

Creating Hope

In the Scottish Borders

Scottish Borders Mental Health Improvement and Suicide Prevention Action Plan 2022 – 2025

Vision – Good mental health and wellbeing for ALL

Our vision for this action plan is to increase the number of people in good mental health at every age and stage of life and to reduce the number of suicide deaths in the Scottish Borders, whilst working together with partners and communities to tackle the inequalities that contribute to poor mental health and suicide.

Principles, Programmes, Outcomes and Areas of Action

Overarching Principle 1: MENTAL HEALTH IN ALL POLICIES Our action plan advocates for all plans and policies in the Scottish Borders to address the social, environmental and individual determinants of mental health. We will do this collectively by integrating mental health and wellbeing into Impact Assessments. Our action plan is trauma informed.			
Overarching Principle 2: PARTNERSHIP ENGAGEMENT IN CREATION AND DELIVERY OF ACTION PLAN Consultation and engagement is undertaken in developing our priorities and the action plan. Partners and organisations jointly take ownership for the delivery of the plan.			
Programme 1: Promoting mental health and wellbeing	Programme 2: Preventing suicide and self-harm	Programme 3: Reducing mental health inequalities	Programme 4: Improving the lives of people experiencing and recovering from mental ill health
Outcome: The environment and communities we live in promote the conditions that protect against poor mental health and suicide risk and empower people to thrive	Outcome: Our communities have a clear understanding of suicide, risk & protective factors and prevention – people and organisations provide a compassionate, appropriate and timely response	Outcome: Our work targets specific groups in the population known to be more at risk of mental ill health and suicide and advocates for a reduction in mental health inequalities	Outcome: People who experience mental ill health are supported to live well, access community based opportunities that promote wellbeing and recovery and have their physical health needs attended to in accordance with their human rights
Areas of Action 1.1 Mentally Healthy Communities	Areas of Action 2.1 Suicide Safer Communities 2.2 Support for people affected by / bereaved by suicide 2.3 Targeted interventions	Areas of Action 3.1 Transition Support for Young People 3.2 Poverty and Mental Health 3.3 Hope and Compassion 3.4 Targeted Communities	Areas of Action 4.1 Mentally Healthy Communities (PLUS) 4.2 The physical health of people with mental health conditions



Ambitions

We have five ambitions for the course of this three year plan:

1. To build a 'Mental Health in all Policy approach' through advocacy over the course of the plan (recognising the move towards a Public Mental Health approach which broadly seeks to address the social, environmental and individual determinants of mental health);
2. To undertake Health Inequalities Impact Assessments on the Action Plan;
3. To ensure our action plan is Trauma Informed; starting with one test project;
4. To widen partnership work and engagement across the Borders and specifically to consult on the priorities in this plan;
5. To develop outcomes for tracking progress and success.

Underpinning work that supports the action plan

- Research, evidence and data including Lived Experience insight;
- Training and capacity building;
- Communications and advocacy of a Public Mental Health approach;
- Monitoring and evaluation.

Introduction

- This action plan has been produced following a twelve month period of engagement with partners and stakeholders. We have listened to partners members of the Scottish Borders Mental Health Improvement and Suicide Prevention steering group and others who have contributed via themed meetings. We have reached out in different ways to engage communities; we put out an online survey, commissioned face to face focus groups and increased our use of social media. We know we have more to do to understand all the issues and will continue to seek an ongoing dialogue throughout the course of this plan, particularly with groups who are at higher risk of mental ill health and suicide.
- Much of our work over the last few years has been in response to the Covid-19 pandemic, adapting our communications and training delivery to more online formats, supporting partner organisations, carrying out research, working with at-risk groups and raising awareness of the variety of support available for mental health in acknowledgement of the impact that Covid-19 has had on the wellbeing of our communities. As we try to move into a longer-term action planning approach, we appreciate that current socio-economic issues and the cost of living crisis is exacerbating many of the risk factors that we know contribute to poor mental health and suicidal thoughts.
- The vision statement is in part drawn from the Scottish Borders Community Plan outcome 'At every age and stage of life, more people in good mental health'. Greater acknowledgement is being made of the need for a whole system and society approach to improve mental health and prevent suicide and we look to our partners in the wider Community Planning Partnership to address key risk factors such as financial difficulties, debt, homelessness, poverty, trauma and social isolation with the impact on mental health in mind.
- We seek to have a strong evidence base to our work and in addition to recognising the wider social determinants that can lead to mental ill health and suicide. We are also taking the lead from the new national suicide prevention strategy and using the Integrated Motivational-Volitional (IMV) Model to guide

