A sense of belonging
A joint strategy for improving the mental health and wellbeing of Lothian’s population 2011-2016
This document summarises the full strategy document - “A Sense of Belonging”. It explains how we will deliver on the Strategy and the four Commitments to Change areas. These areas are described briefly, followed by tables detailing the agreed priorities. 

Lothian’s Joint Mental Health and Wellbeing Strategy Programme Board members would like to acknowledge and thank a great number of people who committed time, energy and enthusiasm to working with us on the development of this strategy.
Introduction

In Lothian we have been implementing major change in mental health improvement work and within mental health services in the last five years. This has seen a significant shift in how mental health improvement is viewed, initiatives taken forward and how services are delivered.

There has been an important shift in the balance of care to providing more community services which can work flexibly to meet people’s needs.

We have embraced an ethos of recovery with a well established Lothian Recovery Network which is focused on maximising opportunities for people experiencing mental ill health and mental illness and embedding values-based practice in service delivery.

“A Sense of Belonging” sets out a clear vision, principles and approach for how the public, people with lived and living experience of mental illness and mental health problems, people who use services, carers, the 3rd sector, the four local authorities and NHS Lothian, will work together across Lothian to improve our mental health and wellbeing for people of all ages and ensure that the services delivered have an ethos of recovery embedded within them.

The strategy is based on the twin principles of social justice and social inclusion. This means that we will hold a focus on those affected by inequalities, and to address the gap between those most and least well off. This is particularly crucial in the current economic climate when keeping a focus on those who are most vulnerable can be a challenge.

Building a sense of belonging

Research shows that social networks are good for physical and mental wellbeing, and that better integrated societies have less crime, lower mortality and better quality of life. We want to take this opportunity to shape a new era in which social connection becomes a priority.

There is a new interest in seeing the mental health of populations as a resource to be promoted and protected and relevant to achieving strategic goals in health, education, regeneration and crime reduction.

Social injustice and inequality make life more difficult for many, and building resilient communities helps to alleviate those factors.
Our aspirations

- We will continue to combat prejudice and fight discrimination about mental health.

- Promoting mentally healthy communities should be at the heart of community planning and renewal.

- People should be routinely offered support to manage their finances so their debt is avoided or at least addressed early.

- Mental health services will be integrated into health and other services: in libraries, GP surgeries, and schools.

- Programmes to reduce crime or regenerate physical environments should consider mental and emotional wellbeing as a fundamental part of this work.

- Mental wellbeing will be a concern to all public services.

- NHS Lothian and the four local authorities will be mentally healthy and wellbeing employers who demonstrate good practice in supporting staff who experience problems and in positively recruiting those who have or have had mental health problems.

- Mental wellbeing should be a major concern for all institutions - schools, prisons, universities, workplaces, hospitals. We will use a whole settings approach to deliver on this.

- Students and staff’s mental health and wellbeing will be supported in college and university settings across Lothian, in schools and other key settings.

- People seeing their GP with mental health problems will be able to choose from a range of treatment options based on research evidence without facing long waiting times.

- The physical health of people with mental health conditions will be improved and we will seek to ensure that the mental health needs of people with physical health problems are addressed.

- Early interventions, particularly with vulnerable children and young people, which can improve lifetime health and wellbeing, prevent mental illness and reduce costs incurred by ill health, unemployment and break perpetuating cycles of inequality through generations will be supported.

- Children and young people should have early access to services that address social, emotional and behavioural needs, and services should focus on mental wellbeing of all children and young people to increase confidence and resilience.

- People with co-occurring problems should have integrated care across mental health and substance misuse services.
Comprehensive care plans will be the norm for people with mental health problems and illness with the option to consider direct payments, be advised by people with expertise in employment, benefits and housing as well as treatment and care, and a focus on achieving their personal goals for recovery.

Increase investment in employment support for people with mental health problems and a shift in the role of health and social care professionals to develop the necessary skills.

There should be no hidden mental health carers. Services should ensure that carers are identified and supported and that their role is valued in the creation of care plans.

The opportunities offered by new technology should be fully explored in relation to mental health service delivery.

We should maximise opportunities for social housing for people with mental health problems and explore opportunities for shared ownership through government or housing associations.

Delivering on the strategy will contribute to the commitment to ensure that NHS Lothian is in the world’s top 25 healthcare providers.
Delivering on the strategy

The strategy means thinking about things differently and questioning how we currently do things. This will mean we are addressing key aspects of service culture: values, attitudes, behaviours and relationships.

We have set out six outcomes which the Strategy will focus upon:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination.

In such an inclusive joint strategy we need to draw upon the widest range of evidence-based approaches to inform our redesign and development of services. It is now much more widely accepted that different methods and different criteria for measuring success are required across all areas of health and health service delivery.

Every year for the duration of the Strategy a yearly “Taking Stock” stakeholder event will take place. This will help to ensure that all are informed of progress and to provide an opportunity for us all to check progress against priorities to sense check priorities within a rapidly changing context.

A critical element to our strategy will be how we ensure that the measures for success include those goals of mental health service users, for example, independence, employment, friendships, and quality of life.

