

Scottish Borders Health and Social Care Partnership Strategic Planning Group



Scottish Borders
Health and Social Care
PARTNERSHIP

Mental Health Improvement & Suicide Prevention Plan

Report by Claire McElroy

1. PURPOSE AND SUMMARY

- 1.1. To seek approval of; Creating Hope in the Scottish Border, Mental Health Improvement and Suicide Prevention Action Plan IIA prior to IJB and ministerial visit.

2. RECOMMENDATIONS

- 2.1. The Scottish Borders Health and Social Care Integration Joint Board (IJB) is asked to:-
- a) Approve the IIA for Creating Hope in the Scottish Borders, prior to IJB

3. ALIGNMENT TO STRATEGIC OBJECTIVES AND WAYS OF WORKING

- 3.1. It is expected that the proposal will impact on the Health and Social Care Strategic Framework Objectives and Ways of Working below:

Alignment to our strategic objectives					
Rising to the workforce challenge	Improving access	Focusing on early intervention and prevention	Supporting unpaid carers	Improving our efficiency and effectiveness	Reducing poverty and inequalities
		X			

Alignment to our ways of working					
People at the heart of everything we do, and inclusive co-productive and fair	Good agile teamwork and ways of working – Team Borders approach	Delivering quality, sustainable, seamless services	Dignity and respect	Care and compassion	Openness, honesty and responsibility
X		X	X	X	

4. INTEGRATION JOINT BOARD DIRECTION

- 4.1. A direction is not required

5. BACKGROUND

- 5.1. Creating Hope in the Scottish Borders Action Plan 2022-2025 has been in development by the multi-agency Mental Health Improvement and Suicide Prevention Steering Group and published in Nov 2022. There has been a significant period of engagement involving stakeholders from different organisations and sectors, and a series of focus groups. The outcomes have been based on the development work we have undertaken locally and also draw from national suicide prevention and public mental health work. We are seeking approval for the IIA.

6. IMPACTS -

Community Health and Wellbeing Outcomes

- 6.1. It is expected that the proposal will impact on the National Health and Wellbeing Outcomes below:

N	Outcome description	Increase / Decrease / No impact
1	People are able to look after and improve their own health and wellbeing and live in good health for longer.	increase
2	People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.	increase
3	People who use health and social care services have positive experiences of those services, and have their dignity respected.	increase
4	Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	Increase
5	Health and social care services contribute to reducing health inequalities.	Increase
6	People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.	No impact
7	People who use health and social care services are safe from harm.	Increase
8	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	Increase
9	Resources are used effectively and efficiently in the provision of health and social care services.	increase

Financial impacts

- 6.2. NA

Equality, Human Rights and Fairer Scotland Duty

- 6.3. Approval required for IIA

Legislative considerations

6.4. None

Climate Change and Sustainability

6.5. None

Risk and Mitigations

6.6. The IIA describes any risks and recommendations

7. CONSULTATION

Communities consulted

7.1. See IIA attached

Integration Joint Board Officers consulted

7.2. The IJB Board Secretary, the IJB Chief Financial Officer and the IJB Chief Officer and Corporate Communications have been consulted, and all comments received have been incorporated into the final report.

7.3. In addition, consultation has occurred with our statutory operational partners at the:

- HSCP Joint Executive
- IJB Future Strategy Group

Approved by:

Author(s) Claire McElroy

Scottish Borders Health and Social Care Partnership



Equality, Human Rights and Fairer Scotland Duty Impact Assessment – Stage 1 Proportionality and Relevance

Completion of the template below will give senior officers the confidence that the Equality Duty, the Scottish Specific Public Sector Equality Duties, Human Rights and the Fairer Scotland Duty have been considered at the beginning of and throughout the proposal development and that action plans are in place, where applicable, which identify relevant stakeholders and the undertaking robust consultation to deliver a collaborative approach to co-producing the E&HRIA.

What Integration Joint Board (IJB) report or Partnership decision does this proportionality and relevance assessment relate to:

Mental Health Impact & Suicide Prevention Action Plan

Relevant protected characteristics materially impacted, or potentially impacted, by proposals (employees, clients, customers, people using services) indicate all that apply

Age	Disability Learning Disability, Learning Difficulty, Mental Health, Physical Autism/Asperger's	Gender	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief (including non-belief)	Sexual Orientation
Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes

Equality and Human Rights Measurement Framework – Reference those identified in Stage 1 (remove those that do not apply)

Education	Work	Living Standards	Health	Justice and Personal Security	Participation
Higher Education Lifelong learning	Employment Earnings Occupational segregation	Poverty Housing Social care	Social Care Health outcomes Mental health Access to health care	n/a	Political and civic participation and representation Access to services

					Social and community cohesion*
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*Supplementary indicators

Main Impacts	Are these impacts positive or negative or a combination of both	Are the impacts significant or insignificant?
<p>The vision for the action plan is to increase the number of people in good mental health at every age and stage of life and to reduce the number of suicide deaths in the Scottish Borders, whilst working together with partners and communities to tackle the inequalities that contribute to poor mental health and suicide.</p> <p>Mental ill-health has a disproportionate impact and some groups are more at risk of developing mental health problems than others. Similar patterns are found with suicide, with some groups being statistically at a higher risk than others. The new Mental Health Improvement and Suicide prevention action plan aims to reduce mental health inequalities across all groups with protected characteristics.</p>	Positive impact	significant

Is the proposal considered strategic under the Fairer Scotland Duty?	Yes – supports the delivery of the national strategies for mental health and suicide prevention.
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E&HRIA to be undertaken and submitted with the report – Yes	Proportionality & Relevance Assessment undertaken by: Name of Officer: Claire McElroy
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If no – please attach this form to the report being presented for sign off

Date: 21/06/23

Equality Human Rights and Fairer Scotland Duty Impact Assessment Stage 2 Empowering People - Capturing their Views



Creating Hope in the Scottish Borders

Scottish Borders Mental Health Improvement and Suicide Prevention Action Plan 2022 – 2025

Equality Human Rights and Fairer Scotland Impact Assessment Team

Role	Name	Job title	Date of IA Training
E&HR Service Specialist	Fiona Doig	Head of Health Improvement/Strategic Lead ADP	
HSCP Senior Mgt Team Member	Kirsty Kiln	Acting Public Health Consultant	
Responsible Officer	Claire McElroy	Public Health Lead Mental Health/Wellbeing Service	
Main Stakeholder (NHS Borders)	Nic While	Health Improvement Specialist	
Mains Stakeholder (SBC)	Steph Mackenzie	Health Improvement Specialist	
Third/Independent Sector Rep		Note: engagement commissioned via Borders Care Voice	
Service User		Note:	

Evidence Gathering (will also influence and support consultation/engagement/community empowerment events)

Evidence Type	Source	What does the evidence tell you about the protected characteristics affected?
Data on populations in need	Picture of Mental Health report	General trends. Most data sets can be analysed by age, sex and SIMD / locality. Overall the data indicates that there is an increasing need for mental health support, especially within areas of the Borders with higher levels of deprivation.
Data on relevant protected characteristic	Picture of Mental Health report ScotPHO Final Engagement Report by BCV August 2022 Men's Mental Health Survey Report by LGBT Equality about Café Polari Desktop research – Mental Health of Communities of Colour	<p>Borders Care Voice was commissioned to host consultation sessions to facilitate and record responses from those with lived experience from the specific identified target groups:</p> <ul style="list-style-type: none"> • People experiencing and recovery from mental ill-health (Disability) • LGBT community (Sexual Orientation and Gender Reassignment) • Unpaid carers • People bereaved by suicide • Black and ethnic minorities (Race) <p><u>For Sex, the plan takes into account the following:</u></p> <ul style="list-style-type: none"> • For common mental health problems - variation across time period for both female and male populations in the Scottish Borders. Fewer common mental health problems in females in the Borders than the national average. Males closer to the natural average and lower than the female result. • High rates of prescription drugs for anxiety/depression/psychosis amongst women in peri-menopausal / menopausal age groups (Six-month pilot of Menopause Café with Borders College just completed and currently being evaluated) • Women are more likely than men to develop PTSD after a traumatic experience. • Some mental health disorders have been associated with experiences of violence and abuse. • Covid-19 pandemic has had an adverse mental health outcomes on women • Women with low levels of literacy are at five times more risk of depression • There is a strong link between experiencing violence or domestic abuse and mental health problems.