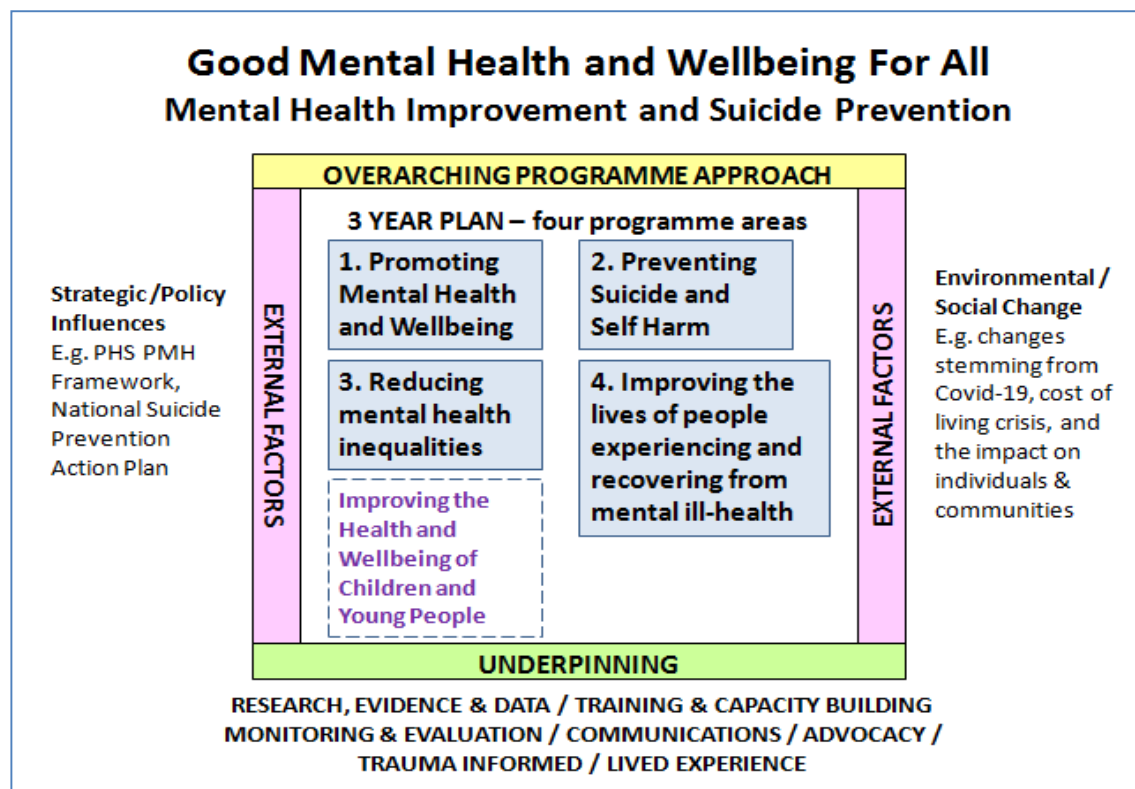


our approach. This model identifies the factors that can motivate suicidal thoughts and although the pathway is complex, hopelessness is a common factor and for this reason we are adopting 'hope' as the overall theme for our action plan and the name 'Creating Hope in the Scottish Borders'.

- We have identified two overarching principles, four key programmes and outcomes for the action plan. We will build action around those four programmes which we will deliver alongside our partners. Some of the actions are very broad and out-with the scope of our own steering group and where that is the case we will seek to work in partnership and influence other parts of the system to take these actions into account. We will develop indicators to measure our progress in delivering the action plan.
- Local leadership and accountability for this action plan sits with the Mental Health Improvement and Suicide Prevention steering group, a sub-group of the Mental Health Partnership Board, and chaired by Public Health. The local leadership and accountability for suicide prevention as stated within the new national action plan sits with Chief Officers in line with public protection guidance.

Our approach

The diagram below summarises our vision and four themed programme areas, examples of the external factors that shape our action plan and the underpinning activities that thread through the whole programme approach.



Focus on adults

This action plan is specifically focused on the adult population of the Scottish Borders. It is recognised in the diagram above that there is a separate programme area for Children and Young people, which sits within separate planning and delivery structures. We work closely with the Children and Young People's structures and as the programme areas are progressed it is important to ensure that the work is aligned and complementary.

National strategies

The Scottish Government has just published a new Suicide Prevention Strategy and Action Plan and is working on producing a new Mental Health and Wellbeing Strategy.

