Mental Health in Scotland – a 10 year vision

Scottish Government
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Mental Health in Scotland – a 10 year vision

Purpose

We would welcome your views on our proposed framework and priorities to transform mental health in Scotland.

The new Mental Health Strategy: background

The new Mental Health Strategy will be published in late 2016. It follows a 4-year strategy that ran from 2012 to 2015. The new Strategy will cover a 10 year period.

We have already carried out engagement with people and groups to help us shape and develop the new Strategy. This paper reflects what we have heard and considered so far. We would now like your views on:

a) our priorities for transforming mental health in Scotland;
b) the early actions we propose to take to deliver this transformation; and
c) how we should measure success over the 10 year period.

There are questions at the end of this document. There will also be some public events over the summer to talk about the new Strategy. Details of these events will be available on the Scottish Government's Citizen Space website when they are finalised.

The new Mental Health Strategy: our priorities

Our framework sets out the priorities that we think will deliver significant improvements in the mental health of the population of Scotland. It is organised around life stages:

- **Start Well** – ensuring that children and young people have good mental health, and that we act early when problems emerge;
- **Live Well** – supporting people to look after themselves to stay mentally and physically healthy, to get help quickly when they need it, and to reduce inequalities for people living with mental health problems
- **Age Well** – ensuring that older people are able to access support for mental health problems to support them to live well for as long as possible at home.

This framework does not reflect all the activity that is taking place to support mental health, however it focuses on the 8 priorities we have identified for the next Strategy. These are as follows:

1. Focus on prevention and early intervention for pregnant women and new mothers.
2. Focus on prevention and early intervention for infants, children and young people.
3. Introduce new models of supporting mental health in primary care.
4. Support people to manage their own mental health.
5. Improve access to mental health services and make them more efficient, effective and safe – which is also part of early intervention.
6. Improve the physical health of people with severe and enduring mental health problems to address premature mortality.
7. Focus on **'All of Me':** Ensure parity between mental health and physical health.
8. Realise the human rights of people with mental health problems.

We want to embed a human-rights based approach across our priorities and actions. We're using the PANEL approach (**P**articipation, **A**ccountability, **N**on-discrimination and equality, **E**mpowerment, and **L**egislation) to think about actions that deliver on human rights. In particular, **N**on-discrimination and equality are featuring strongly.

In addition to transforming mental health, progress on the priorities set out in this document will also contribute to reducing death by suicide, and we will reflect that in the new Mental Health Strategy. We will also build on these priorities in a separate Suicide Prevention Strategy which we will publish in 2017.

This work is being supported by £150m of investment over five years.

Our proposed framework

START WELL:

Prevention, early intervention and early years approaches will be central to improving future health and wellbeing. This means starting young. It means tackling problems early – whatever people's age, supporting the attainment of children and young people. It will include support for child and adolescent mental health and mental wellbeing, both within and outwith NHS services. There will be actions to improve perinatal mental health. There will be actions to improve responses to first episode psychosis.

LIVE AND AGE WELL:

Most people who have a mental health problem access and receive treatment through, and in, primary care. Transformation in the way primary care works will include new approaches to responding to mental health problems. This will include helping people **manage their own health**. **Link workers** will direct people to non-clinical services and support them to stay in **employment**, contribute to the economy, and access employment opportunities.

We will continue our emphasis on **improving access to mental health services** so that they are more efficient and effective: people need treatment and they need to know they will get that treatment quickly. At the same time, we will focus work on helping to prevent people from becoming ill in the first place. Together, these aims will mean we can deliver on our commitment to **Ask Once, Get Help Fast.**

There will be a focus on the **premature mortality** of people with mental health problems. This will include tackling **preventable physical health problems** within an **overall approach to population health**. That overall approach includes tackling obesity, smoking, and alcohol and drug misuse. We must address this inequality, and we must emphasise the interdependence of physical and mental health: treating "**All of Me".**

We will continue to ensure we **protect the rights** of people with mental health problems, making sure that legislation and statutory guidance support a rights-based approach in practice.

