

# **Better Mental Health in Scotland**

**December 2018**

## Foreword



This is an exciting time to be involved in mental health in Scotland. Quite simply, we are seeing a revolution in society's attitudes toward mental health and wellbeing. It is taking place at the same time as we are seeing significant advances in research and practice in the field of mental health care.

For generations, mental health was misunderstood and stigmatised – but as a society, we now have an unprecedented opportunity to change our approach to mental health services. The Government is determined to grasp that opportunity and build a world-class mental health system that works for everyone.

Our ten-year Mental Health Strategy set out our ambition for mental health. We have committed to £250 million of investment in mental health support in our Programme for Government. We aim to reform children and young people's mental health services, to take a 21<sup>st</sup> century approach to adult mental health, to respect, protect and fulfil rights, and to make suicide prevention everybody's business.

Our aim reflects the need for a whole-system approach to mental health. We will do this in partnership with people using mental health services and their families, with the mental health workforce, with our colleagues in Local Government, and with delivery partners across the public and third sectors.

Central to this partnership approach will be the formation of a Mental Health Delivery Board, which I will chair. The membership of the Board will comprise senior decision-makers, service providers and service users, as well as experts in the field of mental health. The Board will work at pace, and will focus across the whole system to ensure the successful delivery of the Mental Health Strategy.

For too long, the amazing work of Scotland's mental health workforce has in some quarters been undervalued and poorly understood. I was part of that workforce for a number of years, and that has given me a strong understanding of the huge contribution that mental health staff make to our society. I am determined that they will be at the forefront of the reform we seek.

This Delivery Plan will set out our approach to the commitments in the 2018/19 Programme for Government. It is the blueprint for the next phase of implementing our Mental Health Strategy. Looking ahead, we are committed to seeing a clear improvement over the course of this Parliamentary term, and to building a base for further work over the lifetime of the Strategy.

Clare Haughey MSP  
Minister for Mental Health

## The Plan

Across society, we see the general understanding of good mental health and wellbeing widen and deepen. In the past, many people were unwilling or unable to discuss their mental ill health and seek appropriate support and treatment, but that is changing rapidly.

We know that ensuring good health, both physical and mental, is not just the job of health services alone. All of our public services need to support mental health and wellbeing, including Local Government services, schools, colleges and universities, midwives, health visitors, General Practitioners, and other primary care workers. They all have a role to play, alongside specialist services, to provide help and treatment when it is needed. We need a modern, fit-for-purpose NHS and integrated health and social care landscape, focused on prevention and speedy treatment, and supported by the wider public sector.

We know that, across all child and adult services, including Health and Social Care Partnerships, changing the location and nature of services and support requires the capacity of the workforce to be developed. This means giving staff across all sectors the skills and confidence to ensure they are sensitive and responsive to emerging needs and ways of delivering services.

At the same time, we know that the workforce must grow. For example, since 2006 there has been a 57% increase in overall staff in post in Children and Adolescent Mental Health Services (CAMHS) to 1,030 (working time equivalent, as of this September). The workforce is continuing to expand.

We are committing significant investment to delivering an additional 800 mental health workers by 2021/22, in partnership with Integration Authorities, NHS Boards, Local Authorities and other key sectors. We must also strengthen how the wider public sector workforce can support people with their mental health and wellbeing.

Mental health is just as important as physical health, and we recognise that existing support is not good enough. People affected by mental health issues have the same rights as everyone else – embedding human rights in policy development and delivery is key to change. We are clear that in order to meet our rights obligations, including those under the UN Convention on the Rights of Persons with Disabilities and the UN Convention on the Rights of the Child, reform is needed.

The Programme for Government sets out a range of actions to change this. This Delivery Plan describes how we will implement these actions under key headings:

- reforming children and young people’s mental health services;
- improving specialist services for children and young people and adults;
- taking a 21<sup>st</sup> century approach to adult mental health;
- respecting, protecting and fulfilling rights; and
- making suicide prevention everybody’s business.

This plan is complemented by the Children and Young People's Mental Health Taskforce delivery plan, which is also published on 19 December. Details of how we will deliver the Suicide Prevention Plan will be set out shortly as well.

## Reforming Children and Young People's Mental Health Services

### Action

*Children and young people will have a much wider range of help available to them.*

A decisive change is needed in the way that children and young people are supported. The recent Audit Scotland report on children and young people's mental health<sup>1</sup> highlighted that there is often too great a focus on crisis and specialist services at the expense of early intervention and prevention.

