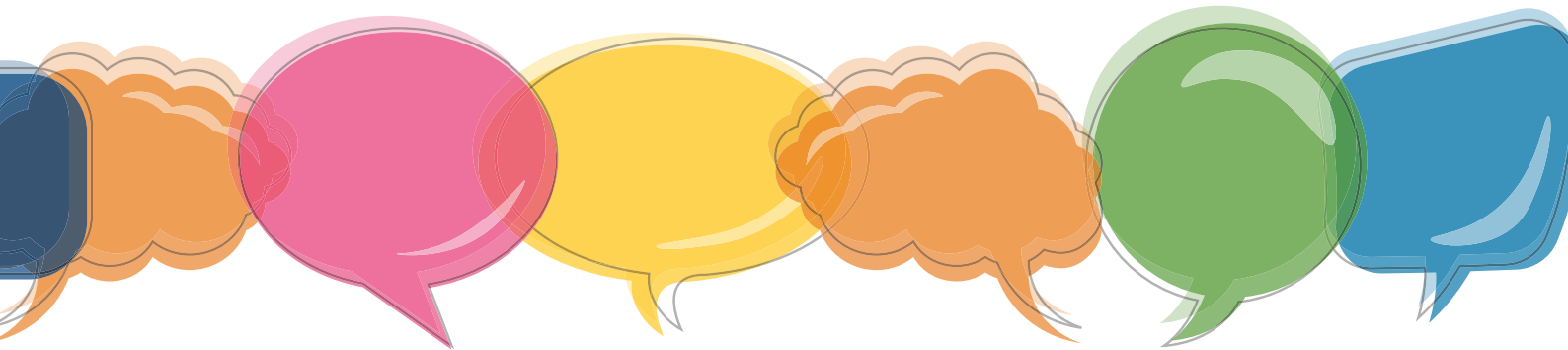


Core Mental Health Quality Standards



September 2023

Ministerial Foreword

There is no health without mental health.

Our recently published Mental Health and Wellbeing Strategy sets out the vision of a Scotland, free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible. In delivering this vision, we recognise that it is essential that the services and support that people need should be built around clear national frameworks.

Over the past two years, we have worked with partners to develop core mental health quality standards and specifications for mental health services, setting out clear expectations for what services will look like as they provide high-quality care. The aims are as follows:

- To let individuals, their families and carers know what they can expect from a mental health service.
- To ensure that person-centred and trauma-informed approaches are embedded within the services.
- To improve experiences and outcomes for people who use mental health services.
- To ensure a consistent high quality of service is provided to everyone who needs it.
- To reduce the scope of unwarranted variation of quality of care.
- To support improvement in and enable measurement of quality in service provision.

These standards, informed by the principles set out in the Strategy, clarify what support should look like for people accessing mental health services.

Mental health services can help us with both our mental and physical health. Factors in our lives such as our home circumstances; work; education; friendships; our physical health; genetics; financial situation; and community connections can all impact our mental health. Many of us have also been affected by personal traumas, or wider whole population events such as the pandemic and cost-of-living crisis. In recent years, this has led people across Scotland to have more understanding about the importance of mental health, as well physical health.

We all have a range of mental health needs. Mental health services can make a real difference to the people of Scotland's mental and physical health. These standards set out how access to and the quality of mental health services can be improved, and what the people of Scotland can expect. The standards also describe that providing good trauma informed early intervention can help many of us with our mental health.

Each year there are thousands of mental health referrals to services in Scotland. Due to factors, such as demand for services and staffing levels, we know that across Scotland people have different experiences when accessing mental health services. We also know that people most disadvantaged in our society, due to social, environmental, societal, or political factors, often experience more difficulties with their mental and physical health and can find it more difficult to access to the most appropriate support.

We want people in Scotland, regardless of their background or circumstances, to be able to access the right support at the right time when they struggle with their mental or physical health. Mental health services should be available to help improve quality of life. We also want people to have the tools and support to access more self-accessed digital services, as well as face to face support, in-person or virtually. We want Scotland to be a world leader in using innovative and evidence-based approaches to help **promote** good mental health for the whole population, **prevent** mental health difficulties from getting worse, and **provide** psychological treatments when people need them.