How will we know we are making a difference?

We will measure **outputs and outcomes** to know whether what is being done is making a difference. We have an opportunity with the 10-year strategy to build an ambitious vision for mental health in Scotland. The actions needed will be revised and updated over the course of the 10 years. The priorities and activity may be different in localities, reflecting strategic priorities in those areas. We are asking a question about the results we expect to see so that we have a collective vision of what we are working towards.

Table of Proposed Priorities

IMPROVING MENTAL HEALTH		
Priorities	**Early Action**	**Result**
START WELL		
1. Focus on prevention and early intervention for pregnant women and new mothers.	• Perinatal mental health – improve the recognition and treatment of mental health problems in the perinatal period. This will initially be done through the introduction of a network of specialist staff working together, which is formally known as a Managed Clinical Network. • Perinatal mental health – focus interventions on the most vulnerable mothers who are at the highest risk.	Health services are alert to, identify, and address mental health issues of pregnant women and new mothers. Better long-term outcomes for children.
2. Focus on prevention and early intervention for infants, children and young people.	• In **2016-17,** develop a range of evidence-based programmes targeted to promote good mental health, support key vulnerable populations of infants, and children and young people. These programmes will be delivered by children's services during **2017-20**. • By **2018-19**, support the work above by better assessing which early intervention programmes are proven to work for different vulnerable populations.	Children's services focus in the promotion of good mental health based on prevention and early intervention. Children's services are equipped to quickly identify risk factors and implement action, using evidence-based programmes, to support children and families at risk of developing mental health problems. Improvements in partnership working between specialist Child and Adolescent Mental Health Services (CAMHS) and other

	• By **2019-20** have completed the national roll-out of targeted parenting programmes for parents of 3- and 4-year olds with conduct disorder. • Psychosis – by **2017-18**, have improved the recognition and treatment of first episode psychosis through early intervention services. • Develop further actions to support health and wellbeing of children and young people, recognising the link between mental and physical health through our Children and Young People's Health and Wellbeing strategy. • Utilise our universal services such as the new health visiting pathways to support good mental health, prevention and early intervention.	children's services so children, young people and families get the help they need quickly. Improved longer term life outcomes for vulnerable groups – for example, better mental health, increased attainment, and a reduced chance of involvement in the criminal justice system.
LIVE WELL and AGE WELL		
3. Introduce new models of supporting mental health in primary care.	• By **2018-19** have tested and evaluated the most effective and sustainable models of supporting mental health in primary care. These models will be rolled out in **2019-20**. • By **2019-2020** we will have completed an evaluation of the **Distress Brief Intervention** and be in a position to recommend next steps.	Easy access to mental health support in primary care with access to information, peer support, social support, employability support, integrated with physical healthcare. The needs of people with mental health issues are identified more quickly and supported in a variety of settings. Increase in the use of care plans to identify problems and solutions

		in people's lives, and to better prepare them when something goes wrong.
4. Support people to manage their own mental health.	• By **2017-18**, develop more accessible psychological self-help resources. • By **2018-19** have increased the number of link workers and peer support workers in primary care providing information to support self-management and to support people with mental health challenges to access and stay in employment.	People are better able to manage their own mental wellbeing in the community, using information and peer support.
5. Improve access to mental health services and make them more efficient, effective and safe – which is also part of early intervention.	• By **2017** publish a new mental health outcomes framework. • Continue to support the Scottish Patient Safety Programme in Mental Health. • By **2019-20** have delivered a programme of work on improving access to mental health services to increase capacity and address waiting times issues in CAMHS and psychological therapies. • By **2017-18** have improved access to psychological therapies by rolling out computerised Cognitive Behavioural Therapy nationally.	More efficient, effective and safe services to treat mental health problems with a reduction in variations across Scotland, evidenced by **national outcomes** data. Integrated service provision between community, primary, secondary and acute care settings, both in and out of hours. Improve access by older people to support for mental health problems, including access to psychological therapies.
6. Improve the physical health of people with severe and enduring mental health problems to	• By **2019**, have evaluated the effectiveness of the Scottish Association for Mental Health's programme to increase the physical activity levels of people living with mental	People with mental health challenges live longer with improved quality of life. In the long term, reductions in the number

