

## REPORT TO ABERDEENSHIRE INTEGRATION JOINT BOARD 24 AUGUST 2022

### PARTNERSHIP RESPONSE TO CONSULTATION ON THE SCOTTISH GOVERNMENT DRAFT MENTAL HEALTH AND WELLBEING STRATEGY

#### 1 Recommendation

**It is recommended that the Integration Joint Board (IJB):**

- 1.1 Approve the Aberdeenshire Health and Social Care Partnership response to the consultation on the draft Mental Health and Wellbeing Strategy produced by the Scottish Government.

#### 2 Directions

- 2.1 No direction requires to be issued to Aberdeenshire Council or NHS Grampian as a result of this report.

#### 3 Risk

- 3.1 **IJB 5** – Risk of not fully informing, involving and engaging with our patients/clients, the public, staff and partners. *Details of the draft strategy were shared across the Partnership to collate information to form a Partnership view.*
- 3.2 **IJB 8** – Risk of Failure to deliver standards of care expected by the people of Aberdeenshire in the right place at the right time. *Ensure that any strategy that is agreed by the Scottish Government is followed and that Aberdeenshire update and advise their own mental health strategy.*

#### 4 Background

- 4.1 In 2017, the Scottish Government published a Mental Health Strategy to cover the next 10 years. The Strategy set out a plan to prevent and treat mental health problems with the same priority as physical health problems. One of the actions within this was to complete a full review half way through to ensure that lessons are learnt.
- 4.2 The Coronavirus (Covid-19): Mental Health Transition and Recovery Plan was published in November 2020 and addresses the challenges the pandemic has had and will continue to have on the population's mental health. This Plan highlights a number of areas where there should be continued focus to ensure good mental health and wellbeing is enjoyed by all. It includes a focus on good mental wellbeing, right support at the right time in the right place, and person-centred recovery with a human rights focus.

- 4.3 This Recovery Plan helped inform the new draft strategy on Mental Health and Wellbeing to cover the five-year period until 2027, and beyond. The Scottish Government want the next strategy to focus on every part of what mental health and wellbeing mean, whilst being based on equality and human rights.
- 4.4 Stakeholder engagement events were held by the Scottish Government in March 2022 to ask what should be included in the new strategy. The feedback received indicated the strategy should have a greater focus on prevention and include mental wellbeing. The outcomes in this consultation were developed from the responses to these engagement events.
- 4.5 The Scottish Government have opened a consultation on this new strategy and are requesting responses from individuals and organisations on areas such as definitions, visions and outcomes, areas of focus, outcomes, children and young people, and workforce planning.

## 5 Summary

- 5.1 The IJB has before it a collation of responses (Appendix 1) from across the Partnership to the Scottish Government Mental Health and Wellbeing Strategy Consultation. This new strategy and action plan will shape the approach to mental health and wellbeing across Scotland. Which will, in turn, inform the new mental health strategy Aberdeenshire HSCP to follow on from the 2019-2024 Strategy.
- 5.2 This consultation response was shared with the Strategic Planning Group as part of the process and opportunity was given to comment on the final response.
- 5.3 Please note that Appendix 1 only includes sections that can be responded to by the Partnership and the full consultation questionnaire can be accessed here <https://www.gov.scot/publications/mental-health-wellbeing-strategy-consultation/>

## 6 Equalities, Staffing and Financial Implications

- 6.1 The screening section as part of Stage One of the Integrated Impact Assessment has not identified the requirement for any further detailed assessments to be undertaken because the report is to be presented to the Integrated Joint Board and there will be no differential impact as a result of the report on people with protected characteristics.

**Alex Pirrie – Strategy and Transformation Manager**  
**Aberdeenshire Health and Social Care Partnership**

Report prepared by Andrew Douglas – Strategic Development Officer  
01/08/2022

## Mental Health and Wellbeing Strategy Consultation



Scottish Government  
Riaghaltas na h-Alba  
gov.scot

**RESPONDENT INFORMATION FORM**

**Please Note** this form **must** be completed and returned with your response.

To find out how we handle your personal data, please see our privacy policy:  
<https://www.gov.scot/privacy/>

Are you responding as an individual or an organisation?

- Individual  
 Organisation

Full name or organisation's name

Aberdeenshire Health and Social Care Partnership

Phone number

Address

Aberdeenshire Health and Social Care Partnership  
Woodhill House, Westburn Road, Aberdeen

Postcode

AB16 5GB

Email Address

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

- Publish response with name  
 Publish response only (without name)  
 Do not publish response

**Information for organisations:**

The option 'Publish response only (without name)' is available for individual respondents only. If this option is selected, the organisation name will still be published.

If you choose the option 'Do not publish response', your organisation name may still be listed as having responded to the consultation in, for example, the analysis report.

We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

- Yes  
 No

We are aware of inequalities that exist in the prevalence of mental health issues and access to support and services, and we know that these have been made worse by COVID-19 (coronavirus).

We are asking the questions below as we want to better understand those inequalities. Your responses will help us build a clear picture of inequality in mental health provision and consider how we can address these inequalities through our new strategy.

What was your age on your last birthday?

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Do you have a physical or mental health condition or illness lasting or expected to last 12 months or more? Please tick one

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

If you answered 'Yes' to the above question, does this condition or illness affect you in any of the following areas? Please tick all that apply.

Vision (for example blindness or partial sight)	<input type="checkbox"/>
Hearing (for example deafness or partial hearing)	<input type="checkbox"/>
Mobility (for example walking short distances or climbing stairs)	<input type="checkbox"/>
Dexterity (for example lifting or carrying objects, using a keyboard)	<input type="checkbox"/>
Learning or understanding or concentrating	<input type="checkbox"/>
Memory	<input type="checkbox"/>
Mental health	<input type="checkbox"/>
Stamina or breathing or fatigue	<input type="checkbox"/>
Socially or behaviourally (for example associated with autism, attention deficit disorder or Asperger's syndrome)	<input type="checkbox"/>
Other (please write in below)	<input type="checkbox"/>
None of the above	<input type="checkbox"/>

If you selected 'Other', please write your response here:

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If you answered 'Yes' to the above question, does your condition or illness reduce your ability to carry-out day-to-day activities? Please tick one

Yes, a little	<input type="checkbox"/>
Yes, a lot	<input type="checkbox"/>
Not at all	<input type="checkbox"/>

What is your sex?