The report concluded that in order to achieve the aims of the Mental Health Strategy, the Scottish Government and the Convention of Scottish Local Authorities (COSLA) needed to work together with delivery partners to shift spending from acute to preventative services. At the same time, the Scottish Government commissioned an audit on rejected referrals to CAMHS, and accepted the recommendations in full when the report was published in June.<sup>2</sup>

In response, also in June, the Cabinet Secretary for Health and Sport announced a Taskforce on Children and Young People's Mental Health, which would report jointly to Ministers and COSLA. Under the Chair of Dr Dame Denise Coia, the Taskforce will make recommendations for improvements in the provision of children and young people's mental health in Scotland.

The Taskforce will, in partnership, develop a programme of sustainable reform of services. That work will fully complement the delivery of the Programme for Government commitments discussed here, and is set out in the Taskforce's workplan, also published on 19 December.

The Taskforce plan sets out a work programme, with the following set of workstreams.

### Generic children and young people's mental health services

This workstream will focus on how Scotland's mental health framework needs to operate effectively to deliver prevention and early intervention mental health services for young people experiencing emotional distress and related conditions. It will focus on how additional mental health services can be developed and delivered across the country to provide a wide range of support for less acute mental health issues.

The workstream also will interact with the specialist and neurodevelopmental workstreams to ensure those with clinical mental health conditions and neurodevelopmental conditions are supported to access the appropriate services as easily as possible.

<sup>1</sup> [//www.audit-scotland.gov.uk/uploads/docs/report/2018/nr\\_180913\\_mental\\_health.pdf](https://www.audit-scotland.gov.uk/uploads/docs/report/2018/nr_180913_mental_health.pdf)

<sup>2</sup> [//www.gov.scot/publications/rejected-referrals-child-adolescent-mental-health-services-camhs-qualitative-quantitative/](https://www.gov.scot/publications/rejected-referrals-child-adolescent-mental-health-services-camhs-qualitative-quantitative/)

### Specialist children and young people's mental health services

In order to reduce waiting times and avoid referrals to specialist services being rejected, radical development in children and young people's mental health services is required (including specialist clinical services). It is also vital that specialist services are closely linked to wider children's services to facilitate a seamless link from the perspective of children and young people and their families.

### Neurodevelopmental services

We will take forward a specific workstream covering neurodevelopmental services. Young people with neurodevelopmental conditions (such as autism and ADHD) may require specific support with a neurodevelopmental focus, and may also benefit from specialist clinical CAMHS.

### Additional services for children and young people at risk

Some children and young people who are at heightened risk of poor mental health, have not been able to access mental health services. These include: younger children; care-experienced children and young people; black and ethnic minority youth; refugee families; those who, for various reasons, do not have a settled home setting (for example, children in temporary accommodation or who move home regularly); young people in transition to adult services; and other marginalised groups. This group will take a focused approach to how the mental health needs of these children and young people can be met, both within existing and enhanced services, in line with the Getting it Right for Every Child (GIRFEC) approach.

In taking forward the four key strands we will consider at all stages how they interact to support seamless, effective and efficient care and treatment for children and young people and for their families.

There are also three cross-cutting Taskforce workstreams which underpin this activity on workforce, information and knowledge, and finance.

To complement this work of the Taskforce, we will take forward action through the Programme for Government in three broad areas:

- improving support during pregnancy and after birth;
- providing a wider range of help for children and young people; and
- improving specialist children and young people's services.

## Improving support during pregnancy and after birth

### Action

*We will provide three tiers of support across Scotland, in line with the needs of individuals.*

At the earliest stage, we must ensure that parents are well equipped to support their children. We will substantially expand the range of perinatal support available to women. Almost 20% of all women will experience mental ill health during their pregnancy or first postnatal year: that is a huge concern for them, but can also have far-reaching impact on their children and families. We want to transform the services that they receive by providing more counselling support for less acute issues and better specialist support for more severe problems.

We will ensure there is sufficient investment in service provision for equitable access to perinatal counselling services, perinatal and infant mental health promotion, and preparation for parenthood for those who need it, including in the third sector. All mental health staff should have the knowledge and skills necessary to promote good maternal and infant mental health, and recognise and manage, to their level of competency, mental distress and disorder.

To do this, by March 2020, we will:

- publish a refreshed Perinatal Mental Health Curricular Framework;
- develop a suite of educational tools to meet workforce needs across all tiers of service provision; and
- develop high quality digital resources for both workers (such as e-learning) and women and families (such as information about perinatal mental health).