		<p>For deaths of adults by suicide:</p> <ul style="list-style-type: none"> • Men have a higher risk of suicide (A Men’s Mental Health survey was carried with measures subsequently put in place for activities that targeted man e.g. support for Andy’s Man Club, mental health and sports projects with the Rugby Clubs and ClubSports/ Live Borders) • Rates of suicide amongst women are higher in the Borders than the national average • The annual crude rate per 100,000 population is similar to Scotland for the same period. • However the annual crude rate for females is higher at 9.2, compared to 7.1 for Scotland, with the male rate being lower (15.8 and 20.7 respectively). This equates to 38.2% of completed suicides where the individuals were female and 61.8% male. • 16% of deaths were from individuals resident in the most deprived areas of the Borders, compared to 32% for Scotland. • 58.8% of suicides took place in the home, which is in line with the national figures, this did not differ for males or females • 53% of individuals were single • 57% of males and 42.3% females were an ‘Employee, apprentice, armed forces - other rank, etc’ with 34.65 females were ‘other - student, unemployed, not available, etc’. 15% of all completed suicides were self- employed – without employees. • 8.8% completed suicides were aged 15-24 – none of these were female • 23% of all female completed suicides were aged 25-34 • 50% of all female suicides were aged 45-64, compared to 45% of all male suicides <p><u>For Disability, the plan takes into account the following:</u></p> <ul style="list-style-type: none"> • Having a physical disability can increase the risk of experiencing mental health problems and low wellbeing. There is consistent evidence of an association between physical disability and depression, though experiences of stigma and discrimination may significantly contribute to this relationship. • People with learning disabilities have an increased risk of developing a mental health problem due to social, economic, psychological and emotional factors, as well as some biomedical factors.
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		<ul style="list-style-type: none"> • Individuals with sensory impairments have also been found to be at a much higher risk of having mental health problems across their lifetime. Many of the mental health problems among people with sensory impairment arise from the social isolation they experience due to inaccessible environments. • Those experiencing severe and enduring mental health problems die, on average, 15–20 years earlier than the general population, while those with depression die 7–10 years earlier • Situation for people with mental health problems has been exacerbated during covid-19 • 30% of Borders population had a long term health condition (2011 census) • People with long-term health conditions are two to three times more likely to experience mental health problems, with anxiety problems or mood disorders being particularly common • Co-morbid mental health problems have a number of serious implications for people with long-term conditions, including poorer clinical outcomes and lower quality of life. <p><u>For Sexual Orientation and Gender Reassignment, the plan takes into account the following:</u></p> <ul style="list-style-type: none"> • Experiences of bullying and violence place LGBT+ people at substantial risk of poor mental health outcomes – links to suicide, substance misuse and school attendance. • Covid-19 impacted LGBT+ who live rurally. They experienced more isolation and reported a lack of safe space for counselling support. • That transgender people are more likely to have negative mental health outcomes. Experiences of discrimination can place transgender people at substantial risk of poor mental health outcomes – links to suicide, substance misuse and school attendance. <p>Short term funding provided to support and promote Café Polari as a safe space for the LGBT+ community. Report from LGBT Equality considered at the Mental Health Improvement Steering Group and incorporated into plan. The report highlighted the importance for this community of being able to connect and develop friend groups in safe spaces, and a previous survey in 2019 had highlighted the need for social events for LGBT adults (85%), better visibility in the local area (71%) and signposting of services available</p>
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		<p>locally (60%). The LGBT Equality report in May 2022 identified the following challenges:</p> <ul style="list-style-type: none"> • Over-reliance on a small group of volunteers who are at increased risk of mental ill-health themselves – funding for a paid LGBTQ development worker would mitigate the risk of representation burnout. There is difficulty in doing the development work needed for the travelling Café Polari funded by the Communities Mental Health and Wellbeing Fund because of the absence of a development worker and the reliance on volunteers; • No dedicated space for LGBTQ people in the Borders means that support is sporadic - a community hub for the community would improve provision. The monthly Café Polari is limited and has some accessibility issues at its current venue; • Pride event postponed due to volunteer availability; • A monthly café event does not solve all the issues of isolation experienced by the community and the need for a befriending / peer support scheme was highlighted; • Support need identified for parents of trans people. <p>A specific focus group was commissioned for Borders Care Voice to carry out engagement but was unsuccessful due to lack of capacity in the Borders for this inequality group at that time.</p> <p><u>For Pregnancy and Maternity</u>, the plan takes into account that more than 1 in 5 women will experience mental health problems in pregnancy or the first postnatal year.</p> <p><u>For Race</u>, the plan takes into account the following:</p> <ul style="list-style-type: none"> • Being a victim of racism has been associated with mental health problems. • The emotional and psychological effects of racism have been described as consistent with traumatic stress and the negative effects are cumulative. • Racism and a lack of cultural awareness may also contribute to the discrimination experienced by people from Black, Asian and Minority Ethnic communities
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		<ul style="list-style-type: none"> • A desktop research exercise 'Mental Health of Communities of Colour and How We Respond' was undertaken by Talat Yaqoob, an independent researcher. The aim was to provide some insight into the experiences of communities of colour in Scotland and where possible, in rural areas, in relation to mental health services access and exclusion. The term “communities of colour” was used which encompassed communities which are also called “visible ethnic minorities”, these include (but not limited to) Black, South and East Asian, Arab, Hispanic and mixed-race individuals. • In summary, the paper (produced in April 2021) provided only a brief review of the current landscape in relation to communities of colour and their mental health in the Borders. However, what it did illustrate was the lack of literature and Scottish Border’s specific data that is available. Whilst the population of people of colour in the Scottish Borders is lower than urban areas of Scotland, collection of robust data is still critical. The paper noted that the data required is both the simple numbers (who is using mental health services, what for and to what effectiveness) but also qualitative; lived experience input on what is needed to improve mental wellbeing. In particular, the paper noted the impact of isolation, already widely acknowledged within rural communities, however may be exacerbated by being in the minority, not feeling a sense of community and not having your needs met. It was recommended that the MHI&SP steering group considered what next steps need to be pursued to improve the level of information and knowledge known about communities of colour and their mental health, and also what current good practice within the Scottish Borders can be further harnessed. This led to the commissioning of a specific focus group for this key inequality group when the engagement on the action plan was carried out. • A specific focus group was commissioned with Borders Care Voice however we were unable to fulfil this due to routes to consult with this group. This remains a gap.
Data on service uptake/access	Health Inequalities Impact Assessment	The plan takes into account the following: <ul style="list-style-type: none"> • Lack of access or inadequate rural infrastructure can lead to isolation or barriers to accessing services • Digital connections can provide a supportive factor particularly for some communities that may experience minority stress

		<ul style="list-style-type: none"> • In some places the internet connection is not adequate to take advantage of these opportunities • Digital literacy - important to support people to stay connected as one way of supporting wellbeing
<p>Data on socio economic disadvantage</p>	<p>Picture of Mental Health report Scottish Health Survey ScotPHO Anti-Poverty Strategy</p>	<p>The literature suggests that there are pockets of deprivation in the Borders which also have worse mental health.</p> <ul style="list-style-type: none"> • Those living in most deprived areas reported lower average mental wellbeing (46.9) compared to those living in the least deprived areas (51.5). • Socioeconomically disadvantaged children and adolescents are two to three times more likely to develop mental health problems. • 12.6% of children in the Scottish Borders live in low-income families however there are 10 areas with more than 15% of children living in poverty • For adults with moderate or high severity symptoms of depression and anxiety, as measured by the percentage of population prescribed drugs for anxiety, depression or psychosis, there are significant differences between the localities. Teviot & Liddesdale, Cheviot and Eildon localities are all higher than the national average. • Berwickshire, Teviot and Liddesdale and Eildon have a slightly higher suicide rate than the overall Borders rate. The rate across all localities is lower than the rate for Scotland. Nationally the trend is for increased risk of suicidal thoughts and completed suicides from those in the most deprived areas. • Low and insecure income and problem debt are associated with increased risk of mental health problems • Cycle of deprivation between mental health problems and debt • COVID-19 followed by the Cost of Living crisis exacerbated many of these factors that can lead to money worries • Unemployment has consistently been associated with an increased risk of common mental health problems • Job loss has a traumatic and immediate negative impact on mental health and there is further damage when unemployment continues into the long term • Poor-quality housing is one example of the physical environment having a negative effect on mental health. Fuel poverty in particular is associated with poor mental health.

<p>Research/literature evidence</p>	<p>Public Mental Health IMV model of suicidal behaviour</p>	<p>The public health impact of mental disorder - mental disorder accounts for at least 21% of the UK disease burden (as measured by years lived with disability), although even this underestimates the true burden by at least one third. This is accounted for by the high prevalence of mental disorder, the fact that the majority of lifetime mental disorder arises before adulthood, and the broad public health-relevant impacts across different sectors. The life expectancy of people with mental disorder is reduced by 7–25 years compared to those without, mainly due to increased rates of smoking, alcohol and drug misuse, self-harm, and physical illness. The majority of self-inflicted deaths are in people who have a mental disorder. Wider impacts of mental disorder include educational and employment outcomes, victimisation from and perpetration of violence, stigma and discrimination.</p> <p>The Integrated Motivational-Volitional Model of Suicidal Behaviour (O’Connor 2011) - suicidal behaviour results from a complex interplay of factors, the proximal predictor of which is one’s intention to engage in suicidal behaviour. Intention, in turn, is determined by feelings of entrapment where suicidal behaviour is seen as the salient solution to life circumstances. These feelings of being trapped are triggered by defeat/humiliation appraisals, which are often associated with chronic or acute stressors. The transitions from the defeat/humiliation stage to entrapment, from entrapment to suicidal ideation/intent, and from ideation/intent to suicidal behaviour are determined by stage-specific moderators (i.e., factors that facilitate/obstruct movement between stages). In addition, background factors (e.g., deprivation, vulnerabilities) and life events (e.g., relationship crisis), which comprise the pre-motivational phase (i.e., before the commencement of ideation formation), provide the broader biosocial context for suicide.</p>
<p>Existing experiences of service information</p>	<p>Final Engagement Report by BCV August 2022 Men’s Mental Health Survey</p>	<p>The results from the BCV focus groups are captured in more detail below but from the workshop responses, several of the same themes were raised across all the identified target groups, mainly:</p> <ul style="list-style-type: none"> • Access to local groups – physical activities/social/creative/peer support. • Need for some form of directory of service/activities available within the Scottish Borders and local promotion. • Awareness raising of mental health in general, with more focus on prevention of self-harm and suicide.

		<ul style="list-style-type: none"> • Training on mental health and suicide prevention open to a wider audience. • Addressing low confidence and low self-esteem – perhaps through a buddy support system. • Education around mental health from an early age. Clear and consistent messages in schools • Peer support options, local groups, Scottish Borders wide – online and face to face options • Knowledge of what support and resources are available for a mental health crisis. • Funding to support services – longer term. Existing and new and creative approaches. <p>The Men’s Mental Health research was carried out between November 2020 and March 2021 and there were 170 survey responses. The ambition of this research was to understand the current needs of men in the Scottish Borders in relation to their mental health and to identify support, learning opportunities and resources which men feel would improve their mental health and wellbeing.</p> <p>Key findings about mental health support:</p> <ul style="list-style-type: none"> • Men told us that accessing support should be easy, clear and accessible. • Men shared that knowing the threshold of when to ask for help can be difficult so clearly defined levels of support could be explored / tested. • Language and images used were found to be important for engaging men. For example, making promotional materials clear and inviting to men. • Men told us it was disheartening when they could not find information or when information was out of date. • 39% of men were unaware of the support that was available to them. • Men highlighted a number of ways they would like to find out about support and what’s on offer e.g. using social media.
Evidence of unmet need	Online survey Final Engagement Report by BCV August 2022	The engagement work told us that there are numerous areas of unmet need. Some of the responses to the online survey were specific to people with protected characteristics:

		<ul style="list-style-type: none"> • <i>‘For ethnic minorities and people of colour living in Scottish Borders, there are almost non-existent social and culturally related places or activities. Sometimes they have language barriers, hesitancy in mingling, lack of knowledge of local traditions and culture, different food preferences. These things once identified, addressed and incorporated can improve their mental health status’</i> <p>Some of the responses were specific to reducing mental health inequalities:</p> <ul style="list-style-type: none"> • <i>‘Basic needs are important for most, particularly to those who are in low income and disadvantage. Worrying and anxiety cause poor mental wellbeing and they will escalate when worries keep on growing.’</i> • <i>‘Having the ability to access all supporting organisations under one roof. Organisations would communicate better with one another and those who are at risk of poor mental health can have clear heads rather than trying to chase all organisations who may or perhaps will be able to support them with their mental health’</i> • <i>‘Better mental health awareness training for employers, covering a large range of mental health issues, disabilities and conditions. Too often when I apply for work the application states that the employer is understanding and inclusive towards mental health and disabilities yet when I start the role it is quickly apparent that the employer only really has a very basic understanding of how mental health and disability impact my ability to carry out tasks and this then leads to issues for me and the employer.’</i> <p>Some of the responses were specific to improving the lives of people experiencing and recovering from mental ill-health. The top three answers to this section were:</p> <ol style="list-style-type: none"> 1. Better co-ordination between mental health support services, 2. having a single point of access for getting help and; 3. a better approach to long term / ongoing support within communities. <ul style="list-style-type: none"> • <i>‘I’d like to see more support for employment... For many of us, getting a job isn’t really an issue. We don’t all need support for making a CV, or how to do an interview. I have often felt very patronised/belittled when I’ve attended sessions re “getting back to work” as I feel I know how to do those things. I feel the support for getting back into employment needs to be much more tailored to individual wants/needs/desires rather than assuming that all mentally ill people are incapable of sending off a job application (which is</i>
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		<p><i>sometimes how it can feel, even if it's not meant to). I'd also like to see much more emphasis on sustaining employment as opposed to how to get a job. Many people, myself included, have no real problem with applications or interviews but when we secure a job it's the sustaining it that becomes very problematic.'</i></p> <ul style="list-style-type: none"> • <i>'access to counselling to help people recovering from mental health to understand themselves and build tools and techniques to prevent future episodes'</i> • <i>'More welcoming and open spaces and places for people to meet outwith traditional services'</i> • <i>'Volunteering could be a way for people to get back into the community, meet new people, learn new experience and gain self-confidence'</i> • <i>'A central access hub for support/information/courses where people can go and feel empowered that they are bringing about changes themselves, at their own pace, helping build confidence and self-esteem'.</i> • <i>'accessing community activities etc can offer a preventative role so that people do not reach this crisis stage'</i> • <i>'More community input after the community has the opportunity of training to learn about the different types of mental ill health'.</i>
<p>Good practice guidelines</p>	<p>Public Mental Health – Public Health Scotland Priority 3 about having good mental wellbeing National suicide good practice Time Space Compassion Trauma Informed Practice</p>	<p>Mental wellbeing is recognised as a significant public health challenge in Scotland. Mental health and wellbeing are influenced by many factors including biological, social, economic, lifestyle, and genetic factors. Understanding the interacting and often co-existing risks and adverse outcomes is an essential part of building and sustaining mentally healthy societies and reducing the adverse impacts and inequalities that often result from poor mental health and wellbeing.</p> <p>Suicide prevention is being prioritised more as the Government and COSLA published a 10-year strategy to tackle the factors and inequalities that can lead to suicide. The strategy draws on levers across national and local government to address the underlying social issues that can cause people to feel suicidal, while making sure the right support is there for people and their families. The approach is to help people at the earliest possible opportunity and aim to reduce the number of suicides – ensuring efforts to tackle issues such as poverty, debt, and addiction include measures to address suicide.</p>

		<p>Time, Space and Compassion principles and approach - a relationship and person centred approach to improving suicidal crisis. It has been developed for use by people and services who regularly come into contact and support people experiencing suicidal crisis.</p> <p>This action plan is also firmly linked to the national trauma training programme and promotes trauma informed practice and responses.</p>
Other – please specify	Health and Wellbeing Census for Children and Young People	This evidence informed our life course approach and the need to work closely with the Children and Young People’s structures to ensure that the work is aligned and complementary.
Risks Identified	Consultation feedback	<p>An ongoing risk of being able to engage - a lack of infrastructure for some of the protected characteristics makes it difficult to achieve the engagement even when it has been commissioned to happen and so it is even more difficult to try and sustain the engagement and ensure that the engagement is representative.</p> <p>The key infrastructure used to engage is the Mental Health and Wellbeing Forum and the After A Suicide Working Group so there is a risk that some of the protected characteristics are missed.</p>
Additional evidence required	Consultation feedback	<p>Local evidence regarding mental health and Black and ethnic minorities (Race)</p> <p>Link with unpaid carers struggling with mental health</p>

Consultation/Engagement/Community Empowerment Events

Event 1

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
July 2022	Online Survey	35 individuals and four organisations responded	Age, Sex, Disability, Sexual Orientation, Race The majority of respondents were aged 35 – 64 with 20% aged 35 – 44, 28% aged 45 – 54 and 20% aged 55 – 64. The vast majority (72%) of respondents were female and did not identify as LGBTQI+ (85%). 38% of respondents had a disability or long-term physical health condition and

			41% said they had a mental health condition. The majority of respondents defined their ethnicity as White with 5% identifying as Asian or Asian British. In terms of household income there was a cross section with 18% earning under £15,000, 28% between £15,000 - £30,000 and 25% over £30,000.
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***Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)**

Views Expressed	Officer Response
<p>Top answers in response to ‘What do you think would improve your mental health and wellbeing?’</p> <ul style="list-style-type: none"> • Being able to talk to a professional about the way I am feeling • Self-help resources about ways to improve your mental health and wellbeing • Having someone I trust to talk to about the way I am feeling (a friend, colleague or family member) • Getting help and support for the things that are worrying me (e.g. debt, finding a job, housing, money worries, loneliness, relationship difficulties, alcohol or drug use etc) 	<p>This is captured in Programme 1 of the Action Plan, Promoting mental health and wellbeing Action: 1.1 Mentally Healthy Communities</p>
<p>Top answers in response to ‘In the Scottish Borders we have an ambition to develop mentally healthy communities – what would that look like for your community?’</p> <ul style="list-style-type: none"> • Friendly and welcoming social places and activities that are open to everyone and are free • Positive and safe physical environment including housing and neighbourhoods • Supportive employers and workplaces 	<p>This is captured in Programme 1 of the Action Plan, Promoting mental health and wellbeing Action: 1.1 Mentally Healthy Communities</p>
<p>Top answers in response to ‘What are your three priorities for preventing mental ill-health for those most at risk?’</p> <ul style="list-style-type: none"> • Support for people when they experience adverse adulthood events (e.g job loss, relationship breakdown, bereavement) • Having a warm and safe place to live • Making sure that people have enough money to live off 	<p>This is captured in Programme 3 of the Action Plan, Reducing mental health inequalities Areas of Action: 3.2 Poverty and Mental Health 3.3 Hope and Compassion 3.4 Targeted Communities</p>

<p>Top answers in response to ‘Please select three priorities about preventing suicide and self-harm’</p> <ul style="list-style-type: none"> • Promotion of support for people in crisis • Support for people caring for others with suicidal thoughts • Public suicide awareness training open to communities 	<p>This is captured in Programme 2 of the Action Plan, Preventing suicide and self-harm</p> <p>Areas of Action:</p> <p>2.1 Suicide Safer Communities</p> <p>2.2 Support for people affected by / bereaved by suicide</p>
<p>Top answers in response to ‘What do you think would improve the lives of people experiencing and recovering from mental ill-health?’</p> <ul style="list-style-type: none"> • Better coordination between the mental health support services • Having a single point of access for getting help • Better approach to long-term/ongoing support within communities 	<p>This is captured in Programme 4 of the Action Plan, Improving the lives of people experiencing and recovering from mental ill health</p> <p>Areas of Action: 4.1 Mentally Healthy Communities (PLUS)</p> <p>These responses were also reported to the Mental health Partnership Board</p>
<p>Top answers in response to ‘Do you think that mental health stigma has an impact and what could be done to reduce stigma?’</p> <p>79% of respondents said that yes, mental health stigma has an impact. 15% were unsure and only one person answered no.</p> <p>There was a wealth of suggestions for tackling stigma which are summarised here:</p> <ul style="list-style-type: none"> • Interactive public mental health consultations • Media campaigns – it’s ok to talk and it’s ok to ask for help • Work in communities, events in communities, courses run in communities with real people, festival of mental health • Raise awareness of the reality of recovery • More open and challenging dialogue – there is a spectrum of experience which is relevant to professionals too • Careful use of language – don’t label • Local peer groups to share experience • Normalise talking about suicide and self-harm • Communication, education, awareness • Role models and people telling their stories • Education / awareness about diagnosis and how to help someone who is struggling with mental ill health • More info in schools and libraries 	<p>This is captured throughout the Action Plan, including our work on communications, advocacy of a public mental health approach, training and capacity building which underpin the delivery of the plan.</p>

<ul style="list-style-type: none"> Challenge and change attitudes so there is more empathy and less blaming individuals 	
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Event 2

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
July 2022	Borders Care Voice venue	13	Age Sex Disability (Mental Health)

*Attendance by category – including but not limited to: People using the service, people not using the service - currently, unpaid carers, paid carers, key stakeholders (organisation and job title)

Event 3

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
July 2022	Borders Care Voice venue	4	Age Sex Disability (Mental Health)

Event 4

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
July 2022	2 x Online	4	Age Sex Disability (Mental Health)

Views Expressed	Officer Response
<p>From the workshop responses, several of the same themes were raised across all the identified target groups, mainly:</p> <ul style="list-style-type: none"> Access to local groups – physical activities/social/creative/peer support. Need for some form of directory of service/activities available within the Scottish Borders and local promotion. Awareness raising of mental health in general, with more focus on prevention of self-harm and suicide. 	<p>This is captured in Programme 1 of the Action Plan, Promoting mental health and wellbeing</p> <p>Action: 1.1 Mentally Healthy Communities</p>

<ul style="list-style-type: none"> • Training on mental health and suicide prevention open to a wider audience. • Addressing low confidence and low self-esteem – perhaps through a buddy support system. • Education around mental health from an early age. Clear and consistent messages in schools • Peer support options, local groups, Scottish Borders wide – online and face to face options • Knowledge of what support and resources are available for a mental health crisis. • Funding to support services – longer term. Existing and new and creative approaches. 	
<p>For positive support in keeping mentally well, this included:</p> <p>Participation - Participating in local community groups – social, physical, creative, peer. Peer support was reported on many occasions, linking in to feeling understood, not being judged, being supported by others who understand and having that support system, sharing experiences and suggestions.</p> <p>Keeping active - Physical activities available in different local areas– ranging from walking, yoga, cycling to enjoying outdoors and gardening.</p> <p>Feeling confident - Being confident to join groups or having a buddy support to help with anxieties of attending somewhere new, attending appointments etc. Many people commented that they were aware that joining a group would be of benefit to them but lacked the confidence to attend on their own, that their anxieties increased around meeting new people, feeling excluded or different. Being in a safe and supportive environment was seen as a priority.</p> <p>Informed - Knowing what is available to be able to make informed choices – in local area and in wider area, including information on help lines and crisis support. A directory of service/activity was stated repeatedly. Much discussion was had across all groups for access to up-to-date information. This was seen as a priority. Further discussion arose from this to having</p>	<p>This is captured in Programme 4 of the Action Plan, Improving the lives of people experiencing and recovering from mental ill health</p> <p>Areas of Action: 4.1 Mentally Healthy Communities (PLUS)</p>

more signposting in GPs, Department for Work and Pensions, Hospitals, and having access to Link Workers, Local Area Co-ordinators or similar.