Partnership working is a “must do” for mental health services for a range of political, financial and practical reasons:

- Resources are scarce, but the task is broad. It therefore makes sense for us to work together to achieve our collective vision for mental health and wellbeing
- Partnership working can help to minimise bureaucracy and duplication as well as maximising integration for service users and staff
- Mental health is complex, with a range of different agencies involved (including health care, social care, housing, welfare advice and the employment services)
- Many mental health service users are vulnerable and have limited capacity to negotiate complex bureaucracies. They therefore need services that are well integrated at the point of contact, are easy to negotiate and are focused on their needs.
Priority Actions: Delivering on the strategy

Promoting Transformational Change

- To develop an accompanying Quality and Performance Management framework - *Delivering better mental health outcomes for people of all ages in Lothian* - which reflects the agreed strategic priorities, high impact changes and provides a transparent process for measuring progress. This will greatly assist with local implementation planning and give a robust structure against which we can measure change and impact.

- The Joint Mental Health and Wellbeing Programme Board will organise a yearly “Taking Stock” stakeholder event to ensure all are informed of progress and to provide an opportunity to sense check priorities within a rapidly changing context. The first “Taking Stock” event will take place in May 2012 and will be held yearly for the duration of the strategy. To ensure a robust structure which includes joint planning groups and pan-Lothian groups to deliver on this strategy - the Joint Mental Health and Wellbeing Programme Board membership will be reviewed to ensure that it reflects the life stages approach and breadth and ambition of the strategy.

- To support the development of user led research, particularly in areas of service redesign and development.

- To build on our successful Knowledge Transfer Partnerships which support new research, promote dissemination of good practice, build capacity for change and leadership and bridge the knowledge gap between research and practice by facilitating collaboration and partnership between academia, service users and health and social care.

- To ensure that the established Mental Health Transformation Station (A Knowledge Transfer Partnership with Queen Margaret University) is able to flourish and grow encompassing new teams and services under the three clusters – knowledge, action and research.

- Continue to use service improvement methodologies, including LEAN to drive forward change.

Priority Actions to Strengthen Collaborative Working

- With our partners (statutory and 3rd sector) we will explore:
  - Scope for further joining up initiatives beyond local boundaries to realise economies of care.
  - More joined up research into the feasibility of innovative proposals.
  - Sharing case studies of good practice from other areas.
  - Consider redesigns to improve efficiency and achieve best value.

- Ensure that all partners embrace the collective vision and principles and objectives and that these are reflected and effected as part of the planning processes, and the subsequent implementation of the strategy in redesign and redevelopment.

- NHS Lothian and the our local authorities will continue to work in collaboration with the 3rd sector. We will endeavour to agree joint outcome-based commissioning strategies and approaches which will streamline funding and reporting requirements.

- Continue to fund key 3rd sector projects taking due account of issues and risks noted in section 14.

- Strengthen 3rd sector representation on Lothian’s Joint Mental Health and Wellbeing Programme Board.
Priority Actions to Assess Mental Health Impact

- Raise awareness with community planning partners on how the mental health impact of policies and decisions can be considered including the use of tools such as the Mental Wellbeing Impact Assessment Toolkit.
- Continue to contribute to the development of the National Public Health Mental Health Indicators (Children and Young People; Adults).
- Report on indicators of positive mental health as well as indicators of mental illness with community planning partners. This can build on the work around quality of life and social capital and may include, at an individual level, trust, autonomy, respect for others, hopefulness and resilience. At a community level these may include equity, participation, lifelong learning, social networks, community safety and control.

Promote Greater Participation and Engagement

- Ensure that all services and initiatives encompass service user defined outcomes as indicators of success.
- Continue to support collective advocacy and initiatives which build on the model developed by the “Much More Than a Label” project.
- Support service users and carers to deliver training and education programmes, building on the model developed to support Recovery Across Lothian training programme.
- Ensure that all services and initiatives consider outcomes for carers.
- Promote and support further carer-led research and evaluation.
- Continue to organise stakeholder events on specific themes and areas of development during the lifetime of this strategy.

Achieving Scottish Government’s Strategic Objectives

- Deliver on all required HEAT targets, aiming to achieve enhanced local targets.
- Ensure that Single Outcome Agreements reflect the aspirations and priority actions of the agreed strategy.
- Implement routine recording and reporting of agreed key performance indicators which reflects HEAT targets, the national NHS Scotland Quality Strategy and Scottish Patient Safety Programme and Single Outcome Agreements, ensuring that this is used by joint planning groups to monitor progress.
- Ensure that NHS Lothian has information management and technology solutions and systems to support the development of integrated patient records and subsequent reporting requirements.
**Resources and Resource Allocation**

- Agree financial baselines with health and local authority partners using 2011/2012 as base year, which then provide the basis of a 5 year financial plan.
- For NHS Lothian mental health allocations and expenditure, a programme budget approach will be undertaken. This will take due account of required efficiencies by agreed disinvestments / service redesign and reinvestment income streams and will formulate the NHS Lothian five year financial plan to support the delivery of this strategy. This will take account of the high level phasing and dependencies of key redesigns and developments.
- Following the outcome of the consultation process, re-visit and reconcile the assumptions of the Initial Agreement and Outline Business Case for the re-provisioning of the Royal Edinburgh Hospital Campus.
- Set in place transparent funding and clear prioritisation mechanisms using initiatives such as the Integrated Resource Framework to assist with this.

