Good Mental Health
for all in moray
2016-2026

Moray Community Planning Partnership

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Our Vision

Working together we will enable people to achieve the best possible mental health and wellbeing. We will do this through promoting choice and control, and by developing resilient communities and responsive services that contribute towards a mentally healthy, happy, stigma free Moray.

Good Mental Health

for all in moray

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A joint Mental Health & Wellbeing Strategy developed by people with lived experience of mental health, their family members and people involved in health and social care all working together.

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Our shared vision for Good Mental Health for ALL in Moray

Working together we will enable people to achieve the best possible mental health and wellbeing. We will do this through promoting choice and control, and by developing resilient communities and responsive services that contribute towards a mentally healthy, happy, stigma free Moray.
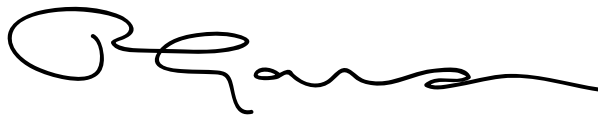
Improving mental health can help us create a Moray where children have the best start in life, communities are resilient, life chances are improved and we live longer, healthier, happier and stigma free lives.

This strategy provides a valuable opportunity to refocus local attention on mental health and wellbeing to provide opportunities for better promotion, prevention, protection and early intervention in mental health while creating more responsive and effective recovery focused services for those with mental health problems.
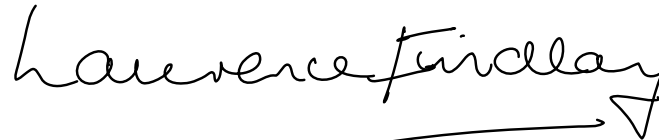
This strategy emphasises the cross cutting nature of mental health and how our mental health and wellbeing can be put at risk and protected by a wide range of factors. It reinforces the key message that a mentally healthy Moray can be achieved by a wide range of effective policy and practice, not only in health but across a wide range of other sectors and partners. The strategy asks us to consider how people with lived experience of mental health, their family members, carers, communities and people involved in health and social care can all work together to contribute to a mentally healthy Moray.

The strategy provides exciting opportunities for developing and innovating service re-design and improvement by maximising existing resources and new investment in the modernisation of mental health services in Moray.

I am delighted to endorse this strategy and look forward to working with partners and communities in its delivery over the next ten years to help create good mental health for all in Moray.

Pam Gowans
Chief Officer (Moray Joint Integration Board)

Laurence Findlay
Corporate Director (Education & Social Care)

Introduction

Welcome to the Moray Joint Mental Health and Wellbeing Strategy 2016-2026.

Mental health affects us all. It is often said that there is no health without mental health. Mental health is important at every stage of life from childhood and adolescence through adulthood.

Our mental health and wellbeing affects how we think and feel, and how we respond to events. It affects our ability to learn, communicate and form relationships and play a full part amongst our family, friends, community and workplace. It influences our ability to manage change and life events and to lead a happy and fulfilling life. It's also closely linked with our physical health.

Mental health is facing major challenges and opportunities across Scotland. In the current public spending climate and with a renewed focus on outcomes and the integration of health and social care, it is important that mental health is at the forefront of our work in Moray.

This strategy represents a valuable opportunity to refocus local attention on mental health and wellbeing.

It sets out a shared vision of change that has been developed by people with lived experience of mental health, their family members and people involved in health and social care all working together.

It has been written for everyone in Moray to provide opportunities for better promotion, prevention, protection and early intervention in mental health while creating more responsive and effective recovery focused services for people with mental health problems.

> **Our aspiration for mental Health in Moray**
>
> Improving mental health can help us create a Moray where children have the best start in life, communities are resilient, life chances are improved and we live longer, healthier, happier and stigma free lives.

The strategy has been informed by what people have said is important, an analysis of available evidence about mental health needs and issues, as well as best practice and evidence of what works in addressing mental health and wellbeing.

It sets out clear priorities for what a new mental health strategy should aim to achieve over the next decade and where mental health issues need to be considered in a range of other local policy areas.

It 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.

It supports the joint working of the Moray Community Planning Partnership in delivering Moray 2026: A Plan for the Future to improve life for all in Moray.

By working with the existing community planning structures and the emerging locality planning groups for health and social care integration, this strategy aspires to:

- Improve population mental health through the promotion and protection of mental wellbeing, prevention of mental health problems, and improving the quality of life and recovery of those experiencing mental ill health.

- Promote human rights and equality of access to information and services to ensure that all people receive the right care, at the right time, in the right place regardless of background and circumstances, mental health status, age, sex, race, religion, disability or sexual orientation.

- Improve the quality and consistency of services and to provide seamless, joined-up, high quality integrated health and social care services.

- Invest in a healthy start in life that is directed towards positive development in childhood, adolescence and adulthood.

- Ensure that families, carers and communities remain at the heart of quality mental health service delivery and recovery.

- Retain a focus on high quality specialist services available locally for those who have high and complex support needs.

- Promote a collaborative primary and community care approach with General Practitioners (GPs) to widen access to a range of community-based psychological and social supports.

- Strengthen the role of the third sector and communities in mental health and recovery – a partnership approach.

- Build capacity and capability within the wider health and social care workforce to deliver upon mental health and recovery.

- Raise the educational, employment and housing aspirations and opportunities for people with mental ill health.

- Support social inclusion and the role of supporting relationships with family, friends and the wider community.

- Embed the principles and values of recovery in policy, commissioning, and service planning and delivery.

- Shift the power from services to people by giving people greater choice and control.

- Redefine user involvement – accepting the value of 'lived experience'.

- Support collaboration between service providers and service users in the planning, design, delivery and improvement of services – a commitment to co-production.

- Reduce the stigma and discrimination associated with mental health problems.

- Widen the choice of community peer to peer work and support.

- Help change the culture of seeking services to one of self-management support.

- Plan and deliver services tailored to local need and in line with existing evidence and best practice.

- Make best use of sources of funding such as the Integrated Care Fund to try out new ways to improve the system.

- Ensure the Mental Health & Wellbeing Partnership, supported by its sub-groups, retains an overview of the progress of the strategy and is accountable for its delivery.

Background

Mental illness is one of the major public health challenges in Scotland. One in four of us will experience a problem with our mental health at some stage in our lives. [1]

Improving mental health is a key priority for the Scottish Government. Scotland's Mental Health Strategy (2016) [2] sets out a population-wide approach, combining the benefits of universal support with focused and targeted action to improve the mental health of particular groups and communities. It is organised around life stages that are concerned with starting well, living well and ageing well. Infant and child mental health is now firmly embedded in Scottish public policy with its promotion forming an important part of the national mental health strategy.

"The economic cost of mental health problems in Scotland is estimated at £10.7 billion. For Moray this equates to around £172 million. [7]"

The Scottish Government has made a priority of starting well and the need to focus upon prevention, early intervention and early years approaches as well as supports for child and adolescent mental health and mental wellbeing. Scottish Government policy frameworks, including The Early Years Framework, Achieving Our Potential and Equally Well (2008) [3,4,5], all seek to address disadvantage and improve the life chances of children by tackling social, health and educational inequalities.

