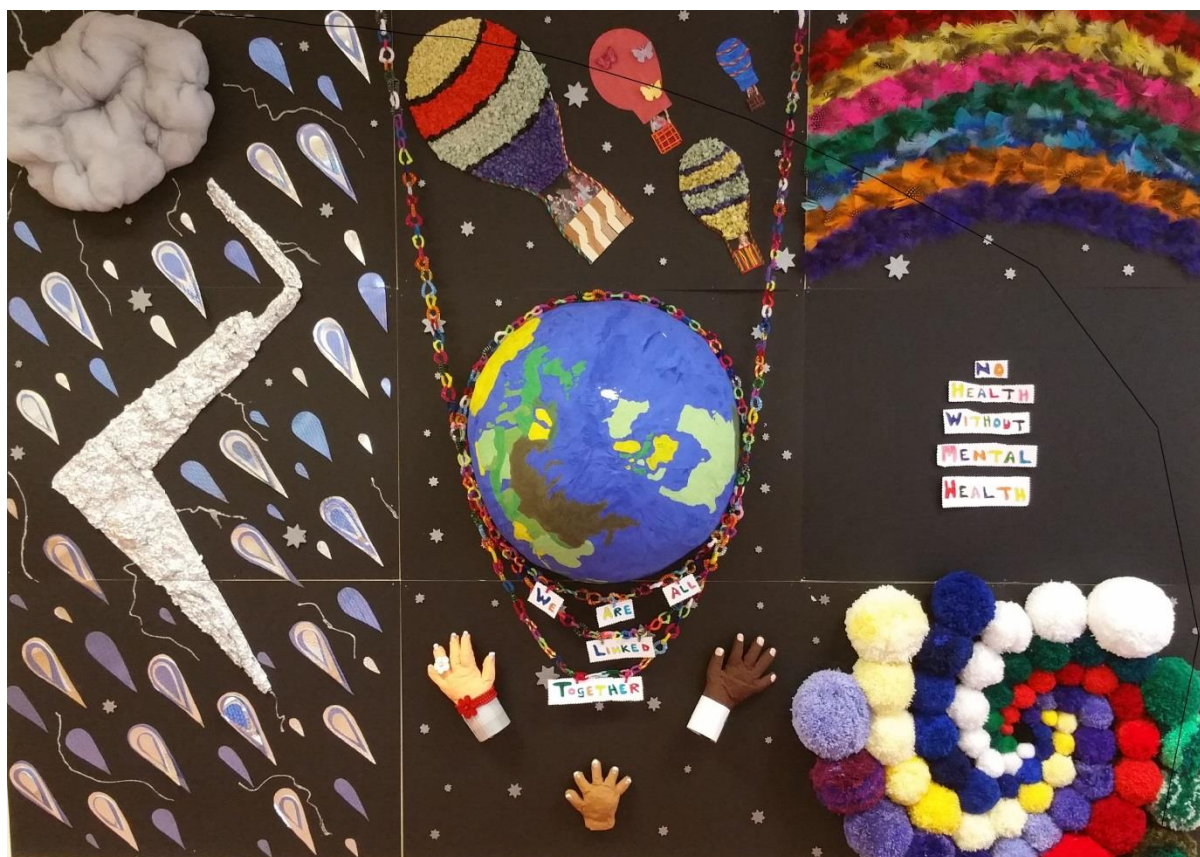


# CONSULTATION DRAFT



## Good Mental Health for ALL in Moray 2016 - 2026

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.



**CONSULTATION DEADLINE**  
**FRIDAY 26<sup>TH</sup> FEBRUARY 2016**



## Contents

1. WELCOME & INTRODUCTION .....	4
2. ASPIRATIONS .....	6
3. BACKGROUND .....	7
4. MENTAL HEALTH AND WHY IT'S IMPORTANT .....	9
5. ACHIEVING GOOD MENTAL HEALTH & WELLBEING IN MORAY .....	15
7. HOW WE WILL MAKE CHANGE HAPPEN .....	25
8. GOVERNANCE & ACCOUNTABILITY- HOW WILL WE KNOW WE ARE MAKING A DIFFERENCE?... 33	
Appendix 1 - COMMUNITY CONSULTATION .....	34
Appendix 2 – MENTAL HEALTH & WELLBEING SERVICES.....	36

This document is available on the Council's website [www.moray.gov.uk](http://www.moray.gov.uk).

For alternative formats including large print, Braille, BSL, audio, other languages or for further information, please contact us.

Jeżeli chcieliby Państwo otrzymać informacje w innym formacie, języku lub dodatkowe informacje, mówiący po angielsku znajomy lub członek rodziny może do nas:

Para outros formatos, idiomas ou para obter mais informações, peça para um amigo ou parente que fale a língua inglesa entrar em contato conosco:

Phone: 01343 563588

Email: [involvement@moray.gov.uk](mailto:involvement@moray.gov.uk)

Write to: Public involvement officer  
The Moray Health and Social Care Partnership  
Spynie Hospital  
Duffus Road  
Elgin  
IV30 5PW

**Front cover image produced by mental health service users from the Phoenix Centre, Buckie.**

# 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.**

This is the consultation draft of the Joint Mental Health & Wellbeing Strategy for Moray 2016 - 2026.

We welcome your comments on the draft which will help inform the final document. You will find details on how to have your say on Page 43. The consultation deadline is **26<sup>th</sup> February 2016**.

