



## National Mental Health Strategy 2017- 2027

Item number: 5.4

### **Executive summary**

This report provides a summary of the new national 10 year mental health strategy. The strategy highlights how common it is for people to experience mental health problems during their lifetime. Considerable emphasis is placed on both prevention and recovery from periods of mental ill-health. The report provides some commentary upon what the situation is currently in Midlothian in relation to the key recommendations of the Strategy.

### ***Board members are asked to:***

- 1. Note the new national strategy on Mental Health*
- 2. Agree that the implementation of the strategy in Midlothian will be through the local Strategic Planning Group for mental Health reporting to the IJB Strategic Planning Group*

## National Mental Health Strategy 2017- 2027

### 1. Purpose

---

On 30 March 2017 the Scottish Government published a ten-year Mental Health Strategy for Scotland. This report provides a summary of the objectives and key actions outlined in the Strategy.

### 2. Recommendations

---

The IJB is asked

- i. to note the new Mental Health Strategy and
- ii. to agree to delegate the implementation of the Strategy to the local Strategic Planning Group for Mental Health

### 3. Background and main report

---

- 3.1 There has been a wide range of national strategies and guidance intended to inform practice and service delivery in mental health most recently “*Good Mental Health for All*”. The National Mental Health Strategy 2017-2027 provides a long-term plan outlining how to improve the prevention and treatment of mental health problems.
- 3.2 The strategy places particular emphasis on the strong link to Inequalities highlighting the need to address poverty and access to employment. It also recognises that mental health problems are frequently a factor affecting people who become involved with the Justice System including those in prison.
- 3.3 A third key area of the strategy is that of the growing concern about the incidence of mental health issues amongst children and young people. 16 of the 40 Actions have particular relevance for children and young people. In Midlothian many of these actions will be the responsibility of the GIRFEMC Board (Getting it Right for Every Midlothian Child).
- 3.4 There is a clear acknowledgement that while mental health problems are very common and can have a significant impact on both quality of life and demand on services, there remains a need to “*prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems*”.
- 3.5 The strategy has been issued by Scottish Government with COSLA deciding not to be a joint signatory to the strategy. There are some continuing concerns that the respective roles and responsibilities of Integration Authorities and Scottish Government require further clarification.

- 3.6 The strategy <http://www.gov.scot/Publications/2017/03/1750> outlines 40 actions to be addressed by local Partnerships under the following themes:
- i. Prevention and Early Intervention
  - ii. Access to treatment and joined up accessible services
  - iii. The physical wellbeing of people with mental health problems
  - iv. Rights, information use and planning
- 3.7 A number of the National Strategy actions reference the need to develop and enhance the mental health workforce. A local Midlothian Workforce Strategy across Health and Care including the Third and Independent Sectors is being developed. More specifically a group has been established by NHS Lothian to consider workforce issues including potential initiatives and solutions to improve recruitment and retention on non-professional workforce who deliver care and treatment in a number of community, care home and hospital settings.
- 3.8 Locally many of the actions set out in the new strategy are already being addressed. For example
- A local working group is considering the best possible out of hours care for people with mental health issues.
  - The physical health of people with mental health issues is being addressed by clinics at the Joint Mental Health team offices and in the community through the Community Health Inequalities Team as well as by projects such as Midlothian Active Choices.
  - The strategy mentions developing mental health support systems in primary care and there are already a wide range of “social prescribing” initiatives within Midlothian.
  - The Midlothian Access Points and the Wellbeing projects 8 GP practices are assisting many people to access self-help resources and quicker access to psychological therapies.
  - The co-location of Substance Misuse services and the Joint Mental Health Team in a local hub will provide improved assessment and referral arrangements for people with problem substance use and mental health diagnosis.

More generally planning mental health services for adults is overseen by the Strategic Mental Health Planning Group while a working group has recently been established to consider the mental health needs of children and young people in Midlothian.

- 3.9 The Strategy has implications for a range of agencies beyond health and social care. In this regard the Strategy will be brought to the attention of Midlothian Council given its wider role in helping to strengthen prevention and in addressing inequalities linked to mental health difficulties.

## **4. Policy Implications**

---

- 4.1 The emphasis on prevention is consistent with the Christie Report on the reshaping of public services. It also mirrors the more general evolving approach

of the Midlothian Partnership towards the delivery of health and care, with priority being given to prevention and recovery.

## **5. Equalities Implications**

---

- 5.1 It is well recognised that people with mental health needs are much more vulnerable to experiencing inequalities in health, income and access to employment. The implementation of the strategy will help to address such inequalities.

## **6. Resource Implications**

---

- 6.1 The Minister is quoted as stating that over the next five years the Government will increase investment to a further £35 million for 800 additional mental health workers in key settings such as A&E, GP surgeries, custody suites, and prisons. She went on to say that the £35 million to increase the mental health workforce is on top of an additional £150 million over five years announced in 2016 for improvement and innovation. This means that over the next five years the total Scottish Government direct investment in mental health will be more than £300 million.

Nevertheless concerns about resources have been raised. Much of this investment in mental health is through NHS services. Local Authorities have pointed to their shrinking budgets and voiced their frustration through their umbrella organisation COSLA. In principle it should be possible to address this concern through the IJB which has the authority to decide how best to allocate new monies across the Partnership.