Good Mental Health for All (2015) [6] promotes a broad approach to promoting and protecting mental health and wellbeing through a wide range of effective policy and practice which works to address the social, environmental and individual determinants of mental health and wellbeing.

National priorities broadly reflect the issues raised by individuals and communities in Moray during the development of this strategy. This is reflected in the strategy's shared vision, cross cutting themes, and strategic priorities for local action.

Mental Health and why it's important

Our starting point for a mental health and wellbeing strategy for Moray is to develop a shared understanding of mental health, wellbeing and recovery.

A common understanding and language is important as it provides the basis for our strategic thinking and actions. This understanding is based upon current thinking and evidence in mental health, as well as discussions with communities and those with lived experience of mental health problems.

Mental health is an important but often misunderstood concept. Understanding of mental health and wellbeing is influenced by people's experiences, expectations, and cultural and religious beliefs, as well as by age, class and gender.

> Many of the causes of mental health problems are socially determined, and many of the changes that can lead to better mental health and recovery also lie in actions which are concerned with the wider social environment. [6]

The World Health Organisation defines mental health as: "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community." (2014) (8)

In this positive sense mental health is more than the absence of mental illness or mental health problems.

Mental health is the foundation for the wellbeing and effective functioning of individuals, families and communities.

Mental health problems are wide-ranging, from the worries and stresses that we all experience as part of everyday life to serious long-term conditions.

Mental health problems are very common. Around one in four of us will experience a problem with our mental health at some stage in our lives. [1] Anxiety and depression are the most common problems, with around one in ten affected at any one time. Anxiety and depression can be severe and enduring and have a large impact on people's ability to function and get on with life. [9]

Between one and two in every 100 people experience a severe mental illness such as bi-polar disorder or schizophrenia. [9]

Many factors contribute to mental health problems at the environmental, social and individual level. The determinants of mental health, risk and protective factors are explored in more detail in Part 5.

There are many different ideas about the way mental health problems are diagnosed, what causes them and which treatments are most effective. Although certain symptoms are common in specific mental health problems, no two people behave in exactly the same way when they are unwell.

People can and do recover from even the most serious and long-term mental health problems. Recovery is a

> Recovery is a unique and individual experience and while there may be common themes and experiences, no two people's recovery journeys will be identical.

unique and individual experience and while there may be common experiences, no two people's recovery journeys will be the same. For some, recovery is about working towards goals and having hope for the future, but for others, it is about a return to a normal or healthy condition and benefiting from treatment and support in a timely way. [10]

Child and Adolescent Mental Health

The early years provide the first and best opportunity to set children off on the right trajectory and reduce the need for later interventions that are more costly in both financial and social terms.

The early years play a significant part in determining mental health through childhood and beyond. In the early years, infants make emotional attachments and form relationships that lay the foundations for future mental health and wellbeing through the development of resilience, learning skills and social and emotional abilities.

There is increasing evidence that early years settings and schools have an indispensable role to play in promoting and protecting children's social and emotional wellbeing, and being able to intervene effectively with those children experiencing problems. [11]

Mental health and emotional problems in children and young people are wide and varied. Problems range from emotional, conduct, developmental and attachment disorders to other mental health problems such as stress, anxiety, depression, self-harm, eating disorders and psychotic disorders such as schizophrenia and bipolar.

Many of these problems will be experienced as being mild, moderate and temporary to children and their families, whereas others will have more adverse and longer term effects. [12]

The Mental Health of Working Age Adults

The transition from adolescence into adulthood is extremely important in terms of making life choices and establishing behaviours that have a major impact throughout the lifespan. This transition is often difficult and challenging for those with mental health problems moving between adolescent and adult services. [13]

Mental health in emerging and later adulthood presents a wide range of challenges, particularly for those with a history of childhood problems. Research has found that children who experience bouts of anxiety, depression and other behavioural problems are more likely to be susceptible to having serious issues when they grow up and are six times more likely to have difficulties in their adult life compared to those who did not have any psychiatric issues in childhood. [14,15]

> Those who experience mental ill health often have poor physical health, lower life expectancy, inequitable access to services and increased risk of social deprivation. [15]

Women are more likely to have been treated for a mental health problem than men and are almost twice as likely to be diagnosed with anxiety disorders. Depression is more common in women than men. [15] UK research indicates that around 50% of women with perinatal mental health problems are not identified or treated and that there is a huge economic cost associated with not properly identifying mothers' mental health needs or treating them effectively. [16]

There is a strong association between mental illness and suicide risk. Suicide remains the most common cause of death in men under the age of 35. In 2014, 696 suicides were registered in Scotland (497 males and 199 males). [17,18] Suicide prevention is a key strategic priority of this strategy (see page 30).

There are strong links between physical health and mental health problems. The King's Fund (2012) found that 46% of people with a mental health problem had a long-term physical health problem and that 30% of people with a long-term physical health problem also had a mental health problem. [19]

Mental Health and Older Adults

Mental health and well-being is as important amongst older adults as at any other time of life. Many 50+ year olds are in a state of change, both physically and with respect to life circumstances and areas such as employment conditions. There is often an assumption that mental health problems are a 'normal' part of ageing but most older adults don't develop mental health problems and have good mental health. (20)

"People of all ages with mental health problems report experiencing stigma, disadvantage and discrimination when accessing services."

However, there are a number of factors which can compromise older people's mental health and put them at risk of developing mental and neurological disorders as well as physical illness or disability. A UK inquiry (20016) into mental health and wellbeing in later life identified five key factors that affect the mental health and wellbeing of older adults. These factors include – relationships, physical health, poverty, discrimination and participation in meaningful activities. [21]

The demographic and social changes facing Scotland and Moray are well documented. As our population ages there is a projected 50% increase in the number of people with dementia. Dementia is a major cause of disability in people aged 60 and over. It is estimated that only 40% of people in Moray with dementia have a diagnosis. [22]

Non-prescribed Drugs & Alcohol Misuse

Substance misuse and other mental health issues, such as psychological distress and suicide, are often interrelated. Those who have both mental health problems and problems with drug or alcohol use may be described as having 'dual diagnosis'. There is no standardised treatment for dual diagnosis, largely because it includes a large number of problems, and often involves both substance misuse services and mental health services. (23)

"The populations affected by drug/alcohol misuse and mental health problems are known to overlap significantly, as do the risk and protective factors that impact upon each area."

The relationship between drug / alcohol misuse and mental health is wide ranging:

- There may be a range of risk factors (such as family or financial problems) that contribute to both alcohol/drug and mental health problems.

- A person with a mental health condition or problem such as anxiety, stress and depression may use alcohol and/or drugs to cope with or relieve symptoms.

- Sometimes alcohol and/or drug use may aggravate or exacerbate a mental health condition or problem and lessen the efficiency of available treatments.

- Alcohol/drug use may 'trigger' or directly cause mental health conditions or problems.

