

**EAST AYRSHIRE**

**COMMUNITY PLANNING PARTNERSHIP BOARD: 28 MAY 2015**

**MENTAL HEALTH AND WELLBEING STRATEGY AND ACTION PLAN**

**Report by the Assistant Director of Public Health, NHS Ayrshire and Arran**

**PURPOSE**

1. To provide the Community Planning Partnership (CPP) Board with information on and to seek approval of the Mental Health and Wellbeing Strategy approved by the NHS Board on 2 February 2015.

**BACKGROUND**

2. This local strategy focuses on ensuring that people in Ayrshire and Arran recognise that we all have mental health and wellbeing and that it can be maintained and improved, like all other aspects of health. Like other aspects of health, mental health is also more vulnerable to damage/illness if there are inequalities and mental wellbeing is not explicitly supported.
3. This strategy does not encompass mental health services or issues relating to mental illness. There is already a progressive national strategy for people who experience mental health problems (Mental Health Strategy for Scotland 2012-2015).
4. It was considered by the Integration Joint Board (IJB) on 14 June 2015. The IJB welcomed the focus of the report on positive wellbeing and agreed that further work will be undertaken in East Ayrshire through the Strategic Planning Group. This work will be to consider specific focus and actions on Wellbeing for our communities, synergies with the Strategic Plan including the impact of inequalities, and that this should be undertaken with full inclusion of representatives from people who use services, family carers, the third sector and wider communities.
5. This Mental Health and Wellbeing Strategy (Appendix A) has been developed using the national outcomes framework which is informed by evidence gathered by NHS Health Scotland, including economic analysis, where it exists. This local long-term (12 year) strategy clearly defines the direction of travel for mental health and wellbeing work. There will be four accompanying action plans, each lasting a period of three years. The first of these is attached (Appendix B). Further background papers, including an Analysis of Consultation Feedback and Supporting Evidence, are available on the Members' Portal.
6. Some of the national outcome areas already have local activity underway and where that is the case, that outcome area has been acknowledged but has not been included for action within this strategy. Those areas will continue to be addressed under their own governance/performance management arrangements.

7. This has resulted in three main areas of work remaining that are particular to mental health and wellbeing:
  - Sustaining inner resources;
  - Increasing social connectedness and trust in families and communities; and
  - Creating mentally healthy environments for working and learning.
8. A life-course approach is adopted and each of these three sections is addressed for:
  - Infants;
  - Children and young people;
  - Working age adults; and
  - Older people.

## **ASSESSMENT**

9. The state of our mental health is linked to a number of factors such as whether we experience social isolation, deprivation, unemployment or social discrimination. Whilst there have been many positive developments addressing these risk factors for mental health (such as Equality legislation) there are a number of risk factors that remain in this area. These include high levels of unemployment, low educational achievement and poor vocational skills. There is also evidence that being employed promotes mental health and wellbeing.
10. From this, it is clear that Community Planning Partnerships are the optimum context for supporting this work, which will be driven forward by the Mental Health Leadership Group.

## **COMMUNITY PLANNING IMPLICATIONS**

11. As a population health strategy, it requires to be supported by all Community Planning Partners. It is noted that there are a number of activities within the action plan which are underway and supported by the Health and Social Care Partnership and Community Planning Partnership and include the Healthy Working Lives Initiative and the Dumfries House Social Prescribing Initiative.

## **RECOMMENDATIONS**

12. The Community Planning Partnership Board is asked to:
  - i) approve the report;
  - ii) to note that the implications of the Strategy and Action Plan will be further considered by the Integration Joint Board and linked to the Wellbeing Delivery Plan, where appropriate; and
  - iii) otherwise, note and comment on the contents of this report.

**Anne Clarke**  
**Assistant Director of Public Health**  
**Ayrshire and Arran Health Board**  
**18 May 2015**

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**April 2015 to March 2027**

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# **Mental Health and Wellbeing Strategy**

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<b>Approval Process:</b>	Ayrshire & Arran NHS Board
<b>Author(s):</b>	Anne Clarke, Assistant Director of Public Health Mental Health Leadership Group
<b>Approval Process:</b>	Ayrshire & Arran NHS Board
<b>Consultation Process:</b>	September 2014 to November 2014
<b>Distribution Process:</b>	DMT, CMT, NHS Board, Integrated Joint Boards, Community Planning Partners
<b>Implementation Plan:</b>	To be developed separately

# 1. Introduction

- 1.1 This is the second mental health and wellbeing strategy that has been produced in Ayrshire and Arran. The work is led by NHS Ayrshire & Arran, but a strategy like this involves a range of partners, agencies, communities and individuals across the area. Improving mental health and wellbeing is for the whole population.
- 1.2 The constituent parts of good mental health and wellbeing have been identified and, irrespective of the context or external circumstances, these are immutable. The six areas that require to be considered for optimum mental health and wellbeing are:
- Promoting health and healthy behaviours
  - Sustaining inner resources
  - Increasing social connectedness, relationships and trust in families and communities
  - Increasing social inclusion and decreasing inequality and discrimination
  - Increasing financial security and creating mentally healthy environments for working and learning
  - Promoting a safe and supportive environment at home and in the community.

The strategy will consider all these areas.

- 1.3 The strategy does not encompass mental health services or issues relating to mental illness. There is already a progressive national strategy for people who experience mental health problems (Mental Health Strategy for Scotland 2012-2015)<sup>1</sup>. Instead this local strategy focuses on ensuring that people in Ayrshire and Arran recognise that we all have mental health and wellbeing and that it can be maintained and improved, like all other aspects of health. Like other aspects of health, mental health is also more vulnerable to damage/illness if there are inequalities and mental wellbeing is not explicitly supported.

There are well recognised factors that promote mental wellbeing and those which are challenges to our mental wellbeing. The overall aim of this strategy is to help strengthen the factors that promote mental wellbeing at both individual and community level. The strategy adopts an approach that follows the life-course from pre-birth to older people. The areas identified for action are all based on the best evidence that is currently available and is fully described in the attached appendices to the strategy.