## **7 Risks**

---

- 7.1 Mental health is a major health concern. It is for instance, a very frequent reason for people going to their GP; for being absent from work due to ill-health; and is a common factor for people who become involved in the Criminal Justice system.

## **8 Involving People**

---

- 8.1 This report concerns a new national strategy and therefore has not yet been subject to local discussion with staff or the public. Prior to the publication of the national strategy, the local Strategic Mental Health Planning Group submitted its views on the proposals.

## **9 Background Papers**

---

<b>AUTHOR'S NAME</b>	Martin Bird
<b>DESIGNATION</b>	Planning Officer Mental Health
<b>CONTACT INFO</b>	0131 271 3680 <a href="mailto:martin.bird@midlothian.gov.uk">martin.bird@midlothian.gov.uk</a>
<b>DATE</b>	29 May 2017

## **Appendix 1 40 Key Actions in Mental Health Strategy 2017-2027**

- 1** Review Personal and Social Education (PSE), the role of pastoral guidance in local authority schools, and services for counselling for children and young people
- 2** Roll out improved mental health training for those who support young people in educational settings.
- 3** Commission the development of a Matrix of evidence-based interventions to improve the mental health and wellbeing of children and young people.
- 4** Complete the rollout of national implementation support for targeted parenting programmes for parents of 3- and 4-year olds with conduct disorder by 2019-20.
- 5** Ensure the care pathway includes mental and emotional health and wellbeing, for young people on the edges of, and in, secure care.
- 6** Determine and implement the additional support needed for practitioners assessing and managing complex needs among children who present a high risk to themselves or others.
- 7** Support an increase in support for the mental health needs of young offenders, including on issues such as trauma and bereavement.
- 8** Work with partners to develop systems and multi-agency pathways that work in a co-ordinate way to support children's mental health and wellbeing.
- 9** Support the further development of "Think Positive" to ensure consistent support for students across Scotland.
- 10** Support efforts through a refreshed Justice Strategy to help improve mental health outcomes for those in the justice system.
- 11** Complete an evaluation of the Distress Brief Intervention by 2021 and work to implement the findings from that evaluation.
- 12** Support the further development of the National Rural Mental Health Forum to reflect the unique challenges presented by rural isolation.
- 13** Ensure unscheduled care takes full account of the needs of people with mental health problems and addresses the longer waits experienced by them.
- 14** Work with NHS 24 to develop its unscheduled mental health services to complement locally based services.
- 15** Increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons. Over the next five years increasing additional investment to £35 million for 800 additional mental health workers in those key settings.
- 16** Fund the introduction of a Managed Clinical Network to improve the recognition and treatment of perinatal mental health problems
- 17** Fund improved provision of services to treat child and adolescent mental health problems.
- 18** Commission an audit of CAMHS rejected referrals, and act upon its findings.
- 19** Commission Lead Clinicians in CAMHS to help develop a protocol for admissions to non specialist wards for young people with mental health problems.
- 20** Scope the required level of highly specialist mental health inpatient services for young people, and act on its findings.

- 21** Improve quality of anticipatory care planning approaches for children and young people leaving the mental health system entirely, and for children and young people transitioning from CAMHS to Adult Mental Health Services.
- 22** Support development of a digital tool to support young people with eating disorders.
- 23** Test and evaluate the most effective and sustainable models of supporting mental health in primary care, by 2019.
- 24** Fund work to improve provision of psychological therapy services and help meet set treatment targets.
- 25** Develop more accessible psychological self-help resources and support national rollout of computerised CBT with NHS 24, by 2018.
- 26** Ensure the propagation of best practice for early interventions for first episode psychosis, according to clinical guidelines.
- 27** Test and learn from better assessment and referral arrangements in a range of settings for dual diagnosis for people with problem substance use and mental health diagnosis.
- 28** Offer opportunities to pilot improved arrangements for dual diagnosis for people with problem substance use and mental health diagnosis.
- 29** Work with partners who provide smoking cessation programmes to target those programmes towards people with mental health problems.
- 30** Ensure equitable provision of screening programmes, so that the take up of physical health screening amongst people with a mental illness diagnosis is as good as the take up by people without a mental illness diagnosis.
- 31** Support the physical activity programme developed by SAMH.
- 32** Use a rights-based approach in the statutory guidance on the use of mental health legislation
- 33** Commission a review of whether the provisions in the Mental Health (Care and Treatment) (Scotland) Act 2003 Act fulfil the needs of people with learning disability and autism, taking forward new legislative measures if necessary.
- 34** Reform Adults With Incapacity (AWI) legislation.
- 35** Work with key stakeholders to better understand Mental Health Officer capacity and demand, and to consider how pressures might be alleviated.
- 36** Work with employers on how they can act to protect and improve mental health, and support employees experiencing poor mental health.
- 37** Explore innovative ways of connecting mental health, disability, and employment support in Scotland.
- 38** Develop a quality indicator profile in mental health which will include measures across six quality dimensions – person-centred, safe, effective, efficient, equitable and timely.
- 39** Establish a bi-annual forum of stakeholders to help track progress on the actions in this Strategy, and to help develop new actions in future years to help meet our ambitions.
- 40** Carry out a full progress review in 2022, the halfway point of the Strategy, to ensure that lessons are learnt from actions to that point.