



Aberdeenshire  
Health & Social Care  
Partnership

# Adult Mental Health & Wellbeing Strategy 2019 - 2024



Aberdeenshire  
COUNCIL



NHS  
Grampian

## LANGUAGE AND TERMINOLOGY

### **Anticipatory Care Planning**

Anticipatory Care Planning (ACP) is about thinking ahead and helping people make choices about future care. ACPs can help people with long term conditions feel more in control of managing their health and wellbeing.

### **Co-Production**

Co-production involves people coming together to find a shared solution. In practice this means that people who use services are included and consulted from the start to the end of any project that affects them. <sup>i</sup>

### **Health and Social Care Integration**

Health and social care services working together to ensure people receive the best quality treatment, care and support.

### **Mental Health**

Involves our emotional, psychological and social wellbeing, and affects how we think, feel and act. Is shaped by a wide range of individual, social, and environmental factors which operate through all stages of life.

### **Mental Health Inequalities**

Differences in people's mental health across social groups and between different population groups.

### **Mental Health Problems**

Covers a range of mental health states, including mental health problems that meet the criteria for a psychiatric diagnosis and mental health problems that fall short of a diagnostic criteria threshold.

### **People with lived experience**

Moves away from describing people by a clinical diagnosis, recognising that 75% of people with a mental health problem of a severity that warrants diagnosis may never be regarded as a patient or service user.

### **Personal Outcomes Tool**

A way of understanding the importance and achievement of personal outcomes for people using health and social care services. Helps ensure services are person centred.

### **Person Centred Approaches**

Places the person first, as an expert of their own experience. The person, and their family where appropriate, becomes an equal partner in the planning of their care and support, ensuring it meets their needs, goals, and outcomes. <sup>ii</sup>

### **Prevention**

Prevention aims to reduce the incidence, prevalence, and recurrence of mental health problems. Preventive interventions are based on modifying risk factors and strengthening people's coping mechanisms.

### **Primary Care**

Primary care services provide the first point of contact for people in need of healthcare, and may be provided by professionals such as GPs, dentists and pharmacists.

### **Reablement**

Part of a broader spectrum of support for recovery, self- management, rehabilitation, enablement and care for adults and older people in Aberdeenshire, delivered by our integrated health & social care teams or specialist mental health teams.

### **Recovery**

Putting recovery into action means focusing support on people's strengths and promoting choice, not just treating or managing symptoms. There is no single definition of the concept of recovery, but the guiding principle is hope and the belief that it is possible to live a meaningful life, despite serious mental health problems. <sup>iii</sup>

### **Secondary Care**

Secondary care is sometimes referred to as hospital or emergency care and can be planned (elective) or urgent and emergency care.

### **Self-Management**

An approach that enables people to take control, articulate their own needs and decide their own priorities, in order to manage their own wellbeing effectively.

### **Third Sector**

Third sector is a term used to describe the range of organisations that are neither public nor private sector. It includes voluntary and community organisations (both registered charities and other organisations such as associations, self-help groups and community groups) and social enterprises.

### **Trauma**

"An event or a series of events or a set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening." <sup>iv</sup>

- **Type 1 trauma:** Sudden or unexpected events experienced as isolated incidents, such as roadtraffic accidents or rapes. These can happen at any age.
- **Type 2 trauma:** repeated or ongoing traumatic events. <sup>v</sup>

If you require this document in another format, further information, or would like to make comment on any aspect of this strategy, please contact: Aberdeenshire Health and Social Care Partnership: [integration@aberdeenshire.gov.uk](mailto:integration@aberdeenshire.gov.uk)

## CONTENTS

Foreword	5
Introduction	6
Summary of strategic priorities	8
Main principles	9
How this strategy has been developed	10
The wider picture	13
Mental health services in Aberdeenshire	18
Mental health and wellbeing	21
Local context - Aberdeenshire	23
Strategic priorities	27
How will we know we have made a difference?	35
References	36
Appendix 1	
Key policies, strategies and legislation	40
Appendix 2	
Public consultation	43

## FOREWORD



Rhona Atkinson  
Chair  
Aberdeenshire IJB

We are pleased to introduce the Aberdeenshire Adult Mental Health and Wellbeing Strategy 2019 - 2024.

The priorities set out in this document have been shaped by the views and opinions of a wide range of people, including people living with mental health problems, unpaid carers, our third sector partners and mental health practitioners across health and social care.

We would like to take this opportunity to thank everyone who has taken part in the engagement and consultation process. Your views and ideas have been central to the development of this strategy and we plan to build on this approach as we move towards implementation.



Cllr Anne Stirling  
Vice-Chair  
Aberdeenshire IJB

It is estimated that approximately one in four people experience a mental health problem at some point in their lifetime and at any one time approximately one in six people have a mental health problem. Public perceptions of mental health are changing, however, many people living with mental health problems continue to experience stigma and discrimination.

Good mental health is important for everyone. Tackling mental health problems as early as possible presents a real opportunity to improve people's wellbeing. Taking action to prevent mental health problems occurring or developing into more serious issues will form a key part of this strategy.



Angie Wood  
Interim Chief Officer  
Aberdeenshire IJB

Being able to access the right type of care and treatment at the right time is key to making sure people get help when they need it. We will take steps to make sure that people have access to mental health treatment, care and support at the right point, as early as possible. In particular, we will work closely with child and adolescent mental health services to ensure our approach is well coordinated, especially during periods of transition.

We know that people living with mental health problems are less likely to have a job, are more likely to experience poorer physical health and have lower life expectancy. Mental health problems should not be a barrier to living a healthy and fulfilling life. As such, reducing mental health inequalities forms an important part of this strategy.

Collaboration is at the centre of this strategy. Our partners in health and social care, the wider public, third and private sectors, as well as local communities and individuals, all have a part to play in ensuring we are successful in achieving our aims.

## INTRODUCTION

Welcome to Aberdeenshire Health and Social Care Partnership's Adult Mental Health and Wellbeing Strategy 2019 – 2024. This strategy sets out our mental health and wellbeing priorities for the next 5 years.

This strategy is for all adults (including older adults) who are residents of Aberdeenshire. This includes people who currently access mental health services in primary care, secondary care, community settings and HMP Grampian, as well as people who may require support in the future.

Recognising that mental health affects all ages, the strategy has close links with Aberdeenshire's Mental Health & Wellbeing Strategy for Children and Young People.

Separate strategies and action plans for people living with dementia, substance use problems, autistic adults, unpaid carers, suicide prevention and primary care improvement are currently in place or being updated. We recognise that the success of this strategy very much depends on effective links, and we have worked to ensure that the priorities outlined in this document fully support these areas.

Our work in developing this strategy has been informed by an assessment of local and national mental health trends, as well as extensive public engagement, including discussions with people living with mental health problems, unpaid carers, our wider communities, third sector partners and mental health practitioners.