A **Recovery Café Conversation Event** will be held on **Wednesday 27<sup>th</sup> January** 1pm-5.30pm in the Harvest Centre, Greyfriars Street, Elgin. This event will provide an opportunity to comment on some of the key themes and priorities outlined within the draft strategy as part of the consultation process.

For more information on the event, contact [steve.mccluskey@moray.gov.uk](mailto:steve.mccluskey@moray.gov.uk)

## 1. WELCOME & INTRODUCTION

**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.**

Welcome to the Moray Joint Mental Health and Wellbeing Strategy 2016-26.

We **all** have mental health. 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 interpret and respond to events. It affects our ability and capacity to learn, communicate and form relationships and play a full part amongst our family, workplace, community and friends. It influences our ability to cope with and manage change, transitions 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 in order to provide opportunities for better promotion, prevention and early intervention in mental health while creating more responsive and effective recovery focused services for people with mental health problems.

## **Good Mental Health for ALL in Moray 2016- 2026**

It has been informed by what people have said is important to them, an analysis of available evidence about mental health needs and issues, best practice and national evidence of what works in addressing mental health and wellbeing.

The strategy sets out 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 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.

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.

It supports the joint working of the Moray Community Planning Partnership in delivering Moray 2023: A Plan for the Future to improve life for all in Moray.



**Image taken by a mental health service user from Horizons, Elgin**



## 2. ASPIRATIONS

Through this strategy we seek to make a positive difference to the lives of people in our community.

This is a time of great change in public services, particularly in health and social care, and change brings opportunities to work more closely together to improve services and support and seek out innovative ways to enable people to live stable and happier lives where they feel supported and in control of their own mental health and recovery.

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

- Ensure communities are able to support the new recovery agenda;
- Help change the culture of seeking services to one of self-management;
- Develop new information packages and the means to ensure people are informed about what they can do when their mental health becomes an issue or what they can do help others who are experiencing poor mental health;
- Plan and deliver services tailored to local need
- Work in partnership with General Practitioners (GPs) to develop a range of community-based psychological support in Tier 1 as an alternative to the involvement of Tier 2 or Tier 3 service therapies (see tier structure on page X);
- Retain a focus on having high quality specialist services available locally for those in Tier 4 who have high and complex support needs;
- 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.

### 3. 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.**

Improving mental health is a key priority for the Scottish Government. Scotland's Mental Health Strategy (2012) 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. 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 Mental Health Strategy for Scotland highlights seven key areas for action:

1. Working more effectively with families and carers;
2. Embedding more peer to peer work and support;
3. Increasing the support for self-management and self-help approaches;
4. Extending the anti-stigma agenda forward to include further work on discrimination;
5. Focusing on the rights of those with mental illness;
6. Developing the outcomes approach to include, personal, social and clinical outcomes;
7. Ensuring that we use new technology effectively as a mechanism for providing information and delivering evidence based services.

Priorities for children and young people's mental health include:

- Infant and early years mental health;
- Conduct disorders;
- Attachment issues;
- Looked after Children;
- Learning disability and Children and Adolescent Mental Health Services (CAMHS);
- Access to specialist CAMHS;
- Reducing admissions of under 18s to adult wards.

The Scottish Government has made a priority of mental health in the early years, including infant and child mental health as well as the mental health of young people and adolescents. Scottish Government policy frameworks, including *The Early Years Framework*, *Achieving Our Potential and Equally Well* (2008), all seek to address disadvantage and improve the life chances of children by tackling social, health and educational inequalities through prevention and early intervention.

The commitments in the Mental Health Strategy for Scotland are reinforced in *Good Mental Health for All* (NHS Health Scotland 2015) which promotes a broad public mental health approach to ensure that mental health is represented across all key policy areas and works to address the social, environmental and individual determinants of mental health.

This approach advocates local activities which set out to:

- Improve population mental health through the promotion of mental wellbeing, prevention of mental health problems and improving the quality of life of those experiencing mental ill health;
- Reduce inequalities in mental health;
- Reduce the health inequalities of those experiencing mental health problems.

These 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, principles and strategic priorities for local action.

Our Moray strategy will work towards implementing local actions which respond to these key areas and which work towards addressing the broad determinants of mental health.

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



## 4. 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 and wellbeing.

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.

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.”***

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.

**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.**

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. About a third of the population experience some kind of mental health problem in any one year. Anxiety and depression are the most common problems, with around one in 10 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.

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

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 4.

**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.**

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 unique and individual experience and while there may be common themes and experiences, no two people's recovery journeys will be identical and the extent of recovery varies in the same way. For some, recovery is about attaining all the possible health goals but for others, it is about achieving optimal health and benefitting from treatment and support in a timely manner.

## 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 foundation for future mental health and wellbeing

through the development of adaptive personality traits, social skills and a sense of responsibility about looking after yourself and building for a healthier future.

There is increasing evidence that early year's settings and schools have a valuable role to play in promoting all children's mental health and being able to intervene effectively with those children experiencing problems.

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

Many of these problems will be experienced as being mild and transitory to the child and their families, whereas others will have serious and longer lasting effects.

### **The Mental Health of Working Age Adults**

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

Emerging adulthood is often considered to be a distinct life stage separate from adolescence and young adulthood. 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.

Women are more likely to have been treated for a mental health problem than men. Depression is more common in women than men. It has also been suggested that depression in men may have been under diagnosed because they present to their GP with different symptoms. (National Institute For Clinical Excellence, 2003). Suicide remains the most common cause of death in men under the age of 35

## Mental Health and Older Adults

Mental health and emotional well-being are as important amongst older adults as at any other time of life. There is an assumption that mental health problems are a 'normal' aspect of ageing but most older adults have good mental health and don't develop mental health problems.