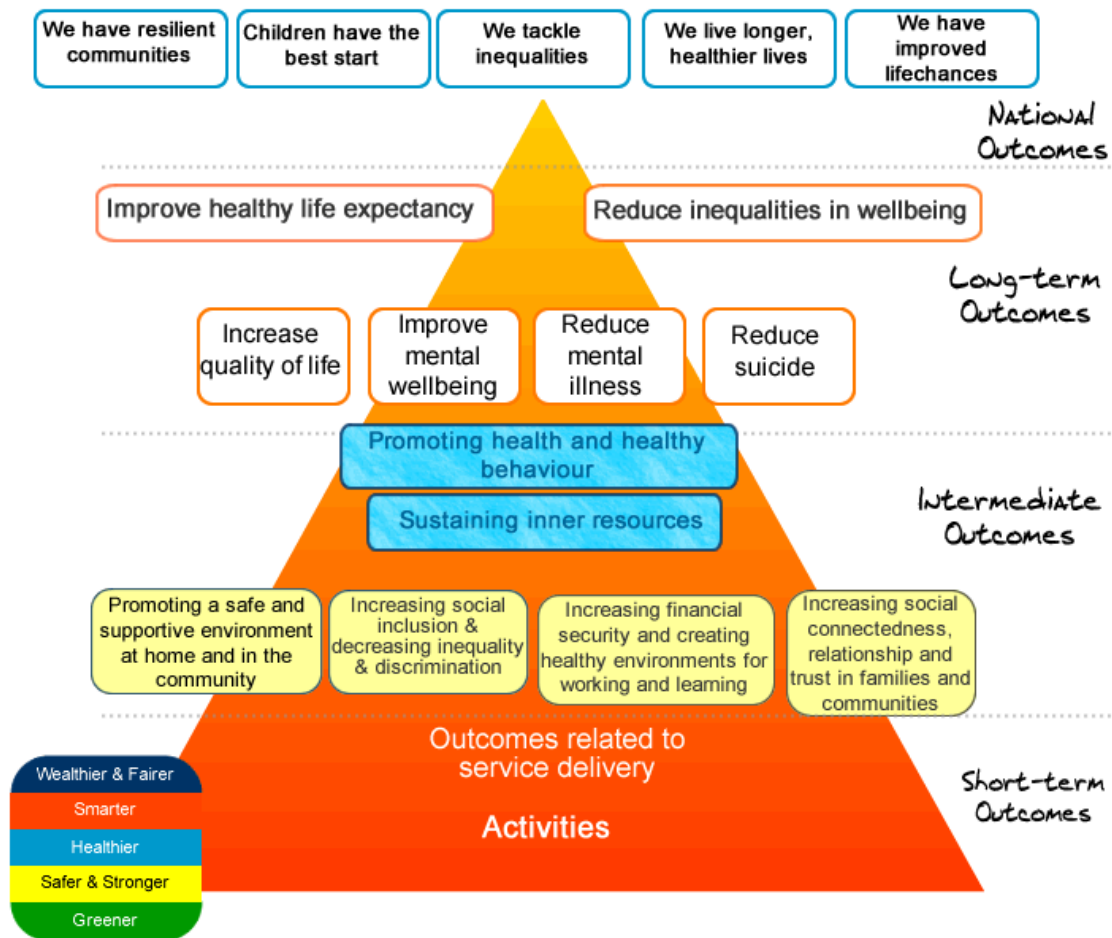
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<sup>1</sup> Mental Health Strategy for Scotland 2012 – 2015, Scottish Government, 2012  
<http://www.scotland.gov.uk/Publications/2012/08/9714>

## 2. Background

- 2.1 Mental health and wellbeing is affected by a wide range of factors that we experience in our lives, such as forming and sustaining relationships, going to work and school, being able to participate in leisure activities and feeling part of the wider community. All aspects of our lives and the lives of those around us can be affected by our mental health and vice versa.
- 2.2 The state of our mental health is linked to a number of factors such as whether we experience social isolation, deprivation, unemployment or social discrimination. Whilst there have been many positive developments addressing these risk factors for mental health (such as Equality legislation) there are a number of risk factors that remain in this area. These include high levels of unemployment, homelessness, low educational achievement and poor vocational skills. There is also evidence that being employed promotes mental health and wellbeing. However it needs to be secured well paid work. Conversely insecure, unpredictable shift work and low paid jobs can be detrimental to an individual's mental health and wellbeing.
- 2.3 NHS Health Scotland has described how all this fits together (Table 1, below). This strategy focuses on the achievement of the intermediate outcomes (6 boxes in the lower section of the triangle).

**Outcomes Triangle**  
**Mental Health**



**Table 1**

**3. Policy Context**

3.1 Because of the complexity of mental health and wellbeing, there is a large number of policy initiatives that also impact on the mental health and wellbeing of individuals and communities. It is not the intention of this strategy to attempt to encompass these, but the list below identifies those that are likely to have the biggest impact on mental health and wellbeing.

- The Economic Strategy
- Equally Well Implementation Plan
- Child Poverty Strategy
- Getting It Right For Every Child
- Early Years Framework
- Delivering a Healthy Future: Children & Young People’s Health

- More Choices, More Chances
- Achieving our Potential
- Carers and Young Carers Strategies
- Health Works
- Reshaping Care for Older People
- Good Places, Better Health
- Safer Lives, Changed Lives
- Volunteering Strategy
- Keys to Life Strategy
- Strategies for changing health behaviours: Active Living, Healthy Eating, Tobacco Control, Drugs & Alcohol, Sexual Health & Teenage Pregnancy.

This list is not exhaustive but it does demonstrate the breadth of factors that affect mental wellbeing.

- 3.2 Some contextual issues are likely to have a bigger impact than others; for example, there is already a developing body of evidence that is demonstrating a negative impact of the welfare reforms on the mental health and wellbeing of individuals and communities. Therefore, all possible support mechanisms need to be invoked to try to maintain current levels of wellbeing.
- 3.3 To address such a wide range of issues, this mental health and wellbeing strategy needs to be “owned” by Community Planning partners and driven forward through that mechanism. Table 2 (below) demonstrates the wide range of agencies and partners who have a role in supporting mental health and wellbeing. Community Planning Partnerships are the optimum context for supporting this work, which will be driven forward by the Mental Health Leadership Group.



**Table 2**

#### **4. Vision for mental health and wellbeing in Ayrshire and Arran**

- 4.1 The organisational mission statement for NHS Ayrshire & Arran is *Working Together for the Healthiest Life Possible for the People of Ayrshire and Arran*. This strategy is part of the contribution to the mental health and wellbeing dimension of that mission statement.
- 4.2 The overall, long-term aim of the mental health and wellbeing strategy is to contribute to healthy life expectancy and reduce inequalities in wellbeing. This will be done by:
- Increasing quality of life
  - Improving mental wellbeing
  - Reducing mental illness
  - Reducing suicide.
- 4.3 The challenge associated with each of these cannot be over-estimated, so this strategy sets out a direction of travel for the next twelve years that intends to move Ayrshire and Arran towards the achievement of the long-term aim.



4.4 Outlined above (Table 1) are the intermediate outcomes which this strategy will work towards:

- Promoting health and healthy behaviours
- Sustaining inner resources  
Increasing social connectedness, relationships and trust in families & communities
- Increasing social inclusion and decreasing inequality and discrimination
- Increasing financial security and creating mentally healthy environments for working and learning
- Promoting a safe and supportive environment at home and in the community.

4.5 As already identified in paragraph 3.1, there are numerous national and local strategies that are being implemented by a wide range of organisations and individuals. It is not intended of the Mental Health and Wellbeing Strategy to concern itself with overseeing how these strategies are being managed, and there is an expectation that the range of healthy behaviours will continue to be promoted locally. The evidence is that these activities will contribute to mental wellbeing and good mental wellbeing is a platform for healthy behaviours such as healthy eating, drinking sensibly and being physically active.