This strategy aims to create a framework for action, setting out our key priorities for mental health and wellbeing, bringing organisations, groups and individuals together to ensure action is taken collaboratively.

Our vision for this strategy shares Aberdeenshire Health and Social Care Partnership's wider vision:

***Building on a person's ability, we will deliver high-quality person-centred care to enhance their independence and wellbeing in their own communities"***

Based on feedback from our community engagement and consultation, as well as local and national strategies, the following mental health and wellbeing priorities have been identified:

**Prevention & Self-Management:**

People are supported to maintain and improve their mental health

**Access:**

People have access to the right treatment, care and support at the right time

**Person Centred:**

We deliver person-centred, recovery focussed services, that promote choice and control

**Mental Health Inequalities:**

We reduce the negative effects of mental health inequalities

## SUMMARY OF STRATEGIC PRIORITIES

### **Prevention & Self-Management: People are supported to maintain and improve their mental health**

- 1.1 Ensure health and wellbeing information, advice and guidance is readily available in communities and is well advertised and promoted.
- 1.2 Promote mental wellbeing and reduce stigma in communities.
- 1.3 Support people to self-manage mental health problems effectively.
- 1.4 Increase the use of Anticipatory Care Plans.

### **Access: People have access to the right treatment, care and support at the right time**

- 1.1 Improve access to treatment, care and support at an early stage.
- 1.2 Improve access to psychological therapies.
- 1.3 Build and maintain effective links with emergency services.
- 1.4 Increase use of digital technology to improve access to services.
- 1.5 Ensure services are trauma informed.

### **Person Centred: We deliver person-centred, recovery focussed services, that promote choice and control**

- 1.1 Improve care, treatment and support pathways for all.
- 1.2 Implement models of treatment, care and support that promote recovery and inclusion.
- 1.3 Improve integrated working across health and social care services (including the 3rd sector) and build stronger partnerships.
- 1.4 Improve participation and co-production, involving people with lived experience and unpaid carers in service development.
- 1.5 Enhance accommodation options for people who require supported living and supported accommodation.
- 1.6 Ensure carers of people living with mental health problems are supported, their needs considered, and views taken into account.

### **Mental Health Inequalities: We reduce the negative effects of mental health inequalities**

- 1.1 Improve employability support.
- 1.2 Improve financial advice and support.
- 1.3 Improve physical health outcomes working in close partnership with the third sector, GPs, Aberdeenshire's Sport and Activity service, wider NHS and Aberdeenshire Council services.
- 1.4 Work with our partners to identify, implement and promote a range of community opportunities that support wellbeing and recovery.



## MAIN PRINCIPLES

The following principles will be key to the achievement of our priorities and will be central to any decisions we make regarding delivering mental health and wellbeing services in the future.

### PREVENTION

Taking action to prevent mental health problems occurring or developing into more serious issues forms a key part of this strategy. Prevention must focus on all stages of life including key transition points.

### RECOVERY & REABLEMENT

Putting recovery into action means focusing support on people's strengths and promoting choice, not just treating or managing symptoms. There is no single definition of the concept of recovery, but the guiding principle is hope and the belief that it is possible to live a meaningful life, despite serious mental health problems. <sup>vi</sup>

Recovery does not always refer to a complete recovery in the way that we may recover from a physical health problem. For many people living with mental health problems, the concept of recovery is about staying in control and having meaning and purpose.

### SELF-MANAGEMENT

Enabling people to take control, articulate their own needs and decide their own priorities is central to supporting people to manage their own wellbeing effectively.

This strategy seeks to foster an environment where person centred conversations can take place, encouraging people to make use of the support and resources within their communities.

### EQUAL STATUS WITH PHYSICAL HEALTH

We know that people living with mental health problems experience poorer physical health when compared to people without. We also know that poor physical health can have a negative impact on mental health. This strategy seeks to deliver parity for mental and physical health and includes actions to help improve people's physical health.

### PARTNERSHIP WORKING

We will work closely with our partners in health and social care and the wider public, third and private sectors to ensure our approach is joined up. There are a number of organisations and groups across Aberdeenshire that provide mental health and wellbeing services and support. The success of this strategy will very much depend on how well we can all work together to achieve positive outcomes.

## HOW THIS STRATEGY HAS BEEN DEVELOPED

Our understanding of Aberdeenshire's mental health and wellbeing needs has been informed by:

- Engagement and consultation with our communities, including people with lived experience of mental health problems.
- Knowledge and experience of staff working within the community.
- Views from partners across health and social care, including the third sector.
- Analysis of national and local data and statistics.
- Priorities identified in Aberdeenshire Health and Social Care Partnership's Strategic Plan and Locality Plans.

### **A HUMAN RIGHTS-BASED APPROACH**

We have used the PANEL principles (Participation, Accountability, Non-discrimination, Equality and Legality) in the development of this strategy. These principles will be central to implementing our actions, ensuring people's views and experiences are fully considered.

### **EQUALITIES**

An equalities impact assessment (EIA) has been undertaken. The main aim of the strategy is to improve mental health and wellbeing for everyone in Aberdeenshire. It is anticipated that the strategy will have a positive impact on all protected characteristics, particularly for people with disabilities and younger and older people.

### **ENGAGEMENT & CONSULTATION FEEDBACK**

Over 630 people have engaged directly in the development of the strategy to date. A series of engagement events took place throughout Aberdeenshire in August 2018.

This was followed by a public consultation exercise which ran from January to March 2019, where people had an opportunity to comment on the draft strategy and provide further suggestions.

*See Appendix 2 for more information on the consultation process, key findings and organisations who took part in the process.*

## Key Themes – Engagement and consultation process

### Accessibility

- People wanted to see more locally based mental health services without the need for referral.
- Solutions such as better use of digital technology to support people in distress, and more drop-in facilities/spaces were common suggestions.
- People wanted to see more support available in communities for people experiencing mental health problems.
- A shortage of accessible transport was highlighted as a particular issue across all areas.

### Prevention & Self Management

- People wanted to see more self-management and prevention support available.
- People wanted to see more being done to tackle discrimination and stigma in communities.
- People wanted universal services to have greater awareness of mental health and wellbeing.
- Information on available services varied across Aberdeenshire, and it was felt that there needed to be clearer information available on wellbeing and community support in a range of formats.

### Effective Services

- People wanted to see better transitions pathways for all ages, in particular young people leaving children's mental health services.
- The need for more recovery-based approaches was a consistent theme.
- More peer support groups and workers were highlighted as suggestions across all areas.
- People felt that more joined up working was needed to support people with co-occurring mental health and substance use problems.
- People wanted to see more support for people when discharged from hospital.

