Mental Health – Scotland's Transition and Recovery

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Overview

This plan outlines the Scottish Government's response to the mental health impacts of Covid-19. It addresses the challenges that the pandemic has had, and will continue to have, on the population's mental health.

It lays out key areas of mental health need that have arisen as a result of Covid-19 and lockdown, and the actions that the Scottish Government will take to respond to that need. Some of the work outlined here had been started before the pandemic, but we have included it because it continues to be relevant to our ongoing response.

As we learn to live with the pandemic, we will continue to support good mental health and wellbeing, to help people manage their own mental health, and to build their emotional resilience. We want to ensure that people get the right support, at the right time, and in the right setting – this includes when mental illness does occur. We will support mental health recovery in a way that is personal to each individual's journey, and which focuses on their rights.

The Covid-19 pandemic has affected every single person in Scotland. Many of us have been anxious or worried about our health, our family and friends, and changes to our way of life. Some individuals, families and communities will have found the past few months really tough. Inequalities play a significant role in this, and we know that the mental health impact of Covid-19 will not have been felt equally across Scotland.

As we move forward through the phases of this pandemic, we want to see a continued focus on good mental wellbeing, and on ensuring that the right help and support is available whenever it is needed. We also know that different types of mental health need will continue to emerge as time passes. We will need to continually adapt our approach to reflect this.

We have been through a full national lockdown, and it is likely that we will continue to see targeted measures in place for some time to come. That means we now face the reality of a situation which is likely to have long-lasting economic, social, and health impacts. The pandemic has tested everyone's emotional resilience, and will continue to do so – the process of recovery will not be a linear one. Looking forward, we also know that some of the mental health impacts of Covid-19 and of lockdown are only beginning to fully materialise.

The past few months have tested the NHS, and Scotland's Social Care system, including those who provide unpaid care, like never before. The people who comprise the Health and Social Care workforce have gone above and beyond to deliver much needed care to individuals under incredibly difficult circumstances. Unpaid carers have also taken on increased caring during this time and are facing additional pressures as a result of the pandemic. While the challenges are evolving, we continue to rely on the workforce to support all aspects of health and social care, particularly mental health care.

The renewed focus on mental health presents us with an opportunity to refresh our commitment to overcome the stigma around mental health. There have been more visible conversations about mental health and wellbeing. Like never before, the people of Scotland have embraced the idea that it's OK not to be OK, it's OK to say that out loud, and it's OK to seek help. We must support each other to maintain that shared awareness. We must cherish and protect an environment which promotes the right to good mental health, and we will embed human rights, equality, dignity, and the voice of lived experience at the heart of our approach.

This document outlines the Scottish Government's response to the impacts that the pandemic has had, and will continue to have, on the population's mental health.

For some of these emerging issues, we don't yet have all the answers. We will continue working with stakeholders and, crucially, people with lived experience, to further understand these issues, and to develop implementation plans where these are needed. These will include milestone dates, details of who will need to be involved to deliver each piece of work, and how we will measure success. There will also need to be prioritisation of the work that responds to the most urgent need.

Evidence

Throughout the pandemic, we have engaged with a wide range of mental health stakeholders and experts, as well as with those leading and working in NHS Mental Health services. This engagement has helped shape our response, both in terms of identifying what needs to be done, and how it should be implemented.

We have sought stakeholders' views on where we should focus our attention. This has helped set the direction and priorities of this plan as we continue to respond to Covid-19. We will maintain ongoing collaboration with stakeholders and partners as we move forward.

What we have heard from stakeholders closely aligns with the emerging body of evidence on the mental health impacts of Covid-19[1,2,3]. The Scottish Mental Health Research Advisory Group has a critical role in translating research findings into advice for the Scottish Government.

The initial findings of the Research Advisory Group can be summarised into the following key themes.

Key Theme	Sections of this Plan which respond to this theme
Emerging evidence suggests a deterioration in population mental health and wellbeing pre and post Covid-19[4]. There are indications of adaptation over the lockdown period (for example reductions in anxiety levels), but also of longer lasting challenges for mental health and wellbeing. One of the early impacts of Covid-19 was a higher level of distress. Over time, there is expected to be a worsening incidence of mental health disorders. Rates of traumatic reactions, substance misuse, self-harm and suicide are expected to increase.	**Section 11 – Distress Interventions** **Section 12 – Suicide Prevention** **Section 16 - Mental Health Services**

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[1] Public Health Scotland (2020) Rapid review of the impact of COVID-19 on mental health: http://www.healthscotland.scot/publications/rapid-review-of-the-impact-of-covid-19-on-mental-health
[2] Public Health England (2020) COVID-19: mental health and wellbeing surveillance report: https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report
[3] The Scottish Mental Health Research Advisory Group has published three Mental Health and COVID-19 evidence briefings to accompany their minutes: https://www.gov.scot/groups/coronavirus-covid-19-mental-health-research-advisory-group/
[4] Institute for Fiscal Studies (2020) The mental health effects of the first two months of lockdown and social distancing during the Covid-19 pandemic in the UK: https://www.ifs.org.uk/uploads/The-mental-health-effects-of-the-first-two-months-of-lockdown-and-social-distancing-during-the-Covid-19-pandemic-in-the-UK.pdf

Studies have shown that there are groups in the population who are at higher risk of experiencing negative mental health impacts due to Covid-19. These include younger adults; women; those living on low incomes and individuals with pre-existing mental health conditions[5]. There are other groups whose mental health seems to have been particularly affected by the impacts of Covid-19, for example people in shielding and those whose employment has been adversely affected. We need to monitor and understand emerging evidence on the mental health impacts of Covid-19 on other groups where there are known health inequalities, including people from minority ethnic backgrounds.	**Section 2 – Employment** **Section 3 – Ensuring Equity and Equality** **Section 4 – Socio-Economic Inequalities** **Section 7 – Women and Girls' Mental Health** **Section 8 – People With Long-Term Physical Health Conditions and Disabilities** **Section 9 – Older People** **Section 16 - Mental Health Services**
A combination of social factors (such as loneliness and social networks/friendships) play a key role in the impacts on mental health and well-being, in addition to economic pressures (such as finances or employment). There is a relationship between increased mental distress and a range of factors related to spending more time at home, including loneliness, childcare, home schooling, working from home and receiving care from outside the home[5].	**Section 2 – Employment** **Section 4 – Socio-Economic Inequalities** **Section 5 – Relationships** **Section 6 – Children, Young People and Families**
There is growing evidence that interventions, such as social distancing, stay at home guidance and school closures, have likely had an adverse effect on the mental health and wellbeing of children and young people[6]. Loneliness has been a particular challenge. Some have reported benefits for their mental health. Vulnerable children and young people, and those with challenging home environments, are more likely than others to have had experiences during the pandemic that are associated with a risk to mental health and wellbeing, such as disruptions to support. There also appears to have been a general worsening of mental wellbeing in older girls particularly.	**Section 5 – Relationships** **Section 6 – Children, Young People and Families** **Section 7 – Women and Girls' Mental Health** **Section 16 - Mental Health Services**

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[5] https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/2-important-findings-so-far#which-population-groups-appear-to-be-disproportionally-affected
[6] https://www.gov.uk/government/publications/covid-19-mental-health-and-wellbeing-surveillance-report/7-children-and-young-people

