

Dundee Mental Health and Wellbeing Strategic Plan 2019-2024

Introduction

Our vision is that the people of Dundee will have positive wellbeing and a good quality of life to help prevent mental health problems occurring, and that those with mental ill health will get the respect, support, treatment and care they require to recover without fear of discrimination or stigma.

Mental health and wellbeing is a priority locally, nationally and globally. We know that mental health inequalities are a more significant challenge in Dundee in comparison to most other areas of Scotland.

Dundee Mental Health and Wellbeing Strategic and Commissioning Group (MHWSCG) has produced this Plan to support the improvement of mental health and the reduction of mental health inequalities, predominantly for adults, over the next 5 years in the city.

What is Mental Health and Wellbeing?

Mental health and wellbeing is how we feel, think and behave as well as how fit we are in body and mind. Happiness and satisfaction, ability to cope when things get hard, and feeling optimistic about the future are features of positive mental health and wellbeing. If we have a sense of belonging, meaning and purpose in life, good physical health, and can look after ourselves and control what happens to us, we are more likely to be resilient and experience good mental health and wellbeing.

What affects Mental Health and Wellbeing?

Mental health and wellbeing is complex. Having close friends and family can promote positive wellbeing and protect us when things go wrong; however, someone with good mental wellbeing may find it easier to be sociable and connect with others than a person who has poor mental health. Equally, unemployment, poverty, disability or being a carer can lead to poor mental health, but can also make it difficult for a person to find or hold down a job that could improve their life circumstances and impact positively on their wellbeing.

The connections and differences between mental wellbeing and mental illness are debatable. Health professionals may see mental illness as disease, which requires medical treatment and intervention. Others see mental illness as a natural reaction to life circumstances best treated by dealing with the root causes of the person's distress, for example bereavement, trauma, relationship breakdown, or chronic pain. The issue is further complicated by the fact that being mentally unwell does not always result in clinical diagnosis of mental illness, and that people living with mental illness can and do often experience positive wellbeing.

Why Mental Wellbeing Matters

Poor mental health and wellbeing are linked with a wide range of negative factors such as unhealthy lifestyles, poor physical health, unemployment and deprivation. On the other hand, good mental health and wellbeing have been shown to lead to better health and social outcomes. The impacts of poor mental health, and mental ill health, are significant and have implications for a range of public services such as the NHS, Criminal Justice and local authorities. In recognition of this, mental health and wellbeing is a priority for the Scottish Government and locally for Dundee Partnership and the Health and Social Care Partnership. Tackling poor mental health involves improving mental wellbeing for the whole population as well as preventing and reducing mental illness.

Mental Health Inequalities

In working together to improve mental health and wellbeing, we recognise that mental ill health affects some people more than others. Using a range of data sources, we know that:

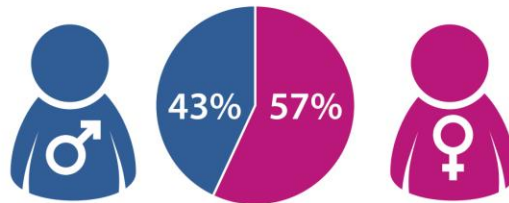


In Dundee, more adults aged 16 – 64 have a mental health condition than the Scottish average. This equates to 6,319 people in the city.



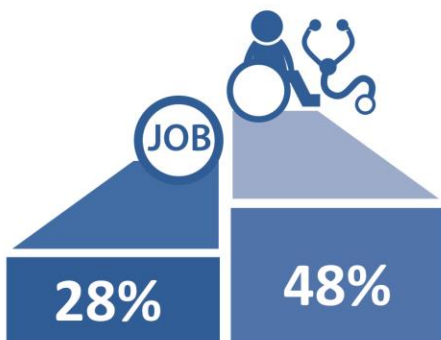
For adults in Dundee reporting a mental health condition, the highest rate can be found for women aged 35-49 years.

For every age group, women are more likely to have mental health conditions than men. The gender ratio for Dundee is 57% females and 43% for males, which is similar to the position in the rest of Scotland.



Populations living in poorer socio-economic circumstances are at increased risk of poorer mental health, depression and lower subjective wellbeing. Those living in the poorest areas are twice as likely to develop mental health problems as those on average incomes.