Having access - Accessibility – transport, cost and parking were all raised, as was accessing opportunities online as well as face to face.

Educated and aware - Education on mental health from an early age was repeatedly raised as a priority, across a number of the workshop questions and across all groups.

Being employed or volunteering - Employment/volunteering opportunities were viewed as having a contribution to overall good mental health.

Funding available for the creation of new support services and to support existing projects and programmes that work – this was also raised in the questions about prevention.

For prevention of self-harm and suicide and addressing stigma, this included:

Understood and Included - Tackling attitude, Some people felt that in small communities, negative attitudes towards mental health and lack of understanding created more anxiety and lead to the individual becoming more isolated. A common topic also discussed was awareness raising on a large scale.

Educated - More mental health education in schools. This was highlighted repeatedly. Many people felt that talking about mental health openly was needed to address stigma and that having this in schools from an early age would make it less of a taboo subject and lead to it being better understood.

Trained and supportive - Informed mental health and suicide prevention training targeted to employers/employees, professionals, community groups, volunteers. Several of the participants were aware that mental health training is available in the Scottish Borders and has been for some time but felt that it was more limited to people working or volunteering in health and social care.

This is captured in Programme 2 of the Action Plan, Preventing suicide and self-harm

Areas of Action:

2.1 Suicide Safer Communities

<p>More signposting from GPs and referrals made from other professionals.</p> <p>Social prescribing was viewed as a positive measure and there was an interest from across the groups for this to be a more regular occurrence.</p> <p>Seeking alternative options to hospital admissions and medication was suggested.</p>	
<p>Themes specific to people experiencing and recovery from mental ill-health:</p> <ul style="list-style-type: none"> • Feeling safe and included • Being able to access services and join groups and activities. • Overcoming barriers to access – lack of confidence, transport • Knowing what is available, where and when and having informed choices 	<p>This is captured in Programme 4 of the Action Plan, Improving the lives of people experiencing and recovering from mental ill health</p> <p>Areas of Action: 4.1 Mentally Healthy Communities (PLUS)</p>
<p>Themes specific to unpaid carers:</p> <ul style="list-style-type: none"> • More opportunities and activities available in the evenings. • Services and activities having face to face and online options. • Respite opportunities and financial support. • Flexibility in services – recognition that no one size fits all. 	<p>This is captured in Programme 4 of the Action Plan, Improving the lives of people experiencing and recovering from mental ill health</p> <p>Areas of Action: 4.1 Mentally Healthy Communities (PLUS)</p>
<p>Themes specific to people bereaved by suicide</p> <ul style="list-style-type: none"> • Timely access to therapies. • Having someone to talk to and who would actively listen. • Peer support and helpline options. • Support, tools and resources to help with shock, grief and feelings of guilt, and helplessness • Having support and understanding in the workplace. 	<p>This is captured in Programme 2 of the Action Plan, Preventing suicide and self-harm</p> <p>Areas of Action: 2.2 Support for people affected by / bereaved by suicide</p>

Event 5

Date	Venue	Number of People in attendance by category*	Protected Characteristics Represented
July	Borders Care Voice venue	6	Providers of services - Disability (Mental Health)

Views Expressed	Officer Response
<p>Key themes arising included:</p> <ul style="list-style-type: none"> • Access to truly person-centred services – the appropriate support available as and when needed and not hampered with restrictive time schedules that can create even more barriers • More flexibility needed within services – meeting the individual’s needs. Focus given to immediate and longer-term support • Timely advice and guidance – welfare benefits, money and debt advice information on housing, foodbanks etc. • Single point of contact – also raised in other workshops. • Funding available for third sector to bridge the gaps – a recognition that existing funding can be short term, limited to strict criteria and can lead to exclusion. <p>The top priorities for taking immediate action listed from mental health service providers were:</p> <ul style="list-style-type: none"> • Addressing attitudes – tackling stigma in communities and across organisations. • Tackling financial inclusion – ensure basic needs are being met. • Support the development of new and innovative measures – flexibility recognised within funding criteria, in addition to length of funding providing time and opportunity for development and growth. <p>There was also a suggestion made for the creation of a peer support group for people who work in health & social care, potentially facilitated alongside other similar groups.</p>	<p>This is captured in Programme 4 of the Action Plan, Improving the lives of people experiencing and recovering from mental ill health</p> <p>Areas of Action: 4.1 Mentally Healthy Communities (PLUS)</p>

Equality, Human Rights and Fairer Scotland Duty Impact Assessment Stage 3



Analysis of findings and recommendations

Creating Hope in the Scottish Borders

Scottish Borders Mental Health Improvement and Suicide Prevention Action Plan 2022 – 2025

Please detail a summary of the purpose of the proposal being developed or reviewed including the aims, objectives and intended outcomes

Creating Hope in the Scottish Borders

Scottish Borders Mental Health Improvement and Suicide Prevention Action Plan 2022 – 2025

The vision in the plan is to increase the number of people in good mental health at every age and stage of life and to reduce the number of suicide deaths in the Scottish Borders, whilst working together with partners and communities to tackle the inequalities that contribute to poor mental health and suicide.

Mental ill health has a disproportionate impact and some groups are more at risk of developing mental health problems than others. Similar patterns are found with suicide, with some groups being statistically at a higher risk than others. The new action plan aims to reduce mental health inequalities across all groups with protected characteristics. As part of the initial action planning process, a Health Inequalities Impact Assessment was carried out with the aim of identifying mitigating actions to ensure that nobody is negatively impacted. This document updates that assessment.

Overarching Principle 1: MENTAL HEALTH IN ALL POLICIES

Our action plan advocates for all plans and policies in the Scottish Borders to address the social, environmental and individual determinants of mental health. We will do this collectively by integrating mental health and wellbeing into Impact Assessments. Our action plan is trauma informed.

Overarching Principle 2: PARTNERSHIP ENGAGEMENT IN CREATION AND DELIVERY OF ACTION PLAN

Consultation and engagement is undertaken in developing our priorities and the action plan. Partners and organisations jointly take ownership for the delivery of the plan.

Programme 1: Promoting mental health and wellbeing

Areas of Action: 1.1 Mentally Healthy Communities

Outcome: The environment and communities we live in promote the conditions that protect against poor mental health and suicide risk and empower people to thrive.

Programme 2: Preventing suicide and self-harm

- Areas of Action:** 2.1 Suicide Safer Communities
 2.2 Support for people affected by / bereaved by suicide
 2.3 Targeted interventions

Outcome: Our communities have a clear understanding of suicide, risk & protective factors and prevention – people and organisations provide a compassionate, appropriate and timely response.

Programme 3: Reducing mental health inequalities

- Areas of Action:** 3.1 Transition Support for Young People
 3.2 Poverty and Mental Health
 3.3 Hope and Compassion
 3.4 Targeted Communities

Outcome: Our work targets specific groups in the population known to be more at risk of mental ill health and suicide and advocates for a reduction in mental health inequalities.

Programme 4: Improving the lives of people experiencing and recovering from mental ill health

- Areas of Action:** 4.1 Mentally Healthy Communities (PLUS)
 4.2 The physical health of people with mental health conditions

Outcome: People who experience mental ill health are supported to live well, access community based opportunities that promote wellbeing and recovery and have their physical health needs attended to in accordance with their human rights.

Equality Act 2010 – Relevant Protected Characteristics as identified in Stage 1 or during Stage 2 (include none identified at this stage)

Protected Characteristic	Equality Duty	What impact and or difference will the proposal have	Measures to evaluate/mitigating actions
Age	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	The action plan will have a positive impact. It seeks to reduce these.	The action plan will be monitored using the population level data released nationally and local indicators are being developed to evaluate and measure the specific areas of action. Local surveys will be used to measure impact.

	Advancing equality of opportunity	The action plan will have a positive impact as it seeks to advance equality of opportunity.	See above
	Fostering good relations by reducing prejudice and promoting understanding	The action plan will have a positive impact, it seeks to achieve this.	See above
Disability	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	The action plan will have a positive impact. It seeks to reduce these.	See above
	Advancing equality of opportunity	The action plan will have a positive impact as it seeks to advance equality of opportunity.	See above
	Fostering good relations by reducing prejudice and promoting understanding	The action plan will have a positive impact, it seeks to achieve this.	See above
Gender Reassignment	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	The action plan will have a positive impact. It seeks to reduce these.	See above
	Advancing equality of opportunity	The action plan will have a positive impact as it seeks to advance equality of opportunity.	See above
	Fostering good relations by reducing prejudice and promoting understanding	The action plan will have a positive impact, it seeks to achieve this.	See above
Marriage and Civil Partnership	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	The action plan will have a positive impact. It seeks to reduce these. Positive impacts as part of universal, primary prevention approach.	See above
	Advancing equality of opportunity	The action plan will have a positive impact as it seeks to advance equality of opportunity.	See above
	Fostering good relations by reducing prejudice and promoting understanding	The action plan will have a positive impact, it seeks to achieve this.	See above
Pregnancy and Maternity	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	The action plan will have a positive impact. It seeks to reduce these.	See above

		Positive impacts as part of universal, primary prevention approach.	
	Advancing equality of opportunity	The action plan will have a positive impact as it seeks to advance equality of opportunity.	See above
	Fostering good relations by reducing prejudice and promoting understanding	The action plan will have a positive impact, it seeks to achieve this.	See above
Race	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	The action plan will have a positive impact. It seeks to reduce these. Positive impacts as part of universal, primary prevention approach.	See above
	Advancing equality of opportunity	The action plan will have a positive impact as it seeks to advance equality of opportunity.	See above
	Fostering good relations by reducing prejudice and promoting understanding	The action plan will have a positive impact, it seeks to achieve this.	See above
Religion & Belief including non-belief	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	The action plan will have a positive impact. It seeks to reduce these. Positive impacts as part of universal, primary prevention approach.	See above
	Advancing equality of opportunity	The action plan will have a positive impact as it seeks to advance equality of opportunity.	See above
	Fostering good relations by reducing prejudice and promoting understanding	The action plan will have a positive impact, it seeks to achieve this.	See above
Sex	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	The action plan will have a positive impact. It seeks to reduce these. Positive impacts as part of universal, primary prevention approach.	See above
	Advancing equality of opportunity	The action plan will have a positive impact as it seeks to advance equality of opportunity.	See above

