented on relevant decision making groups particularly those relating to transport, poverty, housing, welfare benefits etc
- Develop accessible information and link into broader access to information projects when available
- Ensure there are regular opportunities for service user and carer feedback regarding services and ensure these views are used to support service development
- Implement Rights for Life declaration

### WHAT DIFFERENCE WILL YOU NOTICE IN 5 YEARS:

- Increased number of people accessing self-directed support
- Service users and carers meaningfully involved in all service development activity
- Service users and carers able to exert their rights
- Timely feedback provided to services users and carers

## 7. WE WILL FURTHER OPTIMISE EFFICIENCY AND EFFECTIVENESS

### WHAT THIS MEANS FOR MENTAL HEALTH:

We will ensure that all services delivered in the future are linked to the needs assessment and are developed as part of a pathway of care which avoids duplication.

### WHAT WE ARE CURRENTLY DOING:

- Comprehensive Mental Health Needs Assessment
- Programme of service evaluation
- Re-commissioning of services using evidence gathered
- Partnership working across third sector organisations
- Developing peer workers across third and statutory services
- Involving service users and carers in service developments and recruitment

### WHAT WE PLAN TO DO NEXT:

- Robust commissioning decisions based on good quality evidence
- Targeted research to identify areas of unmet need and consider how best to meet these
- Ensure links are established with relevant strategic groups which impact on mental health e.g. transport, housing etc.
- Where appropriate consider options for self-referral to services using evidence from previous successful examples e.g. Borders Addiction Services
- Consider community approaches which develop links between primary care and mental health services and reduce the need for people to attend primary care settings in order to access services
- Develop partnership working between third sector and statutory sector
- Develop test of change models and where successful roll out across services
- Ensure smooth transitions between services e.g. from CAMHS to Adult or LD to MH services

### WHAT DIFFERENCE WILL YOU NOTICE IN 5 YEARS:

- Reduction in duplication of services
- There is a clear rationale for commissioning decisions
- Pathways of care are clear and services are accessible
- Increased co-production across services

## 8. WE WILL SEEK TO REDUCE HEALTH INEQUALITIES

### WHAT THIS MEANS FOR MENTAL HEALTH:

We will work together to tackle and reduce discrimination against those with mental health problems. We will reduce the inequalities in health and wellbeing that affect people with mental illness.

### WHAT WE ARE CURRENTLY DOING:

- Development of nutrition and healthy eating programme for mental health service users in key settings
- Programmes of physical activity, outdoor activity and cultural activities including music and arts therapy and reading groups.
- Scoping work on smoking cessation support
- Collaborative work with LASS
- Mental health a key issue being addressed by education and community learning and development
- Develop peer support workers
- Community capacity building through LAC

### WHAT WE PLAN TO DO NEXT:

- Establish a robust health and wellbeing programme to provide regular health checks for key service user groups and facilitate access to lifestyle advice and behaviour change support and self-management
- Anti-stigma programme
- Develop stories/case studies and use these to raise awareness and build skills and knowledge for staff and communities
- Strengthen positive links between primary care services and other community services
- Develop accessible information in a variety of formats
- Develop where possible equitable services across Scottish Borders
- Promote awareness and understanding of mental health across all relevant strategic groups i.e. poverty, transport, housing, employability etc.
- Develop opportunities for raising awareness of mental wellbeing and the positive steps to promote this
- Develop links to address the mental health issues experienced by those with long term physical conditions, through improved collaboration
- Work with strategic partners to consider opportunities for individuals to take part in cultural and physical activities
- Work with strategic partners to ensure housing needs of people with mental health issues are met

### WHAT DIFFERENCE WILL YOU NOTICE IN 5 YEARS:

- Mental health service users have regular health checks and health improvement plans as part of routine care, leading to better health outcomes
- Improvements in referral to lifestyle support services
- Improvements in healthy behaviour
- Reduced amount of GP contact time devoted to people experiencing mental health problems

## 9. WE WANT TO IMPROVE SUPPORT FOR CARERS TO KEEP THEM HEALTHY AND ABLE TO CONTINUE THEIR CARING ROLE

### WHAT THIS MEANS FOR MENTAL HEALTH:

Appropriate and accessible support will also be available to those who provide care for those experiencing mental illness.