- An individual's alcohol/drug misuse can have a negative impact on the health and wellbeing of others such as children and other family members. [24]

Key Mental Health Facts:

- Mental health problems are common. Around one in three people are estimated to be affected by mental illness in any one year. One in four people will experience mental health problems at some stage in their lives. [1]

- Those with severe and enduring mental health conditions such as Schizophrenia and Bipolar disorder die on average 16-25 years younger than the general population, mainly due to physical health problems. [25]

- People experiencing mental health problems are at increased risk of poorer social, educational, health and employment outcomes. [26]

- Mixed anxiety and depression is the most common mental disorder in Britain. There are no specific anxiety or depression statistics for Moray but anxiety overall estimated prevalence is about 9.2% of the UK population and depression overall estimated prevalence is about 10% in UK adults. [27,28]

- 20% of children have a mental health problem in any given year, and about 10% at any one time. [14]

- Depression affects one in five older people living in the community and two in five living in care homes. [29]

- Women are more likely to have been treated for a mental health problem than men (29% compared to 17%). [30]

- Suicide remains the most common cause of death in men under the age of 35. In Moray there have been 24 male suicides aged under 35 in the years 2006 to 2014 inclusive and mental illness or poor mental health is known to be an associated risk factor. [18]

- Anxiety is one of the most prevalent mental health problems in the UK and elsewhere, yet it is still under-reported, under-diagnosed and under-treated. [31]

- Nine out of ten people affected by mental health problems report having experienced stigma and discrimination. [32]

- People in pain due to physical illness or who have long term conditions are up to five times more likely to have significant clinical depression than their healthy peers. [33]

People with mental disorders have a much higher mortality than the general population, dying on average more than 10 years earlier. [34]

Achieving good mental health & wellbeing in Moray

We have developed a shared vision for the direction of travel for tackling mental health and wellbeing in Moray.

Working together we will enable people to achieve the best possible mental health and wellbeing. We will do this through promoting choice and control and by developing resilient communities and responsive services that contribute towards a mentally healthy, happy, stigma free Moray.

Delivering against our vision and strategic priorities will be underpinned by five key cross cutting themes. These are:

• A whole systems integrated approach to mental health and wellbeing that brings health and social models together;

• A life-course approach that takes into account 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 bring together what people in Moray told us was important with good practice and evidence in mental health promotion, prevention, protection, care and recovery.

We will take a whole systems integrated approach to mental health and wellbeing that is concerned with bringing health and social models together in the delivery of national health and wellbeing outcomes. A whole systems approach is one that recognises the contribution that 'all partners' make to the promotion and protection of mental health and wellbeing, and the delivery of high quality care and recovery services.

A whole systems integrated approach should incorporate an understanding of risk and protective factors as they relate to the wider determinants of mental health and the impact of the broader environments in which people are born, grow, live, work and play and age. [6]

This understanding demands actions across multiple areas and levels', ensuring that mental health is everyone's business. We can see from the health determinants model (Fig 1.) [35] that this requires 'multi-sectoral community planning partnership' activity across all sectors that include communities, children's services, health and social care, education, employment, economic development, housing etc. to all work together as part of a strategic, joined up and co-ordinated approach to improving and protecting mental health and wellbeing in Moray. See also Appendix 1. Which outlines the current Moray community planning policy and planning landscape.
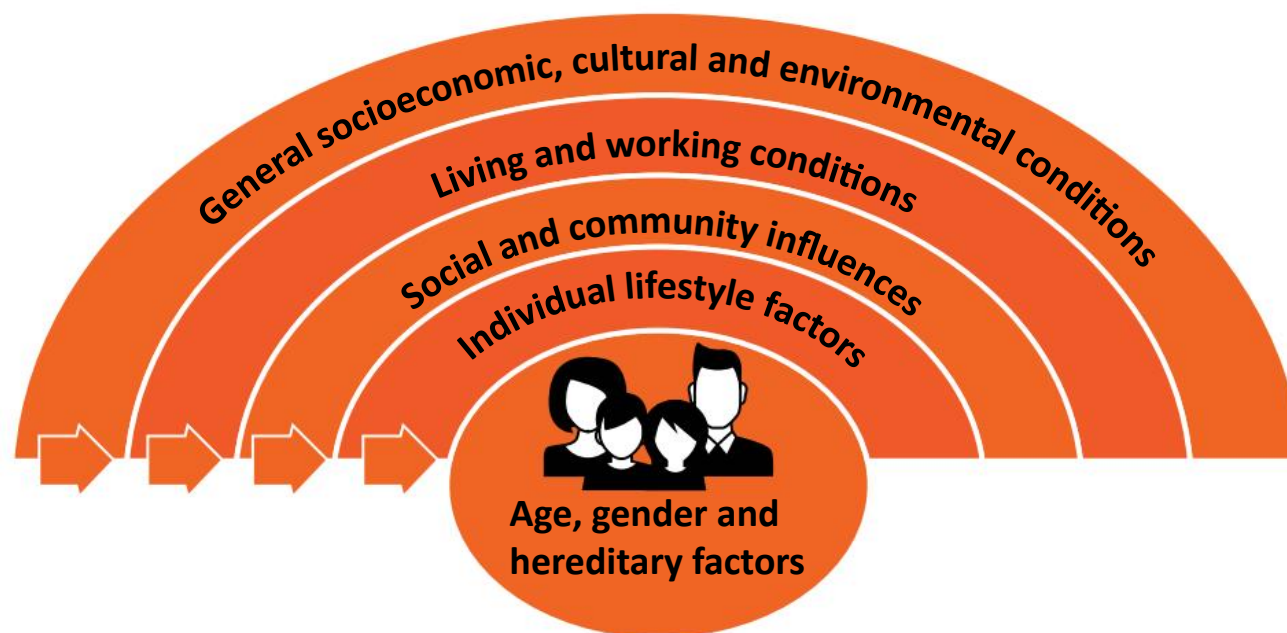
Fig 1.

General socioeconomic, cultural and environmental conditions

Living and working conditions

Social and community influences

Individual lifestyle factors

Age, gender and hereditary factors

Determinants can either be protective so promoting mental health, or have a negative impact by contributing to poor mental health. Risk and protective factors for mental health and wellbeing exist in multiple contexts and act at several different levels, interacting to influence a person's overall mental health and wellbeing (Fig 2.)

Knowing what kind of factors put children and adults at risk of mental health difficulties as well as those that can promote and protect mental health, form the basis for guiding service improvements and actions for promoting, protecting and supporting optimal health and wellbeing. [6]

Feedback from community consultation broadly reflects these recognised protective factors for promoting positive mental health and wellbeing where people have highlighted areas that they feel are important and where action is required. An understanding of risk and protective factors and the determinants of mental health and wellbeing therefore underpins the focus of this strategy and its delivery plan.

