



REPORT TO: MORAY INTEGRATION JOINT BOARD ON 28 MARCH 2024

SUBJECT: MENTAL HEALTH PATHWAY MAPPING

BY: INTERIM INTEGRATED SERVICE MANAGER, MENTAL HEALTH AND DRUG AND ALCOHOL SERVICE

1. REASON FOR REPORT

1.1 To update the Board on progress on the Mental Health Pathway Mapping exercise and implementation of the Moray Mental Health Strategy as discussed at the Moray Integration Joint Board (MIJB) development session on 26 October 2023.

2. RECOMMENDATION

2.1 It is recommended that the Board:

- i) note the content of the report, the mapping of services that has been completed to date, and the outline plan for delivery of the Moray Mental Health and Wellbeing strategy; and**
- ii) provide comment on how this plan could connect with children and young people's mental health and wellbeing work across Moray.**

3. BACKGROUND

3.1 The Scottish Government Mental Health and Wellbeing Strategy outlines nine outcomes that Health and Social Care Partnerships should work towards and ultimately deliver. These include increased availability of timely, effective support, care and treatment that support people's mental health and wellbeing; meeting individual needs and having better equipped communities to support people's mental health and wellbeing and providing opportunities to connect with others.

3.2 Other frameworks which are relevant to the Mental Health and Wellbeing agenda include:

- Core Mental Health Standards
- Adult Mental Health Standards
- Self-harm prevention

- Medical Assisted Treatments for Drug and Alcohol use (MAT Standards)
 - Suicide Prevention strategy
 - Psychological Therapies Specification
 - Dementia Strategy
 - Mental Health and Wellbeing Workforce Plan
 - Public Health Scotland Waiting Times
 - Health & Social Care Standards
 - Review of the Mental Health Act
- 3.3 The Moray Mental Health Strategy covers the period 2016-2026 (**Appendix 1**). The strategy is intended to provide a framework for future action as well as contribute to an ongoing discussion about the best direction for mental health policy and services in Moray incorporating the above.
- 3.4 This strategy fits with the aspirations of health and social care integration to improve the quality and consistency of services and to provide seamless, joined-up, high quality health and social care services which focuses on the prevention of mental illness.
- 3.5 Health and Social Care Moray's vision and strategic priorities are underpinned by five key themes and principles. These are:
- A whole systems integrated approach to mental health and wellbeing that brings health and social models together;
 - A life-course approach that considers the differential experiences and conditions throughout life in which people are born, grow, live, work, play and age;
 - An upstream approach that is focused upon protection, promotion, prevention, and early intervention, as well as treatment and care services;
 - A strengths-based perspective which is focused upon recovery, assets, improving quality of life, ambition and hope, and not wholly on the deficits and problems of individuals and communities;
 - A human rights-based approach which ensures that international human rights standards are put at the centre of policies and practice that impact on people with mental health problems. These key cross cutting themes and principles bring together what people in Moray said was important with good practice and evidence in mental health promotion, prevention, care and recovery.
- 3.6 The community and third sector partners are essential partners in the prevention, health promotion and recovery of mental illness. Local communities, including all the stakeholders within the Community Planning Partnership, have a key role in encouraging local communities to work together to improve the environment, particularly in deprived areas and use this as a lever to improve health and wellbeing.
- 3.7 Austerity, the COVID-19 pandemic and the cost-of-living crisis have combined to increase the levels of poor mental health within the population. Following a

dip in early 2020, levels of referrals in mental health services have been increasing steadily to above pre-COVID levels, and there has been a larger increase in referral rates amongst females than males, particularly in the most deprived areas of Grampian.