Suicide Prevention Strategy and Action Plan

As mentioned, this plan takes inspiration from the title of the new national Suicide Prevention plan and aligns where appropriate with the outcomes, which are:

1. The environment we live in promotes conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment.
2. Our communities have a clear understanding of suicide, risk factors and its prevention – so that people and organisations are more able to respond in helpful and informed ways when they, or others, need support.
3. Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support – which promotes wellbeing and recovery. This applies to all children, young people and adults who experience suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways.
4. Our approach to suicide prevention is well planned and delivered, through close collaboration between national, local and sectoral partners. Our work is designed with lived experience insight, practice, data, research and intelligence. We improve our approach through regular monitoring, evaluation and review.

Mental Health and Wellbeing Strategy

As a multi-agency steering group we considered the consultation about a new national Mental Health and Wellbeing Strategy and submitted a response in September 2022. As a participant in the national Public Mental Health Special Interest Group we are aware of a likely move more towards a national strategy that focuses on prevention of mental ill health and the promotion of good mental health as well as the provision of support and services. The new national strategy was expected in Autumn 2022 but has been delayed.

We will keep our local action plan under regular review and adapt as necessary to respond to relevant emergent strategies at both a national and local level.



Mental Health in ALL Policies

Overarching Principle 1

Our action plan advocates for all plans and policies in the Scottish Borders to address the social, environmental and individual determinants of mental health

Context

Mental Health in all Policies is an approach to promote population mental health and wellbeing by initiating and facilitating action within different non-health public policy areas. This recognises the impact of public policies on mental health determinants and strives to reduce mental health inequalities – as an overarching principle it is relevant to all of the actions in this plan. This is the basis for a ‘Public Mental Health’ approach.

We must work with the Community Planning Partnership to strengthen our approach to addressing the wider determinants that cause mental ill health and those that are specific to suicide prevention. We will do this by identifying opportunities to take a ‘mental health in all policies’ approach and include ‘suicide prevention in all policies’ within this.

The Scottish Borders Community Plan has a current work plan that contains four themes that are relevant to Public Mental Health:

1. Enough money to live on;
2. Access to work, learning and training;
3. Enjoying good health and wellbeing;
4. A good place to grow up, live in and enjoy a full life.

We will identify opportunities to take a ‘Mental Health in all Policies’ approach by linking in with other partners and areas of policy. This should include a ‘Suicide Prevention in all Policies’ approach (relevant to the national Suicide Prevention Outcome 1: the environment we live in promotes conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment).

We will do this collectively by integrating mental health and wellbeing into local Impact Assessments and develop our approach within the context of the Health Inequalities Impact Assessment, the Fairer Scotland Duty and the Community Plan.

What we will keep doing

- ✓ We will identify opportunities to work in partnership and advocate for a Public Mental Health approach that includes Mental Health in All Policies, starting with the Community Plan;
- ✓ We will continue to develop our local guidance for promoting good mental health and wellbeing.



Partnership engagement in creation and delivery of action plan

Overarching Principle 2

Consultation and engagement is undertaken in developing our priorities and the action plan. Partners and organisations jointly take ownership for the delivery of the plan.

Context

We have stated a specific ambition to widen our partnership work and engagement across the Borders in relation to the programme of work for Mental Health Improvement and Suicide Prevention. We have undertaken consultation and engagement on the priorities in this plan and the contributions of all participants has been greatly valued. We are particularly grateful to the support from Borders Care Voice and the Scottish Borders Mental Health and Wellbeing Forum and we recognise that more can always be done as we work towards a more meaningful co-production approach across all areas of action.

Some of the areas of action contained in this plan require many different partners to collaborate and work together on the delivery. There are also many things that individual organisations and groups can do within their own environments and contexts which require them to take action themselves, and where possible we will encourage them and support them to do so.

We recognise that many of the issues raised in the engagement work are beyond the scope of the Mental Health Improvement and Suicide Prevention Steering Group and that many are more related to the mental health services in the Borders. However, these issues are relevant to tertiary prevention and we will identify opportunities to work in partnership with our local mental health services and support and influence future action.

The issues raised included:

- Better collaboration and co-ordination. It was highlighted that action is needed to strengthen the connections and collaboration between services so that the whole system is more effective;
- Mapping and promoting what's available. It was highlighted that action is needed to make it easier for people to find information;
- Access to support and opportunities - It was highlighted that it would be beneficial to have a single point of access for getting help and also from a clinicians point of view, find ways to make it easier for them to socially prescribe.

What we will keep doing

- ✓ We will keep a regular dialogue going with the Mental Health and Wellbeing Forum as we plan and deliver the actions in each of the sections of this plan, involving people with lived experience as much as possible;
- ✓ We will continue to facilitate a multi-agency Mental Health Improvement and Suicide Prevention Steering group to enable partners to come together to discuss, shape and deliver the areas of action contained in this plan.



Promoting Mental Health and Wellbeing

Outcome 1

The environment and communities we live in promote the conditions that protect against poor mental health and suicide risk and empower people to thrive

Context

The scope of this programme area is to work to improve population approaches to improving mental health and wellbeing and will consider the evidence about protective and risk factors in relation to population mental health.

The focus of this work will be around prevention - the programme area will specifically consider actions related to Primary Prevention, before any condition occurs, following the principle of proportionate universalism.

In addition to the social and economic determinants, we recognise the relevance of 'place shaping' and that the built and natural environment has a strong impact on mental health and wellbeing. We support positive and safe physical environments including housing and neighbourhoods. We also recognise the design aspects of ensuring our communities are suicide safe places.

There is strong evidence that regular participation in certain types of activities can protect mental health and lead to an improvement in mental health and wellbeing. Belonging to a community, connecting with nature, spending time in quality greenspace, gardening, being physically active and taking part in exercise and sporting activities, being creative and participating in arts and musical activities, learning and having hobbies, volunteering and giving your time to others are all beneficial for mental health. While most people are able to thrive and maintain their own mental wellbeing by taking part in these independently, others need extra support to access these opportunities.

What we will keep doing

- ✓ We will continue to support a primary prevention approach through our communications and social media work, promoting information, resources and activities that are universally available.
- ✓ We will continue to work with existing stakeholders in the Mental Health Improvement and Suicide Prevention steering group to develop our partnership actions and support efforts to improve mental health across organisations and sectors.
- ✓ We will continue to collect data related to mental health in the Borders to monitor and identify trends, adjusting our actions accordingly.



Areas of action

ACTION 1.1

Mentally Healthy Communities

We will work proactively to develop 'mentally healthy communities'. We know that social connection is a key protective factor and all of our engagement work supported the development of a community based approach that enables and empowers people to access opportunities that support good mental health and wellbeing. The online survey highlighted 'friendly and welcoming social places and activities that are open to everyone and are free' as a priority and a strong theme in the focus groups was the participation in local community groups - social, physical, creative or peer groups.

We will build on the resources we already have in place to improve self-help and signposting, reflecting the feedback from our engagement work that there is a need for some form of directory of service/activities available within the Scottish Borders and local promotion.

For those who experience barriers in accessing these activities and opportunities we will work with partners across the system to improve the provision of social prescribing in the Borders and make the most of the natural and community assets that we have. This will have good and meaningful opportunities for people to be involved e.g. strong peer and volunteering basis (building on the emerging peer support worker collaborative), skilling up volunteers and robust pathways for participants to volunteer, develop their skills, obtain and maintain employment. Our engagement work has highlighted the need to have support available for people who need extra help to access community based opportunities and be accessible for people who may have sensory, physical or other disabilities.

There was overwhelming support in our online survey for challenging stigma and we will make this a key part of our work on developing mentally healthy communities.

This area of action links across to other relevant activities:

- ✓ The development of 'Suicide Safer Communities' in Outcome 2;
- ✓ The Wellbeing Service, Local Area Co-ordination link worker service and other local and national developments related to social prescribing and new mental health and wellbeing services in Primary Care;
- ✓ Existing appropriate community based activity such as that funded by the Communities Mental Health and Wellbeing Fund, for example the Clubsports 'Headstrong' approach in local sports clubs;
- ✓ A 'no wrong door' approach for first points of contact in communities e.g. job centres, housing associations and libraries.



Preventing Suicide and Self-Harm

Outcome 2

Our communities have a clear understanding of suicide, risk & protective factors and prevention – people and organisations provide a compassionate, appropriate and timely response

Context

The focus of this work is around prevention, early intervention and postvention (support after a suicide or suicide attempt). There is a strong national context to the work which we will incorporate where appropriate into this action plan and prioritise locally in order to achieve our vision of reducing the number of suicide deaths.

Similarly to Outcome 1, we recognise that socio-economic issues, such as the cost of living crisis, have the potential to exacerbate many of the factors we know contribute to suicide. There is a need to work with Community Planning Partnership to address financial inequity, debt, homelessness and child poverty, among other factors.

