



**Working title:**  
**Scotland's Mental Health and**  
**Wellbeing**

Vision and Priorities

# MENTAL HEALTH AND WELLBEING STRATEGY DRAFT FOR MINISTERIAL REVIEW

## **Acknowledgement**

This document provides a broad overview of the information and contributions shared by stakeholders through the public consultation and engagement sessions. It seeks to give an insight into the main themes that have been raised and highlight some of the other messages that have been provided to Scottish Government during discussions with stakeholders. We are committed to ensuring that the voice, views and needs of our stakeholders and contemporary data and evidence is what drives this Strategy's development, design and delivery.

MENTAL HEALTH AND WELLBEING STRATEGY  
DRAFT FOR MINISTERIAL REVIEW

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## 1. SOURCES OF SUPPORT

We know that the content in this Strategy may impact emotionally on those reading it. Support is always available, and you may find the below information useful.

### 1.1 Breathing Space

Breathing Space is Scotland's mental health helpline for individuals experiencing symptoms of low mood, depression, or anxiety, and offers free and confidential advice for individuals over the age of 16. They can be contacted on 0800 83 85 87, 6pm to 2am Monday to Thursday; and from 6pm Friday throughout the weekend to 6am Monday.

### 1.2 Samaritans

Samaritans provide confidential non-judgemental emotional support 24 hours a day for people who are experiencing feelings of distress or despair. You can contact Samaritans free by phoning 116 123 or via email on [jo@samaritans.org](mailto:jo@samaritans.org)

### 1.3 NHS24 Mental Health Hub

Telephone advice and support on healthcare can be obtained from NHS24 by phoning 111; the Mental Health Hub is open 24/7.

### 1.4 Mind to Mind

If you're feeling anxious, stressed, or low, or having problems sleeping or dealing with grief - find out how you can improve your mental wellbeing by hearing what others have found helpful by visiting <https://www.nhsinform.scot/mind-to-mind>

### 1.5 Aye Feel

Aye Feel, brought to you by Young Scot and the Scottish Government, is an information campaign encouraging young people to look after their emotional wellbeing and mental health. Visit <https://young.scot/campaigns/national/aye-feel> to learn more.

### 1.6 Childline

Childline is a free service for children and young people, for whenever they need support or advice. It is open 24/7, and there are many ways to get support. You can call 0800 1111. Other ways are set out on their website: [www.childline.org.uk](http://www.childline.org.uk)

### 1.7 National Wellbeing Hub

The National Wellbeing Hub helps support the wellbeing of everyone working in Health and Social Care in Scotland. Visit <https://wellbeinghub.scot/> to learn more, or call the National Wellbeing Helpline. This compassionate listening service is available 24/7 and is for everyone working in health and social care services in Scotland. You can call on 0800 111 4191.

### 1.8 Shout

A free and confidential text service for anyone wanting help with their mental health. Text the word 'SHOUT' to 85258 to start a conversation with a trained Shout Volunteer, who will text you back and forth. Visit <https://giveusashout.org/> to learn more.

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## 2. INTRODUCTION / CONTEXT

2.1 Our vision is of a Scotland, free from stigma and inequality, where every person experiences and has the right to achieve the best mental health and wellbeing possible.

2.2 To achieve this bold vision, a huge effort is needed from local and national Government, national organisations, public bodies, the voluntary sector. The effects of stigma and discrimination on mental health and wellbeing are known to be damaging and can significantly impact on people's lives. Where stigma and discrimination exists in society, this can have a significant impact on people's ability to maintain confidence in safe and secure relationships, find and keep employment, have trust in healthcare settings and services as well as other important areas of life. Stigma and discrimination can cause feelings of fear, isolation or shame in those it is directed at, and can exacerbate existing issues.

2.3 Most of the time, we use our own personal and community connections to support and manage our health and wellbeing. This lets us try to achieve what matters to us so we can live healthy, meaningful lives.

2.4 Our mental wellbeing is something that begins before we are even born and during the earliest years, developing strong attachments and relationships with our caregivers and being supported as we grow to live our lives, building resilience and the ability to constructively manage difficult emotions. If these foundations are laid, at home and at school and nursery, as we grow, it can help us to maintain good mental wellbeing, even through the times when we experience distress or difficulty.

2.5 Unfortunately, our chances of having good or poor mental health are far from equal, as the environment we live in has a major influence on our mental and physical health. We know that inequalities in society impact some groups of the population more than others, putting them at greater risk. Our response and support needs to understand these inequalities and put in place structural changes to address them. This Strategy has tackling inequalities at its core. Increasingly, however, we understand that anyone can experience a mental health problem and that some people will experience mental illness that can be severe and/or enduring and require treatment.

2.6 However, we also understand that anyone can experience a mental health problem. Mental health conditions are common, one in four of us are affected each year, and we are all on a mental health spectrum from healthy to unwell, with many of us being at very different points during our lives. This is the case whether we experience a diagnosable mental illness or not. Ultimately, there is no health without mental health<sup>1</sup> (ref).

2.7 Good mental health for all is best created through relationships, and in communities. It is not just the business of government or public services, but a collective responsibility. No single person, group or organisation can tackle mental health alone. Tackling the unequal factors of mental health is one of the most

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<sup>1</sup> [Mental health \(who.int\)](https://www.who.int)

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challenging areas of policy and practice. Risk factors for poor mental health cover a range of causes and go well beyond the usual confines of health policy or practice. To help to break the cycle, challenging the known causes requires significant social change. This means tackling poverty, economic inequality, racism, stigma and discrimination, violence and insecurity.

2.8 This Strategy puts people at the centre of policy development. It reflects what we have heard from people with lived experience of mental health and practitioners. It explores how to protect wellbeing, build resilience, prevent common mental health problems and strengthen the provision of mental health and wellbeing support for everyone. This means from pre-birth to older age, including those in marginalised groups. It means a focus on prevention and early intervention, starting with individuals and relationships, both at the early stages of life, and whenever mental health issues do occur. We will also strengthen our collective responses to improving more specialist support and services (care, treatment and recovery) for those who need it, to ultimately improve personal outcomes for everyone.

2.9 We are not starting from scratch. A huge amount has already been done and is continuing to challenge and shift our attitudes, inform our actions and expand our approaches to mental health and wellbeing.

2.10 This includes work to:

- raise awareness and importance of our mental health and wellbeing
- embed addressing mental health stigma at all levels of society
- develop resources to help people self-care and self-manage
- invest in a robust community driven mental health and wellbeing system, including investing in community, specialist and secondary care services, to ensure we have a human-rights based system.

2.11 We will continue to build on the huge efforts of our workforce, our partners and the success of the actions taken to date.

2.12 NB A Progress Report will be published alongside the Strategy setting out progress to date following the Mental Health Strategy 2017 and Mental Health Transition and Recovery Plan 2020.

2.13 It is our collective priority to drive change and improve mental health outcomes. Our aim is to tackle mental health inequality on many levels, addressing poverty and deprivation and economic inequality. National and local leadership is vital if we want to achieve mental health equality and put in place many large scale changes. These are necessary to make a highly functioning system that makes mental health equality possible.

### **What we heard during engagement and consultation**

2.14 The voices of our stakeholders provide meaning and are key to the development, design and delivery of mental health and wellbeing in Scotland.

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2.15 Valuing the insight of people with lived experience of mental health conditions, and giving them voice, choice and influence in many aspects of the whole mental health system, is a vital step towards people feeling heard and meaningful action taken. The public consultation was informed by a range of stakeholder workshops and engagement events. The public consultation which ran from 29th June to 9th September 2022, received 495 responses. These have informed and influenced the development of the Strategy so far. Throughout this process, we have heard some very powerful voices and insightful feedback which is reflected in the document. We will continue to engage our stakeholders, across all age groups, to support the changes we want to see to improve population mental health and wellbeing. The full analyses of the consultation will be shared as part of the Strategy publication.