Fig 2: An illustrative list of things that determine our mental health

Protective factors	Risk factors
Environmental factors	
• Social protection and active labour market programmes against economic downturn • Equality of access to services • Safe secure employment • Positive physical environment, including housing, neighbourhoods and green space	• High unemployment rates • Economic recession • Socio-economic deprivation and inequality • Population alcohol consumption Exposure to trauma
Social circumstances	
• Social capital and community cohesion • Physical safety and security Good nurturing parental/ care relationships • Close and supportive partnership/family interaction • Educational achievement	• Social fragmentation and poor social connections • Social exclusion • Isolation • Childhood adversity (neglect, abuse, bullying) • (Gender based) violence and abuse • Family conflict • Low income/poverty

Protective factors	Risk factors
Individual factors	
• Problem solving skills • Ability to manage stress or adversity • Communication skills • Good physical health and healthy living (physical activity, nutrition) • Spirituality • Age, sex, genetics	• Low self esteem • Loneliness • Difficulty in communicating • Substance misuse • Physical ill health, impairment, injury • Work stress • Unemployment • Debt • Age, sex, genetics
(Adapted from Good Mental Health for All 2015)	

We will take a life-course approach that takes into account the differential experiences and conditions throughout life in which people are born, grow, live, work, play and age. All policies, plans and services need to take account of mental health and wellbeing at all stages of the life course including infancy, childhood, adolescence, adulthood and older age. Taking a life-course perspective recognises that the influences that operate at each stage of life can impact upon mental health and wellbeing, and that shared and broad actions are required to improve the conditions that influence mental health and wellbeing. [2] Whilst it is recognised that comprehensive action across the life course is required, there is considerable evidence and scientific consensus that 'action to give every child the best possible start in life will generate the greatest societal and mental health benefits'. [3]

We will take an upstream approach that has a focus on prevention, promotion and protection, as well as high quality recovery focused treatment and care services. Scottish Government Mental Health Strategy 2012-2015 brings mental health improvement work and work to improve mental health services together in a single strategy covering the full spectrum of mental health improvement, prevention, care, services, and recovery. It advocates actions which impact upon the layers of influence on mental health that are concerned with: 'promoting good mental wellbeing in the general population; reducing the prevalence of common mental health problems; and that improve quality of life for those experiencing mental health problems or mental illness.' [34] This Moray strategy and its delivery plan will ensure that actions and resources are appropriately balanced across these key areas of influence.

We will take 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. Many health systems have traditionally adopted a view of mental disorders based on pathologies, deficits and problems as a means of identifying successful treatment of illness. Recovery based practice is based upon a strengths and assets based approach to supporting people where the capacity, skills, knowledge, connections and potential in individuals and communities is valued and allows people to achieve better or more satisfying outcomes. Implementing and embedding a recovery and strengths based perspective into policy and practice involves a significant reorientation of mental health services and practices. Available evidence indicates that this requires a broad holistic approach with a focus on multiple recovery initiatives acting on different parts of the system in order to bring about meaningful and sustainable change. [36,37]

We will take a human rights based approach that ensures that international human rights standards are put at the centre of policies and practice that impact on people with mental health problems. Human rights refer to the basic rights and freedoms to which all humans are entitled. Many situations experienced by people living with mental health problems involve human rights. All of the human rights protected by the European Convention belong to and may be relevant for people living with mental health problems. Human rights can empower people to make choices about their lives, they can provide legal protections and they can ensure inclusion and participation in the community. We will ensure that all people receive the right care, at the right time, in the right place regardless of background and circumstances, age, sex, race, religion, disability or sexual orientation. [38,39]

A picture of mental health services in Moray

This strategy is concerned with the wider influences upon mental health and wellbeing such as the impact of social and economic circumstances and the broader environments in which people are born, grow, live, work, play and age.

Community planning provides the context for this broad approach which recognises the importance of not only mental health services but also the multi-sectoral partnership activity across all policy and service sectors as part of a strategic and co-ordinated approach to improving mental health and wellbeing in Moray. This broad policy and planning landscape is set out in Appendix 1.

Mental health services in Moray are delivered primarily through the NHS and local authority in partnership with communities and the voluntary (e.g. charities and other not-for-profit organisations) and independent sectors. General Practitioners are often the consistent and visible face of the health and social care system and play a pivotal role in the promotion and treatment of mental health and wellbeing.

NHS boards are responsible for the treatment of those with mental illness and poor mental health either in community or in acute settings, whilst local authorities are responsible for securing social care and support services (e.g. housing, social work, day care services etc.) in the community, as well as providing a range of mainstream universal services that support people's health and wellbeing.

From April 2016 responsibility and resources for planning and delivering these adult services will move to the Moray Health and Social Care Partnership led by an Integrated Joint Board. The integration of specialist clinical interventions within a wider framework of support is necessary as those that experience mental health problems face many barriers to their full inclusion in the social and economic life of the community in Moray.

There are many valuable community and voluntary organisations and groups in Moray that contribute to people's mental health and wellbeing. The type of work that community projects and groups do is hugely varied and is known for its diversity and flexibility. Whilst this sector and its activities make a significant contribution to mental health and wellbeing outcomes in Moray, many of these activities and programmes are not necessarily identified as being 'mental health' services. Families and carers play a valuable role in helping people to recover and deal with a wide range of mental health problems. The support of carers in mental health, as well as supporting the mental health and wellbeing of carers themselves is important.

A key role of statutory services is to help build community capacity by supporting the voluntary and community sector to create choice and diversity in the provision of local services, programmes and activities that contribute to mental health and wellbeing. This strategy recognises the enormous and valuable contribution that all services, communities, and volunteers can make to the promotion of positive mental health and wellbeing, and the prevention and support of mental health problems. The Mental Health and Wellbeing Tier framework below is intended to capture this broad spectrum of activity and to help inform future planning, service and programme delivery – where do you fit in? See also the Community Care Moray Partners in Care Policy. [40]

Mental Health & Wellbeing Tiers

Tier 0

Early intervention, prevention and education: Includes a wide range of universal and third sector agencies and services (children, families, young people, adults) and protective services which impact upon the determinants of mental health; public health and mental health awareness campaigns; lifestyle information & advice (being active, alcohol, nutrition); working with the media, information and signposting; schools education and PSHE & Curriculum for Excellence; parenting programmes; informal education & youth work; the natural environment (outdoors, parks, green spaces); social networks; volunteering; health in the workplace programmes; mental health training in the community (e.g. ASIST, Mental Health 1st Aid).

Tier 1

People with low support needs (help to help you) who:

- Require low level monitoring and support or intervention of one agency or discipline;

- Are likely to self-manage their mental health problems with minimal support and/or prompting;

- Have an established informal support network;

- On assessment are deemed to pose reduced or little risk to themselves or others;

- Are likely to have been signposted to community self-care & management supports and maintain contact with their GP, mental health and other services with minimal support and / or prompting.

Tier 2

People with medium support needs (help when you need it). Includes individuals with a history of serious and enduring mental health needs, including personality disorder and/or a high degree of clinical complexity who:

- Require higher levels of support, intervention and monitoring services from more than one agency or discipline compared to Tier 1;

- Require a 'stepping stone' from residential care / higher level supported accommodation or in-patient services to independent living in the community;

- May only have poor or partially established informal support networks;

- On assessment, poses identified risk(s) to self or others as a result of their mental health needs.