In publishing these standards, we acknowledge that the workforce plays a critical part in how we provide safe, effective, timely, trauma informed, and compassionate based service delivery. There has been improvement in workforce recruitment over the years, with record numbers of posts in mental health services. Despite this, the mental health and wellbeing workforce remain under significant pressure. Increased demand for support and services, rising levels of illness severity and ongoing high levels of staffing vacancies are having an impact on the workforce's capacity to deliver care, treatment and support, and also on their own wellbeing.

We appreciate that implementing these ambitious standards within this context will be challenging for some services and parts of the workforce. The ability of services to implement the standards will be dependent on capacity within their teams and the pressures they face. To reflect this, we will take a phased approach to implementation and measurement. This will include a pilot that will test the feasibility of implementing the current set of standards which will inform any future refinements. Our ambition is that the standards will support services to improve the quality and safety of care, treatment and support they deliver. We will continue to work with key delivery partners through the Mental Health Standards Implementation Advisory Group to support implementation and establish a full roll-out timeline. Partnership working and collaboration will be central to the successful implementation.

We want to continue to work with services, people who work in them as well as people with lived and living experience of using services, to ensure our approach to implementation is as supportive as possible.

We want these standards to serve as an innovative national guide of what high quality mental health care and support looks like, so you know what to expect, and how services should deliver this to meet local needs.



A handwritten signature in black ink that reads "Maree Todd".

Maree Todd MSP
Minister for Social Care,
Mental Wellbeing and Sport

1. Introduction

As part of the Scottish Government's wider work to improve mental health services and care, we have developed new core mental health standards, which stem from the Mental Health and Wellbeing Strategy. These standards set out clear expectations for what services will provide, whilst recognising the need for local flexibility, and how we will provide assurance of high-quality care. These standards are designed to be aspirational about what good mental health services should look like. We know that many of these standards will already be being implemented by services but we also recognise that some of these may take longer for services to fully deliver in the face of ongoing systems pressures. We are therefore taking a phased approach to the measurement and implementation of the standards (see Annex A). This will include a pilot that will examine the feasibility of implementing the current set of standards which will inform any future refinements.

The standards have been developed in line with the vision of a Scotland, free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible.

Aims

We want to support secondary mental health services which enable people to receive the right information, support, care, intervention, or service for their needs and to support their recovery, as quickly as possible, with the fewest steps possible.

The aims of the standards for adult secondary services are as follows:

- To let individuals, their families and carers know what they can expect from a secondary mental health service.
- To ensure that person-centred and trauma-informed approaches are embedded within the services.
- To improve experiences and outcomes for people who use adult mental health secondary services.
- To ensure a consistent high quality of service is provided to everyone who needs it. To reduce the scope of unwarranted variation of quality of care.
- To support improvement in and enable measurement of quality in service provision.

2. Mental Health and Wellbeing Strategy

The Scottish Government and COSLA published its long-term vision and approach to improving the mental health and wellbeing of everyone in Scotland in June 2023. The Strategy is ambitious and describes what the Scottish Government and COSLA think a highly effective and well-functioning mental health system should look like – with the right support available, in the right place, at the right time, whenever anyone asks for help ([Mental health and wellbeing strategy](#)).

3. Improvement and Implementation

The standards aim to support services to improve the quality and safety of the care, treatment and support they provide. We will work with the Mental Health Standards Implementation Advisory Group – which has representatives from people who use, work in and manage mental health and psychological services – to develop an approach to implementation which is as supportive as possible.

We want to focus on identifying strengths in how services are delivered and support the sharing of good practice. As part of this support, Scottish Government and Partners will provide a programme of improvement support. We will initially implement the standards within adult secondary services through a pilot exercise, which will focus on refinement and use of the self assessment. More detail on this can be found in [Annex A](#).

4. Scope of the Core Standards and Engagement

It is our ambition for these standards to be applicable across all mental health services. They will initially apply to Adult Secondary Services, Psychological Therapies and Interventions and services that treat those with an eating disorder.