### Life Chances

- It was felt that more 1:1 support to help people access local groups and activities was needed.
- The need for good housing options (in particular supported accommodation and supported living) and assistance to find and keep a job were raised as important areas.
- People felt that community groups should be supported to maintain links with health and social care organisations to assist in ensuring safety, positive communication and volunteer development.

### **Partnership Working**

- Working in partnership was an important factor for many people.
- A number of wider local government and NHS services, public and third sector organisations felt that there were opportunities to work more collaboratively in the future.
- Opportunities to help improve mental and physical health in partnership with Aberdeenshire's Culture and Sport services sector were also highlighted.

### **Involvement**

- People told us that they would like to be more involved in decisions around how future services are developed. This included people with lived experience of mental health problems, families, unpaid carers and third sector providers.

## THE WIDER PICTURE

### NATIONAL PRIORITIES

The Scottish Government's Mental Health Strategy 2017-2027 sets out a number of areas for improvement in mental health services across Scotland:

- Prevention and early intervention
- Access to treatment, and joined up accessible services
- The physical wellbeing of people with mental health problems
- Rights, information use and planning

Underpinning these areas is the ambition that mental health problems must be prevented and treated with the same commitment, passion and drive as is the case for physical health problems. <sup>vii</sup>

### INCREASING THE NUMBER OF MENTAL HEALTH WORKERS IN KEY SETTINGS - ACTION 15

A key part of the national strategy is a commitment to improve access to mental health professionals across a range of settings, including A&E departments, GP practices, police station custody suites and prisons (Action 15). Work is underway to implement Action 15 at a local level, and a number of priorities set out in this strategy (particularly around access) are linked to this work.

### LOCAL PRIORITIES

Aberdeenshire Health and Social Care Partnership has identified 5 strategic priorities which focus on improving the experience and quality of services for people using integrated health and social care services:

- Effective use of resources
- Engagement
- Prevention and early intervention
- Reshaping care
- Tackling inequalities and public protection

The Mental Health and Wellbeing Strategy fully supports these priorities and will determine where we focus our resources for mental health service delivery and improvement over the next 5 years.

*A full range of relevant strategies, policies and legislation that have informed the development of this strategy can be found in appendix 1.*

## STRATEGIC FIT WITH NATIONAL AND LOCAL PRIORITIES

The Adult Mental Health and Wellbeing Strategy contributes to all four Scottish Mental Health Strategy priorities, as well as Aberdeenshire Health and Social Care Partnership's future strategic direction:

STRATEGY	PRIORITIES			
National Mental Health Strategy	Prevention & Early Intervention	Accessible Joined Up Services	Physical Health and Wellbeing	Rights, Information Use and Planning
Aberdeenshire Health & Social Care Partnership	<p><b>Effective Use of Resources</b> We will focus our resources on the provision of effective and sustainable services and support.</p>			
	<p><b>Engagement</b> We will work with staff and partners to facilitate engagement, empowerment and ownership across our communities.</p>			
	<p><b>Prevention &amp; Early Intervention</b> We will support positive behaviours and interventions which will support wellbeing and independence for everyone.</p>			
	<p><b>Reshaping Care</b> We will re-shape the way we deliver care and support across our services to ensure that people in our communities are enabled to lead their best lives.</p>			
	<p><b>Tackling Inequalities &amp; Public Protection</b> We will work to tackle the negative effects of inequalities and keep our communities and staff safe.</p>			
Aberdeenshire Health & Social Care Partnership - Adult Mental Health & Wellbeing Strategy	Prevention & Early Intervention	Access	Person Centred	Mental Health Inequalities

## LOCALITY PLANS

Locality plans have been developed for each of Aberdeenshire's six administrative areas. These plans detail key health and social care priorities at each local level.

A number of mental health priorities have been identified within each locality plan, which are being progressed by local teams and partner organisations. The priorities outlined in this plan fully support these actions and will help inform on future locality planning decisions.

## COMMUNITY PLANNING

Aberdeenshire Community Planning Partnership brings together public, private and voluntary sectors in order to deliver better services in Aberdeenshire. Work takes place at a local and strategic level to meet the aims of Aberdeenshire's community plans. We recognise the important role that community planning will play in the delivery of this strategy and we will take steps to ensure that we work in close partnership with each local community planning group.



Based on Ordnance Map Survey mapping © Crown copyright reserved. Aberdeenshire Council 0100020767 2021

Figure 1: Aberdeenshire Locality Areas

## KEY CHALLENGES AND OPPORTUNITIES

A number of challenges and opportunities have been identified as part of the development of this strategy.

### CHALLENGES

#### Ageing population.

Aberdeenshire is set to see a significant increase in older adults over the next 20 years. This will have an impact on service delivery, as we will see more people living longer requiring support from health and social care services.

#### Recruitment shortages.

Recruitment of staff is a key challenge. In particular, we are experiencing problems recruiting nursing staff and Allied Healthcare Professionals. There is also a shortage of Consultant Psychiatrists (mental health doctors). The use of temporary staff (locums) has increased, which has an impact on continuity of care and budgets. The partnership also has an ageing workforce, which will present further recruitment challenges as more people retire.

#### Rural isolation.

One of the main challenges for Aberdeenshire will be to develop and deliver high quality services over both rural and urban areas.

#### Demand for mental health services.

We continue to experience a significant demand for mental health services across Aberdeenshire.



## OPPORTUNITIES

### Scottish Government funding for mental health services.

The Scottish Government has committed to increasing spending for mental health services over the next 10 years, in particular, increasing the number of mental health workers in key settings (Action 15). This presents a significant opportunity at a local level to improve access to mental health support at an early stage.

### Digital technology.

Accessible digital technology, such as video conferencing for appointments, presents a key opportunity to improve access to mental health services across Aberdeenshire.

### Partnership working.

Mental health services (including specialist mental health organisations) should not be seen in isolation. The changing landscape of mental health and wellbeing services provides opportunities to build stronger partnerships with the third sector, GPs, emergency services and communities.

### Involvement and co-production.

Working together with people with lived experience, their families and carers, represents an opportunity to develop services that meet people's needs and promote recovery and inclusion.

## MENTAL HEALTH SERVICES IN ABERDEENSHIRE

Aberdeenshire Health and Social Care Partnership is responsible for providing adult mental health services in our communities and HMP Grampian. A range of health and social care services are delivered:

TEAM	SERVICE
Adult Community Mental Health Team	<ul style="list-style-type: none"> <li>• Clinical Services (e.g. Community Mental Health Nursing; Occupational Therapy; Psychology)</li> <li>• Mental Health Officer Service</li> <li>• Social Work</li> </ul>
Older Adult Community Mental Health Team	<ul style="list-style-type: none"> <li>• Clinical Services (e.g. Community Mental Health Nursing; Occupational Therapy; Psychology)</li> </ul>
Care Management (Older Adults)	<ul style="list-style-type: none"> <li>• Mental Health Officer Service</li> <li>• Social Work</li> </ul>
Public Health Team	<ul style="list-style-type: none"> <li>• Mental Health Promotion</li> <li>• Mental Health Training</li> </ul>
Primary Care Psychological Therapy Service	<ul style="list-style-type: none"> <li>• Self-management Approaches</li> <li>• Evidenced Based Talking Therapies</li> </ul>
Health Centre at HMP Grampian	<ul style="list-style-type: none"> <li>• Clinical Services (including Mental Health Nursing and Psychology)</li> </ul>

GPs are often the first point of contact that people have when experiencing mental health problems and play a crucial role in improving people’s mental health and wellbeing. There are 31 GP Practices in Aberdeenshire, which vary in size and cover a mix of rural and urban settings across a large geographical area.