	Fostering good relations by reducing prejudice and promoting understanding	The action plan will have a positive impact, it seeks to achieve this.	See above
Sexual Orientation	Eliminating discrimination, harassment, victimisation, or any other prohibited conduct	The action plan will have a positive impact. It seeks to reduce these. Positive impacts as part of universal, primary prevention approach.	See above
	Advancing equality of opportunity	The action plan will have a positive impact as it seeks to advance equality of opportunity.	See above
	Fostering good relations by reducing prejudice and promoting understanding	The action plan will have a positive impact, it seeks to achieve this.	See above

Equality and Human Rights Measurement Framework Human– Reference those identified in Stage 1 (remove those that do not apply)

Article	Enhancing or Infringing	Impact and or difference will the proposal have	Measures to evaluate/mitigating actions
Education	Higher education lifelong learning	Positive impact.	Actions will be developed to improve outcomes to those in higher education and lifelong learning to ensure those within education will not be negatively affected by ensuring mentally healthy communities within these areas.
Work	Employment Earnings Occupational segregation Forced Labour and trafficking*	Positive impact.	Actions will be developed to improve outcomes to those in higher education and lifelong learning to ensure those within education will not be negatively affected by ensuring mentally healthy communities within these areas. Working closely with workforce integrated plan.
Living Standards	Poverty Housing Social Care	Positive impact. Area of action 3.2 focuses on Poverty and mental health	Actions will be developed to improve outcomes on poverty and mental

			health, linking closely with the Community Planning Partnership.
Health	Health outcomes Mental health Access to health care Social Care	Positive impact. All programmes and areas of action seek to improve health outcomes and mental health.	The action plan will be monitored using the population level data released nationally and local indicators are being developed to evaluate and measure the specific areas of action. Local surveys will be used to measure impact.
Participation	Political and civic participation and representation Access to services Social and community cohesion*	Positive impact. The action plan has consultation and engagement as an overarching principle and is underpinned by insight from Lived Experience. The plan has a strong focus on communities and ongoing communication work promotes access to a range of support services.	Local indicators are being developed to evaluate and measure the specific areas of action. Local surveys will be used to measure impact.

Fairer Scotland Duty

Identify changes to the strategic programme/proposal/decision to be made to reduce negative impacts on equality of outcome and or improving health inequalities	Programme 3 'Reducing Mental Health Inequalities' seeks to reduce mental health inequalities and targets specific groups in the population known to be more at risk of mental ill health and suicide.
Identify the opportunities the strategic programme/proposal/decision provides to reduce or further reduce inequalities of outcome and or improving health inequalities	This action plan represents a key opportunity to reduce inequalities of outcome. The plan will be delivered through the multi-agency Mental Health Improvement and Suicide Prevention steering group and through stronger partnership working with the Community Planning Partnership.

Are there any negative impacts with no identified mitigating actions? If yes, please detail these below:

There is a substantial work programme attached to the action plan and will only be achievable through collected efforts of the small team within Public Health and key partners within the Mental Health Improvement and Suicide Prevention Steering Group.

This could result in only the partial achievement of the intended outcomes as the shift to and impact of a more preventative approach is both difficult to realise and to evidence. Much of the delivery depends on the active engagement of partners which can vary depending on other service pressures at any time.

The Action Plan will be monitored by the Mental Health Improvement and Suicide Prevention Steering Group and reviewed at the Mental Health board.

Equality, Human Rights & Fairer Scotland Duty Impact Assessment Recommendations

What recommendations were identified during the impact assessment process:

Recommendation	Recommendation owned by:	Date recommendation will be implemented by	Review Date
Analyse conditions and communities that are supportive to good mental health and ensure that those with protective characteristics are able to access these when exploring options.	Claire McElroy Public Health Lead – Mental Health and Suicide Prevention	March 2025	Annual
Embed Creating Hope, Time, Space and Compassion as key prevention approaches to across organisations, services and communities, working with integrated workforce plan.	Claire McElroy Public Health Lead – Mental Health and Suicide Prevention	March 2025	Annual
Explore the call for form of directory of service and recommendations and ensure that those with protective characteristics are linked in to this more directly Consideration of how to communicate about services and activities available to support mental health is a key recommendation that will be addressed in the delivery of the action plan, in partnership with the CPP and IJB.	Mental Health and Suicide Prevention Steering group	March 2025	Annual

<p>It evident that there were some gaps in the engagement work carried out, namely with the Black and Minority Ethnic communities. Explore working with quality human rights subgroup to engage wider.</p>	<p>Claire McElroy Public Health Lead – Mental Health and Suicide Prevention</p>	<p>March 2025</p>	<p>Annual</p>
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Monitoring Impact – Internal Verification of Outcomes

How will you monitor the impact this proposals affects different groups, including people with protected characteristics?

The action plan will be monitored using the population level data released nationally about different groups. Local indicators are being developed to evaluate and measure the specific areas of action. Local surveys will be used to measure impact.

Procured, Tendered or Commissioned Services (SSPSED)

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children’s rights and the Fairer Scotland duties be addressed?

Where any projects are commissioned in the delivery of the action plan, they will align to the Equalities and Human Rights mainstreaming process and governance set out by the Health and Social Care Partnership.

Communication Plan (SSPSED)

Please provide a summary of the communication plan which details how the information about this policy/service to young people, those with a visual or hearing sensory impairment, difficulty with reading or numbers, learning difficulties or English as a second language will be communicated.

A communications plan will be developed with the detail of how the information about key areas of action within the plan will be communicated. This will include an Easy Read version of the plan.

Signed Off By:

Name Strategic Lead: Fiona Doig

Date: 30.5.23

Creating Hope in the Scottish Borders

Mental Health Improvement and Suicide Prevention Action Plan 2022 – 2025



Vision – Good mental health and wellbeing for ALL

Our vision for this action plan is to increase the number of people in good mental health at every age and stage of life and to reduce the number of suicide deaths in the Scottish Borders, whilst working together with partners and communities to tackle the inequalities that contribute to poor mental health and suicide.

Principles, Programmes, Outcomes and Areas of Action

<p>Overarching Principle 1: MENTAL HEALTH IN ALL POLICIES</p> <p>Our action plan advocates for all plans and policies in the Scottish Borders to address the social, environmental and individual determinants of mental health. We will do this collectively by integrating mental health and wellbeing into Impact Assessments. Our action plan is trauma informed.</p>			
<p>Overarching Principle 2: PARTNERSHIP ENGAGEMENT IN CREATION AND DELIVERY OF ACTION PLAN</p> <p>Consultation and engagement is undertaken in developing our priorities and the action plan. Partners and organisations jointly take ownership for the delivery of the plan.</p>			
<p>Programme 1: Promoting mental health and wellbeing</p>	<p>Programme 2: Preventing suicide and self-harm</p>	<p>Programme 3: Reducing mental health inequalities</p>	<p>Programme 4: Improving the lives of people experiencing and recovering from mental ill health</p>
<p>Outcome: The environment and communities we live in promote the conditions that protect against poor mental health and suicide risk and empower people to thrive</p>	<p>Outcome: Our communities have a clear understanding of suicide, risk & protective factors and prevention – people and organisations provide a compassionate, appropriate and timely response</p>	<p>Outcome: Our work targets specific groups in the population known to be more at risk of mental ill health and suicide and advocates for a reduction in mental health inequalities</p>	<p>Outcome: People who experience mental ill health are supported to live well, access community based opportunities that promote wellbeing and recovery and have their physical health needs attended to in accordance with their human rights</p>
<p>Areas of Action 1.1 Mentally Healthy Communities</p>	<p>Areas of Action 2.1 Suicide Safer Communities 2.2 Support for people affected by / bereaved by suicide 2.3 Targeted interventions</p>	<p>Areas of Action 3.1 Transition Support for Young People 3.2 Poverty and Mental Health 3.3 Hope and Compassion 3.4 Targeted Communities</p>	<p>Areas of Action 4.1 Mentally Healthy Communities (PLUS) 4.2 The physical health of people with mental health conditions</p>



Ambitions

We have five ambitions for the course of this three year plan:

1. To build a 'Mental Health in all Policy approach' through advocacy over the course of the plan (recognising the move towards a Public Mental Health approach which broadly seeks to address the social, environmental and individual determinants of mental health);
2. To undertake Health Inequalities Impact Assessments on the Action Plan;
3. To ensure our action plan is Trauma Informed; starting with one test project;
4. To widen partnership work and engagement across the Borders and specifically to consult on the priorities in this plan;
5. To develop outcomes for tracking progress and success.

Underpinning work that supports the action plan

- Research, evidence and data including Lived Experience insight;
- Training and capacity building;
- Communications and advocacy of a Public Mental Health approach;
- Monitoring and evaluation.