**Ensure a Fit for Purpose Workforce**

- Ensure that workforce planning and development are informed by a number of key documents and their recommendations.
- Develop training and supervision networks for staff across agencies who are delivering psychological interventions in line with Lothian’s Psychological Therapies Delivery Plan.
- Carry out a workforce census covering all groups of staff working in mental health and from this highlight needs and gaps; identify current and future skill requirements; provide a clear understanding of current and future issues which supports planning and implementation to specifically address them.
- Work with professional and regulatory bodies to discuss the outcome of the census and mapping in relation to prequalifying training and Continuing Professional Development.

**Promoting Awareness, Training and Education**

- To maintain a comprehensive training programme open to all, ensuring that training offered reflects the strategic priorities and identified needs of stakeholders.
- Ensure that all courses are evaluated and feedback is fed into ongoing course design and delivery.
- Continue to support opportunities for people with lived / living experience, carers and health and social care professionals to provide training, with ongoing supervision and support.
There are three key approaches to address inequalities:

- to target the worst off
- to close the gap between the best off and the worst off
- to reduce the gradient of inequality.

To achieve maximum outcome, the three should work together, and this strategy encompasses work to focus on each of these methods.

Disadvantage has many forms and these disadvantages tend to concentrate among the same people, and their health affects accumulate throughout life. Therefore it is critical to understand the complex nature of inequalities, and look holistically at solutions for people and communities. Although poor mental health can affect anyone, some people have more risk factors, and less protective factors that leave them vulnerable.

The strategy recognises that there will be a continuing need for services to meet the needs of vulnerable communities but these services should also work closely with “mainstream” services to ensure that the learning gained is shared and becomes a part of planning in mainstream services. When working with vulnerable or marginalised communities it is important to recognise how building trust with communities is essential. Building trust can be a lengthy process but the longer benefits are substantial.

It is possible to have a positive approach to tackling health inequalities by focusing on the assets of those affected by inequalities to promote health of individuals and communities. Helping to develop the assets which mean individuals can be resilient re-focuses work and services to build on what people can do for themselves, develops sustainable change and limiting service input.

One important way of delivering on the asset-based approach is to involve and give ownership to people themselves. This method of co-production means working with an ethos where:

- people have and are assets
- focus is to build on existing capabilities
- services facilitate rather than deliver
- there is an emphasis on using peer support networks.
Priority Actions: Tackling health inequalities

**Prevention of Harmful Stress and Suicide**
- Continued work on harmful stress and suicide taking full account of the national “Choose Life” Update
- Work with vulnerable and targeted populations including older men, younger men and prison population
- Continue to support Choose Life Alliances in line with local activities which are evidence based
- Further develop training around self-harm, suicide and mental ill health.

**Early Years**
- Continue the development of Lothian’s perinatal service
- Raise awareness across all sectors and populations of the importance for all babies and young children to have positive loving relationships with carers
- Ensure services have a focus on those families who are particularly vulnerable to poor mental health and stress
- Ensure promotion and support of positive mental health and wellbeing in pregnancy and support of statutory and 3rd sector delivery of parenting programmes
- Focus on programmes taking a holistic approach to family intervention, looking at environment and circumstance, and issues such as stigma and employability
- Ensure support with parenting is available to reduce familial stress
- Raise awareness of the factors and situations that can impact on families and babies’ mental wellbeing, including the mental health and wellbeing of fathers.

**Older People**
- Continue to support programmes and initiatives across Lothian which focus on mental and physical wellbeing, including reducing social isolation
- Build on initiatives which support self-management and early intervention
- Build on initiatives which focus on supporting wellbeing, for both older people living independently and those being cared for
- Ensure the involvement of older people in the design and development of mental health and wellbeing actions
- Continue to redesign services to meet the changing needs of older populations within Lothian, including being aware of diversity strands and new technologies which can give people more autonomy within their care.
**Children and Young People**

- Ensure children and young people have early access to services that address social, emotional and behavioural needs, and are involved in the design of these services
- Support mental health projects and initiatives which demonstrate improved outcomes in working with looked after and accommodated children, children affected by challenging family circumstances including parental substance misuse, and children and young people affected by poverty
- Further develop consultation and liaison services to support foster carers, residential unit staff and staff working in education settings, and work to a co-production model in these settings
- Support interventions and projects providing an intensive support service on a multi-agency basis to children and young people most at risk.