### For those women who need more specialist help

We will ensure rapid access to psychological assessment and psychological treatment (PT). There should be sufficient primary care PT services across Scotland so that all women experiencing mild-to-moderate mental health problems in the perinatal period can be assessed and treated in a timely way, in line with maternal and infant mental health needs. Peer support – through group or individual help, and through digital, online or tele-health resources – should be available to all women with mild-to-moderate mental distress or issues.

From the start of 2019 onwards, we will:

- recruit and train primary care psychological therapists; and
- invest in community capacity-building, where individuals who have experienced perinatal mental health problems have an opportunity to support others with similar needs and concerns.



### For those women with the most severe illness

We will develop specialist services and consider whether there is a need for a small number of additional inpatient beds or enhanced community provision. All women with, or at risk of, moderate-to-severe perinatal mental difficulties, and their families, will have access to specialist mental health community services wherever they live in Scotland. There will be sufficient inpatient mother and baby unit beds in Scotland to ensure that women are admitted with their infants, in accordance with the Mental Health (Care and Treatment) (Scotland) Act 2003.

To achieve this, from the start of next year and over the next five years, we will:

- publish the Perinatal Mental Health National Scottish Service Standards and Recommendations Report;
- recruit Specialist Perinatal Mental Health teams in high birth number areas as well as low/dispersed birth number areas and island Boards;
- develop and implement a model of maternity and neonatology psychological services provision;
- develop a national induction programme for new workers in specialist services;
- review inpatient bed provision; and
- recruit multi-disciplinary staff to provide additional inpatient care or intensive home treatment to serve remote and rural areas.

### Infant mental health

#### Action

*We will improve the training and awareness of people working with vulnerable families and deliver improved infant mental health support for those families that need them.*

All infants, and their parents, who have significant disruption of the parent-infant relationship or impaired infant development, should have access to specialist infant mental health services, wherever they live in Scotland. From the start of next year onwards, the Children and Young People's Mental Health Taskforce's specialist and at risk workstreams will work closely with the Government, Local Authorities and other partners on the implementation of this commitment.

## Providing a wider range of help for children and young people

### Action

*We will develop services for community mental wellbeing for 5-24 year olds and their parents to provide direct and immediate access to counselling sessions, self-care advice, family support, peer-to-peer support and group work with links to other care settings.*

Early intervention to support children and young people needs to be more broadly based than specialist services. That means not only providing better resources for children and young people, as well as parents, carers and families, but ensuring that schools, higher and further education, and community health services have the right support, and the skilled workforce to provide that support.

There are already outstanding examples of this type of support available in different parts of the country. The 'Generic' workstream of the Children and Young People's Mental Health Taskforce will focus on learning about and sharing good practice, and exploring how this can be built upon, replicated and delivered in other parts of Scotland where appropriate.

### Case study

***Feels FM*** is an innovative, co-designed approach to involving and supporting young people with their own mental health and wellbeing. Funded by the Scottish Government and launched as part of the Year of Young People, the project created the world's first emoji-based jukebox for mental health. 'Feels FM' is an online platform to help young people express their feelings, using music as a positive coping strategy to find new ways to talk about mental health stigma and discrimination.

### Support for children and young people

### Action

*We will expand the Distress Brief Intervention (DBI) programme pilots during 2019 to include people under 18.*

The Scottish Government's DBI programme is a form of 'listening with empathy and practical problem solving'. It is currently being tested in Aberdeen, Inverness, Lanarkshire and Scottish Borders, and offers up to 14 days of support to people presenting in distress to frontline services. Over 1,200 frontline staff have been trained, with over 1,600 people being referred to and benefiting. The Programme has provided a model for local collaboration, and satisfaction levels are high with positive measured reductions in distress.

The DBI Extension Programme has three complementary parts.

- Part 1: extending the DBI programme initially to those aged 16 and 17. The first stage of extension would include those aged 16 and over and in doing so, increase understanding of how DBI impacts on young people, families and local service provision.
- Part 2: undertaking a scoping exercise to review the potential applicability of DBI for those aged 15 and younger and considering the recommendations for further extension.
- Part 3: establishing a DBI associate programme for other regions wanting to implement within existing programmes.

We will roll out the extension in several phases:

- developing the programme extension and commence controlled delivery and testing for 16 & 17 year olds (by May 2019);
- Incremental upscaling for 16 & 17 year olds at four sites (by March 2020);
- scoping of DBI applicability for those aged 15 and under (by April 2020);
- controlled testing of DBI applicability for those aged 15 and under (from Oct 2020); and
- report on DBI for under 18s and on the evaluation of DBI for adults will be available from March 2021.

#### Support for parents, families and carers

##### Actions

*Parents will have a much clearer understanding of the kind of help that is available, and where and how to access it.*

*We will launch a new website containing trusted help and information for young people and their families.*

We will build on information resources by linking together existing help more effectively, and creating new, targeted resources.

- During 2019, we will launch a new website containing trusted help and information for young people and their families.
- We will develop services for community mental wellbeing for 5-24 year olds and their parents and carers to provide direct and immediate access to counselling sessions, self-care advice, family support, peer-to-peer support and group work with links to other care settings.

### Case study

**The Junction** is a relationship-based health and wellbeing service for young people aged from 12 to 21 in Edinburgh. It offers holistic one-to-one and peer support, counselling, information and education, parental substance use support, sexual health and complementary therapy provision. It remains open in the early evening for individuals to come in on their own or with friends. Its drop-in provision is a good example of how community services can provide meaningful support for young people without waiting lists and tailored to what young people say is important to them. (More information can be found at [www.scphrp.ac.uk/the\\_junction\\_2018/](http://www.scphrp.ac.uk/the_junction_2018/).)

### Support for schools

#### Actions

*Schools will be better supported to deal with wellbeing concerns, and will be able to direct children to counselling services.*

*We will invest over £60 million to create around 350 counsellors in school education across Scotland and ensure that every secondary school has counselling services.*

As part of our work to enhance services to prevent and deliver early intervention for children and young people's mental health and wellbeing, we will work with partners to deliver access to counselling through schools across Scotland. Our aim is to ensure that school counselling is delivered locally, is aligned to local services, provides counselling services throughout the year, and allows services to be available to those who need support beyond school time. These services will link with wider services: in communities; for children and their families; and to other health services, such as school nursing and CAMHS.

We will also support school staff's understanding of mental health and wellbeing through training and resources, to ensure appropriate identification of needs and engagement with other services.

This approach will build further capacity beyond CAMHS and bridge a range of services to support children and families, ensuring that children and young people receive faster, more effective support to meet their needs. This commitment will be delivered in two phases, with counselling available in schools across Scotland in place by September 2020.

#### Action

*We will enhance support and professional learning materials for teachers on good mental health.*

By the end of the 2019/20 academic year, every Local Authority will be offered training for teachers in mental health first aid, using a 'train the trainer' model for dissemination to all schools.

The training helps to remove stigma and fear and give confidence in approaching a young person in distress. Local Authorities who access the training are asked to identify members of the school community – including pupils where appropriate – who are best placed to identify that a pupil might be struggling with a mental health issue.

Action

*We will have an additional 250 school nurses in place by 2022.*

School capacity to help children and young people will be strengthened by a stronger school nursing role. Planning is underway to implement a national learning and development plan for school nurses, which outlines how Integration Authorities support staff to access not only the new postgraduate programme, but also Continuing Professional Development (CPD) for those wanting to undertake the programme but who are not yet ready to do so.

We are also planning for school nurses to assess and deliver mental health services and interventions at tiers 1 and 2, thereby providing earlier access to upstream support. This should also contribute to reducing inappropriate CAMHS referrals, where earlier assessment can lead to referral to the range of alternative resources available.

By March 2019, we will:

- establish accurate workforce statistics (in posts/vacancies);
- undertake a further school-nursing scoping exercise with NHS Boards and get an accurate baseline of numbers and those who hold the qualification;
- establish workforce plans with NHS Boards to achieve a minimum of 50 per year (for years 1, 2 and 3) and 100 (by year 4); and
- commission NHS Education in Scotland to engage higher education institutions to scale up school-nursing education programmes in conjunction with NHS Board workforce plans, and develop appropriate CPD programmes.

By September 2019, we will have the first funded cohort in training.

Support for further and higher education

Action

*We will provide 80-90 additional counsellors in further and higher education over the next four years.*

We will provide the additional counsellors in further and higher education over the next four years through an investment of around £20 million. We have also committed to wrap-around support for students from the first day of their studies through to qualification and graduation, focusing on support for their wider wellbeing.