Whilst a significant number of people do develop dementia or depression in old age, they aren't an inevitable part of getting older. Many older people at risk of developing mental disorders, neurological disorders or substance use problems as well as physical illness or disability.

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

The demographic and social changes facing Scotland and Moray are well documented. Many 50+ year olds are in a state of change, both physically and with respect to life circumstances and areas such as employment conditions. The ageing population is leading to an increase in the number of people with dementia with 5% of people over 65 and 20% of those over 80 years of age having a form of dementia.

## Non-prescribed Drugs & Alcohol Misuse

Substance misuse and other mental health issues, such as psychological distress and suicide, are often interrelated.

**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.

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

### Key Facts

- Mental health problems are common. Around one in three people are estimated to be affected by mental illness in any one year.<sup>1</sup> One in four people will experience mental health problems at some stage in their lives<sup>2</sup>.
- Those with severe and enduring mental health problems die on average 15–20 years younger than the population as a whole.<sup>3</sup>
- People experiencing mental health problems are at increased risk of poorer social, educational, health and employment outcomes.<sup>4</sup>
- Mixed anxiety and depression is the most common mental disorder in Britain.<sup>5</sup> 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.<sup>6</sup>

---

<sup>1</sup> <http://www.gov.scot/Topics/Health/Services/Mental-Health>

<sup>2</sup> [http://www.who.int/whr/2001/media\\_centre/press\\_release/en/](http://www.who.int/whr/2001/media_centre/press_release/en/)

<sup>3</sup> <http://www.rcpsych.ac.uk/press/pressreleases2011/lifeexpectancy.aspx>

<sup>4</sup> [http://www.who.int/mental\\_health/mhgap/risks\\_to\\_mental\\_health\\_EN\\_27\\_08\\_12.pdf](http://www.who.int/mental_health/mhgap/risks_to_mental_health_EN_27_08_12.pdf)

<sup>5</sup> <http://www.mentalhealth.org.uk/help-information/mental-health-statistics/common-mental-health-problems/> but quoted from (The Office for National Statistics Psychiatric Morbidity report, 2001)

<sup>6</sup> SPICE Briefing – Mental Health in Scotland - [http://www.scottish.parliament.uk/ResearchBriefingsAndFactsheets/S4/SB\\_14-36.pdf](http://www.scottish.parliament.uk/ResearchBriefingsAndFactsheets/S4/SB_14-36.pdf)

## Good Mental Health for ALL in Moray 2016- 2026

- 20% of children have a mental health problem in any given year, and about 10% at any one time.<sup>7</sup>
- Depression affects 1 in 5 older people living in the community and 2 in 5 living in care homes.<sup>8</sup>
- Women are more likely to have been treated for a mental health problem than men (29% compared to 17%).<sup>9</sup>
- 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.
- 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.
- Highest rates in male suicides in Moray over the period 2006 to 2014 was in the 35-44 and 45-54 age groups. Highest rates in female suicides in Moray over the period 2006 to 2014 was in the 55-64 age group
- 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.<sup>10</sup>
- Nine out of ten people affected by mental health problems report having experienced stigma and discrimination.<sup>11</sup>

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

---

<sup>7</sup> <http://www.mentalhealth.org.uk/help-information/mental-health-statistics/children-young-people/> but quoted from (*Lifetime Impacts: Childhood and Adolescent Mental Health, Understanding The Lifetime Impacts, Mental Health Foundation, 2005*)

<sup>8</sup> <http://www.mentalhealth.org.uk/help-information/mental-health-statistics/older-people/> but quoting from (*Adults In Later Life with Mental Health Problems, Mental Health Foundation quoting Psychiatry in the Elderly, 3rd edition, Oxford University Press, 2002*)

<sup>9</sup> <http://www.mentalhealth.org.uk/help-information/mental-health-statistics/men-women/> but quoting from (*Better Or Worse: A Longitudinal Study Of The Mental Health Of Adults In Great Britain, National Statistics, 2003*)

<sup>10</sup> <http://www.mentalhealth.org.uk/help-information/mental-health-statistics/anxiety-statistics/>

<sup>11</sup> <http://www.mentalhealth.org.uk/help-information/mental-health-a-z/s/stigma-discrimination/>



## 5. 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 and principles. These are:

- i. **A whole systems integrated approach** to mental health and wellbeing that brings health and social models together;
- ii. **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;
- iii. **An upstream approach** that is focused upon protection, promotion, prevention, and early intervention, as well as treatment and care services;
- iv. **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;
- v. **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 told us was important with good practice and evidence in mental health promotion, prevention, 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 of mental health and wellbeing, and the delivery of high quality care and recovery services.

The integration of specialist clinical interventions within a wider framework of support is necessary as those who experience mental health problems face many barriers to their full inclusion in the social and economic life of the community.