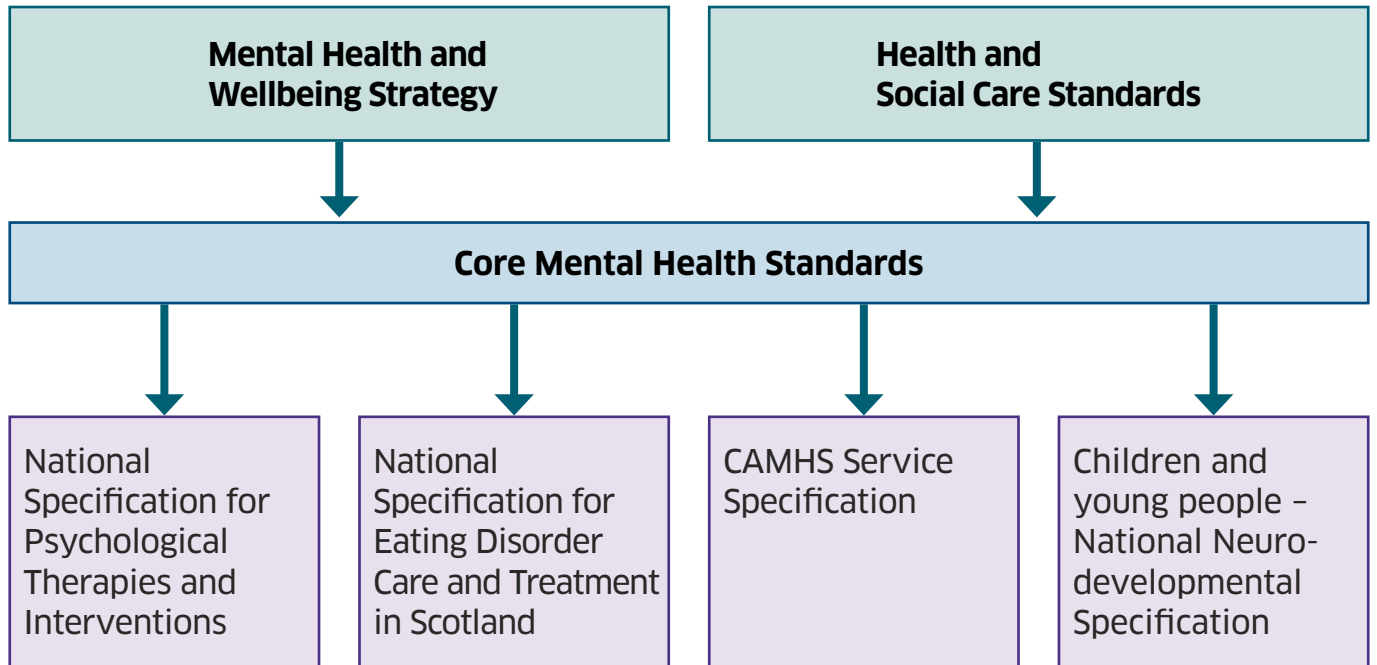
The standards have been developed based on engagement with people who use and work in adult secondary services, psychological therapies and eating disorder services. They cover common themes which were important to people in all of these areas.

The consultation results for the adult secondary standards showed clear support for standards which applied to all mental health services. We have responded to that feedback by producing these core standards for all mental health services, alongside requirements for specific areas of practice as 'service specifications'. Our ambition is to work with mental health services more widely to explore how the Core Mental Health Standards could apply across a wider range of services.

The majority of the core standards were originally part of the standards for adult secondary mental health services which were published for consultation. However, there were some standards which apply to only adult secondary services, rather than all mental health services. These specific standards are included in [Annex B](#).

The Core Mental Health Standards are informed by the [Health and Social Care Standards](#). They use the principles of the Health and Social Care Standards and apply them in a mental health setting. The Core Mental Health Standards directly reflect what people who use and work in mental health services told us was most important to them.

The diagram below shows the Core Mental Health Standards and their relationship to the Health and Social Care Standards, Mental Health and Wellbeing Strategy and different specifications.



5. Access and Equalities

A key priority in developing these standards has been addressing the inequalities in outcomes and experiences for people accessing mental health services. We know that access to and experience of mental health support and services is not experienced equally across the population.