The economic and employment impacts of Covid-19 are likely to have a significant effect on the public's mental health in the coming years, and these impacts are likely to be unevenly distributed. An Institute for Fiscal Studies briefing indicates that if the economic downturn is similar to that experienced after the 2008 financial crisis, the number of people of working age suffering poor mental health in the UK would rise by half a million[7].	**Section 2 – Employment** **Section 4 – Socio-Economic Inequalities**
Traumatic experiences of Covid-19 in hospitals and care homes could lead to mental health problems (including PTSD) for patients, residents and family members[8]. Staff working in these settings may also experience negative mental health impacts[9]. We also need to monitor and understand emerging evidence on the longer term impacts of having Covid-19 or caring for those who have it. The circumstances associated with the pandemic may increase the numbers of those who experience prolonged and severe grief symptoms, which may require intervention. Normally around 7% of people experience a complex reaction but we may expect this to be higher[8].	**Section 9 – Older People** **Section 10 – People Who Have Suffered Bereavement and Loss** **Section 13 – Clinical Rehabilitation and Recovery from Covid-19 Infection** **Section 14 – A Long-Term, Trauma-Informed Approach to Recovery**
There are indications of a potential widening in mental health inequalities as the impacts of Covid-19 interact with pre-existing risk and protective factors for mental health. If we are to successfully tackle factors that contribute to persistent health inequalities, there will need to be commitment to cross-Government work, as well as work across the public and third sectors. This will help empower communities to provide the right help and support.	**Section 3 – Ensuring Equity and Equality** **Section 4 – Socio-Economic Inequalities** **Section 16 - Mental Health Services**

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[7] Institute for Fiscal Studies (2020) Recessions and health: the long-term health consequences of responses to the coronavirus https://www.ifs.org.uk/uploads/BN281-Recessions-and-health-The-long-term-health-consequences-of-responses-to-COVID-19-FINAL.pdf

[8] Centre for Mental Health (2020) Covid-19 and the nation's mental health: Forecasting needs and risks in the UK, May 2020 https://www.centreformentalhealth.org.uk/sites/default/files/2020-05/CentreforMentalHealth_COVID_MH_Forecasting_May20.pdf

[9] Walton et al, (2020) Mental health care for medical staff and affiliated healthcare workers during the COVID-19 pandemic https://journals.sagepub.com/doi/full/10.1177/2048872620922795

A joint focus will be needed on both population wellbeing and on mental ill health. The evidence base is still developing, but suggests there is a need for whole population approaches, alongside targeted support for at risk and vulnerable groups. In particular, we need a continued focus on tackling the factors which contribute to mental illness and distress.	**Section 1 – Whole Population Mental Health** **Section 2 – Employment** **Section 3 – Ensuring Equity and Equality** **Section 4 – Socio-Economic Inequalities** **Section 8 – People With Long-Term Physical Health Conditions and Disabilities** **Section 11 – Distress Interventions**
Pre-Covid-19, rising public awareness and demand for mental health treatment and support was outstripping supply There will be challenges in meeting new levels of demand, and in gearing back up, changing and reshaping services. However there will also be opportunities for improved, and more person-centred, approaches to personal wellbeing and mental health service delivery. There have been many successes in terms of how services have been reshaped. Some of these changes will remain in place, or will be further developed to better meet need in a person-centred way. We will support individual Boards and all Boards collectively for the foreseeable future to ensure patients across Scotland receive an acceptable and improving level of service despite the ongoing challenges to delivery of the pandemic.	**Section 16 - Mental Health Services**

We know that this will be a fluid situation as we move forward, and our understanding of people's mental health needs will continue to evolve in the months and years ahead. Our mental health response will therefore continue to be flexible and adaptable. It will continue to evolve over the short, medium and long term, and will continue to be informed by the work of the Mental Health Research Advisory Group.

The six dimensions outlined in the Scottish Government's Mental Health Quality Indicators will be the basis for defining and measuring successful change and renewal, as well as measuring changes to the mental health of the Scottish population. We will take an approach which is **person-centred, safe, effective, efficient, equitable and timely**.

The Renewal of NHS Mental Health Services

The restart, recovery and continued improvement of statutory mental health services will be an important part of this work.

Mental Health services are a priority within NHS remobilisation, and have been central throughout the Government's planning. We have heard the issues that NHS Boards have described to us through their remobilisation plans, and will take targeted action to address those issues. However we fully acknowledge that simply returning to where we started won't be enough. There were significant issues before the lockdown in terms of access to key services, and the impact of the pandemic is likely to see increasing and evolving demand for treatment.

This Plan outlines how we will support NHS Boards and Integrated Joint Boards to move beyond the position at the start of the pandemic. This must lead to the delivery of a set of mental health services which are stronger and better, and which meet the evolving needs and expectations of the people of Scotland. We will also take full account of the parallel evolution of non-health services, which also support many people who use mental health services.

Working with NHS Boards, mental health professionals and service users we will:

- Implement a programme of national support to Boards based on key themes emerging from the remobilisation plans;

- Focus on supporting all NHS Boards to respond effectively to the anticipated increase in demand in the months ahead;

- Set out care standards across mental health services which align with the needs and expectations of the people of Scotland;

- Continue work to improve the quality and safety of services;

- Modernise pathways into mental health services from primary and unscheduled care services; and

- Continue critical work to address unacceptably long waiting times.

Through this work, we will renew Scotland's approach to clinical mental health services. It will be clear to patients what they can expect when accessing specialist mental health services, and the system will ensure that care and treatment is delivered effectively, safely, and in a timely fashion.

Building on Our Covid-19 Response

As the previous sections have shown, Covid-19 has created many challenges. But we can also recognise, and build on, the innovations and new service designs that have emerged in response to the pandemic. By doing so, we can support services as they meet anticipated and existing demand.

This will require a continued focus on early intervention, prevention, easier access, improvement and quality, and will involve partners and services across the whole health and social care integration landscape. The involvement of service users, and of the mental health workforce will be critically important.

Some of the key achievements during the pandemic, and which we want to build on through the actions outlined in this plan, include:

- The **Clear Your Head** campaign, which has provided practical advice on how to stay active, keep connected with friends and family, and create healthy routines to help get through the crisis. Those who need extra support are directed to NHS Inform, and to helplines operated by NHS 24, Breathing Space, SAMH and Samaritans.

- The expansion of the **NHS 24 Mental Health Hub** so that it is available to the public 24 hours a day, 7 days a week.

- The establishment of **Mental Health Assessment Centres**. These Centres provide the assessment of unscheduled mental health needs for anyone presenting in mental health crisis or distress, in a separate location to emergency departments. The establishment of these Centres has allowed quicker access to specialist services for those that need them, and access to other interventions such as Distress Brief Intervention where appropriate. This has had a positive impact for people presenting with mental health needs, ensuring they receive the right support at the right time while also alleviating pressure on Emergency Departments.

- The expansion of **digital services**. As with all health services, mental health services had to adapt quickly to delivering support and care in different ways. Many NHS Health Boards have moved parts of their services online, and have provided less urgent care digitally using Near-Me. We will further build on this success with the roll-out of Computerised Cognitive Behavioural Therapy, which will support a minimum of a further 10,000 people.

- The roll out of the **Distress Brief Intervention** (DBI) programme on a national basis. DBI gives people over 16 who present in emotional distress the opportunity to be referred for further dedicated support.

The Range of Our Work

In partnership with stakeholders, we have identified a number of key areas of focus. These are areas, or groups of people, where Covid-19 and lockdown are likely to have had particular impacts on mental health.

It is likely that there will be significant overlap between these sections. Each key area of focus will also require a response that covers multiple different types of need:

- **Promoting and supporting the conditions for good mental health and wellbeing at population level.**

- **Providing accessible signposting to help, advice and support.**

- **Providing a rapid and easily accessible response to those in distress.**

- **Ensuring safe, effective treatment and care of people living with mental illness.**

The commitments in this document span these different types of need, from the importance of reducing stigma, to the provision of specialist services where necessary.

Our Key Commitments and Next Steps

Each of the commitments outlined in this document is significant, and together, this adds up to a comprehensive vision for how we as a nation respond to the mental health need that has arisen because of Covid-19 and lockdown.

However, there are certain key deliverables which we will move forward at pace. These are highlighted here, along with the action that we will take on each over the coming months.

Whole Population Mental Health

- **We will build on the success of Clear Your Head, a national mental health campaign to help people cope during the Covid-19 pandemic. This campaign highlights the practical things people can do to help them feel better whilst continuing to stay at home, acknowledging these are worrying and uncertain times for many. The campaign will continue to evolve as we move through subsequent phases of our response to Covid-19.**

By **December 2020**, we will have updated and refreshed Clear Your Head to reflect the changing nature of the pandemic, and how ongoing restrictions are impacting on people's mental health.