If you are considering how to answer, use the sex recorded on one of your legal documents such as a birth certificate, Gender Recognition Certificate, or passport. Please tick one

Female	<input type="checkbox"/>
Male	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Do you consider yourself to be trans, or have a trans history? Please tick one

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

If you would like to, please describe your trans status in the box (for example, non-binary, trans man, trans woman)

Which of these options best describes how you think of yourself?

Heterosexual/Straight	<input type="checkbox"/>
Gay/Lesbian	<input type="checkbox"/>
Bisexual	<input type="checkbox"/>
Other (please write in below)	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

If you selected 'Other', please write your response here:

What religion, religious denomination or body do you belong to?

None	<input type="checkbox"/>
Church of Scotland	<input type="checkbox"/>
Roman Catholic	<input type="checkbox"/>
Other Christian	<input type="checkbox"/>
Muslim	<input type="checkbox"/>
Buddhist	<input type="checkbox"/>
Sikh	<input type="checkbox"/>
Jewish	<input type="checkbox"/>
Hindu	<input type="checkbox"/>
Pagan	<input type="checkbox"/>
Another religions (please write in below)	<input type="checkbox"/>

If you selected 'Other', please write your response here:

## QUESTIONS – PART 1

### DEFINITIONS

In this consultation, we talk about “mental health”, “mental wellbeing”, “mental health conditions” and “mental illness”. We have explained below what we mean by each of those terms. We want to know if you think we have described these in the right way, or if we should make changes to how we are describing them.

#### **Mental Health**

Everyone has mental health. This is how we think and feel about ourselves and the world around us, and can change at different stages of our lives. Our mental health is affected, both positively and negatively, by lots of factors, such as our own life circumstances, our environment, our relationships with others, and our past experiences, plus our genetic make-up. Being mentally healthy is about having good mental health, as well as addressing mental health problems. Having good mental health means we can realise our full potential, feel safe and secure, and thrive in everyday life as well as to cope with life’s challenges.

- **1.1** Do you agree with this description of mental health?
  - **Yes**
- **1.2** If you answered no, what would you change about this description and why?

*Most Aberdeenshire HSCP respondents agreed with the definition, but three suggestions were made:*

- *include wording around resilience to cope with difficult things in life*
- *reconsider the use of the phrase ‘realising our full potential’ as you may be mentally healthy without having realised your ‘full potential’.*
- *changing the opening statement to “Everyone experiences mental health”.*
- *rewording the second half of the statement regarding positive mental health to “as well as addressing challenges associated with negative aspects of our mental health”.*

#### **Mental wellbeing**

Mental wellbeing affects, and is affected by, mental health. It includes subjective wellbeing (such as life satisfaction) and psychological wellbeing (such as our sense of purpose in life, our sense of belonging, and our positive relationships with others). We can look after our mental wellbeing in the same way as we do our mental health – and having good mental wellbeing can stop our mental health getting worse. The Royal College of Psychiatrists defines wellbeing as: ‘A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment’.

- **1.3** Do you agree with this description of mental wellbeing?
  - **Yes**
- **1.4** If you answered no, what would you change about this description and why?

*Most Aberdeenshire HSCP respondents agreed with the description.*

### **Mental health conditions and mental illness**

Mental health conditions are where the criteria has been met for a clinical diagnosis of mental illness. This means that a diagnosis of a mental illness has been given by a professional. Mental health conditions can greatly impact day to day life, and can be potentially enduring. These include depression, generalised anxiety disorder (GAD), panic disorder, phobias, social anxiety disorder, obsessive-compulsive disorder (OCD) and post-traumatic stress disorder (PTSD), as well as bipolar disorder, schizophrenia, and other psychosis, among many more.. How mental illness affects someone can change from day to day. The professional treatment and support that each individual needs can change too.

Someone may have an acute mental health problem or mental health condition that has not yet been diagnosed, but they can still be unwell. Their diagnosis may also change over time.

- **1.5** Do you agree with this description of mental conditions and mental illness?
  - **Yes**
  
- **1.6** If you answered no, what would you change about this description and why?

*Most Aberdeenshire HSCP respondents agreed with the description; however, three changes were suggested:*

- *expand the description to include mental disorder and those with co-morbidities,*
- *specifically include personality disorders within the description,*
- *have a greater recovery focus throughout the definition.*

## QUESTIONS - PART 2

### MENTAL HEALTH AND WELLBEING STRATEGY – OUR DRAFT VISION AND OUTCOMES

#### 2. Our Overall Vision

- **2.1** On page 5 we have identified a draft vision for the Mental Health and Wellbeing Strategy: **‘Better mental health and wellbeing for all’**. Do you agree with the proposed vision?
  - **Yes**
- **2.2** If not, what do you think the vision should be?

*Aberdeenshire HSCP agree with the proposed overall vision.*

- **2.3** If we achieve our vision, what do you think success would look like?

*Themes that arose from Aberdeenshire HSCP include the belief that success should be measured by:*

- *The voices of people with lived experience being heard,*
- *Early intervention being available for anyone seeking support with their mental health,*
- *Anyone seeking support can easily access community mental health resources*
- *A reduction in stigma around mental health,*
- *That everyone is encouraged/supported to build their resilience and given the skills to take responsibility for their mental health and wellbeing.*

#### 3. Our Key Areas of Focus

- **3.1** On page 5 (see bullets below), we have identified four key areas that we think we need to focus on. Do you agree with these four areas?
  - **Yes**

- ‘Promoting and supporting the conditions for good mental health and mental wellbeing at population level.’
  - ‘Providing accessible signposting to help, advice and support’
  - ‘Providing a rapid and easily accessible response to those in distress’
  - ‘Ensuring safe, effective treatment and care of people living with mental illness’
- **3.2** If not, what else do you think we should concentrate on as a key area of focus?