We want these standards to support equitable and non-discriminatory access to mental health care and support as well as equity in the experiences and outcomes of people using services.

We acknowledge that as we implement these standards, we need to listen to and learn from people and organisations. In addition, we are undertaking an Equalities Impact Assessment (EQIA) and are using the findings from this to inform our approach to implementation.

Social and structural inequality in society means that those who face the most significant disadvantages in life also face the greatest risks to their mental health. This includes marginalised groups who experience discrimination, racism or exclusion (social, political, economic or environmental) based on race, gender, sexual orientation, disability or other characteristics protected by the Equality Act 2010. There are also 'hidden' groups such as those who are homeless, experiencing abuse or who experience multiple disadvantages.

In many cases, these same groups of people also often experience less access to effective and relevant support for their mental health. When they do get support, their experiences and outcomes can be poorer. These inequalities in mental health care can exacerbate mental health inequalities.

We must take an intersectional approach so we can most effectively understand and tackle structural inequality, recognising people are multi-faceted and different experiences or aspects of their identity interact to affect their mental health. We need support, services, care and treatment that are anti-racist, culturally-sensitive and inclusive.

6. Context: Pressures facing Services and the Mental Health Workforce

The mental health and wellbeing workforce play a critical part of how we promote positive mental wellbeing, prevent poor mental health or further deterioration in those with existing mental health conditions. The workforce aim to provide safe, effective, timely, compassionate and evidenced-based support, care and treatment where these are required.

Through a continued focus on Fair Work, there has been improvement in workforce recruitment over the years, with record numbers of posts in mental health services. Despite this, the mental health and wellbeing workforce remain under significant pressure. Increased demand for support and services, rising levels of illness severity and ongoing high levels of staffing vacancies are having an impact on the workforce's capacity to deliver care, treatment and support, and also on their own wellbeing. The impact on the workforce's wellbeing is leading to higher absence rates and causing retention challenges across the system. This is further exacerbated by the impact of the cost-of-living crisis on the person seeking support and on the workforce themselves. These pressures also impact the ability to attract, train and retain a strong and diverse workforce, which in turn impacts the ability to engage with and deliver long-term strategic planning for the workforce.

We appreciate that implementing these standards within this context will be challenging for services and the workforce. As such, we acknowledge that the ability of services to implement the standards will be dependent on capacity within their teams. Within this context, the standards will take time for services to fully implement: and we will take a phased approach to implementation. Our ambition is that the standards will support services to improve the quality and safety of care, treatment and support they deliver.

We want to continue to work with services, people who work in them as well as people with lived and living experience of using services, to ensure our approach to implementation is as supportive as possible.

We will publish a Mental Health and Wellbeing Workforce Action Plan setting out the immediate actions, timeframes and allocation of responsibilities for achieving the outcomes, all of which contribute to achieving our vision for the workforce to ensure that everyone experiences the best mental health and wellbeing possible. Given the potential of the quickly evolving landscape to affect demand and delivery, as well as new and emerging research and evidence, the plan will take a phased approach so that progress can be made responsively and incrementally.

7. Structure of the Standards

The standards are structured around the themes that emerged from engagement with people with lived experience of using mental health and psychological services and the workforce. The themes are:

- Access
- Assessment, Care Planning, Treatment and Support
- Moving between and out of Services
- Workforce
- Governance and Accountability.

Each theme contains a section which describes what a person can expect when using mental health services: 'What I can expect'. Each section also contains information which describes how services should be designed and delivered: 'How services and teams will deliver this'.

8. Mental health and wellbeing support

If you are affected by any of the issues covered in this document and need support, help is available.

We have included links to some of those sources of support below.