Throughout our work we will consider targeted interventions to groups of the population more at risk of suicide and self-harm. At risk groups include men, people who have previously self-harmed, people with mental illness, those in touch with the criminal justice system, Veterans, particular age groups and people bereaved by suicide. As a rural area, our population that is more at risk includes those who live and work in more socially isolated situations such as the farming and agricultural community. Our programme will be based on evidence around actions most likely to prevent suicide and local knowledge, with lived experience insight valued as an important part of our evidence.

As set out in the introduction, we are using the Integrated Motivational-Volitional (IMV) Model to guide our approach. This model identifies the factors that can motivate suicidal thoughts and the pathway to suicidal behaviour. Defeat, humiliation and entrapment are common factors along the pathway and getting people the help they need and having a sense of hope are key tools in overcoming these factors. The Time, Space and Compassion principles and approach offer an effective way of achieving a sense of hope and we will build this into our work across settings and communities to make them 'Suicide Safer'.

What we will keep doing

- ✓ We will continue to develop our information and promote sources of support for people in crisis;
- ✓ We will continue to raise awareness of suicide prevention and offer learning opportunities and training to a wide audience, and implement the recommendations of our training support review;
- ✓ We will continue to work with the After A Suicide Working Group to ensure a strong voice of lived experience in our work;
- ✓ We will continue to monitor data and trends related to suicide and self-harm both nationally and locally and liaise with national, regional and local contacts;
- ✓ We will continue to develop our practice locally, such as our Sudden Death Reviews and strengthening our trauma informed approach to suicide prevention.



Areas of action

ACTION 2.1

Suicide Safer Communities

Having 'Suicide Safer Communities' was a high priority in our engagement work and we will work with people with lived experience in the Borders to determine how we define this locally. This action is related to Action 1.2 Mentally Healthy Communities but requires additional consideration of issues such as:

- Developing public awareness of actions to prevent suicide;
- Proactive engagement with local media around Samaritans guidelines, building on the work that has already been done;
- Public awareness training at the Informed Level; and
- Developing a network of suicide prevention champions.

This action is relevant to the national Suicide Prevention Action Plan Outcome 2: Our communities have a clear understanding of suicide, risk factors and its prevention – so that people and organisations are more able to respond in helpful and informed ways when they, or others, need support.

We will work proactively with partners and people with lived experience to take this action forward, within the context of the national strategy and incorporating hope as well as Time, Space and Compassion.

ACTION 2.2

Support for people affected by / bereaved by suicide

We will work to further develop informal support opportunities and resources for people who are affected by suicide in the Borders. This includes but is not limited to people bereaved by suicide. Feedback from people bereaved by suicide suggested that the following aspects of support and resources are important and we will continue to work with people with lived experience to develop our provision:

- Timely access to therapies and resources;
- Having someone to talk to and who would actively listen;
- Peer support and helpline options;
- Resources to help when someone is suicidal and when managing the first response;
- Support, tools and resources to help with shock, grief and feelings of guilt, and helplessness;
- Having support and understanding in the workplace;
- Suicide bereavement training.

This action is relevant to the national Suicide Prevention Action Plan Outcome 3: Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support – which promotes wellbeing and recovery – and we will work closely with national colleagues to deliver this action locally. This action applies to all children, young people and adults who experience suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways. Help and information - further develop the suicide prevention information hub with information for individuals and professionals. This could include support information for people experiencing suicidal thoughts and for their carers



ACTION 2.3

Targeted interventions

We will target our work at groups of the population more at risk of suicide and self-harm and will do this in a way that is designed with lived experience insight, practice, data, research and intelligence.

The groups at greater risk of suicide and self-harm in the Scottish Borders include those detailed in the context section above: men, people who have previously self-harmed, people with mental illness, those in touch with the criminal justice system, Veterans, particular age groups and people bereaved by suicide. The focus of this secondary type of prevention work will change as the action plan is progressed, in line with capacity.

An example of this type of targeting is the “Hearing the Voices of Men” mental health research project and the subsequent development of activities to support men in the Scottish Borders in line with findings.



Reducing Mental Health Inequalities

Outcome 3

Our work is targeted to specific groups in the population known to be more at risk of mental ill health and suicide and advocates for a reduction in mental health inequalities

Context

Mental ill health is not equally distributed across the population – it is strongly linked to health and social inequalities and is affected by environmental and social factors. 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 ill health problems if they are multiple in nature and if there are no protective factors to mitigate against their negative impact.