### WHAT WE ARE CURRENTLY DOING:

- Carers Assessments
- Joint working with Borders Carers Centre
- Availability of respite where eligible need identified
- Carers needs included in social work personal assessment

### WHAT WE PLAN TO DO NEXT:

- Strengthen support for those bereaved by suicide
- Implement the Triangle of Care: Carers Included: A Guide to Best Practice in Mental Health Care in Scotland
- Increase the number of carers referred for carers assessment
- Implementation of the new Carers Act (Scotland) at a local level
- Set up a peer support network for carers caring for someone with a mental illness
- Provide training for staff
- Provide respite and training opportunities for carers
- Ensure carers are involved in the planning and delivery of services – increased representation at meetings
- Improve opportunities for respite
- Ensure carers needs are addressed in all assessments
- Information developed will include support for carers
- Work with partners to create a holistic package for carers to support mental health and wellbeing as part of the new carers strategy (in development)

### WHAT DIFFERENCE WILL YOU NOTICE IN 5 YEARS:

- Carers are more included
- Carers have more resilience
- Carers are more enabled to support recovery
- Carers have their voices heard
- Increased number of carers assessments

## GLOSSARY OF TERMS

### MENTAL HEALTH

Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community. (WHO, 2010)

Our mental health is not a fixed state. There are times in our life when our mental health is poor and we may need extra support to cope. There are recognised events which put people's mental health under stress i.e. loss events e.g. bereavement; transitions events e.g. adolescence and circumstances e.g. accidents. (Promoting Mental Health Improvement Training)

### MENTAL HEALTH IMPROVEMENT

Mental health improvement is any action that increases mental health and wellbeing among populations and individuals.

**It is an umbrella term covering actions which;**

- Promote mental wellbeing
- Prevent mental health problems
- Improve quality of life for people with mental illness (PMHI training package)

### MENTAL HEALTH PROMOTION

Mental health promotion covers a variety of strategies, all aimed at having a positive impact on mental health. Like all health promotion, mental health promotion involves actions that create living conditions and environments to support mental health and allow people to adopt and maintain healthy lifestyles. This includes a range of actions that increase the chances of more people experiencing better mental health.

### MENTAL WELLBEING

There are many different definitions of mental wellbeing but they generally include areas such as: life satisfaction, optimism, self-esteem, mastery and feeling in control, having a purpose in life, and a sense of belonging and support.

### MENTAL ILLNESS/DISORDER

Mental disorders comprise a broad range of problems, with different symptoms. However, they are generally characterized by some combination of abnormal thoughts, emotions, behaviour and relationships with others. Examples are schizophrenia, depression, anxiety, personality disorder, bi-polar disorder. (WHO, 2010) With the right treatment and support, recovery from mental illness is not only possible but probable. (SMHFA)

Multiple social, psychological, and biological factors determine the level of mental health of a person at any point of time. For example, persistent socio-economic pressures are recognized risks to mental health for individuals and communities. The clearest evidence is associated with indicators of poverty, including low levels of education.

Poor mental health is also associated with inequalities, poverty, rapid social change, trauma, stressful work conditions, gender discrimination, social exclusion, unhealthy lifestyle, risks of violence and physical ill-health, the stress of caring and human rights violations.

There are also specific psychological and personality factors that make people vulnerable to mental disorders. Lastly, there are some biological causes of mental disorders including genetic factors and imbalances in chemicals in the brain. (WHO, 2010)

Like physical illness, mental illness can have a significant effect on a person's ability to carry out activities of daily living, either due to symptoms of illness or through experiencing discrimination.

## PREVENTION

In this context and within this strategy, any activity which aims to prevent the occurrence or recurrence of mental illness will be considered prevention. These may be activities which are aimed at the whole population or those which are more targeted at particular risk groups.

## EARLY INTERVENTION

This relates to activities which reduce the likelihood of an exacerbation of symptoms of mental illness. This may be at the first onset of symptoms e.g. the case of early detection and treatment of depression by primary care, identification of risk factors and timely intervention in A&E or to reduce the likelihood of relapse e.g. timely involvement of the crisis service.

## RECOVERY

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. (SRN)

## INTEGRATED SERVICES

The management and delivery of health services so that clients receive a continuum of preventive and curative services, according to their needs over time and across different levels of the health system<sup>15</sup>.

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<sup>15</sup> [http://www.who.int/healthsystems/service\\_delivery\\_techbrief1.pdf](http://www.who.int/healthsystems/service_delivery_techbrief1.pdf)



## APPENDIX 1

# MENTAL HEALTH STRATEGY DRIVERS

There are a broad range of strategies and policies at both national and local level which influence this strategy and which will be influenced by this strategy.

### NATIONAL STRATEGIES AND POLICIES WHICH IMPACT ON MENTAL HEALTH AND WELLBEING

- Mental Health Strategy for Scotland 2017 – 2027
- Mental Health (Scotland) Act 2015
- Scotland’s National Dementia Strategy 2017 – 2020
- Good Mental Health for All 2016
- Homes Fit for the 21st Century: The Scottish Government’s Strategy and Action Plan for Housing in the Next Decade: 2011-2020
- Equally Well 2008 and Review 2010
- Changing Scotland’s Relationship with Alcohol: A Framework for Action 2009
- The Road to Recovery: A New Approach to Tackling Scotland’s Drug Problem 2008
- The Scottish Strategy for Autism 2011
- National Parenting Strategy: Making a Positive Difference to Children & Young People Through Parenting 2012
- Getting it Right for Every Child
- Suicide Prevention Strategy 2013
- National Anti-stigma & Discrimination Programme See Me
- Self-Directed Support: A National Strategy for Scotland 2010
- Public Bodies (Joint Working) (Scotland) Act 2014
- Caring Together The Carers Strategy Scotland 2010 - 2015
- Carers (Scotland) Act 2016
- Report by the Commission on Women Offenders 2012
- Community Justice (Scotland) Act 2016
- Healthier people Safer Communities – Working Together to improve outcomes for offenders 2013
- The Keys to Life 2013