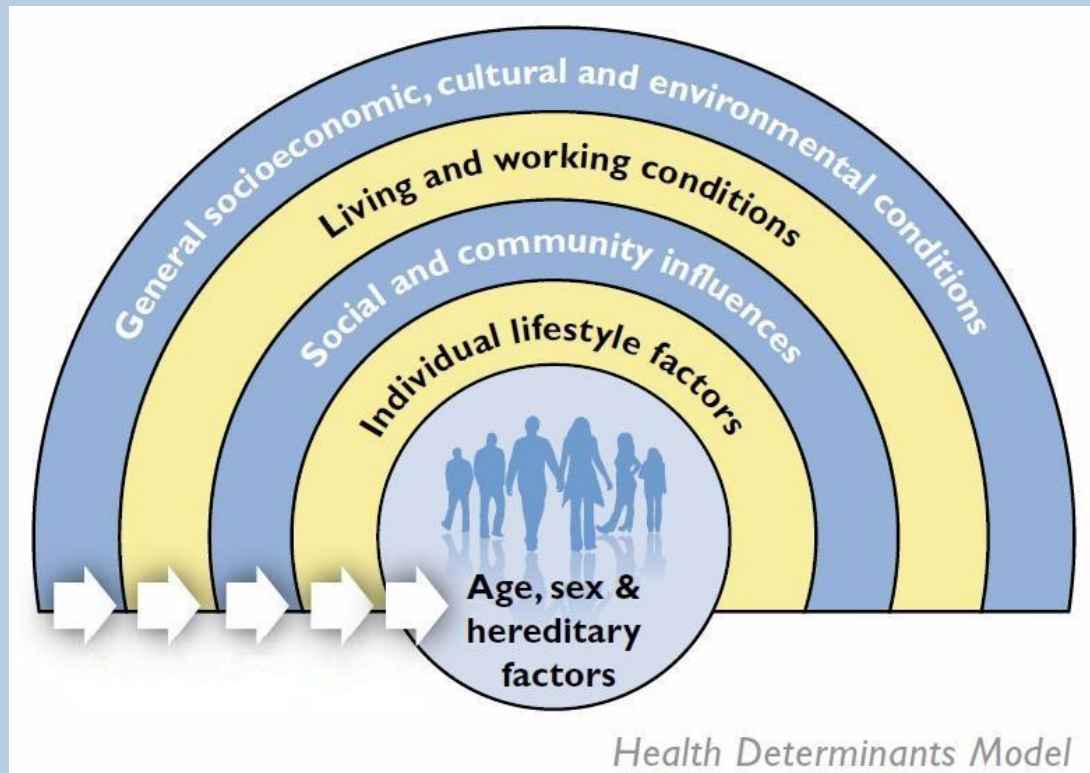
General Practitioners are often the consistent and visible face of the health and social care system.

In order to achieve good mental health for all, we need to understand the things that have an impact on our mental health and wellbeing.

**A whole systems integrated approach should incorporate an understanding of the wider determinants of mental health and the impact of social and economic circumstances and the broader environments in which people live, work and play.**

This understanding demands actions across multiple areas and levels, ensuring mental health is everyone's business.

We can see from the determinants (Fig 1.) that this requires multi-sectoral partnership activity across all sectors that include children's services, community, health, education, employment, economic development, housing, drugs & alcohol, to work together as part of a strategic, joined up and co-ordinated approach to improving mental health and wellbeing. Because GPs are often the first point of contact for people who are unwell, their role in providing support, signposting to other agencies and gatekeeping access to specialist services, is vital.

**Fig. 1**

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.

Risk and protective factors are differentially distributed and are influenced by aspects of social identity including gender, ethnicity, sexual orientation and age, and by the experience of disability.

**Risk and protective factors help us to identify and direct the most effective strategies and actions for promoting and protecting optimal health and wellbeing.** 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 interventions. This understanding can help services and communities to plan and develop the kinds of support and resources needed to be able to intervene early and to guide efforts to prevent mental health problems developing. This understanding underpins the focus of this strategy and its delivery plan.

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

### Environmental factors

#### Protective 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

#### Risk factors

- High unemployment rates
- Economic recession
- Socio-economic deprivation and inequality
- Population alcohol consumption
- Exposure to trauma

### Social circumstances

#### Protective factors

- Social capital and community cohesion
- Physical safety and security
- Good nurturing parental/care relationships
- Close and supportive partnership/family interaction
- Educational achievement

#### Risk factors

- Social fragmentation and poor social connections
- Social exclusion
- Isolation
- Childhood adversity (neglect, abuse, bullying)
- (Gender based) violence and abuse
- Family conflict
- Low income/poverty

### Individual factors

#### Protective 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

#### Risk factors

- 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)*

Feedback from community consultation broadly reflects these recognised protective factors for positive mental health and wellbeing where people have highlighted areas that they feel are important for promoting positive mental health and wellbeing, and where action is required.

**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.

Policies, plans and services for mental health need to take account of health and social needs 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 effect mental health and that shared and broad actions are required to improve the conditions that influence and impact upon mental health and wellbeing.

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’***.

**We will take an upstream approach** that has a strong focus on protection, promotion, prevention and early intervention as well as recovery focused treatment and care services.

The Scottish Government’s Mental Health Strategy sets out to bring mental health improvement work and work to improve mental health services together for the first time 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.***

This 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.

**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.



## 6.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 live, work and play.

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.

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.

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 services will move to the Moray Health and Social Care Partnership led by an Integrated Joint Board.