- 3.8 People in the most deprived areas of Grampian have a referral rate of more than double that in the least deprived areas (1,470 referrals per 100,000 population in the last quarter of 2022 compared with 738); the inequalities were most marked among those aged 25-64; less so among younger and older populations.
- 3.9 Depression is fourth in the list of the ten greatest burdens of disease in Moray for both men and women. Anxiety disorders are within the top ten for women.
- 3.10 The Primary Care Disease Register (PCDR) provides data extracted from General Practices in Moray through the Scottish Primary Care Information Resource (SPIRE). Depression is recorded as the second highest Long-Term Condition in Moray (4005 patients), second only to hypertension at 6,947 patients.
- 3.11 For several years there has been difficulty in recruiting to Consultant posts within both the older adult and adult mental health service. This is due to a national shortage of suitably qualified staff. Numerous rounds of advertising have proven to be unsuccessful.
- 3.12 Medical workforce and recruitment are issues that are not unique to NHS Grampian. There are several complex national and political factors that have influenced this in recent times and although all areas have faced the impact of this, it is particularly deeply felt in the more remote and rural areas of Scotland. Health care services in Scotland are being increasingly forced to be dependent on a temporary agency workforce which further affects clinical, professional and financial governance. The priority for the mental health service is the continuation of high quality, safe and affordable patient care therefore options are being explored as to how this can continue without the use of expensive locum staff and build sustainable services for the future.
- 3.13 There is also an opportunity to redesign Nursing and Allied Health Professional roles and how we can support Primary Care in the further development of Mental Wellbeing and Practitioner Posts. There is commitment from the Primary Care service to work collaboratively with secondary care to improve the interface.
- 3.14 The Mental Health Service is committed to investing in the prevention of mental illness and the promotion of positive mental health. A mapping exercise will allow the service to identify already well-established provision whilst also identifying any gaps in service that need attention. This then provides an opportunity to redesign services.
- 3.15 Any redesign will give the service an opportunity to work more efficiently. The only service that is required to meet national waiting times is the Psychological Therapies service and the service is well within the 18 week referral to treatment. There are no waiting times to have an assessment from a Psychiatrist.

3.16 At the MIJB Development session on 26 October 2023, the Interim Integrated Service Manager for Mental Health Services was asked to provide a report to the MIJB on the mapping of current services to identify strengths and gaps, and to update on progress towards delivery of the Moray Mental Health and Wellbeing Strategy.

3.17 In parallel to this, a Grampian-wide Mental Health Delivery Plan is also under development, which will complement the Moray strategy and service development.

4. KEY MATTERS RELEVANT TO RECOMMENDATION

4.1 In order to deliver on the Moray Mental Health and Wellbeing Strategy, improve mental health within Moray and provide timely and appropriate treatment to those in need, the focus must be on preventing future poor mental health as well as building the capacity of our current treatment services.

4.2 A range of effective public mental health interventions exist which result in broad impacts and associated economic savings across different sectors, even in the short term. Such interventions can be implemented by different sectors including primary care, secondary care, social care, public health and local authorities, third sector providers, education providers, employers and community justice.

4.3 Actions to improve public mental health practice include (an overview is also provided in **Appendix 2**):

- Understanding of local public mental health intervention coverage and size of unmet need, as well as an assessment of impact and associated economic savings from improved coverage
- Improved population understanding about public mental health
- Training on population mental health for professionals and trainees in public health, primary care, secondary mental health care, social care, community justice and commissioning including:
 - Impact of mental disorder and wellbeing
 - Risk and protective factors
 - Evidence for effective public mental health interventions
- Evaluation of coverage and outcomes
- Targeting certain settings such as antenatal/ postnatal settings, schools, workplaces, neighbourhoods, gardens, primary care, older people's care homes and libraries.
- Prioritising childhood and adolescence since most lifetime mental disorder has arisen by early adulthood.
- Use of digital technology to improve mental health literacy and provide evidence based public mental health interventions
- Maximising existing resources including through self-help, improved concordance with treatment and less intense intervention