The 2011 Census showed that, of the 8 wards within the city, the East End, Lochee and Coldside wards have the highest rate per 1,000 people with a mental health condition. All areas of Dundee, except for the West End and The Ferry, have a higher rate than the national average per 1,000 adults aged 16-64 reporting a mental health condition.



The 2011 census indicated that people who identified themselves as having mental health conditions were less likely to be in work than Dundee's general population. Only 28% are in employment, 48% are either long term sick or disabled.

Prevalence figures from Mental Health (MH) registers for all Dundee Practices have demonstrated a year on year increase in the number of people on the register. In the last 5 years the change in the number of people on the MH register has increased by 8.8%.



Mental Disorders are strongly related to suicides. Dundee has a slightly above average suicide rate compared to the rest of Scotland.

What's Happening in Dundee?

Mental health and wellbeing is identified as a priority in all relevant policies and plans in the city. In Dundee's City Plan it is one of the top three issues in the Health, Care and Wellbeing theme, alongside obesity and substance misuse. The MHWSCG, which involves a wide range of statutory and non-statutory service providers and community/ service user/ advocacy perspectives, has produced this Strategic Plan and a more detailed action plan to address many of the most important challenges facing Dundee's people in obtaining good mental health and wellbeing. This Strategic Plan has a strong interface with a range of other strategic plans and commissioning statements which recognise, and impact on, the mental health and wellbeing of specific population groups in the city. These include the Tayside Plan for Children, the Substance Misuse Strategic and Commissioning Plan for Dundee 2018-2021, A Caring Dundee: A Strategic Plan for Supporting Carers in Dundee and Dundee Suicide Prevention Strategic Plan for Dundee.

These plans are interconnected, reflect and put into action, the strategic priorities implemented by Scottish Government at a national level in terms of improving health and reducing health inequalities for the population as a whole.

The views and perspectives of those who provide mental health support and services in Dundee are listened to and acted upon when redesigning or restructuring how we do our business. Most importantly, this Strategic Plan and the more detailed action plan incorporate the views, suggestions and ideas of local people and service users about what matters most to them in terms of improving and protecting their mental health and wellbeing, as well as reflecting their experiences of mental ill health, services and recovery. These measures ensure that this Strategic Plan, and current and subsequent actions, are genuinely co-produced by those who have a stake in its development and delivery.

Principles to Guide Improvement

Delivering the vision for mental health and wellbeing in the city requires underpinning principles that direct the approach and all activity of the MHWSCG and its partners. The following 3 overarching principles have been adopted:

An integrated approach that brings together medical and social models of mental health.

An upstream approach that is focused on mental health promotion, prevention and early intervention, as well as services focussed on treatment and care.

A person-centred and strengths based approach which focuses on recovery, assets, quality of life and hope rather than the deficits and problems of individuals and communities.

Strategic Priorities

The MHWSCG has agreed 4 key strategic priorities to underpin and define its work in Dundee moving forward. These are:

- Reducing Health Inequalities
- Prevention and Early Intervention
- Getting the Right Support at the Right Time
- Focus on Recovery

The priorities agreed upon carry equal importance and there is an inter relationship between these. The 4 priorities will be used to track performance and improvement over time as well as to identify areas where activity may need to be accelerated.

To support these priorities we will strive to ensure that people who work within health and social care services, and partners, feel engaged in the work they do and are supported to continuously improve the information, support, care and treatment they provide.

A Good Practice Example

Sources of Support social prescribing link workers service (SOS)

SOS was piloted on a small scale and scaled up incrementally to the current position of 10 social prescribing link workers across 15 GP practices as part of the Scottish Government national Community Link Worker Programme, and more recently in the context of the Tayside Primary Care Improvement Plan and Action 15 of the national Mental Health Strategy.

Link workers take referrals from GPs and other health professionals for adult patients with poor mental health and wellbeing affected by their social circumstances. The SOS service sits within Dundee's integrated Health Inequalities Service.

An external evaluation demonstrated that the service had positive impacts on clients and GPs. Data showed a fairly even gender split and mixed age range. Over half of those referred were single, 92% had a mental health issue, the majority were unemployed and/or unfit to work, in receipt of welfare benefits, and living in the most deprived areas. 59% of patients required assisted visits to support them to access services; reasons included chronic anxiety, mobility issues, and financial constraints. Over 70% of those referred engaged with the scheme, 65% of goals were met fully and 84% had some positive outcome. Outcomes included increased access to services and activities, decreased social isolation, improved or new housing, benefits issues being addressed, new sense of purpose, and increased confidence. Outcomes for GPs included reduced patient contact, more options for patients, raised awareness of non-clinical services, and increased productivity. The role of the link worker was shown to be sophisticated and complex, using skills such as negotiation, facilitation, research, networking and advocacy.