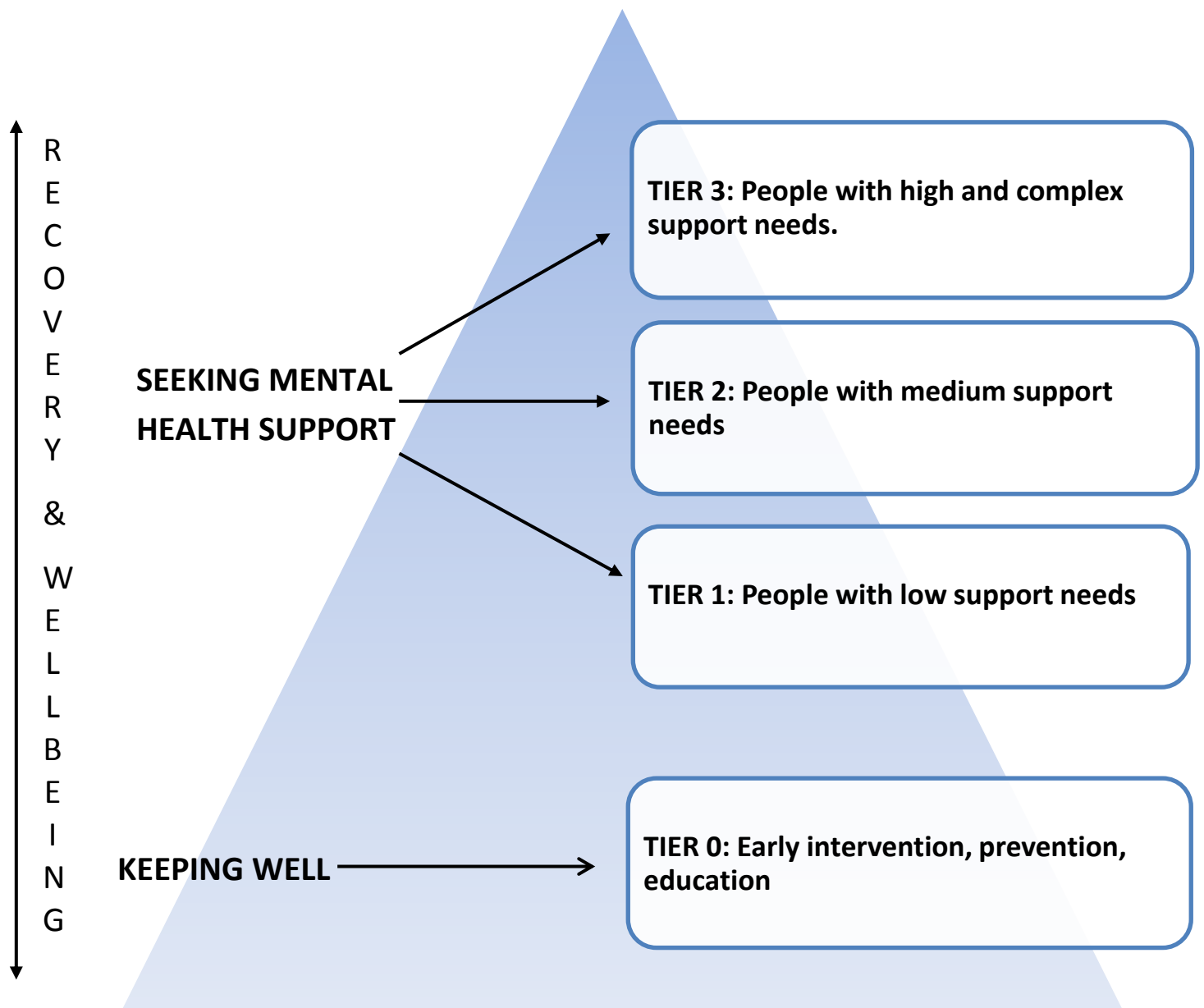
There are many community and voluntary organisations and groups in Moray that contribute to people's mental health and wellbeing. The type of work that community projects and groups do is hugely varied and is known for its diversity and flexibility. Whilst this sector and its activities make a significant contribution to mental health and wellbeing outcomes in Moray, many of these activities and programmes are not necessarily identified as being 'mental health' services or programmes.

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.

## 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, MH 1<sup>st</sup> Aid).

## **TIER 1**

**People with low support needs 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:** 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:** 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.

## 7. HOW WE WILL MAKE 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.

- 1. Promote and sustain good mental health and wellbeing**
- 2. Improve the quality of life of those experiencing mental health problems via a strength based recovery orientated mental health system**
- 3. Develop, strengthen and maintain supporting relationships**
- 4. Increasing social inclusion and decreasing inequality, stigma and discrimination**
- 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.**

## 1. 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. The focus on prevention, anticipation and supported self-management is identified by Scottish Government as central to taking forward mental health policy in Scotland.

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, organisations or communities and is relevant to the whole population, individuals at risk, vulnerable groups and people with mental health problems. Mental health promotion works at three levels – strengthening individuals; strengthening communities and removing structural barriers to mental health.

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 (ref).

### Examples of interventions: (to be developed further via consultation)

- Early Years work
- Schools based PSHE / Curriculum for Excellence / Anti- bullying
- Youth Work provision
- Public and 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, physical 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.)
- New Information & Communication Technologies / Web based support

**Our actions will result in:** (outcomes to be inserted here following consultation)



## 2. 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' (Gale, 2006).

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. These types of inequality are often exacerbated by societies 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.

Our views about mental health and mental illness are often shaped by the media. There exists evidence that the media can contribute significantly to mental health stigma and discrimination where media reports often link mental illness with violence, or portray people with mental health problems as dangerous or criminal, and unable to live normal, fulfilled lives (Mental Health Foundation).