Employment

- **For those facing redundancy, we will work with Public Health Scotland to improve our offer of mental health and wellbeing support through our Partnership Action for Continuing Employment (PACE) initiative.**

  By **November 2020**, we will have commenced work with Public Health Scotland, Skills Development Scotland, and other key partners, to develop a range of approaches. By **March 2021** we will have improved our mental health and wellbeing offer for those facing redundancy.

Ensuring Equity and Equality

- **Building on the Equality Impact Assessments carried out on the Mental Health Strategy 2017-27, we will work with equalities and mental health organisations to look at the causes of mental health inequality at a structural and individual level. This will include specific consideration of the mental health impacts on LGBTI and minority ethnic groups. We will act on, and address, the issues identified.**

By **February 2021**, we will have convened an expert equalities group who will have commenced work to ensure an overall focus on reducing mental health inequalities.

Children, Young People and Families

- **We will continue to work with and support local authorities in establishing community mental health and wellbeing services and supports.**

Local partnerships are aiming to have the first services in place **from January 2021 onwards**, with support available across all 32 local authorities in **2021**.

- **In collaboration with Mental Health in Schools Working Group, we will develop and deliver a new mental health training and learning resource which will be available to all school staff by Summer 2021. This resource will include learning for school staff to respond to the impact of Covid-19 on children and young people's mental wellbeing.**

Whilst we continue to work with education authorities to support the implementation of national guidance, an additional invitation to tender will be issued in **October 2020**. This will seek a suitable contractor to develop and produce an online mental health training and learning resource for all school staff. The resource will be available by **Summer 2021**.

People With Long-Term Physical Health Conditions and Disabilities

- **Working with Local Authorities, Integrated Joint Boards, NHS boards and stakeholders, we will develop a person-centred approach to supporting the mental health of those who have been in shielding (or who are at higher risk) for extended periods.**

By **December 2020**, we will have gathered together examples of best practice, including approaches which focus on self-management and peer support. This will support our approach to implementation. By **March 2021**, appropriate support will be being delivered to those whose mental wellbeing has been adversely affected by shielding, or by being at higher risk.

Older People

- **We will work to ensure there is equitable access to mental health support and services for older people, recognising that not all older people will have access to digital resources.**

By **March 2021**, we will have engaged with NHS Boards and other service providers to map the range of provision available to older people, identify gaps, and agree a set of actions for improvement.

Distress Interventions

- **We will embed, develop and evaluate the move to a national, physically distanced approach to the Distress Brief Intervention programme. We will work with partners to develop a blended model of face to face, telephonic and digital contact that efficiently provides a person centred response.**

Building on the considerable success of the Distress Brief Intervention (DBI) programme, by **November 2020**, we will have started work with the DBI Central team and the wider DBI community to develop an enhanced DBI model. This will take into account the findings of the final DBI Evaluation Report, which will be published in **Spring 2021**.

Digital Innovations

- **In partnership with NHS Boards, we will expand the current Computerised Cognitive Behavioural Therapy (cCBT) service provision. We will do this by increasing treatment choice through the introduction of a new cCBT platform.**

We will fulfil this action through a rapid implementation programme, which will be deployed at scale by **the end of October 2020**. There will be no limitation on treatment numbers through cCBT. Together with the development of internet-enabled CBT (ieCBT), these services will support at a minimum a further 10,000 people – with the potential to support 30,000 people – to access therapy.

Mental Health Services

- **The Scottish Government will provide a tailored programme of enhanced improvement support for individual NHS Boards, based on our assessment of their mobilisation plans, current CAMHS and Psychological Therapies performance, and feedback from our engagement with mental health leads since the start of the pandemic. This will be accompanied by a programme of national support to Boards based on key themes emerging from the remobilisation plans. The key themes are likely to include workforce, digital services, and service reform.**

By **November 2020**, we will have commenced a tailored programme of enhanced improvement support, and will have engaged with all NHS Boards on the programme of national support. This work will build on progress in service delivery achieved during the initial recovery from lockdown. We will also focus on supporting all NHS Boards to respond effectively to the anticipated increase in demand in the months ahead.

- **We will support the collaborative development, implementation and assessment of quality standards for mental health services. These will build on the approach we took to develop a revised CAMHS specification, which, for the first time, set a national standard of service to be received by children, young people and families who are supported by CAMHS anywhere in Scotland. Within this, we will publish a Service Specification for children and young people who have support needs as a result of their neurodevelopmental profiles. Our Quality and Safety Board will play an important role in this programme of work.**

By **March 2021** we will be delivering work in this area, which will be overseen by the Quality and Safety Board. We will also have commenced work to develop a set of quality standards across mental health services, and to develop a benchmarking, performance and improvement programme with NHS Boards and Integrated Joint Boards (IJBs) to support the delivery of these standards.

- **We will ensure that third sector organisations are among our core strategic partners for the development and implementation of the actions in this Plan.**

By **November 2020**, we will ensure third sector representation is prominent within the governance structures for, and work to implement and deliver, this Transition and Recovery Plan.

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1.   **Whole Population Mental Health**

> As well as focusing on the determinants of mental health, we want the people and communities of Scotland to remain engaged and well informed about wellbeing, mental health and mental ill-health. This includes being aware of the importance of mental health in their lives, and in the lives of those around them. We want people to be able to make positive health-promoting choices, be compassionate to others, enjoy a shared understanding of the language of mental health, and be aware of what mental health help and support is available to them.

- **1.1** – **Clear Your Head.** We will build on the success of Clear Your Head, a national mental health campaign to help people cope during the COVID pandemic. This campaign highlights the practical things people can do to help them feel better whilst continuing to stay at home, acknowledging these are worrying and uncertain times for many. The campaign will continue to evolve as we move through subsequent phases of our response to Covid-19.

- **1.2** – **Measuring Population Mental Health.** We will develop and report on outcome measures to demonstrate changes in population mental health and wellbeing. The outcome measures will also track changes to stigma, public attitudes, and the use of community-based support for mental health. This will include work to develop and report on population mental health and wellbeing indicators.

- **1.3** – **Physical Activity.** Reflecting the fundamentally important relationship between physical and mental health, we will build on the positive sport and physical activity behaviour changes we have seen during the COVID-19 pandemic, such as increased walking and cycling. We will build wider community participation particularly within disadvantaged and under-represented communities.

- **1.4** – **Participation In Sport.** We are working with sportscotland and Scottish Governing Bodies of Sport to rebuild membership and participation levels following the negative impacts of COVID-19.

- **1.5** – **Behaviour Change.** We are working with the newly appointed Scottish Daily Mile Co-ordinator to encourage physical activity in a number of settings to support long-term behaviour change, and specifically tackle the challenges around physical and mental health created by COVID-19.

- **1.6** – **Tackling Stigma.** We will continue our work with See Me to further develop our approach to tackling the fundamental barriers of stigma and discrimination. We will take advantage of the conversations about mental health that have taken place across Scottish communities over the course of the Covid-19 pandemic and lockdown.

2. **Employment**

> We will ensure that our mental health response focuses on the central importance of meaningful employment, and seeks to mitigate the negative impacts on mental health of unemployment (or the risk of unemployment), redundancy, and unhealthy workplace practices. We recognise that changing circumstances, including the rapid change to home working, many now having to juggle work and unpaid care, and uncertainty in the labour market could create new challenges and demand for mental health support. The anxieties that some may feel about returning to workplaces is also likely to be a factor.
>
> When progressing our work, we will consider the disproportionate impact that Covid-19 may have had on groups who were already experiencing inequalities, as well as exacerbating the mental health effects on those who were unemployed before the pandemic.

- **2.1** – **Redundancy.** For those facing redundancy, we will work with Public Health Scotland to improve our offer of mental health and wellbeing support through our Partnership Action for Continuing Employment (PACE) initiative.

- **2.2** - **Employability.** Building on the Fairer Scotland Action Plan, we will build mental health support into employability initiatives. In addition, we will strengthen links with Employability policy, with a particular focus on improving support for those with mental health issues to secure and sustain employment. We recognise the importance of this activity in delivering good mental health for the whole population of Scotland, particularly within the context of the economic impacts of the pandemic.