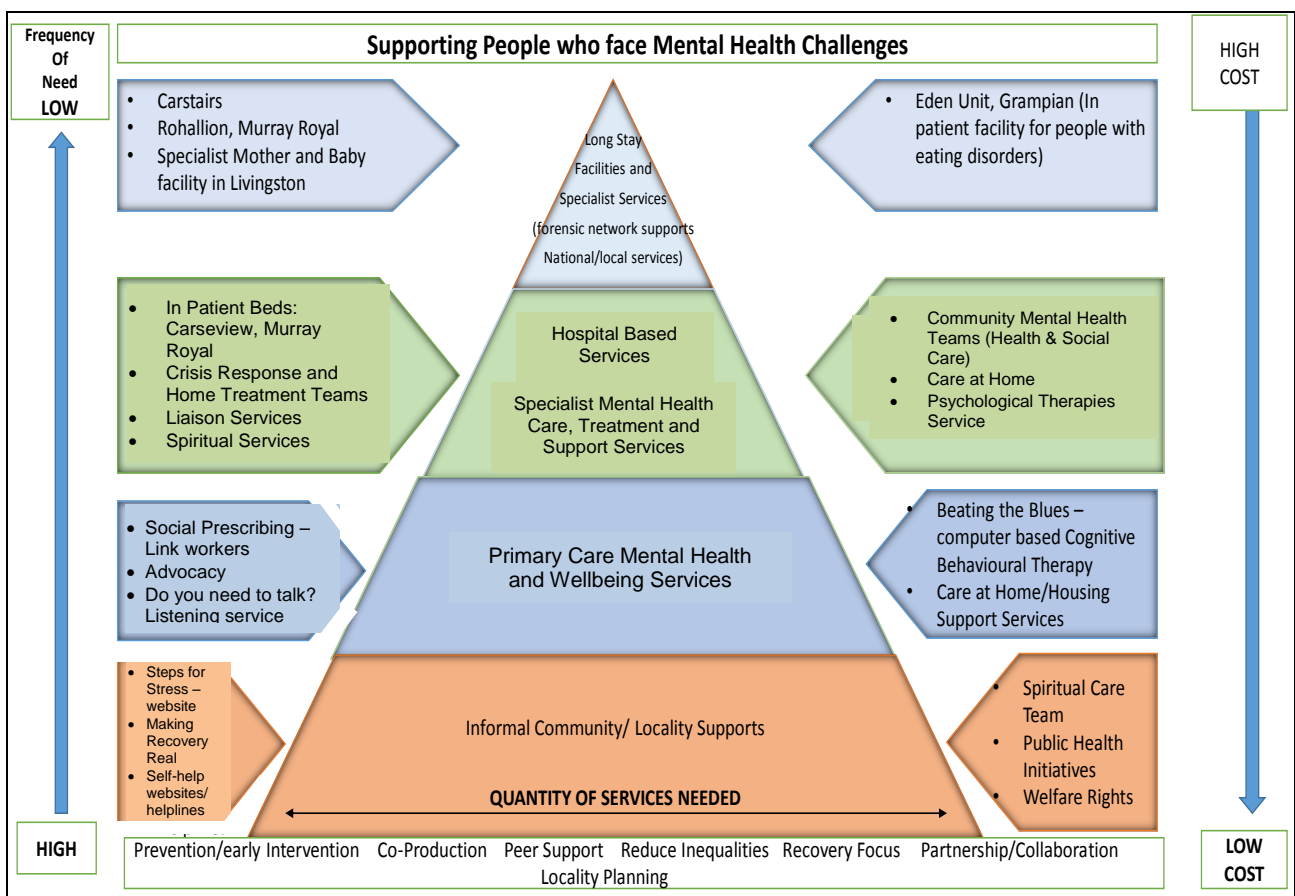
This effective and impactful model provides a synergy between medical and social models of mental health and wellbeing, focusing on social determinants and providing positive links for vulnerable people with a wide range of community based services and activities that can help improve life circumstances and quality of life.