- Support the development of healthy schools and settings through Confidence to Learn, Curriculum for Excellence, 12S Project and other settings-based approaches across Lothian, with an emphasis on raising awareness of issues for young people affected by inequalities
- Ensure that CAMHS and Adult Services prioritise the needs of vulnerable children and young people, including meeting the challenges of transitions
- Take account of the policy framework for self-harm, across all ages, but with a particular reference to young people, as at this life stage coping strategies are being formed which can become life-long behaviours
- Promote and support close liaison between paediatric health services and mental health services to ensure vulnerable children and families can be identified and receive appropriate care, treatment and support
- Work in partnership across agencies to raise awareness of resilience and risk factors for this life stage, to ensure services build in protective aspects to their work
- Support education and employment routes for children and young people

**Black and Minority Ethnic Communities (BME)**

- Forge stronger links between mental health services and projects and initiatives that work with people from black and minority ethnic communities to improve information sharing, awareness and understanding across mainstream services
- Improve local collection and monitoring of information on ethnicity and culture and make better use of this data to inform commissioning and provision in health and social care
- Use the learning from the national exemplar project - Equally Connected Lothian - to inform service redesign and delivery of services
- Ensure that service redesign and development plans all conduct Impact Assessments and ensure there is clear evidence of actions identified being taken forward
- Proactively seek participation of black and minority ethnic communities in the development of wellbeing work.
Refugees and Asylum Seekers

- Link with relevant local and national - for example The Scottish Refugee Council - organisations, to keep the needs of asylum seekers and refugees on local government and health agenda
- Develop work as part of the college and university settings approach to raise awareness within the settings of the needs of refugees and asylum seekers, who are often not allowed to work or study except to access particular courses
- Work with local youth organisations/mental health support teams to address the issues faced by young refugees and asylum seekers.

Lesbian Gay Bisexual Transgender (LGBT) Communities

- Ensure services promote social connectedness and involvement for LGBT people through the provision of co-production
- Training should be provided to mental health and associated professionals on non-pathologising models of work with LGBT people and promote diversity
- Build on the learning from the LGBT Healthy Living Centre’s initiatives to promote mental health and wellbeing and the national exemplar project for LGBT communities.

People Who Have Experienced Gender-Based Violence

- Move towards all agencies and services being trauma informed
- Continue to develop information, training and consultancy service for staff and volunteers who work with people who have experienced sexual abuse. This will include complex trauma and self-harm
- Implement the Patient Safety Programme within hospital settings, taking full cognisance of the linked actions for the development of services and support for those who have experienced gender-based violence or have been sexually abused
- Continue to support the roll-out of training to mental health services and providers.

Veterans

- Continue the Veterans First Point (V1P) project and develop awareness of its purpose across services
- Strengthen links with the three armed services, working to support the implementation of vulnerable leavers policy
- Develop wellbeing aspects using an asset based approach to the work with this population.

People Affected by Sensory Impairment

- Ensure the continued use of new technologies in the care of those affected by sensory impairment, in order to promote autonomy and wellbeing
- Lead on the delivery of the national service for deaf people with mental health problems with NHS Lothian as a hub using an asset based approach
- Continue to support community mental service provision for this client group
- Promote and deliver education and awareness-raising throughout Lothian.
People who have offended
- Continue to support the Willow Project (for women offenders) and explore further opportunities to expand this innovative and successful initiative
- Introduce a setting based approach to prisons in the Lothian area – using the health promoting prison model
- Work with colleagues to ensure the transition of prison healthcare services is seamless and opportunities to maximise mental health improvement gains are realised.

People with Autism
- Support the development of social enterprise initiatives to support employment, health and wellbeing for people with autism
- NHS Lothian will lead a national research programme on autism, on behalf of the Scottish Government
- Development of diagnostic service and pathways to care and support building on the work of the Regional Autistic Spectrum network.

Gypsy/Travellers
- Build on the learning from Keep Well and Equally Connected
- Increase accessibility of services - work from a value base which respects the culture and lifestyle of Gypsy/Travellers
- Promote increased awareness and understanding among professionals concerning the culture, ethos and mental health needs of Gypsy/Travellers through the delivery of evaluated training
- Recognise the diversity within Gypsy/Travellers, some of whom are very wealthy and others of whom experience considerable poverty and disadvantage
- Enhance awareness of possibilities and broaden options and choices for Gypsy/Travellers and their families, in ways which protect and uphold their culture.

People with Learning Disabilities
- Increase the capacity within general mental health services to provide care and treatment for people with learning disabilities through education and training programmes
- Explore opportunities for mentoring and shadowing of staff across learning disabilities and mental health services.
Embedding recovery

Mental health recovery is a concept rather than a model. It means different things to different people. It can be described as a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful and contributing life even with limitations caused by illness.

While recovery is a unique and individual experience it is possible to identify key themes and ideas in relation to the experience. The following list highlights some of the most commonly identified elements.

Recovery as a journey
The recovery journey can have ups and downs and some people describe being in recovery rather than recovered to reflect this.

Hope, optimism and strengths
Hope is widely acknowledged as key to recovery. There can be no change without the belief that a better life is both possible and attainable. One way to realise a more hopeful approach is to find ways to focus on strengths.

More than recovery from illness
Some people describe being in recovery while still experiencing symptoms. For some it is about recovering a life and identity beyond the experience of mental ill health.

Control, choice and inclusion
Taking control can be hard but many people describe how important it is to find a way to take an active and responsible role in their own recovery. Control is supported by the inclusion of people with experience of mental health issues in their communities. It is reduced by the experience of exclusion, stigma and discrimination.

Self management
One way to gain more control over recovery is to develop and use self management techniques. One such self management tool which the Scottish Recovery Network promotes is the Wellness Recovery Action Plan (WRAP).

