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Agenda Item: 10.

Integration Joint Board

Date of Meeting: 2 October 2019.

Subject: Mental Health Strategy 2019 – 2024.

1. Summary

1.1. To put before members a draft Mental Health Strategy 2019 – 2024 and to gain agreement to go out for a period of consultation.

2. Purpose

2.1. To ensure the Integration Joint Board (IJB) has a local Mental Health Strategy that will cover all aspects of services delegated to it for the period 2019 – 2024, for people with mental health and wellbeing needs.

3. Recommendations

The Integration Joint Board is invited to note:

3.1. Work to date on the local Mental Health Strategy.

3.2. The draft Mental Health Strategy, attached as Appendix 1 to this report.

It is recommended:

3.3. That the draft Mental Health Strategy 2019 – 2024, attached as Appendix 1 to this report, be approved for consultation.

4. Background

4.1. The draft Strategic Plan 2019 – 2022 identifies mental health services as a priority. A local Mental Health Strategy is a key component to delivery of services. This document provides a focus to help successfully deliver the priorities of the Strategic Plan.

4.2. The local Mental Health Strategy reflects the aims and objectives presented in various national documents:

- Mental Health Strategy 2017 – 2027.
- A Connected Scotland, 2018, a strategy for loneliness and social isolation.

- National Dementia Strategy 2017 – 2020.
- Rights, Respect and Recovery, 2018, the alcohol and substance misuse strategy.

4.3. The strategy will span a five-year period, with evaluation of outcomes and progress being reported through the performance monitoring of the Strategic Plan.

5. Consultation Process

5.1. Officers will ensure that the engagement complies with the Integration Joint Board's Communication and Engagement Policy which itself adheres to Scotland's National Standards for Community Engagement. This includes taking cognisance of benchmark Levels of Community Engagement, as well as the Equality Requirements, especially the Public Sector Equality Duty.

5.2. Principal stakeholders in this engagement process have been identified as:

- Individuals who use the service.
- Their families, friends and carers.
- Statutory staff.
- Third sector partners.

5.3. Officers hosted a workshop in July 2019 for staff from the Community Mental Health Team and met other key stakeholders. Comment and input received from these sessions has informed the content of the draft strategy.

5.4. The principal methodology for further engagement will be a published survey, available in electronic and paper versions. This will be sent directly to principal stakeholders. In addition, input will be sought from the Third Sector via Voluntary Action Orkney, and input from the wider public sought via the Orkney Opinions group.

5.5. The results of the engagement will be presented to the Board at a future meeting, no later than March 2020.

6. Contribution to quality

Please indicate which of the Council Plan 2018 to 2023 and 2020 vision/quality ambitions are supported in this report adding Yes or No to the relevant area(s):

Promoting survival: To support our communities.	Yes.
Promoting sustainability: To make sure economic, environmental and social factors are balanced.	No.
Promoting equality: To encourage services to provide equal opportunities for everyone.	Yes.
Working together: To overcome issues more effectively through partnership working.	Yes.
Working with communities: To involve community councils, community groups, voluntary groups and individuals in the process.	Yes.

Working to provide better services: To improve the planning and delivery of services.	Yes.
Safe: Avoiding injuries to patients from healthcare that is intended to help them.	Yes.
Effective: Providing services based on scientific knowledge.	Yes.
Efficient: Avoiding waste, including waste of equipment, supplies, ideas, and energy.	Yes.

7. Resource implications and identified source of funding

7.1. There are no direct financial implications in regards to the consultation of this strategy.

8. Risk and Equality assessment

8.1. An Equality Impact Assessment has been completed and is attached as Appendix 2 to this report.

9. Direction Required

Please indicate if this report requires a direction to be passed to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

10. Escalation Required

Please indicate if this report requires escalated to:

NHS Orkney.	No.
Orkney Islands Council.	No.
Both NHS Orkney and Orkney Islands Council.	No.

11. Author

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13. Supporting documents

13.1. Appendix 1: Draft Mental Health Strategy.

13.2. Appendix 2: Equality Impact Assessment.



Orkney Islands Mental Health Strategy

2019 – 2024.

Orkney Health and Care

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Executive Summary

The Orkney Mental Health Strategy 2019 – 2024 provides a framework for the improvement and development of mental health and wellbeing supports across all our communities. It recognises the complexities of providing a wide range of services to individuals, from birth to end of life, focusing on enabling: people to access their own strengths and supports where possible; preventing onset of ill-health and providing early intervention and support for recovery; and developing personal and community resilience.

We all share a common factor, that being our health. Our mental and physical health is fundamentally linked and is influenced by factors such as living standards, education, employment and access to community local supports, as well as the way we think, behave, react to personal diversity and interact with those around us.

By working in close partnership with individuals, carers, communities, statutory and voluntary sector providers we are seeking to build upon existing services, to improve upon these and to develop additional supports through effective use of all resources available. Over the coming five years we will seek to achieve the following outcomes:

- Improved quality of life for individuals experiencing mental health problems, through a strength based, prevention and recovery orientated mental health service provision.
- Support for a professional workforce, including robust training and strong multi-disciplinary culture.
- Provision of a range of community-based support services, which promotes prevention, self-management, self-reliance and resilience from birth to old age.
- Decrease mental health inequality, stigma and discrimination through greater community awareness.
- Improved access to information and communication.
- Develop opportunities for developing more effective use of resources accessible through all stakeholder groups and across all communities, to enhance support services to individuals and carers.
- Improved access to a range of supports for carers.



1. Introduction

Welcome to the Orkney Mental Health Strategy 2019 – 2024. Orkney Health and Care are committed to providing a cohesive, Mental Health Strategy, adopting the principles and aims of the national Scottish Mental Health Strategy 2017 – 2027 whilst ensuring that the needs of the people and communities of the Orkney Islands are appropriately reflected. The strategy shall be a five-year document, providing a framework for working in partnership to determine future development and actions, whilst enabling time for evaluation and review in 2024.

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." All of us have a common factor of our health, with our mental and physical health being intrinsically linked. Mental health is an important element of our wellbeing, from birth through adolescence, into adulthood and old age. The Scottish Government recognises that we are facing major challenges and opportunities, with the aims of the national strategy presenting an "ambition for mental health (being) - that we must prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems."

Our mental health and wellbeing impacts on how we feel and respond to life events. It affects the way we learn, communicate, form relationships and how we respond to everyday life, including social and work situations. It also influences how we cope with life events and manage changes and transitions in our lives, impacting on our ability to lead a happy and fulfilling life. "Determinants of mental health and mental disorders include not only individual attributes such as the ability to manage our own thoughts, emotions, behaviours and interactions with others, but also social, cultural, economic, political and environmental factors such as national policies, social protection, living standards, working conditions, and community social supports. Exposure to adversity at a young age is an established preventable risk factor for mental disorders."

The Orkney Mental Health Strategy has been informed through gathering information, views, and consultation with individuals, carers, groups, community representatives, staff from Orkney Health and Care and the third sector, research into local needs, the national strategy and policy development. This included Professor Linda Gask's report on Orkney's Mental Health Services, 2017, notes from two Mental Health Services Improvement meetings held in 2017 and 2018 hosted by the Blide Trust and a recent questionnaire completed by service users and carers, which has provided additional information to support the development of services over the coming 5 years.



Orkney Health and Care is committed to working in partnership with all stakeholders to strengthening mental health support to all living in the Orkney Islands. This includes a strong focus on our children and young people, in order that they develop into adulthood with good mental health, which allows them to live well, as part of their wider strong community and contribute to our vibrant economic community.

Our commitment to service development shall focus on:

- **Enabling individuals and communities** – ensuring the right support is provided at the right time, in the right place, for the right reason. We need to ensure that it is easy for all to navigate through what currently may appear to be a complex health and social care system.
- **Prevention and Early intervention** - it is recognised that investment in prevention and early intervention initiatives assists avoidance of crisis, which is generally labour intensive and can have long lasting impacts on both physical and mental health. To ensure we develop a suite of prevention and early intervention approaches, we must identify barriers to change. These interventions require to address both physical and mental health. Working in full collaboration with all stakeholders, across all of our communities, we will develop a culture which adopts a positive, non-stigmatised approach to areas such as alcohol and drug addiction and mental health.
- **Resilience** - enabling individuals and communities to develop mechanisms to cope and, where possible, overcome the impacts of their health and social care needs is essential, in order to reduce the demand for statutory services.

Working in close collaboration with all our partners we will seek to find innovative ways of achieving this. This shall be key to the development of Community Led Support. This will see a programme of service developments across Orkney, which focusses on enhancing rather than replacing the natural community-based supports. These shall enable individuals to maintain independence, exercise choice and control, and achieve the outcomes they want for themselves.



2. Our Vision

Our strategic vision in Orkney is to:

“Help the people of Orkney live longer, healthier and more independent lives within their own communities wherever possible. Getting it right for everyone in Orkney”.

3. Our Objectives

- **Build capacity and capability** – within the wider health and social care workforce, in order to deliver upon mental health and recovery, ensuring effective use of available resources.
- **Promote collaborative working** – through a primary and community care approach with General Practitioners (GPs) and in conjunction with third sector partners, in order to widen access to a range of community based psychological and social supports.
- **Establish the principles and values of recovery** - through service planning, policy, commission, contracting and service delivery.
- **Enabling individuals and communities to have greater choice and control** – working in partnership with third sector, communities and individuals to establish strong, supportive and resilient groups across Orkney.
- **Invest in our young people** – ensuring a healthy start in life which is aimed at positive development in childhood, adolescence and adulthood.
- **Improve on life opportunities** – developing educational, training, employment and housing supports for individuals with mental health issues.
- **Reduce stigma and discrimination** – through education, cultural shift and realistic conversations.

4. Background

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



The Scottish Government, as one of the major areas of focus, prioritises mental health and wellbeing within the wider context of the Government's **2020 Vision** for health and social care delivery, which emphasises integrated care and prevention, anticipation and supported self-management.

Scotland's **Mental Health Strategy 2017-2027** and **A Connected Scotland 2018**, a strategy for tackling social isolation and loneliness and building stronger social connections, lay out the national approach to improving the mental health of particular groups and communities. These strategies identify that all age groups are potentially vulnerable to mental health issues, social isolation and loneliness, with some individuals, groups and communities being more susceptible than others, resulting from socio-economic, health and educational inequalities.

A significant focus of the national strategies is on prevention and early intervention, particularly for pre-birth, early years and adolescent mental health, building on improving the life opportunities for children and young people. There is an awareness that for some ongoing support needs will remain, throughout their lifetime, with a focus on long-term health needs, substance misuse and other conditions resulting from socioeconomic, health and emotional issues. The impact of alcohol and drugs, on the health and mental wellbeing of individuals, their families and communities and the requirements to address these is reflected within the national strategy **Rights, Respect and Recovery 2018**. It is further recognised that the ageing brings additional physical and health related changes, impacting on individual's mental wellbeing and quality of life. Scotland's **Dementia Strategy 2017-2020** has continued to build on the progress made over the preceding decade, with an emphasis on timely diagnosis, post-diagnostic support and ensuring that ongoing support through to end of life is provided within strong community settings supported by appropriately skilled staff.

The issues raised within the national priorities are generally reflected in the communities across the Orkney Islands. However, there is recognition that Orkney also presents with some unique issues, related to being island communities with remote and rural needs.

Geographically Orkney is a series of around 70 islands, of which 20 are inhabited, situated around 10 miles north of mainland Scotland. Orkney Islands has a population of around 22,000. Over the last decade there has been a decline in births, with an increase in the life expectancy of the older generation, this equating to an increasing imbalance in the population between births and deaths. Orkney's overall population is projected to increase by 5.5% by 2037 with the largest increase in 75+ population. It is projected that by 2037 the shift in the following age ranges will be:

- 0 -15 will decrease by 3%.



- 16 - 64 will decrease by 10%.
- 65 - 74 will increased by 20%.
- 75+ will increase by 116%.

The distribution of population across the islands is principally focused on The Mainland, the largest island, where the two main urban areas are Kirkwall and Stromness. Kirkwall is the administrative centre for Orkney Islands Council (OIC) and Orkney Health and Care (OHAC) services. Social Work and Community Occupational Therapy teams are based in Kirkwall, servicing all social work services including Children and Families, Criminal Justice, Adult statutory services.

Currently the Community Mental Health Team is based at the new Balfour Hospital, Kirkwall and serving the whole population of the Orkney Islands. The Team compliment consists of a consultant psychiatrist, psychologist, community mental health nurses, an occupational therapist, who is also a CBT therapist, social workers, Clinical Associates in Applied Psychology (CAAP), support workers and admin support staff. There is also an Operational Manager. The team provides a community mental health service to people aged 18 years and above.

The team also hosts NHS Orkney's substance misuse service which is staffed by community mental health nurses and support workers.

The Child and Adolescent Mental Health Service consists of two CAMHS practitioners and a Clinical Associate in Applied Psychology (CAAP).

There are 16 recognised points for providing General Practice services, with 24 General Practitioners (GPs) spread over 6 Practices supported by, Nurse Practitioners (NPs) and Community Nurses. Remoter small islands are single-handed GP or Nurse Practitioners with the remaining practices, working in Practices ranging from 2 to 8 GPs. The Orcades Practice consists of 5 island branch settings with all personnel being employees of NHS Orkney. In addition, there are 4 other islands who are linked to 3 mainland practices, providing a visiting GP service with Nurse Practitioners delivering 24-hour care, and employed by NHS Orkney. The Isles Network of Care (INoC) ensures peer support is available for all practitioners working in the remote smaller island settings.



Statutory services work in partnership with third sector providers. Whilst the third sector is small it is vibrant, the development of Community Led Support will build on the already emerging work of our third Sector colleagues, strengthening our partnerships with the sector and communities across Orkney.

5. What is Mental Health?

It is essential that we have a shared understanding of what mental health and wellbeing consists of, in developing a strategic response to meeting the requirements for future planning. The World Health Organisation defines mental health as “a state of well-being in which every individual realizes their own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community.” The inter-relationship between the individual, people we live with, the environment in which we live and the communities around us, have a significant impact on our mental health. It is further influenced by individual life experiences, culture, beliefs, age and gender.

Mental health problems cover a broad spectrum from stress and worries we experience as part of day to day life, through to complex long-term conditions. The most common conditions are anxiety and depression, which will affect one in ten of us at any time. These conditions may be severe, impacting on an individual’s ability to cope with their daily lives. For one to two in every hundred individuals, mental illness may be a life-long and potentially life limiting problem where conditions include bi-polar disorder and schizophrenia. These conditions require proactive interventions from health and social care services, supporting and enabling individuals to have the best quality of life possible.

Symptoms of mental health problems may have some commonality, however, the way in which they present for an individual are particular to them. Each individual’s response is affected by their personality, culture, environment and the supports around them. People are able to and do recover from mental health problems, even the most serious conditions. The process of recovery for each person is unique, requiring a range of approaches to supporting that journey.

5a. Child and Adolescent Mental Health

The brain develops more rapidly during the first three years of our lives, than at any other time. It does continue to develop until our early 20’s and whilst it remains able to change and adapt, it will never adapt as quickly and as robustly as it did during our early years. It is during the early years that we develop our “emotional regulatory system which is affected by early experiences”. Through



play and interaction with our primary care-givers, during our early years we make our emotional attachments, form key relationships, learn life skills, and develop our social and emotional abilities.

Whilst the relationship established between the primary carers and a child is core to the formation of emotional wellbeing and development of life coping skills, there is recognition that other factors influence this. Early years settings and schools play a significant role in developing play and social interaction, which promotes and protects the child's mental health and wellbeing.

Mental health and emotional problems experienced by children and young people are varied, ranging from behavioural, emotional, developmental and attachment disorders, to other issues related to stress, anxiety, depression, self-harm, eating disorders and psychotic disorders. These problems may present as mild, moderate or severe, with many being of a temporary nature and a minority having a longer-term impact on the individual.

In Orkney there is an estimated population of 4,185 children and young people under the age of 18 years. In 2018 referral to the Child and Adolescent Mental Health Service (CAMHS) in Orkney was 84 referrals.

5b. Adult Mental Health

From the age of 18 to 65 years of age individuals experiencing mental health problems are treated within an adult mental health setting. For some people this will be through a transition from adolescent mental health services. This process requires to be robust and well managed to ensure that the individual is supported to make an effective journey between services. Those with a history of mental health problems during childhood and adolescence are six times more likely to present with mental health issues during their adulthood.

There is a gender variation in the impact of mental health. Unipolar depression and anxiety are twice as common in women than for men and 10% of women who are pregnant and 13% of those who have just given birth being recorded as experiencing mental disorder, primarily depression. Men are more than 3 times as likely to be diagnosed with antisocial personality disorder. They also have a higher reported incidence of alcohol dependence with 1:5 as opposed to 1:12 for women. In Scotland there was a reported 8% increase in suicide rates with 728 deaths being reported, of which 75% were men and 25% women. Of these 90% were individuals with a diagnosed mental health disorder. Severe mental health disorders such as schizophrenia and bipolar disorder affect less than 2% of the population.



The Scottish Government published the Strategy **A Connected Scotland** in 2018, recognising the impact of social isolation and loneliness on the health and wellbeing of individuals, of all ages. The definition of social isolation being “when an individual has an objective lack of social relationships (in terms of quality and/or quantity) at individual group, community and societal levels”, and loneliness as “a subjective feeling experienced when there is a difference between the social relationships we would like to have and those we have”. One in ten people report as feeling lonely and socially isolated, in Scotland. The impact of social isolation and loneliness is on both mental and physical health, with the emphasis of connectedness within an individual’s community providing the benefits of prevention and support for recovery. In Scotland around a third of households are of individuals living on their own.

There is evidence of significant links between mental health and physical health problems. 46% of individuals identified as having a mental health problem are also reported to have long-term physical health problems. Additionally, 30% of individuals with long-term physical health issues have a reported mental health problem.

Orkney often reflects well in surveys and research into the “happiest places in Britain” or “the best place to live in the UK”. Whilst certain measures such as the percentage of people prescribed medication for anxiety, depression or psychosis sit lower than the national average in Orkney, other measures such as suicide rates are similar to the national average over time. Whilst national evidence indicates a correlation between deprivation and inequality and poor mental health and wellbeing, in Orkney, the percentage of people prescribed medication for anxiety, depression or psychosis is spread more evenly throughout the Scottish Index of Multiple Deprivation (SIMD) data quintiles. This suggests that in Orkney the approach to target work to improve mental health and wellbeing requires a unique approach, reaching out to all the population, rather than specifically targeting deprivation and inequality.

5c. Mental Health and Older People

In mid-2018, one in five people (19%) in Scotland were aged 65 and over, compared with 16% in mid-2008. The working aged population aged 16 to 64 has decreased from 66% to 64% over the last 10 years. Women born in Scotland in 2015-2017 could expect to spend 62.7 years (77.3% of their lives) in good health followed by 18.4 years in poor health: a total life expectancy of 81.1 years. Men could expect to spend 62.3 years (80.9% of their lives) in good health and then 14.7 further years in poor health until they reached 77 years of age.

Older people experience a number of changes in physical health and wellbeing, as well as lifestyle due to changes in employment and relationship changes. This impacts on mental health, Research indicates that 22% of men and 28% of women aged 65 years



and over suffer from the affects of depression. This increases significantly in those aged 80 years and over, with an estimated 40% of those that reside in residential care home settings being affected by depression. Older people are affected by similar mental health issues, as the younger adult population. However, they are also at an increased risk of developing neurological disorders, such as Parkinson's Disease, Strokes, delirium, and dementia, as well as multiple physical health issues and disability. Dementia predominantly affects people over the age of 65 years, with 93,282 people in Scotland having a diagnosis by 2017. Of this total number 3.4% of those diagnosed have early onset dementia, being under the age of 65 years. This currently represents 1.7% of the total population, with an anticipated growth in diagnosis occurring over the coming 5 years. This will be impacted by a number of factors including the growth in the numbers of older people within the population and improved diagnosis and post-diagnostic services, as supported through Scotland's National Dementia Strategy 2017 – 2020.

In Orkney there were 449 people with a diagnosis of dementia, 176 men and 273 women, in 2017. Support for people with dementia and their carers comes from various sources, including an NHS Dementia Nurse Specialist who provides support to individuals, carers and service providers, including third Sector, principally Age Scotland Orkney and Crossroads Orkney, and the Statutory services who provides residential, day care and care at home services. In partnership the statutory and voluntary sectors have developed a robust action plan in response to the recommendations of the National Dementia Strategy 2017 – 2020, which is currently being implemented.

5d. Alcohol and Non-Prescribed Drugs

The level of national and local misuse of alcohol and non-prescribed drugs is difficult to accurately determine. There are an estimated 61,500 individuals, aged between 15-64, who were engaged in problematic use of opiates and/or benzodiazepines in Scotland and it is estimated that around 4% of the adult population have possible alcohol dependency

The population of Orkney aged 15-64 makes up 1.5% of the total population for the North of Scotland. The estimated prevalence of problem drug use in the Orkney Islands is 0.5%. Between 2014-18 there was an average of 1 death per annum, resulting from misuse of drugs in Orkney, with an estimated 30 individuals using non-prescribed drugs. Currently there are 21 people registered with the Orkney Needle Exchange Service, although not all are active each year.

Whilst it is difficult to determine the numbers of people who may have a dependency, or problems, with alcohol, the Orkney Alcohol Counselling and Advisory Service report, 2002, identified that 4% of the adult population of Orkney's north and south isles are



alcohol dependent or close to becoming so (amounting to approximately 125 people). 90% of Orkney's adult population reported that they drink alcohol. Whilst 38% of men and 22% of women described exceeding the recommended weekly safe limits. The impact on physical as well as mental health services is significant. In 2017-18, 170 of all general hospital stays and 132 emergency admissions, in Orkney, were recorded as being alcohol related. This represented a rise from 127 general hospital stays and 99 emergency admissions during the previous year, 2016/17.

The Orkney Alcohol and Drugs Partnership is a multi-agency organisation, with over 30 members, including NHS Orkney, Orkney Islands Council, Police Scotland and the Voluntary Sector, who work together to contribute to a cohesive response to needs, relating to substance misuse in Orkney. This includes a range of services including education and prevention, supporting people affected by substance misuse and treatment and recovery. Y People Orkney provide 1:1 youth counselling sessions, having undertaken 448 sessions in 2018-19; Orkney Alcohol Counselling and Advisory Service (OACAS) held 2432 meetings and provided 2601 hours counselling in the same period; Relationship Scotland Orkney support families affected by drugs and alcohol and Orkney Blide Trust also provide support to individuals.

5e. Autism

Autistic spectrum condition is a neurodevelopmental condition, which presents as difficulties in social communication and may be associated with specific behavioural issues, including focussing on particular interests and activities. Whilst autism may in some instances be associated with learning difficulties, many individuals with ASC have average to above average intelligence. Characteristics of autism may be confused with those relating to mental health disorders, resulting in diagnosis of mental health issues being problematic. Around 40% of people with ASC suffer from anxiety and approximately 70% will have experienced a mental health problem.

6. Achieving Mental Wellbeing in Orkney

Delivery of the Mental Health Strategy across the Orkney Islands will be completed through a robust partnership with service users, communities and third sector organisations. We will do this through the promotion of choice and control, seeking to develop a strength-based approach which supports prevention, promotion and protection through access to local, community-based support. The underpinning goal is to enable the provision of proactive response to individuals, through services which promote mental and physical wellbeing which is stigma free and proportionate to need.



In order to achieve positive mental wellbeing across all communities in Orkney, it is essential that services are developed as part of a whole-systems approach, recognising the inter-relationship and interactions required to provide the most effective service response for individuals and carers. This requires mental health to become everyone’s concern, at all levels and within all communities, contributing to a fair, inclusive and stigma free Orkney.

Through the adoption of a life-long approach to promotion of mental wellbeing, Orkney shall be able to cultivate a clear understanding of how to support and develop a range of protective factors and self-management, leading to resilience and prevention. Simultaneously there is a need to recognise and appreciate the impact of risk factors which have a negative impact on an individual’s life (see Figure 1.)

To achieve this, it is essential to acknowledge and appreciate that there are some excellent services currently provided by the statutory, third sector and informal community-based groups across Orkney. These services and supports shall be the foundation to subsequent developments proposed within this strategy for individuals with mental health issues and for their carers. In this context there is a need to recognise that resources are impacted by economic, local recruitment and geographical constraints. Therefore, there is need to work in partnership with all parties in order to develop ways in which best use is made of all resources available to all individuals and their communities, including access to technology.

Environmental Factors.	
Protective Factors.	Risk Factors.
<ul style="list-style-type: none"> • Social protection and active labour market programmes against economic downturn. • Equality of access to services. • Safe, secure employment. • Positive physical environment including housing, neighbourhoods and green space. 	<ul style="list-style-type: none"> • High unemployment rates. • Economic recession. • Socio-economic deprivation and inequality. • Population alcohol consumption. • Exposure to trauma.
Social Circumstances.	



<p>Protective Factors.</p> <ul style="list-style-type: none"> • Social capital and community cohesion. • Physical safety and security. • Good, nurturing parental / care relationships. • Close and supportive partnership / family interaction. • Educational achievement. 	<p>Risk Factors.</p> <ul style="list-style-type: none"> • Social fragmentation and poor social connections. • Social exclusion. • Isolation. • Childhood adversity (neglect, abuse, bullying). • (Gender based) violence and abuse. • Family conflict. • Low income / poverty.
<p>Individual Factors.</p>	
<p>Protective Factors.</p> <ul style="list-style-type: none"> • Problem-solving skills. • Ability to manage stress or adversity. • Communication skills. • Good physical health and healthy living. • Spirituality. 	<p>Risk Factors.</p> <ul style="list-style-type: none"> • Low self-esteem. • Loneliness. • Difficulty in communicating. • Substance misuse. • Physical health and impairment. • Work Stress. • Unemployment. • Debt.

Figure. 1 Illustrative list of things that determine our mental health.



7. Current Service Provision

Orkney consists of a vibrant third sector, with service providers who provide direct services to individuals and carers who have mental health support needs including Orkney Blide Trust, Age Scotland, Crossroads. Services for people requiring support relating to use of alcohol and substance misuse may be accessed through Orkney Alcohol Counselling and Advisory Service, Y People Orkney and the Needle Exchange Service. There are additional generic support and advice available through Advocacy Orkney, Crossroads Orkney, Women's Aid Orkney, Orkney Citizen's Advice Bureau and Relationship Scotland. A significant number of other organisations and local groups, across the Orkney Islands also provide a range of support services for people who may have mental and physical health support needs. These supports include 1:1 and group provision, from informal and structured social support to care at home. These organisations are supported by Voluntary Action Orkney (VAO).

Statutory services, including Orkney Health and Care (OHAC) (which includes the Community Mental Health Team and social work services), Police Scotland, Scottish Fire and Rescue Services, NHS, Orkney Islands Council and Orkney Community Justice Partnership work together with a wide range of other partner agencies, to provide a range of person-centred services and interventions to support individuals to remain safely, within their own homes and communities.

Orkney benefits from having a flexible and dynamic Community Mental Health Team, with access to a visiting locum consultant psychiatrist, providing 2 days per week out-patient support for general psychiatry and 0.5 days per week old age psychiatry input. Psychiatric input for Learning Disabilities is based in Aberdeen, with the consultant being able to provide support via telephone and VCR. From January and March 2019, the demand for psychiatric services through A and E, at the Balfour Hospital, has averaged 130 per week. Whilst most individuals will be successfully treated within A and E, before being discharged home, there is a small number that result in admission to hospital. Currently there are no dedicated in-patient psychiatric services available within Orkney. Should in-patient treatment be required an individual is required to leave the islands, with intervention being available in Aberdeen at the Royal Cornhill Hospital. During 2017-18, there were 47 people who required psychiatric assessment and treatment, which resulted in admission to Royal Cornhill Hospital (RCH), Aberdeen. This represented a rise of 47% in off island admissions, from the previous year. There is a consistent split of two thirds of admissions being linked to General Psychiatry and the remainder being associated with Old Age Psychiatry.



8. What People Said

The development of this strategy has been completed in partnership with service users, carers, staff from statutory and third sector organisations. This has included gathering local and national information, views and consultation with individuals and groups. A questionnaire was issued to x service users and carers, asking them for views on current service provision, which has provided additional data to support the development of services over the coming 5 years. This strategy reflects the needs and aspirations for all individuals living across the Orkney Islands, from pre-birth to older people.

People have told us that their key issues, which matter the most are:

- Achieving good mental health, from an early age, will support positive outcomes for individuals, families and our communities.
- Early intervention and support, for all ages, from pre-school, education, workplaces and in our communities is required.
- Links between physical and mental health needs to be robust.
- Improved links between Primary and Secondary Health Care, supporting access to timely interventions for individuals and their carers.
- Access to improved clinical intervention, in-patient and intensive community-based treatment in the Orkney Islands.
- Decrease in mental health inequality, stigma and discrimination is essential.
- Increased focus on prevention and recovery.
- Services need to be focused on a strength based, person-centred approach.
- Development of a culture of self-management, self-reliance and resilience.
- Improved use of existing resources.
- Access to community-based supports in local areas and at various stages of individual need.
- Access to housing and a range of support options proportionate to individual need.
- Improved communication between all services, individuals and their carers, supporting timely access to information.
- Development of a range of community-based supports and services which respond to the needs of specific age groups and needs.



- Maximisation of employment and employability opportunities, including support for employers.
- Improved support for carers.

9. Outcomes

The following strategic outcomes have been constructed from all the information we have received from all local stakeholders, the national strategies and objectives and research. A strategic outcome provides us with an overarching goal, on which we will develop our plan of action, in partnership with individuals, carers, third sector providers, staff and communities. It will also provide us with a framework against which we will be able to measure whether we are meeting our goals, or targets, over the coming 5 years.

Our outcomes are:

1. Improved quality of life for individuals experiencing mental health problems, through a strength based, prevention and recovery orientated mental health service provision.
2. Support for a professional workforce, including robust training and strong multi-disciplinary culture.
3. Provision of a range of community-based support services, which promotes prevention, self-management, self-reliance and resilience from birth to old age.
4. Decrease mental health inequality, stigma and discrimination through greater community awareness.
5. Improved access to information and communication.
6. Develop opportunities for developing more effective use of resources accessible through all stakeholder groups and across all communities, to enhance support services to individuals and carers.
7. Improved access to a range of supports for carers.

10. How This Will Happen

An individual's mental health and wellbeing may be variable, at various points in their lives and is affected by a wide range of internal and external influences. In order to provide appropriate supports, it is essential to work in partnership with individuals, carers, communities and service providers in order to achieve the best outcomes for each person. In order to develop and provide the range of services required, in a person-centred way, using the 4 Tier Model to Mental Health and Wellbeing (see Figure. 2) as a foundation.



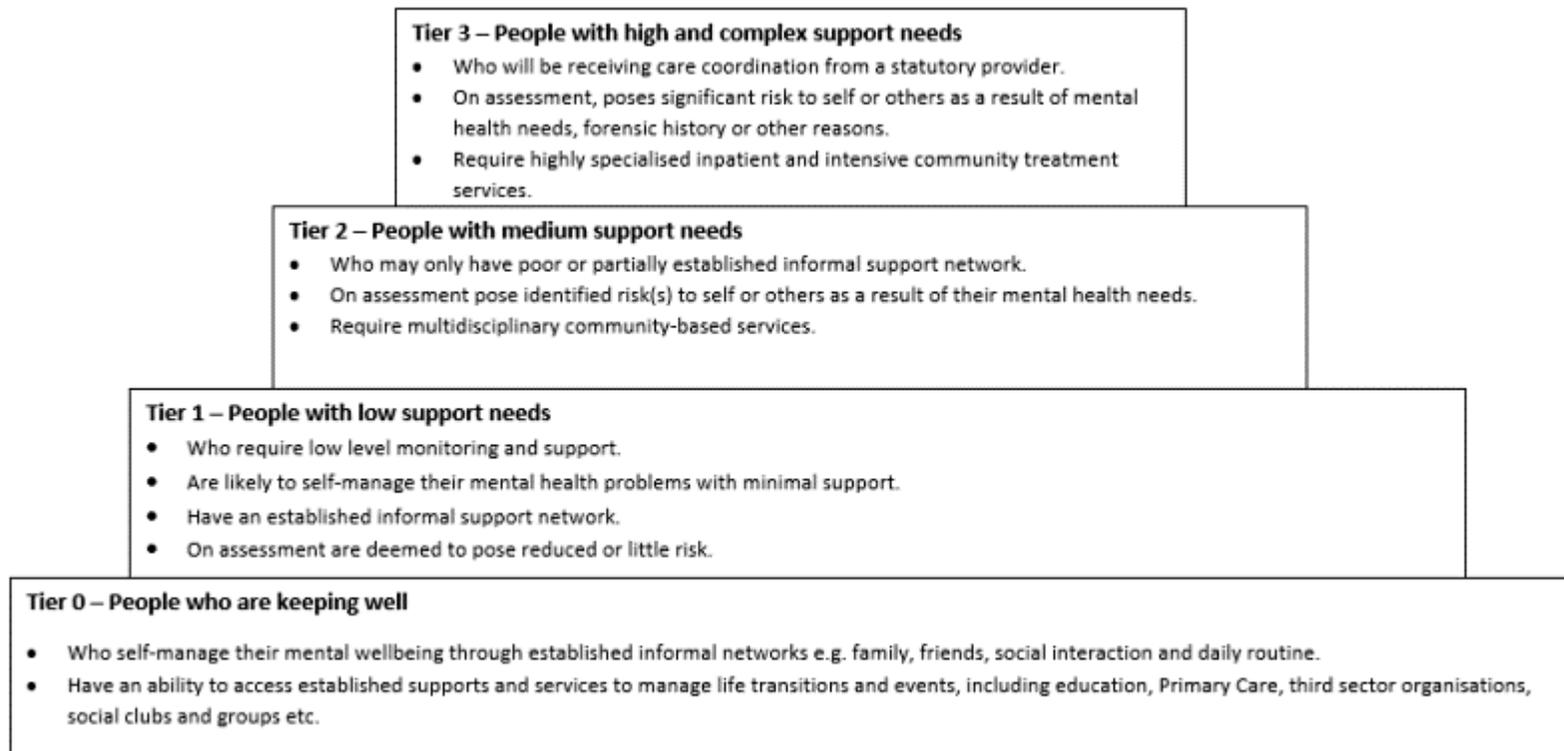


Figure 2. Four Tiers of Mental Health and Wellbeing.

Fundamental to developing sustainable services which effectively achieve the outcomes outlined above, is the need to fully appreciate what resources are currently available across the partnership and within local communities. Mapping and carrying out an evaluation of current provision shall enable services to determine effective use of current resources as well as identify opportunities for further development. This shall provide a baseline for redistribution and development of provision, and clarity of commissioning requirements over the coming 5 years.



Our strategic priorities are:

Outcome 1 - Improved quality of life for individuals experiencing mental health problems, through a strength based, prevention and recovery orientated mental health service provision.

What we will do:

- Whole system approach to developing recovery focussed practice across all partner organisations.
- Improve care, treatment and support pathways, including access to in-patient treatment.
- Development of Community Led Support (CLS).
- Develop effective signposting, promoting reduced reliance on statutory services.
- Commission services responsive to market needs, working in partnership with early years, education, housing, external service providers and local communities.
- Improve participation and co-production opportunities, involving individuals and their carers who have lived experience, utilising their skills and knowledge in service development.

Outcome 2 – Support for a professional workforce, including robust training and strong multi-disciplinary culture.

What we will do:

- Focus on the whole person, ensuring that physical and mental health needs are considered equally.
- Develop CPN support to provide enhanced capacity for primary care access for people with mild to moderate mental health problems, working in partnership with GP practices.
- Develop role of Advanced Nurse Practitioners (ANP), to support and enhance current clinical services.
- Develop training plan to further develop skills of staff within the CMHT and within partner agencies.
- Further explore and develop in-patient and community based supports in order to reduce off island transfers for treatment.
- Further develop training and support to Mental Health Officers.



- Build on current Psychology services across all ages, ensuring clear pathway for referrals and interventions.
- Develop improved post-diagnostic supports for those with dementia and their carers.
- Provide support and training for service providers and carers, for people with dementia, including end of life supports.
- Explore and develop models of integrated working, including co-location.
- Promote proactive risk enablement approach to treatment and intervention.

Outcome 3 – Provision of a range of community-based support services, which promotes prevention, self-management, self-reliance and resilience from birth to old age.

What we will do:

- Develop effective approaches to supporting prevention and self-management of mental health needs, enabling individuals to become self-reliant and resilient.
- Work in partnership with early years and education to promote mental health and wellbeing.
- Develop parenting programmes to support positive child development and personal resilience.
- Build on current transitions pathways, supporting young people from early childhood to become healthy adults.
- Develop a range of opportunities for all adult age groups to connect with their local communities.
- Improve upon physical health outcomes through further developing relationships with leisure and third sector providers.

Outcome 4 – Decrease mental health inequality, stigma and discrimination through greater community awareness.

What we will do:

- Improve awareness of mental wellbeing and mental health issues across all communities, including early years, education, the workplace/employers, social and community settings and at home.
- Support individuals to access social and group settings, including clubs, shops through the development of dementia friendly/ autism friendly communities.



- Further develop employment and employability opportunities, providing support to employees and employers to achieve a flexible, productive employment environment.
- Continue to develop dementia friendly and autism friendly communities, raising awareness and enabling improved access to social activities.

Outcome 5 – Improved access to information and communication.

What we will do:

- Ensure that mental health and wellbeing information, advice and guidance is readily available to all individuals and within all communities.
- Work with local media, local communities and service providers to provide for targeted mental health promotion campaigns.
- Promote use of generic, accessible support networks e.g. apps, on-line programmes (CBT), social networks.
- Improved integration of services between health and social care teams (including the third sector).
- Further develop use of Technology Enabled Care.
- Improve upon communications systems across statutory services.

Outcome 6 – Develop opportunities to enable more effective use of resources accessible through all stakeholder groups and across all communities, to enhance support services to individuals and carers.

What we will do:

- Map current services and available resources, in conjunction with all partners, enabling identification of new opportunities and more effective use of available resources.
- Develop partnerships across the statutory, third sectors and local communities, enabling creative ways of providing a range of local supports.
- Explore options and opportunities offered to develop local community supports through CLS.



Outcome 7 – Improved access to a range of supports for carers.

What we will do:

- Ensure that carers of people living with mental health problems have their needs considered and views respected.
- Establish a carers forum to support the implementation of the Orkney Mental Health Strategy.
- Develop a range of short break and respite opportunities, working in partnership with local communities and businesses.

11. How We Know This Has Happened

Being able to demonstrate and report on progress of the implementation of the Orkney Islands Mental Health Strategy is essential, ensuring that we are making a real difference to the mental health and wellbeing of all communities across the islands. In order to do this, we will develop an action plan, in conjunction with all our partners including service users, carers, local communities, and statutory and third sector providers. The action plan shall establish clear, realistic targets for progression of all tasks, which shall be regularly reported through the Programme Boards, to the IJB.

Essential to progression shall be the development of a performance management framework. This will include a range of mental health indicators, based on the national indicators, and comprise of local data sets as appropriate. Initial data associated with this framework shall establish a baseline for the development of the Strategy.

Evaluation of progress of each task shall be subject to ongoing evaluation. The findings of evaluation shall be subject to annual report to IJB.





Equality Impact Assessment

The purpose of an Equality Impact Assessment (EqIA) is to improve the work of the Integration Joint Board (Orkney Health and Care) by making sure it promotes equality and does not discriminate. This assessment records the likely impact of any changes to a function, policy or plan by anticipating the consequences, and making sure that any negative impacts are eliminated or minimised and positive impacts are maximised.

1. Identification of Function, Policy or Plan	
Name of function / policy / plan to be assessed.	Orkney Islands Mental Health Strategy.
Service / service area responsible.	Health and Community Care.
Name of person carrying out the assessment and contact details.	Lynda Bradford.
Date of assessment.	9 September 2019.
Is the function / policy / plan new or existing? (Please indicate also if the service is to be deleted, reduced or changed significantly).	Existing Plan Update.

2. Initial Screening	
What are the intended outcomes of the function / policy / plan?	To provide a strategic plan for Mental Health services for 5 years from 2019 – 2024.
State who is, or may be affected by this function / policy / plan, and how.	All people living in the Orkney Islands.
Is the function / policy / plan strategically important?	It is important as it determines the direction of travel for mental health services for the next five years.

<p>How have stakeholders been involved in the development of this function / policy / plan?</p>	<p>Engagement and initial consultation have been undertaken with all key stakeholder groups throughout the strategic planning and development process. This has been through a series of group and individual meetings and through response to questionnaires from service users and carers.</p> <p>There will also be a period of formal public consultation.</p>
<p>Is there any existing data and / or research relating to equalities issues in this policy area? Please summarise.</p> <p>E.g. consultations, national surveys, performance data, complaints, service user feedback, academic / consultants' reports, benchmarking (see equalities resources on OIC information portal).</p>	<ul style="list-style-type: none"> • Locality Consultations: Orkney Island and Mainland Summary, 2017, which highlighted a range of issues raised by the population of Orkney, as part of locality planning processes. • Internal data relating to social work and Community Mental Health services. • The Scottish Government Mental Health Strategy 2017 – 2027. • The Scottish Government A Connected Scotland – Our strategy for tackling social isolation and loneliness and building stronger social connections 2018. • The Scottish Government Rights, Respect and Recovery, 2018. • The Scottish Government Dementia Strategy 2017 – 2020.
<p>Is there any existing evidence relating to socio-economic disadvantage and inequalities of outcome in this policy area? Please summarise.</p> <p>E.g. For people living in poverty or for people of low income. See The Fairer Scotland Duty Interim Guidance for Public Bodies for further information.</p>	<p>It is evidenced that people living in poverty are more likely to present with mental health issues.</p>
<p>Could the function / policy have a differential impact on any of the following equality strands?</p>	<p>No.</p>
<p>1. Race: this includes ethnic or national groups, colour and nationality.</p>	<p>No.</p>
<p>2. Sex: a man or a woman.</p>	<p>No.</p>

3. Sexual Orientation: whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.	No.
4. Gender Reassignment: the process of transitioning from one gender to another.	No.
5. Pregnancy and maternity.	No.
6. Age: people of different ages.	No.
7. Religion or beliefs or none (atheists).	No.
8. Caring responsibilities.	No.
9. Care experienced.	
10. Marriage and Civil Partnerships.	No.
11. Disability: people with disabilities (whether registered or not).	No.
12. Socio-economic disadvantage.	No.
13. Isles-Proofing	No.

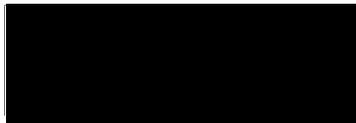
3. Impact Assessment

Does the analysis above identify any differential impacts which need to be addressed?	No.
How could you minimise or remove any potential negative impacts?	N/A.
Do you have enough information to make a judgement? If no, what information do you require?	Yes.

4. Conclusions and Planned Action

Is further work required?	Yes.
What action is to be taken?	Action plan to support implementation process.
Who will undertake it?	Head of Health and Community Care and Operational Manager Community Mental Health Team.
When will it be done?	Ongoing over the coming 5 years, as part of a defined action plan.
How will it be monitored? (e.g. through service plans).	Ongoing evaluation service development. Collection of performance data and reporting to Programme Boards and IJB.

Signature:



Date: 18.09.19

Name: Lynda Bradford.