People living with mental health problems are also supported by a range of services including Welfare Rights, Employability and Housing Options.

### THIRD SECTOR

Aberdeenshire Health and Social Care Partnership commission a number of third sector organisations to deliver mental health services including:

- Independent advocacy
- Supported accommodation
- Direct access community support

The third sector also plays a vital role in delivering a range of non-commissioned mental health services for people living with mental health problems.

Community groups and organisations play an important role in supporting people experiencing mental health problems and poor mental wellbeing. We recognise that there are a vast amount of services and groups in existence across Aberdeenshire, which provide assistance to people in their local communities.

The following diagram demonstrates the types of mental health treatment, care and support across Aberdeenshire. Services are delivered by a range of organisations, including Aberdeenshire Health and Social Care Partnership, third sector organisations and wider community groups.

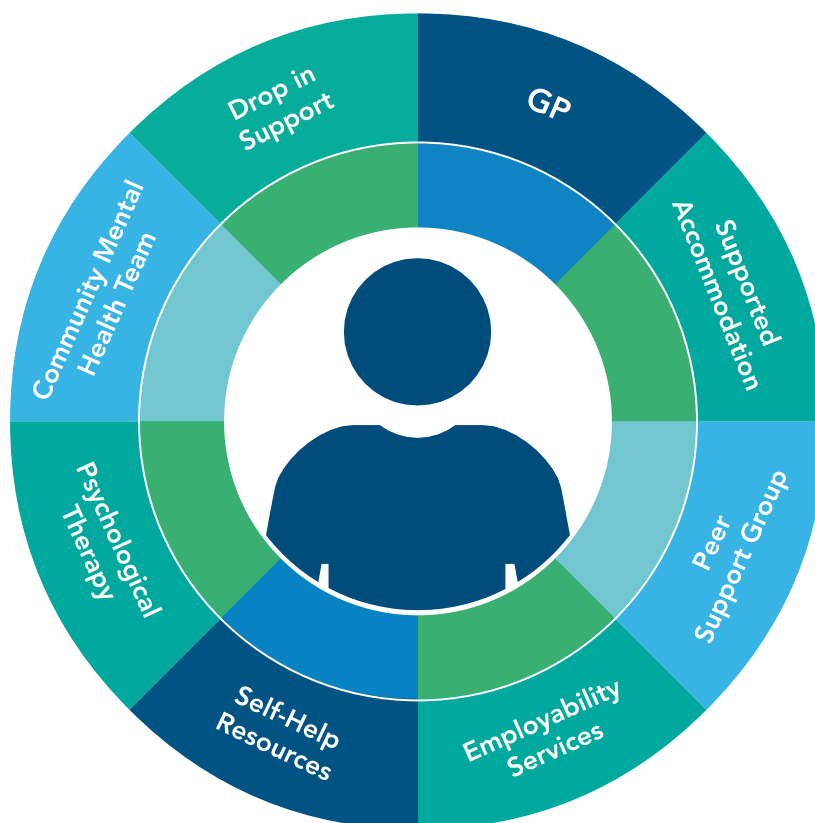


Figure 2: Types of support, care and treatment across Aberdeenshire

## **FINANCIAL RESOURCES**

We recognise that there is a need to change the way services are delivered, moving away from intensive hospital-based services to community resources.

Prevention, early intervention, self-management and digital technology will all play an increasingly important role in ensuring we are able to deliver effective services within a challenging financial climate.

The effective use of resources will be key in ensuring we are able to provide services that offer real value for money, demonstrating a positive impact on people's mental health and wellbeing.

Our mental health budget for 2018/19 for community mental health services was £13.7 million pounds. We expect to see a similar budget for 2019/20.

Our allocation of Action 15 money is projected to be £3.5 million up to 2022. This money must be used for increasing the number of mental health workers in key settings. As such, we will see an increase in mental health workers across Aberdeenshire over the next 3 years.

## MENTAL HEALTH & WELLBEING

Improving mental health for the people of Scotland is a key national priority. <sup>viii</sup>

Mental health (sometimes referred to as wellbeing) involves our emotional, psychological and social wellbeing, and affects how we think, feel and act. We all experience emotions, such as happiness and sadness. These emotions are all part of our mental health.

Mental health is shaped by a wide range of individual, social and environmental factors which operate through all stages of life.

Good mental health is essential for achieving outcomes for individuals, families and communities.

Poor mental health is reflected in adverse impacts on individuals, families, communities and to the local economy and is strongly associated with inequalities in both health and wellbeing.

### ENVIRONMENTAL FACTORS

#### Protective Factors

- Safe, secure employment
- Equality of access to services
- Positive physical environment including housing

#### Risk Factors

- High unemployment rates
- Economic recession
- Inequality and deprivation
- Exposure to trauma

### SOCIAL CIRCUMSTANCES

#### Protective Factors

- Community cohesion
- Physical safety and security
- Close and supportive relationships
- Education achievement

#### Risk Factors

- Poor social connections
- Social exclusion
- Isolation
- Childhood adversity
- Low income

### INDIVIDUAL FACTORS

#### Protective Factors

- Problem solving skills
- Ability to manage stress or adversity
- Communication skills
- Good physical health

#### Risk Factors

- Low self-esteem
- Loneliness
- Problem substance use
- Unemployment
- Debt

Figure 3: Determinants of Mental Health: Taken from Good Mental Health for All (2016) NHS Health Scotland <sup>ix</sup>

## MENTAL HEALTH PROBLEMS

**Mental health problems influence the way we think, feel and behave and affect around 1 in 4 people across Scotland in their lifetime.** <sup>x</sup>

Mental health problems range from more common conditions such as stress, anxiety and depression, to rarer problems such as bi-polar and schizophrenia. Factors including poverty, genetics, childhood trauma, discrimination and ongoing physical illness make developing mental health problems more likely, but mental health problems can affect anyone.

A medical professional can diagnose a mental health problem, based on factors such as the duration, severity and type of symptoms.

We appreciate that people may prefer to use terms such as ‘mental illness’ or ‘mental health issues’ to describe their experience more accurately. The use of language is very important, and we recognise that terms can and do evolve and change over time. Within this strategy, we will use the term ‘mental health problem’.

Mental wellbeing and mental health problems are not simply at opposite ends of a single spectrum. People diagnosed with a mental health problem can still have high levels of mental wellbeing.

It can be helpful to understand mental health as a ‘continuum’, where people can move among states of mental wellbeing regardless of mental health problems.

The model in Figure 4 emphasises that it is possible to have good mental wellbeing while living with a mental health problem. <sup>xi</sup>



Figure 4: Mental Health Continuum

## LOCAL CONTEXT - ABERDEENSHIRE

Aberdeenshire is a predominantly rural area and the development of oil and gas over the last 40 years has seen a rapid growth in population. Aberdeenshire continues to experience low levels of unemployment and is one of the safest places to live in Scotland. The employment rate for Aberdeenshire is 81%, which is higher than the Scottish level of 74%.<sup>xii</sup> Local housing supply has increased, however need still continues to outstrip supply.<sup>xii</sup>

The rural nature of Aberdeenshire presents a number of challenges, with social isolation and lack of transport being particular issues.

Deprivation tends to be concentrated in North Aberdeenshire, primarily in parts of Fraserburgh and Peterhead.

The population of Aberdeenshire is expected to increase by 20% by 2039 (the 3rd highest increase in Scotland). In the 65+ age range, this increase is even greater, where a 64% increase is anticipated.<sup>xiv</sup> Our child population (0-15 years) is also above the Scottish average and projected to increase by a further 13.8% from 2012-2037.<sup>xv</sup>

In terms of mental health and wellbeing, 66% of adults in Aberdeenshire report good psychological wellbeing, compared to 61% for Scotland.<sup>xvi</sup> The proportion of adults in Aberdeenshire reporting the presence of a common mental health problem is approximately 9% for men and 13% for women. This compares with 14% and 17% across Scotland.<sup>xvii</sup>

In Aberdeenshire, the number of hospitalisations due to mental health problems has fallen over the last 7 years. However, the number of people prescribed drugs for anxiety, depression or psychosis has increased.<sup>xviii</sup>

### MENTAL HEALTH INEQUALITIES

Certain groups of people are at higher risk of developing mental health problems, due to a greater exposure to unfavourable social, economic and environmental factors including:

- Material Inequality – poor housing, poverty, lack of employment opportunities.
- Social Inequality – stigma and discrimination, immigration status, ethnicity, sexual orientation, disability, problematic alcohol or drug use, experience of violence or abuse.
- Health Inequality – having long term physical health conditions.<sup>xix</sup>

People with lifelong mental health problems die on average 15 to 20 years earlier than people without. This is mostly due to undiagnosed or unmanaged physical health problems and lifestyle factors which negatively impact on physical health.

A key focus of this strategy will be to reduce health inequalities through improved access to mental health support, and by improving outcomes in housing, employability and physical health.<sup>xx</sup>

## **CHILDREN AND YOUNG PEOPLE**

Mental health problems affect all ages, with early years providing the best opportunity to reduce the need for support at a later stage in life. Childhood adversity has been shown to account for around a third of future mental health problems. Furthermore, 50% of mental health problems are established by the age of 14 and 75% by the age of 24. <sup>xxi</sup>

There are clear local strategies, primarily Aberdeenshire's Getting It Right For Every Child (GIRFEC) Mental Health and Wellbeing Strategy, that seek to address the mental health needs of children and young people. Close links with this adult strategy will be key to ensuring we take a seamless approach across all ages.

The transition from adolescence to adulthood is an extremely important stage of life. This is often a challenging stage for young people living with mental health problems, especially if transitioning from young people's mental health services.

Building on the work being undertaken by the Scottish Government, this strategy will have a particular focus on ensuring effective pathways for young people transitioning from children's mental health services.

## **ADULTS**

Around one in four adults report symptoms of a mental health problem at some point in their lifetime. <sup>xxii</sup> Women are more likely to seek help for a mental health problem than men and are more likely to be diagnosed with common mental health problems such as anxiety and depression. <sup>xxiii</sup>

We know that up to 75% of people with common mental health problems do not receive treatment. <sup>xxiv</sup>

Depression and anxiety are the most common mental health problems experienced during pregnancy, with 12% of women experiencing depression and 13% experiencing anxiety at some point. <sup>xxv</sup> This strategy aims to support people to self-manage their mental health and wellbeing and improve access to mental health treatment and support at an early stage.

## **OLDER ADULTS**

Research suggests that there are five key factors that affect the mental health and wellbeing of older people: Discrimination; Participation in meaningful activities; Relationships; Physical health; Poverty. <sup>xxvi</sup>

Aberdeenshire's population is ageing rapidly, and older people are more vulnerable to mental health problems. In the UK, depression affects around 22% of men and 28% of women aged 65 and over, yet it is estimated that 85% of older people with depression receive no help. <sup>xxvii</sup> A key focus of this strategy will be ensuring older adults are able to access support and have good experiences of transition from mental health services.



## PEOPLE WITH SUBSTANCE USE PROBLEMS

Substance use problems are often interrelated with mental health problems. The relationship between mental health and problem substance use is wide ranging:

- Drugs and/or alcohol can be used to cope with or relieve symptoms of mental health problems.
- Drugs and/or alcohol use may exacerbate mental health problems.
- Drugs and/or alcohol can increase the risk of developing mental health problems.
- There may be risk factors (e.g. unemployment and social isolation) that contribute to mental health and substance use problems.

We recognise that people with co-occurring mental health and substance use problems can experience difficulties accessing the right type of support. Mental health, drug and alcohol services are all responsible

for helping people with co-occurring conditions. Working closely with Aberdeenshire's Alcohol and Drug Partnership (ADP), this strategy has a specific focus on improving the care and treatment pathway of people with mental health and substance use problems.

## SUICIDE PREVENTION

In Scotland, approximately three quarters of probable suicides are men. Locally, the suicide rate for Aberdeenshire has decreased by 4.1% between 2003-07 and 2013-17. <sup>xxviii</sup> Certain risk factors are associated with an increased risk of suicide, including relationship breakdown, drug and alcohol misuse, unemployment, social isolation, a history of trauma and poverty. We also know that people with a diagnosed mental health problem have a higher risk of completing suicide. <sup>xxix</sup> Suicide prevention is a key national priority, and we will work closely with North East Scotland Suicide Prevention Forum to ensure a coordinated approach is taken locally.

## COMMUNITY JUSTICE

Compared to the general population, the prevalence of mental health problems among people in contact with the justice system is high.

Mental health problems commonly co-exist with substance use, physical health problems, homelessness and relationship breakdowns. <sup>xxx</sup>

We know that there is an increased suicide risk among people recently released from a custodial setting. <sup>xxxi</sup> Co-existing substance misuse and mental health problems are more common among people in contact with justice settings, when compared to the general population.