Quotes:

"...when I first began I rarely went out... it kind of gave me a boost to go and do things with the kids and I was always kind of worried about money, so she put me onto places that didn't cost too much or were free".

"Quite often as a GP you do realise effectively what you can do is not very much. Life and circumstances and all sorts of things affect people's mental health and all you can do is give them 10 minutes of your time and probably send them away with a prescription".

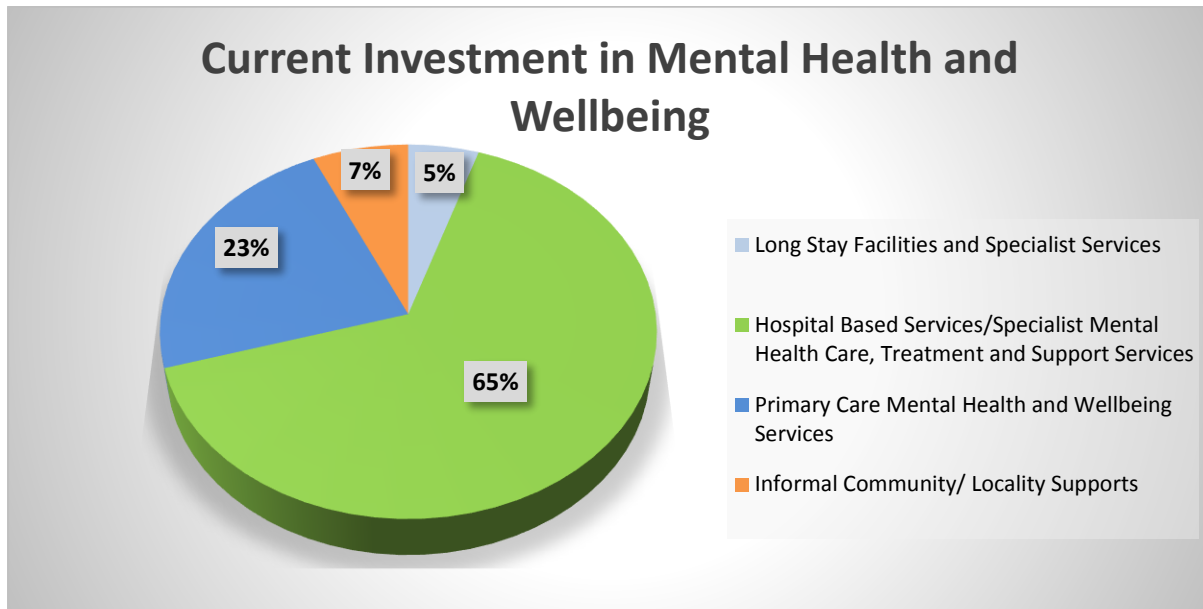
Mental Health and Wellbeing Model



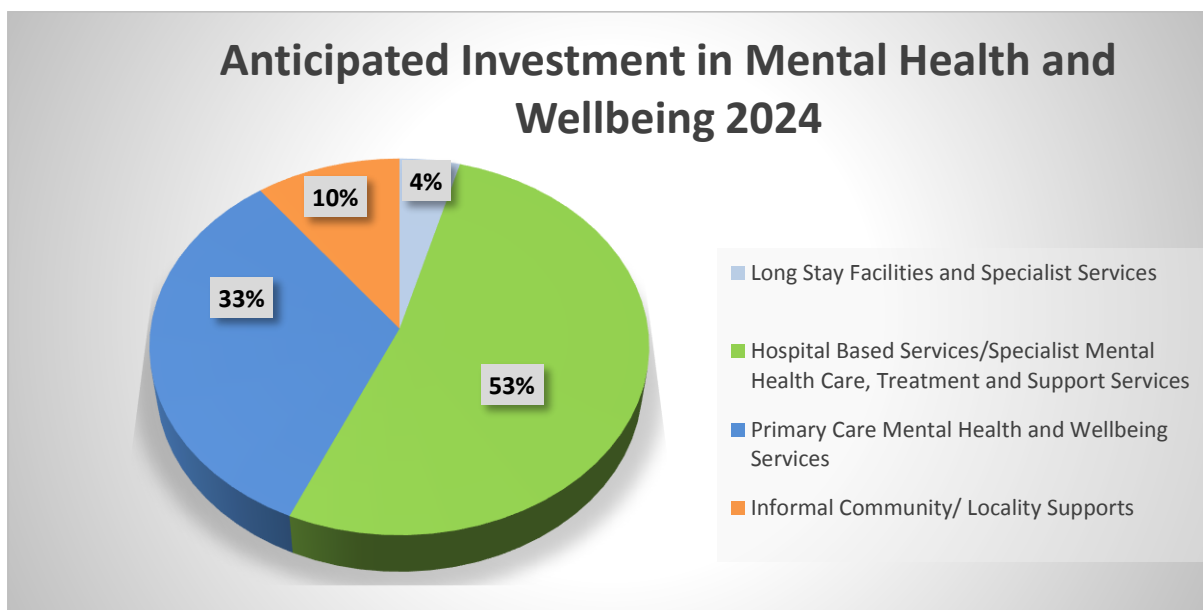
The pyramid above has been adapted from a model produced by the World Health Organisation and can be used to help organisations analyse the balance between varying levels of support within a mental health context.

The model illustrates some examples of mental health and wellbeing support that is currently available in the city and will be used to track progress against strategic priorities throughout the life of the Plan. In order to improve mental wellbeing and reduce mental health inequalities, it is anticipated that the level of informal/ locality based supports will continue to increase. As a result, the reliance on the current level of in patient provision will decrease as more preventative supports are made available.

A financial framework has been developed as part of this model to track disinvestment/investment across the different levels of mental health and wellbeing support. This will enable the MHWSCG to evidence shifts in investment and the best use of overall available resources.

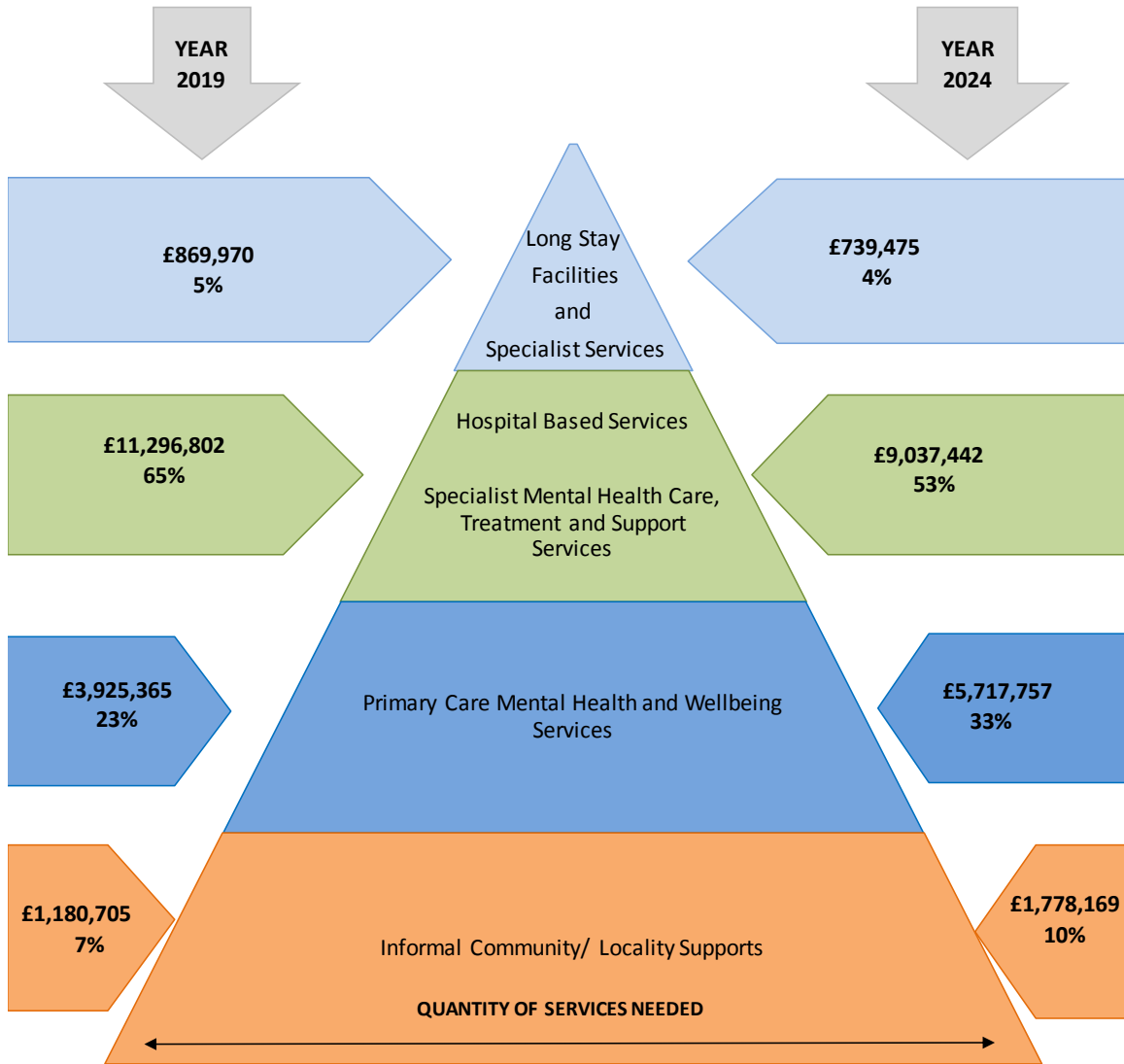


The above chart shows the current balance of investment of Dundee Health and Social Care resources in Mental Health and Wellbeing.



The above chart shows an anticipated shift in the balance of financial investment over the life of this Strategic Plan.

Anticipated Shifts in Investment 2019-2024



The MHWSCG will use the above financial framework as a baseline from which to evidence desired shifts to more preventative, locality based support for the people of Dundee.

The model shows the anticipated impact of a redesign of Mental Health and Wellbeing Supports in Dundee. Financial planning will also require to take account of demographic factors and available financial resources between 2019 – 2024.

Good Practice Example

Making Recovery Real (MRR) is a multi-agency cross sector initiative supported by the Scottish Recovery Network.

The aim of the initiative is to shift the balance of power at all levels towards people with lived experience of mental health challenges.

Extensive and ongoing engagement tells us that what best supports recovery is:

- Being heard and understood, particularly by others who have lived experience.
- Sharing recovery stories.
- Being able to support others who have similar experiences.

In the 3 years that Making Recovery Real has been in place in Dundee we have:

- Created films and workshops to help share recovery stories with the public, service providers, and decision-makers.
- Held events to share the learning.
- Delivered Peer 2 Peer training courses.

Some of the impacts that have been evidenced so far:

- Creation of more peer recovery roles, both voluntary and paid positions in a variety of settings.
- Establishment of a Peer Recovery Network for mutual support and ongoing development.
- Of 24 peer graduates, 6 regularly deliver story sharing workshops and participate in events; 5 have progressed into further training or personal development courses, 5 have taken up volunteering opportunities, 3 went on to University courses, and 3 are now in employment.

Strategic Priority 1 - Reducing Health Inequalities

Some people are more likely to have poor mental health than others. For example, someone living on a low income is much more likely to become mentally unwell than someone who is better off. Someone who completes suicide is three times more likely to come from a poorer community than a more affluent one. These are unacceptable facts of life in Dundee. The strategy aims to reduce health inequalities by:

- Developing a framework of assessment, intervention, and support to address health inequalities experienced by people with mental health challenges.
- Targeting outreach work for better outcomes in localities with higher incidences of poor mental health, including providing mental health training.

- Working with people with mental health challenges to improve their physical health, for example including targeted smoking cessation programmes in conjunction with Public Health colleagues.
- Working with people with chronic physical conditions to improve their mental health and wellbeing.
- Working with people within the Criminal Justice Service to improve their mental health and wellbeing.
- Providing appropriate housing for people with mental health challenges.
- Provide more co-ordinated responses for people facing mental health and substance misuse challenges.

Strategic Priority 2 - Prevention and Early Intervention

The best way of ensuring that people enjoy good mental health and wellbeing is to prevent problems from arising in the first place. When problems do arise, they are best resolved when dealt with as quickly as possible. The strategy will therefore deliver support that is open to all, helping people to look after their own mental health and wellbeing. Other actions are included to keep people who live with ongoing mental health challenges as well as possible and prevent relapse. To these ends we will:

- Increase awareness of mental health issues across communities, schools, and workplaces, reducing stigma and discrimination.
- Make health and wellbeing information easier to find and understand.
- Make non-medical and social prescribing more widely available.
- Increase the number of short breaks to help sustain relationships between people with mental health issues and their unpaid carers.
- Provide evening and weekend access to facilities at Dundonald Centre for local mental health focussed care providers and voluntary organisations.
- Provide more low intensity psychological support at earlier stages in the patient journey.

Strategic Priority 3 - Getting the Right Support at the Right Time

People with mental health challenges, and their carers, have reported that it can be difficult to get the right help at the right time. However, getting the right help usually results in better outcomes. That's why we intend to broaden the range of available supports, and to make supports more accessible. Some of the changes we shall introduce are:

- Expanding the “Do you need to Talk?” Listening Service.
- Delivering Mental Health and wellbeing short courses in community settings.
- Increasing capacity within psychological therapies services.
- Introduction of specialist mental health assessment and liaison service within GP cluster areas to speed up access to appropriate mental health support.
- Strengthening support for people who live with substance misuse as well as mental health issues.
- Improving our response to people experiencing distress. We shall introduce a model of care and support that compliments existing services and is available at all times of the day and night.

We will also:

- Collaborate to improve pathways between acute care, primary care, community care and community based mental health and wellbeing supports.
- Ensure the pathway and transition planning is a collaborative process involving all stakeholders supporting children, young people, adults and older people who face mental health challenges.
- Work in partnership to provide 7-day community mental health support.
- Collaborate with hospital based mental health services to ensure smooth transitions between home and hospital and ensure that person centred treatment and recovery plans are followed.
- Build capacity within the third sector to strengthen services and supports within communities.
- Build capacity within the community pharmacy service to provide expert advice and guidance on mental wellbeing.
- Improve availability of Welfare Rights advice and information within all settings to support people experiencing mental health challenges to navigate the current welfare system.
- Enhance the accessibility of services by promoting the use of technology to allow people to consult with specialist services from their own home or local community bases.
- Work to ensure that people offering care, treatment and support are familiar with the effects of trauma and fully understand the longer-term impact of adverse childhood experiences such as sexual and/or physical abuse.

Strategic Priority 4 - Focus on Recovery

People can and do successfully recover from mental ill health, but recovery is personal and means different things to different people. We will continue to learn together about recovery and what best supports it, keeping lived experiences of recovery at the forefront of all we do. We will:

- Encourage people to hold recovery conversations in communities, sharing recovery stories, and celebrating successes.
- Develop the workforce, extending and broadening understanding of recovery.
- Create more peer recovery roles, both paid and voluntary, across the system and support a network for people involved in peer recovery.
- Emphasise the social components of recovery alongside reduced clinical symptoms in all care, treatment, and support provided.
- Provide 1:1 support and group activities in topics such as goal setting, personal reflection, mindfulness, and self-management.
- Review the use of anti-psychotic medications and poly pharmacy in acute and primary care settings.
- Continue to work in partnership with a range of others to improve employers' knowledge about mental health and wellbeing and their capacity to support people within, and back to, the workplace.
- Ensure appropriate access to the right care and/or support should a person relapse: Maintain a hopeful stance throughout this period, care planning around Wellness Recovery Action Plans and Advanced Statement.

Co-Production

The priorities and actions within this Plan have been strongly influenced by the voice of people in Dundee who have experience of mental health challenges. The MHWSCG has developed positive, and possibly unique, relationships with vulnerable groups and localities in the context of strategic planning and commissioning processes. In addition to important but more traditional models of linking with service user groups and forums, strategic officers have developed meaningful connections with people and communities most at risk of developing poor mental health.

The work of the Poverty Truth Commission Mental Health Sub Group has been fed into the MHWSCG at every stage and this dialogue and collaboration has ensured that the recommendations from the sub group on what needs to change strengthen and are consistent with the actions in the strategic commissioning plan. The following is a quote from one of the Commissioners:

"Recently the mental health working group had the opportunity to present our research findings and recommendations to the strategic planning group. For me personally it was really empowering to share the voice of some of the most disenfranchised people in our city. I felt like the group listened with open minds and were really receptive to our recommendations. Although some of what we shared made difficult listening everyone engaged with the discussion. I feel more confident that our voices have been heard and will form part of the conversation around the development of mental health services having shared our research and recommendations with the group."