- **Breathing Space** / phone 0800 83 85 87
- **NHS24** / phone 111
- **Mind To Mind**
- **National Trauma Training Program**

9. What I can expect

Access

- 1.1 I will be able to easily access and understand information about who services are for, what is provided, and how I can be referred to these.
- 1.2 Regardless of where I first made contact for support, I will be supported to get the help that is right for me, from the right person.
- 1.3 After I am referred, I will be contacted with an estimate of the time I will have to wait to be seen. I will receive regular updates if the time I have to wait is longer than this.
- 1.4 I will be provided with information on other appropriate available support such as online resources, self-help, and community resources including those from third sector and member-led organisations which will support me while I am waiting well.
- 1.5 I will be treated with kindness, compassion, dignity and respect when accessing services and my experiences, personal circumstances and requirements will be considered.
- 1.6 I will receive the help I need in a timely way and in a timescale which is based on the best of evidence.
- 1.7 If I am experiencing crisis, I will be able to access the help I need at a time I need it, in an accessible and available space. I will be shown compassion by the people who provide my support.



Assessment, Care Planning, Treatment and Support

- 2.1 The help I receive will be centred around me, respectful of my choices and based on the evidence about what is most likely to help me. This will take into account my cultural and social needs, and will aim to follow the principles of trauma-informed practice.
- 2.2 I will get the help I need in a compassionate environment which is free from stigma.
- 2.3 I will be supported by professionals who have the necessary skills to meet my assessed needs.
- 2.4 If I need help from multiple professionals and agencies, I will have a designated person who will offer support in coordinating these.
- 2.5 Alongside consideration of my assessed needs, I will be asked what is important to me and this will inform my mental health and wellbeing assessment and the help I receive.
- 2.6 My support network will be involved in my care if I want them to be. They will be signposted to support and resources that are available to support them.
- 2.7 I will have one written care and treatment plan which is jointly created by me and the professionals supporting me.
- 2.8 I will have access to my care plan which will be regularly reviewed to ensure it continues to reflect my assessed needs and what is important to me.
- 2.9 Professionals who work with me will communicate in a way I understand.
- 2.10 Based on my assessed needs, including safety, the help I need will be delivered as close to home as possible and in ways that suit me.
- 2.11 I will have a choice in how I prefer to access care and support and whether I engage digitally or face to face. However I access support, the environment will be safe, clean and will enable effective treatment.

Moving between and out of services

- 3.1 If I need to move between or out of services, I will be supported to prepare for this move. If I need someone to help me, that support will be available to me at a time and pace I need.
- 3.2 If I move between different services, my care plan will include clear information which supports my move.
- 3.3 With my permission, my care plan will be shared as I move between services so that I have to tell my story as few times as possible.
- 3.4 If I move out of services, I will understand how to get support, care and treatment if I need this again, this will be easy for me.

Workforce

- 4.1 I will be confident that the staff who work with me have the right skills, training and experience.
- 4.2 I will be confident that the staff who work with me are well supported to do their job and their wellbeing is protected.

Governance and accountability

- 5.1 I will be asked about my experiences and this feedback will be used to improve services. With my agreement, my support network will also be able to offer feedback.
- 5.2 I will be able to easily find clear information on what actions I can take if these standards are not being met or I do not feel satisfied with my experience.
- 5.3 I will be signposted to independent advocacy services for support, given the opportunity to share my experience confidentially and be supported to make a formal complaint if I want to.

10. To deliver this services and teams will

Access

- 1.8 Produce information in a clear and accessible format on who services are for, what is provided, and who can provide a referral. Information will include contact information, locations, opening hours and how to contact out of hours/emergency care.
- 1.9 Develop and publish the criteria used to assess needs and use this criteria to prioritise the referrals of those in most need.
- 1.10 Provide information on other sources of support such as online resources and community resources which will support people waiting. This will include third sector or member-led organisations which support people from different social, economic, cultural and ethnic backgrounds.
- 1.11 Provide information on how mental health and wellbeing services work together and with other agencies and organisations to improve experiences and outcomes for people using services.
- 1.12 Work with people who use services to ensure information is easy to understand. Information will be available in people's preferred languages and will be person-centred, anti-racist, culturally and gender-sensitive, age-appropriate, fully inclusive and in a range of formats e.g. audio or easy read.
- 1.13 Work to reduce stigma and barriers to accessing support, care and treatment. This will include consideration of inequalities related to cultural, ethnic, and other protected characteristics.
- 1.14 Have systems to accurately measure waiting times and outcomes for assessment and treatment, and make this information accessible to everyone.
- 1.15 Where national waiting time targets are in place, in CAMHS and Psychological Therapies services will work to meet these,
- 1.16 Take steps to measure, identify and rectify unnecessary delays.