We will work closely with our partners in community justice to ensure that people get mental health support as early as possible, and that people's transitions back into the community are supportive and well-coordinated.

## **VETERANS**

Most military service personnel do not experience mental health problems, while in service or afterwards in civilian life. However, if people do experience mental health problems, they may need particular services and treatments. xxxii Experiences during service and transition to civilian life may trigger mental health problems. Post-traumatic stress disorder (PTSD), depression and anxiety affect a significant minority of veterans.

## **UNPAID CARERS AND FAMILIES OF PEOPLE LIVING WITH MENTAL HEALTH PROBLEMS**

Supporting others can mean a range of things including giving emotional support, helping someone to get help for a mental health problem, personal care, advocating and budgeting. Carers of people living with mental

health problems are usually the first to be aware of a developing crisis, often at times when professional help has not yet been established. xxxiii

We will work closely with our partners to fully support the implementation of Aberdeenshire's Adult Carers Strategy.

## **LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT) PEOPLE**

LGBT people are more likely to experience mental health problems, when compared to the general population. Nationally, 52% of LGBT people say they have experienced depression in the last year, and 61% of LGBT people say they have experienced anxiety. xxxiv

## **AUTISTIC ADULTS**

Around 70% of autistic adults have experienced a mental health problem xxxv and approximately 40% have symptoms of anxiety at any time.

## **PEOPLE WITH LEARNING DISABILITIES**

It is estimated that around 40% of adults with a learning disability also experience mental health problems. This is a much higher rate than the general population.

## **REFUGEES AND ASYLUM SEEKERS**

Asylum seekers and refugees are often at greater risk of developing mental health problems. This increased vulnerability is linked to pre-migration experiences (such as war trauma) and post-migration conditions (such as family separation). xxxvi

We will work closely to ensure people who are at a higher risk of developing mental health problems are able to access the right type of treatment care and support at the right time.

## STRATEGIC PRIORITIES

### PREVENTION & SELF-MANAGEMENT: PEOPLE ARE SUPPORTED TO MAINTAIN AND IMPROVE THEIR MENTAL HEALTH

What people living with mental health problems told us:

***We need more access to advice, information and services before becoming seriously ill”***

***Give people the tools and education to take control, with support available if needed”***

Mental health improvement covers all actions that protect and promote the mental health and wellbeing of everyone in the population by:

- Preventing mental health problems by reducing risk factors and learning coping strategies.
- Supporting people with mental health problems to improve their mental health and wellbeing through self-management.
- Reducing stigma and discrimination.
- Raising awareness of the benefits of building resilience to help cope with stress and adversity.
- Promoting recovery. <sup>xxxvii</sup>

One way of facilitating self-management is through Anticipatory Care Planning (ACP). ACP is about thinking ahead and helping people make choices about future care. ACPs can help people with long term conditions feel more in control of managing their health and wellbeing and has a number of benefits, including helping people manage changes in an organised way and prevent crisis and hospital admission.

### **Why is this a priority?**

- Improved mental health and wellbeing is associated with a range of better outcomes, including improved physical health, better educational achievement and employment outcomes.
- Effective approaches to promotion and prevention are essential if we are to reduce the impact of mental health problems on our communities.
- People identified self-management and prevention work as key areas.

### **What we will do:**

- 1.1 Ensure mental health and wellbeing information, advice and guidance is readily available in communities and is well advertised and promoted.
- 1.2 Promote mental wellbeing and reduce stigma, by increasing awareness of mental health and mental health problems.
- 1.3 Support people to self-manage mental health problems effectively.
- 1.4 Increase the use of Anticipatory Care Plans (ACPs).

## ACCESS: PEOPLE HAVE ACCESS TO THE RIGHT TREATMENT, CARE AND SUPPORT AT THE RIGHT TIME

What people living with mental health problems told us:

***Services need to be flexible as everyone's needs are different. You can't put in a diary when you are going to become unwell"***

We need to ensure that people living with mental health problems are able to access the right treatment, care and support when they need it, as close to their local community as possible.

Early intervention involves the prompt engagement, assessment and delivery of interventions for people at risk or in the early stages of experiencing a mental health problem. Early intervention aims to minimise delays in support and maximise the prospect of recovery.

There are clear links between trauma, longer term health and mental health, and we know that people affected by trauma are less likely than others to seek or receive help.

We need to make sure that services are accessible and connect people with their local communities, challenging barriers that prevent people accessing services.

### **Why is this a priority?**

- Early intervention has a number of benefits, including improved recovery, reduced need for hospitalisation, and reduced disruption and distress.
- Improving access to mental health treatment, care and support was identified as a key theme across all local engagement events.
- This was raised as particular issue for people living in rural locations, young adults, new and expectant mothers, BSL users, vulnerable adults and people who do not meet eligibility criteria for statutory services.
- Lack of transport and having to travel long distances were consistently highlighted as a major barrier to accessing services.
- People affected by trauma are less likely to seek or receive help.
- There is growing evidence that trauma informed practice can lead to better outcomes.

**What we will do:**

- 1.1 Improve access to treatment, care and support at an early stage.
- 1.2 Improve access to psychological therapies.
- 1.3 Build and maintain effective links with emergency services.
- 1.4 Increase use of digital technology to improve access to services.
- 1.5 Ensure services are trauma informed.

## PERSON CENTRED: WE DELIVER PERSON- CENTRED, RECOVERY FOCUSED SERVICES THAT PROMOTE CHOICE AND CONTROL

What people living with mental health problems told us:

***We need more peer support. It augments services. People need the opportunity to support each other”***

Delivering services that promote choice, control and strengths are key to helping people living with mental health problems recover. We will take a whole system approach, ensuring people have positive experience of care, treatment and support (particularly during transition), where recovery is the expected outcome for all. The use and increased uptake of Self Directed Support will be of particular focus over the coming years.

It is important that we work collaboratively with people living with mental health problems, their carers and wider partners in the public and third sectors, to ensure we are meeting people’s needs effectively.

We need to build on the excellent work that employees carry out across Aberdeenshire, supporting and empowering our workforce to deliver recovery focussed approaches. Working in ways that make a real difference to people’s lives will be key to this work, and we will build on our work to increase the use of personal outcomes tools.

### **Why is this a priority?**

- Effective transitions are key to providing a foundation for young people’s future wellbeing and mental health.
- The use of evidenced based treatment, care and support is central to ensuring we deliver effective, recovery focussed services.
- Feedback highlighted the need to support and work in close partnership with unpaid carers and families of people living with mental health problems.
- Greater participation and involvement of people living with mental health problems in the development of services was highlighted as a key theme.
- Better integration between health and social care teams (in particular the use of joint IT systems) was highlighted as an area for improvement.
- Improved access to appropriate housing options for people living with mental health problems was a common theme.

**What we will do:**

- 1.1 Improve care, treatment and support pathways, with a particular focus on young people in transition, older adults, people with co-occurring substance use problems, veterans and prisoners in HMP Grampian.
- 1.2 Implement models of treatment, care and support that promote recovery and inclusion (including peer, trauma informed approaches and Self-Directed Support).
- 1.3 Improve integrated working across health and social care teams (including the third sector) and build stronger partnerships.
- 1.4 Improve participation and co-production approaches, involving people with lived experience and their carers, in service development.
- 1.5 Enhance accommodation options for people with more complex needs.
- 1.6 Ensure carers of people living with mental health problems are supported, their needs considered and views taken into account.



## MENTAL HEALTH INEQUALITIES: WE REDUCE THE NEGATIVE EFFECTS OF MENTAL HEALTH INEQUALITIES

What people living with mental health problems told us:

***There needs to be better support for people with long term conditions who want to get back into work"***

***We need to see more mental health support in communities, not just in clinical settings"***

Mental health problems are strongly linked to health and social care inequalities and can have a huge impact on mental health and wellbeing: <sup>xxxviii</sup>

- 9 out of 10 people living with mental health problems have been affected by stigma and discrimination. <sup>xxxix</sup>
- People living in the most deprived areas of Scotland experience the poorest mental health. <sup>xl</sup>
- People with lifelong mental health problems die on average 15 to 20 years earlier than people without.
- Many people living with long term mental health problems want to work, but the rate of employment is much lower. <sup>xli</sup>
- It is estimated that adults in debt are three times more likely to have a common mental health problem. <sup>xlii</sup>
- People living with mental health problems are more likely to be socially isolated and to live alone. <sup>xliii</sup>

### Why is this a priority?

- Taking part in social, training, volunteering and employment activities can support the process of individual recovery and reduce social stigma and discrimination.
- Addressing stigma and discrimination within communities was consistently raised as a priority across all engagement events.
- Lack of routine health screening for people living with serious mental health problems was also identified as a gap in some areas.

**What we will do:**

- 1.1 Improve employability support.
- 1.2 Improve financial advice and support.
- 1.3 Improve physical health outcomes, working in close partnership with the third sector, GPs, Aberdeenshire's Sport and Activity service, wider NHS and Aberdeenshire Council services.
- 1.4 Work with our partners, including individuals, families, the third sector Aberdeenshire's Culture and Sport Service and Aberdeenshire Alcohol and Drug Partnership to identify and promote a range of community opportunities that support wellbeing and recovery.

## HOW WILL WE KNOW WE HAVE MADE A DIFFERENCE?

It is important that we are able to evaluate how well we are performing against the priorities set out in this strategy.

A delivery plan has been developed for 2019-2021. This delivery plan details the key projects that will take place to drive the change needed to improve people's mental health and wellbeing across Aberdeenshire over the next 2 years.

A performance management framework has been developed and is included with the first delivery plan. This framework includes a range of mental health indicators. These indicators provide a way of seeing how well we are doing and are based on national and local data.

Many indicators will be new or under development, so year one will be focussed on enhancing the framework and setting a baseline position.

The strategy will be formally reviewed on an annual basis, with performance being reported to the Aberdeenshire Integration Joint Board (IJB).

The Mental Health Quality Indicator Profile (Action 38 of the Mental Health Strategy 2017-2027) was launched in January 2019, provides a picture of mental health services in Scotland, allowing for comparison across Scotland. The profile consists of 30 indicators, providing information on 6 outcomes:

Mental health services should be:

- 1) Timely
- 2) Safe
- 3) Person Centred
- 4) Effective
- 5) Efficient
- 6) Equitable

Many of the indicators are new, but where reportable, these have been included in the performance management framework. These will be updated as more of the indicators are developed.

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## **APPENDIX 1: KEY POLICIES, STRATEGIES AND LEGISLATION**

### **Mental Health Strategy 2017-2027**

The Scottish Government's key actions for improving mental health over the next 10 years. The strategy contains 40 actions, split into 4 areas: Prevention and Early Intervention; Joined up accessible services; Physical health and wellbeing; Rights, information use and planning.

### **Good Mental Health for All 2016**

NHS Scotland's vision to improve mental health and wellbeing at a national, local and community level.

### **Suicide Prevention Action Plan: Every Life Matters 2018**

The Scottish Government's actions on suicide prevention, ensuring support is available to anyone contemplating or affected by suicide.

### **Children and Young People's Mental Health Taskforce: Delivery plan**

Scottish Government task force set up to ensure mental health needs of children and young people receive priority, and to provide recommendations, advice and support to the design and expansion of mental health services for children and young people.

### **Rights, Respect and Recovery**

Scotland's national drug and alcohol strategy.

### **Scotland's National Dementia Strategy 2017-2020**

Sets out key outcomes for people with dementia and their families and carers, including increased control over diagnosis, and better access to post diagnostic support.

### **The Scottish Strategy for Autism: Outcomes and Priorities 2018-2021**

Sets out updated actions linked to 4 strategic outcomes for autistic people: A Healthy Life; Choice and Control; Independence; Active Citizenship.

### **The Keys to Life: Improving quality of life for people with learning disabilities - Strategic outcomes 2015-17**

Sets out updated actions linked to 4 strategic outcomes for people with learning disabilities: A Healthy Life; Choice and Control; Independence; Active Citizenship.

### **Scottish Fire and Rescue Service Strategic Plan 2016 – 2019**

Details commitments to improve community safety, response and resilience, including engagement with vulnerable groups and ensuring wellbeing and safety of communities.

### **Police Scotland Annual Police Plan 2018-2019**

Details actions on prevention and early intervention, in particular developing Distress Brief Intervention referrals to support people crisis, and provide staff with distress, mental health and vulnerability training.



### **Scottish Ambulance Service - Towards 2020: Taking Care to the Patient**

Details actions on developing new care pathways with a specific focus on mental health.

### **Mental Health (Care & Treatment) (Scotland) Act 2003**

Sets out when and how people can be treated if they have a mental disorder, when people can be treated or taken into hospital against their will and what a person's rights are and the safeguards that ensure these rights are protected.

### **Adults with Incapacity (Scotland) Act 2000**

Provides a framework for safeguarding the welfare of adults who lack capacity due to mental illness, learning disability or a related condition or an inability to communicate.

### **Adult Support and Protection (Scotland) Act 2007**

Seeks to protect and benefit adults at risk of being harmed.

### **Aberdeenshire Health and Social Care Partnership Commissioning Plan 2018-2019**

Sets out the Partnership's commissioning intentions, and includes the four programmes work linked to this strategy.

### **Aberdeenshire Health and Social Care Partnership Locality Plans 2018-2021**

Locality plans have been developed for each of Aberdeenshire's 6 administrative areas. These plans detail key health and social care priorities at each local level.