address premature mortality.	• Ensure that prevention programmes - e.g. smoking cessation, alcohol, screening for preventable conditions - are accessible to people with mental health problems. This will ensure that our public health strategy delivers health improvements for people living with mental health problems. • By **2018-19**, have improved responses to, and monitoring of, physical health issues associated with the psychiatric medications clozapine and lithium.	of years by which people with severe and enduring mental health problems die earlier than the rest of the population (currently 15 to 20 years).
7. Focus on **'All of Me'**: Ensure parity between mental health and physical health.	• We will develop mentally and physically healthy workplaces linked to the *See Me* programme to eliminate stigma and discrimination. • We will ensure that our employment and welfare programmes are designed to take account of mental health conditions. • We will develop more effective alignment with wider population health improvement e.g. alcohol, diet, activity. • We will increase our focus on improving access to mental health services for people living with other long term conditions. • We will continue to improve the focus on recovery through supporting the work of the Scottish Recovery Network.	People are supported to stay well and stay in work. Improvements in mental health and physical health outcomes.

| 8. Realise the human rights of people with mental health problems. | • By **April 2017** we will begin a review of learning disability, autism and dementia in the definition of "mental disorder" in the mental health legislation.
• By **April 2017** we will have started a review of how deaths of patients in hospital for mental health care and treatment are investigated.
• In **2016-18** we will be conducting a review of the incapacity legislation. | People with mental health problems successfully lead lives where autonomy, choice and control are supported and their human rights are protected and enjoyed.

People with mental health problems successfully lead lives where expectations around privacy, employment, and other issues can be expected and supported as standard, as they would be for someone without a mental health problem.

People with mental health problems experience less discrimination, fewer health inequalities, improved access to mental health services, and improved employment. |

Making a difference: how do we know?

We will develop indicators that measure clinical and personal mental health outcomes. These will be applicable across the range of services such as primary care and specialist mental health services. They will assist Integrated Joint Boards in their strategic responsibilities for improving mental health.

Questions

1. The table in Annex A sets out 8 priorities for a new Mental Health Strategy that we think will transform mental health in Scotland over 10 years.

   Are these the most important priorities?

   <u>Yes / No / Don't know</u>

   If no, what priorities do you think will deliver this transformation?

2. The table in Annex A sets out a number of early actions that we think will support improvements for mental health.

   Are there any other actions that you think we need to take to improve mental health in Scotland?

3. The table in Annex A sets out some of the results we expect to see.

   What do you want mental health services in Scotland to look like in 10 years' time?

How to Respond

We are seeking views on our proposed actions to transform mental health in Scotland.

We are inviting written responses to this engagement paper by **16 September 2016**. Please reply using the Scottish Government's Citizen Space website at the link below:

https://consult.scotland.gov.uk/mental-health-unit/mental-health-in-scotland-a-10-year-vision

If you wish to send a hard copy of your response please send it to:

Mental Health Strategy
Room 3ER
St Andrew's House
Edinburgh
EH1 3DG

If you have any queries, please send them by e-mail to:

MentalHealthStrategy@gov.scot

What Happens Next

All responses will be collated for review by the Scottish Government. Those who have participated in the engagement process will receive a copy of the new Mental Health Strategy when it is published.

Sources of Support

Breathing Space offers free and confidential advice for people experiencing low mood, depression or anxiety, whatever the cause. Breathing Space can be contacted on 0800 83 85 87, 6pm to 2am Monday to Thursday; and 6pm Friday through the weekend to 6am Monday. Calls to Breathing Space are free from landlines and from mobile networks.

See also http://breathingspace.scot/

Samaritans provide confidential non-judgemental emotional support, 24 hours a day, for people who are experiencing feelings of distress or despair. They can be contacted free of charge on 116 123.

See also http://www.samaritans.org/