4.6 Sustaining inner resources: This intermediate outcome refers to an individual's capacity and ability to be resilient. It relates to purpose and meaning for individuals i.e. the feeling that one is making some sort of contribution and that there is a reason to get up each day. This section is about helping people to develop a range of coping skills to deal with everyday stresses and using the evidence of "what works", the strategy will identify this as one of its most important priority areas.

4.7 Increasing social connectedness, relationships and trust in families and communities: This intermediate outcome identifies that one of the most important aspects of maintaining our wellbeing (both mental and physical) is our degree of social connectedness. Evidence is strong – and growing – that the more social connections people have with each other, the less likely they are to experience episodes of ill health and are likely to have a better sense of wellbeing. This is a very important area for development, although it is very challenging to support.

There is a considerable swell of opinion at this time that asset-based community development is a mechanism by which local social connections can be encouraged. This strategy will support such initiatives, using current available evidence to inform action.

4.8 Increasing social inclusion and decreasing inequality and discrimination: This outcome is about ensuring that those who are marginalised can be helped to be more integrated into mainstream society. Being (or feeling) excluded has a considerable negative impact on people's mental wellbeing, so those

individuals are at greater risk of experiencing poorer mental health. There are many groups of people who may be considered marginalised within our mainstream society in Ayrshire and Arran. For example, individuals and families affected by: homelessness, any sort of disability, who are lesbian, gay, bi-sexual and/or transsexual, mental health problems, prisoners/ex-offenders, substance misuse problems, unemployment, or living in poverty, long term conditions.

This strategy is concerned with developing the mental wellbeing and resilience of all these groups and in working towards increasing their social connectedness (as described above). Some of this will be by working directly with a group (e.g. prisoners) and the work already mentioned in relation to asset-based community development will support the second aspect. The strategy recognises the links between 'Good Work' and health and the importance of supporting people into employment. However, this is part of the employability agenda which is being driven by a number of partner agencies, who are in a key position to promote the mental wellbeing of their clients and support them into work.

In terms of addressing stigma for people with mental health problems, that is highlighted as a priority area (Commitment 4) of the national strategy for mental health and that will be taken forward under its auspices.

Major strands of work flowing from this strategy may require to undergo an Equality Impact Assessment (EQIA) to identify any disproportionate impacts which may arise. This will allow reasonable adjustments to be made to mitigate the impact on those who may experience inequality, discrimination, social exclusion or disadvantage.

- 4.9 Increasing financial security and creating mentally healthy environments for working and learning: This is an important area of work for mental health and wellbeing, but this strategy intends to address financial inclusion in the same way as the work around healthy behaviours. Partners and NHS staff are increasingly recognising the importance of ensuring that everyone is able to access all the financial support that they are entitled to. Financial inclusion teams are working across Ayrshire and Arran, particularly with some of the more disadvantaged groups. Like the outcome on healthy behaviours, this strategy anticipates that this will continue and that contribution to wellbeing will continue to be made.

Conversely, healthy environments for working and learning will be a major focus of our attention. The education setting (nurseries, schools, special schools, colleges and universities) are all environments that can have a big impact – both positively and negatively – on people's mental health and wellbeing. This strategy will ensure that there is continuing activity in these settings both at a (school/university) community level and also for children and young people as individuals.

The workplace too is an environment which can influence people's wellbeing. It is recognised that there is a wide range of factors that can affect that:

workload, colleagues, managers, work location, inflexible systems and lack of support for caring responsibilities and so on. This strategy acknowledges that there is a raft of other players involved in this agenda and that many of the HR policies in a workplace can contribute to mental wellbeing. Instead, this strategy will focus solely on the mental health and wellbeing dimensions of the workplace, including the role of work itself. The Public Health Department Workplace Team offer a range of services to local employers including training on an array of mental health and wellbeing topics such as Mentally Healthy Workplaces Training for Line Managers, Resilience Workshops and Mental Health Toolbox Talk Facilitator Training. The team also support workplaces to promote a positive work life balance for their employees by advising and supporting the development of mental health and wellbeing policies and flexi working practices. Employers can access specific specialist advice in carrying out Stress Risk Assessment; the team can provide tools and resources to assist in this process.

- 4.10 Promoting a safe and supportive environment at home and in the community: People have a fundamental need to feel safe when out and about in the community or in one's own home. If that does not exist, then mental wellbeing can be compromised and individuals may begin to experience mental health problems.

There are a number of reasons for people not feeling safe in their communities; fear of violence, physical layout of public spaces, poor lighting, and lack of public transport or public transport that is not adequately staffed. Other people feel unsafe at home because of abuse either within the home or from neighbours. There are a number of community safety partnerships across Ayrshire and Arran and it is our intention to acknowledge the considerable contribution that their work makes to mental health and wellbeing and then to assume that this will continue to be delivered. This strategy will therefore not make further mention of this dimension of mental wellbeing.

- 4.11 Acknowledging that there is much work underway elsewhere that contributes to mental health and wellbeing, this strategy will therefore focus on the following:

- Developing and sustaining inner resources, especially of marginalised groups
- Increasing social connectedness, relationships and trust in families and communities
- Creating mentally healthy environments for working and learning.

Each of these will be further developed to specify more precisely what should happen in relation to these, based on the best evidence that is currently available.

## 5. The Approach

5.1 In order to manage these three priority areas, above, each area will be addressed by taking a “life-course” perspective. There are four “categories” to help do this:

- Infants
- Children and young people (this may occasionally be sub-divided further)
- Working age adults
- Older people.

The tables below outline priority areas for activity over the next 12 years. It is recognised that, in some cases, the process of change and implementation may take some time and some resources but these areas for activity have been identified from the best available evidence. These are the areas for activity that will have the greatest chance of positively impacting on the mental health of people in Ayrshire and Arran.

## 6. Examples of Possible Activities

All of these areas for activity impact on mental health and wellbeing. Activities have been linked to the outcome that it most closely aligns with, but all of the activity contributes to mental wellbeing. For example, “parenting programmes” or “asset based approaches” could be mentioned several times but is recorded only once. *Please note the activities listed below.*

All of the above will be underpinned by:

- A focus on marginalised groups
- Training for staff working in universal services to promote infants, children’s and young people’s social, emotional and psychological wellbeing. This applies to all stages of staff experience i.e. in training (teachers, nurses) or when in post and is relevant to all categories and disciplines. This will include specific information portals, use of Intranet, LearnPro, online learning environments, face to face sessions, drop-in/advice sessions, seminars.
- Communication/media/social media plan.