Assessment, Care Planning, Treatment and Support

- 2.12 Ensure that teams provide a wide range of assessments and therapeutic interventions based on needs in their community.
- 2.13 Ensure that people's preferences inform how they access services and that services are delivered in an environment which is accessible, safe, and enable effective assessment, care and treatment.
- 2.14 Ensure mental health and substance use services work together to ensure there are no gaps in access or treatment provision.¹
- 2.15 Routinely measure and report care and treatment outcomes, including service users and carer experience, and use this data to ensure inclusion in service planning and delivery.
- 2.16 Use demographic data, engagement intelligence, national prevalence rates and data on wider determinants of health to identify groups with poorer mental health and direct resources accordingly.

Moving between and out of services

- 3.5 Work together to reduce delays in transitions of care. There will be joint processes, appropriate systems and information sharing protocols in place to enable seamless transitions.
- 3.6 Ensure that if people's move out of or between services is delayed, this will be recorded, with the reason for the delay made clear. Services will report this through organisational governance such as clinical or care governance processes.
- 3.7 Effectively communicate to provide co-produced written care plans for transitions between services or discharge from services, detailing how to reengage. Any risks will be clearly identified and documented, and the flexibility of transfer time and handover of care will be considered.

¹ Medication Assisted Treatment (MAT) standards: access, choice, support

Workforce

- 4.3 Support the wellbeing and job satisfaction of the workforce.
- 4.4 Ensure that all staff have access to training and support for trauma-informed practice and will have completed equalities and diversity awareness training.
- 4.5 Ensure that any assessments or interventions are delivered by staff who have the appropriate skills, training, capability and capacity to fulfil their roles. Where workload tools exist, these must be used.
- 4.6 Ensure that staffing levels are safe, adequate and compliant with the health and care staffing legislation.
- 4.7 Ensure there are flexible, healthy, and safe work environments for all staff.
- 4.8 Ensure all staff have access to continuous professional developmental and learning materials that meet their needs and have protected time to undertake this.
- 4.9 Ensure clinical supervision and reflective practice is incorporated and adequately resourced into all services as routine practice.
- 4.10 Ensure leadership of services creates a supportive, collaborative and improvement culture which empowers and enables the workforce to support the implementation of these standards.

Governance and accountability

- 5.4 Ensure that information on compliments, feedback and complaints processes is easily available and in a clear, easy to understand format.
- 5.5 Ensure that processes are in place to learn from feedback and complaints and use this information to improve services.
- 5.6 Ensure senior leaders work collaboratively and a whole-system approach is taken.
- 5.7 Monitor and report on the standards and embed this in governance processes.
- 5.8 Work together with scrutiny bodies to provide assurance that standards are met and improvement to the quality of support, care and treatment are made where necessary.

11. Glossary

Accessible Information: Information which is accessible should be available in easy read formats, different language and adjusted to meet different communication needs, such as audio format.

Adult: A person who is over the age of 18.

Adult Secondary Mental Health Services: Secondary mental health services are usually made up of community mental health teams (cmhts) and adult in-patient mental health wards. Secondary mental health care services are there to meet the needs of individuals who have longer-term or complex psychological or mental health conditions (e.g. complex trauma, or psychotic illness) that cannot be met by their GP or other primary care services. These services are for those who are over 18 who do not meet the criteria for CAMHS (Child and Adolescent Mental Health Services) or Older People's Mental Health Services. This does not include forensic mental health services and specialist addiction services.

Assessed Needs: Services should have easily understood processes in place for assessing individuals' needs. This assessment should take a holistic approach which includes the whole person and considers their physical, social, communication and psychological and neurodivergent needs.

Carer: Someone of any age who looks after or supports a family member, partner, friend, or neighbour in need of help because they are ill, frail, have a disability or are vulnerable in some way. A carer does not have to live with the person being cared for and can be unpaid.

Community Services: This is care and support which can be accessed without the need to be admitted to an inpatient hospital ward.