Although everybody was affected by Covid-19, the impact was experienced very differently by different groups in society, exacerbating pre-existing inequalities and disproportionately affecting some groups of the population. The cost of living crisis is currently tipping more of our households into poverty. Living in poverty is difficult and stressful, and fuel-poor households face financial, time and resource restraints, which worsens mental health and impacts the ability to live healthily. Fuel poverty exacerbates health inequalities by impacting physical and mental health for adults and children alike (Institute of Health Equity, 2022). At the time of writing, as the crisis worsens, the mental health inequalities that exist in the Borders are likely to be worsening.

The focus of this work will be around prevention and early intervention. The programme area is distinct from population approaches to improving mental health and wellbeing as it considers what should be done differently for groups at risk, in order to close the gap between those with good and poor mental health. Where we have not adequately engaged with particular communities in accordance with our Health Inequalities Impact Assessment, we will continue to seek opportunities to strengthen approaches that work. Specific attention is given in Outcome 2 to groups more at risk of suicide and self-harm.

The Mental Health Foundation advocates taking action at three different levels to reduce mental health inequalities. This involves taking action around structural measures, strengthening community assets and increasing individual and group resilience. The Foundation also identifies principles for action to reduce mental health inequalities which include taking a whole community approach (see actions 1.2 and 2.1), prioritising poverty and income inequality, providing adequate housing and access to green/blue space, protecting people from discrimination, abuse and other adversity, reducing substance and alcohol misuse and, improving the educational attainment of young people.

What we will keep doing

- ✓ We will continue to monitor the mental health impact of Covid-19 and the cost of living crisis and provide information and resources relating to protective and risk factors and accessing support;
- ✓ We will continue to keep our Health Inequalities Impact Assessment of this action plan up to date as the plan is taken forward.



Areas of action

ACTION 3.1

Transition Support for Young People

Our steering group identified ‘transition support for young people’ as a top priority in reducing mental health inequalities. As stated in the introduction, the focus of this plan is on adults and there is a separate programme area for Children and Young people which sits within separate planning and delivery structures. However, the transition years are recognised as a key ‘at risk’ period and our local DBI Service, (Distress Brief Intervention, part of a national approach), includes a pathway for 16-17 years olds.

We work closely with the Children and Young People’s structures to review the information and support available during ‘transition’ stage for young people to further mitigate potential risks around mental health. This should include preventing suicide and self-harm, taking into account our existing local work on ‘What’s the Harm?’

ACTION 3.2

Poverty and Mental Health

We will work proactively to develop work related to poverty and mental health. We know that poverty increases the risk of mental ill health and it is also a consequence of living with poor mental health. Our online survey identified that ‘Having a warm and safe place to live’ and ‘Making sure that people have enough money to live off’ are priorities in relation to having good mental health and our local mental health service providers also highlighted ‘Tackling financial inclusion – ensure basic needs are being met’ and ‘Timely advice and guidance – welfare benefits, money and debt advice information on housing, foodbanks etc’.

We will further extend the reach of our activity to address poverty and income inequality and mitigate mental health impact through links to the Anti-Poverty Strategy and building on developments such as the Money Worries App. In accordance with the data we have gathered this will mean targeting some activities towards areas where there are higher levels of deprivation in the Borders. It is also important to make sure that people with mental ill health are able to access information, advice and support in maximising their entitled benefits.

ACTION 3.3

Hope and Compassion

Offering support for people when they experience adverse adulthood events (e.g job loss, debt, relationship breakdown, bereavement) was identified as a key priority in the online survey we carried out. These are also types of situation relevant to the motivational phase of Integrated Motivational-Volitional (IMV) Model of suicidal behaviour and interruptions to the pathway of ‘defeat → entrapment → suicidal ideation → suicidal behaviour’ can offer hope and support and save lives. This type of approach is in line with the Scottish Government investment in the ‘Distress



Brief Intervention' (DBI) service which offers connected and compassionate support to people experiencing distress.

We will work with partners to identify the touchpoints where presentations of adverse adult experiences are common and where there are opportunities to build and develop an approach based on hope, Time, Space and Compassion, learning from the work so far by the DBI team in the Borders.