We will work closely with the sectors. The Scottish Funding Council (SFC) and Scottish Government are already considering a financial allocation to both sectors as part of the 2019/20 academic year funding allocations. This will ensure that the first tranche of counsellors is in place by September 2019.

A survey to capture baseline information on how many student counsellors are currently employed in both sectors, and the scale of unmet demand, is being prepared by the SFC (in consultation with the Scottish Government and stakeholders). The survey will be issued to all colleges and universities, and will provide a Scotland-wide baseline to inform implementation. To complement the SFC counselling baseline survey, NUS Scotland, as part of its 'Think Positive' work, will commission Scotland-specific research on student mental health and provision of support across further and higher education sectors.

A new Student Mental Health and Wellbeing Working Group, based on the successful Equally Safe in Colleges and Universities model, will shape implementation. The group will work closely with the Children and Young People's Mental Health Taskforce.

### Inpatient CAMHS

We will continue to improve the inpatient psychiatric experience for children and young people who need it. Reconsideration of admission criteria and processes will ensure that specialist beds are available when they are needed, reducing non-specialist bed use unless it is in the better interests of a patient and their family. In addition, the provision of intensive and secure psychiatric beds for young people will be considered, with a new national secure CAMHS inpatient facility opening in NHS Ayrshire and Arran in 2020. We have also committed to a learning disability CAMHS inpatient unit in Scotland and will work to put this in place at the earliest opportunity.

Through 2019, Healthcare Improvement Scotland (HIS) will roll out its inpatient psychiatric safety principles to child and adolescent inpatient units. It will also deliver a programme of work to understand how early intervention in psychosis is currently provided in NHS Boards, and will compare this to best practice national clinical guidelines. HIS will work on improving data collection in relation to early intervention in psychosis and disseminating best practice.

## Improving Specialist Services for Children and Young People and Adults

### Action

*90% of patients should be seen within 18 weeks from the point of referral to treatment.*

We know that specialist services for people with mental health issues need to improve. As part of the existing drive to improve these services, Scotland became the first nation in the world to introduce a waiting times target for CAMHS, and the first in the UK to introduce a waiting times target for psychological therapies (PT). Since 2016/17 the targets have been included as a standard for NHS Boards: the standard is that 90% of patients should be seen within 18 weeks from the point of referral to treatment. These targets are ambitious, and are challenging to deliver in an evolving and complex service landscape.

In recent years, performance has varied across Scotland. Some NHS Boards regularly meet, or are close to meeting the standards, while others have struggled to deliver over a sustained period. The Scottish Government is already investing £54 million over four years (up to 2019/20) on a comprehensive package of support to improve access to mental health services for both CAMHS and PT. This package has comprised:

- an allocation to NHS Boards to increase capacity to deliver services;
- support for development of the mental health workforce to enhance supply and training of workforce to deliver evidence-based therapies, delivered by NHS Education for Scotland; and
- establishing a Mental Health Access Improvement Support Team (MHAIST), delivered by Healthcare Improvement Scotland, the aim of which is to '*support CAMHS and PT teams to meet the waiting times standard whilst ensuring appropriate access, maintaining or improving the quality of care and maintaining or improving clinical outcomes*'.

### Case study

*NHS Highland CAMHS Neurodevelopmental Assessment Service has reviewed how long it takes for people to progress through its assessment pathway. As a result, the team is working with colleagues in education to streamline assessment from eight sources of referral to one. With MHAIST support, NHS Highland has identified the critical bottlenecks and blockages within the pathway and is developing improvement plans to tackle them. This work will create more efficient pathways of care and support partners to make more appropriate referrals.*

**However, despite this investment and the examples of good practice, we have not yet seen the improvement required across Scotland.** Consequently, to drive early improvements in performance, we will increase this support through 2019 through a number of additional actions.

### **New actions**

*From January 2019, MHAIST will support all NHS Boards to identify areas for improvement by expanding the provision of improvement support for every Board.*

*Improvement activity will be overseen by a new Mental Health Delivery Board, chaired by the Minister for Mental Health.*

*MHAIST will expand the 'Improvement for Access Collaborative' to include Local Government and wider public sector and community partners to develop and deliver frontline improvement projects.*

Boards will be expected to have put in place improvement plans – with clear milestones over the next two years – by April 2019 at the latest. They will be helped in analysing demand, referral rates, rejected and accepted referrals, and staff capacity. This will be supported through an expansion of the targeted funding of the improvement work.