Tier 3

People with high and complex support needs (ongoing support for those that need it). Includes individuals with a history of serious and enduring mental health needs, including severe personality disorder with a very high degree of clinical complexity, who:

- Require active co-ordinated support from multiple agencies, including housing, physical health, substance misuse, employment training, criminal justice, voluntary sector and other agencies;

- Require a 24-hour accommodation-based support service;

- Will be receiving care co-ordination from a statutory provider e.g. community mental health team or similar service;

- On assessment poses significant risk to self or others as a result of mental health needs, forensic history or other reason.

Mental health and wellbeing is not a fixed state and people will move across tiers as their wellbeing is influenced by a wide range of factors and influences.

Tier 1, for example, will include people with a history of serious and enduring mental health needs and who may have previously met the criteria for Tiers 2 and/or 3 but will have been supported to develop the recovery skills and tools to manage their wellbeing – recognising signs of relapse and crisis and managing these situations with minimal support.

Adapted from Look Ahead Care and Support (2013) (40, 41)

How we will make this change happen

Moray's shared vision for change will be achieved through the delivery of seven key strategic priorities and a wide range of related actions.

These priorities have been identified via a process of consultation with individuals, communities and services and reflect the areas that people felt to be most important.

Our seven strategic priorities:

1. Promote and sustain good mental health and wellbeing

2. Decrease mental health inequality, stigma and discrimination

3. Improve the quality of life of those experiencing mental health problems via a strength based recovery orientated mental health system and services

4. Develop, strengthen and maintain supporting relationships, and increase social inclusion

5. Increase financial security, maximise employment / employability opportunities and increase access to housing

6. Reduce suicide, suicidal behaviour and self-harm

7. Support a professional workforce which Includes robust staff training

Promote and sustain good mental health and wellbeing

This priority is directed at promoting good mental health, preventing mental ill health and ensuring early intervention when mental health problems occur (Tier 0/1). The focus on prevention, anticipation and supported self-management is identified by Scottish Government as central to promoting mental health and wellbeing in Scotland. [34] People in Moray have told us that these areas matter and that mental health is more than just the absence of mental ill health and disorders and that a broad holistic approach to the promotion of mental health and wellbeing is required.

Mental health improvement (sometimes called mental health promotion) is any action taken to enhance the mental health and wellbeing of individuals, families, carers, organisations or communities and is relevant to the whole population, individuals at risk, vulnerable groups and people with mental health problems. [42,43]

Mental health promotion works at three levels – strengthening individuals, strengthening communities and removing structural barriers to positive mental health and wellbeing. [42]

There is now a growing body of evidence on the effectiveness of interventions, covering both prevention and promotion. Continuity between childhood and adult life is particularly important in the context of mental health promotion and prevention. Many forms of emotional and behavioural response are formed in the early years and may be difficult to alter in later life. Fostering the development of appropriate emotional and social skills from the outset is therefore likely to be more effective than later intervention. [3,14]

Examples of interventions:

- Early years work
- Schools based PSHE / Curriculum for Excellence / Anti-bullying
- Youth work provision
- Targeted mental health promotion campaigns
- Working with the media
- Stress management
- Self-Management / Self-Help approaches
- Social prescribing
- National helplines – Breathing Space, Samaritans
- Lifestyle & health behaviours (diet, activity, alcohol)
- Mental Health Impact Assessments (public policies, programmes and plans)
- Domestic violence work
- Signposting / access to information
- Health in the workplace / Healthy Working Lives (see priority 7.)
- Information & Communication Technologies / beb based supports
- CBT programmes

Decrease mental health inequality, stigma and discrimination

People with mental health problems told us that they often experienced stigma and discrimination in their daily lives. They said the social stigma attached to mental ill health and the discrimination can make their difficulties worse and make it more difficult to recover. Stigma not only affects the individual with the mental health problem but can also impact on their family. Stigma and discrimination can often trap people in a cycle of illness and social exclusion. One of the most damaging aspects of stigma is when it is internalised and people believe they are of less value than a 'normal' person', impacting on the individual's sense of self, self-esteem, self-value and confidence'. [44]

Inequality in mental health means the unequal distribution of factors that promote and protect positive mental health and factors that are detrimental to mental health.

We know that people with mental health problems are amongst the least likely of any group with a long-term health condition or disability to: find work; be in a steady, long-term relationship; live in decent housing, and be socially included in mainstream society. [45,46] These types of inequality are often exacerbated by society's stereotyped views about mental illness and how it affects people. Research indicates that significant numbers of young people with mental health problems experience stigma and discrimination in the school setting and in the community, often from peers, family and friends. Young people with mental health problems are often treated differently, and even bullied. This can affect their education and self-esteem with knock-on effects for the rest of their life. [44, 47]

We will ensure that all people receive the right care, at the right time, in the right place regardless of background and circumstances, mental health status, age, sex, race, religion, disability or sexual orientation.

Examples of interventions:
- Anti-bullying work
- Anti-stigma work
- Public mental health awareness
- Training & education
- Peer support
- Promotion of recovery focused principles & practice
- Promotion of human rights
- Recovery narratives and stories
- Intergenerational work
- Work with the media
- Public mental health campaigns
- Role models community champions
- Positive discrimination
- Workplace campaigns
- Addressing barriers to access
- Schools work / campaigns

Improve the quality of life of those experiencing mental health problems via a strength based recovery orientated mental health system and services

People told us that recovery focused principles and practice should be at the heart of our mental health policy and services. As previously highlighted this strategy also has an underlying cross cutting theme which relates to taking a strength based and recovery focused approach across the strategy as a whole. Recovery focused principles and actions will therefore cut across all of our identified strategic priorities.

Our new Making Recovery Real in Moray programme (2015) in conjunction with the Scottish Recovery Network and other local partners will be responsible for developing a Making Recovery Real in Moray delivery and action plan which will seek to support improved and sustainable recovery orientated practice and outcomes.

It will primarily be concerned with influencing organisational culture and ways of working with the aim of embedding the principles and values of recovery in policy and practice.

Examples of interventions:

- Recovery focused practice – whole system approach
- Recovery indicators & standards
- Recovery focused commissioning
- Co-production
- GP / primary care focused interventions
- Community mental health services
- CAMHS services
- Community outreach
- Inpatient services
- Intensive home treatment services and crisis prevention approaches
- Recognition & treatment of first episode psychosis
- Psychological therapies
- Workforce development
- Community development
- Health improvement for people with severe and enduring mental illness
- Community Wellbeing Hub / Recovery College
- Virtual online hub / single point of access
- Peer Support and link workers
- Recovery narratives / stories
- Recovery/lifestyle coaches
- Veterans peer support
- Environmental Education / Therapy
- Role of the voluntary / 3rd sector
- Criminal justice work

Develop, strengthen and maintain supporting relationships, and increase social inclusion

When it comes to wellbeing, people have told us that other people matter. This is backed up by evidence that shows that social isolation is a key trigger for mental illness and that supportive relationships with family, friends and the wider community are beneficial to the mental health and wellbeing of individuals and the population.

Work relationships are known to be a protective factor amongst working age people. [6] Other forms of social interaction such as volunteering are also known to boost wellbeing amongst older people.

