

A close-up portrait of a woman with dark skin and braided hair, looking directly at the camera. The background is a vibrant teal color with a jagged, crack-like effect running vertically through the center. The text is overlaid on the left side of the image in white boxes.

Review Report

Mental Health and
Wellbeing Strategy

2019-2024



Sources Of Support

Some of the content in this Strategy may have an emotional impact on you. Support is always available, and some of the national sources of help are listed here.

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 www.nhsinform.scot/mind-to-mind

Breathing Space

Breathing Space is Scotland's free, confidential listening service for individuals over 16 experiencing symptoms of low mood, depression or anxiety. You can contact them on 0800 83 85 87 Monday to Thursday from 6pm to 2am and 24 hours a day at weekends (from 6pm Friday to 6am Monday).

Samaritans

Samaritans provide confidential, non-judgemental emotional support 24/7 for people who are experiencing feelings of distress or despair. You can contact Samaritans free by phoning 116 123 or emailing jo@samaritans.org

NHS 24 Mental Health Hub

NHS 24 mental health services are available to everyone in Scotland. The services available include listening, offering advice and guiding you to further help if required. The Mental Health Hub is open 24/7 and you can contact them on 111.

Childline

Childline is a free service for children and young people for when they need support or advice. It is open 24/7, and there are many ways to get help. You can call 0800 1111 or visit their website www.childline.org.uk



Acknowledgement

The success of the Lanarkshire's Mental Health and Wellbeing (MHW) Strategy (the strategy) 2019-2024 is a result of a robust planning, a co-production process, ongoing engagement and equal roles in decision making. This has been strongly routed in trusted collaboration and joint implementation of the system wide approach to mental health and wellbeing in Lanarkshire.

We wish to celebrate and recognise the efforts and commitment dedicated to this whole system strategy and the comprehensive programme of work. The strategy and the programme engaged a wide range of people who have worked so hard, consistently to deliver and in some places exceed the original aims of our strategy. People across a range of organisations have believed in its purpose; pioneered new ways of working and initiatives, shown enormous resilience and got behind the multi-agency process. The strategy delivery has been successful despite a pause during the global pandemic, as well as the presence of system wide complexities and many competing demands. People have led, managed and co-ordinated a large scale change programme with multiple projects and workstreams over the past 5 years.

This unique programme of work has gone some way to make a difference to people living with mental health conditions, change hearts and minds, kept the profile and priority of mental health and wellbeing high, made definite in-roads to tackle and reduce stigma related to mental health.

A particular thank you and acknowledgement has to go to all of those people with lived experience, Carers, families who consistently and selflessly invested time to attend many meetings, events, hold the organisations to account and continue to influence and inform the strategy development and delivery with personal stories, experiences and generating ideas to influence the Strategy.

People's narratives are available on the webpage <https://www.nhslanarkshire.scot.nhs.uk/strategies/mental-health-wellbeing-2019-24/>



Terminology

Overcoming stigma and discrimination is the key to making mental health easier to talk about. How we describe it can help our mind-set, feelings, emotions, and open up a dialogue about what matters to us, helps us feel seen and reduces fear and stigma. Having a common understanding and use of terminology helps to break down barriers.

If you have **good mental health**, you might feel happy, confident, hopeful and generally satisfied with life. You are likely to feel connected to other people and to be making a contribution to society. You might also have a sense of meaning or purpose and a feeling of being at peace. These factors are important to living life well.

When we experience **poor mental health**, life feels more of a struggle. We might often feel sad or tearful, and hopeless and exhausted. We might feel under unbearable stress, or often worried about money, the future, bad things happening to us or people we care about. All of these are very common experiences unless they are prolonged and there is a complicated combination of factors that can overwhelm us making it difficult to resolve them without help.

Wellness means overall wellbeing. It incorporates the mental, emotional, physical, occupational, intellectual, and spiritual aspects of a person's life. Each aspect of wellness can affect overall quality of life, so it's important to consider all areas. It is the feeling that things are going well for us today, and can continue to go well for us tomorrow.

Wellness is an individual pursuit—we have self-responsibility for our own choices, behaviours and lifestyles—but it is also significantly influenced by the physical, social and cultural environments in which we live.

It is the belief that we have meaningful relationships and a sense of meaning and purpose. Although we may have setbacks, or experience stress, we are resilient and we have strength, material resources, and the support of others to survive and thrive.

It has long been acknowledged that mental health is affected by a wide range of factors, including employment, housing, social connections, civic participation and poverty. All too often our communities' experience of these factors is underpinned by an unequal distribution of income, power and wealth, which result in the stark inequalities in health that Scotland still faces today.

Wellbeing Personal wellbeing is a particularly important aspect of our lives which we can describe as how satisfied we are with our lives, our sense that what we do in life is worthwhile, our day to day emotional experiences (happiness and anxiety) and our wider mental wellbeing.

Wellbeing has been described 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'

Mental health is used to describe a broad spectrum of terms including how we think, common mental health conditions and mental illnesses or psychiatric disorders. 'Mental Health is defined as a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her own community'

Mental health conditions range from early stage mild emotional, psychological conditions to severe and enduring clinically diagnosed mental illness.

Mental wellbeing is more than the absence of mental health problems: it may include life satisfaction, a sense of control, having a purpose in life, a sense of belonging and positive relationships with others.



Contents

Creating the Conditions - Setting out the Case for Change - Building the Will

1. Executive Summary	11
2. Strategy Overview	15
3. Strategy Planning Enablers	21
- Strategic Needs Assessment	
- Governance	
- Workforce	
- Evaluation	
- Sustainability	

Strategy Programme Delivery

4. Good Mental Health for All	41
5. Improving Access to Mental Health Supports and Services.....	47
6. Children and Young People’s Mental Health.....	53
7. Specialist Mental Health Services	65
8. Psychological Services.....	69

Cross Cutting Themes

9. Communication and Engagement Strategy	73
10. Resources and Investment.....	77
11. Evaluating Impact	81
12. Sustaining Improvement.....	83
13. Next Steps	87

Appendices

Mental Health Useful Link	88
Evaluation and Achievement Framework.....	89
Evaluation Evidence	90
Strategy Design to Strategy Production Timeline	94



01

1. Executive Summary

1.1 This report has been collated to provide a review and overview of the work over the period of [Lanarkshire’s Mental Health and Wellbeing \(MHW\) Strategy 2019-2024](#) [‘Getting it Right for Every Person \(GIRFEP\)](#) referred to in this report as ‘The Strategy’.

1.2 This report content celebrates the success of the whole systems approach and delivery programme, the projects and workstreams included, and captures the benefits realised from the Strategy and also the beneficiaries of the work.

1.3 The Scottish Government, Mental Health Strategy 2017-2027¹ was Scotland’s first 10-year strategy, demonstrating a commitment to achieve a sustained focus and continuous improvement in mental health support and services across Scotland. Through this strategy the Scottish Government set out 40 initial actions to better join up our services, to refocus these and to deliver them where and when they were needed.

1.4 In April 2018, NHS Lanarkshire and North Lanarkshire Integration Joint Board, the host organisation for Mental Health in Lanarkshire considered progressing with the 40 actions of the national Mental Health strategy. It was acknowledged that there should be a much stronger focus on wellbeing meaning a continued focus on supports and service provision and a greater emphasis onto the emotional health and wellbeing of Lanarkshire’s communities. The IJB outlined the strategic intention to develop a Lanarkshire Mental Health Strategy. The development was initiated in October, 2018 through widespread engagement and acknowledgement that we needed to go beyond the NHS mental health services to co-produce a whole system Mental Health and Wellbeing Strategy with the inclusion of the voices of all stakeholders, in particular people with lived experience.

1.5 The scope and the scale of the strategy was bold and ambitious to encompass the need for a whole system, life course and system wide approach to inform broader, long term sustainable changes that result in improvements. In recognition of the identified need for the broader approach; the range of supports, services related to population mental health, the scale and interdependencies between life circumstances, inequalities, social determinants and mental health the scope of work in Lanarkshire went broader than the national strategy.

1.6 Identified need in Lanarkshire included, promotion, prevention, all supports, all providers of services relevant to mental health and wellbeing. The population wide approach across the life course from pre-birth to old age was agreed to transform how we think about mental health, to make a difference, change cultures, beliefs, and behaviours at all levels and crucially in recognition of mental health and wellbeing affecting us all.

¹[Scottish Government mental-health-strategy-2017-2027](#)

- 1.7 This included raising awareness of mental health in its widest sense and tackling stigma and discrimination where it exists, the approach included thinking about the everyday supports and services people who experience mental health conditions will access in their daily living.
- 1.8 The Partners supported a process to co-create a Mental Health and Wellbeing Strategy for all age groups informed by a range of research and evidence, including, national policies and strategies, local data, intelligence and need, mapping current supports and services, analysing current and future demand trends, and exploring any workforce implications to reflect the needs of people living in Lanarkshire.
- 1.9 This approach directly responds to our previous and emergent priorities around Getting It Right for every Child (GIRFEC – original guide published in 2008) and Getting It Right for Everyone (GIRFE- Pilot work being carried out in 2024).
- 1.10 A key driver for this strategy was and remains the prevalence of mental health issues, problems within communities and the relationship to disparities and inconsistencies in access to health and social care, healthy living environments, employment and tackling poverty where it exists.
- 1.11 A key aspiration for the strategy was to obtain mental health parity with physical health, tackle population fear of mental health; stigma and discrimination and make mental health an equal priority in the work undertaken by community planning partners and thus by all agencies.
- 1.12 It is important to note and reflect on the early strategic investment made. Understanding the conditions for improvement, the context that influences improvement success, what helps and what hinders, will it work here, change to be lived from the Board level to working level are all key to successful transformation. These conditions were critical and essential factors enabling consistency throughout the period of the strategy. Some of the early conditions put in place included:
- A shared vision
 - Specialist and dedicated senior leadership, capacity and capability
 - senior buy in and ownership of all partner organisations
 - taking an evidenced based, data and intelligence approach to improvement
 - a robust infrastructure with strong reporting arrangements
 - inclusion of all stakeholders² as equal partners and a strong culture of collaboration
 - Enabling a constancy of purpose to constantly attempt to optimise all available resources
- Frequent communication with everyone working across the programme and partner organisations
 - an emphasis on change that results in long term sustainable improvement
- This investment and insight has enabled a consistency of process, systems and structures, proactive planning, informed engagement & co-design, a disciplined use of improvement methodologies and an iterative approach to co-create and assemble the strategy and associated detailed plans.
- 1.13 The commitment to joint planning and investment, collective action and building new ways of working from a range of organisations included NHS Lanarkshire, Local Authorities, Community and Voluntary organisations, Police Scotland, NHS24 and Scottish Ambulance Service.
- 1.14 These organisations and networks joined the strategy development to inform and influence improvements in population mental health and wellbeing. A compelling document emerged, with a comprehensive programme of work. The assembled strategy gained full commitment and a pledge written into it by all Partners (multi-agency) to emphasise the collective ownership, heighten the priority and profile of mental health and wellbeing in all areas. The complexity and interdependencies of this work were understood, robustly planned for, and captured in the infrastructure and governance arrangements (see graphic on page 9) for the implementation programme.

²All stakeholders – People with lived experience, community and voluntary organisations alongside a range of health and social care staff - a person, group or organisation with a vested interest, or stake, in the decision-making and activities within a programme of work.

- 1.15 The Strategy was the first in Scotland to cover the scope and scale of population mental health and wellbeing, to incorporate pre-birth to old age, encompass all supports and services, and engage the whole system across all agencies.
- 1.16 The strategy work has placed a focus on supports and services being available to people where they live and in community settings in Lanarkshire. More is needed still to improve life circumstances and increase lifestyle choices to enhance mental health. Continuing this work is important to improve population mental health and contribute to a reduction in inappropriate use of specialist mental health services.
- 1.17 The public sector continues to change, as do the roles and relationships between people in communities, the NHS, social care and voluntary and third sector organisations. There have been many drivers (cost of living crisis, poor access to income/employment, post pandemic recovery from isolation and more) influencing population mental health and wellbeing over the period of the strategy.
- 1.18 The landscape is being continually reshaped by a combination of demographic changes more older people over 85, less people of working age, and the challenges of managing available funds and resources to address the needs of the populations we serve. All this continues to drive the need for effective and efficient changes and improvements.
- 1.19 We know that our mental health can affect every aspect of our lives and that this extends to the impacts on care partners/unpaid carers and families. Our overall health can be undermined by factors such as substandard housing, limited income, insecure employment, vulnerability to violence, social exclusion, and criminal justice.
- 1.20 On current trends, inequalities in health will persist over the next two decades: people in the 10% most deprived areas can expect to be diagnosed with major illness a decade earlier than people in the 10% least deprived areas. Also the lower the income, the greater the deprivation and the worse their health and wellbeing.
- 1.21 There continues to be an increased need for integration, consolidation, whole system approaches that get it right for everyone (GIRFE). For people to be seen in right place, by the right person, first time and to be seen as a whole person and not a health condition. Getting it right for everyone requires further integration in infrastructure, consolidation of all available resources and a proactive, informed delivery of care at all levels, in communities, closer to home. We must develop new ways of working and new roles within the workforce, as well as enhancements in where and how our support and services (care environments) are accessed and delivered.
- 1.22 In the strategy all Partners agreed that there was a growing need and priority for a refreshed and reinvigorated approach to mental health improvement to improve overall health outcomes and reduce inequalities. This remains the case in 2024,
- 1.23 Readers of this report will see the significant work that has been carried out throughout the period of the strategy and in some cases such as work carried out in children and young people's mental health support and services exceeds expectations. This whole system approach delivers some innovative upstream supports and services for young people through community services where it is so needed- and is accessible and timely.
- 1.24 This review report will complete the implementation of the 2019-2024 strategy.
- 1.25 It is critical that we remain proactive, continue to prioritise population mental health to overcome fear and stigma, and provide the right care, in the right place at the right time. Our aims continue to include that, our care, supports, services and establishments are future proofed, fit for purpose, modern, provide privacy, dignity, and advocacy for people with mild, moderate, severe and enduring mental health conditions.
- 1.26 Next steps will include a Lanarkshire MHW Delivery Plan, 2024, aligned with the Scottish Government/COSLA Mental Health and Wellbeing Strategy and Delivery Plan published in 2023.



02

2. Strategy Overview

2.1 The Strategy set out a compelling case for mental health as a Public Health priority and an area that required close working with all agencies to tackle mental health inequalities with an emphasis on the impact on people's mental health with an urgent need to do more to promote and protect wellbeing, prevent common mental health problems and strengthen the provision of mental health care.

2.2 What is a population approach? There are several definitions of population health in use. The King's Fund defines it as:

An approach aimed at improving the health of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional or national population, while reducing health inequalities. It includes action to reduce the occurrence of ill health, action to deliver appropriate health and care services and action on the wider determinants of health.

'there is often a mis-perception that health and wellbeing of a population is only the responsibility of public health professionals; those specialists who are explicitly trained to plan and deliver public health services. The reality is that population health requires input from numerous partner organisations, such as the NHS, community groups, local authorities and political leaders, as well

as public health teams whose action and influence should be seen as key in a population health approach' It requires working with communities and partner agencies³.

2.3 Taking a population approach to mental health the Strategy commenced with an rigorous period of planning followed by extensive engagement, co-design, development and production stages with inclusive processes in place to oversee and develop the ambitious scope and scale of the strategy, a first for Scotland.

2.4 The engagement work was key to establishing a Lanarkshire wide approach to population mental health and wellbeing. This included bringing together stakeholders to represent an all ages, all services, all agencies in different meetings, focus groups, events, presentations and through a communication and engagement process to achieve buy-in and collective investment in the scope and scale of the work.

In the early phase of the engagement work and through data, intelligence and collective decision making, support was established for the design and development of the Strategy, it would go beyond the NHS services to include all aspects of population mental health and wellbeing. To co-create, develop and respond to people's mental health at all levels, it was agreed that all agencies, supports and services could play a vital role in improving the mental health and crucially the wellbeing of the population. Thus during the preparation phase Health, social care, local authorities, community and voluntary sectors and other community planning partners were engaged to agree the final scope and scale of the strategy and to provide a pledge and commitment to improving the future mental health and wellbeing of the people of Lanarkshire.

³[Buck et al 2018, p18](#)

This reflected the policy approach within Health and Social Care – Planning with People: community engagement and participation guidance⁴ and the value placed on taking a whole system approach, engaging all key stakeholders in the design and development of services that affect them; to understand what works and turn the ambitions into sustainable improvements.

2.5 Following the wide ranging period of engagement, discussion, planning and creating the conditions for success, the programme was set up, given approval to proceed and work commenced work on designing, developing and producing the first whole system mental health and wellbeing strategy in Scotland.

2.6 The strategy took a multi-agency approach with the agreed scope including pre-birth to old age and all systems and processes.

- In recognition of the prevailing conditions of gaps in community supports and services which has in the past lead to a greater demand on more specialist mental health services, the strategy development emphasised promotion and prevention and access routes such as NHS24/Scottish Ambulance Services
- Added to this, the scope included giving consideration to all areas of work related to life circumstances, inequalities and social determinants related to mental health.

- To do a whole system approach justice the Lanarkshire MHWS took on board all areas of society that affect the mental health of the population in order to highlight the interdependencies and consider whole system response.
- The scope included all sector responses to mental health needs such as life circumstances, lifestyles (diet, exercise, socialisation), accessing early supports for all, and in particular those in need of immediate support or in distress, urgent care in-hours and out-of-hours provision, exploring new ways of working across the NHS to improve all access to supports, consistent care provided in a planned way, urgent care where and when required and also in improving what people in mental health crisis need in an emergency situation.

2.7 Critical to success was open, transparent, inclusive approach to our work and an equal partnership for people with lived experience, carers and families to co-create a mental health AND wellbeing strategy and delivery programme.

2.8 In its purpose the original Lanarkshire MHWS 2019-2024 advocated a holistic approach to achieving better mental health and wellbeing for all, and a Lanarkshire where every person can live a full life free from stigma and discrimination.

The strategy included highlighting Mental Health as a Public Health priority; responded to contemporary research and evidence based practice, legislative context, gathered information and captured data from all available sources to inform the content.

Getting it Right for Every Person, a Mental Health and Wellbeing Strategy for Lanarkshire - [Lanarkshire mental-health-wellbeing-2019-24](#) was launched in October 2019.

The final strategy included highlighting the fundamentals (things we all need for good mental health to prevail) and the interdependencies (the basic things we need to have a quality of life). The body of the work set out the importance of communities, the impact of deprivation on mental health, housing and mental health, employment, education, partnership working, stigma and discrimination, service user and carer perspectives, community planning for mental health, mental health inclusion, and cross cutting themes such as psychology and mental health and pharmacotherapy and mental health. People with mental health conditions can experience a combination of all of these factors resulting in poorer health and earlier death than those who do not experience these factors.

⁴[Planning-people-community-engagement-participation-guidance-scotgov](#)

The strategy highlighted core priority areas to be taken forward. Work on the programme commenced in 2019 with the main areas covered by the strategy including:

- **Good Mental Health for All**
- **Improving Access to Mental Health Support and Services**
- **Children and Young People Mental Health & Wellbeing** – fully integrated in the North Lanarkshire and South Lanarkshire Children’s Services Plans
- **Specialist Mental Health Services**

The programme included a number of interdependent cross cutting themes, all of which had sub groups reporting to the MHW Strategy Board

- **Strategic Needs Assessment, Communication and Engagement, Workforce, Evaluation and Finance**

2.9 Our shared vision stated aspirations for a Lanarkshire where people could live in communities where everyone understands that there is no good health without mental wellbeing.

To be part of communities and workplaces where we know how to support and improve our own and others’ mental wellbeing.

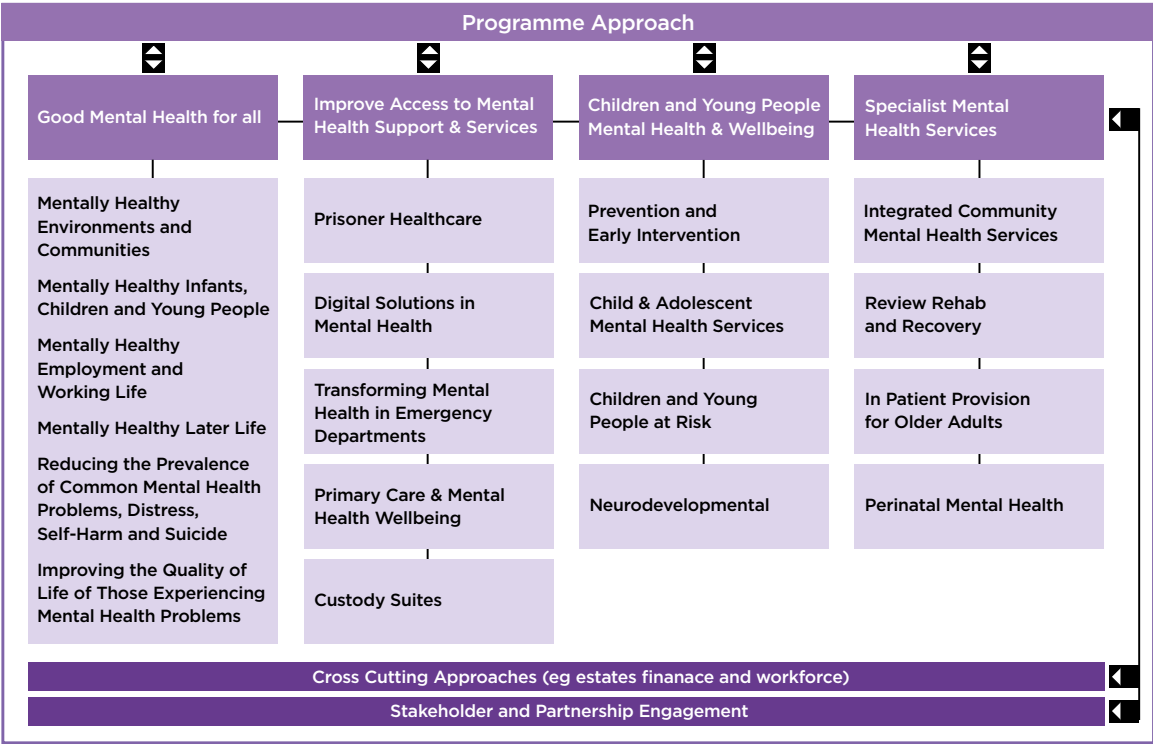
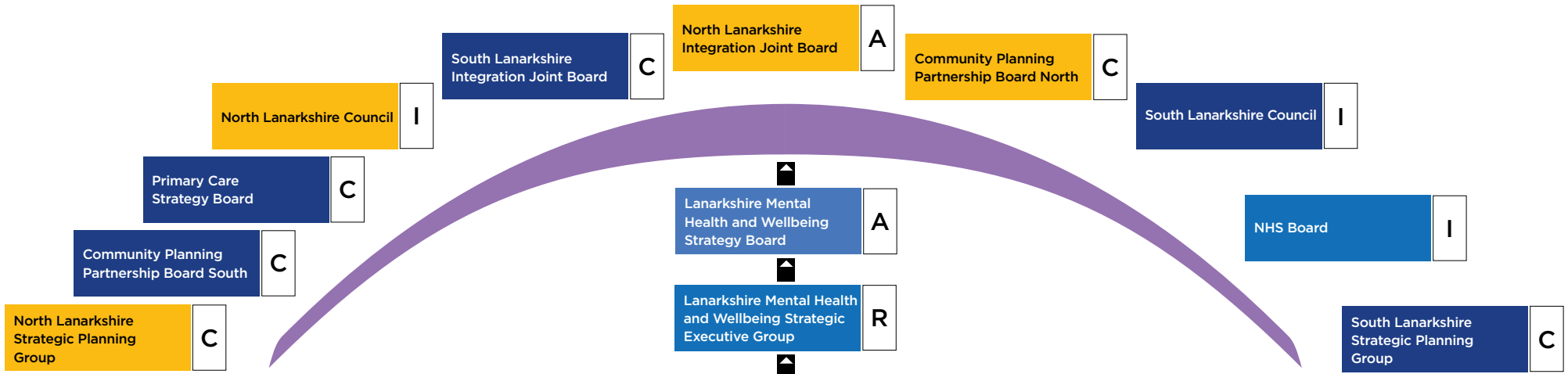
A place where people can get the right help at the right time, expect recovery, and to fully enjoy their rights, free from stigma and discrimination.