ACTION 3.4

Targeted Communities

We will work to build on our approach with groups at higher risk of poor mental health, in order to close the gap between those with good and poor mental health. This will begin with (but not be limited to) the two groups where we had less success in our engagement work:

- Support for good mental health within the LGBTQ community – follow up the Café Polari report highlighting the importance for this community of being able to connect and develop friend groups in safe spaces;
- Engagement with Black, Asian, Mixed, Other communities in support of good mental health. In accordance with our Health Inequalities Impact Assessment, we will increase our efforts and continue to seek opportunities to strengthen our engagement with Black, Asian, Mixed, Other communities, to ensure that any mental health inequalities experienced by these communities are not further compounded by difficulties in engagement efforts.



Improving the lives of people experiencing and recovering from mental ill health

Outcome 4

People who experience mental ill health are supported to live well, access community based opportunities that promote wellbeing and recovery and have their physical health needs attended to in accordance with their human rights

Context

A report by the Scottish Cross-Party Parliamentary Group on Mental Health in 2021 stated that people with mental ill health are at a higher risk of being denied their rights; including the rights to accessing adequate healthcare, work opportunities, a decent standard of living, and participation in communities. They continue to have the lowest employment rate of all people with disabilities in Scotland and can experience increased stigma and poorer treatment due to a lack of diversity in the mental health sector.

These difficulties have been exacerbated by the Covid-19 pandemic and contribute to differentials in life expectancy (healthy life expectancy is about 20% below the rest of the population), increased risk / prevalence of diabetes, obesity, cardiovascular disease and cancer. There is a strong socio-economic gradient in mental health, with people of lower socio-economic status having a higher likelihood of developing and experiencing mental ill health.

The scope of this theme has particular reference to the tertiary level of prevention of mental ill health and mental wellbeing promotion. This means the:

- prevention of relapse and impacts of mental ill health; and,
- promotion of mental wellbeing in people with longstanding poor mental wellbeing.

The evidence related to protective and risk factors in relation to mental health and wellbeing is of prime importance to people who experience severe and/or enduring mental illness. We return here to the necessity of creating hope, empowerment, and the key principles of Time, Space and Compassion that are relevant and important to recovery and wellbeing.

From our engagement work we know that participation and access to local groups – for physical, creative and social activities – is very important; along with having strong peer, buddy or linkworker support that helps with accessing activities, opportunities and appointments; feeling safe and included; having volunteering and employment opportunities and support to sustain involvement in these; overcoming barriers associated with cost, transport, parking, digital; and tackling attitudes and stigma. Education about mental health, access to good information and signposting, having a single point of access and contact for services and being able to access longer term support which is person centred, innovative, creative and based on ‘what works’ was all highlighted in terms of being important to the tertiary level of prevention.



What we will keep doing

- ✓ We will continue to build on the inclusion of the voice of people with lived experience in this work;
- ✓ We will continue to use our communications work to challenge and tackle stigma;
- ✓ We will continue to participate in national development work and respond to and update our local action planning as the new national Mental Health and Wellbeing Strategy is published;
- ✓ We will continue to promote a Public Mental Health approach across the wider mental health system so that tertiary prevention and the physical health needs of people with mental ill health are given a higher prominence.

Areas of action

ACTION 4.1

Mentally Healthy Communities (PLUS)

Action 1.2 is about developing mentally healthy communities at a primary prevention level and this inclusive and localised type of approach is also a key area of action in relation to tertiary prevention: a long-term integrated and supported community based approach to living with mental ill health is fundamental to empowering people to live well, support recovery and prevent relapse. Support for the development of new and innovative measures that are truly person-centred was identified as a top priority by mental health service providers.

It will be important to support and build on the positive developments that are already starting to happen, for example the recovery community network, peer support worker collaborative, the Staying Well Action Plan and the Recovery and Wellbeing courses. Helping people to stay mentally well, access information, advice and support when they experience difficulties, and supporting recovery and living well with mental health conditions are all part of a mentally healthy community.

This action is not different from Action 1.2 but will require us to develop and adapt what we have in the Borders to support people with more severe and / or enduring needs in local communities, for longer (or more flexibly when they need it), with supported access to employment, volunteering, nature/gardening, arts, music and occupational therapies – a ‘therapeutic communities’ type approach based in localities. Peer support, an enhanced social prescribing model, hope, empowerment, Time, Space and Compassion are all key elements.