### 2.16 What we already know

- 1 in 4 adults are affected by mental health problems, with 1 in 6 of the population experiencing a mental health episode in any year<sup>2</sup>
- Average levels of mental wellbeing were lower in 2021 than in 2019. This was following a decade in which levels had remained fairly constant. Women's average mental wellbeing scores fell by more than those for men.<sup>3</sup>
- In 2021, 22% of all adults aged over 16 may be experiencing a psychiatric disorder.<sup>4</sup>
- 11% of adults have symptoms of moderate to severe depression<sup>5</sup>
- 14% of adults have symptoms of for moderate to severe anxiety<sup>6</sup>
- Approximately 6% of adults in Scotland report having ever attempted suicide<sup>7</sup>
- 11% of adults have self-harmed<sup>8</sup>
- 78% of people with mental illness had experienced stigma and discrimination in health care services<sup>9</sup>
- 1 in 5 women have some mental health problems in pregnancy/first postnatal year.<sup>10</sup>
- The percentage of children aged 4-12 reporting an “abnormal” or “borderline” emotional symptoms score increased from 14% in 2012-2015 to 17% in 2016-2019<sup>11</sup>

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<sup>2</sup> 2007 Adult Psychiatric Morbidity survey

<sup>3</sup> [The Scottish Health Survey 2021 - volume 1: main report - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/scottish-health-survey-2021-volume-1-main-report/pages/11.aspx)

<sup>4</sup> [The Scottish Health Survey 2021 - volume 1: main report - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/scottish-health-survey-2021-volume-1-main-report/pages/11.aspx)

<sup>5</sup> [The Scottish Health Survey 2021 - volume 1: main report - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/scottish-health-survey-2021-volume-1-main-report/pages/11.aspx)

<sup>6</sup> [The Scottish Health Survey 2021 - volume 1: main report - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/scottish-health-survey-2021-volume-1-main-report/pages/11.aspx)

<sup>7</sup> [The Scottish Health Survey 2021 - volume 1: main report - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/scottish-health-survey-2021-volume-1-main-report/pages/11.aspx)

<sup>8</sup> [The Scottish Health Survey 2021 - volume 1: main report - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/scottish-health-survey-2021-volume-1-main-report/pages/11.aspx)

<sup>9</sup> [The Scottish Mental Illness Stigma Study September 2022](https://www.gov.scot/publications/scottish-mental-illness-stigma-study-september-2022/pages/11.aspx)

<sup>10</sup> Requires reference

<sup>11</sup> Child Wellbeing and Happiness | National Performance Framework

# MENTAL HEALTH AND WELLBEING STRATEGY

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### 3. VISION

3.1 Our vision is of a Scotland, free from stigma and inequality, where every person experiences, and has the right to achieve, the best mental health and wellbeing possible.

3.2 To achieve this, we will:

- **Promote** positive mental health and wellbeing for the whole population, improving understanding and tackling stigma and discrimination;
- **Prevent** mental health issues occurring or escalating and tackling underlying causes and inequalities wherever possible; and
- **Provide** mental health and wellbeing support and care, ensuring people and communities can access the right information, skills, support, services and opportunities in the right place, at the right time.

### 4. GUIDING PRINCIPLES

4.1 The Strategy is based on 10 core principles. It will be:

- Founded on equality and human rights
- Trauma responsive
- Developed and delivered in partnership
- Based on a 'no wrong door' approach
- Outcomes focussed
- Data and evidence driven
- Based on a whole person approach
- Focussed on the wellbeing of individuals, families, communities and society

4.2 It will be informed by:

- The voice of people with lived experience and practitioners
- A life stage approach focused on prevention and early detection of mental illness and poor mental wellbeing.



## 5. OUTCOMES – THE DIFFERENCES THIS STRATEGY WILL MAKE

5.1 Outcomes are the positive differences or changes that policies, services and activities can achieve for people. The outcomes we have listed below have been developed through extensive engagement. They describe things we need to see change over the long term. More detailed short and medium term outcomes will be included in a separate outcomes framework, showing the actions and activities we will need to achieve these successfully over time. NB the full outcomes framework will be published as part of the Delivery Plan.

5.2 By taking an approach that focuses on outcomes, we can set out clearly what we want to achieve in the long term. We can also show how a variety of actions will help to deliver improvements over time through a range of more detailed and specific inputs, outputs and outcomes. We have also built in monitoring and evaluation from the start. This is so that the effectiveness of the Strategy and its component parts can be measured. These will contribute to our vision of everyone experiencing the best mental health and wellbeing possible.

5.3 Throughout the life of the Strategy, we will use this framework to help us prioritise our actions and investment. We expect the framework to evolve throughout the life of the Strategy. This will be in response to new and emerging research, evidence, and societal changes.

5.4 These outcomes are intended to be for the whole population of Scotland. People will have different starting points and need different kinds of support to get them to where they want to be. For example, the needs of children and young people will be different from those of adults. So will the needs of someone with severe mental illness compared to someone struggling with their mental wellbeing. The needs of more ‘at risk’ groups, such as those with protected characteristics, will also vary from the wider population. The outcomes we are aiming for are the same for everyone, although the actions we need to take to get there might differ for different people.

### Outcomes

5.5 In order to achieve our vision, we will work with partners to deliver on 9 overarching and high level outcomes. The first 5 outcomes relate to changes we want to see at an individual, community, population and societal level.

1. The overall mental health and wellbeing of the population is increased and mental health inequalities are reduced (Population)
2. People with mental health conditions, including those with co-existing health conditions experience improved quality and length of life, free from stigma and discrimination (Individuals)
3. People have an increased understanding of mental health and wellbeing to access appropriate support (Individuals)
4. Communities are better equipped to act as a source of support for people’s mental health and wellbeing, championing the eradication of stigma and providing a range of opportunities to connect with others (Community)

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5. Through a range of cross-policy actions, we have increasingly worked to tackle the wide ranging social, economic and environmental factors that negatively impact people's mental health and wellbeing including poverty, stigma, discrimination and injustice (Societal Influences)

5.6 To achieve these outcomes for people, we will need to see changes to the infrastructure that supports them. The four outcomes below therefore relate to the changes we want to see for services and support, data and evidence and the workforce. We want people to be able to access the right support at the right time and in the right place and way for them.

6. Comprehensive support and services that promote and support people's mental health and wellbeing are increasingly available in a way that meets and respects individual needs (Services & Support)
7. Mental health support and services are better informed by people with lived experience and practitioners, and have a focus on recovery. (Services & Support)
8. Decision-makers and practitioners are better able to access the evidence, research and data they need to ensure a more evidence-based approach to policy formation and practice. (Data & Evidence)
9. The future mental health and wellbeing workforce is diverse, skilled, supported and sustainable (Workforce)

### **What do we mean by 'communities'?**

When we talk about 'communities', this includes geographic communities, communities of interest and communities of shared characteristics.

### **What success looks like and how we'll measure it**

5.7 We want to create an environment where we can continually improve. This means we will see a shift in the public narrative and perception of mental health and wellbeing. We will see mental health and wellbeing support as a continuum, designed around the ebbs and flows a person may experience throughout their lifetime. All sectors and sources of support, including statutory and third sector, will work seamlessly together, so it is easier for people to access the support they need throughout their lives. And that support will be focused on the individual's needs.

5.8 All children, young people and their families will have access to the right support and services, in the right place, at the time they need it, from pre-birth onwards. An increasing focus on prevention and early intervention should stop some mental health problems before they occur and reduce the need for clinical interventions. We want to ensure that there is a clear understanding across families, communities and professionals of the fundamental importance of good relationships from the earliest years of life (including during pregnancy) and the impact that has on mental health and wellbeing throughout the whole life course. And we want to enable parents, carers and families to feel empowered to be involved in their child's care. The views of people with lived experience, including children and young people, and

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those of practitioners should be considered and included throughout improvements made to supports and services, particularly those of seldom heard groups.