Supporting parents during the early years of child development is known to be beneficial for both parents and children. Attachment theory suggests that people with secure childhoods may be better at forming relationships at school, work and in social situations. [48]

There is a strong link between the recovery process and social inclusion – 'a key role for services is to support people to regain their place in the communities where they live and take part in mainstream activities and opportunities along with everyone else. There is a growing body of evidence that demonstrates that taking part in social, educational, training, volunteering and employment opportunities can support the process of individual recovery.' [49]

Available evidence recommends that there is a need for more interventions and policies that promote social relationships and psychological wellbeing. Strengthening levels of social support and identifying structural barriers to social contact is likely to involve action across many different areas including education, transport, housing, regeneration and residential care. [50]

Examples of activities:
- Early years work & family support
- Perinatal mental health
- Looked after children
- Volunteering
- Community peer support groups
- Community facilities such as libraries and community halls
- Role of the voluntary / 3rd sector
- Befriending, mentoring and buddying initiatives
- Men's focused work (sheds and groups)
- Women's groups
- Community clubs and groups
- Dementia Friendly Communities
- Arts & mental health

Increase financial security, maximise employment / employability opportunities and increase access to housing

People told us that many wider social issues impacted upon and influenced their mental health and wellbeing. People identified protective factors such as financial security, employment and access to good affordable housing. Many people with mental health problems highlighted a number of barriers to employment opportunities.

Financial security is recognised as a social determinant of health. There is a relationship between money problems and mental ill-health. One in two adults with debts also has a mental health problem. There is a link between 'financial capability' and psychological wellbeing - moving from low to average levels of financial capability leads to an improvement in psychological wellbeing. Increases in financial capability decreases the risk of anxiety and depression and increases life satisfaction. [51,52]

Work plays a vital part in all of our lives. Employment can have distinct effects on mental health. It can be protective - providing financial security as well as the value that is placed upon employment opportunities such as work relationships and skills development. Employment provides social status and identity, a sense of achievement and a way of structuring people's time'. Poor working environments can however be detrimental to mental health. [53,54]

Mental health and housing are closely interlinked. Good quality, affordable, safe housing is essential to all of our wellbeing. For those with mental health problems the security of a safe and stable environment in supporting people's recovery cannot be underestimated. Without a settled place to live, access to treatment, enabling genuine recovery and encouraging social inclusion can be impeded. [55] Having secured and settled accommodation, with the right kind of support, can have a positive impact on people's recovery and mental health.

Examples of activities:
- Debt advice and management
- Personalised and targeted employment & education interventions
- Improved joint working and sharing of knowledge across health, housing and related services and sector
- Mental Health Awareness amongst housing sector staff and housing providers
- Supported accommodation
- Individual placement and support (DWP/NHS)

Reduce suicide, suicidal behaviour and self-harm

People told us that our Choose Life suicide prevention work was important. People emphasised the importance of suicide prevention as a cross-cutting theme and that all of our mental health activities should have an impact on suicide outcomes. Many factors put individuals at risk of suicide, with four key groups of risk factors identified:

- Risks and pressures within society, including poverty and inequalities, access to methods of suicide, prevalence of alcohol problems and substance misuse, and changing trends in society such as marital breakdown;

- Risks and pressures within communities, including neighbourhood deprivation, social exclusion, isolation, and inadequate access to local services;

- Risks and pressures for individuals, including socio-demographic characteristics, previous deliberate self-harm, lack of care, treatment and support towards recovery from serious mental illness, loss (e.g. bereavement or divorce), and experience of abuse;

- Quality of response from services, including insufficient identification of those at risk. [56, 57]

The relationship between these factors is complex. Scotland's suicide prevention strategy (2013) [56] states that such factors should not be addressed in isolation, emphasising the need for a shared responsibility for suicide prevention. Self-harm - The Moray Choose Life programme includes activities which set out to develop and implement responses to reduce suicidal ideation, repetition, severity and risk of harm associated with self-harm. Most episodes of self-harm are not directly related to suicide behaviours. Suicide is a way of ending life, but many people who self-harm do so as a way of coping with life and being able to continue with living. Links between self-harming and suicide risk do however exist. While the majority of people who self-harm do not go on to take their own lives, people who harm themselves are at increased risk of future suicide. It is therefore important to ensure that self-harm and suicide are addressed as related issues in organisational policies, planning and protocols.

Examples of activities:
- A broad policy and partnership approach to suicide prevention
- Identify and intervene to reduce suicidal behaviour in high risk groups
- Working with media and public mental health campaigns
- Actions to reduce suicides at locations of concern
- Education and training about suicidal behaviour and promote awareness about the help available
- Supporting those affected / bereaved by suicidal behaviour
- Self-harm awareness and management

Support a professional workforce which includes robust staff training.

Making mental health everyone's business requires ensuring that many diverse sectors are competent in delivering that business. This requires both expertise within the public health specialist workforce and increased capability within the wider health and social care workforce. The aim is to build the capacity and capability of leaders and staff in understanding and integrating mental health, recovery and wellbeing into all policy and practice. This strategy recognises the importance of developing a common and shared understanding and language in relation to mental health and recovery as the basis for the effective delivery of this strategy.

A framework for mental health competencies would help to identify training needs within and across the wider health and social care workforce and to enable organisations to design and provide training to a consistent model. A competency framework also articulates the means by which the aspirations of the strategy can be achieved. [58]

Identified competencies and associated training design and delivery would reflect the different roles of the broad mental health improvement workforce [58,59] i.e.

• People who may come into contact with people with mental health problems as part of their day to day work;

• Staff who are not mental health specialists, but who work with people who may have a mental health problem, and/or people who may be experiencing a mental health crisis, as part of a wider client group;

• Staff working with people with mental health problems – either as a main client group or as a significant part of a wider client group;

• Local Human Resources (HR), workforce and training leads.

Improved mental health also reduces sickness absence and increases performance / productivity. [60]

Examples of activities:
• Broad competency framework for mental health and recovery focused learning and development
• Mental health awareness for all staff groups
• Specialist mental health training
• Mental Health 1st Aid training
• Recovery College approach
• Healthy workplaces / healthy working lives
• Anti-stigma work

Governance & Accountability – How will we know we are making a difference?

We have identified what we need to do and what we want to achieve. We need to know who will do it, what resources we need and when we will achieve them, as well as being able to measure success. This will form part of a Mental Health and Wellbeing Delivery and Action Plan for Moray – both for children & young people, and adults.

Local strategic partnerships will have a key role in providing leadership and a coordinated approach to achieving good mental health for all people in Moray. These partnerships will have a key role to play in working with individuals, families, communities and partners to deliver this joint strategy for Moray. We will adopt recognised good practice that advocates that local partnerships should have 'a vision of the mental health gains across a range of local policy and service provision, a key plank for Single Outcome Agreements and central to preventative spend.'

A new mental health joint partnership group has been set up to provide leadership and strategic direction in the delivery of this mental health and wellbeing strategy. A sub group structure will be responsible for taking forward our strategic priorities and for developing a wide programme of actions and activities in the delivery of this strategy and its outcomes. These groups will be accountable to the overarching leadership group which in turn will report to the Integration Joint Board for adult health and social care and the Children and Young People's Partnership. They will report to the Moray Community Planning Partnership.