*Most Aberdeenshire HSCP respondents agreed with the areas of focus.*

*Further areas of focus which arose from consulting Aberdeenshire HSCP:*

- *A referral process that allows those who know the services well, not necessarily GPs, to work out the best treatment routes.*
- *Quicker access to community services,*
- *Improving approaches to dual diagnosis (people suffering from addiction and poor mental health),*
- *Increase in peer support,*
- *A focus on rights of the individual.*

#### 4. Outcomes

- **4.1** Below are the outcomes that people have said they would like this refreshed mental health and wellbeing strategy to achieve. Some of these describe how things might be better for individuals, some for communities, and some for the whole population of Scotland. Do you agree that the Mental Health and Wellbeing strategy should aim to achieve the following outcomes for people and communities?

1. Strongly agree	2. Agree	3. Neutral	4. Disagree	5. Strongly disagree
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This will help us to understand what is most important to people and think about what our priorities should be. **Please indicate your selection with a tick under the corresponding number:**

<b>Addressing the underlying social factors</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Through actions across policy areas, we will have influenced the social factors that affect mental health and wellbeing, to improve people's lives and reduce inequalities	33.3%	57.1%	4.8%	4.8%	0%
Through, for example: <ul style="list-style-type: none"> <li>• Improved cross-policy awareness and understanding of the social determinants of mental health and wellbeing, and how to address them</li> </ul>					

<ul style="list-style-type: none"><li>• Cross-policy action works to create the conditions in which more people have the material and social resources to enable them to sustain good mental health and wellbeing throughout their lives</li><li>• Policy implementation and service delivery that supports prevention and early intervention for good public mental health and wellbeing across the life-course</li></ul>					
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<b>Individuals</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
People have a shared language and understanding of mental health and wellbeing and mental health conditions	57.1%	42.9%	0%	0%	0%
People understand the things that can affect their own and other's mental health and wellbeing, including the importance of tolerance and compassion	57.1%	42.9%	0%	0%	0%
People recognise that it is natural for everyday setbacks and challenging life events to affect how they feel	66.7%	23.8%	4.8%	4.8%	0%
People know what they can do to look after their own and other's mental health and wellbeing, how to access help and what to expect	61.9%	38.1%	0%	0%	0%
People have the material, social and emotional resources to enable them to cope during times of stress, or challenging life circumstances	61.9%	33.3%	0%	4.8%	0%
People feel safe, secure, settled and supported	66.7%	33.3%	0%	0%	0%
People feel a sense of hope, purpose and meaning	66.7%	33.3%	0%	0%	0%
People feel valued, respected, included and accepted	71.4%	28.6%	0%	0%	0%
People feel a sense of belonging and connectedness with their communities and recognise them as a source of support	47.6%	42.9%	4.8%	4.8%	0%
People know that it is okay to ask for help and that they have someone to talk to and listen to them	60%	30%	5%	5%	0%
People have the foundations that enable them to develop and maintain healthy, nurturing, supportive relationships throughout their lives	47.6%	52.4%	0%	0%	0%
People are supported and feel able to engage with and participate in their communities	47.6%	47.6%	4.8%	0%	0%
People with mental health conditions are supported and able to achieve what they want to achieve in their daily lives	57.1%	38.1%	0%	4.8%	0%
People with mental health conditions, including those with other health conditions or harmful drug and alcohol use, are supported to have as good physical health as possible	57.1%	38.1%	4.8%	0%	0%
People living with physical health conditions have as good mental health and wellbeing as possible	61.9%	38.1%	0%	0%	0%
People experiencing long term mental health conditions are supported to self-manage their care (where appropriate and helpful) to help them maintain their recovery and prevent relapse	57.1%	38.1%	4.8%	0%	0%

People feel and are empowered to be involved as much as is possible in the decisions that affect their health, treatment and lives. Even where there may be limits on the decisions they can make (due to the setting, incapacity or illness), people feel that they are supported to make choices, and their views and rights will be respected	76.2%	23.8%	0%	0%	0%
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Do you have any comments you would like to add on the above outcomes?

*Aberdeenshire HSCP response is based on a survey of Partnership colleagues and therefore the higher the percentage the stronger the support for each number.*

<b>Communities</b> (geographic communities, communities of interest and of shared characteristics)	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Communities are engaged with, involved in, and able to influence decisions that affect their lives and support mental wellbeing	61.9%	28.6%	9.5%	0%	0%
Communities value and respect diversity, so that people, including people with mental health conditions, are able to live free from stigma and discrimination	57.1%	38.1%	4.8%	0%	0%
Communities are a source of support that help people cope with challenging life events and everyday knocks to wellbeing	47.6%	47.6%	4.8%	0%	0%
Communities have equitable access to a range of activities and opportunities for enjoyment, learning, participating and connecting with others.	57.1%	42.9%	0%	0%	0%

Do you have any comments you would like to add on the above outcomes?

*Aberdeenshire HSCP response is based on a survey of Partnership colleagues and therefore the higher the percentage the stronger the support for each number.*

<b>Population</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
We live in a fair and compassionate society that is free from discrimination and stigma	61.9%	33.3%	4.8%	0%	0%
We have reduced inequalities in mental health and wellbeing and mental health conditions	52.4%	47.6%	0%	0%	0%

We have created the social conditions for people to grow up, learn, live, work and play, which support and enable people and communities to flourish and achieve the highest attainable mental health and wellbeing across the life-course	61.9%	28.6%	4.8%	4.8%	4.8%
People living with mental health conditions experience improved quality and length of life	57.1%	38.1%	4.8%	0%	0%

Do you have any comments you would like to add on the above outcomes?