Finding meaning and purpose
We all find meaning in very different ways. Some people may find spirituality important, while others may find meaning through employment or the development of stronger interpersonal or community links. Many people describe the importance of feeling valued and of contributing as active members of a community.

Relationships
Supportive relationships based on belief, trust and shared humanity help promote recovery.
Priority Actions: Embedding recovery

- Develop age and developmentally appropriate information and tools to support people to have greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills needed for living and working, improved chances in education (vocational and academic), better employment rates and a suitable and stable place to live.

- Further promote awareness and understanding of recovery through an integrated Lothian-wide educational programme.

- Support a cultural and institutional shift towards recovery-focused practice that will be underpinned by our values based framework.

- Build on current initiatives in social inclusion and capacity building for recovery across Lothian by taking an asset based approach and continuing to enlist a variety of new trainers with lived experience from a range of interest groups including LGBT, BME, carers and people who use substance misuse services.

- Offer ongoing supervision and support to trainers.

- Continue to monitor, evaluate and update courses on an ongoing basis, bringing in new evidence from people using services such as collective advocacy agencies.

- Move towards taking cognisance of a trauma informed approach in training.

- Continue to host the annual Recovery Across Lothian conference and inspirational events throughout the year, offering opportunities for leadership and participation by people with lived experience of mental health difficulties.

- Publish annual Recovery Across Lothian Action Plan with actions determined by the Lothian Recovery Network.

- Create Lothian Peer Support Collaborative and encourage peer support (paid and unpaid) to be more widely adopted, in partnership with other statutory and voluntary agencies, including the 3rd sector, Scottish Recovery Network, Local Authority and Advocacy.

- Continue to fund dedicated time for staff to participate in Recovery Across Lothian agreed actions and to support the integration of a recovery approach through the Scottish Recovery Indicator.

- Maintain a focus on Mental Health (Care and Treatment) (Scotland) Act 2003 training, policy and on safeguarding rights; using the learning from service user led research to inform the training programme.

- Build a local recovery evidence base through the collection of narratives, experiences and evaluation of recovery based activities.

- Support employability, ensuring individuals who aspire to work receive support to obtain and retain employment.

- Utilise evidence and research to inform recovery work - for example work on internal locus of control and internalised stigma and their impact on recovery. This also means reinforcing work on initiatives on recovery and activity to combat stigma and discrimination.

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Building social capital and wellbeing

Developing social capital is one way to tackle health inequalities that result from social isolation, low levels of support and low self-confidence. Increasing confidence, increasing a sense of connectedness and belonging and the ability to bring about change in your own life are all protective factors for improving mental health. This is not merely on an individual level, but also at community and societal levels.

Stigma is the main cause of discrimination and exclusion. It affects people’s self-esteem, helps to disrupt their family relationships, and limits their ability to socialise and get housing and jobs. NHS Lothian and partners have a positive record of working to address stigma and reduce discrimination. We wish to build on this over the next five years.

Positive mental wellbeing can lead to improvement in lots of ways including physical health and higher educational attainment, as well as improved outcomes for employment, parenting, relationships, reducing crime and quality of life.

Mental wellbeing contributes to people feeling more able and motivated to exercise choice and control, and to adopt healthy lifestyles. A lack of mental wellbeing can result in poor physical health, social isolation and deprivation. Mental wellbeing is relevant to a wide range of other social policy and practice areas, including justice, regeneration, employment, housing and education.

Mental health improvement activity links to and supports policy in a number of areas including early years, education, older people, poverty and social inclusion.

Some examples are listed below:

**Creative arts** have a role in promoting the mental health and wellbeing of participants and challenging stigma against people with mental health problems to promote social inclusion.

**Volunteering**, from community walking, gardening, and arts based activities, to student volunteers on support telephone helplines, to community projects, volunteers play an important role on the field of mental health and wellbeing.

**Education** and life long learning is known to be a protective factor to mental health, and allows individuals to create positive identity, feel confidence and pride in achievements, and reflect on their past experiences and current circumstances.

**Befriending** has been shown to be useful in many stages of life - for young people, older people, adults with a lack or loss of social support or for people recovering from illness who would like social contact.

**Spirituality** represents whatever gives an individual’s life meaning, purpose and fulfilment. It can provide a sense of belonging and hope as well as enhancing coping strategies and sense of control.

**Greenspaces** provide low-cost opportunities to take part in physical activity and can also provide opportunities for people to meet and engage with friends and neighbours and well as provide identity to neighbourhoods.
Priority Actions: Building social capital and wellbeing

Community Planning / Partnership Working
- Through our joint planning mechanisms we will work with a wide range of partners to establish a thorough understanding of the particular risk factors affecting local communities.
- Consider the potential impact of all public policies on mental health, with particular attention to vulnerable groups, demonstrating the centrality of mental health in building a healthy, inclusive and productive society.
- We will work to embed mental health improvement into all NHS and Local Authority activity.
- Ensure Mental Health Improvement indicators are reflected in Single Outcome Agreements.

Arts and Creativity
- Participate as lead partner in the national annual Mental Health Arts and Film Festival.
- Promote and embed arts and creativity across mental health services and mental wellbeing activities.
- Aim to establish new partnerships with Creative Scotland.