### Infants, children and young people

6.1 *Priority area 1 – Developing and sustaining inner resources, especially of marginalised groups*

Desired Intermediate Outcome(s)	Activities based on evidence
Appreciation of own skills, attributes and environment	School-based programmes to promote mental health and wellbeing
	Community based activities and volunteering opportunities

Ability to effect change including increasing control and mastery, self-efficacy, self determination	Responding to difficulties and challenges/problem solving teams and activities/play
Increased confidence, increased positive sense of self	Information for prospective mums and dads
	Antenatal and perinatal support to promote bonding and attachment
	Parenting approaches and programmes
	Information for parents from early years to adolescence
	Childcare and nursery settings

6.2 *Priority area 2 – Increasing social connectedness, relationships and trust in families and communities*

<b>Desired Intermediate Outcome(s)</b>	<b>Activities based on evidence</b>
Increased participation, engagement and attendance for all	Children’s involvement in asset based community approaches
Increased social interaction for all	Raising awareness of positive role of adults
	Intergenerational activities
	Awareness of benefits and risks of social media networking
Better parent/guardian child relationship Parental relationship, peer relationship, friendship for all	Promoting attachment and bonding through play
	Supporting breastfeeding

6.3 *Priority area 3 – Creating mentally healthy environments for working and learning*

<b>Desired Intermediate Outcome(s)</b>	<b>Activities based on evidence</b>
Mentally Healthy Nurseries and Schools	Counselling and advice services for children and young people
	Promoting mental health and wellbeing aspects of Curriculum for Excellence
	Supporting Early Years Collaborative stretch aims
	Mental health training
	Supporting re-engagement with education for those who are marginalised from mainstream education

All of these areas for activity impact on mental health and wellbeing. Activities have been linked to the outcome that it most closely aligns with, but all of the activity contributes to mental wellbeing. For example, “volunteering” could be mentioned several times but is recorded only once.

## Working aged adults/older people

### 6.4 Priority area 1 – Developing and sustaining inner resources, especially of marginalised groups

Desired Intermediate Outcome(s)	Activities based on evidence
Increased meaning, purpose, optimism and hope	Activities that promote mental health and wellbeing
	Volunteering, ‘Good Work’ i.e. secure and adequately paid work.
Increased resilience	Tools specifically designed to help individuals improve and maintain their mental health and wellbeing e.g. Steps for Stress, Mindfulness, 5 Ways to Wellbeing, Wellness Recovery Action Planning (WRAP®) etc
	Creating organisational cultures in workplaces that support mental health and wellbeing
Increased individual mental health	Social prescribing
	Public information campaigns
	Training for professionals and volunteers to support people with mental health problems

### 6.5 Priority area 2 – Increasing social connectedness, relationships and trust in families and communities

Desired Intermediate Outcome(s)	Activities based on evidence
Increased participation engagement and attendance for all	Asset-based community development
	Environmental and green-space improvements
Better parent/guardian child relationship. Parental relationship. Peer relationship, friendship for all	Support healthy relationships
	Activities referenced in the children and young people section
Increased trust in the community by all	Social support interventions

## 6.6 Priority area 3 – Creating mentally healthy environments for working and learning

Desired Intermediate Outcome(s)	Activities based on evidence
Increased learning and development for all	Encouraging a range of learning opportunities, both formal and informal
Increase mentally healthy workplaces	Workplace policies and procedures that support employees' mental health and wellbeing
	Programmes to support employees
	Programmes to support employers

## 7. Monitoring and evaluation framework

The Mental Health Improvement Strategy for Ayrshire and Arran is an outcomes-focused strategy to promote positive mental wellbeing and reduce common mental health problems (and their associated harms) among the population of Ayrshire and Arran. To assess the impact of the strategy we will need to be able to monitor and evaluate:

- Population level changes in relation to key outcome areas for mental health improvement.
- Performance management of specific services or interventions.

This section details the different levels of data required to assess these factors and proposes a framework for monitoring and evaluating Ayrshire and Arran's forthcoming Mental Health Improvement Strategy and its associated Action Plan. A flowchart for planning monitoring and evaluation activities is also presented in Figure 4.

### 7.1 Contribution analysis

The proposed framework is consistent with the use of logic modelling and contribution analysis as an approach to programme development, performance management and evaluation (Mayne 2001; Mayne 2008; Scottish Government 2011). The six key steps to contribution analysis are as follows:

1. **Set out the attribution problem to be addressed:** identify and build consensus around the key outcomes or targets.
2. **Develop a theory of change and risks to it:** this can be achieved through the development of one or more logic models which set out the expected short, intermediate and long term outcomes, and the activities which would deliver these outcomes. Logic models should also consider the level of control which agencies may have over specific outcomes. Three levels of control can be identified – direct control (e.g. the delivery of outputs such as the number of training sessions held); direct influence (e.g. short-term and intermediate outcomes, such as changes in participants knowledge and behaviour), and indirect influence (e.g. longer-term impacts on the population). The logic model

should also consider external factors which may influence whether an outcome is achieved or not achieved.

3. **Gather the existing evidence on the theory of change:** this may include demographic information, epidemiological data and existing evidence of effectiveness.
4. **Assemble and assess the contribution story, and challenges to it:** this will involve building consensus that the contribution story and associated theory of change is credible, and establishing robust baseline data to measure future progress against. It will also identify areas where evidence for effectiveness and/or current data collection activities are weak.
5. **Seek out additional evidence:** this may include the evaluation of specific components of the strategy, gather further expert opinion, or synthesising existing evidence.
6. **Revise and strengthen the contribution story:** as more evidence is gathered it is advisable to return to Step 4 to review the strengths and weaknesses of the contribution story and revise it accordingly.

**Proposed action** Feedback will be sought from a range of partners with regard to the extent to which activities within Ayrshire and Arran are contributing to the strategy's stated aims and objectives, and the extent to which the strategy's theory of change has been found to be an accurate model for mental health improvement. The theory of change and related areas for activity will be revised on the basis of this feedback and other available evidence.

## 7.2 *Intermediate and long-term outcomes*

Intermediate and long-term outcomes are related to population level changes in mental health and wellbeing (for example, mental wellbeing as measured by the Warwick-Edinburgh Mental Wellbeing Scale) and are usually dependent on the achievement of a number of short-term outcomes. They are also subject to greater external effects (for example, UK-wide welfare reforms or global recession) and less amenable to rapid change than short-term outcomes. As a result it is difficult to attribute the achievements of a specific service or intervention to these outcomes. Instead they are better suited as indicators of whether an overall strategy is meeting its stated aims and objectives. The parameters for these outcomes are set out nationally the *Outcomes Framework for Scotland's Mental Health Improvement* (NHS Health Scotland 2010), and relate to the national mental health indicators for adults (NHS Health Scotland 2007) and children & young people (NHS Health Scotland 2012).