*Aberdeenshire HSCP response is based on a survey of Partnership colleagues and therefore the higher the percentage the stronger the support for each number.*

<b>Services and Support</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
A strengthened community-focussed approach, which includes the third sector and community-based services and support for mental health and wellbeing, is supported by commissioning processes and adequate, sustainable funding	57.1%	38.1%	4.8%	0%	0%
Lived experience is genuinely valued and integrated in all parts of our mental health care, treatment and support services, and co-production is the way of working from service design through to delivery	57.1%	28.6%	14.3%	0%	0%
When people seek help for their mental health and wellbeing they experience a response that is person-centred and flexible, supporting them to achieve their personal outcomes and recovery goals	61.9%	33.3%	0%	4.8%	0%
We have a service and support system that ensures there is no wrong door, with points of access and clear referral pathways that people and the workforce understand and can use	66.7%	23.8%	9.5%	0%	0%
Everyone has equitable access to support and services in the right place, at the right time wherever they are in Scotland, delivered in a way that best suits the person and their needs	57.1%	42.9%	0%	0%	0%
People are able to easily access and move between appropriate, effective, compassionate, high quality services and support (clinical and non-clinical)	66.7%	28.6%	0%	4.8%	0%

Services and support focus on early intervention and prevention, as well as treatment, to avoid worsening of individual's mental health and wellbeing	76.2%	23.8%	0%	0%	0%
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Do you have any comments you would like to add on the above outcomes?

*Aberdeenshire HSCP response is based on a survey of Partnership colleagues and therefore the higher the percentage the stronger the support for each number.*

<b>Information, data and evidence</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
People who make decisions about support, services and funding use high quality evidence, research and data to improve mental health and wellbeing and to reduce inequalities. They have access to infrastructure and analysis that support this	61.9%	28.6%	9.5%	0%	0%

Do you have any comments you would like to add on the above outcome?

*Aberdeenshire HSCP response is based on a survey of Partnership colleagues and therefore the higher the percentage the stronger the support for each number.*

*In addition to Aberdeenshire HSCP responses above there is a view that with regards to Services and Support, establishing a 'no wrong door', is essential. And in a similar vein, quick access to treatment is also seen as important alongside early intervention.*

- **4.2** Are there any other outcomes we should be working towards? Please specify:

### **QUESTIONS - PART 3**

#### **Creating Good Conditions for Mental Health and Wellbeing**

The NHS National Trauma Training Programme defines trauma as: “a wide range of traumatic, abusive or neglectful events or series of events (including Adverse Childhood Experiences (ACEs) and trauma in adulthood) that are experienced as being emotionally or physically harmful or life threatening. Whether an event(s) is traumatic depends not only on our individual experience of the event, but also how it negatively impacts on our emotional, social, spiritual and physical wellbeing. We are all affected by traumatic events in different ways.”

#### **8. The role of difficult or traumatic life experiences**

- **8.1** For some people, mental health issues can arise following traumatic or very difficult life experiences in childhood and/or adulthood.
- What kind of support is most helpful to support recovery from previous traumatic experiences?

*Themes which arose with Aberdeenshire HSCP of what may help those recovering from traumatic experiences include:*

- *Group therapies, such as Decider Skills, which may include sharing experiences with others,*
- *Talking therapies, for example counselling or psychological interventions including Cognitive Behavioural Therapy, determined by level of trauma experienced,*
- *Ensuring individuals basic needs are met and helping them set goals, including activities which may divert their attention.*

- **8.2** What things can get in the way of recovery from such experiences?

*Themes from Aberdeenshire HSCP of what things can be barriers to recovery from traumatic experiences include:*

- *Individuals' readiness for recovery - Acknowledgement that individuals are sometimes not ready for recovery for various reasons, including lack of knowledge that recovery is possible and struggling to engage with services due to their trauma.*
- *Stigma – identified as one of the biggest barriers to recovery, including stigma surrounding asking for support and stigma from communities/society regarding mental health and recovery, alongside addiction as a response to trauma.*
- *Lack of available services – i.e. long waiting times and focus on medication as a first option was identified as another barrier to recovery. It was also identified that individuals not knowing where to go for support can be a barrier.*

- **8.3** Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation?

*There was no consensus to this answer from Aberdeenshire HSCP, further comments made include:*

- *making places trauma informed, including a 'no wrong door' policy,*
- *ensuring there are mental health/wellbeing strategies from pre-school upwards and for parents, such as understanding how our emotions work.*

## **9. Children, Young People and Families' Mental Health**

- **9.1** What should our priorities be when supporting the mental health and wellbeing of children and young people, their parents and families?

*Aberdeenshire HSCP picked out two central themes: early intervention and improvement in emotional literacy and education on mental health/wellbeing.*

*- Early intervention is identified as a key priority for children and young people, their parents and families. There was also an acknowledgement for services to be available quickly (i.e. reduced waiting times) and there should be something for everyone seeking support.*

*- Emotional literacy and early education on mental wellbeing/mental health is identified as a key priority. It is important that children and young people are taught from a young age that feelings of anxiety and other strong emotions are normal and how to learn how to manage these. This could be through techniques including Dialectical Behaviour Therapy or Cognitive Behavioural Therapy. It was also identified that parents/families should be taught to use these skills/techniques as well to support their children and to support the family unit.*

*The Chief Social Work Officer, Head of Children's Services, Aberdeenshire details other areas for priority for children and young people:*

*- Focus on building trusting, empathetic relationships, e.g. by showing predictability and commitment to meeting with the child or parent and not letting them down.*

*- Child centred, e.g. meeting them where they are and being flexible around what works for them.*

*- Understanding a child's history of trauma/Adverse Childhood Experiences (ACE), impact of these and current needs, as well as those of parents and other caregivers.*

*- Promoting resilience, recovery and a strengths-based approach, e.g. helping to identify coping strategies.*