Improvement activity will be closely overseen by the new Mental Health Delivery Board, chaired by the Minister for Mental Health (as discussed in more detail below), supported by performance management engagement. This will ensure that progress is tracked regularly, information shared and any obstacles to progress quickly addressed.

MHAIST has already put in place an 'Improvement for Access Collaborative' to develop and deliver frontline improvement projects. This will be expanded to include a wider range of partners: representatives of schools; primary healthcare; social work; the third sector; communities; and others who may be supporting children, young people and adults or referring them to services. This will help to build a better understanding of demand and the services available to those in need of them.

Overall, improvement activity will focus on:

- understanding the whole system landscape to ensure people get access to help as quickly as possible;
- identifying and putting into place early and immediate improvements in the management of referrals;
- better workforce planning;
- developing data mechanisms to collect clinically relevant improvement data to support the delivery of better mental health services; and
- sharing learning across the country on service models, interventions and other improvement activity, particularly good practice that can bring early benefits to patients.



At the same time, we will accelerate the development of the workforce and capacity building. To date (at year 3 of the programme), there has already been significant workforce growth, including: an increase of 162 (working time equivalent) in CAMHS and psychology services posts; 40 postgraduate PT training posts each year; and over 3,760 training places for CAMHS and PT clinical staff. Measures to increase recruitment and retention will be put in place through 2019 to relieve pressure points as quickly as possible.

### **New actions**

*We will develop a full draft specialist CAMHS specification.*

*We will develop models of specialist CAMHS supporting primary care, education, 'at risk' groups and communities.*

*We will collaborate on the development of training programmes for specialist CAMHS staff as well as staff working in other settings (for example, education and primary care).*

Specific work is also underway to improve specialist CAMHS through a revised specification. Over the coming year, this will include:

- stronger inclusion criteria to describe those children and young people that require specialist clinical services;
- a capacity model proportionate to the demand for the agreed responsibilities, and based on the right workforce size, and professional and skills mix;
- service standards addressing the requirements of children and young people and families' feedback in recent reports and engagements;
- service focused on 'what matters to me' type outcomes; and
- a rights-based approach that pays particular attention to the needs of those groups that are at high risk of exclusion and may have poorer access to specialist services.

## Taking a 21<sup>st</sup> Century Approach to Adult Mental Health

Across Scotland, the demand for services reflects both the spectrum of mental health – ranging from good mental health to severe mental illness – and the nature and understanding of the type and availability of services. It is vital that the full range of adult mental health services is considered in a coherent and complementary way. The traditional approach of moving through levels of health professionals – potentially resulting in specialist hospital mental health service – will continue to be appropriate for some. By putting in place a much broader range of services, we will ensure an approach that is preventative, built on the principles of early intervention and the right treatment at the right time.

The work being progressed in children and young people's services will deliver a significant dividend in the years to come as the benefit of treatment and support becomes clear. However, we know that for some, their needs will continue for many years and will require significant specialist support and timely access to these services.

We must ensure that our broader healthcare services, community services and our wider society are promoting and helping people across Scotland to maximise their mental good health. Our investments in primary care transformation, the pilot work on Distress Brief Interventions, the improved access to mental health workers in key community and others settings, and our commitment to seeing the delivery of the access waiting times standards are important drivers of this change.

Alongside this work, we must help people across Scotland to benefit from digital services. Services such as NHS Inform, Breathing Space, or computerised Cognitive Behaviour Therapy can be standalone services in their own right, work alongside other support or simply help to point people to other services.

### Case study

**NHS Lanarkshire Psychological Therapy services** are aiming to have 90% of primary care referrals to its Airdrie and Coatbridge service offered telephone screening within ten working days of opting into the service. The changes being tested include patients receiving a telephone call from a skilled clinician, instead of the traditional appointment. After the call, patients are then signposted to the most appropriate service for their needs, which may include one-to-one or low-intensity group-based approaches. Initial results suggest that clinician time has been reduced as a result.

## Getting the right help quicker

### Public awareness and education

A key aspect of reform is the skills and capacity of our workforce across Scotland. In some areas this will mean continuing to support people across our communities to recognise and respond to mental health problems, both their own and those of friends and families. This will include population-wide work that will continue to deliver reductions in the number of people completing suicide, and the work being done to encourage individuals to reach out to access support services (typically of a listening or talking therapy nature). Elsewhere it will mean ensuring that people in distress are quickly and appropriately supported.