ACTION 4.2

The physical health of people with mental health conditions

This action works to address a key inequality within this population. Research has shown differences in life expectancy which cannot solely be attributed to suicide figures. In treating the individual in a holistic manner, we look to acknowledge the circular nature of the relationship between physical and mental health. This action operates within the tertiary prevention level but it should be noted that these individuals will also benefit from improvements made within primary and secondary prevention. Improvement of physical health will be compiled of four pillars:

- Improved Communication
- Improved Infrastructure
- Access to Appropriate Training
- Sensitivity to Issues of Capacity

These pillars will aim to address barriers to access in mainstream and preventative healthcare, thereby providing a smoother journey and improved experience for the patient. The lead for this work sits with the NHS Borders Physical Health Steering Group and we will work in partnership to ensure that opportunities are maximised for addressing this inequality.

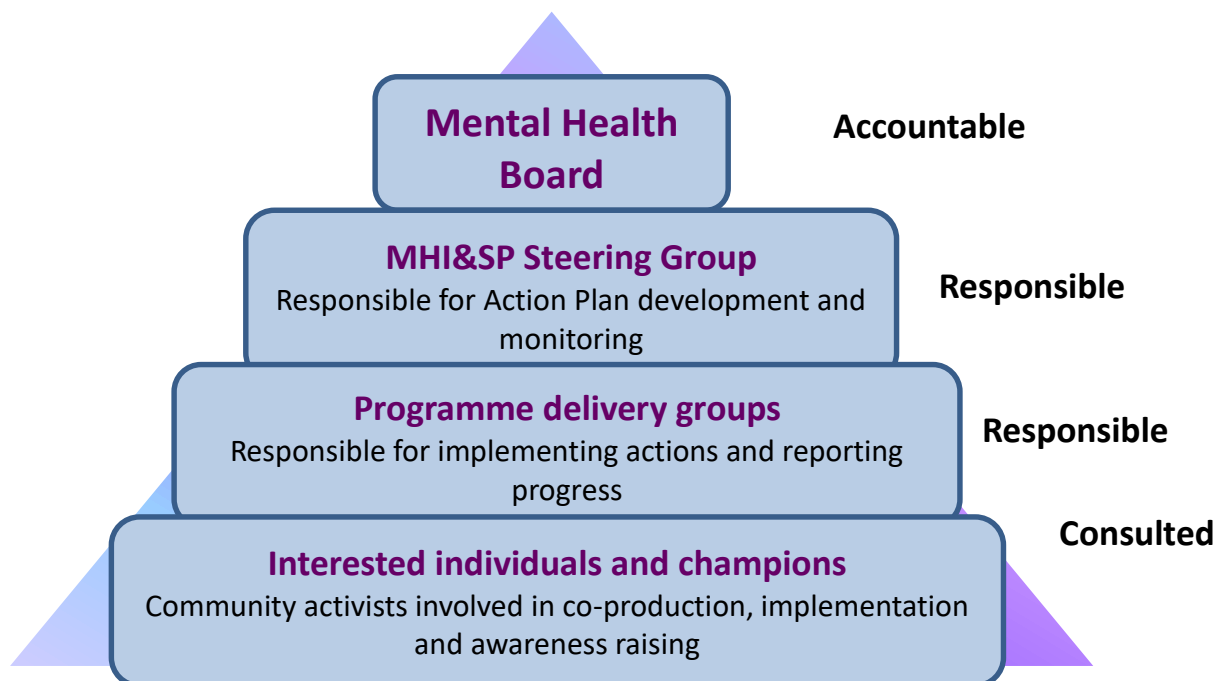


Delivery

The next steps are to put in place more detailed programmes of work and structures for each of the areas of action identified in the action plan.

The basic accountability for this plan is with the Mental Health Partnership Board and our current delivery structure is illustrated in the triangle below. The Mental Health Improvement and Suicide Prevention Steering Group has responsibility for overseeing the delivery of this plan and involves partners including from the local Third Sector, Housing Associations, Borders College, NHS Borders and Scottish Borders Council. There are other groups with overlapping responsibilities and we will put in place an implementation plan that will be more detailed where there are shared actions.

We are aware that the local leadership and accountability for suicide prevention as stated within the new national action plan sits with Chief Officers in line with public protection guidance and we will keep our accountability arrangements under close review.



This action Plan was produced by the Scottish Borders Joint Health Improvement Team, Public Health.

If you'd like to join our mailing list or talk to us about this plan you can get in touch with us by emailing health.improvement@borders.scot.nhs.uk

VISIT NHS BORDERS WELLBEING POINT and SUICIDE PREVENTION HUB

- Find out more about improving your wellbeing at www.nhsborders.scot.nhs.uk/wellbeingpoint
- Find out more about suicide prevention resources at www.nhsborders.scot.nhs.uk/suicideprevention



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