- *Ensuring access to evidence-based training, research and resources for staff supporting families.*
- *Ensuring sufficient capacity to support families impacted by trauma at an early stage regardless of where they reside.*
- *Targeted support for children at risk of becoming Looked After, and those already Looked After.*
- *Being there to listen and support children/young people and their families while having the dedicated time to support/be consistent and the capacity to remain in their lives while they need a dedicated service.*
- *Supporting the whole family not just the child/young person, changing and improving the environmental factors can be a big part of supporting recovery.*
- *Having the knowledge within the workforce to not only support children/young people and their families but also the capacity to provide education/mentoring and advice to other professionals within the service who support this area within their practice.*
- *Services to support mental health and wellbeing in children should be accessible to all within a local authority and equitable regardless of area or situation. There should be no barriers to accessing community-based interventions and supports.*
- *How to access community-based services should be transparent and easily accessible to children/young people and their families not only to professionals.*
- *Early intervention to services should be accessible they should not just be for children who are care experienced. If children and young people alongside their families receive support earlier then this may have an impact on where the child can reside, and this aligns with "The Promise".*
- *Listening to the views of children young people and parents is important in ensuring they are engaged in decision making and have the capacity to evaluate interventions and services is important. Knowing what works helps build a better service.*
- *Evaluation is really important for improvement.*
- *Having systems in place to coordinate services for children and families who are affected by mental health supports the whole plan around the child.*
- *There should be the capacity to work between agencies and level of support as and when a child/young person needs it.*
- *Have well trained staff with an area of expertise in mental health and wellbeing who have the capacity to support effective programs and build resilience in children and young people through the direct work they undertake.*
- *The education and support to staff is important so that they have the emotional capacity to undertake this work.*

- *Better transitions from child to adult mental health services with a seamless process that has the least impact on the child.*
- *Access to Child and Adolescent Mental Health Services (CAMHS) should be more accessible and linked with community supports to work in partnership and support children between the levels as they need it.*
- *Taking a trauma-informed/trauma-responsive approach to referrals for mental health support. Removal of arbitrary barriers such as young person needing to be in a stable permanent place to live prior to mental health supports being provided, or for parents, there being a formal diagnosis of a mental health condition. Instead, prioritising support based on assessment of vulnerability and risk in relation to mental health.*
- *Provision of services that are individualised to the needs of young people, their families and carers. Assessment on a case-by-case basis as to how best to support taking into account where services should be provided, how frequently, and in what format – face-to-face/virtual/blended.*
- *Recognition that many young people referred for mental health support will have experienced significant adverse experiences during their childhood and that while this may have played a significant role in their current emotional/mental state this should not preclude the provision of mental health supports in the absence of a diagnosis of a specific mental health condition.*
- *Focus on provision of direct supports to young people alongside the involvement of the key team around the child rather than a consultative model.*

- **9.2** Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation?

*There was no consensus to this question from Aberdeenshire's HSCP but the Chief Social Work Officer, Head of Children's Services, Aberdeenshire details other areas for priority for children and young people:*

- *No one-size fits all, different approaches will work for different children or parents.*
- *Collaborative working with other agencies, professionals, parents and carers is key, including educating others around trauma.*
- *Essential that staff have the knowledge, skills, resources, space and time to support children and families to recover from trauma in a meaningful way.*
- *Early intervention will mean that less children and young people enter the care system, or criminal justice system and experience difficulties with mental health, relationships or substances themselves as adults.*

- *What we know from the services we provide is what works well, this is also reflected in the positive evaluations received following support.*
- *Being consistent/having a high level of intervention which is meaningful not letting children and young people down builds relationships and connections and within every interaction relationship is key. If a child/young person and parent has trust in the work being undertaken they will engage in it and the outcome will be positive.*
- *Having good quality assessments to ensure that interventions and plans to support the child/young person are individualised and fit their particular need.*
- *Letting children and young people recognise their own strengths and identify their own goals they want to work towards as opposed to what the professionals around them believe.*
- *Going at the pace of the child/young person and understand the importance of acknowledging this with them.*
- *Supporting the whole family and where the initial assessment reflects that there is a family issue support the whole family with this. To support a child in isolation does not work.*
- *Support professionals around the child to work together to provide the same support and be engaged in what is working for them.*
- *Providing professional training to the whole workforce and in particular teams who specialise on mental wellbeing is key.*
- *Have consistent review regarding where the child and young person is at and whether their plan needs to change to acknowledge change already accomplished.*
- *Recognising the strengths in children and young people and having the tools and resources to support them in an understanding of change and the impact this can have for them through the use of coping strategies that they can use.*

- **9.3** What things do you feel have the biggest impact on children and young people's mental health?

*Aberdeenshire HSCP identified several themes noted below:*

*- Social Media – social media and pressures from all forms of media was identified as having a big impact on children/young people's mental health*

*- Poor education on mental health/wellbeing – there should be a great focus in schools on education of mental health/wellbeing and emotional regulation. This is including a focus on good mental wellbeing, rather than just poor mental health.*

*- Parents – parents, including other family members, were identified as having one of the biggest impacts on children/young people's mental health.*

*- Bullying – was identified as a barrier to improving mental health.*

*- Poverty – poverty/deprivation was identified as another potential barrier.*

*The Chief Social Work Officer, Head of Children's Services for Aberdeenshire details other things which have the biggest impact on children and young people's mental health:*

*- Exposure to complex traumatic events, e.g. repeated and involving caregivers.*

*- Sexual abuse, again especially involving a caregiver.*

*- Emotional neglect.*

*- Physical abuse.*

*- Physical neglect.*

*- Exposure to domestic violence.*

*- Unhealthy coping strategies such as addictions to substances, social media etc.*

*- Being exposed to traumatic experiences, such as moving home and/or changing school.*

*- Being bullied/being socially isolated from peers.*

*- The traumatic impact of abuse and neglect increases the likelihood of children developing a range of mental health issues.*

*- Children and young people who experience adverse childhood experiences such as domestic abuse, parental mental health, substance misuse.*

*- Bereavement, loss & instability.*

*- Separation and divorce unavailable parental contact.*

- *Social Anxiety and links to social media and the impact on how young people use and are exposed to this.*
- *There are strong links between mental health problems in children and young people and social disadvantage, with children and young people in the poorest households being more likely to have a mental health issue. Lack of early intervention.*
- *Poverty.*
- *Effects of COVID 19 pandemic.*

- **9.4** Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation?

*Aberdeenshire's HSCP Chief Social Work Officer, Head of Children's Services comments that: "The types of abuse or neglect which are most harmful and long-lasting tend to involve a caregiver and are based on close relationships. However, relationships are also the means by which these traumatic events can be addressed, and we know from studies around brain development that the impact of such events can change over time."*

## **11. Equalities**

We are aware that existing inequalities in society put some groups of people at a higher risk of poor mental health. We also know that not being able to access mental health support and services can increase that risk.