5.9 We also want to ensure that there is greater knowledge and understanding within workforces of Adverse Childhood Experiences (ACEs) and trauma. We want to see all frontline services, including mental health services, designed to fully meet the needs of the many people in Scotland, who have been, or continue to be, impacted by psychological trauma or ACEs, including reducing any barriers to accessing services and/or potential for causing re-traumatisation or further harm.

5.10 People will be better equipped to understand and challenge stigma towards communities with the greatest need for mental health support, including those with mental health conditions, neurodiverse conditions and co-existing physical health conditions. Recognising the mental health and wellbeing impacts of Dementia in particular, practitioners will be able to better challenge stigmatising notions of what dementia means and deliver a trauma-informed approach to diagnosis and support.

5.11 The success of this Strategy is dependent on and related to the success of many others (outlined in Interdependent Strategies section). That includes our Suicide Prevention Strategy 'Creating Hope Together' which seeks to reduce the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide, and the forthcoming Self-Harm Strategy. It also includes a range of national strategies which aim to tackle the social determinants of mental health and reduce inequality in society.

5.12 We will publish a monitoring and evaluation framework. This will set out how we will measure progress towards the outcomes. It will also take account existing indicators and standards currently under development. Governance arrangements will be put in place to oversee implementation of the Strategy and track progress.

## 6. MENTAL HEALTH IN SCOTLAND – SETTING THE CONTEXT

NB: A full evidence narrative and equality evidence report will set out in detail what the evidence tells us about Mental Health and Wellbeing in Scotland. A very brief summary is included here to give an indication of content.

### Prevalence of Mental Health issues in Scotland – recent trends

6.1 Before the Covid-19 pandemic, we saw a steady rise in mental health issues in Scotland over many years. Various factors contributed to rising psychological distress, including benefit reform and Brexit.

6.2 Even before the pandemic, mental health issues were one of the main causes of ill health in Scotland. We know that levels of ill health are highest amongst those living in deprived areas. The pandemic had a further substantial effect on the mental health and wellbeing of the population, with some groups affected more than others.

### Inequalities

6.3 We know that social and structural inequality in society put some groups of the population at a disadvantage. This includes marginalised groups and those with protected characteristics, who are disproportionately at risk of more adverse impacts on their mental health and wellbeing.

6.4 Experiencing stress, racism, discrimination and trauma has a significant negative impact on mental health and wellbeing and can disproportionality impact minority ethnic groups, LGBTI+ people and disabled people. Higher rates of loneliness and isolation are found among older adults, disabled people and women in certain life stages. Negative impacts of the pandemic and the cost of living crisis have been felt disproportionately by women, children and young people, disabled people, older people and minority ethnic groups. People with learning disabilities are much more likely to suffer from mental health conditions than the rest of the population, and a large proportion of autistic people experience mental ill health in their lifetime.

6.5 In many cases, these same groups of people have less access to support and services. When they do access support and services, they can be less effective and relevant, leading to poorer experiences and outcomes.

### Social determinants

6.6 We know that mental health and wellbeing is impacted by a broad range of factors we call ‘social determinants’. These are the conditions in which we are born, we grow and age, and in which we live and work.

6.7 We know that some groups of people experience poorer mental health and wellbeing because of social or economic factors that they cannot control, such as low income or poverty, poor housing, limited employment opportunities, or because they experience prejudice and discrimination.

## Social determinants of health

The social determinants of health are the conditions in which we are born, we grow and age, and in which we live and work. The factors below impact on our health and wellbeing.



These determinants apply to mental health as well as physical health

## Impacts across the life course

6.8 Across a lifetime, people will have different experiences with their mental health and wellbeing. There are certain stages of life that can have a big impact on future mental health and wellbeing. Establishing the conditions for good mental health is essential even before birth and throughout infancy. Mental health within the perinatal period (before, during, after birth) and during infancy has life-long implications in relation to later mental and physical health. Good infant mental health and relationships are associated with later benefits including adult mental health and wellbeing. These include the ability to form and sustain relationships and achieve satisfaction with social and work aspects of life. Intervening early when there are circumstances that might damage those relationships (such as maternal mental illness, substance use, prematurity or neonatal illness) is vital. This is particularly so where families are experiencing multiple disadvantages.

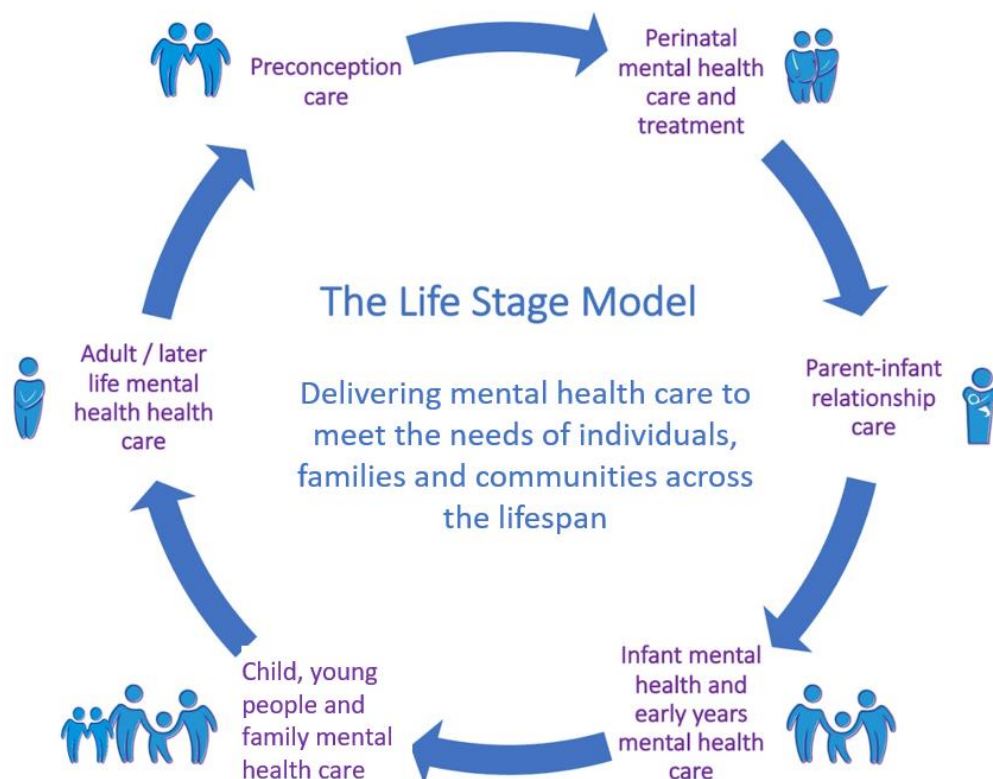
6.9 As babies grow into children and young people, it is important that they develop resilience and coping strategies to support life's ups and downs. Families, parents and carers play a central role in this. Where problems do occur, children, young people and families should be able to access support in their local community when they need it. For some children and young people, more serious illness will develop. If this happens, children and young people should be able to access timely support from specialist child and adolescent mental health services (CAMHS). Those with neurodevelopmental needs should be able to access appropriate support without having to wait for a formal diagnosis.

6.10 Periods of transition often put extra stress on children and young people's pre-existing resilience and coping strategies. The late teenage years are a point when mental wellbeing can decline, particularly for young women, and can also be the point of onset of serious mental illness.

6.11 Support from a range of sources for needs to continue through to young adulthood. Building the foundations for young people to develop solid foundations for secure attachments and relationships, as well as self- help and resilience skills, as

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they transition to adulthood, perhaps become parents themselves, and through to middle-age and older life.