- **2.3** – **Mentally Healthy Workplaces.** We are working with employer groups and trade unions to promote mentally healthy work places. Building on a range of local and national services, we want mental health and wellbeing to be meaningfully discussed, promoted and supported, and for stigma and discrimination to be addressed.

- **2.4** – **Fair Working Practices.** Through our flagship Fair Work First policy, we will encourage and reward employers to adopt fair working practices. We will do this by attaching fair work criteria to grants, contracts, and other funding awarded across - and by - the public sector. This will drive our focus on creating more diverse and inclusive workplaces and good quality and fair work, which supports positive mental health and wellbeing in workplaces across Scotland.

- **2.5** – **Home Working.** Building on guidance to employers, we will work with employers, disabled people's organisations and trade unions to mitigate the potentially negative impacts of home working on mental health.

- **2.6** – **Support for Health and Social Care Workforce.** We will build on the work that has occurred throughout the pandemic to ensure that the Health and Social Care workforce has access to effective support and guidance. This should be an exemplar for other employers. Our 2020 Programme for Government is ambitious on this point, including the implementation of a Workforce Specialist Service, which is the first of its kind in the UK.

- **2.7** – **Debt.** We are working with a range of organisations who provide advice and support on debt, including Citizens Advice Scotland, to further develop a response to those whose mental health has been affected by issues relating to debt.

3. Ensuring Equity and Equality

The Covid-19 pandemic has exacerbated pre-existing structural inequality in society. It has put some communities disproportionately at risk and has had a more adverse impact on the mental health of some groups of the population. We will take an approach that acknowledges the systemic inequality faced by people with protected characteristics and we will set out specific actions that we will take to address mental health inequalities on an individual and structural level. We will collaborate with the third sector to enhance their work with groups across the range of protected characteristics.

We also recognise the importance of taking an intersectional approach to equality, acknowledging that individuals may face multiple discrimination and marginalisation. This is particularly important as we consider the impact of mental ill health across the range of protected characteristics.

- **3.1** – **Causes of Inequality.** Building on the Equality Impact Assessments carried out on the Mental Health Strategy 2017-27, we will continue to work with equalities and mental health organisations to look at the causes of mental health inequality at a structural and individual level. This will include specific consideration of the mental health impacts on LGBTI and minority ethnic groups. We will act on, and address, the issues identified.

- **3.2** – **Equality Stakeholder Forum.** We will establish an Equality Stakeholder Forum for Mental Health. This Forum will inform the implementation of this Plan, and provide advice on wider equalities work within mental health policy.

- **3.3** – **Rural Isolation.** Although there are many positives about rural life, we also recognise that there can be challenges relating to rural isolation. These may be increasingly felt by those in remote communities as a result of the pandemic. In partnership with the National Rural Mental Health Forum, we will develop an approach to ensure that these communities have equal and timely access to mental health support and services, including consideration of whether dedicated pathways are needed.

- **3.4** – **Data Collection.** We will continue our work with NHS Boards and IJBs to improve data collection across protected characteristics, and will use this to improve accessibility of services.

4.   Socio-Economic Inequalities

Poverty is the single biggest driver of poor mental health and there is a structural relationship between wider socio-economic inequality and mental health. We know that the reverse can also be true – poor mental health can increase the risk of living in poverty. The effects of the Covid-19 pandemic are likely to be felt more severely by communities and individuals who experience higher levels of deprivation. Some of that deprivation may be relatively 'hidden' – for example, in rural areas – but nonetheless fundamental. We also understand that many people across Scotland will experience financial hardship as a result of the economic downturn. We therefore anticipate that the negative mental health impacts of the pandemic will disproportionately impact those who are poorest.

- **4.1** – **Tackling Poverty.** Building on the Fairer Scotland Action Plan, we will align work on mental health with work to tackle poverty and reduce inequality. For example, we are committed to collaborating with Local Authorities and NHS Boards to support the appropriate inclusion of mental health and wellbeing as a key priority within Local Child Poverty Action Plans.

- **4.2** – **Mental Health Support for Those Living in Poverty.** We will build on the work undertaken by NHS Boards, Integrated Joint Boards (IJBs) and Local Authorities to further promote good practice, develop guidance, and provide evidence updates to ensure that mental health support is prioritised and enhanced for those living in poverty.

- **4.3** – **Benefits System.** We are working with Social Security Scotland and the Department for Work and Pensions to promote mental health support at the point of initial engagement with the benefits system and at key points of review.

5.   Relationships

> Covid-19 has tested relationships like few other experiences in our lifetimes. This has been in a range of different ways, from people being locked down together, resulting in tension, to people being separated from their loved ones. We also acknowledge the additional pressures on carers.
>
> We want to provide the right help and support for any impacts on mental health as a result of relationships that have been changed or put under strain as a result of Covid-19 and lockdown.

- **5.1** – **Relationship Support.** We will monitor the uptake of the relationship helpline and associated counselling service established during lockdown, and work with The Spark and other stakeholders to evaluate the effectiveness and take up of the helpline.

- **5.2** – **Psychological Impacts.** We will continue to work with the academic and wider research community on the psychological impacts of extended disruption to family relationships, personal relationships, and friendships.

- **5.3** – **Relationship Trauma.** We will continue to support work to reduce the impact of psychological trauma, whether it is caused by separation, loss, domestic violence and abuse, or other negative experiences related to the pandemic.

- **5.4** – **Carers.** We will continue our work with carer representative bodies to understand, and respond to, the mental health impacts of Covid-19 and lockdown on unpaid carers. This will involve tailoring mental health resources, and joining up with those who are delivering carer support locally, so that carers receive more effective support for their mental wellbeing

6.   Children, Young People and Families

> Looking ahead to transition and recovery, the mental health of children, young people and their families is to the fore of our thinking. Respecting, protecting and fulfilling the rights of children, young people and families is crucial, and as we develop and deliver our mental health response to Covid-19, the voices and experiences of children, young people and their families will remain central. This will be both in terms of how we support good mental wellbeing, and how we provide the right help and support. We acknowledge that evidence suggests children and young people's mental health and wellbeing, as well as that of their parents or carers, may be particularly affected by the impact of Covid-19. We will continue to put in place support such as Aye Feel, Parent Club and Solihull Online, to mitigate this impact.
>
> When specialist services are required, we will seek to ensure CAMHS is available, responsive, effective and equitable. Through our work to incorporate the United Nations Convention on the Rights of the Child into Scots law, we will ensure the rights of children and young people to the highest attainable standard of healthcare.

We will develop a population health response to the issues affecting the mental health and wellbeing of children, young people and their families.

- **6.1** – **Family Support.** We will continue to support parents by developing a wider package of Covid-19 related family support, building on existing work, such as the introduction of Solihull Online.

- **6.2** – **Signposting to Help and Support.** We will continue our work to ensure that children, young people and their families will be clearly and quickly signposted to the right help and support where necessary. We will enhance and build on digital support developed during lockdown, such as Aye Feel and Parent Club.

- **6.3** – **Emotional Wellbeing.** We are working with children, young people and families to understand the factors that have impacted on emotional wellbeing as a result of the pandemic and lockdown. Within this we will consider wider factors such as body image, screen time, disrupted sleep, worries about education, employment, toxic masculinity, or relationship issues. We will develop policy and actions in response to what we have heard and continue to deliver work already underway in these areas, such as the *Mind Yer Time* guidance for healthy social media use, and the work of the Body Image Advisory Group.

- **6.4** – **Perinatal and Infant Mental Health Programme Board.** The ongoing work of the Perinatal and Infant Mental Health Programme Board will be responsive and sensitive to the phases of this pandemic. It will consider the longer term impacts on young children and families associated with Covid-19. This includes establishing perinatal mental health services as a priority area for the roll out of Near Me services, providing dedicated support around Covid-19 to our existing third sector funded organisations, and building Covid-19 responsiveness into the applications for the recently launched Perinatal and Infant Mental Health Third Sector Fund.