### Examples of interventions: (to be developed further via consultation)

- Anti-bullying work
- Anti-stigma work
- 'See-Me' campaign
- Public mental health awareness
- Training & education
- Peer support
- Promotion of recovery focused principles& practice
- Intergenerational work
- Work with the media
- Public mental health campaigns
- Role models
- Community champions
- Positive discrimination

### Our actions will result in: (outcomes to be inserted here following consultation)

### 3. 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 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: (to be developed further via consultation)

- Recovery focused practice – whole system approach
- Scottish Recovery Indicator (SRI2)
- Co-production
- Recovery focused commissioning
- Community Mental Health Services
- Community Outreach
- Inpatient Services
- Intensive Home Treatment Services and Crisis Prevention Approaches
- Psychological Therapies
- Health Improvement for People with Severe and Enduring Mental Illness
- Community Wellbeing Hub / Recovery College
- Virtual online hub / single point of access
- Peer Support
- WRAP
- Recovery Narratives / Stories
- Recovery/Lifestyle Coaches
- Veterans peer support

#### Our actions will result in: (outcomes to be inserted here following consultation)

#### 4. 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. 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 (ESRC 2013).

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.' (Mental Health Foundation)

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.

**Examples of activities:** (to be developed further via consultation)

- Early years work & family support
- Volunteering
- Employment & education opportunities
- Community peer support groups
- Community facilities such as libraries and community halls
- Befriending and buddying initiatives
- B.A.L.L. groups
- Men's Sheds
- Community clubs
- Dementia Friendly Communities

**Our actions will result in:** (outcomes to be inserted here following consultation)

## 5. 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 (FSA 2009).

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' (Jahoda 1981). Poor working environments can however be detrimental to mental health (see also priority 7).

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 peoples recovery cannot be underestimated - Without a settled place to live, access to treatment, enabling genuine recovery and encouraging social inclusion can be impeded. (Mental Health Network NHS Confederation 2011). Having secure and settled accommodation, with the right kind of support, can have a positive impact on people's recovery and mental health.

### Examples of activities: (to be developed further via consultation)

- Debt advice and management
- Helping people with mental health problems return to work and sustain employment
- Improved joint working and sharing of knowledge across health, housing and related services and sectors.
- Mental Health Awareness amongst housing sector staff and housing providers
- Supported accommodation
- Individual placement support (DWP/NHS)

**Our actions will result in:** (outcomes to be inserted here following consultation)

## 6. 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 strategy work should have an impact on outcomes in relation to suicide. 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.

The relationship between these factors is complex. Scotland's suicide prevention strategy 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: (to be developed further via consultation)

- |  |  |
|--|--|
| • A broad policy and partnership approach to suicide prevention              | • Education and training about suicidal behaviour and promote awareness about the help available |
| • Identify and intervene to reduce suicidal behaviour in high risk groups    | • Supporting those affected by suicidal behaviour  |
| • Ensure interventions to reduce suicidal behaviour are informed by research | • Self-Harm Awareness and management   |
| • Working with Media and public mental health campaigns                      | • Development of a local borderline personality disorder care pathway                            |

**Our actions will result in:** (outcomes to be inserted here following consultation)

## 7. 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 more 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 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.

The development of a competency framework 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.

Identified competencies and associated training design and delivery would reflect the different roles of the broad mental health improvement workforce 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 increase performance/ productivity.

### Examples of activities: (to be developed further via consultation)

- |  |   |
|--|---|
| • Broad competency framework for mental health and recovery focused learning and development | • MH 1 <sup>st</sup> Aid Training                 |
| • Mental health awareness for all staff groups   | • Specialist mental health training               |
|  | • Roll-out of Framework for Excellence (dementia) |
|  | • Development of Dementia Friendly Communities    |

### Our actions will result in: (outcomes to be inserted here following consultation)



## 8. 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 leadership 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 health and social care. The board reports 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.

## Appendix 1 - COMMUNITY CONSULTATION

To help lay the foundations for the start of work on the strategy, we asked anyone with an interest in mental health and wellbeing to take part in a survey to share their views and ideas on what supports good mental health and wellbeing, what services and support there is, where the gaps are and what needs to change. They were invited to do this through an on-line/paper survey or by coming along to an open conversation café event. We launched the strategy at a large conversation event in Moray College which was followed up by a series of café events for communities and services. We also met with members of the Moray Mental Health support group and service users who attend the Moray Anchor Project. Family carers shared their views via the Quarriers Carer Support Service. Consultation via the Making Recovery Real launch and recovery café event has also informed the development of this draft strategy. The initial engagement stage ran from May 2014 until June 2015.

### Feedback

**We asked:** We wanted to know what is good for your mental health and what is not good, how services are working, what could be better and if there is anything missing in Moray. We asked people to rank a series of issues relating to mental health and wellbeing. We invited any other comments people wished to put forward.

**You said:** More needs to be done around early intervention and prevention work so that everyone is able to support their own mental health and wellbeing as much as possible. People living with a mental health problem need high quality support which is right for them and which is in the right place at the right time. More needs to be done to tackle the stigma which still exists around mental health issues.

**We did:** We looked at the common themes which emerged from what people said. We took these to a number of strategy development days which were open to all stakeholders, including those who took part in the initial stage, and started to build up the detail of the draft mental health and wellbeing strategy. The draft document is expected to be ready to go out for public consultation early next year. It will be supported by a delivery plan with clear actions for each stakeholder to take forward and be accountable for. This will help us ensure that the outcomes and priorities are achieved and that we keep track of our progress.