### Costs of poor mental health and wellbeing

6.12 The costs to society of poor mental health are clear. These can be associated with lost employment, reduced productivity, debt and money worries, levels of crime and impacts on families and carers.

6.13 There have been attempts to estimate the full financial costs of mental health conditions in Scotland. The Mental Health Foundation and London School of Economics has estimated these to be at least £8.8 billion each year<sup>12</sup>. The majority of these costs occur outside healthcare and relate to lost employment and informal care.

6.14 The large financial costs of mental health conditions, means that interventions that can help to reduce the prevalence and impact of these have the potential to be highly cost-effective, that is they offer very good value for money.

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<sup>12</sup> Ref needed

## 7. DATA & EVIDENCE - KNOWN CAUSES AND CHALLENGES

NB: A full evidence narrative and equality evidence report will set out in detail what the evidence tells us about Mental Health and Wellbeing in Scotland. A very brief summary is included here to give an indication of content.

7.1 There are a number of challenges to achieving the outcomes we want to see. These are closely connected to each other.

### Global health, economic and political challenges

7.2 It is important to recognise the effect that global challenges can have on the mental health and wellbeing of the general population. For many people, global events may lead to increased levels of anxiety and distress. For those already experiencing mental health issues or those facing disadvantage, this risk is likely to be even greater. It is crucial to understand the impacts of these wider challenges and ensure the right support is in place at the right time to help mitigate against these.

### Stigma and discrimination

7.3 The effects of stigma and discrimination on mental health and wellbeing are known to be damaging and significantly impact on people's lives. Where stigma and discrimination exists in society, the impact can be significant on people's ability to maintain confidence in safe and secure relationships, find and keep employment, have trust in healthcare settings and services as well as other important areas of life. Stigma and discrimination can cause feelings of fear, isolation or shame in those it is directed at, and can exacerbate existing issues.

7.4 A recent poll by See Me found that 27% of Scots surveyed don't feel comfortable speaking about their own mental health<sup>13</sup>. Of those, the most common reasons for not reaching out are fear of a negative reaction and concern about being a burden. The same poll found that 71% of people had experienced stigma and discrimination from someone, most commonly family and friends. More than half of people who live with mental illness and participated in the study described high levels of self-stigma.

### Supporting those with multiple and more complex needs

7.5 People with multiple and complex needs may experience several overlapping problems at the same time. It is estimated that around 41,000 people experience poor mental health plus one other disadvantage (homelessness, substance use, offending, domestic violence/abuse) over a year<sup>14</sup>.

7.6 Due to the complexity of access and care arrangements, people who experience multiple challenges often fall through the gaps between services and systems. This can be as a result of multiple points of access, a range of supports

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<sup>13</sup> Reference to be added

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and services from different providers with limited or no co-ordination with the person or between providers rather than their overall needs being planned and co-ordinated with them as an equal partner in their care. Although a person's overall need could be severe, they may fall below the threshold for one service. This makes it more difficult for them to access the help and support they need.

7.7 People who experience this can have difficulty in supporting others who may be reliant on them such as family members, spouses and children. This can have a knock-on effect which then negatively impacts upon the wellbeing and development of others. Secure and positive relationships can help to mitigate these risks, and this is most successfully done when support is in place which addresses the multiple challenges which people are managing in their day to day lives.

7.8 We know there is a strong link between poor mental health and substance use. People that use substances find it difficult to access the support they need which can often lead to them withdrawing or not accessing support and treatment required or being bounced between services. This can have a further negative impact on mental health and wellbeing.

### Adverse childhood experiences and trauma

7.9 We know that psychological trauma, including adverse and traumatic experiences in childhood and adulthood, is more common than is often assumed. Many people recover without the need for professional therapy or treatment. If we are not supported, however, we know that it can have a range of negative consequences, including on our future mental health and wellbeing.

7.10 The 2019 Scottish Health Survey found that a substantial proportion of the Scottish adult population suffered some form of abuse, neglect or other adverse experiences during their childhood. 71% reported having experienced at least one ACE and 15% experienced four or more ACEs. These experiences include growing up in a household where adults are experiencing mental health issues and trauma in childhood and adulthood

7.11 We also know from a wealth of evidence since the original ACE study over 20 years ago, that ACEs increase the risk of experiencing poorer mental health outcomes over the life course. Evidence points to a strong relationship between experiencing ACEs and trauma and an increased risk of mental health problems. These include anxiety, addictions, depression, PTSD and complex PTSD and the risk of self-harm and suicide. We know too that 50-70% of those who access mental health services have experienced trauma.

### Severe and potentially enduring mental illness

7.12 Severe and potentially enduring mental illnesses include bipolar disorder, schizophrenia, other psychosis, personality disorders, depression and anxiety. Around 40,000 people in Scotland are affected by severe and enduring mental illness.



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7.13 People with severe mental health conditions can also have higher rates of physical ill health. Their physical problems can be made worse by effects of their mental health and vice versa. The impact of this inherent inequality is that life expectancy can be shortened by 15 to 20 years.

7.14 For some people with mental ill health, some aspects of their care and treatment might need to be delivered against their expressed wishes at that time. This is done as set out in the Mental Health (Care and Treatment)(Scotland) Act 2003 and includes legal safeguards that ensure the person is cared for appropriately and for the shortest time possible.

### Challenges in delivering mental health services

7.15 We faced growing demands for mental health services over many years preceding the pandemic. Mental health services entered the pandemic at a time of significant challenge. This high demand frequently exceeded the care the existing workforce could provide in the established services and has led to significant challenges within the mental health specialist care system.

7.16 There are many structural and societal challenges to delivering sustainable mental health specialist care in Scotland, including:

- an ongoing rise in demand from an aging population, as well as people presenting with more complex mental health needs;
- a significant increase in children and adults seeking a diagnosis for and living with neurodiverse conditions (including ADHD), many of whom currently seek help and support through mental health pathways;
- a post pandemic decline in population mental health requiring a reassessment of how care is delivered;
- the pandemic exposed and exasperated existing social and health inequalities in access and experience of mental health services, a key priority in the recovery and renewal of mental health services;
- while excellent care is available and delivered by skilled and dedicated staff, it is not always delivered in an integrated way. Many people are finding it hard to navigate and access the care they need;
- ongoing issues around access for vulnerable people seeking care and support when in crisis and the need to ensure there is 'no wrong door' when seeking help;
- unreliable data available for staff to plan, manage and deliver services and ensure robust performance reporting and quality improvement;
- variability in timely access and performance between NHS Boards, Health and Social Care Partnerships (HSCPs) and individual services across Scotland means patients are not experiencing consistent standards of access and care, and many are waiting too long for help;
- ensuring effective and efficient use of constrained budgets, which has included health and care;
- ensuring support for people affected by the war in Ukraine and are resettling in Scotland. Many people feel it is impacting their mental health and wellbeing or are in need of trauma responsive support;

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- ensuring support for people affected by the costs of living crisis who feel it is impacting their mental health and wellbeing; and
- that the mental health needs of our communities, such as minority ethnic, neurodiverse, LGBTI+, are currently not properly understood or sufficiently met.

### Delivering mental health and wellbeing support services needs the right workforce, with the right skills in the right place at the right time.

7.17 As highlighted above, the mental health and wellbeing system remains under significant pressure. These pressures are having an impact on the workforce's wellbeing, capacity to deliver support effectively and safely, as well as being able to attract, train and retain the workforce. These pressures also impact the ability of the whole system to engage with long term strategic planning for their workforce.

7.18 We have identified many common themes around barriers and challenges throughout the mental health and wellbeing system. There are difficulties in attracting new recruits due to the stigma that can be associated with working in mental health roles, and a need to improve data collection for workforce planning purposes.