Introduction

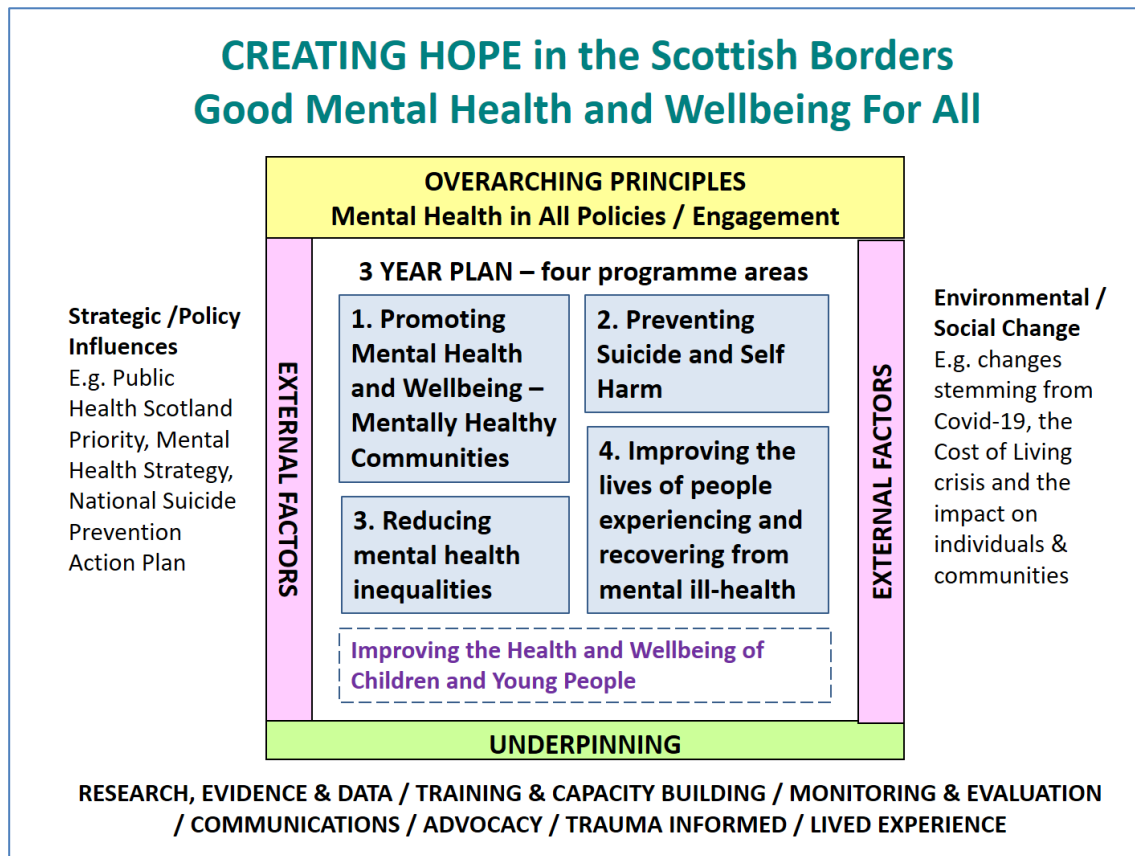
- This action plan has been produced following a twelve month period of engagement with partners and stakeholders. We have listened to partners members of the Scottish Borders Mental Health Improvement and Suicide Prevention steering group and others who have contributed via themed meetings. We have reached out in different ways to engage communities; we put out an online survey, commissioned face to face focus groups and increased our use of social media. We know we have more to do and will continue to seek an ongoing dialogue throughout the course of this plan, particularly with groups who are at higher risk of mental ill health and suicide.
- Much of our work over the last few years has been in response to the Covid-19 pandemic, adapting our communications and training delivery to more online formats and raising awareness of the variety of support available for mental health. As we move to a longer-term action planning approach, we appreciate that current socio-economic issues and the cost of living crisis is exacerbating many of the risk factors that contribute to poor mental health and suicidal thoughts.
- We seek to have a strong evidence base to our work and in addition to recognising the wider social determinants that can lead to mental ill health and suicide. We are also taking the lead from the new national suicide prevention strategy and using the Integrated Motivational-Volitional (IMV) Model to guide our approach. This model identifies the factors that can motivate suicidal thoughts and although the pathway is complex, hopelessness is a common factor and for this reason we are adopting 'hope' as the overall theme for our action plan and the name 'Creating Hope in the Scottish Borders'.
- We have identified two overarching principles, four key programmes and outcomes for the action plan. We will build action around those four programmes which we will deliver alongside our partners. Some of the actions are very broad and out-with the scope of our own steering group and where that is the case we will seek to work in partnership and influence other parts of the system to take these actions into account. We will develop indicators to measure our progress in delivering the action plan.
- Local leadership and accountability for this action plan sits with the Mental Health Improvement and Suicide Prevention steering group, a



sub-group of the Mental Health Partnership Board, and chaired by Public Health. The local leadership and accountability for suicide prevention as stated within the new national action plan sits with Chief Officers in line with public protection guidance.

Our approach

The diagram below summarises our vision and four themed programme areas, examples of the external factors that shape our action plan and the underpinning activities that thread through the whole programme approach.



Focus on adults

This action plan is specifically focused on the adult population of the Scottish Borders. It is recognised in the diagram above that there is a separate programme area for Children and Young people, which sits within separate planning and delivery structures. We work closely with the Children and Young People’s structures and as the programme areas are progressed it is important to ensure that the work is aligned and complementary.



Local and national strategic context

Scottish Borders Health and Social Care Strategic Framework

As we have been developing this action plan, the Scottish Borders Health and Social Care Partnership have also been developing a new Strategic Framework. We contributed data and intelligence to the strategic assessment and the engagement results were also fed in to the work carried out by the partnership. We have aligned the work on this action plan within the strategic objective 'Focusing on prevention and early intervention'.

Scottish Borders Community Plan

The vision statement is in part drawn from the outcome 'At every age and stage of life, more people in good mental health'. Greater acknowledgement is being made of the need for a whole system and society approach to improve mental health and prevent suicide and we look to our partners in the wider Community Planning Partnership to address key risk factors such as financial difficulties, debt, homelessness, poverty, trauma and social isolation with the impact on mental health in mind.

Suicide Prevention Strategy and Action Plan

As mentioned, this plan takes inspiration from the title of the Scottish Government's new national Suicide Prevention plan and aligns where appropriate with the outcomes, which are:

1. The environment we live in promotes conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment.
2. Our communities have a clear understanding of suicide, risk factors and its prevention – so that people and organisations are more able to respond in helpful and informed ways when they, or others, need support.
3. Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support – which promotes wellbeing and recovery. This applies to all children, young people and adults who experience suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways.
4. Our approach to suicide prevention is well planned and delivered, through close collaboration between national, local and sectoral partners. Our work is designed with lived experience insight, practice, data, research and intelligence. We improve our approach through regular monitoring, evaluation and review.

Mental Health and Wellbeing Strategy

As a multi-agency steering group we considered the consultation about a new national Mental Health and Wellbeing Strategy and submitted a response in September 2022. As a participant in the national Public Mental Health Special Interest Group we are aware of a likely move more towards a national strategy that focuses on prevention of mental ill health and the promotion of good mental health as well as the provision of support and services. The new national strategy was expected in Autumn 2022 but has been delayed.

We will keep our local action plan under regular review and adapt as necessary to respond to relevant emergent strategies at both a national and local level.



Our key local and national strategic drivers are presented below as the foundations for our vision:

Creating HOPE Action Plan

Vision – Good mental health and wellbeing for ALL

Increase the number of people in **good mental health at every age and stage of life and to reduce the number of suicide deaths in the Scottish Borders**, whilst working together with partners and communities to tackle the inequalities that contribute to poor mental health and suicide.

Health and Social Care Strategic Framework

ALL PEOPLE IN THE SCOTTISH BORDERS ARE ABLE TO LIVE THEIR LIVES TO THE FULL

Objective: Focusing on prevention and early intervention

Community Planning

Partnership theme
ENJOYING GOOD HEALTH AND WELLBEING

Theme outcome: More people enjoying good mental health and wellbeing

National Suicide Prevention

Strategy
CREATING HOPE TOGETHER

Vision: Reduce the number of suicide deaths whilst tackling the inequalities which contribute to suicide



Mental Health in ALL Policies

Overarching Principle 1

Our action plan advocates for all plans and policies in the Scottish Borders to address the social, environmental and individual determinants of mental health.

Context

Mental Health in all Policies is an approach to promote population mental health and wellbeing by initiating and facilitating action within different non-health public policy areas. This recognises the impact of public policies on mental health determinants and strives to reduce mental health inequalities – as an overarching principle it is relevant to all of the actions in this plan. This is the basis for a ‘Public Mental Health’ approach.

We must work with the Health and Social Care Partnership and Community Planning Partnership to strengthen our approach to addressing the wider determinants that cause mental ill health and those that are specific to suicide prevention. We will do this by identifying opportunities to take a ‘mental health in all policies’ approach and include ‘suicide prevention in all policies’ within this.

The Scottish Borders Community Plan has a current work plan that contains four themes that are relevant to Public Mental Health:

1. Enough money to live on;
2. Access to work, learning and training;
3. Enjoying good health and wellbeing;
4. A good place to grow up, live in and enjoy a full life.

We will identify opportunities to take a ‘Mental Health in all Policies’ approach by linking in with other partners and areas of policy. This should include a ‘Suicide Prevention in all Policies’ approach (relevant to the national Suicide Prevention Outcome 1: the environment we live in promotes conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment).

We will do this collectively by integrating mental health and wellbeing into local Impact Assessments and develop our approach within the context of the Health Inequalities Impact Assessment, the Fairer Scotland Duty and the Community Plan.

What we will keep doing

- ✓ We will identify opportunities to work in partnership and advocate for a Public Mental Health approach that includes Mental Health in All Policies, starting with the Community Plan;
- ✓ We will continue to develop our local guidance for promoting good mental health and wellbeing.



Partnership Engagement in Creation and Delivery of Action Plan

Overarching Principle 2

Consultation and engagement is undertaken in developing our priorities and the action plan. Partners and organisations jointly take ownership for the delivery of the plan.

Context

We have stated a specific ambition to widen our partnership work and engagement across the Borders in relation to the programme of work for Mental Health Improvement and Suicide Prevention. We have undertaken consultation and engagement on the priorities in this plan and the contributions of all participants has been greatly valued. We are particularly grateful to the support from Borders Care Voice and the Scottish Borders Mental Health and Wellbeing Forum and we recognise that more can always be done as we work towards a more meaningful co-production approach across all areas of action.

Some of the areas of action contained in this plan require many different partners to collaborate and work together on the delivery. There are also many things that individual organisations and groups can do within their own environments and contexts which require them to take action themselves, and where possible we will encourage them and support them to do so.

We recognise that many of the issues raised in the engagement work are beyond the scope of the Mental Health Improvement and Suicide Prevention Steering Group and that many are more related to the mental health services in the Borders. However, these issues are relevant to tertiary prevention and we will identify opportunities to work in partnership with our local mental health services and support and influence future action.

The issues raised included:

- Better collaboration and co-ordination. It was highlighted that action is needed to strengthen the connections and collaboration between services so that the whole system is more effective;
- Mapping and promoting what's available. It was highlighted that action is needed to make it easier for people to find information;
- Access to support and opportunities - It was highlighted that it would be beneficial to have a single point of access for getting help and also from a clinicians point of view, find ways to make it easier for them to socially prescribe.

What we will keep doing

- ✓ We will keep a regular dialogue going with the Mental Health and Wellbeing Forum as we plan and deliver the actions in each of the sections of this plan, involving people with lived experience as much as possible;
- ✓ We will continue to facilitate a multi-agency Mental Health Improvement and Suicide Prevention Steering group to enable partners to come together to discuss, shape and deliver the areas of action contained in this plan.



Promoting Mental Health and Wellbeing

Outcome 1

The environment and communities we live in promote the conditions that protect against poor mental health and suicide risk and empower people to thrive.

Context

The scope of this programme area is to work to improve population approaches to improving mental health and wellbeing and will consider the evidence about protective and risk factors in relation to population mental health.

The focus of this work will be around prevention - the programme area will specifically consider actions related to Primary Prevention, before any condition occurs, following the principle of proportionate universalism.

In addition to the social and economic determinants, we recognise the relevance of 'place shaping' and that the built and natural environment has a strong impact on mental health and wellbeing. We support positive and safe physical environments including housing and neighbourhoods. We also recognise the design aspects of ensuring our communities are suicide safe places.