Evidence-Informed: This means clinicians will make a conscientious effort to base decisions on research that is most likely to be free from bias, and using interventions most likely to improve how long or well patients live.

In-Patient Care: Mental health care and support which is delivered in a hospital ward.

Integrated Joint Boards and Health Boards: These organisations are responsible for the planning and delivery of a range of health services, including adult secondary mental health services.

Member-Led Organisation: These are organisations that are run by people who use support services, including people with experience of using mental health services, and their families and carers. They were set up to promote giving people more choice and control over how their support needs are met. Typically, they might provide information, advice, advocacy and peer support.

Moving Between Services: This is sometimes referred to as transitions between services.

Moving Out of Services: This is sometimes referred to as discharge from services.

Safety: In this document we mean the safety of people using services, their support networks and wider community as well as those who work with them when they are accessing services.

Services: In this document services means mental health and psychological services. Health Boards, Health and Social Care Partnerships and Integrated Joint Boards are responsible for the delivery of these services.

Support Network: This includes carers, family, kinship network and/or friends.

The Help I Need: This includes care, support and treatment which is based on the evidence of what is most likely to help each individual.

Trauma-Informed Practice: Being 'trauma-informed' means being able to recognise when someone may be affected by trauma, collaboratively adjusting ways of working to take this into account and responding in a way that supports recovery, does no harm, and recognises and supports people's resilience. (For further information go to: www.transformingpsychologicaltrauma.scot)



Annex A

Improvement and Implementation

A key aim of the core mental health and adult secondary specific standards is to be measurable and provide assurance that services are delivering for the people that use them. Making the standards measurable will allow services to understand how they are being implemented and whether they are being met. It will also make it easier for good practice to be shared and for any issues to be identified and addressed, therefore driving improvement in services.

We are mindful of the current pressures that the workforce and services remain under so have sought to adopt a proportionate phased approach to implementation and measurement.

We aim to do so through a self-assessment tool, which will be completed by service providers to evidence how they are implementing and meeting the core mental health and specific adult secondary standards. This will allow them to identify good practice that can be shared and any areas where improvements can be made. We will work collaboratively with Boards and IJBs in order to support any necessary changes. This tool will initially be piloted in selected areas before further roll out.

We will also develop key national measures. These measures will enable public scrutiny of services in key areas of the standards, and geographic comparisons both at an international and sub-national level. Wherever possible this will use existing data collection, including reforming the existing PHS Mental Health Quality Indicators. This data will be collected from Boards and will be analysed and published by Public Health Scotland.

Information gained from the self-assessment and the national measures will support Scottish Government's planning and policy development in mental health.

Monitoring and measurement against the standards will be for anyone working in, or receiving care in the public sector (e.g health and social care). This may also include any third sector organisations who are commissioned to deliver care as part of secondary services.

As part of the NHS benchmarking network, we are currently engaged in temporary benchmarking data collection specifically for adult secondary services (2023). This data is being collected solely for improvement purposes but will also be used to establish a baseline against the standards and determine the feasibility of implementing longer term national measures. This approach is integral to our improvement strategy and our commitment to sharing learning.

Annex B

Core Standards which only Apply in Adult Secondary Mental Health Services

1. Standards Development Process

- Currently, there are no national standards specifically for adult secondary mental health services in Scotland. Both people with lived experience of using secondary mental health services and people who work in and lead services have identified this as a limitation in the delivery provision of quality care and support. The development of these standards aims to address this gap.
- The **Mental Health Transition and Recovery Plan** (published October 2020) outlines the Scottish Government's response to the coronavirus pandemic. It addresses the challenges that the pandemic has had, and will continue to have, on the population's mental health and wellbeing. It has a key aim of ensuring safe, effective treatment and care of people living with mental illness. It committed us to the development, implementation and assessment of quality standards for adult mental health services.
- Throughout the development of standards for adult secondary services, we engaged extensively with people who use mental health services, the mental health workforce and organisations who deliver mental health services. You can find copies of reports on this engagement on the Scottish Government website - **Adult secondary mental health services - quality standards: consultation**.
- We set up and worked with the Mental Health and Wellbeing Standards Working Group which was made up of people from each of these groups and chaired by someone who had used adult mental health secondary services.
- We have also reported regularly to the **Mental Health Quality and Safety Board**.
- We ran a public consultation between December 2022 and March 2023. A report on the results of this can be found on our website - **Adult Secondary Mental Health Services: Consultation Analysis**.
- The consultation results for the adult secondary standards showed a clear support for standards which applied to all mental health services. We have responded to that feedback by producing core standards for all mental health services.
- The majority of the core standards were originally part of the quality standards for adult secondary mental health services which were published for consultation. However, there were some standards which apply to only adult secondary services rather than all mental health services. These specific standards are included in this Annex.