### Related documents

Questionnaire - summary of responses and full responses

Feedback from conversation cafe

Feedback from Moray Mental Health

Feedback from Moray Anchor Project

Quarriers Carers Group discussion session

Feedback from family session Engagement with young people - See more at:

[http://www.moray.gov.uk/moray\\_standard/page\\_93550.html#sthash.tmzaYX0R.dpuf](http://www.moray.gov.uk/moray_standard/page_93550.html#sthash.tmzaYX0R.dpuf)

## Appendix 2 – MENTAL HEALTH & WELLBEING SERVICES

### 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.

**Call: 0800 83 85 87 (freephone)**

**<http://breathingspace.scot>**

#### Opening hours

**Weekdays:** Monday-Thursday 6pm to 2am

**Weekend:** Friday 6pm-Monday 6am

### SAMARITANS

Available 24 hours a day to provide 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.

**Call: 116 123 (freephone)**

**e.mail: [joe@samaritans.org](mailto:joe@samaritans.org) / [www.samaritans.org.uk](http://www.samaritans.org.uk)**

### 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 on 111 if you are ill and it can't wait until your regular NHS service reopens

**Call free on 111**

**<http://www.nhs24.com/>**

### LIVING LIFE (NHS 24)

Living Life is part of NHS 24 and is a free 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.

Free and confidential phone line Call: **0800 328 9655 (Mon-Fri 1pm to 9pm)**

**<http://www.nhs24.com/usefulresources/livinglife/>**

### NHS INFORM

NHS inform is Scotland's health information service. NHS inform provides a single source of online health and care information. **[www.nhsinform.co.uk](http://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:

**[www.stepsforstress.org](http://www.stepsforstress.org)**

## HOPELine UK – Prevention of Young Suicide

**HOPELineUK is a service provided by PAPYRUS UK which exists to give young people hope and to prevent young 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?

**Call:** 0800 068 41 41

Weekdays: 10am -10pm

Weekends: 2pm - 10pm

Bank Holidays: 2pm- 5pm

**Email:** [pat@papyrus-uk.org](mailto:pat@papyrus-uk.org)

**Text:** 07786 209 697

**<https://www.papyrus-uk.org/help-advice/about-hopelineuk>**

## 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.

Local dementia advisors can provide:

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

**Freephone 0808 808 3000**

**Email:** [helpline@alzscot.org](mailto:helpline@alzscot.org)

## 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.

**<https://www.ginsberg.io/>**

## GPS

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**

### **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.

Contact Us:

Access Care Team

**Call: 01343 563999**

**[accesscareteam@moray.gov.uk](mailto:accesscareteam@moray.gov.uk)**

Out of Hours emergency service: **08457 565656**

## **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.** [info@wrapmoray.org](mailto:info@wrapmoray.org)  
331651

07989

## **LIVING LIFE TO THE FULL (Moray)**

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

## Good Mental Health for ALL in Moray 2016- 2026

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

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

- 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.lltff.com](http://www.lltff.com) and [www.actionondepression.org/services/cbt-online](http://www.actionondepression.org/services/cbt-online)
- Community LLTTF courses. Contact: Heidi Tweedie - [heidi@moxiemediaco.uk](mailto:heidi@moxiemediaco.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.

Contact: [moraymentalhealth@outlook.com](mailto:moraymentalhealth@outlook.com)

### CRUSE BEREAVEMENT CARE (Moray)

If you live in Moray and have been affected or bereaved by suicide we can provide free and confidential group and/or individual support.

**Contact Brigitte on: 07761 559590**

[moray@crusescotland.org.uk](mailto:moray@crusescotland.org.uk)

For all other bereavement support contact

**Cruse Scotland phone-line: 0845 600 2227**

### NHS Grampian HEALTHPOINT (Moray)

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

- information , advice & resources on mental and emotional 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

**Dr Gray's Hospital, Foyer, Elgin**

**Call: 0500 20 20 30 (Free Healthline)**

**Txt 'info' to 82727 an advisor will call you back**

**e.mail: [healthpoint@nhs.net](mailto:healthpoint@nhs.net)**

### Moray libraries 'HEALTH-MATTERS' Healthy Reading Collection

## **Good Mental Health for ALL in Moray 2016- 2026**

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.

**<http://capitadiscovery.co.uk/moray>**

Also information on leisure & sports facilities, community groups: **<http://morinfo.moray.gov.uk>**

### **Quarriers Carer Support Service (Moray)**

Advice, information and support which best meets 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.

**Call: 01343 556031**

**[www.quarrierscarersservice.org.uk](http://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.

**Call: 01343 552382**

**e.mail: [arrows@quarriers.org.uk](mailto:arrows@quarriers.org.uk)**



## **Children and Young People's Services**

The CEDAR Project, works with children and young people (aged 4-16) who are recovering from their experiences of domestic abuse. We offer a 12 week group work programme where children and young people can explore the feelings they have with regard to the abuse they have witnessed

Highfield House Annexe, Northfield Terrace, Elgin, IV30 1NE  
Initial Enquiries Tel: 01343 564170  
Website: [www.children1st.org.uk](http://www.children1st.org.uk)

### **Stronger Safer Families**

Stronger Safer Families for children and young people. The service is provided for children and young people up to the age of 18 who:

- Have suffered sexual, physical or emotional abuse or neglect.

How the service is provided:

- One to one support
- Art therapy
- Play therapy
- Child centred support
- Group work.

Abuse Recovery staff can be contacted by telephone 01343 564170 or by email [moray@children1st.org.uk](mailto:moray@children1st.org.uk)

Professionals can refer children using the Child's Plan. Please phone to discuss the referral. Families can also self refer using the CHILDREN 1st referral form.