7.19 There are also challenges in how we make careers more attractive to:

- recruit and retain a more diverse range of students,
- recruit and retain trainees and existing staff
- overcome barriers in traditional recruitment routes
- support the workforce to access, participate in training and upskilling;
- improve and enable career progression
- embed a consistent approach to fair work practices to ensure that we can attract and retain the workforce.

7.20 Some of these challenges are specific to those working in particular roles, sectors, and settings, further varying depending on individual circumstances.

### Lack of data and evidence around mental health in Scotland

7.21 To inform development of policy and practice and to monitor its impact, it is important to understand what works for whom, in what circumstances and the mechanisms for this. While there is much routinely collected data available, and published quantitative and qualitative research studies, there remain gaps in knowledge. We also know that some systems are not able to provide data quickly or consistently across Health Boards.

7.22 The lived experience of individuals and practitioners brings a different type of evidence that can contribute to significant improvements to policies and services, but it is not always sought or appropriately gathered. Anecdotal evidence from conversations with stakeholders has pointed to gaps in Scotland on data on equalities. This is explored in more detail in the Equality Evidence Report and EQIA (ref when ready). More evidence is also needed on various groups of people's experiences of services, understanding the impact of different interventions, and the long term costs and benefits of prevention and early intervention.

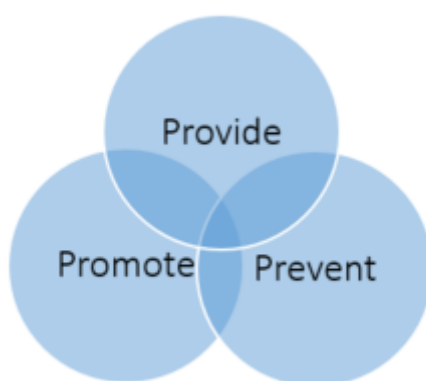
## 8. HOW WE WILL ACHIEVE OUR OUTCOMES - PROMOTE, PREVENT, PROVIDE

8.1 In order to achieve our vision and outcomes and address the challenges we have identified, we will focus our efforts on three key areas or pillars

- **Promote** positive mental health and wellbeing for the whole population, improving understanding and tackling stigma and discrimination
- **Prevent** mental health issues occurring or escalating and tackling underlying causes and inequalities wherever possible; and
- **Provide** mental health and wellbeing support and care, ensuring people and communities can access the right support, services and opportunities in the right place at the right time.

NB We will set out the specific actions we will take in each of these areas in our Delivery Plan. The following sections explain the kinds of activity that will involve.

8.2 Many of the activities undertaken under one pillar will also contribute to or overlap with the aims of other pillars. For example, action to tackle stigma and discrimination is a key part of promoting positive mental health and wellbeing, but can also prevent mental health issues from escalating and help ensure people are provided with the right support.



### PROMOTE

8.3 While awareness of mental health and wellbeing has improved, there is still work to do to increase understanding around both and tackle stigma associated with mental health issues. Work in this area will aim to support good mental health and wellbeing for the whole population. It will seek to:

- Raise public awareness and understanding of mental health and wellbeing and trauma
- Tackle stigma and discrimination, encouraging open conversations about mental health and wellbeing.

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- Promote the factors that protect mental health and wellbeing at all stages of life and at all levels of need, building resilience
- Take account of the social, economic and environmental factors of mental health and wellbeing, with a particular focus on increasing opportunities for better social support and financial wellbeing
- Increase awareness and understanding of the opportunities and routes by which individuals can access support, particularly for those less likely to ask for help
- Increase awareness and understanding of self-harm

### **PREVENT**

8.4 We know that mental health and wellbeing is influenced by a wide range of factors and that existing inequalities in society can cause or exacerbate mental health and wellbeing issues. Work in this area will seek to:

- Address key risk factors that can affect mental health and wellbeing and promote early intervention to help mitigate the impact of these
- Tackle underlying inequalities that contribute to poor mental health and wellbeing, including socio-economic disadvantage and specific inequalities faced by protected characteristic groups
- Promote early identification of mental health and wellbeing issues and brief interventions where appropriate
- Ensure appropriate early interventions are in place for people at different stages of their lives, with a specific focus on at risk groups. This includes access to digital services
- Take a whole person approach to preventing suicide

### **PROVIDE**

8.5 People who live with mental health conditions, as well as those who experience poor mental health at points throughout their life, need to be able to access safe, effective treatment and care. Work in this area will seek to:

- Ensure that people with lived experience of mental health and practitioners play a central role in the design, development and delivery of support and services
- Ensure appropriate, holistic, whole person and, compassionate support is available at all stages of life and in all contacts with services. This means responding to the different needs of children, young people and adults as well as at risk groups.
- Improve support for people in distress and crisis, including those who are self-harming or considering harming themselves
- Develop and embed new and existing community based supports and services and care closer to home. Where possible, access will be available from the onset of symptoms through to recovery
- Improve links between different parts of the system to ensure people are connected directly to the advice and support they need

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- Improve provision of planned, unplanned and urgent support and services for those experiencing mental health issues

## **9. MAKING IT HAPPEN – WHAT DO WE WANT TO SEE?**

### **A whole system approach to improving mental health and wellbeing**

9.1 People living in Scotland have the right to experience good mental health and wellbeing. Previous strategies have primarily focused on support and treatment for mental illness. We now need to broaden our approach to ensure that:

- more people have good mental health and are thriving;
- fewer experience poor mental health and wellbeing; and
- those with mental illness are able to live fuller lives.

9.2 To achieve this, we will need to take a 'whole systems approach' to supporting mental health and wellbeing. By a 'whole system', we are referring to all those who play an important role in supporting mental health and wellbeing. This includes the public, third and private sectors. This approach recognises how we all have a role in looking after our own mental wellbeing and those of others. It includes the third sector and private sector (such as employers) and how they work to prevent and support those with mental ill health. It is also about how different organisations and services work to care for, support and treat those with mental health conditions. We need to ensure all parts of the system join up and work together to provide holistic, compassionate and whole person support. This includes sharing learning of what is already working well and helping to join up the different types of support and services. Where possible, we should have a joined up system so that people don't have to keep retelling their stories.

9.3 For those needing support and treatment for mental illness, we also need to improve how people access and experience this. This means we need to look at the whole system of care from referral, to treatment, to ongoing care. We need to have the right workforce and infrastructure in place to provide the support and services people need across the whole mental health system. We also need to ensure different services work together and improve how they interact to provide care around the individual.

## **10. TRANSFORMING OUR APPROACH TO MENTAL HEALTH AND WELLBEING – WHAT DOES A BETTER FUTURE LOOK LIKE?**

### **PROMOTE**

10.1 Promotion and prevention starts with all of us as individuals, families and communities. It starts with the things we can do to help our own mental health and wellbeing and that of others in the communities we live in, from pre-conception onwards. We want to tackle stigma by increasing awareness and understanding surrounding mental illness, self-harm and suicide. Thinking and talking about mental wellbeing must be normalised as part of all our day to day lives, just as we do for physical health. We want to empower people to support their own mental health and wellbeing, recognising the many challenges that life presents which can impact on our mental wellbeing and building people's resilience to better cope.

10.2 We want to ensure families, communities and professionals have a clear understanding of the fundamental importance of good relationships from the earliest years of life (including during pregnancy) and the impact that has on mental health and wellbeing throughout the whole life course.

10.3 We want people of all ages to know where they can go to access a range of information and advice on mental health and wellbeing, and when and how to access further support should they need it. Key to this is the vital role that communities and third sector organisations, which includes charities, social enterprises and voluntary groups, play in developing resilience, providing connectivity and supporting the mental health and wellbeing both nationally and in local communities. The role of the third sector is also key in providing targeted support to at risk communities and groups, and vital to helping to tackle mental health inequalities, stigma and discrimination. We will work more closely with the third sector and support communities to recognise and respond to people's needs, promoting prevention and early intervention in the heart of community life. We will promote the important role of peer support in helping people with mental health and wellbeing challenges, particularly throughout recovery from mental ill health.