The joint strategic aims, aligned with partner organisations have been to:

- Improve population mental health, social care and wellbeing;
- Reduce health inequalities and improve health and healthy life expectancy;
- Strengthen organisational connection, effective leadership and governance for mental health supports and services across all sectors;
- Support all children and young people to live as full and healthy a life as possible and to realise their full potential.
- Support people living with a mental health illness to live independently at home for as long as possible through community supports, integrated health and social care services;
- Provide comprehensive, responsive mental health and social care services and supports in community based settings; and in hospital/in-patient settings when required

2.10 Based on the agreed scope of the strategy a programme with detailed plans across a number of projects/workstreams was developed factoring in support for health and mental health inequities and the socio-economic circumstances which impact mental health and wellbeing. The governance chart below sets out the change programme areas and reporting arrangements.





The Governance and reporting for strategy implementation will align with Partner organisations arrangements through the LMHW Strategy Board. This will include other committees and decision making groups in the councils and HSCPs

Key (Strategy Board Governance)

R = Responsible
 A = Accountable
 C = Consulted
 I = Informed

2.11 The Covid-19 pandemic had a detrimental impact on the general populations mental health and wellbeing. The pandemic conditions created multiple stress factors for all. One explanation for the increase is the unprecedented stress in the general population was caused by the social isolation resulting from the pandemic. Linked to this were constraints on people's ability to work, seek support from loved ones and engage in their communities. The exacerbation of mental health symptoms coincided with severe disruption to delivery of in-person mental health supports and services, leaving some disconnections for people and gaps in continuity of care for those who most needed it.

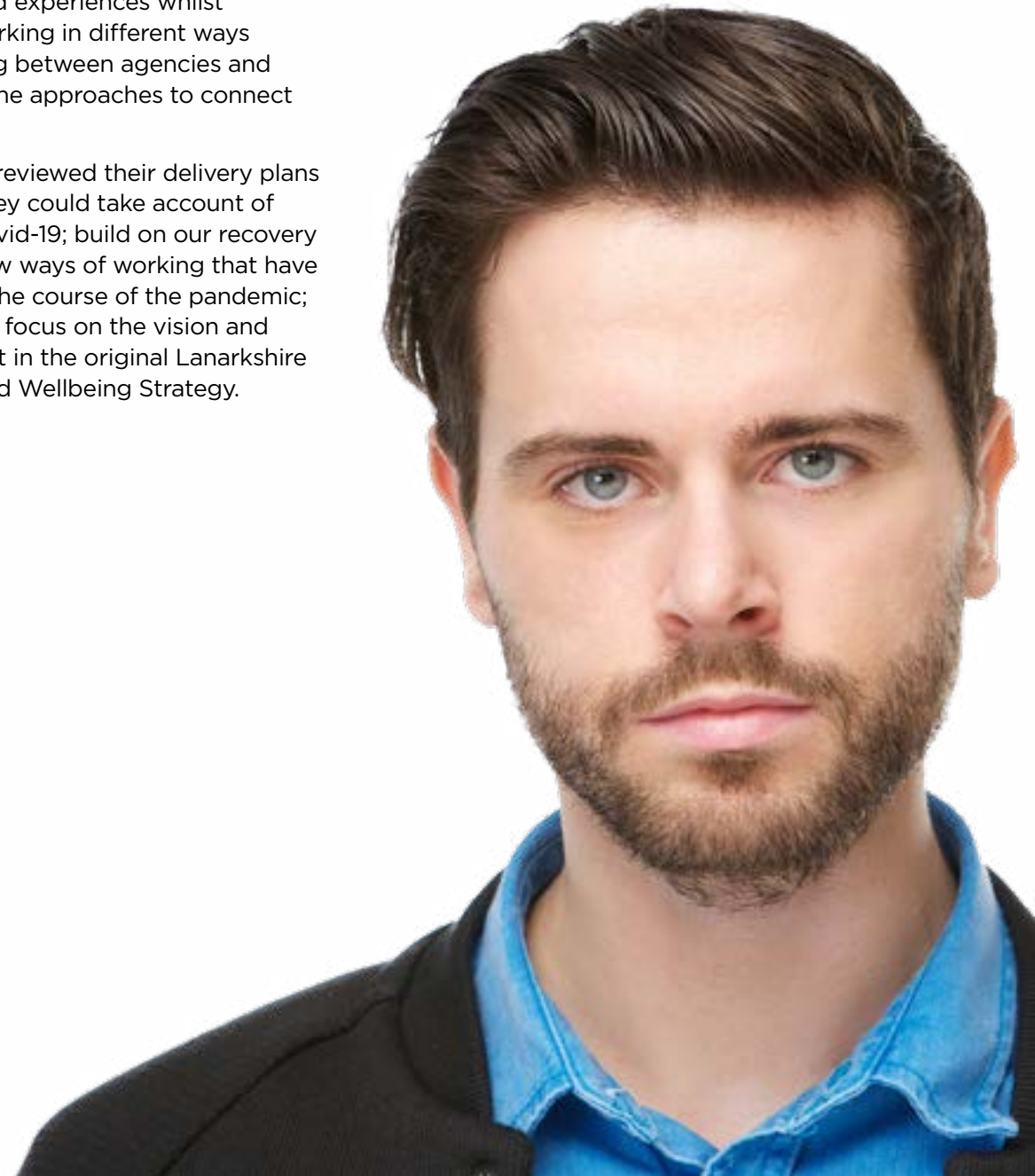
2.12 The Mental Health and Wellbeing Strategy Board and the majority of project groups were stood down in March 2020 due to the COVID-19 pandemic.

By the end of 2021 the situation had somewhat improved but still too many people remain unable to get the care and support they need for both pre-existing and newly developed mental health conditions.

Whilst Strategy delivery was restarted in January 2021, there was a further pandemic related disruption over the summer of 2021 when all non-essential meetings were stood down owing to the pressure on services.

2.13 Over the course of 2022, the Partners were able to look forward, consider backlogs, take on board people's experiences and endeavour to take advantage of the learning, opportunities and experiences whilst adapting and working in different ways i.e. closer working between agencies and maintaining on-line approaches to connect more people.

2.14 All workstreams reviewed their delivery plans to ensure that they could take account of the impact of Covid-19; build on our recovery plans and the new ways of working that have developed over the course of the pandemic; whilst retaining a focus on the vision and objectives set out in the original Lanarkshire Mental Health and Wellbeing Strategy.





03

3. Strategy Planning Enablers

This part of the review report will outline the cross cutting Projects and associated workstreams of the Strategy including; strategic needs assessment, governance and leadership, workforce, sustainability plan and evaluation.

Additional strategic enablers such as:

- **Communication and Engagement** has been covered in section 9 of this report as a critical factor to the successful implementation of the strategy.
- **Finance and investment** is set out at section 10 of this report, which in essence describes that we attempted to track and optimise all established and new available funds and income streams within the programme.

Strategic Needs Assessment - Data Compendium

3.1 Mental health is an integral part of public health and is as important as physical health to the overall wellbeing of individuals, communities and societies. Indeed, it has been said that *'there is no health without mental health'* and everyone has mental health needs.

In order to commission and deliver mental health supports and services that best meet the needs of the people of Lanarkshire we set out to obtain a clearer understanding of the mental health and care needs of the population.

3.2 We commissioned and compiled a data compendium to bring together the available data (*qualitative and quantitative*) on the mental health of the population of Lanarkshire to assist us in planning the strategy.

3.3 The data compendium was assembled in 2018/19 in collaboration with national and local health analysts. It utilised data provided by NHS Lanarkshire Public Health and Mental Health analysts, North and South Lanarkshire Social Work analysts and NHS ISD specialist mental health analysts. It built on data and analysis carried out by HSCP LIST analysts for the emerging Commissioning Strategies for North Lanarkshire and South Lanarkshire to provide a baseline against which we could measure to enhance the evidence base for Mental Health in Lanarkshire.

The data compendium produced in July 2019 covered:

- Population profile
- Life Expectancy
- Mental Health and Wellbeing (available data & information)
- Deprivation and Isolation
- Mental Health conditions
- Suicide
- Psychological Therapies
- Children and Adolescent Mental Health
- Multiple Long Term Conditions and Mental Health (Co-morbidities)
- A range of information on current supports and services
- Workforce

Population Profile

3.4 In 2024, the estimated population of Lanarkshire taken from Census 2022 figures is 668,200. The latest projections of Lanarkshire's future population, based on estimates for 2018, showed that the age structure of the population is expected to change between 2021 and 2042, with an increase in people aged 75 and over and fall in number of people aged under 30.

3.5 Key components in the changing Lanarkshire population are as follows:

- There is a projected increase of 64.2% in the population aged 75 and over between 2021 and 2042. This would result in 34,494 more people in this age group.
- The largest fall in population will be in the under 30 year olds, with a projected decrease of 10.7% between 2021 and 2042. There is estimated to be 24,026 less people aged under 30 in the next twenty years, likely to be contributed by fewer births.
- Between 2021 and 2032, the number of people aged 50-54 is projected to fall by 14.4% and the number aged 55-59 by 20.5%. An overall projected decrease across both age ranges of 17,670. We envisage this having an impact on the age range of the workforce and by implication the availability of staff.

3.6 There has been a decrease in life expectancy in Lanarkshire over the last 10 years. Life expectancy is lower in Lanarkshire than in Scotland overall with life expectancy is lower in North Lanarkshire than South Lanarkshire.

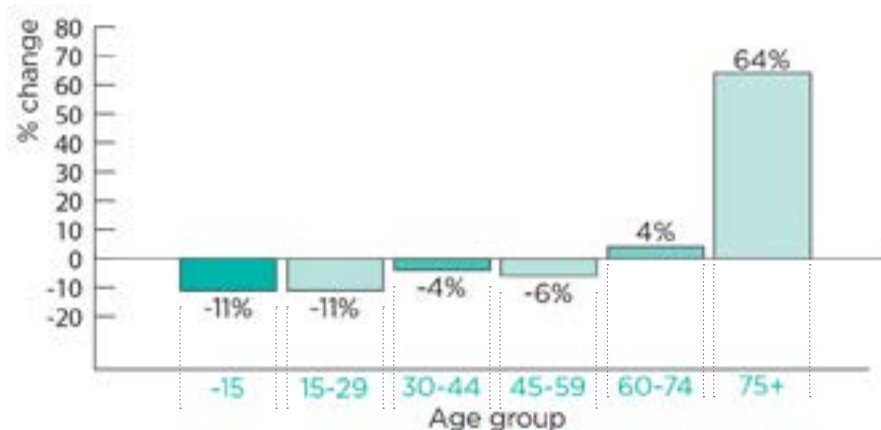


Figure 3.1 Projected percentage change in the age structure of Lanarkshire's population, 2021-2042

Mental Health and Wellbeing

3.7 The Scottish Health Survey data describe that over 1 in 4 people experience a mental health episode in any year and nearly 1 in 6 people experience mental health conditions such as anxiety and different levels of depression.

Public Health data, updated in March 2023⁵ describes the following key points

- The Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) that measures mental wellbeing among adults and teenagers, the mean score for Scottish adults aged 16+ was 48.6. This is the lowest recorded in the time series. The WEMWBS scale runs from 14 (the lowest level of wellbeing) to 70 (the highest).
- Twenty-two percent of those aged 16+ years in Scotland in 2021 reported having a General Health Questionnaire (GHQ) score of 4 or more, an indicator of potential mental health problems. This is an increase on the measure in 2019.

- In 2021, 11% of adults had two or more symptoms of depression, and 6% reported having previously attempted suicide. These both represent slight declines from the measures in 2018/19.
- In 2021, prevalence of depression (11%), anxiety (14%) and ever attempted suicide (6%) were at similar levels to 2018/19 combined. Prevalence of ever having self-harmed increased over this period from 7% in 2018/19 to 10% in 2021.
- Adult mental health (mental wellbeing and mental health problems) outcomes are distributed unevenly across the Scottish adult population, with inequalities evident for age, gender, deprivation and socioeconomic status.

⁵<https://www.scotpho.org.uk/health-conditions/mental-health/key-points/>

Deprivation and Isolation

3.8 As the final Marmot⁶ review (Feb 2010) identified in classing sustainable places and communities as a policy priority, place plays an important role in tackling inequalities – it plays a role in mental and physical wellbeing, informs access to public services, shapes economic outcomes through travel, employment and regeneration, and contributes to environmental standards and climate change. However, again, it is also an issue which can have disproportionate impacts on deprived areas through lower income, worse air quality and in turn higher incidences of respiratory disease; poorer access to greenspace and closer proximity to vacant and derelict land; and worse transport links and in turn access to employment and services.

The importance of social isolation and loneliness on our health is widely recognised with social relationships recognised as important social determinants of health

- Social isolation is associated with health-risk behaviour in deprived neighbourhoods.
- Loneliness is associated with health-risk behaviour in deprived neighbourhoods.
- Residents in deprived neighbourhoods are more likely to be lonely than the general population.

⁶<https://www.instituteofhealthequity.org/resources-the-marmot-review>

⁷<https://www.nhsinform>

⁸<https://www.forthwithlife.co.uk/blog/mental-health-statistics-uk/>

⁹Age UK Research

Mental Health Conditions

3.9 Our brains are hard wired to look for things, threats that may cause us harm. We know that a little anxiety, adrenalin can be natural and keep us safe. However, when anxiety gets out of control it can become overwhelming, debilitating causing fear, and some people can find it hard to control their worries. For these people feelings of anxiety are more constant and often affect their daily lives.

3.10 Everyone has spells of feeling down from time to time, but depression is more than feeling sad or unhappy. Depression can make you feel persistently sad and down for weeks or months at a time. While some people believe that depression is trivial or not a genuine health problem, it's undeniably a real condition that affects around one in 10 people over the course of their lives. It impacts people of all genders and ages – including children. Studies show that around 4% of children in the UK between the ages of five and 16 are depressed or anxious⁷.

3.11 We have found out through ongoing research, engagement and evaluation that, when people are asked about their mental health, responses will be subjective and based on their own experience of their own mental health. For someone with no history of mental health concerns, a persistent but even slight low mood may still constitute their mental health being the worst it has ever been. But for someone with a history of depression, for example, the same low mood might have them rating their own mental health as good.

- In 2024, people continue to experience mental health challenges with more women than men are currently struggling with poor mental health (18.5% of women vs 12.5% of men).
- While men are likelier to rate their mental health more positively than women are, men continue to account for a higher number of suicides
- Relationships and careers are among the most common contributing factors for stress, anxiety and feelings of low mood. They're also some of the first aspects of our lives to be affected by problems with our mental health and wellbeing⁸.
- Young people, aged 16-24, are by far the most likely to say they experience mental health struggles followed by 45-54-year-olds with the most positive when it comes to their mental health, being 25-34-year-olds, with more people in this age category describing their current mental state as being excellent and the best it's ever been
- Older adults 50-59 report significant challenges to their mental health and independence with 42% reporting feeling more anxious over the past 12 months (March 2024)⁹
- Older members of society 75+ are perhaps more likely to experience poor mental health as a result of loneliness or grief.

We understand that as the population changes and grows health needs will change and so require the health and social care services and support provided to adapt to provide for the population. We will continue to make improvements, integrate where required and work closely together to provide the right support and services in the right place at the right time for everyone.

3.12 The Mental Health Foundation (MHF)¹⁰ called on the Scottish and UK Governments to take actions to reduce anxiety. MHF research published from a survey undertaken during Mental Health Awareness week 2023 recorded that 30% of adults in Scotland with feelings of anxiety say they are not coping well, 44% of adults in Scotland with feelings of anxiety say they keep it a secret, with 70% of adults in Scotland felt anxious in the previous two weeks.

Despite anxiety being so common, stigma and shame play a part in how people deal with anxiety. The results of the polling make it clear that financial stress is giving rise to anxiety across Scotland, showing that existing support for people who are struggling does not go far enough. The most commonly reported cause of anxiety in the past two weeks was being able to afford to pay bills, reported by one-third (33%) of respondents, while 42% said that financial security would help prevent anxiety. This research is representative of the experience of people in Lanarkshire.

Figure 3.2 Anxiety/Depression Estimated Prevalence Rate per 1,000 of the population, by Lanarkshire HSCP of residence and financial year

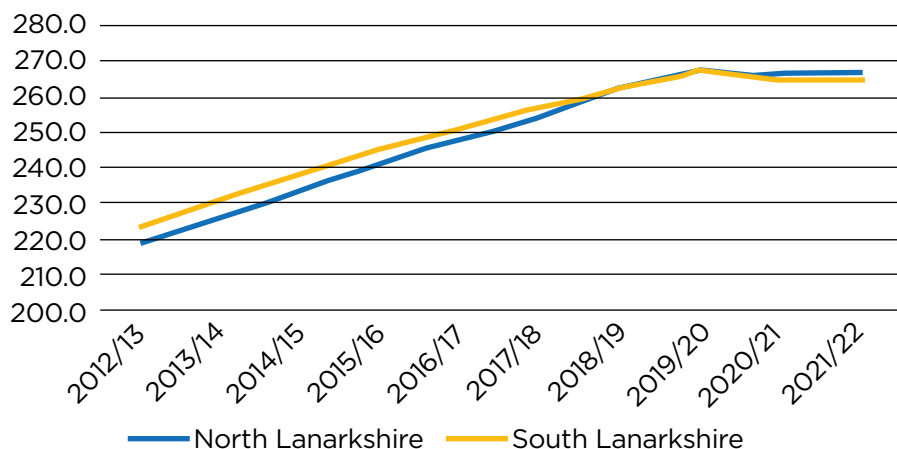
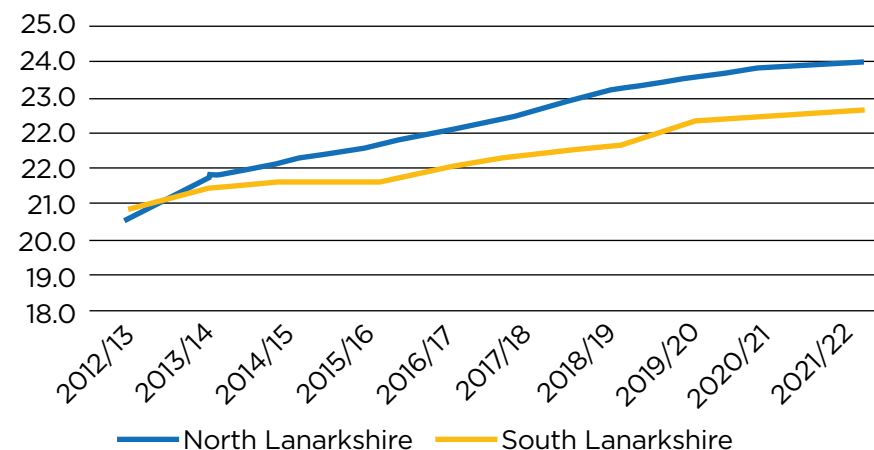


Figure 3.3 Psychosis Estimated Prevalence Rate per 1,000 of the population, by Lanarkshire HSCP of residence and financial year



¹⁰<https://www.mentalhealth.org.uk/about-us/news/our-new-research-reveals-anxiety-gripping-scotland-many-people-struggle-cope>

Figure 3.4 Anxiety/Depression Co-Morbidities for Lanarkshire residents, financial year 2021/22

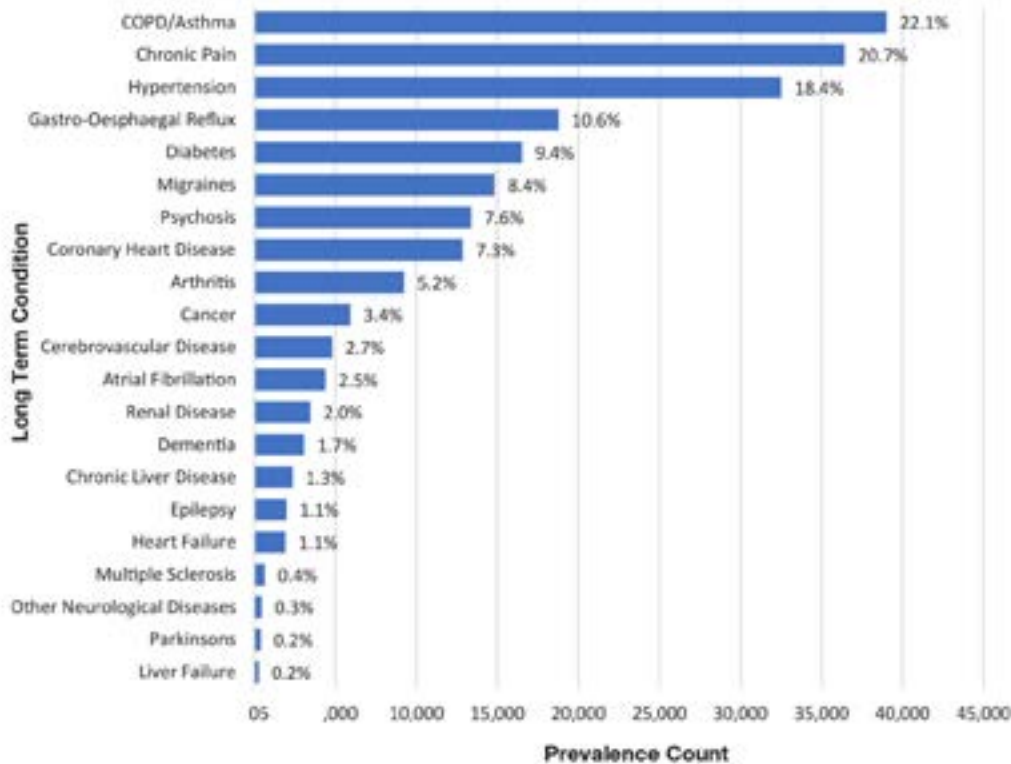
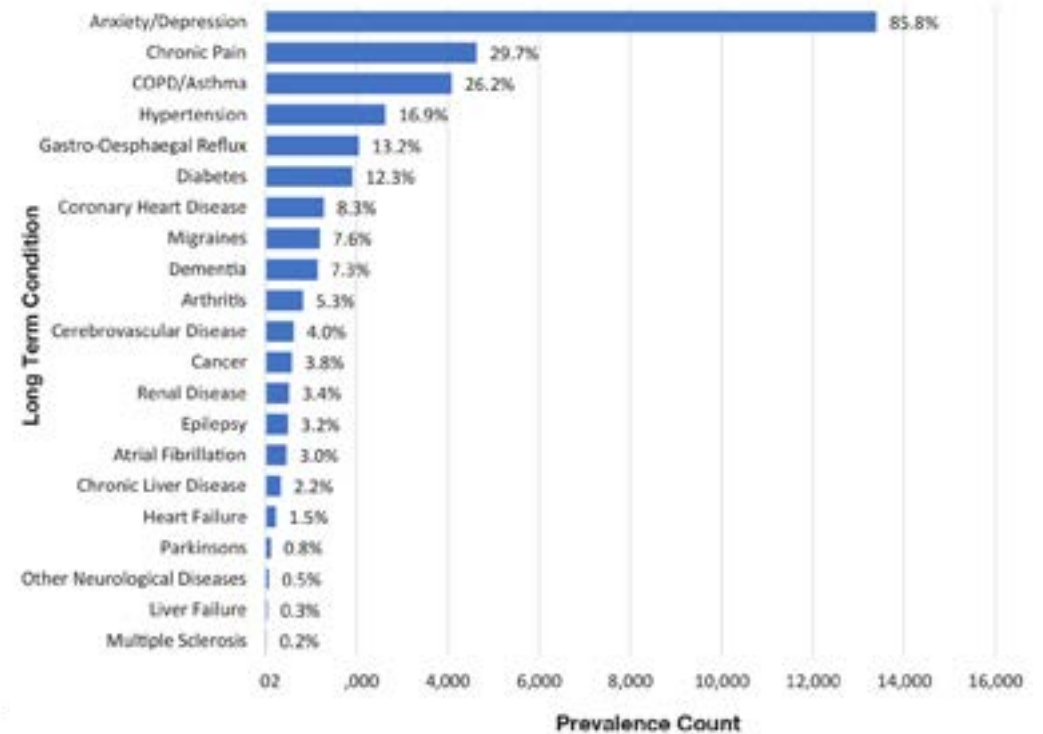


Figure 3.5 Psychosis Co-Morbidities for Lanarkshire residents, financial year 2021/22



3.13 We have accepted that physical and mental health are closely linked. Long-term physical conditions (LTC's) are those which can't currently be cured but can be managed with medication and/or other treatment. Having a long-term physical condition can lead to social isolation, low self-esteem, stigma and discrimination.

Having an LTC may cause fatigue, confusion, frustration, worried or stressed, especially when dealing with pain, tests, treatments or flare-ups.