Social Prescribing / Community Referral
- Continue to develop and support exercise referral, guided self-help and healthy reading interventions across Lothian and ensure equity of access.
- Extend the range of evidence-based social prescribing / community referral initiatives, for example learning on prescription; arts on prescription.
- Open up referral routes; promoting community referrals.
- Promote importance of meaningful activities and occupation, and promoting healthy lifestyles.

Benefits Advice
- Work with our partners in the statutory and voluntary sectors to provide support for people to access income maximisation and debt advice services.
- Increase awareness and understanding of the impact of poverty on mental health.

Employment
- Continue to support NHS Lothian to achieve Healthy Working Lives Mental Health Commendation Award through the completion of agreed action plan.
- Support partner agencies to achieve Healthy Working Lives Mental Health Commendation Award.
- Continue the implementation of the Activate Knowledge Transfer Partnership which has introduced Individual Placement and Support (IPS) style programme.
- Implement Consensus on Best Practice Work Rehabilitation.
- Implement Health Works Strategy, applying outcomes framework in practice.
- Ensure that there is a more explicit focus on employment as part of holistic assessment and care planning.

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Volunteering

- Continue to support opportunities for volunteering locally
- Raise awareness of the benefits of volunteering and of the important role that volunteers play in our communities
- Use volunteers where possible - for example in Mental Health Arts and Film Festival, or in settings based health fairs
- Hold a one day Lothian wide volunteering and mental health and wellbeing event, in the first year of the strategy, to support, develop and further enrich opportunities for volunteering in Lothian.

Befriending

- Raise awareness of the benefits of befriending and support organisations and our partners to use this within the services they offer
- Continue to support the ‘Supporting Life’s Journeys’ campaign to highlight the positive benefits of befriending
- Ensure that within our settings-based work that befriending is a part of the elements that are developed.

Peer Support

- Support projects which use and recommend peer support
- Expand the range and number of projects using peer support as part of the services on offer
- Raise awareness of the benefits and positive outcomes of using peer support through the Lothian Peer Support Collaborative.

Education

- Further develop links with education and community partners involved in children and young people’s education
- Further develop awareness within educational institutions of mental health and wellbeing
- Continue support for projects working with specific communities - Outlook, Willow Project, links to Stevenson College Edinburgh
- Further raise awareness of the protective nature of education and life-long learning, and promote it as an aspect of service development where possible
- Work with education and community partners to ensure that confidence, esteem and building wellbeing and social capital sit within the work developed through the Curriculum for Excellence framework in schools, colleges, and across young people’s community settings.
Spirituality

- Integrated Care Pathways should have a more explicit focus on spirituality with staff training to support opening up conversations or discussion about spirituality with service users
- Promote the involvement of spiritual care services in service redesign and planning and service
- Develop awareness raising and training to help staff develop a language and understanding of spirituality so they can discuss these issues with service users
- Arrange further stakeholder events to explore spirituality and mental health.

Greenspace

- Build on the initiatives such as Bridgend Community Garden, Cyrenians Community Gardens Project and Artlink’s “Growing Plots” to further increase community participation in developing and using greenspaces and green gyms
- Continue the successful “Branching Out” partnership with the Forestry Commission which has demonstrated positive outcomes for people with mental health problems
- Ensure new buildings incorporate dementia friendly design and greenspace.

Stigma and Discrimination

- Support our partner agencies to sign the ‘see me’ anti-stigma pledge
- Increase awareness of the impact of discrimination across all non-mental health services and agencies through targeted educational sessions
- Build on the learning of Equally Connected and use this to inform our approach
- Develop an action plan to deliver on the next national ‘see me’ action plan
- Raise awareness of the impact of hate crime against individuals and groups.
One implication of recognising the diversity of mental health needs ensures that we consider whole system responses and public sector pathways, rather than focus only on the role of mental health services, specialist services and dedicated crisis services.

If there is to be a whole system response to improving responses for people with mental problems and illness, then a whole range of agencies, and not only mental health and social care services, have a role to play. Of central importance are service users, carers and their social networks which have a pivotal role, as demonstrated by both Lothian and national work on recovery.

**Supporting Service Users**

There is a long history of user involvement in service planning across Lothian and service users throughout our ongoing engagement and participation have stressed the following:

- Evidence that those developing the strategy and planning services are listening to users’ views by prioritising and implementing what matters to users
- The right to take part in decisions and discussions about their needs and how these are to be met. This means that independent advocacy is important
- Improvements in the quality of inpatient care both to the environment in hospital and the range of therapeutic interventions and activities that are on offer
- More social support in the community to keep people well and to stop things reaching crisis point, including projects using peer support, volunteering, and buddyng schemes
- To draw together mainstream and specialist services and social capital aims with providing services
- Attention to the whole person not only to the symptoms of mental ill-health, to promote mental health and wellbeing. This includes better care for physical health needs
- Readier access to therapeutic services, in particular, psychological interventions and self help. Being able to have time with a worker who is able to listen is very important. This can help pick up early signs of difficulties.