10.4 We want to maximise all opportunities to support mental health and wellbeing where people may need it. In particular, we want to reach those most at risk and people who may not feel able to seek help. This includes ensuring people are able to get support in a range of settings and formats, across all areas of life, from schools, other educational settings, local communities, workplaces, housing, justice, primary care services, and beyond.

### **PREVENT**

10.5 We need to utilise our whole systems approach to support mental health and wellbeing. This approach also helps us to better understand the key factors that can help to promote good mental health and wellbeing, as well as addressing those that can negatively impact it. For example, factors which can support mental wellbeing include access to affordable, secure, quality housing, stable well-paid work, affordable childcare, training and education.

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10.6 We also recognise that mental wellbeing itself can have a significant impact on these factors. For example, we know that people struggling with their mental health are more likely to be living in poverty, or to become unemployed. We want this Strategy to facilitate action across sectors to seek to break these cycles. This involves work across local and national government, public, third and private sectors.

10.7 We need to continue to work together across government, sectors and the whole of society to implement existing policies designed to address deprivation, poverty, loneliness and social cohesion issues, and other social determinants of mental ill health, and identify new opportunities for joint working. This will ensure our future policy work is 'mental health proofed' – it needs to be sustainable, inclusive and look across all parts of what mental health means.

10.8 Key to this is having the right data, research and different types of evidence available to policy-makers. This will ensure our actions support people at all life stages and backgrounds, addressing both the barriers to mental health and wellbeing as well as promoting the things that support it, developing tailored approaches to meet the needs of those most at risk.

10.9 Early intervention and prevention remain key priorities for taking forward our approach to mental health and wellbeing. We need to ensure we identify early signs of mental health issues and distress and take prompt action to prevent this escalating. This includes support for those in distress, those who have experienced trauma and those at risk of suicide. We need to increase access to a range of early intervention initiatives and services. This will prevent people becoming so unwell that they require more intense interventions and treatment. Key to early intervention is recognising and targeting approaches for the particular groups and communities who are at greater risk of poor mental health. This includes those facing socio-economic disadvantage, single parents, older people, disabled people and minority-ethnic communities.

### **PROVIDE**

10.10 We are committed to providing high quality mental health and wellbeing support and care. This means people can access the right care, in the right place, at the right time. For children and young people and families, this could be support from perinatal and infant mental health services, schools and school counsellors, community mental health and wellbeing services, neurodevelopmental services or in severe cases, Child and Adolescent Mental Health Services. Services can be delivered by the public sector in partnership with the third sector, such as Distress Brief Interventions. Adults can also access support in the community from a multi-disciplinary Community Mental Health Team. Some may need to receive more specialist care and support in a hospital setting.

10.11 There are many highly specialist services. These include perinatal and infant specialist community and inpatient services, mental health services for people with learning disability, neurodevelopmental services, eating disorder services and forensic mental health services. Psychology Services play a key role from birth to old age. They provide support to people with psychological interventions and



therapies. This support could be self-management or as part of a care plan when receiving treatment and support across all pathways of care.

**What do we mean by ‘Mental Health Services?’**

10.12 When we talk about ‘Mental Health Services’, we include any service which is involved in the treatment, diagnosis, or care of a person with a mental health condition. Services are delivered in the community as close to home as possible and in hospital settings as specialist as necessary. Services are delivered by a wider range of professionals including those working in the Third Sector and Care Sector, Local Authorities, Mental Health Support Workers, Social Workers and Mental Health Officers, Allied Health Professionals, Psychologists, Nurses, Clinicians and Psychiatrists.

10.13 National coordination and action is required to deliver this holistic approach to care. Our approach to service improvement needs to deliver this join up across the whole system. We also need to ensure consistency, set standards and drive forward a programme of work. This will ensure we can deliver transformation and renewal of mental health services.

10.14 Given the challenges we face, we know investment in the same system will not deliver the scale of the change needed. For services, setting clear outcomes and the change that is expected and priorities for change is necessary to drive action. The development of Quality Standards for Adult Secondary Mental Health Services alongside the previously published Child and Adolescent Mental Health Service Specification and the Neurodevelopmental Specification will set out clear expectations for what services will look like and how we will provide assurance of high-quality care. We will work to develop clear accountability, scrutiny and assurance of the delivery of mental health as a whole system. The development and implementation of a National Outcomes Framework for Mental Health and Wellbeing will enable us to know if change has led to improvement. This will be reflected in NHS Boards operational plans and performance management. Alongside this we will continue to develop accurate and reliable data with systems that are fit for purpose to report on progress towards improved outcomes.

**Improving delivery of mental health services**

10.15 Improving the system at scale requires an appropriate organisational infrastructure. This will both support frontline teams and help learning to be spread and adopted across the system. Some of our priorities will include:

- an early focus on the development of new Quality Standards for Adult Secondary Mental Health Services;
- investment in improved data (including equality data) and digital systems; and
- a wider performance focus beyond waiting times and towards improved outcomes
- development of specialist services for children and young people, such as a National Secure Adolescent Inpatient Unit, regional adolescent intensive psychiatric treatment units and inpatient facilities for young people with learning disabilities and mental health conditions.

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10.16 Our aim will always be to promote positive mental health and wellbeing and prevent mental health issues occurring. When people do get ill, it is vital that they are able to navigate and get the advice they need. They must be able to access the **right person in the right place at the right time**.

10.17 Mental health services should take a no wrong door approach. There should be a choice of evidence based pathways for people, including digital mental health. Supports should be evidence driven and enable people to self-manage their own mental health and wellbeing.

10.18 We must continue with **prevention and early intervention** in **primary and community care** and wider public services. This will support wellbeing and provide wrap around support in the community.

10.19 Support, care and treatment needs to be delivered in a way that is **as local as possible and as specialist as necessary**. This requires a system that is responsive to local and individual needs.

10.20 When people need it they should be able to have **timely access to secondary mental health services**. This includes multi-agency support from a community mental health team or support in hospital. Any hospital stay should be as short as necessary to aid recovery and when people are living with long-term enduring mental health conditions, they should be supported to live positive, productive and fulfilling lives.

10.21 Unfortunately, some people become very ill and may need support for the rest of their lives. This means ongoing access to professionals with high quality, community based support that is as local as possible. For some highly specialist services they may have to be delivered on a regional level to ensure access to the right professionals. In instances like this, highly specialist supported accommodation and placement should be available, if required.

10.22 A very small number of people, such as some of those using forensic mental health services, require a prolonged stay in inpatient care. They should expect high quality rehabilitative care and treatment, allowing them to live happy, productive and meaningful lives whilst in hospital. Their time in inpatient care should be kept to the minimum necessary to allow them a successful transition to community living.

10.23 The principles of **Getting it Right for Every Child** are already central to the delivery of child and adolescent mental health services, across the whole system. The **Getting it Right for Everyone** (GIRFE) is a proposed multi-agency approach of support and services from young adulthood to end of life care. GIRFE will help define the adult journey through individualised support and services. It will respect the role that everyone involved has in providing support planning and support. Too often, adults and their families are excluded from assessment and support processes by complex bureaucracy. GIRFE is about providing a more personalised way to access help and support when it is needed. It is about placing the person at the centre of decisions that affect them. The new approach looks to achieve the best outcomes for people. This involves a joined-up, coherent and consistent multi-agency

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approach, regardless of the support needed. We will work with services to ensure GIRFE principles are embedded across all adult, older adult and specialist mental health pathways. Services should be available to meet local needs and demand across stepped care model of care.