All of these things can make you more likely to develop a mental health problem such as depression or anxiety.

Suicide Prevention in Lanarkshire

3.14 Scotland's Suicide Prevention Action Plan, published (2018), contained commitments aimed at continuing the downward trend in deaths by suicide based on known and emerging evidence about factors which can be associated with suicide.

These include:

- Responding to people in distress
- Talking about suicide
- A focus on awareness raising and suicide prevention training
- Improving the NHS response to suicide
- Developing the evidence base
- Supporting change and improvement

3.15 Suicide Prevention in Lanarkshire is aligned to a wider strategic and policy landscape (snapshot – not exhaustive!)

- Lanarkshire Mental Health and Wellbeing Strategy
- Creating Hope Together
- Distress Brief Intervention
- Rollout of National Trauma Transformation Programme
- Stigma Free Lanarkshire
- Primary Care Transformation
- Scotland's Self-Harm Strategy

- Digital Strategy, including digital mental health and wellbeing resources and digital therapies)
- Tackling Poverty
- Child Poverty Delivery Plans
- Work across the Community Planning Partnership's (CPP) to tackle health inequalities (bi-directional relationship between mental health and factors such as poverty, employment, discrimination and trauma, housing and education and build this into decision-making, governance and planning processes)
- Third Sector Community Mental Health and Wellbeing Fund via VASLAN and VANL
- Our Health Together
- Dementia Strategy
- The Promise
- Community Mental Health and Wellbeing Supports and Services (Children and Young People)
- Whole Family Wellbeing Funding, Fair work



Priority Outcomes

1. People at risk of suicide feel able to ask for help, and have access to skilled staff and well-coordinated support. Suicide Prevention North Lanarkshire will continue to deliver the Living Works Training programme including ASIST, Safe TALK and Suicide TALK.
2. People affected by suicide are informed and know how to seek help Suicide Prevention. North Lanarkshire will continue to develop and create a coordinated approach to public awareness campaigns, which maximises impact.
3. Suicide is no longer stigmatized
4. We provide better support to those bereaved by suicide. Upskill 3rd. sector partners to support communities affected by suicide.
5. Through learning and improvement, we minimise the risk of suicide by delivering better services and building stronger, more connected communities. Suicide Prevention North Lanarkshire will identify and facilitate preventative actions targeted at risk groups.

What We Aim to Achieve

1. The number of people taking their own life is reduced
2. A reduction in suicide across high risk groups
3. Increasing awareness of mental health and suicide prevention
4. Increasing the number of staff accessing mental health and suicide prevention training
5. Reducing access to means of suicide
6. Learning from investigations and reviews into unexpected deaths
7. Providing better information and support to those bereaved or affected by suicide
8. Supporting research, data collection and monitoring
9. Building community capacity to help reduce the stigma and taboo associated with suicide

Suicides across Lanarkshire.

Table 1: Number of Suicides by 5-Year Rolling Average

Years	North Lanarkshire	South Lanarkshire
2014 - 2018	43	38
2015 - 2019	47	41
2016 - 2020	52	44
2017 - 2021	54	42
2018 - 2022	55	44

Suicide in Scotland in 2022

- In 2022 there were 762 probable suicides in Scotland, an increase of 9 (1%) on the previous year's figure of 753
- Female suicide deaths increased by 18 to 206 deaths in 2022, while male suicides decreased by 9 to 556 deaths in the latest year
- The rate of suicide mortality in males was 2.9 times as high as the rate for females. Rates have been consistently higher for males throughout time, ranging from 2.6 to 3.6 times since recording began
- The rate of suicide mortality in the most deprived areas in Scotland was 2.6 times as high as in the least deprived areas in Scotland. This is higher than the deprivation gap of 1.8 times for all causes of death
- Over half of all probable suicide deaths in 2022 were due to hangings, strangulations or suffocations. Around 1 in every 5 probable suicides were due to poisonings

Suicides in Lanarkshire in 2022: Key Points

- There were 96 suicides (deaths from intentional self-harm and events of undetermined intent) registered for Lanarkshire residents in 2022, up from 83 in 2021 (15.7% increase)
- There were 50 suicides (deaths from intentional self-harm and events of undetermined intent) registered for North Lanarkshire residents, down from 52 in 2021 (decrease of 3.8%)
- There were 46 suicides (deaths from intentional self-harm and events of undetermined intent) registered for South Lanarkshire residents, up from 31 in 2021 (increase of 48.4%)
- 5 year running average data is used to provide a more accurate picture of trends rather than year on year:

Lanarkshire: 2018-2022 average number per year of probable suicides is 100, an increase of 4 from the years 2002-2006 (increase of 4%).

North Lanarkshire: 2018-2022 average number per year of probable suicides 55 up from 53 in the years 2002-2006 (increase of 3.8%).

South Lanarkshire: 2018- 2022 average number per year of probable suicides 44, the same as in the years 2002-2006 (no change).

What is it? Lifelines Lanarkshire is an information and guidance document aimed at supporting Children and Young People up to the age of 18 (or 26 for care experienced adults) at risk of self-harm and/or suicide.

Who? For anyone working with children/young people. Assessment and intervention guidance will mostly be used by those working directly/in an enhanced way with children/young people.

Where? Most commonly used in educational establishments but should be applied wherever needed.

When? When a child/young person is thought to be at risk of self-harm and/or suicide or when they ask for help.

Why? Its preventative and early intervention approach promotes mental health and wellbeing and considers harm minimisation and how to avoid loss of life

3.16 Creating Hope Together Scottish Government and COSLA's suicide prevention strategy¹¹ with an action plan¹² detailing the actions for 3 years, which implements the first stage of the strategy, and the four long term outcomes it sets out.

To achieve the vision, government and COSLA will deliver across these long term outcomes which together will affect change across our society, services, communities, and individual experiences.

¹¹[Creating hope together scotlands suicide prevention strategy-2022-2032](#)

¹²[Creating hope together scotlands suicide prevention action plan-2022-2025](#)

We should recognise that much has been achieved on suicide prevention, at a national and local level – too much to include in this overview of Lanarkshire's MHW strategy work. The examples include the social movement 'United to Prevent Suicide' and its fantastic campaign work, Just Ask, suicide prevention training sessions: Suicide TALK; Safe TALK; ASIST, Ask Tell, Safetalk Scottish Mental Health First Aid, the pilot bereavement support services that are already helping families, the learning resources which are bringing greater awareness and skill in the workforce, and the resources and data we are providing to guide local action.

Creating Hope Together – National Outcomes Framework

4 Long Term Outcomes

1. The environment we live in promotes conditions which protect against suicide risk
2. Our communities have a clear understanding of risk, risk factors and its prevention
3. Everyone effected by suicide is able to access high quality, compassionate, appropriate and timely support – which promotes wellbeing and recovery
4. Our approach to suicide prevention is well planned and delivered through close collaboration between national, local and sectoral partners. Our work is designed with lived experience insight, practice, data, research and intelligence

3.17 Psychological Therapies (PT) 2020 - 2024 data

We all have a range of psychological needs. Psychological therapies and interventions are proven evidence-based clinical approaches that can make a real difference to the people of Lanarkshire’s mental and physical health¹³. This section of the report reviews the data relating to access to Psychological Services over the period of 2020-2024

The waiting list for psychological therapy treatment has generally increased since the beginning of 2022/23. The number of patients on the waiting list has increased from a low of 1,814 in May-22 to a peak of 2,719 in Mar-24. The proportion of patients on the waiting list that have been waiting greater than 18 weeks for treatment has also increased throughout the period. In Apr-22, 27.1% of patients on the waiting list had been waiting greater than 18 weeks for treatment. This increased to 40.8% of patients by Apr-24

The average quarterly RTT for psychological therapies treatment has broadly remained between 80% and 90% since Q1 of 2018/19. The RTT target of 90% was met in Q1 of 2020/21, before a sharp decline in the average was observed at the onset of the Covid-19 Pandemic. The RTT% recovered in each subsequent quarter of the financial year, reaching a post-pandemic high of 85.8% in Q2 of 2021/22. Again, the average RTT remained above 80% in each quarter until Q2 of 2023/24, where the value fell to 79.1%. There was a rebound in the average the following quarter (Q3, 82.5%), however, the RTT% fell again to a post-pandemic low of 78.1% in the most recent quarter (Q4 2023/24).

¹³<https://www.gov.scot/publications/psychological-therapies-interventions-specification/documents/>

Figure 3.6 Psychological Therapies Waiting List



Figure 3.6 Psychological Therapies Waiting List Under/Over 18 Weeks

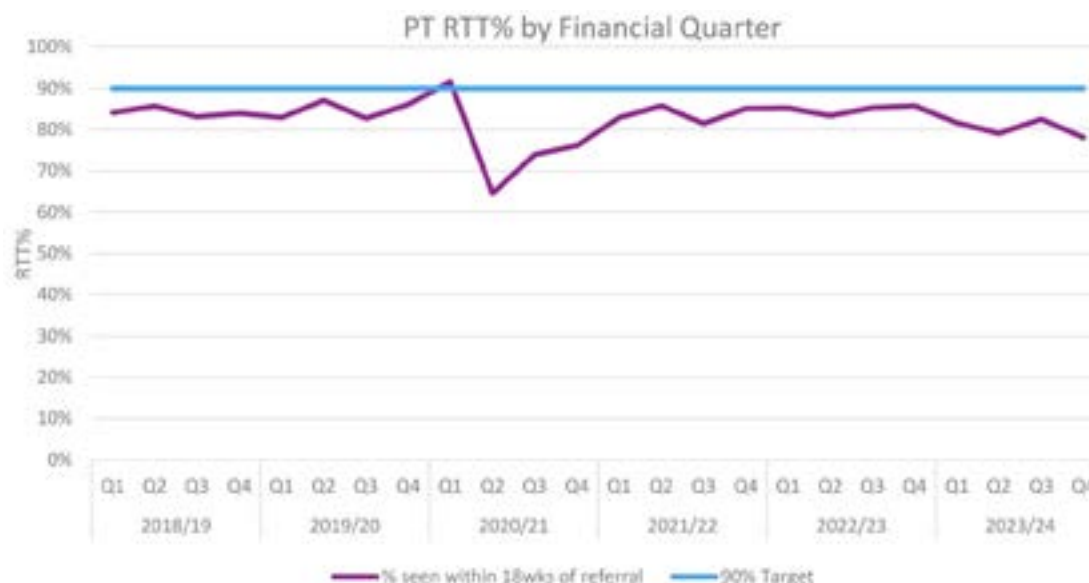


Figure 3.7 PT Referral To Treatment % by Financial Quarter

The average quarterly RTT for psychological therapies treatment has broadly remained between 80% and 90% since Q1 of 2018/19. The RTT target of 90% was met in Q1 of 2020/21, before a sharp decline in the average was observed at the onset of the Covid-19 Pandemic. The RTT% recovered in each subsequent quarter of the financial year, reaching a post-pandemic high of 85.8% in Q2 of 2021/22. Again, the average RTT remained above 80% in each quarter until Q2 of 2023/24, where the value fell to 79.1%. There was a rebound in the average the following quarter (Q3, 82.5%), however, the RTT% fell again to a post-pandemic low of 78.1% in the most recent quarter (Q4 2023/24). The highest quarterly RTT% for the time period was 91.6%, recorded in Q1 of 2020/21.

Pre-pandemic, Psychological Therapies were receiving around 2,500 referrals each quarter, with just over 20% of these being for digital therapy such as SilverCloud and Beating the Blues. A significant decline in referrals was observed in Q1 of 2020/21, however, by the end of the financial year referrals had returned to a similar level, though the proportion of total referrals that were for digital therapies had increased significantly. In Q4 of 2020/21, there were 2,676 referral received, of which 50.0% were for digital therapies.

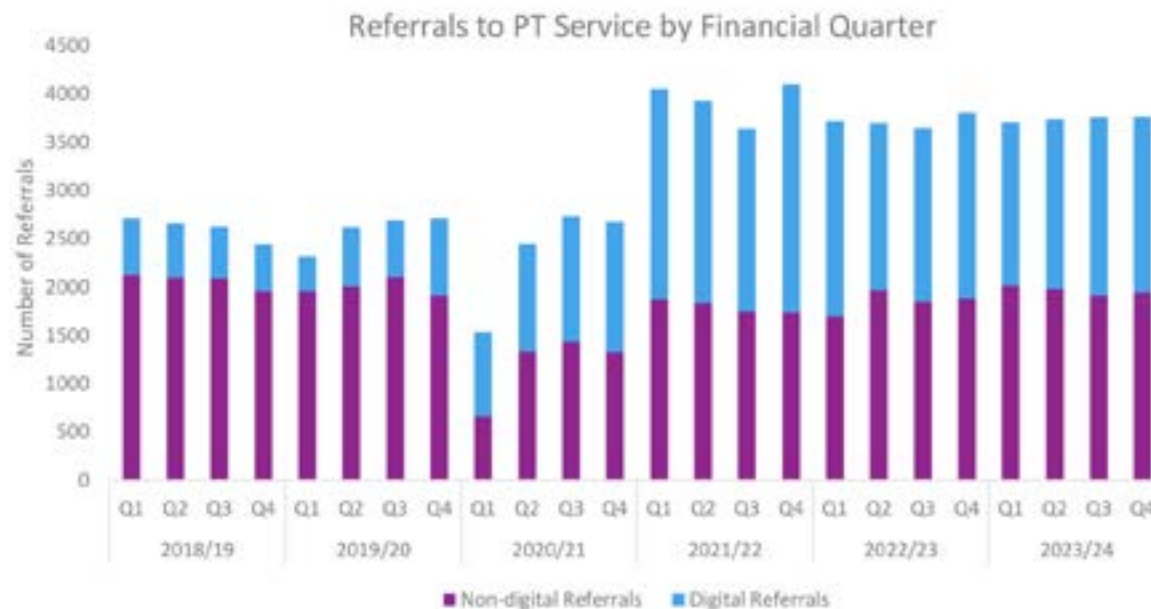


Figure 3.8 Referrals to PT Service by Financial Quarter

There was a significant increase in the total number of referrals received in Q1 of 2021/22 reaching more than 4,000. This is due largely to the increase in referrals for digital therapies received, rising by more than 60% between Q4 of 2020/21 (1,349) and Q1 of 2021/22 (2,180). Total referrals have remained broadly stable since Q1 of 2022/23. However, the proportion of total referrals that are for digital therapies has begun to decline. In Q4 of 2021/22, there was a period high of 4,099 patient referrals, of which, 57.5% (2,356) were for digital therapies. By comparison, in the most recent quarter, only 48.2% (1,815) of total referrals were for digital therapies.

The increase in non-digital referrals observed has placed increasing pressure on consultant led therapy, with demand for non-digital therapy almost back at pre-pandemic levels.

Pre-pandemic, there was an average of 1,600 completed waits reported each month. The highest quarterly total observed for the period presented was 2,936 in Q4 of 2021/22. The increase in completed waits post-pandemic can largely be attributed to the rise in digital therapy referrals. In 2023/24, the total number of patients starting treatment increased in each subsequent quarter. In Q1 of 2023/24, 2,464 patients started treatment. By Q4 of the year, 2,722 patients started treatment, an increase of 10.5% over the 12-month period.

The longest patient waits for treatment reached a high of 89 weeks in Nov-20. Following a decline to 42 weeks in Aug-22, the longest patient waits have since risen proportionally to the waiting list, increasing to 60 weeks by Apr-24.



Figure 3.9
Completed Waits Within/Over 18 Weeks



Figure 3.10
PT - Waiting Lists + Longest Wait

Child and Adolescent Mental Health (CAMHS) Data 2020-2024

3.18 NHS Scotland Child and Adolescent Mental Health Services (CAMHS) are multi-disciplinary teams that provide (i) assessment and treatment/interventions in the context of emotional, developmental, environmental and social factors for children and young people experiencing mental health problems, and (ii) training, consultation, advice and support to professionals working with children, young people and their families¹⁴. The tables below set out the activity and performance of CAMHS over 2020-2024.

3.19 The figure below shows the waiting list for CAMHS treatment generally showed an increasing trend between Jul-20 and Jul-22. The number of patients on the waiting list increased from a low of 831 in Jul-20 to a peak of 1,629 in Jul-22, a near doubling in the two-year period.

The proportion of patients on the waiting list that have been waiting greater than 18 weeks for treatment also increased significantly during this period. In Jul-20, 44.4% of patients on the waiting list had been waiting greater than 18 weeks for treatment. This increased to 78.2% of patients by Aug-22. There has since been a significant decline in the total waiting list, reaching a low of 535 for the most recent month. The proportion of patients waiting greater than 18 weeks for treatment has also declined significantly. In Apr-24, only 20.6% of patients had been waiting greater than 18 weeks for treatment

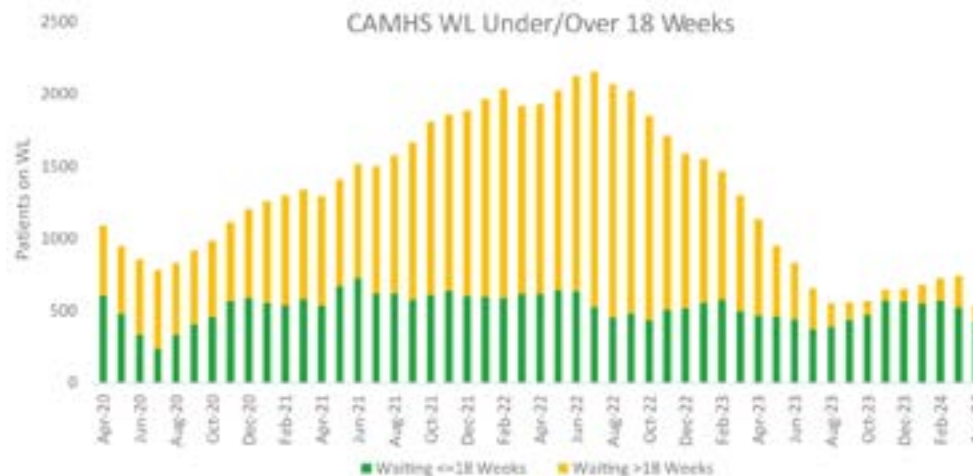


Figure 3.11
CAMHS WL Under/Over
18 Weeks

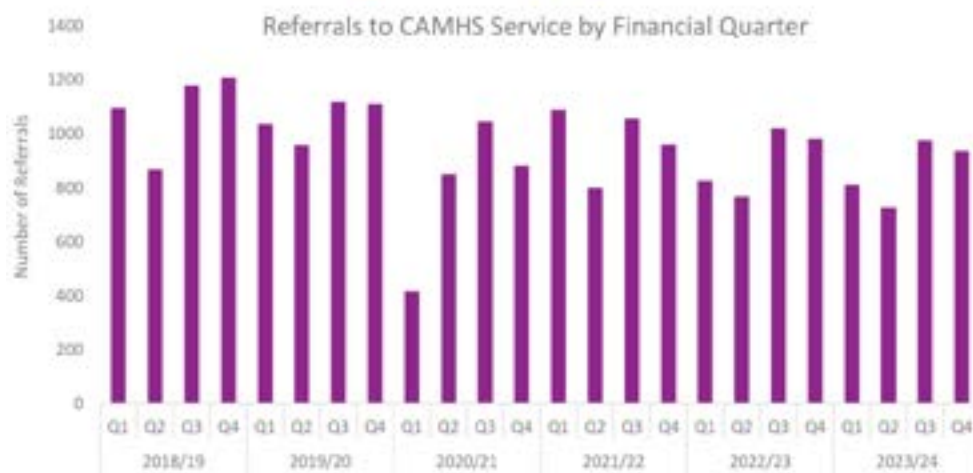


Figure 3.12
CAMHS by
Financial Quarter

3.20 Figure 3.12 below shows referral to CAMHS by financial quarter.

CAMHS referrals have shown significant variation between financial quarters, though it seems that there has generally been a declining trend in referral numbers since 2018/19. In 2018/19, there were a total of 4,348 patient referrals to CAMHS services.

With the exception of 2020/21, total referrals declined in each subsequent financial year, reaching 3,595 in 2022/23. In 2023/24, total referrals increased to 3,669, a rise of just 2.1% on the previous year.

¹⁴<https://www.gov.scot/publications/child-adolescent-mental-health-services-camhs-nhs-scotland-national-service-specification/>

3.21 Figure 3.13 below shows CAMHS Referral to Treatment by Quarter Year periods.

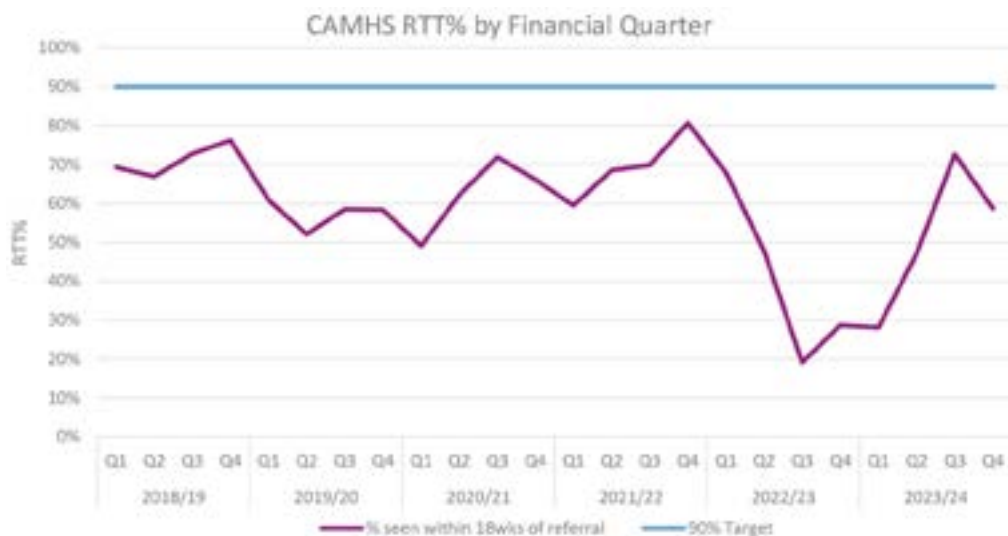
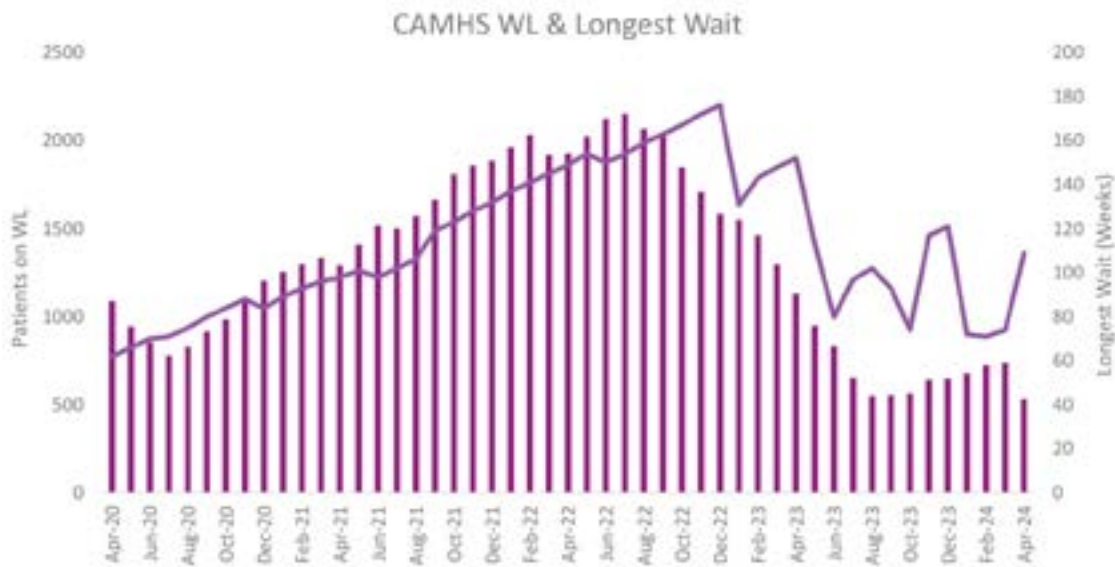


Figure 3.14 Completed Waits Within/Over 18 Weeks

The average RTT% for CAMHS has shown significant variation between quarters. The sharp decline in the RTT% from Q4 of 2021/22 mirrors waiting list changes. A significant increase in the number of patients starting treatment was observed in Q2 and Q3 of 2022/23 in attempts to reduce the size of the waiting list. As a high proportion of the patients on the waiting list had been waiting greater than 18 weeks for treatment, this increase in activity had a detrimental effect on the RTT% for a period of time. The upturn in the RTT% in 2023/24 corresponds to the reduction of the waiting list and the number of patients waiting greater than 18 weeks for treatment. The highest quarterly RTT% for the time period was 80.7%, recorded in Q4 of 2020/21. A low of 19.1% was recorded in Q3 of 2022/23.

3.22 Figure 3.14 shows completed waits within or over 18 weeks

Pre--pandemic, there was an average of 490 completed waits reported by CAMHS each month. After a period of low activity between Q4 of 2019/20 and Q1 of 2022/23, a period high of 592 completed waits were recorded in Q3 of 2022/23. The increase in activity in between the end of 2022/23 and the beginning of 2023/24 corresponds to a reduction in the waiting list and the RTT%. In Q4 of 2023/24, the number of completed waits reduced to 223.



3.23 Figure 3.15 shows CAMHS waiting list and longest wait over time period 2020-2024.

Longest patient waits increased proportionally with waiting list size, increasing from 62 weeks in Apr-20, to a peak of 176 in Dec-22. There has since been a stilted reduction in the longest wait, which in Apr-24 was still 109 weeks.

Governance - whole population approach and whole system working

3.24 In Lanarkshire, NHS Lanarkshire are accountable for the health of the population. Cognisant with this report, North Lanarkshire Integration Joint Board (IJB) is responsible for planning, commissioning, and monitoring mental health services provided in the community and in hospitals across Lanarkshire. Some IJBs are also responsible for levels of secure mental health services, with NHS boards having that responsibility in other areas.

Working across organisation boundaries, navigating different funding regimes is currently necessary as, Mental Health advice, support and services are provided across a range of organisations such as by HSCPs, NHS boards, councils and the charity and voluntary sectors.

A consistent message in the strategy delivery has been that Mental Health is a feature of our overall health, is everyone's business and as such requires a whole system approach. The governance, leadership and decision making regarding population mental health supports and services is however fragmented, and accountability is complex, with multiple bodies involved in funding and providing mental health supports and services.

Over the period of the strategy collaboration has relied on robust programme governance arrangements, dedicated resources (in-kind and funded), excellent joint working arrangements and a shared vision of getting it right for every person at all levels. Taking a whole systems approach to mental health and wellbeing has been possible through the multi-agency membership of the Lanarkshire Mental Health Wellbeing Strategy Board and infrastructure. With successful joint working and planning the programme of work has been successful across the spectrum of projects/workstreams supports and services.

We acknowledge that Mental health problems don't exist in isolation. Mental health conditions can lead to other problems in people's daily lives, such as with housing, money, work and benefits. People living with mental health problems are twice as likely to require support and advice with money matters, such as council tax arrears. as people who are not diagnosed with a mental health condition. These problems mean that people who experience mental health challenges, crisis and diagnosed illness' often need more support from a range of council services than others.

Local Authorities provide services essential to the delivery of good outcomes, particularly but not exclusively, to people with mental health conditions and the most vulnerable in our communities.

Alongside treatment from mental health services, many people also benefit from getting help from community organisations, funded and supported by the Third Sector organisations such Lanarkshire Association for Mental Health, other general local services for aspects of their daily lives. Public health and Local Authorities have such an important role to play through the delivery of services like social housing, social care, housing and leisure services. Social work makes an important contribution to the public domain; Social Workers and Mental Health Officers in particular are working with people with mental health conditions and helping to support them, achieve change in their lives and helping them to contribute through a range of connections and relationships.

Social workers are uniquely placed to offer insight and contribution to mental health provision as social workers hold legal duties under the Social Work (Scotland) Act 1968 placing responsibility on them for assessing the needs of those in the local authority area. As such, social work supports the effective interaction and joint working in the process of delivering services and interventions to adults and children under the auspices of the above-noted legislation. Working within this multi-agency context, social workers, mental health officers hold a duty to offer perspective to ensure that a Human Rights enabling and strengths-based approach that is cognisant of the intersectionality of poverty, social justice and inequality is central to the delivery of services. This also requires a collaboration, partnership working, empowerment of clients and a particular balance of need, risk and rights.

- 3.25 Our next steps must consider any improvements that can be made in Governance to support a whole systems approach, systems and strategic oversight for population mental health to ensure the highest quality of support, care and treatment and avoid inappropriate access issues, delays during periods of transitions that can lead to isolation or confusion when people don't know where to go and to improve care management and all round communication to, with, and, on behalf of the person.

Workforce

- 3.26 The National Workforce Strategy for Health and Social Care in Scotland has five pillars, Plan, Attract, Train, Employ, Nurture¹⁵.

In Lanarkshire we want the reputation of being an exemplar employer that attracts excellence by being excellent. We want to attract candidates who share our ambitions and values and gain their commitment to working with us by ensuring that their experience of the recruitment journey is a positive one. We want to be clear on our future workforce and the skills and competencies to delivering quality health in an evolving health and social care environment, with effective workforce planning that will ensure that we recruit the right staff with the right skills to deliver reform.

(source: Widening Access and Participation to Employment Strategy 2023/2026, Our Health Together, Living our Best Lives)

¹⁵<https://www.gov.scot/publications/national-workforce-strategy-health-social-care/>

3.27 As referenced in the national MHW Strategy, the national aim is to support the development of a **mental health and wellbeing workforce which is diverse, skilled, supported and sustainable**. This will support the Scottish Government's Mental Health and Wellbeing Vision of a Scotland, free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible.

Whilst NHS Education Scotland¹⁶ (NES) holds data for a range of NHS Scotland workforce (for reasons unknown, mental health as a job family not reported on by NES) and Scottish Social Services Council¹⁷ (SSSC) and other professional bodies hold the data on relevant workforce who contribute to mental health and wellbeing of the population as a high proportion of their workload, there is currently no single source of data for the mental health and wellbeing workforce in Scotland. Given the scope of the mental health and wellbeing workforce, we recognise that there is a burning need to consider where there are data gaps and take appropriate and proportionate actions to address these.

3.28 The thinking in the national strategy, mental health and wellbeing workforce plan¹⁸ aligns with our Pan Lanarkshire partnership over the course of this strategy. The **core mental health and wellbeing workforce** consists primarily of those who provide frontline mental health services, interventions and treatments for all age groups and from various sectors. These are staff who are specifically employed in services within statutory organisations, the independent sector or the third sector to support mental health and wellbeing. This includes, but is not limited to, staff in mental health services (such as mental health nurses, psychiatrists and psychologists), third sector mental health support, social work staff who provide mental health support and Mental Health Officers, GPs, mental health pharmacists, paid peer support link workers, psychotherapists, counsellors, psychological therapists, and Allied Health Professionals who provide mental health interventions and support.

3.29 The wider mental wellbeing workforce¹⁹ with a role to promote good mental health for all and in prevention to improve the quality of life for all. These include roles in the public services, third, and independent sectors that, although not directly employed in or providing mental health services, support treatment and recovery. Access in communities to these types of organisations has an important role in supporting someone's mental health and wellbeing and play a significant role in promoting good mental health for all. Examples include but are not limited to, employers; wider areas of health, community link workers; police officers; community group leaders; faith leaders; school staff and youth workers.

3.30 The mental health workforce has experienced recruitment and retention issues for a number of years now resulting in deficits in psychiatry and mental health nursing. Psychology is seeing a resurgence of applicants and is growing a positive reputation as a preferred place to work in Lanarkshire. The collaboration with partners has also developed capacity in other areas of the system to engage earlier, provide earlier and easier access and sign post to preventative and proactive interventions reducing demand and possibly impact on mental exacerbations. Urgent care 24/7 pathways are now more responsive and refer people with mental health concerns to in-out-of- hours primary care and community mental health supports and also specialist and secondary care mental health provision thus avoiding inappropriate presentations and ensure the person is seen by the right person first time.

¹⁶<https://turasdata.nes.nhs.scot/media/j0vdmil/workforce-report-june-2022-formatted.pdf>

¹⁷[SSSC-workforce-data-report-scottish-social-service-sector-report-on-2022](https://www.sssc.gov.uk/workforce-data-report-scottish-social-service-sector-report-on-2022)

¹⁸<https://www.gov.scot/publications/mental-health-wellbeing-workforce-action-plan-2023-2025/>

¹⁹<https://www.gov.scot/publications/mental-health-wellbeing-workforce-action-plan-2023-2025/>

The aim of our current and future cross cutting and inter agency approach to MHW Workforce is to apply the **3 P model (Promote, Prevent and Provide)**:

3.31 **One P is to Promote** good mental health and wellbeing for the whole population, and improving understanding and tackling stigma and discrimination with:

- Employers
- Community services (ranging from sports organisations, community wellbeing initiatives, citizens' advice, housing)
- Faith organisations
- All health and social care workers in all settings

This workforce will be included in relevant aspects of training to enable support at the point of care.

3.32 Organisations with a workforce trained to apply a two P approach to **Promote** good mental for all **and Prevent** mental health issues occurring or escalating whilst engaging in a whole system approach to tackling the underlying causes and inequalities via primary prevention (detect, distress, assess risks, signpost support) to:

- All health, social care and social work staff
- Unpaid carers
- Police Officers
- Scottish Ambulance Service

An inclusive approach to training with access for unpaid carers. It is envisaged that resource plans will need to be agreed to map the various workforce included at what levels from awareness to complex requirements for job requirements.

Workers in front facing roles in communities, justice, early years and education settings, who support the wellbeing of service users, and

Secondary prevention (early intervention, further signposting; recovery support) via:

- Counsellors in a variety settings including schools further and higher education, and third sector community organisations
- Psychological and Emotional Wellbeing Practitioners (NHS24, Primary Care settings)
- Chaplaincy, Spiritual and Pastoral care workforce operating in various settings

3.33 There are organisations who will be funded, resourced and trained to apply the three P approach to **Promote, Prevent and Provide** mental health and wellbeing support, care and treatment ensuring people and communities can access the right information, skills, support, services and access to treatments in the right place, at the right time from the right service.

Responding to severe and complex mental health as part of multidisciplinary teams, working across health, social care, and third and independent sectors and recovery support:

- Psychological and Emotional Wellbeing Practitioners
- Community Mental Health Nurses
- Psychological Therapies (PT), Interventions and Wellbeing Practitioners
- Peer support workers
- Allied Health Professionals who work in mental health services
- Social workers who work in Mental Health services
- Community Mental Health Pharmacists
- Psychiatrists
- Clinical psychologists
- Mental Health Nurses
- Allied Health Professionals who work in Mental Health services
- Mental Health Officers

3.34 This workforce will feature in the Plan, Attract, Train, Employ, and Nurture aspects of the National MHW Workforce actions. This workforce responds to severe and complex mental health.

In Lanarkshire as in the rest of Scotland, core mental health services have and continue to experience deficits in workforce (particularly medical staff). Our mental health workforce development work will be included in the emergent MHW Delivery Plan, 2024 and will consider that the mental health and wellbeing workforce is made up of the core mental health workforce and the wider mental wellbeing workforce.

The strategic intent in developing our future MHW Workforce Plan will require commitment and investment to fully deliver against the plan articulated. We will engage NHSL, North and South Lanarkshire councils and other partners where appropriate to develop a financial plan that underpins the delivery and which articulates the benefits to be realised from investment in the community and workforce.

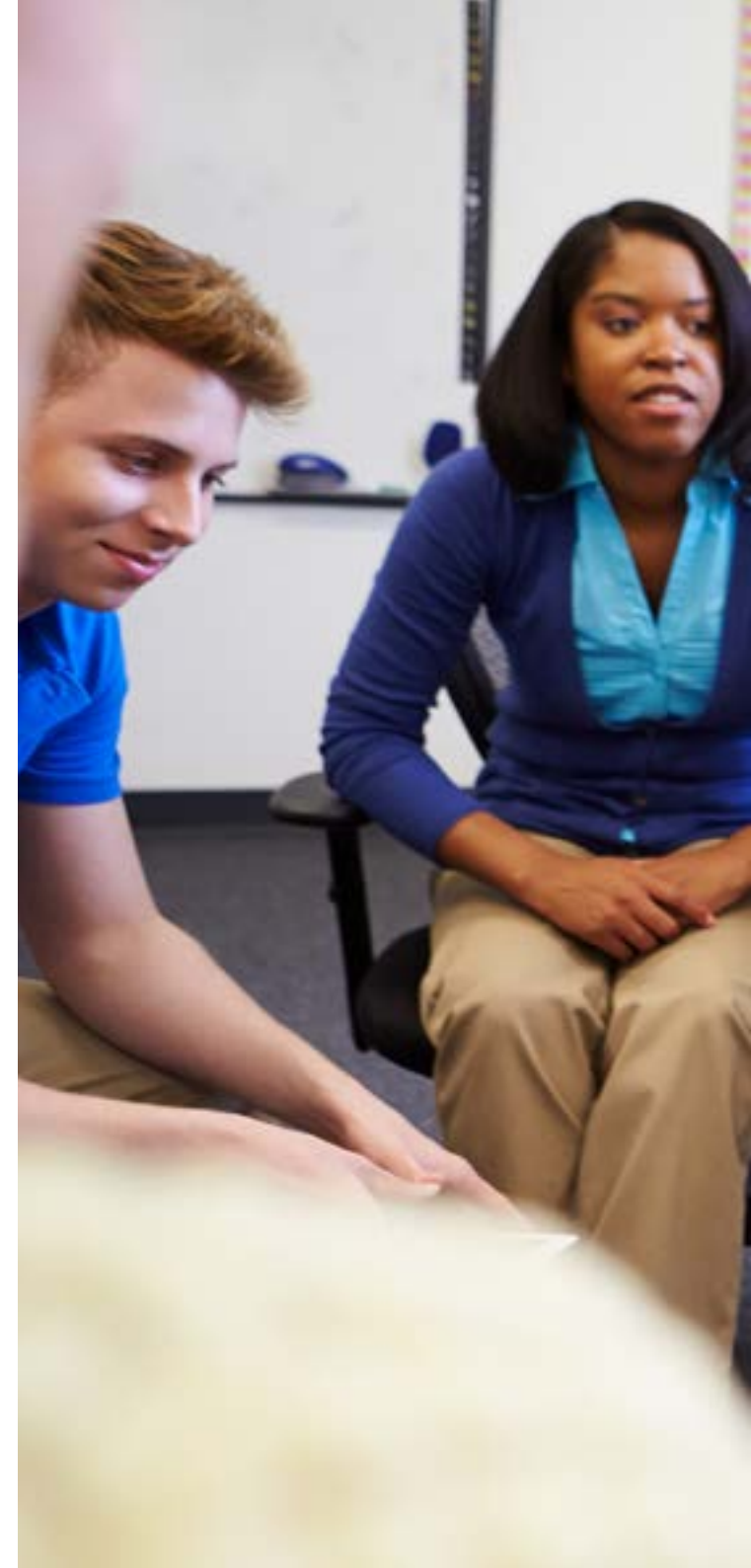
Evaluation Framework

3.35 To add to the rigour of our whole system, population approach, at the outset we worked with local evaluation subject matter experts to set out an Achievement Framework taking a Contribution Analysis approach. Our colleagues in evaluation worked with and followed the programme, projects and workstreams over the period of the strategy producing a final evaluation report. See Appendix 2.

Sustainability Plan

3.36 In January, 2024, a sustainability framework and plan was developed and produced to sign off, embed, sustain all aspects of the strategic change programme, to inform completion of the work, progress to business as usual, and include any outstanding priorities in the emergent Lanarkshire Mental Health and Wellbeing (MHW) Delivery Plan, 2024-2026.

All of the strategic enablers described above have acted as the foundation for rigorous and robust systems and process for consistency across the MHW Programme 2019-2024. In absence of this work the programme would have lacked knowledge of root cause, ability to identify priorities, track, monitor and measure improvement to inform the data and intelligence approach required for the transformational levels of work achieved within the programme described below.







04

4. Strategy Programme Delivery

Good Mental Health For All

- 4.1 Our approach to promoting good mental health for all incorporated the collective actions/programmes of work undertaken by the community planning partners and is delivered by multi-agency Good Mental Health for All groups in North and South Lanarkshire Delivery Plans.
- 4.2 The key aim of this work is to promote good mental health for everyone and address the barriers (social, environmental, financial or cultural) that make it more difficult for some people to take up opportunities to improve their wellness and wellbeing, and continue to challenge all forms of stigma around mental health as priorities across Lanarkshire.
- 4.3 The Covid19 Pandemic was stressful for many and put a significant emphasis and spotlight on the relationship between mental and physical health. The impact was not experienced equitably. Those least able to draw on protective factors (good health; financial wellbeing; affordable housing; employment; being able to work from home; support home schooling) were less equipped to deal with the impact. It exacerbated long-standing inequalities in being able to thrive in the face of adversity.
- 4.4 The longer-term impact of the pandemic is likely to widen these inequalities further unless significant action is taken. This has taken on a new urgency with the emerging cost of living crisis, compounding the threat and further widening the gap.
- 4.5 The Good Mental Health for All Delivery Plans cover six key areas:
1. Mentally healthy infants, children and young people;
 2. Mentally healthy later life;
 3. Mentally health environments and communities;
 4. Mentally healthy employment;
 5. Reducing the prevalence of suicide, self-harm, distress and common mental health problems, and
 6. Improving the quality of life of those experiencing mental health problems, including the promotion of recovery, stigma reduction and physical health improvement.

Key Achievements - a sample of the work

- 4.6 Over the period of the strategy a broad range of partnership programmes have been developed to mitigate the impact on the known risk factors to good mental health; exposure to trauma, isolation, deprivation and inequality, physical ill health and impairment, unemployment and debt.
- 4.7 Evidence indicates that where people have the tools to manage their own health - including being supported to do so, such as through social prescribing, community networks, consistent social connections - that their wellbeing may be improved. GIRFEP promoted a move towards proactive engagement earlier, prevention and recovery models focused on assets, strengths and self-care and self-management.

4.8 The Good Mental Health for All workstream worked with all local and national partners delivering an ongoing programme of work focussing on **challenging stigma and discrimination**. A few examples of the programme are set out below.

- 12 NHS Stigma Free Champions have been trained by Stigma Free Lanarkshire
- 14 Understanding Stigma Workshops have been delivered by champions
- 152 Participants attended
- The Leaders of North Lanarkshire Community Planning Partnership committed to ensuring their workplaces and communities are free from mental health stigma and discrimination by signing a pledge to action, creating social media videos with key messages and creating a podcast series
- 4 Leaders' workshops delivered – attended by 76 Leaders from NHSL, Police Scotland; NLC; VANL; Fire and Rescue
- Launch of a Justice Services Pilot in South Lanarkshire (November 2022) focusing on workplace culture: delivering targeted workshops; leaders messaging video; champions programme; and a comprehensive evaluation programme to determine the impact of the SFL/SLC partnership

4.9 The Priority Outcomes for the North and South Lanarkshire **Suicide Prevention** Action Plans are:

- People at risk of suicide feel able to ask for help, and have access to skilled staff and well-coordinated support. We will continue to deliver the Living Works Training programme including ASIST, Safe TALK and Suicide TALK.
- People affected by suicide are informed and know how to seek help Suicide Prevention. We will continue to develop and create a coordinated approach to public awareness campaigns, which maximises impact.
- Suicide is no longer stigmatised
- We provide better support to those bereaved by suicide. Upskill 3rd sector partners to support communities affected by suicide.
- Through learning and improvement, we minimise the risk of suicide by delivering better services and building stronger, more connected communities. We will identify and facilitate preventative actions targeted at risk groups.

4.10 Suicide Prevention Lanarkshire delivers the three suicide prevention training sessions: Suicide TALK; Safe TALK; ASIST

Training provided in 2023:

- 140 People attended 2-day ASIST in South Lanarkshire (included some North Participants from Voluntary Sector)
- 90 People attended 2-day ASIST in North Lanarkshire
- 126 people (across North and South) have attended new Ask, Tell Training includes Tackling Poverty Officers, Voluntary Sector, CPP organisations)
- 86 People have completed Suicide ALERT (North Lanarkshire)
- 119 People have completed Scottish Mental Health First Aid (North and South Lanarkshire)
- 14 People have completed Safetalk (North Lanarkshire)
- 10 Ask, Tell Sessions; 4 ASISTs; 2 Scottish Mental Health First Aid; 1 Safetalk; 1 Suicide Alert planned for the remainder 2023
- Mental Health Improvement and Suicide Prevention Training Pathway (co-ordinated and strategic Framework) in development

Multi-Agency, Pan-Lanarkshire Training Sub-Group and Trainer Network have been established in 2023

4.11 Two Annual **Recovery Events** have taken place that have brought people with lived experience together to share stories of recovery and explore what recovery means to them. For many these have been the first opportunity to connect with others face-to-face since before the pandemic. Feedback on these events has included:

“Inspiring and humbling to open up and release your feelings

“It has sparked inspiration for helping others and making a positive difference in High Schools (Coatbridge High School)

“Without a doubt, helped my recovery”

“Mental Health is a destination, not a process. It’s about how you drive, not where you’re going”



4.12 **Distress Brief Interventions (DBI)** is an innovative way of supporting people in distress.

DBI consists of two parts, with **Level 1** seeing trained front-line health, police, paramedic and primary care staff help ease any individual. They then ask the person if they would like further support and, if they agree, they are referred to the DBI service with a promise of contact within the next 24 hours to start providing further face-to-face support.

Level 2 is provided by commissioned and trained third sector staff who contact the person within 24-hours of referral and provide community-based problem solving support, wellness and distress management planning, supported connections and signposting.

- To date 9,316 people across Lanarkshire have accessed third sector (Level 2) support. Between Oct 2021 and Sept 2022 this averaged at 189 referrals per month.
- The most common source of referrals:
 - A&E departments (40%);
 - followed by Primary Care (21%);
 - Psychiatric Liaison Service (18%);
 - Police Scotland (13%);
 - Scottish Ambulance Service (3%)
- 79% of *appropriately concluded* cases engaged in DBI support. Of those, 76% engaged in further support beyond the first supportive intervention.

The most common presenting problems included: Depressed/Low mood (65% of referrals), Stress/Anxiety (56% of referrals). Suicidal thoughts (40% of referrals)

Distress Brief Intervention (DBI) is a national programme which provides a framework for creating a consistent, collaborative, connected, compassionate and effective response to people experiencing distress

- **11,953** referrals have been made for Lanarkshire residents since DBI began in June 2017. This currently averages at around **220** referrals per month.
- **55%** of referrals are female, **45%** are male.
- **82%** of clients live in the five most deprived deciles
- **34%** of referrals have come from A&E, **25%** were referred from primary care, **20%** from psychiatric liaison service, **13%** from Police Scotland, **3%** from education, **3%** from Scottish Ambulance Service
- **81%** of appropriately concluded cases engaged in DBI support. **72%** of those engaged in further support beyond the first supportive intervention
- **67%** of clients reported depression/low mood, **65%** reported stress/anxiety, 38% reported suicidal thoughts, **7%** had taken an intentional overdose, **12%** reported self-harm.
- The median distress rating before DBI was **8/10**. After DBI **4/10**.

The DBI, NHSL Pilot ended on 31st March 2024. It was agreed that one commissioned service, Lifelink, would deliver DBI Pan-Lanarkshire. This service commenced on 1st April 2024.



4.13 **Well Connected is Lanarkshire's social prescribing programme.** Well Connected makes it easy for people to take part in and benefit from activities and services that we know can improve well-being. The Well Connected programme has been shown to help people by:

- Improving self-confidence & self esteem
- Reducing low mood
- Reduce feelings of stress
- Helping people deal with some of the problems that are causing low mood such as money worries, loneliness & unemployment
- Helping people develop positive ways of coping with the challenges of life
- Increasing opportunities for social contact
- Learning new & useful skills
- Improving community spirit
- Increasing the number of people taking part in arts, leisure, education, volunteering, sports & other activities

Community Mental Health and Wellbeing Fund (CMHWB)

In 2023/2024 a further **£946K** (VANL) and **£707K** (VASLAN) were awarded during **Phase 3** of the CMHWB Fund. **95** projects benefitted. These included refugee, BAME and carer projects. The Fund also received successful bids supporting gypsy travellers and LGBTQ+ communities.

Well Connected

Well Connected is Lanarkshire's aims to make it easier for people to engage in activities known to promote mental health and wellbeing. Well Connected resources are available in Polish, Urdu and Ukrainian

Digital Therapy (developed by NHSL's Psychological Services)

- Of the **275** people who completed digital CBT, **30%** reliably improved through self-directed digital therapy
- Sleepio (first line treatment for insomnia) had **838** account registrations with **758 (90%)** going on to start treatment.
- Daylight (CBT for anxiety and worry) had **545** account registrations with **379 (70%)** going on to start treatment.