**11.1** The previous questions provided an opportunity to comment on the factors that influence our mental health and wellbeing and our experiences of services. Do you have any further comments on what could be done to address mental health inequalities for a particular group of people? If so, what are they?

*There was no consensus of views from Aberdeenshire HSCP but some individual views noted here are:*

- *investment and strategy to provide diagnostic support for adults with Attention Deficit Hyperactivity Disorder (ADHD),*
- *community based activities such as young clubs,*
- *media campaigns to highlight available services and reduce stigma around mental health,*
- *more supported accommodation in the Aberdeenshire area.*

## 12. Funding

- **12.1** Do you think funding for mental health and wellbeing supports and services could be better used in your area?
  - **Yes**
- **12.2** Please explain the reason for your response above.

*The main theme from Aberdeenshire HSCP is a desire for an increase in funding generally to increase access to services (such as in rural areas) along with increased funding to reduce significant waiting times for services.*

*Additional individual comments included further funding for:*

- ADHD services,
- funding for specialist autism services,
- funding for healthy eating groups.

*An individual comment was also made suggesting Action 15 funding should be spent with a consideration about how this will fit in with established specialist mental health teams.*

- **12.3** Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation?

*One comment was made by a respondent from Aberdeenshire HSCP about funding is that there has been lots of investment in primary care mental health services but an increase is also required in secondary care services.*

### 13. Anything Else

- 13.1 Is there anything else you'd like to tell us?

### QUESTIONS – PART 4

#### OUR MENTAL HEALTH AND WELLBEING WORKFORCE

In the past decade, mental health services have changed dramatically, with increases in the breadth of support available in community settings, as well as an increase in the provision of highly specialist services. Our people are our biggest asset and we value the essential contribution that workers make in all settings across the country each and every day.

To deliver our ambitions, it is essential that we understand the shape of the current mental health and wellbeing workforce in Scotland, and what the future needs of the workforce are. We must embed an approach based on fair work principles which supports the wellbeing of workers in all parts of the system.

The mental health and wellbeing workforce is large, diverse, and based in a range of services and locations across Scotland. We want to make sure that we are planning for everyone who is part of this workforce. The breadth of mental health services and settings where services may be located, as well as the range of users accessing them are illustrated below.

In the Strategy, we want to set out our approach to supporting the workforce building upon the principles and actions set out in the recently published [National Workforce Strategy for Health and Social Care](#).

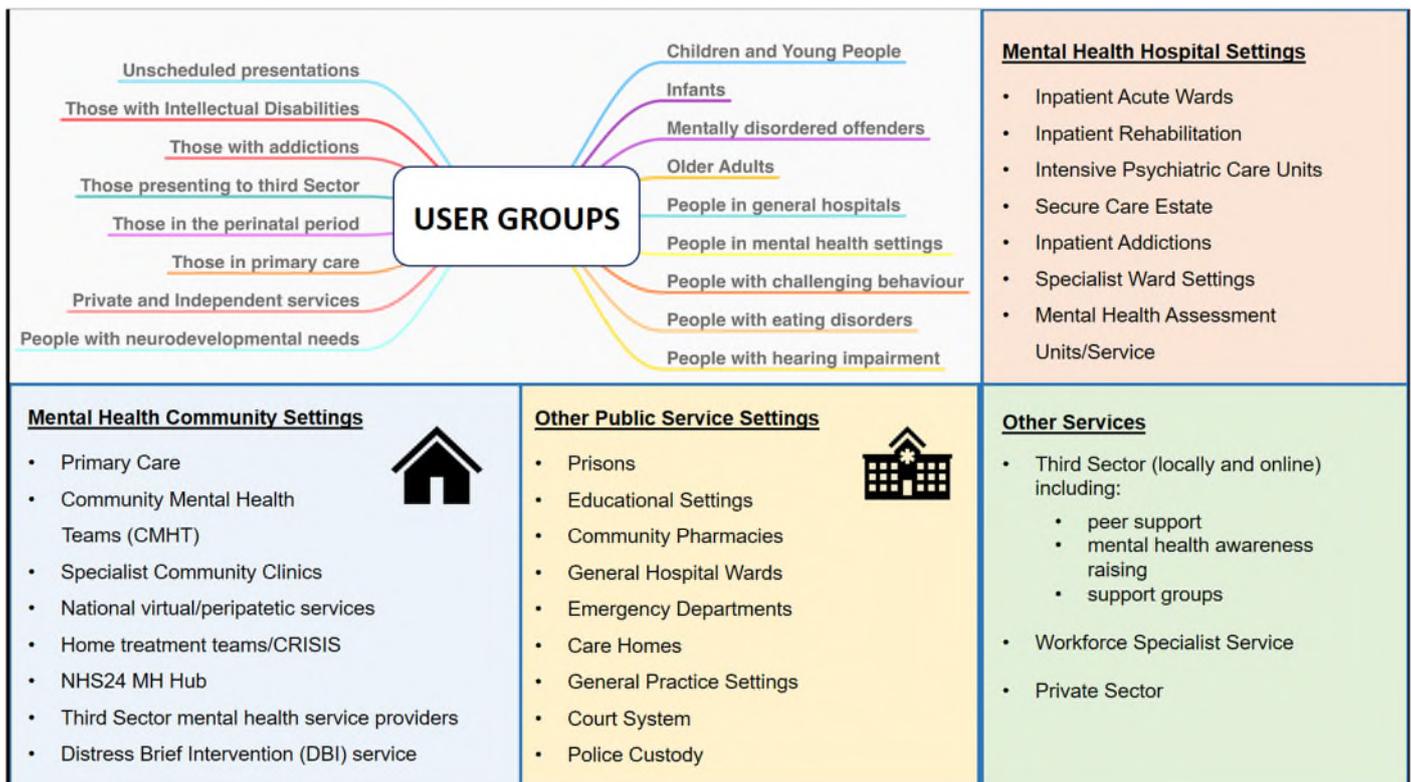
Following on from the publication of the Strategy, we will work with partners, including NHS, local authorities and the third sector, as well as people with lived experience of mental ill health and mental health services, to produce a more detailed Workforce Plan.