- **6.5 - Access to Perinatal and Infant Mental Health Services.** In line with the 2020-21 Delivery Plan for the Perinatal and Infant Mental Health Programme Board, we will establish a working group to gain a more detailed understanding of issues raised in the Perinatal and Infant Mental Health Programme Board EQIA through further consultation and analysis. We will consider how recent Covid-19 driven innovations in mental health services can improve access for people with protected characteristics, and will seek to further embed these within services.

We will continue to develop mental health and wellbeing support in education and schools.

- **6.6 –Training and Learning.** In collaboration with Mental Health in Schools Working Group, we will develop and deliver a new mental health training and learning resource which will be available to all school staff by Summer 2021. This resource will include learning for school staff to respond to the impact of Covid-19 on children and young people's mental wellbeing.

- **6.7 – Educational Psychology and School Counselling Services.** The Educational Psychology services available in all local authorities will continue to play a key role in providing flexible and responsive support to vulnerable children, young people and their families/carers, working in conjunction with counselling and school nursing services (including CAMHS where necessary). Access to school counselling services can also support the health, emotional and social needs of young people and can help a healthy school culture. All schools will have access to a counselling service by the end of October 2020.

- **6.8 – National Guidance.** We will continue to work closely with education authorities to support implementation of the national guidance on Coronavirus (COVID-19): Curriculum for Excellence in the Recovery Phase, which sets out that schools and education authorities should prioritise the physical, mental and emotional wellbeing of children and young people, practitioners and families when developing the curriculum as children return to schools.

- **6.9 – Whole School Approach.** To support schools and educational practitioners, we will provide a framework to support a whole school approach to mental health and wellbeing in the context of Covid-19. A Whole School Approach can be used by schools to adopt practice and measures to support mental health in the wider school environment. The framework document will illustrate effective practice currently being used in schools across the country, which other schools can then use in their own settings. This can involve all parts of the school including parents, carers and the wider community, working together to support children and young people's mental health and wellbeing.

- **6.10** – **Children and Families Workforce.** By Autumn 2021, we will develop a national policy to support children and young people's mental health and wellbeing for all sectors of the children and families workforce (including the third sector, social services etc.). This will include guidance on a whole school approach for schools and educational practitioners, and will be supported by the framework for education and training currently being developed by NHS Education for Scotland.

- **6.11** – **Students.** We will continue to ensure that university and college students have access to the right mental health support. We will build on our existing investments such as our commitment to provide 80 additional counsellors in colleges and universities, and the refocusing of the National Union of Students' Think Positive project to respond to Covid-19 mental health need. We will also continue to target our messaging on the availability of resources such as NHS 24 and Breathing Space to ensure they are well publicised in universities and colleges.

We will develop a response to support children, young people and families experiencing heightened distress

- **6.12** – **Community Support.** We will continue to work with and support local authorities in establishing community mental health and wellbeing services and supports. Local partnerships are aiming to have the first services in place from January 2021 onwards, with support available across all 32 local authorities in 2021.

- **6.13** - **Children and Young People's Mental Health and Wellbeing Programme Board.** In partnership with COSLA, we will review the deliverables, remit and membership of the Children and Young People's Mental Health and Wellbeing Programme Board in light of Covid-19.

- **6.14** – **Emotional Distress.** We will develop services to respond to the damaging impacts on unregulated emotional distress in under 16s and the parents of children experiencing distress, as well as to women in the perinatal period.

- **6.15** – **The Promise.** We recognise the impact Covid-19 has had on children and young people who are in the care system, as well as those on the edge of care. For many, it has led to increased isolation and highlighted the importance of maintaining relationships to support mental health and wellbeing. As part of the implementation of the Promise, published by the Independent Care Review, we will support the establishment of a dedicated, independent Promise Team. This will include a £4 million investment in the Promise Partnership, which will focus on holistic family support and promoting early intervention and prevention. Its work will be driven by the needs of, and designed with, children, young people and their families

We will maintain safe and effective treatment for children, young people and perinatal women experiencing mental illness.

- **6.16 – Demand For CAMHS.** While we have seen a reduction in CAMHS referrals over the lockdown period, we expect that there may be a significant increase in demand for CAMHS as we move through the next phases of the pandemic. We will factor this into our work on the renewal of NHS Mental Health Services, detailed above.

- **6.17 – CAMHS Service Specification.** Through our implementation of the CAMHS Service Specification, which outlines services standards that all Boards should follow, we will ensure children, young people and their families are able to access effective and equitable treatment and care from specialist mental health services when required, wherever they live in Scotland.

- **6.18 – CAMHS Access Improvement.** By March 2021, improvement work to improve access to CAMHS will have restarted across Scotland. In line with evolving need as a result of the pandemic, we will focus on improving the quality and accessibility of these services.

- **6.19 – Neurodevelopmental Services – National Specification.** Through the completion of our ongoing work, we will develop and implement a national specification for neurodevelopmental services which outlines service standards that all Boards should follow, to ensure access to this support is effective and consistent across Scotland.

- **6.20 - Neurodevelopmental Services – Digital Support.** We are working with professionals from across the sector to explore how best to support children, young people and families with neurodevelopmental support needs via digital means.

7.   **Women and Girls' Mental Health**

> Across most aspects of mental health, outcomes for women and girls are poorer than those for men and boys[10]. Emerging evidence suggests that the impacts of lockdown and Covid-19 are more likely to impact negatively on the mental health of women for a range of reasons, including the impact of caring responsibilities. Therefore as we move out of lockdown, we will make women and girls' mental health a priority.

- **7.1** – **Gender-Related Inequalities.** We will engage with women's organisations and the First Minister's National Advisory Group on Women and Girls to better understand and respond to the gender-related mental health inequalities exacerbated by the Covid-19 outbreak. These include, but are not limited to:

  o Stressors and trauma experienced by women in gender segregated key worker jobs
  o Continuing and increased pressure on women in unpaid caring roles
  o The disproportionate emotional and physical burden on women of caring for relatives of all ages, and (although not exclusively an impact on women) home schooling children
  o Living with domestic violence, abuse, coercive control and toxic masculinity
  o Loneliness and isolation felt by women at different stages of life (e.g. women with young babies or children, and older women living alone)
  o The effects on mental wellbeing of young women and girls in a culture where they are encouraged to compare their lives to others, including the impact of social media and body image on young women.

- **7.2** – **Violence Against Women.** We will engage with women's organisations in order to identify and follow up on actions that can be taken to support women and girls' mental health in relation to the threat and reality of violence against women. Our approach will build on existing initiatives and the principles set out in Equally Safe.

- **7.3** – **Perinatal Mental Health.** We will continue our flagship work to support women and their families in the perinatal period through the Perinatal and Infant Mental Health Programme Board

- **7.4** – **Women's Health Plan.** We will embed specific mental health actions and commitments within the Women's Health Plan.

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[10] Mental Health Foundation (2017). *While your back was turned: how mental health policymakers stopped paying attention to the specific needs of women and girls*. London: Mental Health Foundation.

8. People With Long-Term Physical Health Conditions and Disabilities

People who are, or who have been in, the shielding category (and their families and carers) are among those most likely to have been affected adversely by Covid-19 restrictions. We also recognise that the "high risk" category is likely to be wider than those who have been formally asked to shield during the pandemic. We will ensure that those who are in either the shielding category, or who have been self-isolating due to other risk factors, are supported to maintain their mental and physical wellbeing.

As well as ensuring the right help and support is in place, our approach will include a focus on self-management and peer support where possible.

- **8.1** – **A Person-Centred Approach.** Working with Local Authorities, Integrated Joint Boards, NHS Boards and stakeholders, we will develop a person-centred approach to supporting the mental health of those who have been in shielding (or who are at higher risk) for extended periods. By December 2020, we will have gathered together examples of best practice, including approaches which focus on self-management and peer support. This will support our approach to implementation. By March 2021, appropriate support will be being delivered to those whose mental wellbeing has been adversely affected by shielding, or by being at higher risk.

- **8.2** – **Children and Young People.** Working with Local Authorities, we will identify actions to support the specific mental health needs of children and young people who have been in shielding, or who are living in families who have been shielding.