### **DUKE OF EDINBURGH AWARD**

Tel: 01343 813614

### **ELGIN YOUTH CAFÉ AND INKWELL**

Francis Place, Elgin, IV30 1LQ  
Tel: 01343 548300

Elgin Youth Café is open to all young people of secondary school age (from the summer holidays after leaving P7 to the Summer holidays after turning 18) from 7-9.30pm on Tuesday, Wednesday & Thursday nights, 7-10pm on Friday night and also 2 to 4pm on Friday for 'Chill Out' for anyone aged 16 to 18. Entrance is free, and we offer a safe place with fantastic facilities to come and chill out and meet friends

### **LOFT YOUTH PROJECT**

The Loft Youth Project is a charity that was set up to address the needs of young people in Keith. It runs a range of activities and learning opportunities for young people. It also provides a facility that can be booked for training, etc, outwith youth groups.

86a Mid Street, Keith, AB55 5AF  
Tel: 01542 886630

## **Good Mental Health for ALL in Moray 2016- 2026**

### **LOSSIE YOUTH CAFÉ**

Lossie Youth Café offers a safe place for young people from Lossiemouth and surrounding villages to meet and socialise.

Town Hall Lane, Lossiemouth, IV31 6DF

Tel: 01343 810179

Email: [admin@lossieyouthcafe.org](mailto:admin@lossieyouthcafe.org)

### **QUARRIERS CARER SUPPORT SERVICE - MORAY**

44 High Street, Elgin, IV30 1BU

Tel: 01343 556031

Website: <http://quarrierscarersservice.org.uk>

Quarriers Carer support Service Moray is the Council contracted service providing emotional and practical support to the unpaid Carers of Moray young and old. We recognise that every caring situation is different and every Carer is different. You may be caring for a parent, son or daughter, brother or sister, husband, wife or partner, relative, friend or neighbour. There is a wide range of reasons why they may not be able to care for themselves.

### **ROWAN CENTRE - CALM (Consultation, Advice, Liaison, Moray)**

NHS GRAMPIAN - MENTAL HEALTH SERVICES FOR CHILDREN & ADOLESCENTS

The Rowan Centre, 2 Thornhill Drive, Elgin, IV30 6GQ

Tel No: 01343 553111

### **STEP BY STEP MORAY**

c/o Elgin Youth Café, Francis Place, Elgin, IV30 1LQ

Telephone: 07583 835681/ 07454 012522

We are a parent, baby and toddler group designed for lonely or vulnerable families with young children (aged 3 years and under). We provide a safe place for children to play and parents to have a blether with friends

### **WHO CARES? (SCOTLAND)**

11 Castle Street, Dundee, DD1 3AA

Tel: 07738 486695

Website: [www.whocaresscotland.org](http://www.whocaresscotland.org)

We are an independent organisation who work with children & young people with experience of being looked after in Scotland.

### **YPAC – YOUNG PERSONS ADDICTION COUNSELLING**

The Loft Youth Project, 86a Mid Street, Keith, AB55 5AF

Tel: 01542 886630

The target group is 12 to 24 year olds.

Good Mental Health for ALL in Moray 2016- 2026  
**YOUR VIEWS ON THE DRAFT STRATEGY**

Many people have been involved in the development of the first draft of Good Mental Health for ALL in Moray 2016-2026.

We want to hear your thoughts and views on its contents so that together we can be confident in what it says and what it will do.

You can complete this form and return to:

Public Involvement Officer, Moray Health and Social Care Partnership, Spynie Hospital, Duffus Road, Elgin IV30 5PW.

Complete the questionnaire online using the web address:

[www.surveymonkey.com/r/goodmentalhealthforALL](http://www.surveymonkey.com/r/goodmentalhealthforALL)

Or email any comments to: [involvement@moray.gov.uk](mailto:involvement@moray.gov.uk)

We look forward to getting your comments by 26<sup>th</sup> February 2016.

## **About you**

1. Are you:

Male	
------	--

Female	
--------	--

Prefer not to say	
-------------------	--

2. Your age group:

0 to 15	
16 to 24	
25 to 34	

35 to 44	
45 to 54	
55 to 64	

65 to 74	
75 and over	
Prefer not to say	

3. What is the first part of your post code? (e.g AB56 or IV31)

--

4. Are answering this as (tick all that apply):

Someone who has lived experience of mental health		A family member/friend of someone who has lived experience of mental health	
Someone who works in health or social care		Someone who works in Third or Independent Sector	
Someone involved in a community group		Other (give details)	
If you are responding on behalf of a group or service please tell us which one:			

## Good Mental Health for ALL in Moray 2016- 2026

**QUESTION 1:** Does the strategy clearly set out how Moray plans to take forward mental health and wellbeing in Moray?

**QUESTION 2:** Do the five cross cutting themes / principles (see page 15) reflect the direction in which you think the strategy should be taking? Please comment.

**QUESTION 3:** Do the seven priorities (see page 25) reflect what you think is important and what the main focus of the strategy should be over the next ten years? Please comment.

## Good Mental Health for ALL in Moray 2016- 2026

**QUESTION 4:** Under each of the seven priorities we have provided examples of activities that could be taken forward to help address that priority – can you think of any others?

**QUESTION 5:** Under each of the seven priorities we have asked what change our actions will result in (outcomes). What do you think change will look like for individuals and communities in relation to each of the priorities?

**QUESTION 6:** Is there a strong enough recovery focus within the strategy? – If No, how could this be strengthened?

## **Good Mental Health for ALL in Moray 2016- 2026**

**QUESTION 7:** Is there anything missing from the strategy? Why is this important?

**QUESTION 8:** Is there anything else you want to say about this strategy?

**Thank you for taking part in this consultation.**

## **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.**