The ongoing engagement of national agencies in mental health improvement and recovery such as NHS Health Scotland and the Scottish Recovery Network will ensure that current evidence, research and good practice informs an effective response to delivering our shared vision for mental health and wellbeing in Moray.

During the lifetime of the strategy the group will continue to engage and consult with anyone who has an interest in mental health and wellbeing to review progress in delivering on the strategy and its outcomes.

Moray Community Planning landscape

- Moray Economic Strategy

Community Engagement Group

- Community Engagement 6 Point Action Plan
- Community Learning & Development Plan

Moray Economic Partnership

- Cultural Strategy 2014
- Curriculum for Excellence
- Employability Action Plan
- HIE Operating Plan
- Housing Strategy
- LEADER Local Development Strategy
- Modern Apprenticeships
- Moray Economic Strategy
- Moray Local Development Plan
- Moray Social Enterprise Plan
- Regional Skills Investment Plan
- Strategy for Tourism Development in Moray

Health & Social Care Partnership

- Moray Health & Social Care Strategic Plan 2016-19
- 3 Tier Policy (Moray Partners in Care)
- Business Case for Redesign of Adult Community Care Services 2011
- Moray Mental Health and Wellbeing Strategy and Delivery Plan 2016-2026
- Choose Life Partnership Strategy/Delivery Plan
- Recovery Partnership Strategy/Delivery Plan
- Change Fund Older People
- Community Safety Strategy
- Director of Public Health Annual Report 2014/15
- Fostering & Adoption Smoking Policy
- HEAL Strategic Framework
- Joint Grampian Adult Support & Protection Policy
- Living Longer Living Better (Joint Commissions Strategy for Older People 2013/23)
- Living Streets Plan
- Long Term Conditions Plan
- Moray Alcohol & Drug Partnership Strategy
- Moray Autism Strategy
- Moray Carers Strategy (currently under review)
- Moray Learning Disability Strategy
- Moray Local Tobacco Alliance Delivery Plan
- Moray Physical Activity & Sports Health Strategies (Under Review)
- Moray Physical and Sensory Disability Strategy
- Morinfo
- NHS Grampian Strategic Framework & Delivery Plan
- NHS Grampian Tobacco Control Plan 2020 Action Plan
- Reablement Policy
- Self Directed Support Policy
- Sport, Leisure & Recreation Plan
- Trading Standards Operational Plan 2014/15
- Unscheduled Care (NHS Grampian)
- Volunteering Policy

Public Protection Partnership

- Child Protection
- Community Safety Strategy
- Criminal Justice Strategy
- English as a Second Language Strategy
- Local Fire & Rescue Operational Plan for Aberdeenshire & Moray
- Moray Alcohol & Drug Partnership Delivery Plan
- Moray Alcohol & Drug Partnership Strategy
- Moray Council Housing & Registered Social Landlords ASB Strategies
- Moray Local Fire & Rescue Multi-Member Ward Plans
- Moray Local Fire & Rescue Plan 2014/17
- Police Scotland Moray Local Policing Plan
- Police Scotland Moray Multi Member Ward Plans
- Public Protection Strategy
- Scottish Fire and Rescue Service Strategic Plan
- Youth Justice Strategy

Children & Young People's Partnership

- Mental Health & Wellbeing Strategy – Children & Young People's Delivery Plan
- Autism Strategy
- Child Protection
- Community Learning & Development Plan
- Early Years & Parenting Strategies
- GIRFEC Group Improvement Plan
- Implementation of Developing Scotland's Young Workforce 1+2 Languages
- Lifelong Learning Strategy
- Moray Children's & Young People's Services Plan 2013/16
- Moray Corporate Parenting Plan
- Moray Council Integrated Children's Services Annual Service Improvements Plan
- Moray Council Strategy for Raising Attainment & Achievement
- NHS Grampian Child Health 2020 – A Strategic Framework for Children & Young People's Health Action Plan
- Opportunities for All Action Plan
- Physical & Sensory Strategy
- Schools & Curriculum for Excellence Five Year Plan

Employability Moray

- Community Learning & Development Plan
- Curriculum for Excellence
- Developing the Young Workforce
- HIE Operating Plan
- Libraries Service Plan
- Modern Apprenticeships
- Moray Community Planning Partnership Employability Strategy 2013
- Moray Economic Strategy
- Regional Skills Investment Plan
- Schools and Curriculum Development Plan
- Skills Development Scotland Plans
- UHI Strategic Plan

Sustainability & Communities Partnership

- Affordable Housing Supplementary Planning Guidance
- Cairngorms National Park Partnership Plan
- Empty Homes Strategy
- Energy Plan (the Moray Council)
- Flood Alleviation Schemes
- Homelessness Strategy
- Housing Needs & Demand Assessment
- Kerbside Collection Policy
- Local Housing Strategy
- Moray Climate Change Plan
- Moray Council Waste Strategy
- Moray Home Energy Efficiency Programme
- Strategic Housing Investment Programme
- The Housing Investment Strategy
- The Tenant Participation Strategy

BREATHING SPACE (NHS 24)

Feeling down or depressed. Breathing Space can help if you need someone to talk to, experienced advisors will listen and provide confidential information and advice.

tel: 0800 838587 (freephone)
web: www.breathingspace.scot

Opening hours:
Weekdays: Monday – Thursday 6pm to 2am
Weekend: Friday 6pm – Monday 6am

SAMARITANS

Confidential emotional support for people who are experiencing feelings of distress, despair or suicidal thoughts. Also if you need support with helping someone you are worried about.

tel: 116123 (freephone)
email: joe@samaratins.org
web: www.samaritans.org.uk

Opening hours:
24 hours a day

LIVING LIFE (NHS 24)

Living Life is a free and confidential phone service for anyone aged 16 and over experiencing low mood, mild/moderate depression and/or anxiety. Offering telephone support with either a Guided Self Help Coach or fully trained CBT professional.

tel: 0800 328 9655 (freephone)
web: www.nhs24.com/usefulresources/livinglife/

Opening hours:
Monday-Friday 1pm to 9pm

NHS 24

NHS 24 is Scotland's national telehealth and telecare organisation. We're an online and telephone-based service. We can answer your questions about your health and offer advice. Call us free if you are ill and it can't wait until your regular NHS service reopens

tel: 111 (freephone)
web: www.nhs24.com

Opening hours:
24 hours a day

NHS INFORM

NHS inform is Scotland's health information service. NHS inform provides a single source of online health and care information.

web: www.nhsinform.co.uk

STEPS FOR STRESS

A simple online guide to stressing less and enjoying life more. Take our online Stress Quiz and access our simple tips for dealing with typical symptoms of stress. You can also download a free Steps for Stress booklet and order a free relaxation CD all online at:

web: www.stepsforstress.org

HOPELine UK – Prevention of Young Suicide

A service provided by PAPYRUS UK which exists to give young people hope and to prevent suicide. HOPELine UK is a free confidential helpline, staffed by trained professionals who give non-judgemental support, practical advice and information.