A Health Issues group in the East End of the city performed its drama on suicide and self-harm to the MHWSCG followed by focused discussions on how local people with lived experience can provide support to others in the same situation in their own communities. The group helped design a mental health briefing to share at a local level the work of the strategic commissioning group and continue to work tirelessly to improve the mental health of those in need.

Dundee Service User Network (SUN) continue to seek the views of people with lived experience and are represented on the MHWSCG.

These processes demonstrate that the MHWSCG is genuinely coproducing its strategy and associated actions by working alongside those most affected and using their experience and evidence to agree what a framework of support will look like.

The MHWSCG will continue to listen to people through existing, well established communication networks and will strive to make new connections with, and fully involve, a range of people and interest groups across the city.

The outcomes of processes that provide external scrutiny will continue to be incorporated within strategic planning throughout the life of this Plan.

Governance

The Mental Health and Wellbeing Strategic and Commissioning Group (MHWSCG) will take responsibility for, and provide leadership on, all matters relating to mental health and wellbeing strategic planning and commissioning for adults within the city.

Tayside Mental Health Alliance has been established to ensure a collaborative approach is taken to developments that require a Tayside-wide focus.

A reporting framework is being produced to track progress against the priority areas outlined within this Plan and against the more detailed set of actions already identified by the MHWSCG. Tayside Mental Health Alliance have also established initial key priorities and actions.

Links to Related Policy/Strategy Documents

Improving mental health is a priority for the Scottish Government.

The [SG website includes](#) information about the activity that the Scottish Government is currently undertaking and provides links to further information about Mental Health and Wellbeing.

Mental Health policy in Scotland encompasses a number of discrete strategies including Mental Health Strategy and Suicide Prevention Strategy. It is recognised that the determinants and effects of mental health cross a wide variety of other policy areas such as substance misuse, early years, public health, acute physical illness and the interdependence of mental and physical health.

[‘What Research Matters for Mental Health Policy in Scotland’ \(2015.\)](#) The research priorities outlined in this paper were developed by the Mental Health and Protection of Rights Division of the Scottish Government to support 5 key policy objectives articulated through the [Mental Health Strategy 2012-2015](#) and the [Suicide Prevention Strategy 2013-2016](#).

Although both strategies were coming to an end, the paper included emerging sentiments about the direction of travel for the next strategies.

The [Mental Health Strategy 2017 – 2027](#) was published on 30 March, 2017, and is the centrepiece for the Government’s focus on improving Mental Health. It contains 40 specific actions, each intended to tackle a specific issue. The strategy includes a focus on prevention and early intervention, accessible services, physical wellbeing of people with mental health problems, rights and information.

[‘Every Life Matters’ – Scotland’s Suicide Prevention Action Plan \(2017 - 2022\)](#) lists the actions which leaders nationally and locally must take to transform society’s response and attitudes towards suicide and these actions extend beyond health and social care.

[Transforming Psychological Trauma: A Knowledge and Skills Framework for the Scottish Workforce, NHS Education for Scotland](#) outlines a framework for the Scottish Workforce as detailed in the Survivor Scotland Strategic Outcomes and Priorities (2015-2017) publication

<https://www.nes.scot.nhs.uk/media/3971582/nationaltraumatrainingframework.pdf>

[Personalising Realistic Medicine: Chief Medical Officer for Scotland’s Annual Report 2017-2018, Scottish Government \(2019\)](#) outlines the fourth annual report on the current implementation of Realistic Medicine in Scotland

<https://www.gov.scot/publications/personalising-realistic-medicine-chief-medical-officer-scotland-annual-report-2017-2018/>

[The City Plan for Dundee 2017 – 2026](#) builds on a series of Dundee Outcomes which reflect and contribute to the national ambitions for Scotland. It has 5 strategic priorities one of which is to improve the mental health and wellbeing of the people of Dundee.

[Dundee Health and Social Care Partnership Strategic and Commissioning Plan 2016 - 2021](#)

[Tayside Primary Care Improvement Plan](#)

[The National Health and Wellbeing outcomes](#) provide a strategic framework for the planning and delivery of health and social care services.

The [Carers \(Scotland\) Act 2016](#) is designed to support carers' health and wellbeing and to help make caring more sustainable.