## 14. Our Vision and Outcomes for the Mental Health and Wellbeing Workforce

Our vision is that the current and future workforce are skilled, diverse, valued and supported to provide person-centred, trauma-informed, rights-based, compassionate services that promote better population mental health and wellbeing outcomes.

To achieve this vision for our workforce and work towards longer term population and public health aims we have started to think about the outcomes that we need to achieve in the short and medium term.

We have consulted with partners and identified a series of outcomes for each of the five pillars of workforce planning set out in the [National Workforce Strategy for Health and Social Care](#): Plan, Attract, Train, Employ and Nurture.



- **14.1** Do you agree that these are the right outcomes for our mental health and wellbeing workforce? For each we'd like to know if you think the outcome is:

1. Strongly agree	2. Agree	3. Neutral	4. Disagree	5. Strongly disagree
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- This will help us to understand what is most important to people and think about what our priorities should be. **Please indicate your selection with a tick under the corresponding number:**

Short term (1-2 years)		1	2	3	4	5
Plan	Improved evidence base for workforce planning including population needs assessment for mental health and wellbeing	50%	50%	0%	0%	0%
	Improved workforce data for different mental health staff groups	50%	50%	0%	0%	0%
	Improved local and national workforce planning capacity and capability	0%	50%	50%	0%	0%
	Improved capacity for service improvement and redesign	50%	50%	50%	0%	0%
	User centred and system wide service (re) design	50%	0%	0%	50%	0%
	Peer support and peer worker roles are a mainstream part of mental health services	0%	50%	0%	50%	0%
Attract	Improved national and international recruitment and retention approaches/mechanisms	50%	0%	50%	0%	0%
	Increased <a href="#">fair work practices</a> such as appropriate channels for effective voice, create a more diverse and inclusive workplace	50%	0%	50%	0%	0%
	Increased awareness of careers in mental health	50%	50%	0%	0%	0%
Train	Long term workforce planning goals are reflected in and supported by training programmes provided by universities, colleges and apprenticeships	0%	50%	50%	0%	0%
	Increased student intake through traditional routes into mental health professions	50%	50%	0%	0%	0%
	Create alternative routes into mental health professions	50%	0%	0%	50%	0%
	Create new mental health roles	50%	0%	50%	0%	0%
	Improved and consistent training standards across Scotland, including trauma informed practice and cultural competency	100%	0%	0%	0%	0%
	Our workforce feel more knowledgeable about other Services in their local area and how to link others in to them	100%	0%	0%	0%	0%

	Our workforce is informed and confident in supporting self-care and recommending digital mental health resources	100%	0%	0%	0%	0%
	Develop and roll out mental health literacy training for the health and care workforce, to provide more seamless support for physical and mental health	100%	0%	0%	0%	0%
	Improved leadership training	100%	0%	0%	0%	0%
	Improved Continuing Professional Development (CPD) and careers progression pathways	100%	0%	0%	0%	0%
<b>Employ</b>	Consistent employer policies	50%	50%	0%	0%	0%
	Refreshed returners programme	50%	50%	0%	0%	0%
	Improved diversity of the mental health workforce and leadership	50%	50%	0%	0%	0%
<b>Nurture</b>	Co-produced quality standard and safety standards for mental health services	50%	0%	50%	0%	0%
	Safe working appropriate staffing levels and manageable workloads	100%	0%	0%	0%	0%
	Effective partnership working between staff and partner organisations	50%	50%	0%	0%	0%
	Improved understanding of staff engagement, experience and wellbeing	50%	50%	0%	0%	0%
	Improved staff access to wellbeing support	50%	50%	0%	0%	0%
	Improved access to professional supervision	50%	50%	0%	0%	0%

Do you have any comments you would like to add on the above outcomes?

*Individual comments from colleagues within Aberdeenshire HSCP include:*

- A need for a move away from traditional roles and to consider within Community Mental Health Teams how things are done differently, for example can peer roles be brought into place to offer a different perspective.
- A need to look at how to retain the current workforce as many staff have spoken about near burn out due to work demands, some due to Covid others due to the demands of the job.

<b>Medium term (3-4 years)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Comprehensive data and management information on the Mental Health and wellbeing workforce	0%	100%	0%	0%	0%
Effective workforce planning tools	0%	100%	0%	0%	0%
Good understanding of the gaps in workforce capacity and supply	0%	100%	0%	0%	0%
Improved governance and accountability mechanisms around workforce planning	0%	100%	0%	0%	0%

User centred and responsive services geared towards improving population mental health outcomes	50%	0%	50%	0%	0%
Staff feel supported to deliver high quality and compassionate care	50%	50%	0%	0%	0%
Leaders are able to deliver change and support the needs of the workforce	100%	0%	0%	0%	0%
Staff are able to respond well to change	50%	50%	0%	0%	0%

Do you have any comments you would like to add on the above outcomes?

*Individual comments from colleagues within Aberdeenshire HSCP include:*

- A need to review mental health services delivered in the current and future workforce and a need for service users to be involved in this,
- A need to address case load numbers and demand put on current teams,
- A need for consistency in the workforce, which is needed for both teams and service users.

- **14.2** Are there any other short, medium and longer term outcomes we should be working towards? **Please specify:**

## 15. The Scope of the Mental Health and Wellbeing Workforce

In order to inform the scope of the workforce we need to achieve our ambitions, it is essential that we build consensus around the definition of who is our mental health and wellbeing workforce. We hope that such a definition can be applied to describe the future workforce.

- **15.1** Please read the following statements and select as many options as you feel are relevant.

- a) The mental health and wellbeing workforce includes someone who may be:
- i. Employed
  - ii. Voluntary
  - iii. Highly specialised
  - iv. Expert by experience
- b) The mental health and wellbeing workforce includes someone who may work / volunteer for:
- i. The NHS
  - ii. The social care sector
  - iii. The third and charity sectors
  - iv. Wider public sector (including the police, criminal justice system, children's services, education)
  - v. The private sector
  - vi. Other, please specify \_\_\_\_\_
- c) The mental health and wellbeing workforce includes someone who may be found in:
- i. Hospitals
  - ii. GP surgeries
  - iii. Community settings (such as care homes)
  - iv. The digital space
  - v. Educational settings (such as schools, colleges or universities)
  - vi. Employment settings
  - vii. Justice system settings (such as police stations, prisons or courts)
  - viii. Other, please specify \_\_\_\_\_
- d) The mental health and wellbeing workforce includes someone who may:
- i. Complete assessments for the presence or absence of mental illness
  - ii. Provide treatment and/or management of diagnosed mental illness
  - iii. Provide ongoing monitoring of diagnosed mental illness
  - iv. Undertake work to prevent the development of mental illness
  - v. Undertake work to address factors which may increase the risk of someone developing mental illness
  - vi. Provide support to families of those with mental illness
  - vii. Provide direct support on issues which affect wellbeing, but might not be directly related to a diagnosed mental illness, such as housing, financial issues, rights
  - viii. Other, please specify \_\_\_\_\_

*There was overall agreement from Aberdeenshire HSCP with these statements, however there was some lack of consensus when it came to:*

- *Section (a) for voluntary and expert by experience,*
- *Section (b) regarding the private sector.*

## **16. Solutions to Our Current and Future Workforce Challenges**

To support our ongoing recovery from Covid and address the current and future challenges for our services and workforce, we would like your views on how we can best respond.

- **16.1** How do we make the best use of qualified specialist professionals to meet the needs of those who need care and treatment?

*Individual comments from colleagues within Aberdeenshire HSCP include:*

- *Ensure specialist professionals are working with the right people who need that level of specialism,*
- *Provide better options for those people who do not need that level of support,*
- *Appropriate access to secondary mental health services with the initial contact to be with primary services.*

- **16.2** How do we grow the workforce, in particular increasing the capacity for prevention and early intervention, which enables individual needs to be recognised and addressed in a timely, appropriate manner?

*Individual comments from colleagues within Aberdeenshire HSCP include:*

- *A need to increase peer support in mental health services,*
- *Increase the number of mental health workers in schools,*
- *An increase of investment in primary care mental health services.*

- **16.3** How do we protect the capacity for specialised and complex care roles in areas like forensic mental health?

*Individual comments from colleagues within Aberdeenshire HSCP include:*

- *A need for early intervention to reduce the number of people getting to the point of needing these specialist services,*
- *Ensuring the right people are referred and ensure all options are explored,*
- *A focus on workforce retention and development to increase the number of people who can work in these areas.*

- **16.4** How do we widen the workforce to fully integrate the contribution of non-professionals and experts by experience, including peer support workers without sacrificing quality of care?

*Individual comments from colleagues within Aberdeenshire HSCP include:*

- *Current workforce would struggle to do this due to the demands from their roles and there is a need for people within the Partnership to support this,*
- *Consider pairing up peer workers with qualified, employed workers to ensure supervision and safety for all.*

- **16.5** How do we support a more inclusive approach, recognising that many different workers and services provide mental health and wellbeing support?

*Individual comments from colleagues within Aberdeenshire HSCP include:*

- *There is a need to support the current workforce through change and have a gradual approach to these changes which will enable the current workforce to follow through with changes,*
- *A need for joined up thinking at a strategic level with consultation with the services already established.*

- **16.6** With increasing demand, how do we prioritise creating capacity for re-designing services to better manage the impacts of Covid and other systemic pressures?

*Individual comments from colleagues within Aberdeenshire HSCP include:*

- *Additional funding requested to employ staff to support this re-design,*
- *A need for good practice pilots to be shared to avoid duplication.*

- **16.7** How do we better support and protect the wellbeing of those working in all parts of the system?

*Individual comments from colleagues within Aberdeenshire HSCP include:*

- *reduce case loads*
- *offer opportunities to be involved in the changes and re-design,*
- *ensure good effective supervision.*

## 17. Our Immediate actions

- **17.1** In addition to developing our workforce vision and outcomes, we are also seeking views on what our immediate short-term actions should be for the mental health and wellbeing workforce. **Please tick as many options below as you agree with.**
  - a. Develop targeted national and international recruitment campaigns for the mental health workforce
  - b. Scope alternative pathways to careers within the workforce, beyond traditional university and college routes, such as apprenticeship pathways into mental health nursing
  - c. Improve capacity in the mental health services to supervise student placements to support the growth of our workforce
  - d. Take steps to increase the diversity of the mental health workforce, so it is reflective of the population that it cares for
  - e. Work with NHS Education Scotland (NES) to improve workforce data, including equalities data, for mental health services in the NHS, by the end of 2023
  - f. Undertake an evaluation of our Mental Health Strategy 2017 commitment to fund 800 additional mental health workers in key settings, including A&Es, GP practices, police station custody suite and prisons, to ensure that the lessons learnt inform future recruitment.
  
- **17.2** Do you think there are any other immediate actions we should take to support the workforce? **Please Specify.**

*Individual comments from colleagues within Aberdeenshire HSCP include:*  
- while additional funding to develop services is necessary, there are not necessarily enough staff to fill the posts. Therefore, investment in training for further education is necessary for professionals (social workers, nurses, occupational therapists etc.) but also support for peer workers and support workers  
- funding should not be tied to a post

- **17.3** Do you have any further comments or reflections on how to best support the workforce to promote mental health and wellbeing for people in Scotland? **Please Specify.**

*Individual comments from colleagues within Aberdeenshire HSCP include:*  
- positive messaging as often the positives are drowned out by hearing stories about how services need to improve

- **17.4** Do you have any examples of different ways of working, best practice or case studies that would help support better workforce planning and ensure that we have skilled, diverse, valued and supported workforce that can provide person-centred, compassionate services that promote better population mental health and wellbeing outcomes. For example, increasing the use of advanced practitioners. Please Specify.

*Individual comments from colleagues within Aberdeenshire HSCP include:*

- *Certificate of Eligibility for Specialist Registration (CESR) Fellows (doctors from overseas) to support NHS Grampian*
- *Creation of Senior Nurse Practitioner posts*