- **8.3** – **Access to Services.** Working with NHS Boards and other partners, we will develop a specific pathway for those who have been in shielding (or who are at higher risk) who require clinical treatment in response to mental illness to ensure they are able to access timely and effective support.

9.   <u>Older People</u>

> We know that older people are more likely to experience circumstances which contribute to poorer mental health, such as poverty, isolation, loneliness and poor physical health. The impacts of the current pandemic may exacerbate these circumstances. Our response will provide a full range of help and support for older people, in ways that are accessible to them.

- **9.1** – **Ensuring Mental Health Support.** We will work to ensure there is equitable access to mental health support and services for older people, recognising that not all older people will have access to digital resources.

- **9.2** – **Peer Support.** We will work with stakeholder bodies to support the development of peer support approaches to maintaining good mental health that have emerged for and among older people during lockdown.

- **9.3** – **Research and Evidence.** We will work with stakeholder bodies and the research community to fully understand and respond to the wide-ranging mental health impacts of Covid-19 on older people.

- **9.4** – **Loneliness.** Building on Scottish Government's strategy for tackling social isolation, '*A Connected Scotland*', we will work with stakeholders and partners to develop a range of actions to support people experiencing loneliness as a result of the pandemic and the associated physical distancing restrictions.

10.   People Who Have Suffered Bereavement and Loss

> Bereavement is amongst the most difficult challenges any of us will ever experience. The psychological suffering associated with grief and loss is a natural response to the death of someone we love. However, there is evidence that, for up to 7% of the population, grief can become severe and take a pathological form of complicated grief[11]. We will consider known and emerging risk factors for complicated grief, including those potentially exacerbated by the current pandemic, to ensure relevant help and support is available to those experiencing this. This will include identifying appropriate work to prevent poor mental health following bereavement.

- **10.1** – **Grief.** We will work with researchers and stakeholders to understand the greater psychological impact of complicated grief across different population groups and age ranges and design responses. We will do this in collaboration with those with lived experience.

- **10.2** – **Bereavement Support.** Working with colleagues across Scottish Government and current providers of bereavement support, we will explore the need for additional screening, outreach, and support for the mental health of those who have lost loved ones during the Covid-19 pandemic.

- **10.3** – **Compassionate Support.** We will work with relevant colleagues across the Scottish Government to build on existing compassionate policies to support the mental health of people who may become bereaved.

- **10.4** – **Bereavement by Suicide.** Through our suicide prevention work, we will better support and provide help for those bereaved by suicide. We will continue our work with the National Suicide Prevention Leadership Group, and in collaboration with local partners in two identified areas, will agree the piloting of a rapid response service. In addition, we will also explore options to take this approach for those affected by drug deaths.

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[11] https://www.centreformentalhealth.org.uk/sites/default/files/2020-05/CentreforMentalHealth_COVID_MH_Forecasting_May20.pdf

11.   Distress Interventions

During lockdown we have worked with partners to provide a broader range of immediate responses to distress. Distress is not an illness and does not tend to need a clinical response. However, it can be overwhelming and have a profound effect on the individual. Responses need to be immediate and cannot rely on referral and on waiting times.

The Distress Brief Intervention – our programme for those who turn to emergency services in emotional distress and who can benefit from a two week programme of support, rather than requiring a clinical intervention – has been successfully extended over the pandemic. Likewise, we have invested in the extension of the NHS24 Mental Health Hub.

The emergence of support which can be accessed whenever and wherever it is needed is an important and permanent change that we will embed and enhance.

- **11.1** – **Distress Brief Intervention.** We will embed, develop and evaluate the move to a national, physically distanced approach to the Distress Brief Intervention programme. We are working with partners to develop a blended model of face to face, telephonic and digital contact that efficiently provides a person-centred response.

- **11.2** – **NHS 24 Hub.** We will embed, develop and evaluate the move to a 24/7 NHS 24 Mental Health telephone hub. This has been a milestone achievement during the pandemic, with round-the-clock support now being available through this service.

- **11.3** – **Complex Needs.** As part of our commitment to bring together services from across the health, justice and social care systems to focus on those with complex needs who present in distress, we will explore the adoption of a model involving an immediate and multidisciplinary response, triage, and navigating pathways for appropriate and compassionate care.

12.   <u>Suicide Prevention</u>

Suicide may become a more pressing concern as the pandemic's longer-term impacts on the general population, the economy, and vulnerable groups are felt. Evidence shows there is a greater prevalence of suicide in men. In Scotland in 2018 the rate of probable suicide was almost three times greater in men than women with 581 men who died by probable suicide and 203 women[12]. We want to promote an evidence-based suicide prevention response, in partnership with the National Suicide Prevention Leadership Group (NSPLG), to deliver interventions where they will make a difference.

- **12.1** - **Suicide Prevention Action Plan.** We are working with the NSPLG to drive forward elements of the existing three year Suicide Prevention Action Plan where evidence shows particular relevance to pandemic response. Priority will be given to work on a public awareness campaign on suicide prevention; developing models of crisis support; supporting the delivery of innovations in digital technology that improve suicide prevention; and using data, evidence, monitoring and guidance to maximise impact.

- **12.2** – **Public Health Response.** In partnership with the NSPLG, COSLA, and Public Health Scotland we will embed suicide prevention within the public health response to Covid-19 at a local and national level. This will offer partners data, evidence and resources to prevent suicide and make sure that our communities are supported.

- **12.3** – **A Pandemic-Specific Response.** We are working with the NSPLG and stakeholders to take forward the four priority actions for a pandemic-specific suicide prevention response as recommended by the NSPLG in its Covid-19 statement.

- **12.4** – **Future Long-Term Strategy.** We will work with COSLA in considering how a future longer-term suicide prevention strategy could be shaped.

- **12.5** - **Suicide Reporting and Learning System.** We are working with Healthcare Improvement Scotland to enhance the role of the Suicide Reporting and Learning System (SRLS) in quality assuring suicide reviews and disseminating learning.

- **12.6** – **Veterans.** We are working with the NSPLG to identify prevention opportunities in relation to veterans at risk of suicide, alongside our existing work on population groups at elevated risk of suicide.

- **12.7** – **Self-Harm.** We recognise that self-harm is not only a risk factor in suicide, but is also a complex behaviour that people use as a form of self-management. We will improve our understanding of the prevalence and nature of self-harm. This will be used to guide our policy approach which will be developed in close collaboration with partners, including Local Authorities.

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[12] https://www.isdscotland.org/Health-Topics/Public-Health/Publications/2019-06-26/2019-06-26-Suicide-Summary.pdf

13.   Clinical Rehabilitation and Recovery from Covid-19 Infection

People who have been infected with Covid-19 and who have been treated in specialist inpatient settings will have had their mental health impacted to varying degrees. Most will recover with the support of those close to them but some people may be left with post traumatic disorders including anxiety, depression and PTSD. The severity of each individual infection, and in particular each individual Intensive Care Unit (ICU) experience, will be important factors. It is estimated that 20% of ICU survivors routinely experience PTSD[13]. Covid-19 infections may also be associated with variable longer term health problems which may impact negatively on mental health.

- **13.1** - **Recovery and Rehabilitation Framework.** Mental health is a key part of the implementation of our Framework for Supporting People through Recovery and Rehabilitation. Support will be community-based where possible. This will include assessment and, if needed, timely rehabilitation of Covid-19 related impaired cognitive functioning.

- **13.2** – **Post-ICU Support.** To support people who have been admitted to ICU with Covid-19, we will build on the work of the InS:PIRE (Intensive Care Syndrome: Promoting Independence and Return to Employment) programme. This will ensure patients who are assessed as needing specialist mental health support are able to receive appropriate treatment locally following discharge from ICU. The success of this approach may also be generalised to all patients who have been in acute hospitals due to Covid-19.