## LOCAL POLICIES AND STRATEGIES WHICH IMPACT ON MENTAL HEALTH AND WELLBEING

- Scottish Borders Health and Social Care Partnership Draft Strategic Plan 2016-2019
- Mental Health Needs Assessment 2014
- Mental Health Commissioning Strategy 2012
- Single Outcome Agreement
- Reducing Inequalities in the Scottish Borders Strategy
- Mental Health Outcomes
- Suicide Prevention Action Plan
- Mental Health Improvement Action Plan
- Scottish Borders Council Corporate Plan
- Joint Carers Strategy
- Dementia Strategy
- Autism Strategy
- Integrated Children and Young People's Plan 2016 - 18
- Scottish Borders Offender Health Needs Assessment 2011
- Scottish Borders Community Justice Action Plan
- A Cultural Strategy for the Scottish Borders, 2014
- Director of Public Health Annual Report 2015
- Local Housing Strategy 2017-2022

## APPENDIX 2

# NATIONAL HEALTH & WELLBEING OUTCOMES

### OUTCOME 1:

People are able to look after and improve their own health and wellbeing and live in good health for longer

### OUTCOME 2:

People including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

### OUTCOME 3:

People who use health or social care services have positive experiences of those services and have their dignity respected

### OUTCOME 4:

Health and social care services are centred on helping to improve the quality of life of people who use those services

### OUTCOME 5:

Health and social care services contribute to reducing health inequalities

### OUTCOME 6:

People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing

### OUTCOME 7:

People using health and social care services are safe from harm

### OUTCOME 8:

People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

### OUTCOME 9:

Resources are used effectively and efficiently in the provision of health and social care services

## APPENDIX 3

# SCOTTISH BORDERS MENTAL HEALTH NEEDS ASSESSMENT RECOMMENDATIONS

1. Development of an overarching Mental Health Strategy for the Scottish Borders to capture the views and aspirations of all stakeholder groups
2. The development of a joint strategy with a broad range of stakeholders should consider and agree a set of joint principles for action that will be addressed through the lifetime of the strategy
3. In order to involve all relevant stakeholders as equal partners in developing an overarching strategy (Recommendation 1) and a set of joint principles for action (Recommendation 2), it is recommended that mental health commissioners consider resourcing a mental health 'change agent'
4. Commissioners need to work with providers to consider how innovation and creativity can be encouraged within the sector, such as the need for simple and straightforward messages
5. Community Mental Health Team's should play a central and commanding role in driving quality integrated practice and continuous improvement to maximise outcomes for people with mental health and their carers
6. Commissioners are encouraged to consider how they routinely identify, affirm and encourage good practice
7. Commissioners should review the pattern of service provision and contracting to ensure that it strengthens the co-ordination of care and effective partnership working and communication
8. Commissioning strategies and plans should be transparent about the levels of resourcing for mental health services in local areas and how these benchmark against local and regional patterns of resourcing
9. Consideration needs to be given to conducting ongoing, consistent and equitable evaluation of all mental health services across the Borders
10. Undertake regular needs assessment and specific, targeted research to address areas of unmet mental health need and inequality; e.g. dual diagnosis, hidden populations and young people, concurring physical and mental health problems
11. Design an information sharing protocol between mental health and alcohol/drugs services
12. Construct an integrated working guide involving mental health services, alcohol/drug services, housing, employability and other relevant services (e.g. criminal justice and learning disabilities); as well as recovery communities
13. Need clear strategic approaches to preventing mental health problems and for helping individuals and communities understand and have good mental well-being
14. Services need to be developed to be more responsive including ensuring that waiting time targets are consistently met, having clear access criteria, being available for longer hours and also ensuring that staff understand what services are available and how to appropriately refer
15. Commissioners need to work with providers to look at how IT can be more effectively used to enhance mental health support
16. Commissioners need to look at how third sector and peer support can be developed and more integrated into local models of service provision

17. Consideration should be given to developing a clear framework for how service users and their families/carers could and should be involved in the delivery, development and commissioning of mental health services
18. There is a clear need for a long-term programme of workforce development opportunities
19. Promote empowerment and positive recovery from mental health problems
20. Learn from experience and emerging evidence; and forge alliances to support recovery communities
21. Commissioners need to work together with providers to develop the local recovery model and look at how a recovery college approach might be developed in the Borders.





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#### MENTAL HEALTH

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