Our investment through the Mental Health Strategy to improve access to mental health workers in key settings including Accident and Emergency, prisons, custody suites and GP practices will underpin this important evolution in how services respond. We will work with the new Scottish public health body once it is established to develop both general and more targeted approaches to ensuring that these messages on mental health are embedded across services and brought to the public more comprehensively.

In addition, we will make mental health and suicide prevention training mandatory for all NHS staff who receive mandatory physical health training. This includes doctors, nurses, psychologists, allied health professionals as well as pharmacists. This will be taken forward through the Suicide Prevention Action Plan and will start with the creation of a general education and training resource by May 2019.

### Strengthening the content of current self-help platforms

#### Action

*We will strengthen the content of current self-help platforms provided through NHS Inform.*

NHS 24 offers a range of self-management tools and information, which have the potential to be further developed. This work aims to increase access to quality-assured self-management information, services and tools through the use of NHS Inform. It will provide streamlined access to online resources and support, making it simpler for those accessing information and resources.

NHS 24 will continue to enhance and refine its digital offering in relation to mental health by developing additional self-help online resources. This will include phased integration of the existing Moodjuice Self-help site into the current NHS Inform site beginning in January 2019. Phase 1 (focusing on depression and anxiety) will be completed by March 2019, Phase 2 (focusing on remaining content and resources) by March 2020, and the final phase of development will be completed by June 2021.

## Enhancing the handling of mental health calls to the 111 service

### Action

*We will enhance the handling of mental health calls to the 111 service with more specially-trained staff providing specialist mental health advice.*

NHS 24's 111 service provides a Scotland-wide phone triage service for people or carers seeking urgent health advice out of hours. There are currently a small number of dedicated mental health nurse practitioners working in 111, handling around 20% of the mental health calls received. We are committed to enhancing the handling of mental health calls to the 111 service with more specially-trained staff, and improved routing of mental health calls. This will deliver a better journey for those accessing the service, reducing the need for onward referral by ensuring people get the right help at first point of contact.

Work is already underway to build and grow a mental health 'hub' model within the 111 service to route those accessing the service for mental health to an appropriate mix of skills and access to pathways for onward care as needed. The mental health hub will be developed from February 2019, and evaluated before the model is extended from July 2019.

### Improvements in primary care

Learning from the primary care innovation work across Scotland is being analysed by both the Scottish School of Primary Care and Healthcare Improvement Scotland, and a report will be delivered in early 2019. A model of better mental health provision in primary care is already being rolled out across Scotland. This will result in:

- a better informed public with easier access to information and self-referral;
- all members of the primary care team with mental health awareness and training to the optimal level of their role;
- specialist mental health workers assessing and treating mental health problems directly in all primary care teams, while linked to local secondary mental health care; and
- link workers in every primary care team involved in listening, problem solving, signposting and early intervention public health for people with physical, mental and social problems, working across the whole person.

### Case study

**NHS Lanarkshire and its North and South Lanarkshire Health and Social Care Partnerships** have shown increased patient and GP satisfaction from placing six mental health liaison nurses in five GP practices in 2018. The mental health nurses take direct referrals for assessment and treatment, signposting and support. Patients are seen faster, there has been a reduction in antidepressant use and GPs have reported a reduction in their workload.

## Better access to valuable support

### Trialling an NHS 24 Breathing Space webchat service

#### Action

*We will trial improvements to the NHS 24 Breathing Space service by introducing webchat with an NHS 24 adviser.*

Breathing Space is a confidential phone and web-based service for people in Scotland experiencing low mood, depression or anxiety. The service aims to give people support to help improve their present situation and so prevent the development of more serious problems. In 2017/18 Breathing Space call demand was 92,000, with a year-on-year increase in demand. We are committed to trialling improvements to the NHS 24 Breathing Space service by introducing webchat with an NHS 24 advisor.

We will implement the commitment through recruitment for additional Breathing Space advisors, which is underway. This will provide additional capacity to respond to increasing demands on the service, as well as capacity to trial web-chat access to the service. A key element of the trial will be to understand likely demand for the webchat. Following evaluation, webchat availability will be expanded from September 2019 onwards.

### Enhancing digital services provided by NHS 24

#### Action

*We will help those with mild to moderate depression by introducing more widespread on-line access to Cognitive Behavioural Therapy.*

NHS 24 will continue to improve its digital services supporting mental health, including extending access to online access to Cognitive Behavioural Therapy, trialling development of video conferencing for speciality clinics, and development of additional self-help online resources. In April 2018, NHS 24 successfully completed national roll out of computerised Cognitive Behavioural Therapy (cCBT). This provides a service for adults with mild-to-moderate depression and anxiety who require flexible treatment, which can be accessed from different locations at a time that suits them.