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[13] Hatch R, Young D, Barber V, et al. (2018) Anxiety, depression and post-traumatic stress disorder after critical illness: a UK-wide prospective cohort study. Critical Care 22:310

14. A Long-Term, Trauma-Informed Approach to Recovery

> As a long-term response to the Covid-19 crisis, evidence and expert opinion is accumulating that a trauma-informed approach to recovery should be a key component of remobilisation. Scotland is in an excellent position to respond quickly and effectively, and significant progress has already been made to meet our ambition of our workforce and services being fully trauma-informed. This work has been supported by our National Trauma Training Programme, led by NHS Education for Scotland.

- **14.1** - **National Trauma Training Programme[14].** We will expand the National Trauma Training Programme by a further two years (to 2022-23) to ensure that our workforce have the resources they need to help raise awareness of the different ways in which traumatic experiences and traumatic stress affect people.

- **14.2** – **A Trauma-Informed Response.** We will work together with senior leaders across all sectors and, alongside people with lived experience, to ensure that our collective response to Covid-19 is framed within a wider culture of trauma-informed principles and understanding. We will ensure that there is compassionate leadership and that formal support for staff wellbeing is in place.

- **14.3** – **Resources for Staff.** We will continue to develop tailored trauma training resources for staff working in maternity services and people caring for looked after children, as well as the wider health and social care workforce.

- **14.4** – **Research and Best Practice.** We will establish a programme of research to showcase and share good practice from trauma-informed organisations across Scotland.

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[14] http://transformingpsychologicaltrauma.scot/

15.   **Digital Innovations**

> Digital Therapy is now an integral part of service delivery across Scotland and is uniquely placed to deliver evidence-based therapy to all NHS staff, and to the wider population in Scotland. The value of digital therapy during our Covid-19 response has been clear, and has enabled services to continue in spite of physical restrictions. We also know that this has been a positive development in providing mental health support to those in rural communities.
>
> However, we also recognise that a number of people across Scotland do not have access to digital services or are uncomfortable using them in a mental health context. We need to ensure that a focus on digital services does not disadvantage those who cannot or do not wish to use them, or those who would prefer a blended approach. To help us strike this balance, we will build on existing examples of good practice, and particularly the Connecting Scotland programme, which are designed to help vulnerable people access support online.

- **15.1** – **Computerised Cognitive Behavioural Therapy.** In partnership with NHS Boards, we will expand the current Computerised Cognitive Behavioural Therapy (cCBT) service provision. We will do this by increasing treatment choice through the introduction of a new cCBT platform. This will be done through a rapid implementation programme, which will be deployed at scale by the end of October 2020. Together with the development of internet-enabled CBT (ieCBT), these services will support at a minimum a further 10,000 people – with the potential to support 30,000 people – to access therapy.

- **15.2** – **Video Enabled Therapy.** We will embed and develop video enabled therapy and additional remote technologies (such as Near Me) to support the ongoing delivery of one-to-one and group therapy clinical services.

- **15.3** – **Rural Communities.** We will support efforts by NHS Boards to promote the use of digital services, in particular to maximise the benefits for rural communities

- **15.4** – **Digital Inclusion.** We will build on wider efforts to promote digital inclusion, including with the Connecting Scotland programme which is set up in response to coronavirus to develop digital skills for people who are digitally excluded and on low incomes.

- **15.5** – **NHS Inform.** We are working with NHS 24 to continue to develop and publish online self-help materials and resources onto NHS Inform. These will cover a range of topics prioritised around the needs the population.

- **15.6** – **Evaluation.** With external partners, we will explore a nationally coordinated approach to the ongoing evaluation of digital mental health services. This will be used to develop a greater understanding of the impact of digital services while providing insights around service improvement and application of appropriate technologies within mental health. This work will also consider the reasons why people may choose not to use digital technology.

- **15.7** – **Innovation Hubs.** Working with the Digital Health and Care Institute, CivTech and other innovation partners, we will explore the use of an innovation hub model to encourage the development and evaluation of technologies focused on the identified needs of the population. Innovation Hubs help support individuals, organisations and commercial companies to work together and develop innovative digital solutions while being guided by expertise within mental health field.

16.   **Mental Health Services**

We will respond to Covid-19 with a focus on renewing Scotland's approach to the delivery of mental health services. These services span the NHS, Health and Social Care Partnerships, Local Authorities, and the Third Sector, and range across prevention, early intervention, community support and in-patient treatment. We will continue to place clinical and strategic priority upon achieving parity between and across mental and physical health. The two are symbiotic elements of overall health, and our approach must integrate the two.

During lockdown, we have supported the stability and continuity of NHS mental health services ensuring urgent and emergency services have continued where it is safe to do so. We have issued directives and principles to support this. We will continue to review these as the pandemic evolves. Additional support via NHS 24 has been developed while Boards have innovated in the use of virtual consultation and treatment.

We will support Boards to accelerate the progress that they outlined in their mobilisation plans, and to ensure that local and national service provision issues are addressed. This is a key priority in the weeks and months ahead.

The restart, recovery and renewal of mental health services is also a vitally important part of our approach. Mental Health was identified as a clinical priority for NHS remobilisation. This is essential for those who need access to urgent treatment. Looking forward, we will support NHS Boards and Integrated Joint Boards to move beyond the position at the start of the pandemic. This must lead to the delivery of a set of mental health services which are stronger and better, and which meet the evolving needs and expectations of the people of Scotland.

The health and social care workforce was fundamental to the success of the response to Covid-19. Supporting the wellbeing of the workforce and embedding the fair work agenda across the broadest range of mental health care services will be an important aspect of our renewal work.

By the end March 2021 we will be working with Boards to support the full range of services, restarting them safely with greater use of technology in order to improve service delivery options for patients. During the lockdown period we have seen new, innovative models of service delivery. We will look to see these examples of best practice, such as Mental Health Assessment Centres, embedded across NHS Boards to provide a broader range of care options to patients.

We will continue working with Boards to define service standards against modern expectations, and to ensure that there is a stronger assurance process that these are being delivered consistently. We will also continue our work with partners to improve pathways into mental health services. Throughout, we will maintain a focus on improving access to key services. We know that demand will be reshaped by the effects of the pandemic - but we will not accept that patients should have to wait for prolonged periods to receive the support and treatment they need from mental health services.

As well as NHS Services, we also recognise the crucial role of the Third Sector. The Sector has continued to tirelessly provide mental health services and support across Scotland, and it has been at the vanguard of innovation during the pandemic. This will continue to be centrally important, as will the Sector's role in the implementation and delivery of this Plan.

- **16.1** – **An Immediate Focus on Services.** Scottish Government will provide a tailored programme of enhanced improvement support for individual NHS Boards, based on our assessment of their mobilisation plans, current CAMHS and Psychological Therapies performance, and feedback from our engagement with mental health leads since the start of the pandemic. This will be accompanied by a programme of national support to Boards based on key themes emerging from the remobilisation plans. The key themes are likely to include workforce, digital services, and service reform.

- **16.2 - Renewal.** We will develop a longer term renewal programme for mental health services, including CAMHS, to support the Covid-19 recovery process. This will build on the intelligence gained from boards of increasing demand for and sustainability of mental health services. It will include an assessment of future workforce needs.

- **16.3** – **Unscheduled Care.** We will continue to work with NHS Boards and other partners to embed, sustain, and develop the Mental Health Assessment Centres established during lockdown. These Centres provide the assessment of unscheduled mental health needs for anyone presenting in mental health crisis/distress, in a separate location to emergency departments. This work will be integrated into our broader approach to improving access to unscheduled care, and our response to distress.

- **16.4** – **Workforce.** We remain committed to increasing additional investment to £35 million for 800 additional mental health workers by 2021-22. This will give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and our prisons. We will work with partners to ensure this commitment supports new ways of working in these priority settings.

- **16.5** – **Setting High Standards.** We will support the collaborative development, implementation and assessment of quality standards for mental health services. These will build on the approach we took to develop a revised CAMHS Service Specification, which, for the first time, set a national standard of service to be received by children, young people and families who are supported by CAMHS anywhere in Scotland. Within this, we will publish a further Service Specification for children and young people who have support needs as a result of their neurodevelopmental profiles. Our Quality and Safety Board will play an important role in this programme of work.