There is strong evidence that regular participation in certain types of activities can protect mental health and lead to an improvement in mental health and wellbeing. Belonging to a community, connecting with nature, spending time in quality greenspace, gardening, being physically active and taking part in exercise and sporting activities, being creative and participating in arts and musical activities, learning and having hobbies, volunteering and giving your time to others are all beneficial for mental health. While most people are able to thrive and maintain their own mental wellbeing by taking part in these independently, others need extra support to access these opportunities.

What we will keep doing

- ✓ We will continue to support a primary prevention approach through our communications and social media work, promoting information, resources and activities that are universally available.
- ✓ We will continue to work with existing stakeholders in the Mental Health Improvement and Suicide Prevention steering group to develop our partnership actions and support efforts to improve mental health across organisations and sectors.
- ✓ We will continue to collect data related to mental health in the Borders to monitor and identify trends, adjusting our actions accordingly.



Areas of action

ACTION 1.1

Mentally Healthy Communities

We will work proactively to develop 'mentally healthy communities'. We know that social connection is a key protective factor and all of our engagement work supported the development of a community based approach that enables and empowers people to access opportunities that support good mental health and wellbeing. The online survey highlighted 'friendly and welcoming social places and activities that are open to everyone and are free' as a priority and a strong theme in the focus groups was the participation in local community groups - social, physical, creative or peer groups.

We will build on the resources we already have in place to improve self-help and signposting, reflecting the feedback from our engagement work that there is a need for some form of directory of service/activities available within the Scottish Borders and local promotion.

For those who experience barriers in accessing these activities and opportunities we will work with partners across the system to improve the provision of social prescribing in the Borders and make the most of the natural and community assets that we have. This will have good and meaningful opportunities for people to be involved e.g. strong peer and volunteering basis (building on the emerging peer support worker collaborative), skilling up volunteers and robust pathways for participants to volunteer, develop their skills, obtain and maintain employment. Our engagement work has highlighted the need to have support available for people who need extra help to access community based opportunities and be accessible for people who may have sensory, physical or other disabilities.

There was overwhelming support in our online survey for challenging stigma and we will make this a key part of our work on developing mentally healthy communities.

This area of action links across to other relevant activities:

- ✓ The development of 'Suicide Safer Communities' in Outcome 2;
- ✓ The Wellbeing Service, Local Area Co-ordination link worker service and other local and national developments related to social prescribing and new mental health and wellbeing services in Primary Care;
- ✓ Existing appropriate community based activity such as that funded by the Communities Mental Health and Wellbeing Fund, for example the Clubsports 'Headstrong' approach in local sports clubs;
- ✓ A 'no wrong door' approach for first points of contact in communities e.g. job centres, housing associations and libraries.



Preventing Suicide and Self-Harm

Outcome 2

Our communities have a clear understanding of suicide, risk & protective factors and prevention – people and organisations provide a compassionate, appropriate and timely response.

Context

The focus of this work is around prevention, early intervention and postvention (support after a suicide or suicide attempt). There is a strong national context to the work which we will incorporate where appropriate into this action plan and prioritise locally in order to achieve our vision of reducing the number of suicide deaths.

Similarly to Outcome 1, we recognise that socio-economic issues, such as the cost of living crisis, have the potential to exacerbate many of the factors we know contribute to suicide. There is a need to work with Community Planning Partnership to address financial inequity, debt, homelessness and child poverty, among other factors.

Throughout our work we will consider targeted interventions to groups of the population more at risk of suicide and self-harm. At risk groups include men, people who have previously self-harmed, people with mental illness, those in touch with the criminal justice system, Veterans, particular age groups and people bereaved by suicide. As a rural area, our population that is more at risk includes those who live and work in more socially isolated situations such as the farming and agricultural community. Our programme will be based on evidence around actions most likely to prevent suicide and local knowledge, with lived experience insight valued as an important part of our evidence.

As set out in the introduction, we are using the Integrated Motivational-Volitional (IMV) Model to guide our approach. This model identifies the factors that can motivate suicidal thoughts and the pathway to suicidal behaviour. Defeat, humiliation and entrapment are common factors along the pathway and getting people the help they need and having a sense of hope are key tools in overcoming these factors. The Time, Space and Compassion principles and approach offer an effective way of achieving a sense of hope and we will build this into our work across settings and communities to make them 'Suicide Safer'.

What we will keep doing

- ✓ We will continue to develop our information and promote sources of support for people in crisis;
- ✓ We will continue to raise awareness of suicide prevention and offer learning opportunities and training to a wide audience, and implement the recommendations of our training support review;
- ✓ We will continue to work with the After A Suicide Working Group to ensure a strong voice of lived experience in our work;
- ✓ We will continue to monitor data and trends related to suicide and self-harm both nationally and locally and liaise with national, regional and local contacts;
- ✓ We will continue to develop our practice locally, such as our Sudden Death Reviews and strengthening our trauma informed approach to suicide prevention.



Areas of action

ACTION 2.1

Suicide Safer Communities

Having 'Suicide Safer Communities' was a high priority in our engagement work and we will work with people with lived experience in the Borders to determine how we define this locally. This action is related to Action 1.2 Mentally Healthy Communities but requires additional consideration of issues such as:

- Developing public awareness of actions to prevent suicide;
- Proactive engagement with local media around Samaritans guidelines, building on the work that has already been done;
- Public awareness training at the Informed Level; and
- Developing a network of suicide prevention champions.

This action is relevant to the national Suicide Prevention Action Plan Outcome 2: Our communities have a clear understanding of suicide, risk factors and its prevention – so that people and organisations are more able to respond in helpful and informed ways when they, or others, need support.

We will work proactively with partners and people with lived experience to take this action forward, within the context of the national strategy and incorporating hope as well as Time, Space and Compassion.

ACTION 2.2

Support for people affected by / bereaved by suicide

We will work to further develop informal support opportunities and resources for people who are affected by suicide in the Borders. This includes but is not limited to people bereaved by suicide. Feedback from people bereaved by suicide suggested that the following aspects of support and resources are important and we will continue to work with people with lived experience to develop our provision:

- Timely access to therapies and resources;
- Having someone to talk to and who would actively listen;
- Peer support and helpline options;
- Resources to help when someone is suicidal and when managing the first response;
- Support, tools and resources to help with shock, grief and feelings of guilt, and helplessness;
- Having support and understanding in the workplace;
- Suicide bereavement training.

This action is relevant to the national Suicide Prevention Action Plan Outcome 3: Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support – which promotes wellbeing and recovery – and we will work closely with national colleagues to deliver this action locally. This action applies to all children, young people and adults who experience suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways. Help and information - further develop the suicide prevention information hub with information for individuals and professionals. This could include support information for people experiencing suicidal thoughts and for their carers



ACTION 2.3

Targeted interventions

We will target our work at groups of the population more at risk of suicide and self-harm and will do this in a way that is designed with lived experience insight, practice, data, research and intelligence.

The groups at greater risk of suicide and self-harm in the Scottish Borders include those detailed in the context section above: men, people who have previously self-harmed, people with mental illness, those in touch with the criminal justice system, Veterans, particular age groups and people bereaved by suicide. The focus of this secondary type of prevention work will change as the action plan is progressed, in line with capacity.

An example of this type of targeting is the “Hearing the Voices of Men” mental health research project and the subsequent development of activities to support men in the Scottish Borders in line with findings.



Reducing Mental Health Inequalities

Outcome 3

Our work is targeted to specific groups in the population known to be more at risk of mental ill health and suicide and advocates for a reduction in mental health inequalities.

Context

Mental ill health is not equally distributed across the population – it is strongly linked to health and social inequalities and is affected by environmental and social factors. The link between social status and mental health problems is the level, frequency and duration of stressful experiences and the extent to which these are buffered by social and individual resources and sources of support. These stressful experiences (including poverty, family conflict, poor parenting, childhood adversity, unemployment, chronic health problems and poor housing) occur across the life course and contribute to a greater risk of mental ill health problems if they are multiple in nature and if there are no protective factors to mitigate against their negative impact.

Although everybody was affected by Covid-19, the impact was experienced very differently by different groups in society, exacerbating pre-existing inequalities and disproportionately affecting some groups of the population. The cost of living crisis is currently tipping more of our households into poverty. Living in poverty is difficult and stressful, and fuel-poor households face financial, time and resource restraints, which worsens mental health and impacts the ability to live healthily. Fuel poverty exacerbates health inequalities by impacting physical and mental health for adults and children alike (Institute of Health Equity, 2022). At the time of writing, as the crisis worsens, the mental health inequalities that exist in the Borders are likely to be worsening.

The focus of this work will be around prevention and early intervention. The programme area is distinct from population approaches to improving mental health and wellbeing as it considers what should be done differently for groups at risk, in order to close the gap between those with good and poor mental health. Where we have not adequately engaged with particular communities in accordance with our Health Inequalities Impact Assessment, we will continue to seek opportunities to strengthen approaches that work. Specific attention is given in Outcome 2 to groups more at risk of suicide and self-harm.

The Mental Health Foundation advocates taking action at three different levels to reduce mental health inequalities. This involves taking action around structural measures, strengthening community assets and increasing individual and group resilience. The Foundation also identifies principles for action to reduce mental health inequalities which include taking a whole community approach (see actions 1.2 and 2.1), prioritising poverty and income inequality, providing adequate housing and access to green/blue space, protecting people from discrimination, abuse and other adversity, reducing substance and alcohol misuse and, improving the educational attainment of young people.

What we will keep doing

- ✓ We will continue to monitor the mental health impact of Covid-19 and the cost of living crisis and provide information and resources relating to protective and risk factors and accessing support;
- ✓ We will continue to keep our Health Inequalities Impact Assessment of this action plan up to date as the plan is taken forward.



Areas of action

ACTION 3.1

Transition Support for Young People

Our steering group identified 'transition support for young people' as a top priority in reducing mental health inequalities. As stated in the introduction, the focus of this plan is on adults and there is a separate programme area for Children and Young people which sits within separate planning and delivery structures. However, the transition years are recognised as a key 'at risk' period and our local DBI Service, (Distress Brief Intervention, part of a national approach), includes a pathway for 16-17 years olds.

We work closely with the Children and Young People's structures to review the information and support available during 'transition' stage for young people to further mitigate potential risks around mental health. This should include preventing suicide and self-harm, taking into account our existing local work on 'What's the Harm?'

ACTION 3.2

Poverty and Mental Health

We will work proactively to develop work related to poverty and mental health. We know that poverty increases the risk of mental ill health and it is also a consequence of living with poor mental health. Our online survey identified that 'Having a warm and safe place to live' and 'Making sure that people have enough money to live off' are priorities in relation to having good mental health and our local mental health service providers also highlighted 'Tackling financial inclusion – ensure basic needs are being met' and 'Timely advice and guidance – welfare benefits, money and debt advice information on housing, foodbanks etc'.