10.24 People with complex mental health needs have the right to the same supports and services as people with **physical health needs**. This includes health checks for those with learning disabilities.

## 11. WORKFORCE

11.1 Delivery of the Strategy relies on the people who work across the system of mental health and wellbeing. 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 and **provide** safe, effective, timely, compassionate and evidenced based support, care and treatment where these are required.

11.2 The mental health and wellbeing workforce includes multiple professions and roles, across a variety of services, settings and sectors. Volunteers, experts by experience, carers and unpaid carers (including family and friends) also play a key a role with supporting mental health and wellbeing. For the purposes of this Strategy we will be referring to two groups:

- the **core** mental health and wellbeing workforce; and
- the **wider** mental wellbeing workforce.

11.3 The **core mental health and wellbeing workforce** consists primarily of those who provide mental health services across a range of age groups, and across various sectors.

11.4 The **wider mental wellbeing workforce** includes wider public, third, and independent sectors, such as employers, faith and community leaders, who are often the first point of contact for individuals and families.

11.5 While not part of the paid workforce, it is also critical to recognise and value volunteers, experts by experience, and unpaid carers (including family and friends) who work with and support people.

11.6 There are also particular conditions (such as learning disabilities, neurodevelopmental conditions and dementia) which are not defined as 'mental health' specific. Nevertheless, the workforce for these conditions and pathways to care operate mainly within the mental health landscape, and therefore the needs of these communities and the workforce they call upon are included within our strategic approach to the mental health and wellbeing workforce.

*Infographic – workforce recruitment stats – 2007 to 23 data*

11.7 There has been improvement in workforce recruitment over the years, with record numbers of staff working in services. Despite this, the mental health and wellbeing system and workforce remains under significant pressure. Increased demand for support and services, rising levels of acuity and ongoing high levels of staffing vacancies, are having an impact on the workforce's capacity to deliver care, treatment and support effectively and safely, and also on workforce wellbeing. This is further exacerbated by the impacts of the cost of living crisis, both on the person seeking support and on the workforce themselves.

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11.8 These pressures are also impacting service's ability to attract, train and retain the workforce, which in turn impacts service's ability to engage with and deliver long term strategic planning for the workforce.

11.9 In order to overcome these challenges, we heard the need to:

- strengthen and expand the workforce, ensuring evidence based planning across the system, to project and respond to current and future needs and demands;
- promote careers across the mental health and wellbeing system and improve sector attractiveness to address recruitment and retention challenges;
- increase investment and the range of routes into mental health and wellbeing careers and having clear career progression pathways
- Remove any stigma associated with working in mental health and wellbeing
- Increase access to mental health and wellbeing training for all
- Increase collaboration across the sectors, with more multi-disciplinary/agency working and further harnessing the expertise and capacity of the third sector
- Ensure the workforce is listened to, supported, empowered and nurtured

### Workforce Vision

11.10 Our vision is that the current and future workforce are valued and supported to provide effective, person-centred, trauma-informed, rights-based, compassionate services and support.

11.11 It is underpinned by the values contained within the wider [National Workforce Strategy for Health and Social Care in Scotland](#) and reflects what we heard during stakeholder engagement and consultation with the workforce.

### Overarching Workforce Aim

11.12 Through our strategic approach to workforce planning, our aim is to achieve a mental health and wellbeing workforce which is **Diverse, Skilled, Supported and Sustainable**.

### Approach

11.13 Our strategic approach to achieving our vision is based on the framework within the [National Workforce Strategy for Health and Social Care in Scotland](#) of **planning, attracting, training, employing and nurturing** our mental health and wellbeing workforce. It will involve building upon employers' own workforce strategies and other Scottish Government labour market, education and skills strategies. This includes promotion of inclusive workplace practices, such as Fair Work, and the Carer Positive scheme. The framework approach will enable us to build upon the work that has taken place already to expand, grow and further support the wellbeing of the workforce.

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<b>Workforce Pillar</b>	<b>Overarching Aim</b>
<b>Plan</b>	Whole system, evidence-based planning across the system, to ensure the right workforce numbers, with the rights skills, to provide the right support, at the right time.
<b>Attract</b>	Mental health and wellbeing careers are attractive, with inclusive and diverse routes to recruitment, with clear progression pathways and where all are respected, empowered and valued for the work they do.
<b>Train</b>	The mental health and wellbeing workforce is skilled, trained and supported to work agilely and flexibly, embracing new technologies and evidence-based approaches.
<b>Employ</b>	Underpinned by Fair Work principles, create sustainable and inclusive growth within the mental health and wellbeing workforce, in line with Scotland's population demographics and the demands on services.
<b>Nurture</b>	The mental health and wellbeing workforce are valued, empowered and supported

**MENTAL HEALTH AND WELLBEING WORKFORCE ACTION PLAN**

11.14 We will shortly publish a workforce action plan setting out the immediate, medium and longer term actions, key 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.

11.15 Given the quickly evolving landscape's potential to affect demand and delivery, as well as new and emerging research and evidence, the workforce action plan will take a phased approach, so that progress can be made quickly and incrementally.

## 12. DEFINITIONS

### Mental Health

12.1 Everyone has mental health, much like we all have physical health, and both are equally important. It's the **what** we experience every day, and like physical health, it ebbs and flows daily. We might experience difficulties sleeping, changes in our mood, feel anxious, panicked or stressed, or have a diagnosed mental health condition, such as postnatal-depression or bipolar disorder.

12.2 Mental health is important at every stage of life. This means from pre-birth to childhood and adolescence, all the way through to adult life. Having good mental health means we can realise our full potential and feel safe and secure. It also means we thrive in everyday life.

### Mental Wellbeing

12.3 The Royal College of Psychiatrists defines wellbeing as: 'A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment'.

12.4 Mental wellbeing affects, and is affected by, our health in general. It's the **how** we respond to life's ups and downs (such as our sense of purpose in life, our sense of belonging, and our positive relationships with others). It's more than the absence of a diagnosed mental health condition, and is about how we manage our daily lives, relationships and work. This might include having a routine, engaging in hobbies and interests, having things to look forward to and making time to rest.

12.5 Someone living with a mental illness can have good mental wellbeing. Similarly, someone who doesn't have a physical or mental illness could have a poor state of mental wellbeing.

12.6 We can look after our mental wellbeing in the same way as we do our mental health – and having good mental wellbeing can help protect our mental health. Supporting good mental wellbeing can also act as early intervention for declining mental health

### Mental Illness

12.7 A mental illness affects the way a person thinks, feels, behaves, or interacts with others. There are many types of mental illnesses with different signs and symptoms. Each has criteria that have to be met for a clinical diagnosis of mental illness. This means that a diagnosis of a mental illness has been given by a professional, such as a psychiatrist, GP or mental health nurse.

12.8 Anyone of any age, race, sex, sexual orientation, ethnicity, class, religion, culture, caste, geographical background or economic status can experience mental illness.

### **13. MENTAL HEALTH LEGISLATION**

13.1 Mental health law is about enabling people with mental illness, respecting and protecting human rights, supporting relationships and moving towards recovery. It covers everyone, from children and young people through to older adults.

13.2 Scotland's main source of mental health law, the Mental Health (Care and Treatment) (Scotland) Act 2003 is a complex and comprehensive piece of legislation. Its overarching approach is to ensure that the law and practice relating to mental health should be driven by a set of principles, particularly minimum interference in individual liberty and the maximum involvement of service users in any treatment. The 2003 Act allows for detention in hospital and compulsory medical treatment on grounds of mental disorder, with the Mental Health Tribunal for Scotland and the Mental Welfare Commission for Scotland providing appropriate safeguards. The provisions of this Act are intended to ensure that compulsory care and treatment can be used only when there is a significant risk to the safety or welfare of the patient or other people.