The significant uptake and engagement has helped so many to achieve a meaningful connection with so many, tackling loneliness, social phobia, depression, low mood, and helping to build confidence and improve relationships. These engagements connect people to the system of care that in some instances may save their lives. However, this type of service is not funded within mainstream budgets. Funding for the staff creating these innovative and new ways of working has been optimised from a variety of areas including Health Improvement and HSCP commissioning over the period of the strategy. Due to tight budgets and despite many discussion, the MHW Strategy Board Partners has not found a sustainable budget to sustain this work into 2024/25 and as such this work will be reduced or end. This represents a risk for those people whom this type of grassroots, hyper local route into supports and services is successful.

4.14 In October 2021, as part of the Scottish Government's Recovery and Renewal Fund to support the delivery of the Mental Health Transition and Recovery Plan, the Minister for Mental Wellbeing announced £15 million funding for 2021/22 for a new Communities Mental Health and Wellbeing Fund for adults (the Fund) to help tackle the impact of social isolation, loneliness and mental health inequalities made worse by the pandemic.

In April 2023, it was formally announced by the Cabinet Secretary for NHS Recovery, Health and Sport that £15 million for a third year of the Fund was made available for 2023/24 and has been renewed again for 2024/25.

The Fund is aimed at tackling priority issues such as suicide prevention, social isolation and loneliness, prevention and early intervention - and addressing the mental health inequalities exacerbated by the pandemic and the cost crisis including a particular focus on needs of 'at risk' target groups locally such as people with a long term health condition or disability, people from a minority ethnic background and lesbian, gay, bisexual, transgender and intersex (LGBTQI+) communities and many others.

The Fund has been successfully delivered through VANL and VASLAN - Third Sector Interface (TSI) groups working together and building upon existing partnerships to ensure that support to community based organisations is directed appropriately and in a coherent way. Each regional TSI has overall accountability for the spend at local level and for working in collaboration with Integration Authorities and other existing local partners.

The table below is an example of the volume of income generated and the breadth of the allocation in terms of initiatives, projects and crucially the number of beneficiaries.

North Lanarkshire	South Lanarkshire
Phase 1 (2021/22)	
<ul style="list-style-type: none"> • Total funding allocated: £1,057,983.50 • Number of projects funded: 53 • Average funding awarded per project: £30,000 • Number of beneficiaries: 21,000 	<ul style="list-style-type: none"> • Total funding allocated: £1,057,983.50 • Number of projects funded: 100 • Average funding awarded per project: £10,579
Phase 2 (2022/23)	
<ul style="list-style-type: none"> • Funding allocated to community projects: £955,000 • Number of projects funded: 33 • Average funding awarded per project: £28,905 • No of beneficiaries: 16,700 	<ul style="list-style-type: none"> • Funding allocated to community projects: £888,000 • Number of projects funded: 64 • Average funding awarded per project: £13,875

The fund has encouraged local groups to apply and then become involved in local decision making groups such as the LOIPS. An example in Bellshill is Black Asian and Ethnic Minority (BAME) Community 'Pearl Ladies Group' were supported by subgroup leads to access the fund from VANL and received over £15,000 to provide mental health supports to women from the BAME Community.



05

5. Improving Access To Mental Health Supports and Services (IAMHSS)

5.1 The IAMHSS project has concentrated on specific areas to increase capacity in primary and community settings to ensure the right support is accessible and available at the right time.

This project was also responsible for developing and implementing proposals for the use of funding for mental health posts made available through Action 15 of the Scottish Government's Mental Health Strategy 2017-2027.

The aim of this work was to align Action 15 with developments implemented through the Primary Care Improvement Fund (PCIF) and existing services to develop an easily accessible, coordinated and effective pathway of support for people with emotional, psychological and mental health concerns.

The workstreams included; Primary Care, Emergency Departments, Custody Suites and Prisoner Healthcare and the development of digital solutions. The benefits included the following supports and services.

5.2 Primary Care Mental Health and Wellbeing Service (PCMHW) model was developed for Lanarkshire with Mental Health Liaison Nurses now covering 91 GP practices and being supported by Lanarkshire Association for Mental Health, mental health and wellbeing workers providing a non-clinical role. The service provides clinical triage and assessment, and both clinical and non-clinical brief interventions and/or support(s) to people experiencing mild to moderate mental health problems of a short-term nature accessed via their GP practice.

5.3 The Assessment Plus Project is now providing guided self-help intervention in 3 localities. Assessment Plus is a guided self-help intervention drawing from a range of therapeutic approaches including Cognitive-Behavioural Therapy (CBT), Acceptance and Commitment Therapy (ACT) and Compassion Focussed Therapy (CFT). It is facilitated by assessment and formulation of individual patient needs by clinical psychologists to create a person centred plan of care based on guided self-help. Assistant Psychologists then work with the patient to deliver the agreed care plan over a time limited number of sessions.

- Between January and November 2022, a total of 11,234 referrals were received: 10,810 for the Mental Health Liaison Nurses, 345 for the Mental Wellbeing Workers & 79 for the Assessment Plus practitioners. 6.6% of patients seen required onward referral to secondary care mental health or addiction services. Feedback from key stakeholders thus far has been very positive.

A Short Life Working Group has been established to:

- Review and Redesign the current Primary Care Mental Health (PCMH) service model to match capacity with demand, make the most effective and efficient use of resources and to provide a point of referrals for people experiencing mild to moderate mental health presentations.

The aim of this work will be to enhance access by developing standard internal referral processes between the PCMH service, Primary Care Occupational Therapy (PCOT) and Community Link Worker (CLW) programmes, Community Mental Health Teams, Mental Health Flow Navigation Centre & Community Addiction Services.

There is also ongoing work to redevelop the model for delivering specialist psychological interventions in primary care, as the Assessment Plus Project evolves into a Lanarkshire wide service with a focus on delivering Stress Control, a Cognitive Behavioural Therapy (CBT) based large group intervention with well-established evidence based approach. This improvement will see access routes through self-referral as well as practitioner referrals from across primary and secondary care services.

5.4 The Transforming Mental Health Access in Emergency Departments project worked to review and improve how people presenting with mental health needs and those with diagnosed mental health conditions accessed Emergency Departments.

To improve access for the many people with mental health conditions and mental illnesses who often presented directly to Emergency Departments in one of Lanarkshire's three acute hospitals or could be brought in via the ambulance service, police service or potentially from other care environments. Our Emergency Departments deliver a good service for many people, but are not ideally suited to help people who are experiencing distress due to mental health conditions.

The Vision for this workstream was that:

- People can get the right help, in the right place, at the right time
- Safe, person-centred, effective, high quality care can be accessed by all those who are adversely affected by mental illness
- Services are joined up, person-centred and focussed on prevention, social support, early intervention and recovery
- Those affected by mental health problems can fully enjoy their rights, free from discrimination and stigma.

In 2020, the then Minister for Mental Health produced formal guidance on routes for people with emergency mental health presentations and setting out priorities and expectations for future service provision in this area. This saw the development of mental health assessment services to see people with mental health needs would be seen in ED only to,

1. Provide the assessment of unscheduled mental health needs for anyone presenting in mental health crisis/distress and,
2. Only require referrals or drop offs (by SAS) via the emergency department where physical medical attention was required first or where people present in the emergency department under self-referral* and could be,
3. Taken directly to a more suitable separate mental health area to the emergency department staffed by mental health professionals

*e.g. Police Scotland and Scottish Ambulance Service can refer direct to mental health assessment centres.

The benefits realised in Mental Health access, supports and services in and via Emergency Departments (incorporated in Unscheduled, Urgent Care programmes) included:

- A 24/7 service model has been established and embedded that provides mental health assessments for all unscheduled care presentations out with emergency departments.
- The Flow Navigation Centre (FNC) went live in December 2020 and is now fully established in-hours providing an alternative to Emergency Department (ED) triage for a mental health assessment.
- Direct links with Psychiatric Liaison Nurse Service (PLNS) for Community Police Triage (CPT) and Scottish Ambulance Service (SAS) triage have been fully established for both in hours via FNC and Out-of-Hours (OOH) at Douglas Street. This was expanded in November 2021 to include British Transport Police.
- The Out-of-Hours (OOH) service at Douglas Street has expanded and is now fully embedded enabling patients to be triaged and assessed via telephone, virtual platform, or face-to-face appointment.
- Mental Health Advanced Nurse Practitioners (ANPs) now form part of unscheduled care and liaison services and have developed good links with primary care services to support overall senior decision making.

- Systematic regular communication between senior staff in EDs, Police and SAS have been established and are progressing well. Links have been established with NHS24 and work is ongoing to map pathways and systems.
- A robust governance framework has been established that spans across mental health unscheduled care services. Consistent weekly data is being reported across all work streams regarding Flow Navigation Centre (FNC), Out-of-Hours (OOH) and source of referrals as well as Emergency Department (ED) assessments and missed opportunities where assessment could have taken place out with ED.

Annual reports are now compiled to identify benefits and challenges in the delivery of unscheduled care and to provide data to identify further areas for service improvement. Annual Community Police Triage data provides evidence of positive progress, showing an overall reduction of 68% in police attendance at ED. Patient stories have been obtained to reflect lived experience of accessing unscheduled care services.

We are continuing to link to the National Redesign of Urgent Care (RUC). Pathway benchmarking against National roadmap has been completed for our service with no major gaps identified. Lanarkshire has been recognised through RUC as having made good progress and to be on track with the implementation of national requirements.

5.5 The aim of the Custody Suites workstream was to provide person-centred, safe and clinically effective healthcare for people detained in police custody. The workstream collaboration set out to develop a range of new ways of working within Custody Suites across the 4 Lanarkshire Custody Suites and develop a new Mental Health and Wellbeing Team staffing model.

This work has been aligned to the Unscheduled Care Team, the Primary Care Team, and the Community Mental Health Teams who will continue to provide care for the most unwell people who need specialist input.

Advanced Nurse Practitioners (ANPs) have been recruited through Action 15 funding and are providing a valuable mental health assessment resource to support people who present with mental health needs when detained for any period of time.

This service has evaluated very well with feedback very positive and achieved awards, one for 'Policing Partner of the Year' at the Chief Constable's Bravery and Excellence Awards at Scotland's Police College, Tulliallan in February 2024, and another for 'Outstanding External Partner' at the Lanarkshire Divisional Police Awards in April 2024.

The Impact on Community Police Triage as a result of improvements in unscheduled care pathway is demonstrated in the table below.

There has been an overall reduction in the requirement for police or patient to receive Mental Health Assessment via hospital attendance, allowing patient to stay within home environment and receive appropriate access local to Mental Health supports and services.

These figures do not include patients who were taken to hospital by police and treated by Emergency Department staff who either deemed them fit to return home or offered them a Distress Brief Intervention (DBI) referral without the requirement for them to be seen by a PLN.

5.6 The IAMHSS project worked across a number of agencies to develop and deliver the **Prisoner Mental Health Workstream**

North Lanarkshire Integration Joint Board has devolved responsibility for Prisoner Healthcare and provide the leadership and management overview of healthcare support and services delivered in HMP Shotts, the only prison within Lanarkshire.

Utilising Action 15 funding, a Mental Health Multi-Disciplinary Team staffing model for Shotts Prison has been developed to ensure the level of care for prisoners reflects the mainstream services offered to the rest of the population.

The prisoner population of HMP Shotts now has improved access to a wider range of mental health services, in particular psychological therapies and health improvement, through a match-stepped model of care.

Referral pathways have been established, ensuring patient-centred care and communication between specialties is improved with an increased focus on health improvement.

Incidents where Mental Health Action required via Lanarkshire PLNS	2023	2022	2021	2020	2019
Number of calls to CTS (% of which assessed and able to remain in home address without need to attend hospital)	1872 (94.55%)	1872 (94.55%)	1016 (98%)	485 (98%)	181 (95%)
Number of Patients taken direct to ED and subsequently assessed by a PLN	371	443	635	542	459
Total Number of Patients assessed by PLNS	2243	1833	1651	1027	640
Increase in incidents with PLNS requirement from previous year (since 2019)	24.83% (250.47%)	11.02% (186.41%)	60.76% (157.97%)	60.47% (60.47%)	n/a
Potential police attendance at hospital reduced by using CTS instead of attending ED	81.45%	73.43%	60.21%	46.15%	26.88%

A Short-Life Working Group (SLWG) was established Dec 2023 to:

- Review the service using the Royal College of Psychiatry Quality Network Standards
- Consider the various recommendations from recent external body reports (HMIP / MWC)
- Gather feedback from various stakeholders including the patient population/ service users, healthcare staff within the Mental Health and Addictions team and staff within the Scottish Prison Service (SPS).
- Produce a paper detailing its findings and recommendations including reconfiguring the Prisoner Mental Health team utilising the Action 15 funding for the unfilled Band 7 Advanced Nurse Practitioner Post.
- These recommendations have been accepted by Prisoner Healthcare Programme Board following some additional checks around finance and Senior MH nursing agreement.

A new Programme Board is now in place to deliver and monitor progress with the SLWG recommendations. This group will meet quarterly and met for the first time on 20th Feb, 2024.

5.7 **The Digital solutions** workstream continue to be explored and expanded to help provide more accessible services and enhance patients' experience. Within Psychological Services, the embedded Digital Psychological Service offers consultation and support to colleagues while at the same time overseeing and expanding the range of online therapeutics that are available, with the aim of improving access to psychological resources for all adults in Lanarkshire.

In 2023 there were 37,393 visits to the Lanarkshire Mind Matters website.

- More than 12 different evidence-based online therapeutics are now available, including self-referral video and app-based courses, and an expanding range of guided self-help interventions where users can now complete online courses with review and feedback from Psychological Services staff. This include programs for common mental health difficulties as well as ones focused on anxiety and mood challenges in physical health contexts.
- In 2023 there were more than 4000 clinician referrals to such online therapeutics, and around 2500 self-referrals to available courses. Referral processes have been further streamlined, and additional online courses will be introduced in 2024-2025.

- The Digital Psychological Service is in the process of adopting new strategies which will allow us to gather and analyse outcome data more efficiently than has historically been the case. Expedient data from April 2023-September 2023 suggests that 66% of users of the self-referral Sleepio app saw improvements in insomnia symptoms; 57% of users of the self-referral Daylight app saw improvements in anxiety; and 38% of users across all SilverCloud programs reliably improved. As noted above, SilverCloud delivery is now being augmented by clinician support, and we are interested to see the impact of this.
- Near Me video sessions continue to be well utilised even as face-to-face appointments return to pre-Covid levels. Psychology (13,636 video consultations), CAMHS (1878) and Psychiatry (1761) were the top 3 users of the system in 2023.
- MORSE²⁰ transition has been completed for all previous Midis users. Work remains underway for remaining services to migrate to MORSE system.
- Successful collaboration with Connecting Scotland to provide devices and support to service users.
- Digital champions have been identified and regular meetings are in place which are very well attended with good practice being shared.

²⁰Morse gives access to patient information which can be collated from many different systems, providing both historic and current care activities, ensuring that the clinician is fully informed at all times

06



6. Children And Young People's Mental Health And Wellbeing – (Specialist And Secondary Care)

6.1 In 2021, the Scottish Government Children and Young Peoples Mental Health and Wellbeing Taskforce published national specifications for Child and Adolescent Mental Health Services (CAMHS) and Neurodevelopmental Services.

Both specifications aim to ensure that children and families receive the supports and access to services that meet their needs at the earliest opportunity, based on the GIRFEC approach.

- 6.2 For many children and young people, such support is likely to be community based, and should be quickly and easily accessible. These services are required to be available for all children and young people who are aged 0-18 years, and young adults aged 18-24 (and up to age 26 for care experienced people).
- 6.3 The strategic commissioning of CAMHS for the NHS Lanarkshire area is hosted by North Lanarkshire IJB and managed by North Lanarkshire Health and Social Care Partnership.
- 6.4 A significant change to the CAMHS model was required to meet the national service specification. Plans were submitted to the Scottish Government outlining how it would be implemented.

This new specification focusses CAMHS on the needs of children and families affected by the more complex mental health problems, moving early intervention support to the Schools Counselling Model, Schools Nursing and the Community Wellbeing Framework.

In January 2021, the Specialist Children's Health Services Unit (SCHSU) was formed bringing a consolidated approach to the operational delivery of children's specialist health services across Lanarkshire.

In April 2021, Health and Social Care North Lanarkshire received confirmation of recurring funding via the Scottish Government Recovery and Renewal Fund specific to CAMHS of £3.3 million.

- 6.5 A CAMHS Recovery and Renewal Programme was established to:
 - Review CAMHS referral and assessment pathways with a view to implementing the Choices and Partnership Approach (CAPA) model.
 - Full implementation of the Child and Adolescent Mental Health Service (CAMHS) Specification – Community CAMHS.
 - Clearance of any backlogs on waiting lists for CAMHS.
 - Clearance of any backlogs on waiting lists for Psychological Therapies.
 - Agree a workforce model to utilise the funding provided by the Mental Health Recovery Fund to enable the effective implementation of CAPA
 - Engage all key stakeholders to achieve consensus and clarity and enhance communication of new ways of working across all CAMHS teams and Neurodevelopmental Pathway.

Delivery of the Programme is co-ordinated and monitored by the CAMHS & NDS Recovery and Renewal Programme Board, chaired by the Medical Director of Health and Social Care North Lanarkshire and supported by a Professional Adviser from the Scottish Government.

6 main workstreams were established to achieve these objectives:

- Neurodevelopmental Service
- Choices & Partnership Approach (CAPA) Implementation
- HR & Workforce
- Communication and Engagement
- eHealth
- Capital/Strategic Planning

6.6 The **Neurodevelopmental Service** was included in the new Specialist Children's Health Services Unit (SCHSU) which was established in January 2021 bringing a centralised approach to the operational delivery of children's specialist health services across Lanarkshire. The unit includes the Neurodevelopmental Service (NDS) which was piloted from 2019. From May 2022, with the appointment of a Clinical Manager and allocation of Scottish Government funding, the service has become fully operational.

- The main focus of this workstream is to progress towards full implementation of the national NDS specification.

- Nationally there is an expectation that Neurodevelopmental Service will deliver an assessment and diagnosis of neurodevelopmental disorders including Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), Intellectual Disability (ID), Foetal Alcohol Spectrum Disorder (FASD), Developmental Coordination Disorder (DCD) and Tourette's and tic disorders. This will be delivered locally via highly specialist multi-disciplinary staff.
- A Neurodevelopmental Service Steering Group has been established.
- A Service Model was trialled, evaluated and adjustments made to the current delivery of services.
- Universal workshops are being delivered on a weekly basis across North & South Lanarkshire. There is additional provision of workshops via Third Sector services HOPE in North Lanarkshire and ARCH in South Lanarkshire.
- A website is being created and social Facebook, Instagram & X (Twitter) provide ongoing supports, advise and signposting.
- A contract is in place with an external company to provide face to face neurodevelopmental assessments and post diagnostic interventions as part of the Health Board's access, delivery and waiting time reduction plans.

- A waiting list and database cleanse are underway.
- There are currently two tests of change:
 - In South Lanarkshire: A Whole School Approach to Neurodevelopmental Assessments
 - In North Lanarkshire Council: ensuring a positive transition from primary school to secondary school for young people with a neurodevelopmental profile
- The next tasks are to review the service, implement MORSE, align current work to the National Specification, schedule Intervention Groups for Anxiety Management and Life Skills as well as Participate in Essence D Trial with Glasgow University.
- There are number of key issues:
 - High referral rate
 - Long waiting list with complex children as longest wait
- Limited staff space within the North Lanarkshire base at Newmains Health Centre. Access to clinical space also remains challenging at Udston

6.7 The **Choices & Partnership Approach (CAPA) Implementation Workstream progressed** CAPA, a service transformation model that combines collaborative and participatory practice with service users to enhance effectiveness, leadership, skills modelling and demand and capacity management.

A crucial working group was established to review the CAPA approach and design and implement the aspects of this way of working required for CAMHS in Lanarkshire as follows:

- A series of workshops took place, attended by representatives from the Directorate for Mental Health at Scottish Government, and outcomes of these cascaded to staff across the service and support services. These workshops included CAPA engagement sessions for the CAMHS management team, a CAPA Master Class for CAMHS clinicians and a separate information session for HSCP leaders.
- Further workshops/away days for locality teams took place in November and December 2022.
- CAMHS in Lanarkshire visited CAMHS colleagues in NHS Grampian to establish a supportive network and learn lessons from their implementation of the CAPA model.
- An exercise took place to review locality capacity in each team across CAMHS with a view to building a capacity calculator that facilitated modelling and forward projections of numbers of new/return (Choice and Partnership) appointments that would be required to meet Waiting Lists and ongoing demand. This task showed results that demonstrated the number required across each locality/team. A follow up exercise reviewed skill mix and job plan/clinic templates were produced.

- CAPA was rolled out at the end of January 2023. A CAPA calculator/timetable was designed and implemented to provide an even spread of choice and partnership appointments across teams, with regular review (every 12 weeks) of capacity against demand to allow enhanced/sufficient capacity for new/return patient appointments, with the correct ratio for staff groups to ensure waiting time management.

A CAPA booking system is now in place for all locality CAMHS teams.

- TrakCare went live on 1st May 2023 with partnership appointments being booked from April.
- A number of CAPA Team Away Days have taken place and CAPA choice assessment proformas and patient CAPA letters are now in use.
- A waiting list initiative launched in August 2022 has resulted in a significant reduction in CAMHS the waiting list.

Lead Clinicians and Team Coordinators have met to start planning implementation process for peer discussion groups.

6.8 Work has been completed with the Scottish Government Mental Health directorate to analyse CAMHS workforce capacity (based on current funded establishment) against demand (numbers of referrals per head of population). This work included:

- A review of staff lists was carried out during January and February 2023 to produce an accurate staffing position within all teams. Standard Operating Procedure were also developed to support the maintenance of this information which will ensure ongoing accurate staffing information within each team.
- A dedicated HR Recruitment Team continues to support CAMHS clinicians to enable them to free up time to undertake clinical activity. This is in place until March 2024. Videos, including walk-round videos of the new CAMHS premises, were added to recruitment information packs. These promote the benefits of working within NHS Lanarkshire CAMHS and offer dedicated contacts for further discussion.
- Dashboard information is available to all managers to view current staffing data including turnover, sickness, vacancy levels, supplementary staffing usage. Training has been provided to managers to ensure they are confident to navigate and use the workforce dashboard effectively.
- Work Targeted recruitment events have been carried out via social media platforms which have been supported by the Communication and Recruitment Teams.

6.9 CAMHS Communication and Engagement work included:

- Extensive staff engagement took place to ensure that leaders and frontline staff were on board with the direction of travel and that their experience and knowledge informed the development of new ways of delivering services.
- The programme also had a dedicated engagement officer to support and lead on engagement activities and events. The engagement activities have included attendance at various children's, young people's and families' forums and networks as well as organising stakeholder engagement events with Community and Voluntary Sector groups and local communities. This work has resulted in ongoing opportunities for children, young people and their parents/carers to be involved in service re-design.
- A brand new CAMHS logo, designed by New Lanarkshire College students, was launched in 2023.
- Updated and enhanced CAMHS website presence.
- A long-running social media service-user awareness campaign was undertaken to explain the waiting list initiative and advise parents/carers how appointments would be made through extended staffing hours.

6.10 Work was also carried out to review systems and process, such as eHealth and digital. These included:

- New routes of referral were opened up internal to the NHS to improve access (SCI Gateway for CAMHS went live on 1st November 2022).
- CAMHS went live on NHS Lanarkshire internal patient management system (TrakCare), on 1st May 2023 with partnership appointments being booked from April 2023. TrakCare will provide much improved data which provide the Service with a better understanding of capacity versus demand and will enable better planning and leaner pathways for children and young people. It will also facilitate reporting on 18-week RTT performance to Public Health Scotland.
- The final area of work will be to move the current paper records to an electronic patient record (MORSE). MORSE will release time for clinicians and administrative staff as well as enhance information governance security. Interfaces between systems are also key to streamlining the flow of information between electronic referrals, appointments and record systems. A high level plan has been developed and a MORSE Group established for the implementation/ deployment of MORSE to CAMHS.
- MORSE group was established to work through the operational documentation which will look at case standards/audit tools

6.11 Work was carried out on **Capital/Strategic Planning to explore facilities and Care environments.**

- The new South Lanarkshire CAMHS facility within Udston Hospital opened to patients on 5th September 2022 and is now fully operational, supporting CAMHS, the Eating Disorders team and the Neurodevelopmental Service. We have received positive comments from the children, young people and their families. Work is ongoing to develop artwork that will complement the space.
- An official opening of the new Udston Hospital took place with Maree Todd MSP, Minister for Social Care, Mental Wellbeing and Sport, opening the facility. Local elected members, MSPs and MPs were given tours of the facility to enhance their understanding of the service; the improvements being made; and the opportunities afforded by the new facility.
- This facility is in addition to the remaining satellite clinics within South Lanarkshire health centres which ensure local access for those who are unable to travel.