We will further extend the reach of our activity to address poverty and income inequality and mitigate mental health impact through links to the Anti-Poverty Strategy and building on developments such as the Money Worries App. In accordance with the data we have gathered this will mean targeting some activities towards areas where there are higher levels of deprivation in the Borders. It is also important to make sure that people with mental ill health are able to access information, advice and support in maximising their entitled benefits.



ACTION 3.3

Hope and Compassion

Offering support for people when they experience adverse adulthood events (e.g job loss, debt, relationship breakdown, bereavement) was identified as a key priority in the online survey we carried out. These are also types of situation relevant to the motivational phase of Integrated Motivational-Volitional (IMV) Model of suicidal behaviour and interruptions to the pathway of 'defeat → entrapment → suicidal ideation → suicidal behaviour' can offer hope and support and save lives. This type of approach is in line with the Scottish Government investment in the 'Distress Brief Intervention' (DBI) service which offers connected and compassionate support to people experiencing distress.

We will work with partners to identify the touchpoints where presentations of adverse adult experiences are common and where there are opportunities to build and develop an approach based on hope, Time, Space and Compassion, learning from the work so far by the DBI team in the Borders.

ACTION 3.4

Targeted Communities

We will work to build on our approach with groups at higher risk of poor mental health, in order to close the gap between those with good and poor mental health. This will begin with (but not be limited to) the two groups where we had less success in our engagement work:

- Support for good mental health within the LGBTQ community – follow up the Café Polari report highlighting the importance for this community of being able to connect and develop friend groups in safe spaces;
- Engagement with Black, Asian, Mixed, Other communities in support of good mental health. In accordance with our Health Inequalities Impact Assessment, we will increase our efforts and continue to seek opportunities to strengthen our engagement with Black, Asian, Mixed, Other communities, to ensure that any mental health inequalities experienced by these communities are not further compounded by difficulties in engagement efforts.



Improving the Lives of People Experiencing and Recovering from Mental Ill Health Outcome 4

People who experience mental ill health are supported to live well, access community based opportunities that promote wellbeing and recovery and have their physical health needs attended to in accordance with their human rights.

Context

A report by the Scottish Cross-Party Parliamentary Group on Mental Health in 2021 stated that people with mental ill health are at a higher risk of being denied their rights; including the rights to accessing adequate healthcare, work opportunities, a decent standard of living, and participation in communities. They continue to have the lowest employment rate of all people with disabilities in Scotland and can experience increased stigma and poorer treatment due to a lack of diversity in the mental health sector.

These difficulties have been exacerbated by the Covid-19 pandemic and contribute to differentials in life expectancy (healthy life expectancy is about 20% below the rest of the population), increased risk / prevalence of diabetes, obesity, cardiovascular disease and cancer. There is a strong socio-economic gradient in mental health, with people of lower socio-economic status having a higher likelihood of developing and experiencing mental ill health.

The scope of this theme has particular reference to the tertiary level of prevention of mental ill health and mental wellbeing promotion. This means the:

- prevention of relapse and impacts of mental ill health; and,
- promotion of mental wellbeing in people with longstanding poor mental wellbeing.

The evidence related to protective and risk factors in relation to mental health and wellbeing is of prime importance to people who experience severe and/or enduring mental illness. We return here to the necessity of creating hope, empowerment, and the key principles of Time, Space and Compassion that are relevant and important to recovery and wellbeing.

From our engagement work we know that participation and access to local groups – for physical, creative and social activities – is very important; along with having strong peer, buddy or linkworker support that helps with accessing activities, opportunities and appointments; feeling safe and included; having volunteering and employment opportunities and support to sustain involvement in these; overcoming barriers associated with cost, transport, parking, digital; and tackling attitudes and stigma. Education about mental health, access to good information and signposting, having a single point of access and contact for services and being able to access longer term support which is person centred, innovative, creative and based on ‘what works’ was all highlighted in terms of being important to the tertiary level of prevention.



What we will keep doing

- ✓ We will continue to build on the inclusion of the voice of people with lived experience in this work;
- ✓ We will continue to use our communications work to challenge and tackle stigma;
- ✓ We will continue to participate in national development work and respond to and update our local action planning as the new national Mental Health and Wellbeing Strategy is published;
- ✓ We will continue to promote a Public Mental Health approach across the wider mental health system so that tertiary prevention and the physical health needs of people with mental ill health are given a higher prominence.

Areas of action

ACTION 4.1

Mentally Healthy Communities (PLUS)

Action 1.2 is about developing mentally healthy communities at a primary prevention level and this inclusive and localised type of approach is also a key area of action in relation to tertiary prevention: a long-term integrated and supported community based approach to living with mental ill health is fundamental to empowering people to live well, support recovery and prevent relapse. Support for the development of new and innovative measures that are truly person-centred was identified as a top priority by mental health service providers.

It will be important to support and build on the positive developments that are already starting to happen, for example the recovery community network, peer support worker collaborative, the Staying Well Action Plan and the Recovery and Wellbeing courses. Helping people to stay mentally well, access information, advice and support when they experience difficulties, and supporting recovery and living well with mental health conditions are all part of a mentally healthy community.

This action is not different from Action 1.2 but will require us to develop and adapt what we have in the Borders to support people with more severe and / or enduring needs in local communities, for longer (or more flexibly when they need it), with supported access to employment, volunteering, nature/gardening, arts, music and occupational therapies – a ‘therapeutic communities’ type approach based in localities. Peer support, an enhanced social prescribing model, hope, empowerment, Time, Space and Compassion are all key elements.

ACTION 4.2

The physical health of people with mental health conditions

This action works to address a key inequality within this population. Research has shown differences in life expectancy which cannot solely be attributed to suicide figures. In treating the individual in a holistic manner, we look to acknowledge the circular nature of the relationship between physical and mental health. This action operates within the tertiary prevention level but it should be noted that these individuals will also benefit from improvements made within primary and secondary prevention. Improvement of physical health will be compiled of four pillars:

- Improved Communication
- Improved Infrastructure
- Access to Appropriate Training
- Sensitivity to Issues of Capacity

These pillars will aim to address barriers to access in mainstream and preventative healthcare, thereby providing a smoother journey and improved experience for the patient. The lead for this work sits with the NHS Borders Physical Health Steering Group and we will work in partnership to ensure that opportunities are maximised for addressing this inequality.

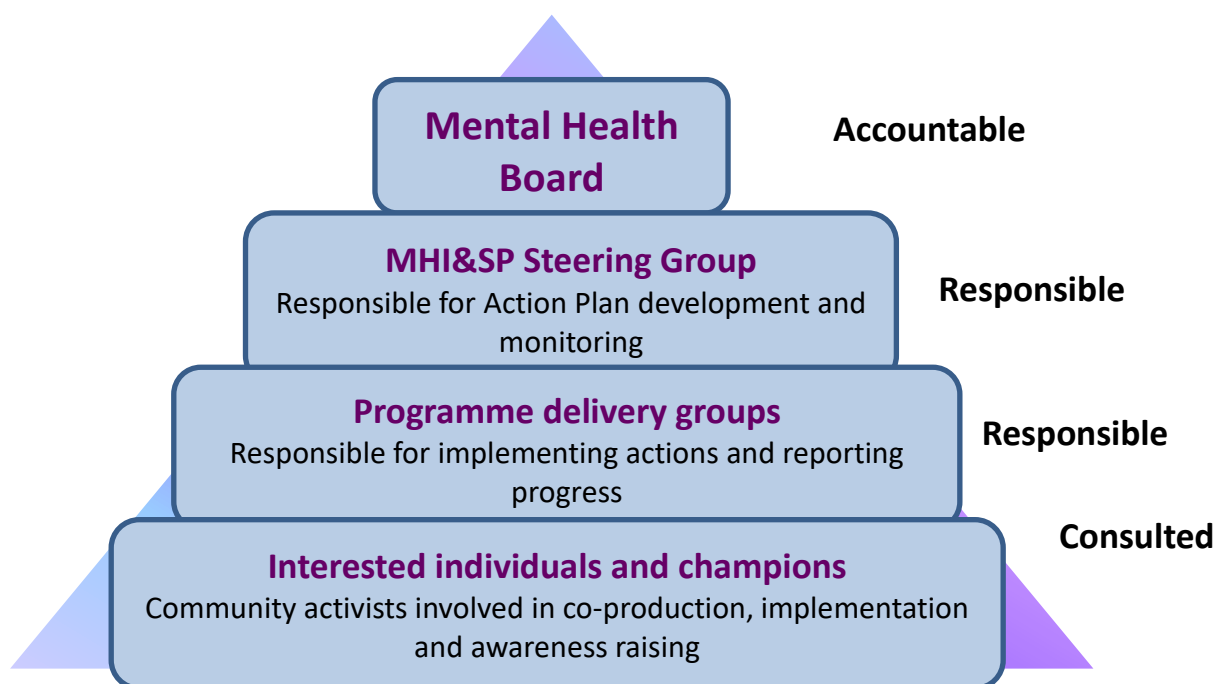


Delivery

The next steps are to put in place more detailed programmes of work and structures for each of the areas of action identified in the action plan.

The basic accountability for this plan is with the Mental Health Partnership Board and our current delivery structure is illustrated in the triangle below. The Mental Health Improvement and Suicide Prevention Steering Group has responsibility for overseeing the delivery of this plan and involves partners including from the local Third Sector, Housing Associations, Borders College, NHS Borders and Scottish Borders Council. There are other groups with overlapping responsibilities and we will put in place an implementation plan that will be more detailed where there are shared actions.

We are aware that the local leadership and accountability for suicide prevention as stated within the new national action plan sits with Chief Officers in line with public protection guidance and we will keep our accountability arrangements under close review. Since this plan was first published in Autumn 2022 we have been strengthening relationships and governance arrangements with the Health and Social Care Partnership, Community Planning Partnership and the local Public Protection Committee, with reporting arrangements agreed with the Health and Social Care Partnership.





Scottish Borders
Health and Social Care
PARTNERSHIP



Contact us:

This action Plan was developed by the multi-agency Mental Health Improvement and Suicide Prevention Steering Group and produced by the Scottish Borders Joint Health Improvement Team, Public Health.

If you'd like to join our mailing list or talk to us about this plan you can get in touch with us by emailing health.improvement@borders.scot.nhs.uk

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- Find out more about improving your wellbeing at www.nhsborders.scot.nhs.uk/wellbeingpoint
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