**Supporting Carers**

It is clear that caring for someone with a mental health problem can have significant implications for almost every aspect of daily life, such as decreasing self-confidence and putting other issues in a different perspective, as well as the potential impact on the carer’s family and social life, work and health. It is important to recognise that many carers are older people and their needs for respite and additional support may be greater. Equally we must recognise particular issues for young carers.

Our Mental Health Services in Lothian require further significant reshaping and building upon the well-established direction of travel, including the further strengthening of community-based services.
Supporting Service Users

- Work closely with Scottish Independent Advocacy Alliance to ensure that the purpose of advocacy is fully understood and supported by professionals and that individuals are encouraged to access it.
- Continue to develop individual advocacy for service users (in line with the Advocacy Action Plan) and ensure that service providers have a robust understanding of a service user’s rights to advocacy under the Mental Health (Care and Treatment Scotland) Act 2003 and Adult Support and Protection (Scotland) Act 2007 legislation.
- Explore the opportunities for self-directed support using the learning from Lothian pilot areas.
- Continue to support service user-led self-help groups.

Matching Care to Need

- Continue to develop and implement matched care models for a range of conditions with resulting redesign and development plans. This approach has proven to be effective in improving care pathways and ensuring that resources are targeted at areas of greatest impact.

Supporting Carers

- Promote engagement of carers as partners in supporting their family member, with recognition of the experience and knowledge that they have to contribute.
- Improve introductory information and support for carers of people newly diagnosed.
- Consider more effective strategies and information on the management of unwanted effects of medication.
- Improve information and support to facilitate self-help and self-management of mental health problems. (e.g. increasing use of WRAP for carers).
- Improve access to advocacy, respite and short breaks for service users and their carers.
- Provide education and training for carers who care for people with specific diagnoses including schizophrenia, dementia, personality disorder, ADHD.
- Support education and training programmes on carers’ issues for service providers and staff.
- Deliver specific training on the identification and support for young carers in line with the Lothian Carers Information Strategy.
Improving Access to Psychological Therapies and Creating a More Psychologically-Minded Health Service

- Complete The Psychological Therapies Delivery Plan by October 2011
- Work will continue on improving access and planning work is underway to ensure we deliver against the Government’s HEAT target for 2013-2014
- Work will progress on each of the work strands and this will be reported on as part of the performance against the agreed Psychological Therapies Delivery Plan
- Recognise, support and evaluate alternative approaches to “talking therapies”.

Integrated Care Pathways in Mental Health

- Develop a culture of pathways being “the way we do things”
- Continue with our implementation programme of the condition-specific ICPs
- Develop the use of service user focused outcomes within ICPs.
- Further develop the use of ICPs to embed a recovery approach and a self-management model for long-term mental health conditions
- Fully integrate ICPs with other key work strands such as Scottish Patient Safety Programme for Mental Health and Releasing Time to Care
- Development of real time electronic pathways
- Link with academic partners to develop the research and evidence base for the use of ICPs in mental health settings.
- Implement the national standards for Child and Adolescent Mental Health Service Integrated Care Pathways
- Complete the Achieve project – redesign of two pathways for children and young people with developmental disorders and ADHD and use this approach to implement the CAMHS ICPs
- Include information on timescales around ICP development across the next 5 years.

Care Programme Approach

- We will ensure that NHS Lothian and partners apply the guidance consistently across Lothian and across care groups.
22. Improving services for people

A joint strategy for improving the mental health and wellbeing of Lothian’s population 2011-2016

Early Intervention for People Experiencing First Episode Psychosis

- NHS Lothian and partners will roll-out the provision of the current Early Psychosis Support Service (EPSS) model in order to provide services for those young people presenting with a first episode of psychosis, and those at ultra-high risk of making a transition to psychosis, up to the age of 35 years. Providing specialist Early Intervention for Psychosis (EIP) Services for all those who will benefit will involve significant redesign of existing services, requiring creative planning across traditional age-boundaries. The reshaping of services will be supported by a training programme such that all staff involved in the delivery of specialist EIP services are able to deliver that care in accordance with the principles underlying the EIP framework.

Joining Up Physical and Mental Health Care

- To explore the ALERT recommendations within a Lothian context and, if appropriate, develop an agreed delivery plan to maximise impact over a number of HEAT targets
- More explicitly joining up physical and mental health care for children and young people - paediatrics working with CAMHS to provide best services for children and young people in their care, especially with complex needs
- Developing services’ knowledge and understanding through joint working, partnership engagement and sharing of expertise of the increased risks of poor mental health and mental illness experienced by those with physical disabilities.

General Community Mental Health Services

- The next five years will focus on ensuring that older people have equitable access to the range of community services currently targeted at the working age adult population. Working age services will move away from a strict chronological age limit reflecting expressed needs and preferences of service users, carers and staff. This was an agreed consensus view from our engagement and consultation event - “Why Change at 65” (October, 2009)
- We will continue to redesign services reflecting the outputs from evaluations
- There have been positive developments with 3rd sector agencies in the provision of crisis services and the establishment of the Edinburgh Crisis Centre. There will be a renewed focus on understanding how services are being used and the impact they have on the use of more traditional statutory services
- Explore opportunities to ensure that these alternatives are available to wider communities of interest and geographical communities.
Acute Care

- Over the next five years as we continue to build up networks of community support, there will be a further reduction in the number of acute adult admission beds. We are proposing to provide a maximum of 75 acute adult beds as part of the Royal Edinburgh Hospital Campus re-provisioning plans and provide 18 acute adult beds at St John’s Hospital. There will continue to be Intensive Psychiatric Care Units (IPCUs) at St John’s Hospital and on the Royal Edinburgh Hospital Campus.