- Monies have been identified for the refurbishment of the North Lanarkshire estate to bring it to same standard as the Udston site. The Design Team have produced updated designs for the refurbishment of Airbles Road and Coathill CAMHs outpatient and staff base that have been signed off by the operational team. The tender package was complete and returned and work is ongoing to review associated costs and work programme for access to current operational live sites. A business case is under development and will be updated with final costs following the close of the tender.

6.12 A waiting list initiative commenced at the end of August 2022 to provide additional sessions to complete new patient assessments both in and out of current working hours.

- Since then more than 600 patients have been taken from the waiting lists.
- The waiting list initiative ended as we moved into a business as usual phase and we are operating at around approximately 200 children waiting to be seen for Choice appointments which are booked 4 to 6 weeks in advance.
- As anticipated, compliance with the 18-week Referral to Treatment target dipped due to the focus on seeing individuals who had already breached the target; however, compliance with the target is now improving steadily (see figure 3.13 on page 33).

- The Waiting List validation exercise was successful in reducing the CAMHS waiting list by 15%. (NB. When contacted some young people either no longer wanted treatment or did not opt in to remain on the waiting list).

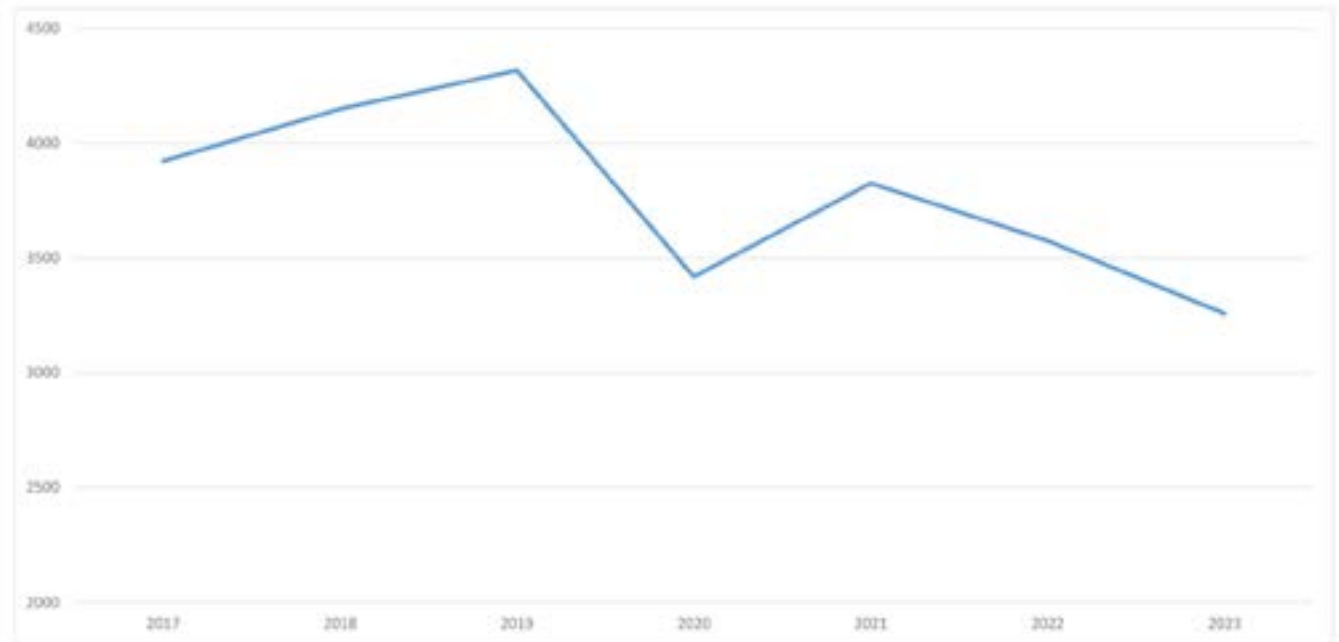


Figure 6.1 CAMHS Total Referrals by Calendar Year

6.13 Delivering improvements for **children and young people’s mental health and wellbeing** is embedded in the North and South Lanarkshire Children’s Services Plans and associated workstreams, led by the children’s services partnership boards.

Robust progress has been made in offering a range of programmes of work with a focus on prevention/early intervention and promoting positive mental health and resilience. All practice is underpinned by The Promise, GIRFEC and UNCRC approaches.

Funding from the Children and Young People’s Community Mental Health and Wellbeing Programme is being provided for the delivery of community mental health and wellbeing supports and services for children, young people and their families. This is supporting the development and provision of bespoke services that are right for each local authority and direct support for children and young people. The Scottish Government guidance has been clear that funding is to be used for new or enhanced services. Project officers are in place in both local authorities and gap analysis, benchmarking and co-production of services has been undertaken.

<https://www.nhslanarkshire.scot.nhs.uk/services/childrens-services/mental-health-services-and-resources-directory/>

6.14 Key developments in **North Lanarkshire** include:

Access to Information

In line with the availability of accessible information regarding children and family supports and services within North Lanarkshire Council, [GIRFEC in NL](#) website is live and the section on supports and services is populated and updated. Recruitment is underway for a resource worker who will maintain this site.

To complement both North & South council websites; a Pan Lanarkshire CYP Mental health and resources Service Directory has been developed and shared with the workforce and as a next step; is being digitalised onto NHS Lanarkshire’s website to ensure it can be accessed by all. A quality assurance process is in place to update the Directory bi-annually with a planned launch date of January 2024.

Children’s Services Planning

The survey results of the Strengths and Difficulties Questionnaire (SDQ) administered by Education in North Lanarkshire build a picture of children’s mental and emotional wellbeing in North Lanarkshire from 2017, through the experience of the COVID 19 pandemic and the initial stages of recovery up to this point.

The findings initially presented show more children showing increased health and wellbeing needs in 2021 by comparison with 2017 but that a similar picture has emerged between 2021 and 2023, despite significant social and economic pressures facing families at the present time. Based on SDQ analysis, an action plan will be formulated at Cluster level to focus on those young people who are reporting higher concerns in a bid to improve wellbeing and resilience in a targeted manner. The SDQ will be repeated in later years to enable tracking and monitoring around health and wellbeing of children and young people.

Impact evaluation and analysis is ongoing across all funded supports via the Mental Health and Wellbeing Support and Services Framework for children and young people, this will determine how the funding is being targeted from March 2024.

Mental Health is a priority in the integrated [Children’s services plan](#) for 2023-2026.

Children and Young People's Mental Health, Wellbeing and Resilience Task Group

The framework for NL Children & Young People's Mental Health, Wellbeing and Resilience Supports and Services aims to provide early intervention and prevention services for children and young people (CYP), the Scottish Government has invested significantly in Community Services to provide support for CYP where CAMHS (Child & Adolescent Mental Health Service) isn't the right service but they still need help and support.

These might be services that are available in school through school counselling, through the community or through youth work or a specialist third sector organisation.

Half of all [adult mental health](#) problems begin before the age of 14, so it's clear that to successfully address inequality, much more must be done to support mental health from a young age.

A number of supports have been established in relation to Community Mental Health Framework funding with data to demonstrate provision fulfilling gaps core NHS services do not and should not provide. This investment in new ways of working and building proactive evidenced based approaches in community and individual mental health capacity include:

- **Living Life to the Full (CLD)**, available in each school & community within North Lanarkshire.
- **Family support** for children impacted by neurodevelopmental difficulties continues to be provided by NL Carers Together.
- **Let's Introduce Anxiety Management (LIAM)** – Educational Psychology continue to offer expertise, leadership and support to teachers and other key staff to deliver this programme and address anxiety.
- **Mentoring through sport** – Active and Creative Communities.
- **Empowering Clusters** model commissions support and services based on local need, through the Community Solutions programme. Initial evidence suggests that this has been largely successful and a full evaluation of impact is being finalised.
- **Family Wellbeing Practitioner** Pilot based in 2 clusters, to divert referrals from CAMHS and has been working effectively.

- **School counselling** is accessed within each cluster, positively, there has been a notable increase in self-referral rates over the last year. Anxiety is the most common presenting reason for accessing counselling.
- **Kooth** is live across NLC, providing free online counselling, mental health and emotional wellbeing for children and young people. Anxiety, Self-Harm and Suicidal thoughts are the top 3 presenting issues for use of Kooth. There is acknowledgement that reach needs to be improved and a programme of engagement and communication is underway.
- **Intensive Support** for care experienced young people, who have left care-Education and Families.
- **A counselling support** for care experienced young people (age 16-26) is hosted within Intensive Services and is provided by The Exchange. This is both self and agency referral and is resulting in a good uptake from care experienced young people.
- **NHSL School nursing** offering support via the emotional and wellbeing pathway and in collaboration with the cluster model approach.

Ongoing work in the area of **Suicide and Self-Harm Prevention Includes:**

- Training to support the implementation of the Lanarkshire Lifelines resource and Critical Incident procedures continues which will support with the emerging issue of self-harm.
- Increasing action is being taken to link CMHWP funding, Distress Brief Intervention and Suicide Prevention into local planning.
- Biannual reports are prepared for Scottish Government with regards to the impact of the Community Mental Health Framework funding and services. Further detail on specific programmes of work in the period of January to June 2023 can be accessed here: [Children's MHW reporting](#)

Through needs-assessment for Whole Family Wellbeing funding, Education and for the new Children's Services Plan, mental health and wellbeing will continue to be a priority. Additional family support will be available to improve access to support for those who need it most. The gap for 16-26-year-old care experienced young people to access Health services is being addressed by the addition of 2 nurses who have now been appointed and are based within Intensive services. [Throughcare and Aftercare Nurses – Aftercare Northlan](#)

A gap in Neurodevelopmental family support has been identified for both pre and post-diagnosis. A test of change is due to take place in 2 Education clusters, which will focus on Primary 6 pupils who are on the Neurodevelopmental waiting list. The Test of Change will involve pupils being assessed and followed through their transition to high school, with periods of support to the families involving Education, the Neurodevelopmental Service and Family Support workers.

Potential funding has become available for digital preventative and proactive interventions and resources through the Peaceplus programme.

NHS Lanarkshire and partners within Education and Families have been involved in discussions around this, with various options being considered for a pan Lanarkshire intervention.

6.15 Key developments in **South Lanarkshire** include

Access to Information

Feedback and engagement with young people in South Lanarkshire highlighted a need for improved access to information about mental health and wellbeing supports. This has been supported in a couple of ways. Within an education setting, a “Wellbeing Warrior” group has been established which is a network for young people to connect and share with SLC about young people's views around mental health and wellbeing.

In addition, we worked with staff and young people to design a website providing information, and to signpost resources. This was started through collating information about local third sector organisations relating to mental health and wellbeing. VASLAN updated their locator tool (locator.org.uk) with this information. Services provided by South Lanarkshire Council and NHS Lanarkshire were pulled into a spreadsheet, and this information was shared with colleagues in NHS Lanarkshire and North Lanarkshire Council/Health and Social Care Partnership. Young people were clear that they wanted a website that met their needs, and based on the collated information, this was created in conjunction with them. They identified topics they felt young people required support on, and were central in supporting the layout, formatting and design of the website.

South Lanarkshire Children's Services Planning

Engagement and Co-Production of Services

In line with the increased focus on the UN Convention on the Rights of the Child (UNCRC), and recognition of the importance of including young people in planning and participating in service design, a large amount of engagement has been completed with young people. To support this, a large scale survey was co-designed with young people and focus groups were completed with young people, including a number of at-risk groups.

The views of over 3500 young people were sought and fed into a report with a number of recommendations including:

- Increase capacity for mental health supports within primary schools
- Exploration of peer support programmes
- Easier access into services – clear pathway to access support
- Look at more universal supports available within our communities
- Focus on increased supports for families.
- Improved signposting / advertising of services
- Ensure groups which are at higher risk of experiencing mental health difficulties are able to access appropriate mental health supports

- Ensure teachers are aware of supports with regard to signposting
- Review mental health curriculum and supports within schools
- Establish reference groups for parents/ carers and young people

We continue to engage with children, young people and families about mental health and wellbeing needs in the community. An engagement group has been established to ensure that the voice of young people continue to be heard when planning supports/services. We continue to engage with the workforce and families around the Whole Family Wellbeing Fund, and engagement events have helped to shape priorities for Whole Family Wellbeing Steering Group.

Family Support Hubs have been launched across the 4 localities of South Lanarkshire. The focus of the work is to provide earlier intervention and holistic support to families to prevent escalation to statutory social work. Referrals have been received from Police Scotland, Education Resources, NHS Lanarkshire, housing, community groups and families. Initial feedback has been very positive.

Celebrating Mental Health

A Young Person's Conference with a focus of Mental Health and Wellbeing took place during February 2023. The focus was on sharing good practice, signposting resources and linking in third sector and other partners with presentations and conversations about mental health and wellbeing supports. Additional speakers included Kevin Stewart, MSP, Minister for Mental Wellbeing and Social Care. The event was co-produced by South Lanarkshire Youth Council with South Lanarkshire Council and NHS Lanarkshire Health Improvement. Additional feedback and young people's views fed into Children's Services planning. Feedback from the event was very positive, and this is planned to be an annual event.

Third Sector Links

Ensuring connection with the Third Sector has been a priority. A renewed focus of this will start with additional support and capacity within VASLAN (South Lanarkshire's Third Sector Interface) within 2024. This is to ensure engagement with children, young people and families is meeting needs and to ensure that the crucial role the third sector play in supporting mental health and wellbeing is recognised.

Children's Service's Plan (2023-2026)

An outcome of the Children's Service Plan 2023-2026 is that every child and young person will be able to access support which helps improve their mental health and emotional wellbeing. This will be delivered through the following workstreams:

- Improve maternal and infant mental health
- Improve support offered to children and young people who may be at risk of self-harm and suicide
- Improve whole school approaches to mental health and wellbeing
- Improve visibility and accessibility of community mental health supports and services
- Develop staff professional learning and development to ensure their own and others' wellbeing is established

Supports and Services

In relation to feedback and ongoing with engagement with young people, a range of supports, interventions, services have been implemented or adapted.

- **Kooth** has been launched and had much success in South Lanarkshire, with the service frequently performing at or over capacity. This service has reached over 1000 children and young people. When asked whether they would recommend the service to others, 98% of respondents have stated that they would.

- **School Counselling** continues to be accessible in every South Lanarkshire school for children aged 10+.
- **Theraplay** play therapy is continuing to be offered to children aged 5-9.
- **Emotional Wellbeing Programmes** run by Action for Children including CBT-based resilience workshops aimed at primary pupils and a rolling programme of The Blues programme for targeted secondary school pupils.
- **Mental Health Awareness Raising Workshops** for pupils, staff and parents are being delivered by SAMH through primary and secondary schools. These are also being offered to wider SLC services and to other Third Sector organisations. Over 5000 people have attended workshops, and feedback has been very positive.
- **Peer Supporters Programme** workshops are being rolled out across South Lanarkshire secondary schools by SAMH. This is to train and support senior pupils about wellbeing and knowing when to seek additional support, with a view to providing advice and support to their peers.
- **Improved signposting / advertising of services** A website is under development to provide children/young people and their families with appropriate information regarding mental health, and to signpost to wellbeing supports/services.
- **Establishing reference / engagement groups** has been a continued priority. Secondary school pupils have supported us in identifying needs and services. The group have named themselves the "Wellbeing Warriors" and the group is made up of representatives from across the authority.
- **Family support** has continued to be offered at a range of levels. This includes through the Family Support Hubs, as well as through SAMH workshop support.
- **Staff training and Workforce Wellbeing.** Staff have highlighted the critical role that continued professional development and workforce wellbeing have on children and young people. Training on a variety of topics including Attachment Informed and Trauma Sensitive Practice, Emotion Coaching and Lifelines Lanarkshire and ASIST continue to be provided to staff across South Lanarkshire. An exploration of different Workforce Wellbeing models is underway, with several different models currently being trialled and evaluated.

Suicide Prevention and Self-Harm

Lifelines Lanarkshire

The multiagency guidance for working with children and young people who may be at risk of suicide and/or self-harm continues to be rolled out across South Lanarkshire at the following levels:

- **Informed Level Awareness Raising.** Briefings continue to be provided at the strategic level and the practitioner level across South Lanarkshire Children's Services, including for all staff in Education Resources via the annual Child Protection training update. A 30-minute online course has been developed to support all staff who work with children/young people in South Lanarkshire.
- **Skilled Level Training.** Half day in-person training for key staff who work with children and young people in a more direct/enhanced way has been developed and delivered to secondary school staff and is being rolled out to key primary school staff. Training for staff who work in additional support needs educational settings is being developed. Multi-agency training has been developed and delivered to partners in Education Resources, Social Work Resources, NHS Scotland and Police Scotland.





07

7. Specialist & Secondary Mental Health Services

All key areas of work and progress, emergent plans are set out below.

Older Adult Inpatient Provision

7.1 Hospital Based Complex Clinical Care (HBCCC)

HBCCC is for people who need care and treatment that can only be given in hospital or specialist NHS unit. It is provided free of charge by the NHS when the nursing care and other daily healthcare needs of the person are assessed by a multidisciplinary team and deemed to be complex, specialist, unpredictable and intense.

This area of service provision is currently under review (May 2024). The overall objective of future improvement work or service change in this area will be to optimise NHS Lanarkshire contracted HBCCC bed provision to establish a high quality, person-centred, effective and safe model of hospital-based complex clinical care that will meet the needs of people with complex nursing care needs such as progressive late stages of dementia.

Our proposed approach would recognise:

- the demographic trend predicting that in the next 20 years the number of people who are over 65 will rise, with an even greater increase of people in the oldest age groups. *(trajectory for the next 20 years is that there will be an increase of 50% in the number of people living with dementia over the age of 65). As a result, it's likely that numbers of people with a diagnosis of dementia in Scotland will also rise.*
- The need for a robust fact finding and audit process would enable a full and robust assessment of the HBCCC requirements and enable a plan to deliver sustainable high quality care and treatment to people with complex clinical care needs.
- The need to establish an inclusive approach to continue to include all key stakeholders in the design and development of the of this future work.

This work will be incorporated into Lanarkshire's Dementia Delivery Plan to support delivery of the national Dementia Strategy, Everyone's Story 2023. This emergent work will bring new opportunities for multi-disciplinary team-based working and a range of services provided that will benefit people with dementia, families and Carers.

Review of Adult Rehabilitation and Recovery

- 7.2 A review of the Community Rehabilitation Team model has been completed and a new nursing model is now embedded in practice.

An initial discussion on access to beds at Cleland Hospital has taken place. We need to clarify what we are looking to deliver in terms of rehabilitation provision to feed into the work of the Older Adult Inpatients workstream. To assist in this, data is required on Cleland admissions & discharges.

Mapping of Glencairn and Community Rehabilitation referral and assessment processes has been completed. A new referral form is now in place with a single point of referral.

The pathway to community rehabilitation is now live and Planned date of discharge (PDD) is in place.

South Lanarkshire Integrated Community Mental Health Teams (CMHTs)

7.3 South Lanarkshire CMHT funding and staff transferred from the previous hosted arrangements with North Lanarkshire to enable the integration of Community Mental Health services within South Lanarkshire HSCP.

A Clinical & Professional governance structure agreed by Mental Health & Learning Disabilities Clinical Governance Group & South Lanarkshire Support, Care & Clinical Governance Group.

Perinatal and Infant Mental Health

7.4 A successful funding bid was made (in Sept 2020) to the National Perinatal and Infant Mental Health Programme for the development of a whole-system model for perinatal mental health care that enables women, their partners and families to be supported in their own communities; the establishment of a multi-disciplinary Community Perinatal Mental Health Service; and the establishment of a designated multi-disciplinary NHSL maternity and neonatal psychological intervention service.

Separate funding was also granted to enable the development of shared strategic goals and agreed pathways for indicated high risk infants and their parents who are not currently accessing clinical services; the development of a model of infant mental health provision; and the establishment of a designated multi-disciplinary and multi-agency Infant Mental Health Service.

The Perinatal and Infant Mental Health Programme Board Delivery Plan also includes actions in relation to the development of infant mental health services. These include:

‘develop a model of infant mental health provision to meet the wider need across families experiencing significant adversity, including infant development difficulties, parental substance misuse, domestic abuse and trauma’ with a focus on the period from conception to aged 3 years.

Perinatal Mental Health Service:

The PNMH service was set up with a vision that Women and their partners and families receive the support they need in their own communities to ensure they experience optimal health and wellbeing, including mental wellbeing, during the perinatal period, so that their children get the best possible start in their lives.

The progress to date is detailed below.

- Dedicated specialised community perinatal mental health team have been established, incorporating psychiatry, community mental health nurse, clinical psychology, community nursery nurse, midwifery, occupational therapy and social work staffing.
- Education and training models have been rolled out.
- Clinical Quality Group set up.
- Clinical pathways established to ensure timely and equitable access for women to specialist perinatal mental health services.
- Systems are in place to ensure that professionals working in universal services with women and their partners and families can access consultation, information and advice in a timely manner.
- Systematic engagement with lived experience and the Community and Voluntary Sector is in place – ensuring feedback is incorporated into service design and there is improved access to Community and Voluntary Sector services.
- Information materials and a webpage have been developed to provide access for women and their partners/families to timely information to help them to make informed choices.
- Data collection is in place to measure access to service and impact of service and development of a system of continuous quality improvement.

Infant Mental Health Service:

The progress to date is detailed below.

- Multi-agency, multi-disciplinary Infant Mental Health (IMH) team established
- Clinical model developed.
- Multi-disciplinary multi-agency IMH training programme in place for all agencies including third sector
- Infant Mental Health Easy Access Telephone Advice Line & Consultation System established for Health Visitors
- NHSL LearnPro Foundation level module on Infant Mental Health: When to be Concerned for all NHSL staff working with infants and their parents
- A Pan-Lanarkshire Multi-Agency Infant Mental Health Observational Indicator Set [birth to 3rd birthday] has been developed.
- Systematic engagement with lived experience and third sector in place has been undertaken – ensuring feedback incorporated into service design

Lanarkshire Maternity and Neonatal Psychological Interventions Service:

The progress to date is detailed below.

- Funding secured from the Scottish Government until 2023 for a Maternity and Neonatal Psychological Interventions (MPNI) Service and a MNPI Team has been recruited.
- Induction and training programme for new staff developed with reference to the NHS Education for Scotland Perinatal Mental Health Curricular Framework, and 'Essential Perinatal and Infant Mental Health' e-learning resource.
- Clinical model and pathways developed to ensure timely equitable access.
- Systematic engagement with those with lived experience and the Community and Voluntary Sector and feedback incorporated into service design, information leaflets and website.
- Experts by Experience consultation organised for Neonatal Parents. Continued links with Maternal mental health participation officers.
- Increased access to Community and Voluntary Sector services for service users
- Data collection in place to measure access to service and impact of service and development of a system of continuous quality improvement



08



8. Psychological services

8.1 NHS Lanarkshire Psychological Services aims to improve the psychological wellbeing of people in Lanarkshire, and to make a positive difference to people's lives. This summary focuses on the work of Adult Psychological Services.

Within NHS Lanarkshire, Psychological Services (PS) is part of the Mental Health and Learning Disabilities Directorate. They comprise of 10 locality-based Adult Psychological Therapy teams (PTTs) as well as 14 wide-ranging Pan-Lanarkshire specialist services. These include PS for Adults with Learning Disabilities (PSALD); Psychological Therapies for Older People (PTOP); Forensic Clinical Psychology Services; Clinical Health Psychology Services; Addiction Psychology Services (APS); Neuropsychology; Primary Care Psychology; EVA Psychology, Veterans First Point (VIP), Digital Psychological Services; and Psychological Services Staff Support Team (PSSST).

8.2 In addition to other smaller specialist services within PS, psychological provision is also embedded in other clinical services not managed under PS (e.g. Perinatal Mental Health and Brain Injury). PS provide a professional leadership role for such staff, in addition to providing professional leadership and maintaining professional links with colleagues delivering psychological therapies in Child and Adolescent Mental Health Services (CAMHS).

8.3 PS aim to improve psychological wellbeing of the people of Lanarkshire through direct clinical work and through working indirectly. Direct work includes the delivery of evidence-based psychological therapies. A psychological formulation of people's experience is developed collaboratively with the person and the therapist (or sometimes with a person's family or carer). This supports an understanding of their strengths and difficulties, which enables consideration of what may support them to cope differently. Psychological therapies involve establishing collaborative goals and can help people to make changes in areas such as the way they think about things; how they respond and cope with their difficulties and distress; and how they relate to others. Psychological therapy is a collaborative space to explore emotions in a safe and confidential setting. They are effective and proven therapies delivered by trained, accredited and supervised practitioners.

PS are multi-professional, comprising Clinical and Counselling Psychologists and other therapists. A range of evidence-based psychological interventions are offered within a tiered, matched care model. Our mode of delivery includes: individual therapy, group-based psychological interventions, online CBT, and other evidence-based digital therapies.

8.4 Indirect work can include informing patient care within multi-disciplinary teams, supporting colleagues to deliver psychologically informed care, encouraging the promotion of psychologically informed services, and supporting staff wellbeing. PS staff also strive for quality via a strong governance, evaluation and research focus, and placing quality improvement methodology at the heart of all service development.

Over the period of the strategy PS have:

- Continued to strive to increase timely access and work towards meeting the National Referral to Treatment Target for Psychological Interventions, alongside optimising and progressing the quality of service delivery. We have closely monitored Demand, Capacity, Activity and Queue (DCAQ) data and engaged in trajectory planning alongside our data analyst. This has been carefully used to consider (trauma informed) service initiatives.
- Made significant efforts to maintain a culture of optimism across PS, and to respond to challenges by supporting colleagues, but also looking for possible opportunities. Services have utilised research and QI skills of staff to consider service developments and service redesign. For example, PTOP colleagues have used a QI approach to move to an early assessment and formulation based approach. Close relationships across services mean that learning from QI projects has been readily shared, and successful developments can be replicated.
- Worked collaboratively with those accessing services and aspired to have greater involvement of experts by experience in service design and delivery. A Lived Experience Interest Group has been established, with representation from statutory and third sector organisations including peer workers, with an initial focus on exploring ways to embed expert by experience involvement in service design and delivery.
- Prioritised opportunities to improve services and ensure quality. A research lead has been appointed to provide leadership, improve access to research expertise and opportunities for psychological services staff, and support embedding research within clinical roles and services. As part of this research agenda, PS hosted a research conference to provide staff with an opportunity to celebrate the research undertaken within NHS Lanarkshire PS, and also hear from eminent researchers in the field. We have developed close working relationships across a range of Universities in Scotland.
- Aligned with wider strategy and developments within the profession, including the ongoing refresh of the Psychological Therapies Matrix by NHS Education for Scotland, providing a guide to the delivery of evidence based psychological therapy in Scotland. A number of PS staff have been directly involved in this work. This sits alongside the Scottish Government's launch of the new National Specification for the Delivery of Psychological Therapies and Interventions in Scotland. All of this work aims to ensure ready access to high quality evidence based care, the involvement of those accessing services in decision making about their care, and the delivery of good outcomes.
- Restructured the Psychology management team to provide strong leadership across services and ready accessibility of senior colleagues within the profession. This included the creation of Heads of Specialities Roles which include a "portfolio" of services and alignment of work streams, one being 'Strategy'. The Psychological Leadership Team has also been revitalised.
- Initiated development of the role of PS within primary care. The work of Assessment Plus has been reconfigured to a new Primary Care Psychology service. Initially this is taking a focus on the delivery of large scale group community interventions (in progress).
- Contributed to the development, delivery, evaluation and educational governance of MSc and doctorate programmes across various universities. Clinicians within PS have provided teaching at Universities across Scotland. The Service also has SLAs in place for doctoral trainee psychologists (and MSc) trainee psychologists. PS has provided formal clinical practice placements to approximately 43 NES-funded clinical psychology doctoral, MSc and EPP (Enhanced Psychological Practice) trainees each year.

- PS has greatly expanded the availability of digital options available to people, through the expanded use of ‘near me’ video conferencing, and the development of the bespoke PS website (Lanarkshire Mind Matters). A number of digital programmes can be accessed by self-referral. This increases the availability of lower intensity therapy overall, and increases choice for individuals.

8.5 Much of this work will continue into the next MHW Delivery Plan for Lanarkshire, 2024-2026. Additionally, PS will aspire to improved access to psychological therapy and psychologically informed care in the broadest sense. Priorities will include:

- Assisting with the development of promotion of a psychologically and trauma informed workforce, services, and systems across NHS Lanarkshire and beyond. This will be guided by the National Trauma Transformational Programme and involve close working with our local Transforming Psychological Trauma Implementation Co-ordinator (TPTIC).
- Continued focus on staff wellbeing – both ensuring the wellbeing of PS staff, but also promoting and supporting the wellbeing of the wider workforce (in keeping with above).
- Increased presence in Primary Care and reaching more people in the Community via easily accessible large scale evidence based psychoeducational groups
- Consideration of further embedding the Psychological workforce within multi-disciplinary mental health teams.

- Involving experts by experience in service design and delivery
- Promotion of psychological formulation to assist service design and delivery
- Integration/alignment of other key strategy and guidelines (psychology specific and otherwise) within the delivery plan e.g. Medication Assisted Treatment (MAT) standards, National Specification for the Care and treatment of Eating Disorders
- Establishing a baseline of the National Specification of the Delivery of Psychological therapies and interventions, and identifying a plan for change (where relevant and applicable)

8.6 In the current climate of significantly challenging financial pressures, and staffing shortages (within PS, but also our colleagues in wider MDTs) it seems imperative to not only focus on ‘what’ our priorities are, but ‘how’ we achieve these. Thus, PS make a profound commitment to adhering to the core values of NHS Lanarkshire. We will endeavour to strive for excellence; meet all challenges with curiosity; and thrive on the secure base of true cohesion, consistency, collaboration, and kindness that surrounds our whole system. Ultimately we will work to nurture psychological safety throughout.

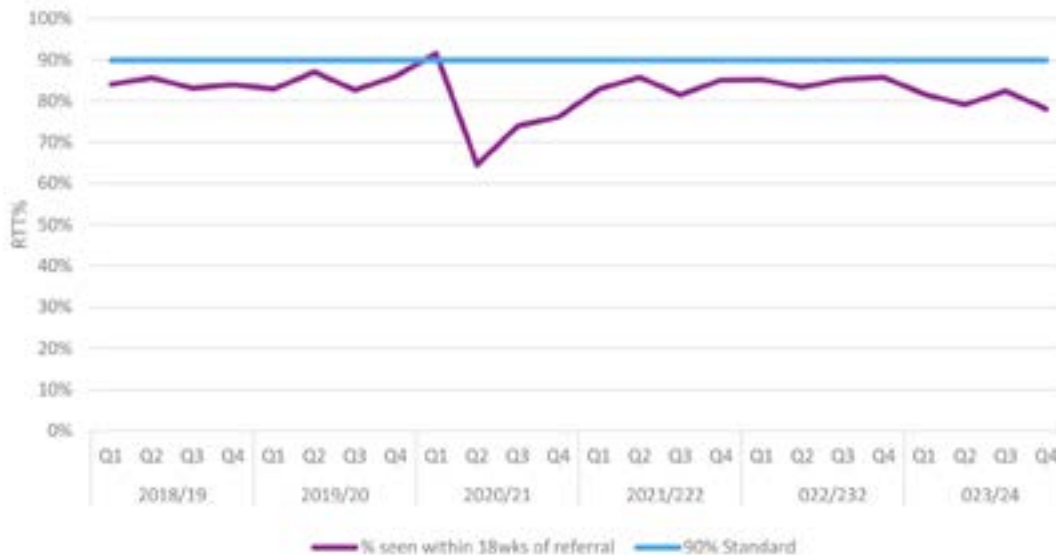


Figure 8.1 Psychological Therapies: % of patients who started treatment within 18 weeks of referral, 2017/18 Quarter 1 to 2023/24 Quarter 3

09



9. Communication and Engagement

9.1 During the development of the Strategy, a Communications and Engagement (C+E) group was established to inform and influence an inclusive approach to the design, development and delivery of MHW in Lanarkshire.

The membership of the group was mainly representatives of people with lived experience, voluntary and community groups. A reference group approach was agreed to strengthen the voice and contributions of non-statutory stakeholders.

Consistent with Scottish Government guidelines, early and consistent engagement of people with lived experience, carers and the voice of the workforce featured throughout the work.

The Strategy communication and engagement group had a key accountability role, was given an equal role alongside the Strategy Board in informing and contributing to every aspect of the strategy design and development to ensure that:

- All communication and engagement was inclusive, coordinated across all relevant groups and partner organisations and that all messages were in plain English, transparent and consistent
- There was ongoing meaningful involvement firstly with those with lived experience, and also in groups and communities impacted by inequities in mental health and wellbeing

- The right systems and supports were in place to enable effective engagement and participation between all stakeholders involved in strategy implementation

9.2 The voice of lived experience had a pivotal role in developing the scope and scale of the strategy and a full approval role and oversight over the content. This was valued by C+E group members as extremely transparent and meaningful by the membership. The membership was representative of NHS and social care staff, people with lived experience, carers, and community and voluntary sector organisations to act as a key reference group to hold the partners accountable for GIRFEP.

Communication and Engagement (C+E) Plans for all Strategy projects/workstreams were informed, reviewed and sign off by the group. The frequent C+ E update reports were useful in highlighting emerging issues and could be used to escalate responses.

A workshop to review the role of the Group moving into the final stages of strategy delivery and beyond was held. The following was agreed at the workshop:

The group to remain in place to support and inform projects/workstreams with communications and engagement ideas and identify channels through which activities can take place.

A live Communications and Engagement approach and supporting plan required to:

- Keep stakeholders engaged and informed, to follow up with projects on progress, challenges, etc. and be assured that communications plans are being acted upon.
- The format of C+E groups meetings to be more flexible, allowing for workshop-type sessions and sharing of information and ideas.
- Planning for the development of the next strategic plan to engage widely on how to continue the co-creation process.

- Communications and Engagement group meetings to be used as a platform for identifying and sharing new groups for engagement, etc.
- The group is Chaired by a member of the Strategy Board who has a broad overview of all the activities/projects underneath. The Chairperson should either be, or be supported by, a communications professional.
- Communications and Engagement meetings/workshops to be opened up to any Strategy Board 'Lead', allowing them to drop in and ask questions request help/support.
- Ensure any future strategic plans are aligned with existing NHS Lanarkshire and Health and Social Care Partnership engagement structures and other related strategies.
- Equality Impact Assessments should be carried out going forward to review strategy delivery and any future work to help in identifying themes for these.

Success of the communications and engagement approach was ultimately judged by successful delivery of all of the overall programme objectives. A varied cohort of services, teams and individuals all contributed to this.

The impact of the communications and engagement plans are measurable through evaluating the achievements and benefits, the outcomes measured through contribution analysis and evaluation process.

This approach used the following aims set out in 2018 with the communications and engagement group:

- Demonstrate all stakeholder engagement with- the process:
Measures: Number of people involved by type and organisation, meeting/event (s) feedback. Visits to NHSL website
- Positive response to process
Measurement: Comments from patients/ carers, staff/partnership feedback, public, social media feedback. No/few complaints.
- Breadth and reach of coverage
Measurement: Capture newspaper, website, intranet, social media etc. coverage. Meeting/ event attendances.
- All relevant stakeholders identified
Measurement: Completion of EDIA. Representation and participation on Communications and Engagement Sub Group.
- Involvement of those with lived experience
Measurement: Clearly evidence feedback from those with lived experience
- Successful completion of Lanarkshire the Strategy
Measurement: Document produced. Document positively received. Scottish Health Council support and reporting.

The role of Carers and Carer's organisations in our engagement has been so informative and influenced a lot of the work in the design and development of the strategy. GIRFEP acknowledged the sizeable contribution unpaid carers make to the health and care system as care providers and took an inclusive approach to all event planning, strategy development, training to engage and reflect the needs of carers in the supports and services developed over the period of the strategy. Still, more can be done to support Carers, people with lived experience and families to make sure what matters to them is prioritised in our plans and demonstrates that shared vision of services that works best for them.

See Communication and Engagement report for more detailed information - [Comms and Engagement mental-health-wellbeing-strategy-2019-2024/](#)

For additional information about the strategy, patient stories, videos, photos, documents, visit our dedicated [mental-health-wellbeing-strategy](#) web page



10



10. Resource and Investment

10.1 Spending on mental health by the NHS in Scotland has reached £1.3 billion in 2021-22, compared to £1.1 billion in 2019-20 and £0.7 billion in 2007-8.

This represents an increase in the proportion spent on mental health to 8.8% of total spending by NHS Boards, taking us further towards our ambition to increase spending on mental health services to 10% of the total frontline NHS spending.

10.2 It is worth recognising that as well as funding core mental health NHS services, in recent years a proportion of these funds have seen Third Sector community and voluntary organisations commissioned to promote, prevent and provide supports and services to people in Lanarkshire.

10.3 Supporting and improving mental health and wellbeing is a significant public health challenge that requires a coordinated response from a wide range of organisations. As recognition of the importance of good mental health and wellbeing has grown over the years, so has investment.

Key Facts:

Funding and investment in mental health services has increased significantly since 2017. However, we know that the causes and impact of poor mental health continue to affect people's life circumstances. The cost of living crisis has had a range of adverse health impacts on individuals and households and those with the lowest incomes are suffering most as they spend proportionately more of their income on essentials that are seeing the largest rises (food and utilities) and they are less likely to have savings to provide a buffer.

- £8.8 billion was the reported cost of poor mental health to the Scottish economy in 2019.
- NHS Boards spent £1.2 billion on adult mental health in 2021/22
- Councils spent £224.7 million on adult mental health in 2021/22
- The Scottish Government's Mental Health Directorate budget is £290.2 million in 2023/24

Accessing the right supports and services when required remains confusing, slow and complicated for many people. As part of the Lanarkshire's commitment to engaging and working closely with communities and the third sector, the strategy design, development and implementation was carried out, resourced and funded in collaboration with all Partners.

10.4 Taking a whole system multi-agency approach has enabled this strategy implementation to utilise and optimise investment from a range of sources across partner organisations.

The Strategy Board worked as a partnership across mental health and wellbeing over the period of the strategy and welcomed the investment in:

- NHS24 mental health hub and resources, expansion of distress brief interventions, investment in a range of hyper local initiatives.

- Additional Mental Health funding from Scottish Government to Lanarkshire (2019-2023) saw improvements in mental health in primary care, custody suites, emergency departments as a result of the Action 15 monies. These funds have now been mainstreamed as part of the NHS budget devolved to HSCP's
 - The continued roll out of the Communities Mental Health and Wellbeing Fund for Adults (the Fund) established by Scottish Government in October 2021 has seen approx. £1m allocated to North and South TSI's.
 - The Communities MHW Funds for adults received funding for a third year of funding (£15 million) was announced in April 2023.
 - The Fund has a strong focus on prevention and early intervention, and aims to support grass roots community groups in tackling mental health inequalities and challenges such as social isolation and loneliness, suicide prevention, poverty and inequality. Year 3 will see a continued focus on responding to the cost-of-living crisis.
 - The Scottish Government, Children and Young People's MHW fund allocated additional funds to North and South Lanarkshire Children's Service Planning which has seen investment in community and school based supports and services
- 10.5 The MHWS Board in Lanarkshire committed to open transparency of resourcing and joined up our efforts in service of population mental health and wellbeing.
- 10.6 This has proven successful in many areas; however, the challenge still remains as all agencies continued to work within a financially constrained environment with the risk that mental health and wellbeing is not sustained or prioritised across Partners going forward.
- 10.7 The joined up work reported in this strategy review has been progressed to get it right for every person (GIRFEP) and can be viewed as evidence of making a difference in communities and for individuals.
- 10.8 The Strategy Board and all workstreams are convinced that to avoid further regression or delays in access we must continue as a whole system to invest in population mental health and wellbeing across the system.
- 10.9 We understand more now that poor mental health is both a cause and a consequence of social inequality and acknowledge that any reversal to reactive funding will again lead to a further exacerbation of inequalities in mental health.
- 10.10 There is a growing concern across local stakeholders regarding the effects of current and future financial constraints in and across public services on population mental health. Workforce availability and finance will be real constraints with efficiency, workforce planning and development, employability initiatives and creative recruitment being important themes.
- 10.11 The Financial Framework requirements for delivery of population mental health recognises that, as the current financial challenges are likely to continue over the next few years, it is even more important to ensure that investment is effectively targeted to deliver sustainable and high-impact services and support.
- 10.12 The next phase of work to develop our MHW Delivery Plan will have to take account of the financial constraints and implications for supports and services.



11



11. Evaluating Impact

Achievement Framework

11.1 An outcomes-focused Achievement Framework has been developed (Appendix 1) for the Mental Health and Wellbeing Strategy that links the contributions made by projects and workstreams to outputs and the achievement of short and long term outcomes.

We noted in our strategy that as GIRFEP was implemented, people in Lanarkshire would see campaigns to promote ways of improving our mental wellbeing, changes and improvements to the way they access mental health support and services, new ways of working, observe new staff roles, a programme of work to tackle mental health stigma and discrimination, increased interventions to support prevention and early intervention as well as every effort to improve services for people with severe and enduring mental health conditions.

Ultimately, the strategy set out with an ambition to change the culture in Lanarkshire and improve people's physical wellbeing and mental health. Unrelated to the strategy development and intervention, Mental Health has had a greater emphasis since the pandemic in 2020 with more people understanding their own mental health needs.

Performance Framework

- 11.2 A short-life working group has developed a performance framework, consisting of a set of output measures aligned with the Achievement Framework, to assist in monitoring service delivery and directing future planning and investment (Appendix 2). These will include Key Performance Indicators (KPIs) that are currently in use for reporting at national and/or Board or Partnership level.
- 11.3 A prototype performance report is currently being collated based on these. Once this has been achieved a process will be established to enable quarterly production of this report.

This review report forms part of a suite of documents related to the design, development, delivery and implementation of the MHW Strategy. Other relevant documents include:

- Communication and Engagement report 2019
- MHW Evaluation reports
- Equity Diversity Impact reports
- National MHW Strategy 2023 and associated documents





12

12. Sustaining Improvement

12.1 Supporting and improving mental health and wellbeing continues to be a significant public health challenge that requires a coordinated response from a wide range of organisations.

Our health improvement research states 'The right to health includes the right to access health services but also the wide range of things that help us live in good health - the 'social determinants of health' which includes; safe and affordable housing, access to education and employment, good social support, a decent and fair family income, safer communities and positive childhood experiences'.

12.2 Our next steps and progress must continue in the knowledge that our health, including our mental health is determined by the conditions in which we are born, grow, age, live and work. Almost every aspect of life shapes health and longevity – our jobs and homes, access to education, the quality of our surroundings and whether we experience or live with poverty.

12.3 There is evidence in this report that we are beginning to shift thinking, increase resources for promotion and prevention where supports and early interventions are accessible and meaningful at the time of need, to further recognise the capacity gaps in proactive support and care and putting in place work that results in improved sustainable positive outcomes, including:

- Continued investment and improvements in NHS Inform, NHS24 111 mental health specific response and the Mental Health hub.
- Improved and increased access to support via Distress Brief Intervention continue to enable a responsive service.
- The use of Scottish Government funding (Action 15) to recruit mental health professionals into multi-disciplinary teams and creating primary care and mental health wellbeing teams.
- The progress in developing perinatal mental health support, improved emergency access to mental health supports and services through improvements in urgent care in the community with increased and direct access avoiding emergency departments.

- Community Police Triage data provides evidence of positive progress, showing an overall reduction of 68% in police attendance at ED. Patient stories have been obtained to reflect lived experience of accessing unscheduled care services.
- New mental health initiatives have been established in response to the Community Mental Health and Wellbeing Funds, increasing community based projects and time limited initiatives, access to treatment and support, while pre-existing programmes have been expanded.
- Psychological therapies and counselling are becoming more readily accessible for people with mental health problems,
- Children and young people have greater access to mental health information, signposting and support and treatment via schools and community orgs
- Specialist services have been enhanced by the strategy work including CAMHS improvements, Eating disorders as well as in Perinatal and infant mental health

- 12.3 Our stakeholder reflections include many positive experiences with the design, development and ongoing success of the Strategy. Feedback notes that the success in some way was made easier through the early development of shared commitment and pledges from all sectors, the robust and well organised Governance and programme management arrangements and also the diversity of delegated leadership throughout the period of the strategy.
- 12.4 There is a fear that a lot of funding is year to year and temporary risking maintaining benefits and gains made during the period of the strategy.
- 12.5 People's experience and feedback tell us that they want and need to be given a choice in how they receive support; how they access services and, digital cannot be the default. Moving forward we must continue to address inequality of access for people who experience mental health conditions; in particular, those with learning disabilities and autism; LGBTi plus communities, and people with complex or unrecognised diagnoses, all continue struggle to access treatment and support. Our challenges include consistent, sustainable supports and services that are accessible, consistently available at times required and work in a trauma informed way with people and not against them. People continue to experience stigmatising responses when accessing support and services. All sectors will be required to support the profile and priority of population mental health to shift culture, beliefs and promote understanding.
- 12.6 The scale and pace of investment in new mental health capacity via grass route community organisations and in primary care may not meet current demand. This will result in delays in access and inevitably we will return to system pressures of increasing demand on specialist and secondary care mental health services.
- 12.7 Accessing mental healthcare is still more difficult for some people, with deprivation as the single biggest driver of mental health inequalities, and we know that people living in poverty carry a higher risk of poor mental health, fewer opportunities to improve their life circumstances, as do those who are unemployed and/or socially isolated. Many people also face the additional barrier of digital exclusion, meaning it is harder to access available on-line advice, support/ interventions and services.
- 12.8 The everyday challenges and circumstances added to real discrimination and stigma continue to act as a significant barrier to taking steps to engage and feel worthy of support. People living in these circumstances are three times more likely to end up in hospital for mental health issues than those in more affluent areas with the ability to seek out opportunities for help. We have found that with the right inclusive and non-judgemental people can thrive and progress to recovery.
- 12.9 The NHS cannot address population mental health alone, and the work within this strategy demonstrated how this might be carried out across organisations and in communities. It is critical that efforts, priorities, funding and investment continues in other sectors such as community and voluntary organisations, housing, social work, education, and employability support services, to address and prevent some of the causes of poor mental health.
- 12.10 Awareness has been raised, in some area transformation has occurred throughout the period of this strategy, experience gained, great joint working.
- 12.11 Building on the success of the strategy implementation and the lessons learned, the next phase of work will encompass areas not fully realised from the 2019-2024 MHW strategy, identifying new areas of local work.
- 12.12 The next steps commenced in February 2024 to proactively agree our approach with the IJB and Partners. Our self-assessment against the Scottish Government/COSLA MHW Strategy, published June 2023 and the associated documents including the Delivery Plan, published November 2023 will result in clear priorities for Lanarkshire MHW Delivery Plan (2024-2026).





13

13. Next Steps

13.1 We must do all we can to ensure we maintain any gains achieved throughout the life of this strategy. Yet we must still do more to invest in increasing mental health supports and services.

13.2 Our future work will contain the development of MHW Delivery Plan for Lanarkshire 2024-2026 and will;

- Ensure Mental Health and Wellbeing is embedded in all of our work to help public agencies work together with the community to plan and deliver better supports and services which make a real difference to people's lives.
- Continue to see Mental health and Wellbeing of the population as a priority with and across our Community Planning Partnerships in Lanarkshire.
- Continue to develop evidence-based approaches to addressing the existing and emerging causes and challenges that result in improvements for people's mental health and wellbeing.
- Promote real and meaningful joint working with all partner organisations
- Continue to optimise all available resources in all sectors to ensure effective use of resources

- Align our future work on developing the MHW Delivery Plan for Lanarkshire with the integrated approach of [Getting it Right for Every Child \(GIRFEC\)](#) and the Place based work, 'Getting it Right for Everyone' principles and [GIRFE Practice Model](#)
- Ensure alignment with the recently published [Scottish Government/COSLA Mental Health and Wellbeing Strategy \(June 2023\)](#) and associated evidence based documents to undertake a self-assessment against the national MHW Strategy [Delivery Plan \(Nov 2023\)](#)
- Reinforce our whole system approach to working together, we will also align to the [Scottish Government/COSLA Mental Health and Wellbeing Workforce Action Plan](#) to ensure we have a diverse, skilled, supported and sustainable workforce across all sectors.

13.3 It is only with a whole system, whole person, mental health and wellbeing emphasis across all policy and in practice we will see an impact in people's life circumstances, life styles, improved choices, opportunities and quality of life. A healthy community derives from a range of factors: stable jobs, good pay, access to high quality healthcare when required, quality housing and education.

13.4 Finally, based on our self-assessment we will co-create our Lanarkshire MHW Delivery Plan 2024 - 2026 with an emphasis on:

- **Prioritising** mental health inequalities,
- **Promoting** early interventions and increasing access
- **Preventing** mental health conditions
- **Providing** safe and effective community, specialist and secondary care mental health care and treatment where and when required.

Appendix 1 Mental Health: useful links

Alzheimer Scotland

<https://www.alzscot.org/>

Association for Post-Natal Illness

<https://apni.org/>

Breathing Space

<https://www.breathingspace.scot/>

Centre for Mental Health

<https://www.centreformentalhealth.org.uk/>

Choose Life

<https://tellmystory.org/>

Enable Scotland

<https://www.enable.org.uk/>

Public Health Scotland mental health information

<https://www.healthscotland.scot/health-topics/mental-health-and-wellbeing/overview-of-mental-health-and-wellbeing>

Public Health Scotland mental health indicators

<https://www.publichealthscotland.scot/our-areas-of-work/health-and-wellbeing/prevention-of-mental-ill-health-and-improved-wellbeing/mental-health-indicators/overview/>

Mental Health (care and treatment) (Scotland) Act 2003: Code of Practice Volume 1

<https://www.gov.scot/publications/mental-health-care-treatment-scotland-act-2003-code-practice-volume-1/>

Mental Health Foundation

<https://www.mentalhealth.org.uk/>

Mental Welfare Commission for Scotland

<https://www.mwscot.org.uk/>

NHS Mental Health Information

<https://www.nhs.uk/mental-health/>

Royal College of Psychiatrists

<https://www.rcpsych.ac.uk/>

Samaritans

<https://www.samaritans.org/>

Scottish Association for Mental Health (SAMH)

<https://www.samh.org.uk/>

Scottish Government: Mental health

<https://www.gov.scot/policies/mental-health/>

Scottish Recovery Network

<https://scottishrecovery.net/>

See Me Scotland

<https://www.seemescotland.org/>

Young Minds | Mental Health Charity for Children and Young People

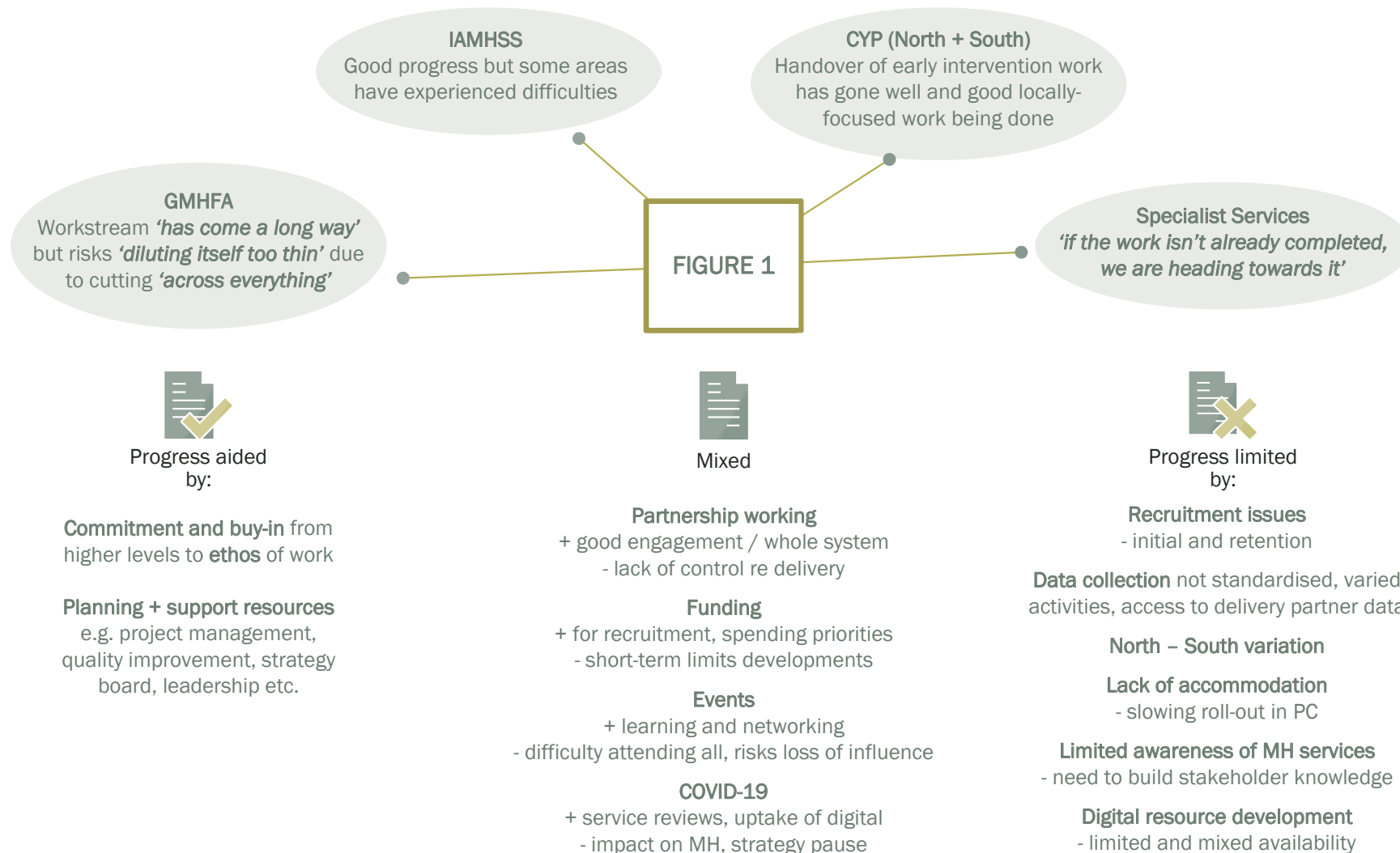
<https://www.youngminds.org.uk/>

Appendix 2 Evaluation Achievement Framework

What we start with:	What we will do:	What outputs we will measure:	What we will achieve in one to two years:	What we will achieve in two to five years:	What we will achieve in the longer term:
<p>Time</p> <p>Funding</p> <p>Expertise</p> <p>Leadership</p> <p>Staffing</p> <p>Communication</p> <p>Governance</p> <p>Evidence base</p> <p>National policy</p>	<p>Consult with key stakeholders</p> <p>Create a Mental Health & Wellbeing (MH&WB) Strategy</p> <p>Implement the MH&WB Strategy. Actions will include:</p> <ul style="list-style-type: none"> Increasing mental health service provision in community settings Ensuring all staff are trained in current practice Ensuring capacity to manage MH&WB issues meets demand Providing integrated services, including shared information Focusing on early intervention and prevention, where possible Communicating widely, publicising all aspects of this work 	<p>No. complaints related to access to different parts of the service</p> <p>Waiting times/list size for different services</p> <p>No. Emergency Department mental health referrals</p> <p>Feedback from service users – possibly develop a generic survey (including access and information)</p> <p>No. people from SIMD 1 & 2 accessing mental health services</p> <p>No. people accessing mental health & wellbeing resources (including online, DBI, voluntary sector)</p> <p>No. staff achieving all mandatory training requirements</p> <p>No. people accessing income maximisation resources</p> <p>No. reports of reduced isolation and loneliness</p> <p>No. people engaging with mental health & wellbeing events</p>	<p>People have access to the services that meet their needs</p> <p>People have access to the information they need</p> <p>Staff have the knowledge they need to deliver MH&WB services</p> <p>Lanarkshire people are aware of MH&WB issues</p> <p>Lanarkshire people are aware of the impact of MH&WB on their own and others' lives</p>	<p>People have enough resilience to manage life events and trauma</p> <p>People maintain their independence, avoiding hospital admission where possible, and achieving timely discharge following any admission</p> <p>People feel more connected to their local communities and have adequate social networks</p> <p>Having mental health issues is viewed no differently to having physical health issues</p> <p>Lanarkshire people are comfortable talking about mental health</p>	<p>Lanarkshire people have good MH&WB</p> <p>Lanarkshire communities are compassionate</p> <p>Lanarkshire people have a good quality of life</p> <p>Inequalities in MH&WB are reduced or eliminated</p>

Appendix 3 Evaluation evidence slides

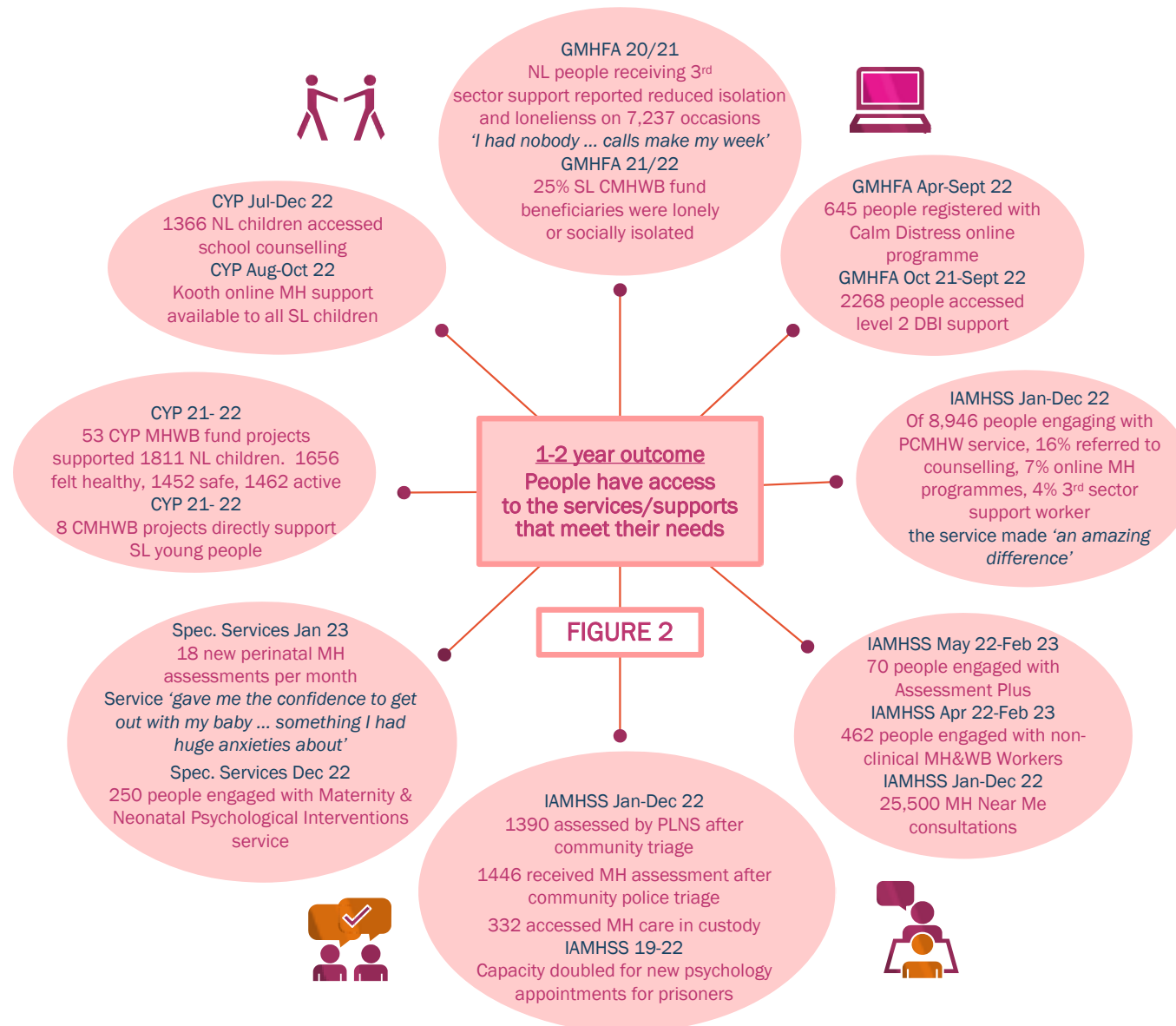
Interviews with Project/Workstream Leads:



THE SIZE OF THE STRATEGY MAKES EVALUATING OUTCOMES A CHALLENGE

Example of outcome evidence

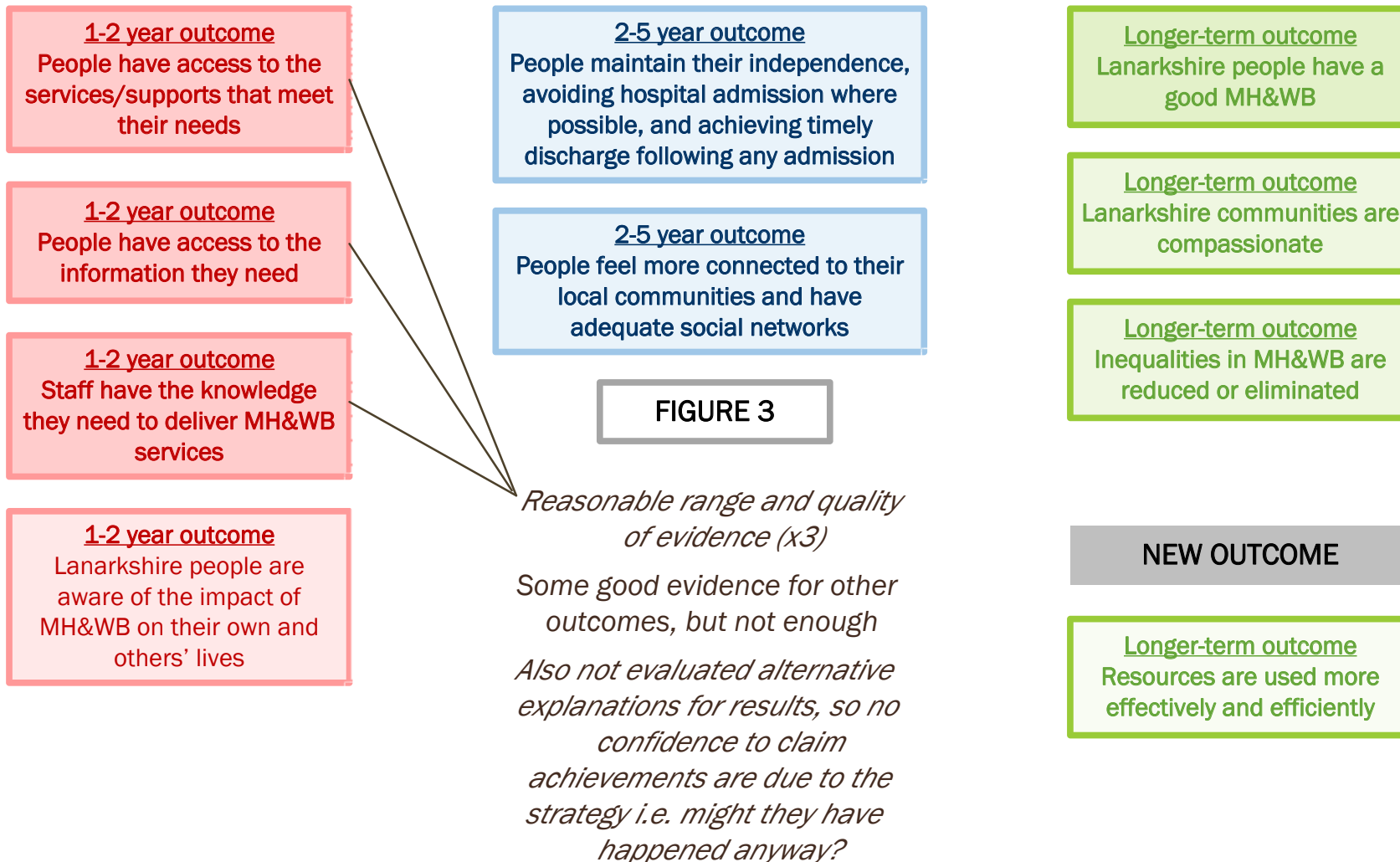
People have access to the services / supports that meet their needs



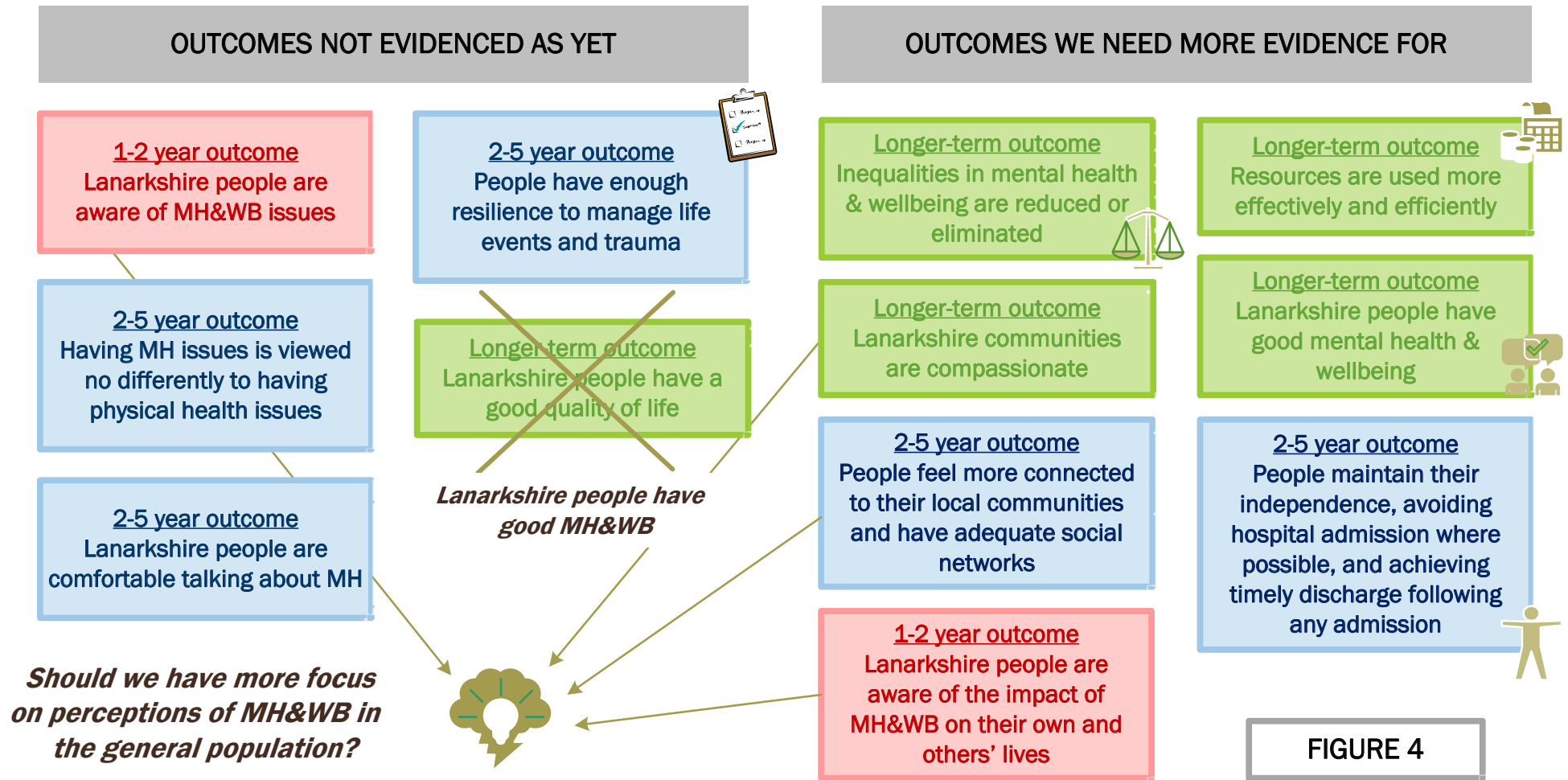
Summary of outcomes

Outcomes were the strategy implementation demonstrates evidence of making a contribution towards achieving

SUMMARY OF OUTCOMES WE HAVE EVIDENCE WE'RE MAKING A CONTRIBUTION TOWARDS ACHIEVING



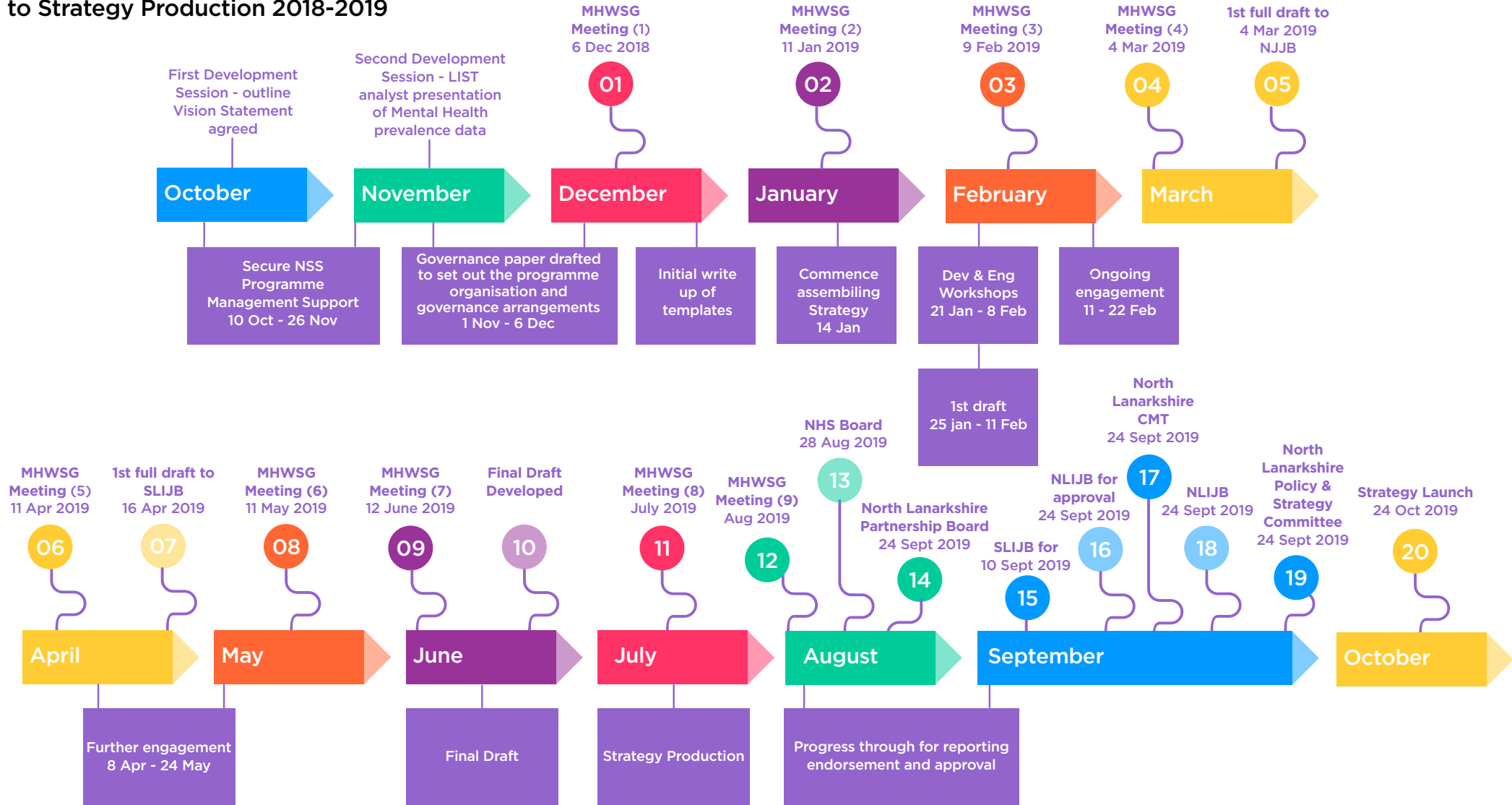
Outcomes where we need more evidence than we have



Proposed approach:

- Focus on general public's perceptions of MH&WB, then compassionate communities
- Gather evidence on inequalities, resources, MH&WB, independence, resilience
- Begin to explore any alternative explanations for results

Appendix 4 Timeline Strategy Design to Strategy Production 2018-2019



Partnership and Whole System Approach to Lanarkshire Mental Health and Wellbeing Strategy 2019-2024