Are you worried about yourself or someone you know? depressed or not coping with life? Hurting… or hurting yourself?

tel: 0800 068 4141 (freephone)
email: pat@papyrus-uk.org
txt: 07786 209697
web: www.papyrus-uk.org/help-advice/about-hopelineuk

Opening hours:
Weekdays: 10am till 10pm
Weekends: 2pm till 10pm
Bank Holidays: 2pm till 5pm

24 hour Dementia Helpline (Alzheimer Scotland)

The 24 hour Dementia Helpline is a freephone Scottish service for people with dementia, carers, relatives, professionals, students and anyone concerned about dementia. Experienced call handlers provide:

• Information and emotional support
• Help you, your family and friends plan for the future
• Put you in touch with local sources of support

tel: 0808 808 3000 (freephone)
email: helpline@alzscot.org

GP's

Ask your GP - who can provide advice and information, referral and signpost to local mental health and wellbeing services, supports and self-help publications and resources. They also provide treatments.

Community Care – Mental Health Services

Day Services

Day services with nursing support - the purpose of this service is to provide intensive day care with skilled and qualified support staff as an alternative to admission to hospital. You must be referred to this service by your GP or through the Community Mental Health Team. This service is free.

Community Mental Health (NHS & Local Authority)

The Community Mental Health team provide specialist assessment, treatment and care services. There are 3 teams each covering a geographical area of Moray. Each team comprises Psychiatrist and other medical staff, Community Psychiatric nurses, Social Worker/Care Manager, Occupational Therapist, Psychotherapist. You must be referred by your GP to this service. The team has a number of professionals - each with different skills and experience. You will receive a service to meet your individual needs. This service is for adults under 65 years.

Mental Health Supported Tenancies

The Moray Council, through the Community Mental Health Team, offers furnished, supported tenancies across Moray to people recovering from mental illness. Support can also be offered to people in their own tenancies. This is available if you are able to live independently but require some support to keep on your own tenancy. The level of support will depend on your individual needs and will decrease as you become more able to live independently. Charges – you will have to pay rent, or have these costs met through your benefits.

Access Care Team

tel: 01343 563999
Out of Hours emergency service: 08457 565656
email: accesscareteam@moray.gov.uk

WELLNESS RECOVERY ACTION PLANNING (Moray)

Wellness Recovery Action Planning (WRAP) is a community led course delivered by people with lived experience of mental health problems. The course will provide you with the tools to:

- develop a wellness action plan

- anticipate and overcome crisis

- build confidence & self-esteem

- take control & manage your emotional health and wellbeing

- realise your aspirations and potential

For information on WRAP and upcoming courses contact:

Heidi Tweedie, Community Recovery & Wellbeing Champion.
tel: 07989 331651
email: info@wrapmoray.org

LIVING LIFE TO THE FULL (Moray)

Living Life to the Full (LLTTF) is a life skills course designed to help you:

- overcome stress and anxiety
- relax
- build confidence
- overcome reduced activity
- tackle difficult situations
- change unhelpful thinking
- understand why we feel as we do
- recognise helpful and unhelpful behaviour
- solve problems
- live healthily

In Moray you can access LLTTF in a variety of ways:

- Community LLTTF courses. Contact: Heidi Tweedie – heidi@moxiemedia.co.uk

- Via LLTTF workbooks available through your local library and NHS Healthpoint service

- DVD – available through your local library and NHS Healthpoint service

- Online course – www.llttf.com and www.actionondepression.org/services/cbt-online

GINSBERG

Be in control of your health and wellbeing. One place to track and understand your emotional and physical wellbeing. Ginsberg is an online interactive tool for anyone that wants to improve their health and wellbeing by understanding themselves better. Ginsberg is a completely private space for you to keep track of how you've been feeling and what's been going on around you.

web: www.ginsberg.io/

PREVENT SUICIDE APP (NE Scotland)

A free Grampian and Moray suicide prevention App to find help with emergency situations, finding local advice and services, supporting others.

Available for download on your phone and hand held device via Apple Store, Google Play, Amazon App store, Windows & Microsoft Store.

Also available to access: www.preventsuicideapp.com

MORAY CHOOSE LIFE: Suicide Prevention & Self-Harm Awareness Training

A range of free suicide prevention and self-harm awareness training courses for professionals and communities i.e. ASIST, SafeTALK, SuicideTalk, Self-Harm Awareness, Mental Health 1st Aid.

email: martin.kirwan@moray.gov.uk
Choose Life info: steve.mccluskey@moray.gov.uk

MORAY MENTAL HEALTH Community Support Group

A community led peer support group run for and by individuals with experience of mental health problems, including carers. Provides advice, information, support meetings and outings.

email: moraymentalhealth@outlook.com

CRUSE BEREAVEMENT CARE (Moray)

If you live in Moray and have been bereaved Cruse Scotland can help. We offer confidential individual support for both bereaved adults and children and young people. We can also offer group support for those bereaved by suicide. Once you have given your details they will be input to our secure database and the local team will then contact you.

tel: 0845 600 2227
email: moray@crusescotland.org.uk

LIVING IT UP (Moray)

For help to get and share information for a healthier lifestyle in Moray go to the Living it Up portal website.

web: www.livingitup.scot

NHS Grampian HEALTHPOINT (Moray)

Healthpoint is a NHS Grampian walk in service which offers free advice or information on:

• information, advice & resources on mental health & wellbeing
• practical ways to improve your health
• support groups and organisations
• long term conditions e.g. diabetes, asthma
• access to smoking cessation services
• access to free condoms
• how to access NHS services

drop in: Dr Gray's Hospital, Foyer, Elgin
tel: 0500 202030 (freephone)
txt 'info' to 82727 an advisor will call you back
email: healthpoint@nhs.net

Moray libraries HEALTH-MATTERS Healthy Reading Collection

A collection of healthy reading books, resources, DVD's to help you make healthy choices. Including many publications on emotional health and wellbeing. Look out for the dedicated Health-Matters section in your local library and online.

web: capitadiscovery.co.uk/moray

For information on leisure & sports facilities, community groups:

web: morinfo.moray.gov.uk

Quarriers Carer Support Service (Moray)

Advice, information and support which best meet your needs to cope with your caring responsibilities whether you are young or old. This includes support and information to support carers emotional health and wellbeing.

tel: 01343 556031
web: www.quarrierscarersservice.org.uk

ARROWS – Quarriers Drug and Alcohol Service (Moray)

Access point for all drug and alcohol services in Moray. If you require access to a service this is your first point of call. Arrows offers assessment and referral to services that meet your needs as well as information, support and guidance.

tel: 01343 610500
email: arrows@quarriers.org.uk

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Further involvement

Would you like to be involved in helping to deliver this strategy in Moray? If so please tell us your name, how best to contact you and in what way you would you like to be involved.

You can return this page to us separately if you wish your comments to remain anonymous.

Your personal details will be stored securely and only used to connect you about future health and social care involvement opportunities.