### **Aberdeenshire Health and Social Care Partnership Primary Care Improvement Plan**

The Aberdeenshire HSCP Primary Care Improvement Plan (PCIP) is a high-level statement of aims, priorities and strategic intent for delivery of the 2018 General Medical Services (GMS) contract over the next 3 years. It is based on the 7 key principles for the provision of services; that these are: safe, person-centred; equitable; outcome focused; effective; sustainable; and ensure affordability and best value.

### **GIRFEC Mental Health & Wellbeing Strategy 2016 – 2019**

Sets out Aberdeenshire's key mental health and wellbeing outcomes for children and young people, including effective promotion of mental health and wellbeing and reducing stigma.

### **Aberdeenshire's Local Outcomes Improvement Plan 2017-2027**

Provides vision and focus based on agreed local priorities, focussing on 3 priorities: Changing Aberdeenshire's relationship with alcohol; Reducing child poverty; Connected and cohesive communities.

### **The Aberdeenshire Strategy for Autism 2014-2024**

Key actions include training and development, better access to information, assessment and diagnosis, stakeholder involvement, service delivery and transitions.

### **Aberdeenshire Dementia Strategy 2015-2018**

Aberdeenshire Health and Social Care Partnership's key dementia objectives, with a focus on timely diagnosis, effective post diagnostic support and health promotion.

### **Aberdeenshire Adult Carers Strategy 2018-2022**

Sets out how unpaid carers across Aberdeenshire will be supported, focussing on health and wellbeing, carer identification, information and advice, breaks from caring, training and education and recognition.

### **Aberdeenshire's Health Improvement Delivery Plan 2018-19**

This plan has a focus on improving mental health and wellbeing and reducing social isolation and loneliness.

### **Aberdeenshire Community Justice Outcome Improvement Plan 2017-2018**

Sets out Aberdeenshire's community justice priorities and the actions that partners will take collectively to prevent and reduce reoffending and improve outcomes for community justice.

### **Aberdeenshire Sport & Physical Activity Strategy 2018-2028**

Has a specific focus on improving health and wellbeing through sport and physical activity.

### **Aberdeenshire Culture Strategy 2018-2028**

A key focus of the strategy is on supporting programmes which improve mental health and wellbeing.

### **Aberdeenshire Local Housing Strategy 2018-2023**

Sets out Aberdeenshire's key housing plans, and includes an assessment of housing need which shows an increased demand for housing of all types and tenure across Aberdeenshire.

### **Aberdeenshire Passenger Transport Strategy 2014**

Sets out Aberdeenshire's objectives for passenger transport services in the Aberdeenshire area, including supporting services that improve quality of life of people without private means of travel, and provide accessible and affordable transport options.

## APPENDIX 2 - PUBLIC CONSULTATION

### HOW THE CONSULTATION WAS UNDERTAKEN:

- The consultation was open from January to March 2019.
- 300 individual and 43 organisation responses were received as part of an online survey.
- 6 face to face focus group sessions were undertaken with third sector organisations across Aberdeenshire. These were:
  - u Arches Group (Banff)
  - u Grampian Opportunities (Inverurie)
  - u Networks of Wellbeing (Huntly)
  - u Peer Support Group Inverurie
  - u Pillar Kincardine (Stonehaven)
  - u AVA Providers forum
- A written consultation response was received from Stonehaven District Community Council (SDCC). A subsequent meeting took place between SDCC and Aberdeenshire Health and Social Care Partnership to discuss their consultation response.

### KEY MESSAGES FROM THE PUBLIC CONSULTATION EXERCISE:

- Self-management approaches needed to be developed carefully and should be supportive. There was a concern that people should not just be left to access resources without support. Respondents wanted to see prevention made more explicit within the strategy.
- More accessible resources with information on mental health and wellbeing services and pathways in local areas were needed.
- There needed to be improved access to mental health support at an early stage. The suggestion of using digital technology was mixed. A number of people were concerned that this should not replace human contact. However, one focus group felt video appointments would be welcome if it meant quick access to support.
- A need for better mental health services and resources for young people.
- Better integration and joined up working with substance misuse services.
- There needed to be more meaningful involvement of people with lived experience in service development.
- Improved access to supported accommodation resources or people with more complex mental health problems.
- Better partnership working with the third sector, and wider council and NHS services (including Aberdeenshire's Culture and Sport service).

- More peer support and supported self-management groups, with dedicated facilitators.
- The strategy was well received, but there was some criticism around use of language being too complex, the online survey being too vague and there not being an implementation plan. There were also concerns that the strategy did not
- Focus on people with more serious mental health problems, and there should be more included in terms of ensuring safeguarding and wellbeing of more vulnerable people.
- There were some concerns raised by SDCC with regards to gaps in current service provision. These were:
  - u Lack of provision for people with long term conditions.
  - u Differing needs across Aberdeenshire, and a 'one size fits all' approach not working.
  - u Not enough facilitated self-management groups.
  - u Poor partnership working between agencies.
  - u No drop-in support.
  - u Time limited nature of current My Life Dynamic services.
  - u A lack of opportunities for people experiencing social isolation.

## **GROUPS AND ORGANISATIONS THAT PARTICIPATED IN THE ENGAGEMENT AND CONSULTATION PROCESS**

Aberdeenshire Alcohol and Drug Partnership Aberdeenshire Area Committees

Aberdeenshire Council

Aberdeenshire Health and Social Care Partnership Aberdeenshire Integration Joint Board

Aberdeenshire Voluntary Action

Aberdeen City Health and Social Care Partnership Advocacy North East

Alzheimer Scotland

AVA Substance Misuse and Mental Health Providers Forum Barnardo's

Bon Accord Care Braemar 3rd Age Group Choose Life

Citizens Advice

Community Substance Misuse Group – Stonehaven Contact the Elderly

Conversation Cafes Cornerstone SDS

Garioch Links Café and Peer Support Group Gordon Rural Action

Grampian Opportunities Kathy Julius Yoga Trust

Inverurie Out and About Group Hanover Housing Association Home Start Kincardine

Kincardine and Deeside Befriending LEAD Scotland  
HMP Grampian – Prisoner Focus Groups Mackie Academy Pupils  
Mearns Academy Pupils Mental Health Aberdeen  
Mental Health Carers Support Group – Stonehaven My Life Dynamic (SAMH)  
National Autistic Society Networks of Wellbeing NHS Grampian Penumbra  
Police Scotland Pillar Kincardine Quarriers  
SAMH  
Scottish Prison Service St Andrews RC Church  
Stonehaven District Community  
Council The Arches  
The Garioch Partnership The Spark  
Turning Point  
The University of Aberdeen  
Y Suffer in Silence

*Please contact [integration@aberdeenshire.gov.uk](mailto:integration@aberdeenshire.gov.uk)  
if your organisation or group is missing from this list*