- **16.6** – **Access and Quality.** Working with Healthcare Improvement Scotland and Public Health Scotland we will establish a new Performance and Quality Improvement Programme. The new Scottish Benchmarking and Quality Improvement Network will also play an important part in this. This work will seek to enhance access to and the quality of services against the new standards outlined above.

- **16.7** – **Patient Safety.** Through the Quality and Safety Board we will review the assurance and scrutiny of mental health services across Scotland, including the powers of Healthcare Improvement Scotland and the Mental Welfare Commission, as recommended by the Independent Review of Mental Health Services in Tayside. This will seek to ensure safe delivery against the new standards outlined above.

- **16.8** – **Bed Availability.** We will conduct the delayed 2020 Psychiatric Inpatient and Complex Hospital Care Census as soon as practicable in 2021. This will provide us with information on bed use following Covid-19. This will ensure that we can consistently manage access to in-patient support for those who need it when they need it.

- **16.9** – **A Modern Understanding of Mental Illness.** We will implement and promote the use of the International Classification of Diseases 11th edition (ICD-11) from Spring 2021 across all mental health services in Scotland. This will ensure that our approach to mental health services is based on the most up to date international understanding of mental illness.

- **16.10** – **A Joined-up Approach.** We will work with partners to explore opportunities for integrating addiction and general mental health services where possible. This will seek to provide better co-ordination of support for people with a dual diagnosis of mental health issues and alcohol or drug addiction.

- **16.11** – **Clearer Pathways to Support and Treatment.** We will work with Primary Care partners to improve capacity for mental health assessment, care and support within Primary and Community Care settings. This will build on examples of good practice already implemented through the Primary Care Improvement Plan, and through our work on Action 15 of the Mental Health Strategy. This will include the interface with specialist services to ensure that people receive the right care in the right place. This will ensure that there is a clear pathway to mental health services for those who need them.

- **16.12** – **Early Intervention in Psychosis.** From our engagement with specialist services, we believe there has been an increase in the number of people presenting with a first episode of psychosis during the pandemic. We will restart our improvement work on Early Intervention in Psychosis. This work will consider the impact of Covid-19 and lockdown on the prevalence of psychosis in Scotland.

- **16.13** – **Eating Disorders.** We will carry out a national review of Eating Disorder services which will take account of the effects of the pandemic and lockdown on access to help and support.

- **16.14** – **Physical Health.** We will work with NHS Boards to ensure mental health support is available to those whose mental health may have been impacted by the delay in treatment of physical health services due to the Covid-19 pandemic.

- **16.15 – Delivery Role of the Third Sector.** We will ensure that third sector organisations are among our core strategic partners for the development and implementation of the actions in this Plan.

- **16.16 – Strategic and Partnership Work with the Third Sector.** In light of the new challenges faced by third sector organisations, we will continue to work in partnership with the sector at a strategic and operational level to help build capacity to respond to the mental health needs in Scotland as we recover from the pandemic.

17. Forensic Mental Health Services

Patients in the forensic mental health system are among the most marginalised people in our society. While some are detained in secure facilities for the safety of themselves and others, it is important that we always remember that they are patients with significant needs and rights. For those in the community, support and rights must be managed in a way which benefits patients and the wider community. While the lockdown has placed restrictions on the forensic mental health system, we look to ensure that this is an area where we move forward with a renewed focus on delivering effective and safe treatment and care. To this end, we will also support the independent review into the delivery of forensic mental health services across Scotland as it continues its work and takes forward its recommendations.

- **17.1 – Changes to Practices.** The response to the Covid-19 pandemic resulted in some temporary changes to practices around the oversight of restricted patients. This has supported services and allowed the care and treatment of patients to continue during the pandemic. We will take forward the lessons from this work.

- **17.2 – Secure Mental Health Services.** We will continue to support the full remobilisation of secure mental health services, including the accessibility of services, movement throughout the secure mental health estate and the discharge of patients into the community. This is being done by working with the forensic mental health stakeholder group.

- **17.3 – The State Hospital.** We will continue to work with The State Hospital to support its remobilisation.

- **17.4 – Criminal Justice System.** We will continue to work with partners to seek better support for those with mental ill health within the criminal justice system.

18.   Mental Health Law

Mental health law is about enabling and empowering people with mental illness, respecting and protecting human rights and responsibilities, assisting recovery, and supporting family and other relationships.

Scotland's main source of mental health law, the Mental Health (Care and Treatment) (Scotland) Act 2003 is a complex and comprehensive piece of legislation. Its overarching approach is to ensure that the law and practice relating to mental health should be driven by a set of principles, particularly minimum interference in individual liberty and the maximum involvement of service users in any treatment. As we are committed to doing all we can to realise the rights of persons with mental health issues the independent review of mental health legislation will continue, providing an important platform for future work in this area. The review aims to improve people's rights and protections and also remove barriers to those caring for their health and welfare. Engaging those with lived experience is a key part of this work.

The response to Covid-19 in terms of mental health legislation was to ensure that a package of emergency measures was in place to ensure that those who required care and treatment under the 2003 Act were still able to access it, even where there may be severe staff shortages within mental health services. Careful consideration was given as to how this could be achieved, to ensure these provisions are proportionate to the threat posed by the pandemic and we are clear that they would only be triggered if there was robust evidence that the pressures on the mental health system necessitated them. This was firmly aligned with our aim of maintaining safe, effective treatment and care of people with mental disorder and/or neurodevelopmental conditions throughout the period of the pandemic.

- **18.1** – **Emergency Legislation.** We will continue to work with key stakeholders to closely monitor and review the continued need for emergency Covid-19 legislative measures on an ongoing basis.

- **18.2** - **Learning Disability and Autism in the Mental Health Act Review.** We will work in conjunction with a range of policy colleagues across Scottish Government to consider the next steps for the completed Learning Disability and Autism in the Mental Health Act Review.

- **18.3** - **Independent Review of Mental Health and Incapacity Legislation.** We will continue to support the Independent Review of Mental Health and Incapacity Legislation, and encourage its efforts to engage widely, within current restrictions.

- **18.4** – **2003 Act - Code of Practice Review.** We will continue to engage with key stakeholders on the review of the Code of Practice for the 2003 Act.

19.   **Conclusion**

As we work towards transition and recovery from the Covid-19 pandemic, we need to ensure that the importance of protecting our mental health is just as widely understood as looking after our physical health. The two are fundamentally inter-related.

We know that there will be challenges in the months and indeed years ahead. That is why, in the coming phases of our response to the pandemic, mental health and wellbeing must continue to be to the fore.

This document sets out a wide-ranging approach to our mental health transition and recovery. Fulfilling the ambitions laid out in this Plan will require a collaborative and integrated approach involving a broad range of partners and stakeholders. That will include developing full implementation plans for the actions outlined above.

Some commitments are already well-developed, and can be progressed at speed. We have highlighted some of the immediate steps that we will take throughout this document. However, other deliverables will take longer to achieve. We will continue the partnership working approach we have taken during the development of this document, ensuring that our partners remain central to the delivery of each action. That includes any decisions about how to prioritise the most urgent work.

We will also seek to connect the deliverables within this plan to other strategies and actions set being taken forward across Scotland's wider Covid-19 response. Some of the key links include the Fair Work First policy, the Fairer Scotland Action Plan, the Perinatal and Infant Mental Health Programme Board, the Suicide Prevention Action Plan, and many others.

There is also the context of a number of other commitments which are specifically focused on mental health. These include the Mental Health Strategy, the commitments made in the Scottish Government's Programmes for Government, the reports by the independent Care Review, and the remobilisation planning that has been led by NHS Boards. There are also the plans and strategies of Scotland's third sector, who work to support those with mental health conditions every day.

We want to be ambitious. Ultimately, we must ensure that everyone in Scotland is supported to achieve and maintain good mental health. We also want the right help and support to be available whenever it is needed. That includes specialist services for when mental illness does occur.

The Scottish Government would like to thank all of our partners and the organisations that have contributed to this Plan. We look forward to working together as we face, and respond to, the further challenges that lie ahead.