We are committed to introducing more widespread online access to cCBT through self-referral and extension of the service to targeted groups, including adolescents. From October 2019 NHS 24 will develop self-referral access to cCBT and the use of cCBT services for adolescents. This will include work to engage with potential users, and research and marketing activity to raise awareness of the service.

Improving access to psychological assessment and therapies in rural areas

Action

*We will improve access to psychological assessment and therapies in rural areas through the use of technology such as video-conferencing.*

As part of the broader programme of work to enhance digital services, NHS 24 will roll out video-conferencing clinics trials between October 2019 and March 2020. This will be evaluated alongside other changes to digital services in order to develop more detailed plans for improved services.

## Respecting, Protecting and Fulfilling Rights

Our Mental Health Strategy recognises the fundamental importance of human rights, so we are already reviewing various elements of mental health and incapacity legislation in Scotland. There are currently two major reviews underway focusing on adults with incapacity and how the Mental Health Act meets the needs of those with learning disability and autism.

The adults with incapacity review is well underway and has held a wide-ranging consultation with stakeholders on concerns around legislation not meeting the requirement of the UN Convention on the Rights of Persons with Disabilities and processes that are overburdened. The results have been analysed and we are currently working with stakeholders to finalise policy proposals.

There is also a review of the position of learning disability and autism within mental health law focusing on the areas such as the operation of the 2003 Act and research to build the evidence base. The review is highly participative and is expected to conclude later in 2019.

We will continue to support stakeholders who are working to ensure that people can fully enjoy their rights, free from discrimination and stigma.

## Making Suicide Prevention Everybody's Business

### Actions

*We will create and implement refreshed mental health and suicide prevention training by May 2019 for Scotland's public and private sectors.*

*We will develop reviews of all deaths by suicide and act on them.*

*We will develop innovative ways to use digital technology to prevent suicide.*

Our commitments on suicide prevention are a critical part of our delivery of mental health reform. *Every Life Matters* was published in August 2018 – it is the Action Plan through which Scottish Government, working in partnership, aims to build on progress already made to prevent suicide. It is the product of extensive engagement, and gives all of us – individuals, communities, public, third and private sectors – important roles to play in preventing suicide.

Through the Plan, a National Suicide Prevention Leadership Group has been established under the chair of former Deputy Chief Constable Rose Fitzpatrick. This has brought together a range of partners including those affected by suicide, mental health experts and representatives from statutory and third sector organisations. The Leadership Group met for the first time in September and has worked together to develop a delivery plan. This will realise the vision of a Scotland where suicide is preventable, and where help and support is available to anyone contemplating suicide and to those who have lost a loved one to suicide.

*Every Life Matters* commits to an ambitious target to reduce the rate of suicide by a further 20% by 2022 (from a 2017 baseline). This goes beyond the global target set by the World Health Organization in 2013, building on the reductions in suicide that Scotland has already seen. The Leadership Group will set out its plans for delivery shortly. This work is backed by Scottish Government funding of £3 million over the course of the Parliament.



## Delivering the Plan

The range of actions set out in this plan can only be delivered in partnership with Local Government and other partners across Scotland. There is a need to create delivery arrangements that will set clear direction, create a clear common understanding of opportunities and barriers across services, and provide a forum to track progress against milestones.

### **New action**

*We will create a new Mental Health Delivery Board, chaired by the Minister for Mental Health, to oversee the delivery of the Mental Health Strategy and associated work.*

As well as driving improvements in performance, this group will champion mental health improvement and lead on strategic change, and it will have a specific role in monitoring and driving the actions set out here.

It will also consider additional actions to be taken to achieve the ambition, supported as required by specialist workstreams and drawing on international evidence and good practice.

The Mental Health Delivery Board will report back to Parliament as part of the annual Mental Health Strategy report in the autumn. Membership will be announced in the new year.

In this way we seek to deliver our vision in the Mental Health Strategy of “*a Scotland where people can get the right help at the right time, expect recovery, and fully enjoy their rights, free from discrimination and stigma.*”



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Any enquiries regarding this publication should be sent to us at  
The Scottish Government  
St Andrew's House  
Edinburgh  
EH1 3DG

ISBN: 978-1-78781-471-4 (web only)

Published by The Scottish Government, December 2018

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA  
PPDAS508726 (12/18)

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