## 7.3 *Short-term-outcomes and outputs*

Short-term-outcomes are related to changes in knowledge, attitudes and individual behaviours. They less broad and esoteric than intermediate and long-term outcomes, and thus they are usually easier to measure. They can be measured

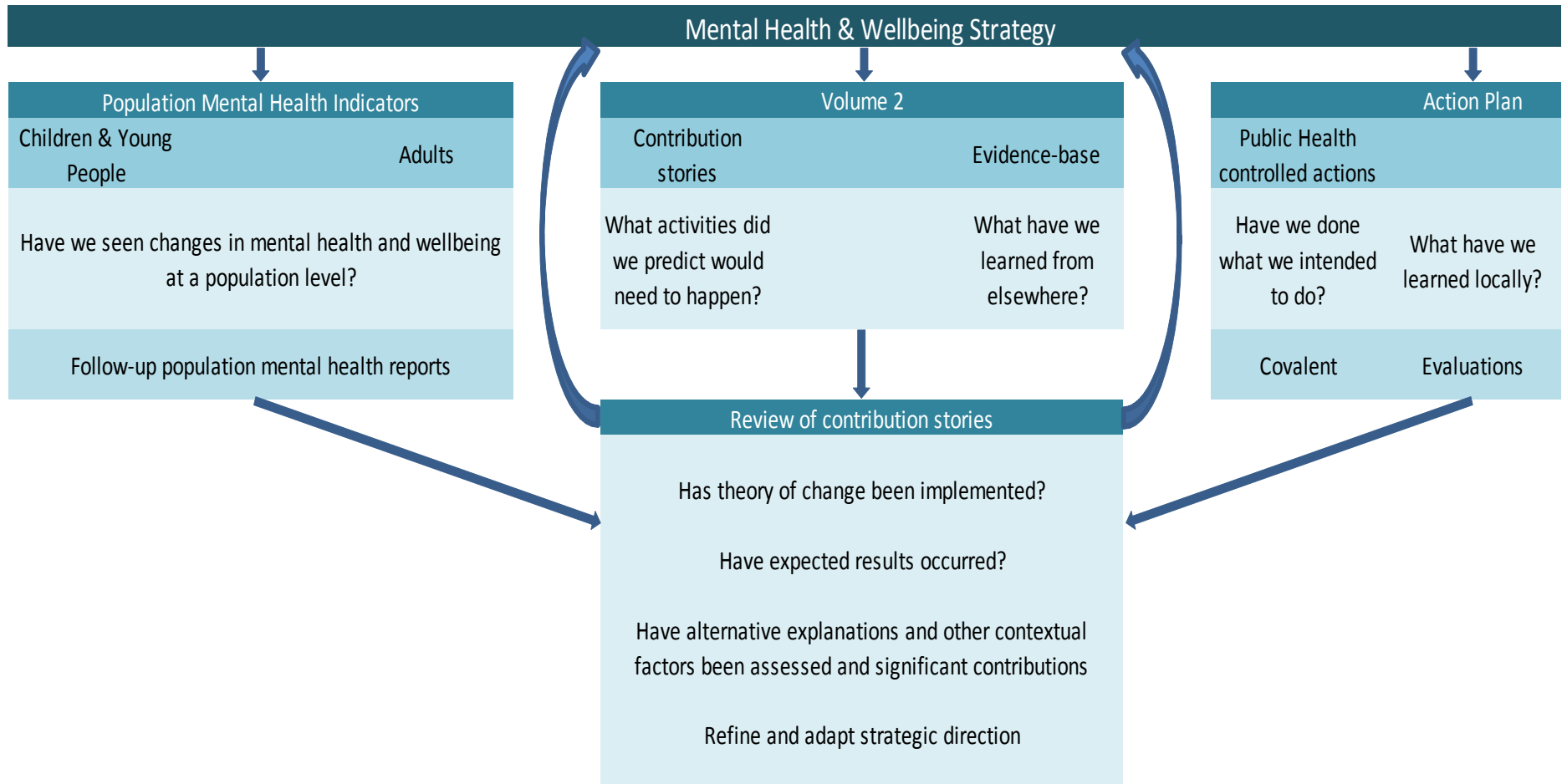


within a 1-2 year time-frame, and are more easily demonstrated to be directly attributable to a specific service or intervention. The parameters for short-term outcomes are also set out in the Outcomes Framework for Scotland's Mental Health Improvement but do not have national indicators as they will relate to a specific service or intervention.

Outputs describe the amount or volume of service or intervention delivered (for example, the number of Mental Health Directorate service users that have developed a Wellness Recovery Action Plan). Outputs are important for the performance management of work programmes but do not infer anything of the quality of the service delivered on their own. Where high quality processed evidence is available for a specific service or intervention outputs can, however, be used as a proxy indicator that outcomes are being achieved.

**Proposed action** For activities where high quality processed evidence is not available, evaluation should be considered to assess short-term outcomes. For activities where high quality processed evidence is available, outputs should be used in conjunction with the corresponding evidence base to estimate the impact of the activity. Key reporting mechanisms to be evaluation reports and Public Health Performs (Covalent). These findings will be used in the performance management of Action Plans and identify any areas of slippage in the overarching strategy.

**Figure 4: Proposed flowchart for planning monitoring and evaluation activities**



## Appendix 1: Glossary of Terms

**Health inequalities** - differences in health status between individuals or groups, as measured by - for example, life expectancy, death rates or disease. Health inequalities are preventable and unjust differences in health status experienced by certain population groups. People in lower socio-economic groups are more likely to experience chronic ill-health and die earlier than those who are more advantaged. Health inequalities are not only apparent between people of different socio-economic groups, they exist between different genders and different ethnic groups.

**Social connectedness** - involves the quality and number of connections a person has with other people in a social circle of family, friends and acquaintances.

**Social inclusion**- A socially inclusive society is defined as one where all people feel valued, their differences are respected, and their basic needs are met so they can live in dignity. Social exclusion is the process of being shut out from the social, economic, political and cultural systems which contribute to the integration of a person into the community (Cappo 2002).

<http://www.copmi.net.au/images/pdf/Research/social-inclusion-fact-sheet.pdf>

**The Early Years Collaborative** - there is one in every NHS Board area in Scotland. It is a coalition of Community Planning Partners, including social services, health, education, Police and third sector professionals, who are working together to improve outcomes for children under the age of eight years.

**Social prescribing (sometimes called community referral)** - is a mechanism for linking patients with non-medical sources of support in the community. These might include opportunities for arts and creativity, physical activity, learning new skills, volunteering, mutual aid, befriending and self-help. It may also include support with, for example, employment, benefits, housing, debt, legal advice or parenting problems.

**Intergenerational work** - aims to bring people together through purposeful, mutually beneficial activities which promote greater understanding and respect between generations and contributes to building more cohesive communities.

Intergenerational practice is inclusive, building on the positive resources that younger and older people have to offer to each other and those around them.

Intergenerational work is not just about having contact between generations, it is about having a mechanism or an approach that enables both groups to learn from each other and share experiences for mutual benefit.

**Social support** - means having friends and other people, including family, to turn to in times of need or crisis to give you a broader focus and positive self image. Social support enhances quality of life and provides a buffer against adverse life events. Social support can take different forms:

- **Emotional (sometimes called non-tangible) support** refers to the actions people take to make someone else feel cared for.
- **Instrumental support** refers to the physical, such as money and housekeeping.
- **Informational support** means providing information to help someone.

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**April 2015 to March 2018**

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**Mental Health and Wellbeing Action Plan**

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<b>Author(s):</b>	Anne Clarke, Assistant Director of Public Health Mental Health Leadership Group
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## Introduction

This is the first three-year action plan for Ayrshire and Arran's Mental Health & Wellbeing Strategy 2015-2027. The strategy focuses on three key outcome areas:

1. Developing and sustaining inner resources, especially of marginalised groups.
2. Increasing social connectedness, relationships and trust in families and communities.
3. Creating mentally healthy environments for working and learning.

Broad areas for activity have been identified across these three outcome areas based on the current evidence for mental health improvement. Actions have been mapped against these key outcome areas and areas for activity. The following tables contain activity area columns which are letter coded. A descriptor for each of these letters can be found at the end of the Action Plan.

Mental health improvement is everyone's business and the objectives of the strategy can only be achieved by adopting a partnership approach and it being implemented through partnership structures. The strategy and this action plan have been developed by the Mental Health Leadership Group (MHLG) and Children & Young People's Mental Health Group (CYPMHG), which are multi-agency and multi-disciplinary groups chaired by NHS Ayrshire & Arran's Public Health Department. The role of these groups is to facilitate mental health improvement activities, and to monitor and evaluate the strategy's implementation.

The action plan has been split into three sections to reflect the wide range of partners with a remit for mental health improvement, the limited resources within the MHLG and CYPMHG and the stated preference of partners to incorporate mental health improvement actions within their own locality plans rather than duplicating actions across two plans. Actions in this document are therefore limited to those that are being led by the MHLG/CYPMHG or within NHS Ayrshire & Arran's Public Health Department. It is therefore anticipated that partners will similarly have explicit actions for mental health improvement in their local plans.

**Section 1** focuses on mental health improvement activities that are being led by MHLG/CYPMHG or within NHS Ayrshire & Arran's Public Health Department.

**Section 2** focuses on the partnership groups upon whose contribution mental health improvement activity is reliant. It outlines the planning and advocacy role of MHLG/CYPMHG members as representatives on these groups where their role is to support the inclusion of mental health improvement activities in various plans and to ensure that actions are developed in line with the evidence base outlined in Volume 2 of the strategy.

**Section 3** focuses on the public mental health intelligence functions that are required to monitor and evaluate the strategy and its associated action plans.

### **Performance management of the action plan**

Many of the actions identified within this plan are high-level and will have accompanying project plans that support the implementation of the action. Covalent will be used as the Performance Management tool for this action and the supporting activity for each action, along with any milestones, will be overseen by that process.

**Section 1 – Mental Health Improvement Activities**

Action	Reporting Lead	Support	Timescale	Outcome areas	Lifecourse stages
				Activity areas	
Develop and deliver Wellness Recovery Action Planning (WRAP) workshop programme	Health Promotion Officer - CDU	WRAP Facilitators	Years 1-3	1	Working age adults
				a	Older people
Continue to develop and maintain the Ayrshire WRAP facilitator network	Health Promotion Officer - CDU	WRAP Facilitators	Years 1-3	1	Working age adults Older people
				b, c	
Promoting Mental Health Improvement Training (PMHI): <ul style="list-style-type: none"> <li>Develop a network of PMHI</li> </ul>	Health Promotion Officer – CDU/Health Promotion	NHS Health Scotland/ Local small/ medium businesses/Local authorities/Ayrshire	Year 2	1, 3	Working age adults

**Outcome areas:**

1. Developing and sustaining inner resources, especially of marginalised groups.
2. Increasing social connectedness, relationships and trust in families and communities.
3. Creating mentally healthy environments for working and learning.



Section 1 – Mental Health Improvement Activities

Action	Reporting Lead	Support	Timescale	Outcome areas	Lifecourse stages
				Activity areas	
trainers <ul style="list-style-type: none"> <li>Facilitate and evaluate delivery of PMHI training locally</li> <li>Maintain a network of PMHI trainers and local delivery of this training.</li> </ul>	Officer – Mental Health	College		a, b , c	
Deliver the Ahead for Health programme within workplaces engaged with the Healthy Working Lives (HWL) programme	Health Promotion Officer – HWL	Local employers working towards HWL award		3	Working age adults
				d	
Identify whether there is a need for a local mental health training pathway to be developed  If a need is identified, then develop pathway and distribute appropriately	Health Promotion Officer – CDU/Health Promotion Officer – Mental Health	Mental Health Services/ local authorities/ Third sector	Year 2 - 3  Year 2 - 3	3	Working age adults Older people
				d	

**Outcome areas:**

1. Developing and sustaining inner resources, especially of marginalised groups.
2. Increasing social connectedness, relationships and trust in families and communities.
3. Creating mentally healthy environments for working and learning.

## Mental Health and Wellbeing Strategy: Action Plan 2015 – 2018

### Section 1 – Mental Health Improvement Activities

Action	Reporting Lead	Support	Timescale	Outcome areas	Lifecourse stages
				Activity areas	
Continue to deliver Steps for Stress resource work with adult services	Health Promotion Officer – Mental Health	Fresh Airshire/ Local Authorities/Ayrshire College	Year 1 - 2	1	Working age adults Older people
				a, k, n, q	
Implement the AHEAD project which aims to empower individuals within communities to build trust and relationships between statutory service providers and local communities to enable service changes which promote more innovative efficient use of resources	Assistant Director – Public Health	Health Promotion Managers/ Local authorities/ Access to Employment/community builders	Year 1 - 3	2	Working age adults Older people
				e, f, g	

**Outcome areas:**

1. Developing and sustaining inner resources, especially of marginalised groups.
2. Increasing social connectedness, relationships and trust in families and communities.
3. Creating mentally healthy environments for working and learning.

## Mental Health and Wellbeing Strategy: Action Plan 2015 – 2018

### Section 1 – Mental Health Improvement Activities

Action	Reporting Lead	Support	Timescale	Outcome areas	Lifecourse stages
				Activity areas	
Implement the AHEAD project which aims to empower children and young people within communities to build trust and relationships between statutory service providers and local communities to enable service changes which promote more innovative efficient use of resources	Assistant Director – Public Health	Health Promotion Managers/ Local authorities/ Access to Employment/community builders	Year 1 - 3	2	Children & young people
				e, f, g	
Facilitate the development of social prescribing activity in Primary Care across Ayrshire and Arran:  Identify potential social prescribing opportunities  Implementation of social prescribing activity across Ayrshire and Arran	Co-production Manager	Dalmellington GP Practice/ The Zone	Year 1  Years 2-3	1, 2	Working age adults Older people
				h, i, j	
Develop and deliver mental health improvement drama to schools to promote positive mental health and	Health Promotion Officer – Mental Health	Health Promotion Practitioners/Local authority – Education Department/Ayrshire	Year 1	1,3	Children & young people

**Outcome areas:**

1. Developing and sustaining inner resources, especially of marginalised groups.
2. Increasing social connectedness, relationships and trust in families and communities.
3. Creating mentally healthy environments for working and learning.

Section 1 – Mental Health Improvement Activities

Action	Reporting Lead	Support	Timescale	Outcome areas	Lifecourse stages
				Activity areas	
wellbeing and reduce stigma		College		m, i	
Identify what primary schools are doing to take forward the mental health and wellbeing component of Curriculum for Excellence/Raising attainment for all	Health Promotion Officer – Mental Health	Health Promotion Practitioners/ Education Department Health & Wellbeing Co-ordinators/Ayrshire College	Year 1	3	Children & young people
				m, n	
Explore the possibility and feasibility of delivering WRAP in schools for children, parents and staff	Health Promotion Officer - CDU	Education Department Health & Wellbeing Co-ordinators	Year 2 - 3	1, 2	Children & young people/ Working age adults
				a, m, o, p	

**Outcome areas:**

1. Developing and sustaining inner resources, especially of marginalised groups.
2. Increasing social connectedness, relationships and trust in families and communities.
3. Creating mentally healthy environments for working and learning.

## Mental Health and Wellbeing Strategy: Action Plan 2015 – 2018

### Section 1 – Mental Health Improvement Activities

Action	Reporting Lead	Support	Timescale	Outcome areas	Lifecourse stages
				Activity areas	
Scope the possibility/feasibility of utilising the Looking After Me resource in schools/further education	Health Promotion Officer - CDU	Health Promotion Practitioners/ Education Department Health & Wellbeing Co-ordinators/ Ayrshire College	Year 2	1	Children & young people
				a, m, n	
Deliver Steps for Stress related work within the school/wider education setting	Health Promotion Officer – Mental Health	Health Promotion Practitioners/Education Department Health & Wellbeing Co-ordinators/Ayrshire College	Year 1	1	Children & young people/ Working age adults
				a, k, n, q	
Explore the use social media to promote positive mental health and wellbeing to children and young	Health Promotion Officer – Mental	NHS Greater Glasgow & Clyde/ Young Scot/ Dialogue Youth	Year 3	2	Children & young

#### Outcome areas:

1. Developing and sustaining inner resources, especially of marginalised groups.
2. Increasing social connectedness, relationships and trust in families and communities.
3. Creating mentally healthy environments for working and learning.

Section 1 – Mental Health Improvement Activities

Action	Reporting Lead	Support	Timescale	Outcome areas	Lifecourse stages
				Activity areas	
people	Health			r	people
Support colleagues within education to deliver mental health improvement sessions to parents and carers	CAMHS Primary Mental Health Worker	Nicola Tomkinson/ Maggie Dhinsa/Fiona Smith/ Education Department Health & Wellbeing Co-ordinators Parents/ Carers/ HP Practitioners	Year 1 - 3	1,3	Working age adults
				j, n, q, s	
Work with local schools to share good practice in relation to mental health and wellbeing	Health Promotion Officer – Mental Health	Nicola Tomkinson/ Carolann Swanson/ Fiona Smith/ Education/ CAMHS/ Education Department Health & Wellbeing Co-	Years 1-3	1, 3	Children & young people/ Working age adults

**Outcome areas:**

1. Developing and sustaining inner resources, especially of marginalised groups.
2. Increasing social connectedness, relationships and trust in families and communities.
3. Creating mentally healthy environments for working and learning.

Section 1 – Mental Health Improvement Activities

Action	Reporting Lead	Support	Timescale	Outcome areas	Lifecourse stages
				Activity areas	
		ordinators/HP Practitioners		b, o	

DRAFT

**Outcome areas:**

1. Developing and sustaining inner resources, especially of marginalised groups.
2. Increasing social connectedness, relationships and trust in families and communities.
3. Creating mentally healthy environments for working and learning.

## Mental Health and Wellbeing Strategy: Action Plan 2015 – 2018

### Section 2: Public Mental Health Planning & Advocacy

Action	Reporting lead	Support	Timescale	Outcome areas	Lifecourse Stages
				Activity areas	
Continue and maintain representation on partnership groups with a remit for mental health improvement, advocating for mental health & wellbeing within planning and delivery decisions	Mental Health Leadership Group (MHLG) and Children & Young People's Mental Health Group (CYPMHG) members	N/A	Years 1-3	All	All
Review and identify opportunities and priorities for mental health improvement planning and advocacy, for example within the Early Years Collaborative in relation to Infant Mental Health and working with dads	MHLG and CYPMHG members	N/A	Years 1-3	All	All
Use mental health improvement "best buys" as priorities for planning and advocacy activities	MHLG/CYPMHG	N/A	Years 1- 3	All	All
Plan and deliver three Children & Young People's Mental Health seminars per year	Health Promotion Officer – South	CYPMHG members	Years 1-3	All	Children & young people

**Outcome areas:**

1. Developing and sustaining inner resources, especially of marginalised groups.
2. Increasing social connectedness, relationships and trust in families and communities.
3. Creating mentally healthy environments for working and learning.



## Mental Health and Wellbeing Strategy: Action Plan 2015 – 2018

### Section 2: Public Mental Health Planning & Advocacy

Action	Reporting lead	Support	Timescale	Outcome areas	Lifecourse Stages
				Activity areas	
	Locality				
Review one Rural 21 plan in each locality to identify opportunities for health improvement including mental wellbeing	Locality Health Promotion Managers	Community development staff	Years 1 – 3	All	All
Support the implementation of the Health Improving Care Establishment with LA colleagues, focusing on the mental health & wellbeing aspects : <ul style="list-style-type: none"> <li>• In North Ayrshire</li> <li>• South Ayrshire</li> <li>• East Ayrshire</li> </ul>	Locality Health Promotion Officers	Staff at residential homes  LAAC nurses	Years 1 - 3	All	Children & young people
Lead the co-production Steering group, within the context of the Person- Centred Programme Board with a view to developing co-produced services which positively impact on the population’s mental wellbeing	Anne Clarke	Members of Co-Production Group	Years 1 - 3	All	All

**Outcome areas:**

1. Developing and sustaining inner resources, especially of marginalised groups.
2. Increasing social connectedness, relationships and trust in families and communities.
3. Creating mentally healthy environments for working and learning.

## Mental Health and Wellbeing Strategy: Action Plan 2015 – 2018

### Section 2: Public Mental Health Planning & Advocacy

Action	Reporting lead	Support	Timescale	Outcome areas	Lifecourse Stages
				Activity areas	
Support the implementation of the Health Promoting Health Service focusing on the mental health & wellbeing aspects	Health Promotion Officer – South Locality	Health Promoting Health Service Steering Group/ Health & Social Care Partnerships	Years 1- 3	All	All

**Outcome areas:**

1. Developing and sustaining inner resources, especially of marginalised groups.
2. Increasing social connectedness, relationships and trust in families and communities.
3. Creating mentally healthy environments for working and learning.

## Mental Health and Wellbeing Strategy: Action Plan 2015 – 2018

### Section 3: Public Mental Health Intelligence

Action	Reporting lead	Support	Timescale	Outcome areas	Lifecourse Stages
				Activity areas	
Review use of national MH indicators locally	Senior Public Health Research Officer <sup>1</sup>	Sonya Scott	Years 1-2	Monitoring and evaluation	All
Update population mental health and wellbeing report	Senior Public Health Research Officer <sup>1</sup>	Sonya Scott	Year 3	Monitoring and evaluation	All
Maintain evidence base for strategy's theories of change	Senior Public Health Research Officer <sup>1</sup>	MHLG and CYPMHG members	Years 1-3	Monitoring and evaluation	All
Review theories for change to inform second action plan	Senior Public Health Research Officer <sup>1</sup>	MHLG and CYPMHG members Associated partnership groups	Year 3	Monitoring and evaluation	All

**Outcome areas:**

1. Developing and sustaining inner resources, especially of marginalised groups.
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3. Creating mentally healthy environments for working and learning.

## Mental Health and Wellbeing Strategy: Action Plan 2015 – 2018

### Section 3: Public Mental Health Intelligence

Action	Reporting lead	Support	Timescale	Outcome areas	Lifecourse Stages
				Activity areas	
Use Public Health prioritisation tool to direct Mental Health Leadership and Children & Young People's Mental Health Groups' evaluation activities	Senior Public Health Research Officer <sup>1</sup>	MHLG and CYPMHG members	Years 1-3	Monitoring and evaluation	All
Evaluation of the Asset-Based Community Development programme (AHEAD)	Senior Public Health Research Officer <sup>2</sup>	Scottish Marketing Gateway/ North Ayrshire Council/ South Ayrshire Council/ Glasgow Centre for Population Health	Years 1 - 3	Monitoring and evaluation	All
Develop public health intelligence for people with mental health problems	Specialty Registrar/ Senior Public Health Research	Mental Health Services	Years 1-2	Supporting activity	All

**Outcome areas:**

1. Developing and sustaining inner resources, especially of marginalised groups.
2. Increasing social connectedness, relationships and trust in families and communities.
3. Creating mentally healthy environments for working and learning.

Section 3: Public Mental Health Intelligence

Action	Reporting lead	Support	Timescale	Outcome areas	Lifecourse Stages
				Activity areas	
	Officer <sup>1</sup>				
Update AthenA with mental health improvement information	Project Co-ordinator	MHLG and CYPMHG members / Public Health AthenA Administrators	Years 1-3	Supporting activity	All

**Outcome areas:**

1. Developing and sustaining inner resources, especially of marginalised groups.
2. Increasing social connectedness, relationships and trust in families and communities.
3. Creating mentally healthy environments for working and learning.

## Activity areas based on evidence

a	Tools specifically designed to help individuals improve and maintain their mental health and wellbeing (e.g. Steps for Stress, Mindfulness, 5 Ways to Wellbeing, Wellness Recovery Action Planning [WRAP]).
b	Creating organisational cultures in workplaces that support mental health and wellbeing.
c	Training for professionals and volunteers to support people with mental health problems.
d	Workplace policies and procedures that support employees' mental health and wellbeing
e	Asset-based community development
f	Volunteering, 'Good Work' i.e. secure and adequately paid work
g	Children's involvement in asset based community approaches
h	Social prescribing
i	Activities that can promote mental health and wellbeing
j	Creating organisational cultures that support mental health and wellbeing
k	Public information campaign
l	Environmental and greenspace improvements
m	School-based programmes to promote mental wellbeing
n	Mental wellbeing component of Curriculum for Excellence
o	Responding to difficult times and challenges/problem solving teams and activities/play
p	Support healthy relationships across the life stages
q	Training for professionals and volunteers to support people with mental health problems
r	Awareness of benefits and risks of social networking
s	Information for parents from early years to adolescence

### List of Reporting Leads with Job Titles

#### Outcome areas:

1. Developing and sustaining inner resources, especially of marginalised groups.
2. Increasing social connectedness, relationships and trust in families and communities.
3. Creating mentally healthy environments for working and learning.

<b>Name</b>	<b>Job title</b>
Nicola Tomkinson	Health Promotion Officer - CDU
Maggie Dhinsa	Health Promotion Officer – Mental Health
Lindsey Murphy	Health Promotion Officer - HWL
Anne Clarke	Assistant Director – Public Health
Irene Campbell	Co-production Manager
Carolann Swanson	CAMHS Primary Mental Health Worker
<b><u>Mental Health Leadership Group members:</u></b>	
Anne Clarke, Assistant Director – Public Health (Chair), NHS A&A Andrew Hale, Equality and Health Policy Officer, North Ayrshire Council Irene Campbell, Co-production Manager, NHS A&A Maggie Dhinsa, Health Promotion Officer – Mental Health, NHS A&A Eleanor Eade, Risk & Safety/Health Improvement Officer, South Ayrshire Council Marla Baird, Equality & Inclusion Manager, Ayrshire College Andrew Pulford, Senior Public Health Research Officer <sup>1</sup> , NHS A&A Sonya Scott, Specialty Registrar, NHS A&A Fiona Smith, Health Promotion Officer – South Locality Helen Strainger-Boyce, Performance Manager, NHS A&A Nicola Tomkinson, Health Promotion Officer - CDU, NHS A&A	
<b><u>Children &amp; Young People’s Mental Health Group:</u></b>	
Anne Clarke, Assistant Director – Public Health (Chair), NHS A&A Laura Doran, Principal Clinical Psychologist, NHS A&A Marisa Forte, Clinical Psychologist for Community Paediatrics, Medical Paediatrics and Neonatal, NHS A&A Jane MacQuarrie, Principal Clinical Psychologist, NHS A&A Elaine Moore, Clinical Midwifery Manager Inpatient/Outpatient, NHS A&A Andrew Pulford, Senior Public Health Research Officer, NHS A&A Ruth Deery, Professor of Maternal Health, University West of Scotland Sonya Scott, Specialty Registrar, NHS A&A Fiona Smith, Health Promotion Officer – South Locality, NHS A&A Suzanne Thomson, Team Leader – CAMHS, NHS A&A Carolann Swanson, CAMHS Primary Mental Health Worker, NHS A&A Kathleen Winter, Public Health Practitioner (Child Health), NHS A&A	
<b><u>Locality Health Promotion Managers:</u></b>	
Brenda Knox, North Locality Lesley Reid, South Locality Sharon Hardie, East Locality	
<b><u>Locality Health Promotion Officers:</u></b>	
Joanne Inglis, North Locality Maureen Kater, South Locality Kevin Lyle, East Locality	
Deborah Wason	Senior Public Health Research Officer <sup>2</sup>
Mhairi McMillan	Project Co-ordinator

**Outcome areas:**

1. Developing and sustaining inner resources, especially of marginalised groups.
2. Increasing social connectedness, relationships and trust in families and communities.
3. Creating mentally healthy environments for working and learning.