- Further work is now underway to agree future bed models for older people. This will take account of the developing community services, the focus on age appropriate admissions (moving away from chronological age as the determinant of where and what type of ward a person is admitted to) and the impact of new services such as the proposed Behaviour Support Service for people with dementia.

Supporting People with Complex and Multiple Needs

- We are exploring a new model of service provision building on lessons learnt through other projects such as the Access Point in Edinburgh. The model will build on a collective understanding that the nature of this client group places relationships that develop between them and others (including care agencies) as being at the heart of their difficulties. Therefore any intervention or service proposal needs to have the relationship between itself and the client as the central focus. Part of this way of thinking involves reconsidering difficulties and behaviours. Potentially a new model would have impact on how we currently plan and deliver provision for this client group.

Supporting People with ongoing rehabilitation needs

- As part of the re-provisioning programme for the Royal Edinburgh Hospital Campus we are in active discussions with 3rd sector and local authority partners to consider other opportunities to further increase the range of accommodation options for people with complex and multiple needs.

- There is agreement that we will continue to require a smaller number of hospital beds and these will be re-provided as part of the Royal Edinburgh re-provisioning programme.

- A new Knowledge Transfer Partnership – the Wayfinder Partnership - focusing on the patient pathway for people currently using Edinburgh’s Rehabilitation Services began in February 2011. The work of this partnership will very much inform service redesign and development for the next three to five years.
Improving services for people

Improving Care, Treatment and Support for People with Dementia
- The Lothian Dementia Delivery Plan is being reviewed to ensure that the recommendations of the national strategy are translated into clear deliverables and outcomes for Lothian’s population and services
- Adopting a matched care model for dementia and subsequent redesign of dementia services in line with local priorities and national standards
- Developing innovative service models to improve care home, carers and health and social care providers capacity to manage difficult or behaviour that challenges
- Continue to raise awareness of recognising dementia at an early stage
- Implementing the ICP for dementia across settings and teams, including acute hospitals.

Supporting Mentally Disordered Offenders
- Specialist expertise needs to be rolled out to general community services so that expertise in and knowledge of this client group can be made available to a wide range of community services and resources (both statutory and voluntary sector)
- Development of a female mentally disordered offenders unit within the Orchard Clinic on the Royal Edinburgh Hospital Campus
- Development of rehabilitation provision for those who need to move on from the Orchard Clinic
- The well established Lothian Forensic Mental Health Service has a key role in the transfer of prison healthcare; its knowledge and expertise should be maximised
- Continue to support the specialist sex offender service ensuring compliance with MAPPA requirements
- Work with the South East and Tayside (SEAT) Tier 4 CAMHS network to consider future requirements for children and young people.

Supporting People with Eating Disorders
- Finalise and implement the matched care model
- Develop stronger links with primary care, general mental health services and networks within each of the four local authority areas through the ICP for Eating Disorders
- Open the south east inpatient unit at St John’s Hospital by December 2011
- Introduce pilot project on guided self-help for bulimia – working initially in university settings
- Increase opportunities for service user led support groups and support for carers
- Work with see-me to increase awareness of eating disorders in the general population.
Supporting People with Co-Occurring Problems

• Improve linkages locally with all service providers who may be working with people who have co-occurring problems - a series of seminars led by the DFM13 Group will take place across Lothian during 2011/2012 to take this work forward

• Following this series of seminars, clear action plans to improve the joint working of mental health and substance misuse services will be developed

• Strengthen links with each of the four Drug and Alcohol Action Teams

• Ensure that people working in substance misuse services are informed and updated of progress with this strategy, including extending training opportunities.

Supporting People Who Have Experienced Trauma

• Develop a matched care model for people who have experienced trauma. This will include a focus on education and training; guided self help, the introduction of trauma informed services and the provision of speciality services

• Ensure this links to work on gender-based inquiry and gender-based violence

• Maximise the expertise and knowledge on trauma that exists in Lothian; promoting Lothian as an international centre of excellence.

Location is Important

• Explore opportunities to locate services in community settings and / or increase opportunities for using community venues for care, treatment and support. This will link to wider NHS Lothian and Local Authority work on shared services and re-provisioning of hospital and healthcare premises

• Work with community development officers and activists to increase capacity and promote safe spaces where people can meet and experience peer to peer support.
We publish regular “briefing” newsletters on mental health and wellbeing in Lothian. Please email alison.mcewan@nhslothian.scot.nhs.uk if you would like to be added to our mailing lists.


“A Sense of Belonging” was written by Linda Irvine, Rachel King, Sheena Lowrie and Alison McEwan on behalf of Lothian’s Joint Mental Health and Wellbeing Strategy Programme Board.

October, 2011
A sense of belonging
A joint strategy for improving the mental health and wellbeing of Lothian’s population 2011-2016