- Following a phase of initial implementation, these standards will be subject to review based on learning and feedback from service providers as well as people who use and work in services. This will include consideration of whether more detailed specifications are needed to support adult secondary services.

2. What are Adult Secondary Mental Health Services?

- Secondary mental health services are usually made up of community mental health teams (cmhts) and adult in-patient mental health wards.
- Secondary mental health care services are there to meet the needs of individuals who have longer term or complex psychological or mental health conditions (e.g. complex trauma, or psychotic illness) that cannot be met by their GP or other primary care services. These services are for those who are over 18 who do not meet the criteria for CAMHS (Child and Adolescent Mental Health Services) or Older People's Mental Health Services.
- Secondary mental health care services are usually services which need a referral from your GP or another health and social care service.
- Secondary care services may be delivered in the community or in hospital by a team of mental health professionals who have the skills and training to meet people's needs and support their recovery. Examples of these include Psychiatrists, Mental Health Nurses, Psychologists, Peer Support Workers, Pharmacists, Occupational Therapists and other Allied Health Professions, as well as Social Workers and Mental Health Officers.
- Integrated Joint Boards are responsible for providing these services. They may do this through Health Boards and/or Health and Social Care Partnerships.

3. What are Primary Care Mental Health Services?

- Primary care is all services that provide healthcare in a local area. It is usually delivered by or linked to a GP surgery. These services are usually the first points of access for people in the community who are seeking advice or help with a mental health concern.
- Primary care services provide support and care to people that seek help with a wide range of healthcare concerns, including mental health and wellbeing. Primary care services also direct people to secondary and more specialist services where required.
- If support can be accessed to help people within primary care services in their local area, this should be the default. If referral to secondary or specialist services is required it should be straightforward and timely.
- It is important that primary and secondary care services have strong links in order to be able to escalate treatment if needed, as easily as possible. People may also require ongoing access to support in primary care, while being treated in secondary or specialist services.

- While there are existing principles² for mental health in primary care settings, driven by the same need to address the inequalities in outcomes and experiences for people, the core mental health standards and adult secondary services specific standards could also apply in primary care settings, where appropriate. The standards on moving between and out of services and those relating to access are of particular relevance to primary care services.

4. Structure of the Standards

The standards are structured around the themes that emerged from engagement with people lived experience of using adult secondary mental health services and the workforce. They only include themes where there were specific standards not covered in the core mental health standards.

- Access
- Assessment, Care Planning, Treatment and Support
- Moving between and Out of Services



² Short Life Working Group for Mental Health in Primary Care: report - gov.scot (www.gov.scot)

1. Access

Adult Secondary Mental Health Specific Standards:

- Services will provide information on how they work with other agencies and services including primary care, CAMHS and drugs and alcohol services to improve experiences and outcomes for people using services.

2. Assessment, Care Planning, Treatment and Support

Adult Secondary Mental Health Specific Standards:

- Teams will include psychiatry, nursing, psychology, social work, pharmacy, peer support, and Allied Health Professionals and other expertise as needed.
- Services will ensure that the mental health care and support is provided in a community setting wherever possible. If people need in-patient care, this will be for the shortest necessary time and planning for returning to the community will begin as soon as they are admitted with an estimated date for discharge.

3. Moving between and out of services

Adult Secondary Mental Health Specific Standards:

- Services will work together to reduce delays between in-patient and community services, there must be joint processes and appropriate systems in place to enable seamless transitions.



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