13.3 People with mental health issues are entitled to the same protection of their human rights as anyone else. However, the European Convention on Human Rights (ECHR) recognises that occasionally it can be appropriate to limit the rights of those with mental health issues where different rights compete. For example, Article 2 of ECHR guarantees the right to life and this imposes a duty on the state to protect people at risk of suicide. Other relevant UN Treaties include the UN Convention of the Rights of Persons with Disabilities (UNCRPD) which provides further interpretation of human rights for those with disabilities including mental health issues and the UN Convention on the Rights of the Child (UNCRC) which sets out the fundamental rights of all children.



## **14. IMPROVING DATA AND EVIDENCE**

14.1 We are aware of gaps in the evidence we use to make decisions. We aim to improve the availability and use of evidence to inform policy and services through:

- A systematic approach to collecting and using feedback from people who use services and those with lived experience.
- A programme to identify, specify and action IT system upgrades. This will enable the collection and publication of equalities characteristics and patient journeys in and between key services.
- Improvements to how data about staff working in mental health services is collected, published and used to inform staffing and training decisions.
- Read across to Mental Health Standards that have workforce standards and indicators. These include the Secondary Mental Health Standards.

14.2 Building on the work since the publication of the Mental Health and Wellbeing Strategy in 2017 to develop a Quality Indicator Profile, Public Health Scotland has undertaken work to establish a set of refreshed Mental Health Indicators. This has highlighted gaps in the data we need to help us understand population-level mental health and its determinants. These will be addressed through:

- Influencing existing data sources. This is where new data is required to be collected using those sources. This may involve, for example, adding a known and validated questionnaire scale to an existing population survey.
- Indicator development. This will involve longer-term developmental work to determine the precise nature of the data that should be collected. It may include, for example, working closely with third sector and local authority partners, lived experience panels, literature review and liaison with users of the indicator sets.

## 15. INTERDEPENDENT STRATEGIES AND POLICY DRIVERS

15.1 The Strategy is aligned to the Scottish Government’s National Performance Framework (NPF). This sets out an overall vision for Scotland, and aims to create a more successful country. This means opportunities for all to flourish through increased wellbeing, and sustainable and inclusive economic growth.

### National Performance Framework



15.2 We have identified key policy areas where we think collaboration is required to achieve our outcomes.

Key Policy Drivers (Infographic)	
<ul style="list-style-type: none"> <li>• Covid Recovery</li> <li>• Equality &amp; Inclusion</li> <li>• Human Rights</li> <li>• Housing</li> <li>• Social Security</li> <li>• Tackling Child Poverty</li> <li>• Fair Work, Employability and Skills</li> <li>• Economy</li> <li>• Education</li> </ul>	<ul style="list-style-type: none"> <li>• Early Learning and Child Care</li> <li>• Justice</li> <li>• Safer Communities</li> <li>• Social Care</li> <li>• Population Health</li> <li>• Adult Support &amp; Protection</li> <li>• Children &amp; Families</li> <li>• Climate Change</li> </ul>

## MENTAL HEALTH AND WELLBEING STRATEGY DRAFT FOR MINISTERIAL REVIEW

15.3 We have identified many key pieces of work that help us deliver on the ambitions in this Strategy. We've highlighted some broad, overarching pieces of work below. More information on additional policy efforts is in our supporting Strategy Delivery Plan.

### **Interdependent Work in Mental Health – Infographic**

#### **Suicide Prevention Strategy**

- Our vision to reduce the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide.

#### **Self-Harm Strategy**

- We are developing a new, dedicated Strategy to increase understanding of self-harm, improve support for people affected, and reduce the underlying causes.

#### **Quality Standards for Adult Secondary Mental Health Services**

- The quality standards will set out what you can expect from services, and the principles on which they will be delivered.

#### **Dementia Strategy**

- Aims to transform services and improve outcomes for people affected by dementia.

#### **Mental Health Law Review (Scott Review)**

- The first major review of mental health and capacity law in Scotland in over 20 years.

#### **Independent Review into the Delivery of Forensic Mental Health Services (Barron Review)**

- An independent review into the delivery of forensic mental health services chaired by Derek Barron, Director of Care at Erskine.

#### **Student Mental Health Plan**

- The Scottish Government is committed to the development of a Student Mental Health Plan. This will focus on prevention, effective joint working between colleges, universities, NHS Scotland to promote wellbeing and provide the framework for referral pathways to a range of appropriate, relevant local services for those in need.

### **Cross-Government Interdependent Work Infographic**

#### **Getting it Right for Every Child**

- GIRFEC provides Scotland with a consistent framework and shared language for promoting, supporting, and safeguarding the wellbeing of children and young people.

#### **National Care Service**

- The establishment of a National Care Service (NCS), and associated changes to the broader system, represent one of the most significant pieces

of public service reform to be proposed by the Scottish Government. This offers an opportunity to address the challenges that have been evidenced by many across health and social care.

#### **The Promise**

- Keeping The Promise means we need to take immediate action to improve experiences and outcomes for children, young people, adults and their families who are currently in or on the edge of care; and action over the longer term to improve the level of support for families from birth through to adulthood to significantly reduce the numbers of families coming into the care system.

#### **Best Start, Bright Futures**

- Published in March 2022, this delivery plan sets out the strategic direction for reducing child poverty and tackling inequality across Scottish Government.

#### **UN Convention on the Rights of the Child (UNCRC)**

- Ongoing implementation of the UNCRC, and the accompanying work to support that, e.g. the development of Statutory Guidance.

#### **Drug Deaths Taskforce Response: A Cross Government Approach**

- This cross-government action plan highlights the wide range of areas which have mobilised to support the National Mission on Drugs Deaths and respond to the challenges set by the Taskforce.

#### **Violence Prevention Framework**

- This Framework and its priorities aims to help build safer communities across Scotland.

#### **Clinical Priorities**

- The broad range of work ongoing to support people with long-term conditions.

### **National Care Service**

15.4 A significant legislative and policy development is the proposed National Care Service (NCS). The aim of the future National Care Service, proposed to commence in 2026, will be to ensure that everyone has access to high quality community health, social care and social work services, regardless of where they live in Scotland.

15.5 The establishment of the NCS will see a change to the current governance, accountability and responsibilities within the Public Bodies Act 2014, with the NCS succeeding the Integrated Joint Boards.

**NB.** It is important to note at this point (January 2023) no agreement or decisions have been reached regarding if, and what aspect/elements of mental health care and treatment will transfer to the NCS. It has already been established that there

will be no changes to the current employment arrangement for NHS workforce currently working in Health and Social Care Partnerships.

15.6 We will continue to work with stakeholders, practitioners and those with lived experience to consider how the development of the NCS can be used as a vehicle to develop mental health services.

15.7 This development work will continue with close engagement within mental health and alongside key partnerships. Therefore, this Strategy will continue to explore our models of care and new ways of working to respond to the challenges here, now and in the future to improve population mental health and wellbeing.

15.8 We recognise that when talking about mental health, we don't all start from the same place. Inequality and discrimination have a considerable impact on people's mental health and wellbeing. It is essential that this Strategy is closely tied into the work being taken forward to tackle both.

#### **Interdependent Work – Equality & Discrimination - Infographic**

##### **A Fairer Scotland for Older People**

- This framework has been developed to challenge the inequalities older people face as they age and to celebrate older people in Scotland.

##### **New Scots: Refugee Integration Strategy**

- An approach to support the vision of a welcoming Scotland.

##### **Ending Destitution Together Strategy**

- A Strategy to improve support for people with No Recourse to Public Funds

##### **Anti-Racist Employment Strategy – A Fairer Scotland for All**

- A call for action and a guide to address the issues and disadvantage experienced by people from racialised minorities in the labour market in Scotland.