- Addressing socioeconomic inequalities
 - Specific interventions including parenting programmes, addressing parental mental disorder and child adversity, and promoting physical activity¹.
 - The communities our citizens live in play a central role in their wellbeing. Strong, cohesive and inclusive communities can provide their members with psychological and emotional support; increase and widen the range of resources (material and intangible) people can access; improve people's sense of belonging; and empower people to take collective action on those things that matter most to them.^{2 3} A challenge for existing public sector organisations in supporting community empowerment is one of transfer of power from these organisations to communities.
- 4.4 Action on prevention is most effective when systems work together and address the causes of mental health problems at multiple levels. It is also recognised the need to maximise the impact that can be made while making use of scarce resources. The Conceptual Framework for Public Mental Health developed by the National Institute for Health Research, provides a helpful map of the factors affecting mental health across all stages of a person's life, including links to key evidence and lived experiences.
- 4.5 Initial desk-based mapping of services and projects that support mental health and wellbeing in Moray is a work in progress (**Appendix 3 and 3a**). This work has been mapped against the above framework. This should help to think about where the current focus is as a system, and where focus should be in the future. This is a whole system mapping exercise which has identified provision established in Moray and will identify any gaps. Included in the mapping exercise is a description of the Tier 1 to Tier 4 service provision. It is appreciated that not everything happening in communities will be captured here, and a key part of this work will be to improve understanding of what is working and ensure there is an awareness of this at a strategic level. The Discover Pathways Wellness in Moray website has been used to inform this mapping exercise www.discoverpathwaysmoray.org.uk
- 4.6 A short-life Strategic Oversight Group will have been established by 25 March. The membership of the group will be reflective of the broader partnership and the various stages of the Moray Mental Health and Wellbeing Pathway. For example; partners from primary and secondary care as well as 3rd sector and lived experience.
- 4.7 The Strategic Oversight Group will understand in more detail the numbers in service, capacity and sustainability of services, any gaps or pinch points, and the extent to which Moray takes a population health approach to supporting good mental health and preventing poor mental health. It will then report back to MIJB with appropriate recommendations.

¹ Champion J (2019) Public mental health: Evidence, practice and commissioning. Royal Society for Public Health

² Southworth and Potts (2021) A public mental health approach to mental health and wellbeing in Grampian

³ Akhter et al (2023) Community empowerment and mental wellbeing: longitudinal findings from a survey of people actively involved in the big local place-based initiative in England, Journal of Public Health

- 4.8 Consideration should also be given as to how this work will align with the mental health and wellbeing strategic work currently underway within children and young people's services. It is recognised that most mental health problems first present before the age of 24, which presents a compelling case for intervening at these early stages of life.

5. **SUMMARY OF IMPLICATIONS**

(a) Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP)) and Moray Integration Joint Board Strategic Plan "Partners in Care 2022 – 2032"

The approach set out in this report is consistent with the MIJB Strategic Plan.

(b) Policy and Legal

There are no implications for policy or legal.

(c) Financial implications

None at present.

(d) Risk Implications and Mitigation

This work aims to increase the capacity, resilience and sustainability of the service for patients in the adult and older adult mental health service. The mapping exercise will identify any gaps in the provision of a high-quality Mental Health Service and will support the delivery of the right care at the right time by the right people. At the same time, services will seek to reduce levels of poor mental health within the population of Moray.

(e) Staffing Implications

None arising directly from this report.

(f) Property

There are no implications on property provision.

(g) Equalities/Socio Economic Impact

None arising directly from this report.

(h) Climate Change and Biodiversity Impacts

None arising directly from this report.

(i) Directions

None arising from this report.

(j) Consultations

The service has consulted with the following people:

Simon Bokor-Ingram, Chief Officer

Iain MacDonald, Deputy Head of Service

Pete Matthews, Advanced Public Health Practitioner

Elizabeth Robinson, Consultant in Public Health

Corrine Lackie, Interim Lead Nurse

Tracy Stephen, Chief Social Worker/Head of Service

Dr Robert Lockhart, Clinical Lead/GP

Dr Malcolm Simmons, Clinical Lead/GP
Dr Bruce Davidson, Consultant Psychiatrist/Clinical Lead
Kirsteen Pyett, Team Lead Social Work/Mental Health Officer
Julie McKay, Lead Nurse

6. **CONCLUSION**

6.1 The MIJB are asked to note the content of the report and the mapping of services that has been completed to date. The Moray Mental Health Strategy covers the period 2016-2026 and fits with the aspirations of health and social care integration to improve the quality and consistency of services and to provide seamless, joined up, high quality services which focus on the prevention of mental illness.

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Background Papers:

Ref: