ANGUS ADULT MENTAL HEALTH
CARE GROUP STRATEGY 2014-2019

Our vision is to create an outstanding service that embodies the principles of recovery and seeks to grow from our joint experiences

Angus Mental Health Services focus on the needs of the local population and strive to place people at the core of what we do. We are moving away from traditional, paternalistic approaches to care and support, to those where the individual is encouraged to take charge of their own life and supported to manage the risks that may present. We acknowledge that growth cannot be achieved without an element of risk taking.

We have loyal and talented staff who are building on improvements with a greater focus on evidence based approaches. We believe that overall our culture is positive and people are proud of what they achieve. There is an incremental move towards person centred outcomes in an environment where staff are supported to deliver a safe and effective service in a blame free culture where we learn from our mistakes. We value our clients in the same way as we value our staff and colleagues.

THE QUALITY AMBITIONS

Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values and which demonstrate compassion, continuity, clear communication and shared decision-making.

There will be no avoidable injury or harm to people from healthcare they receive, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times.

The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated.

The Healthcare Quality Strategy for NHS Scotland Scottish Government 2010

"Most of the most important things in the world have been accomplished by people who have kept on trying when there seemed to be no hope at all."

Dale Carnegie

SOME MENTAL HEALTH FACTS

- For both men and women, permanent inability to work is the most common factor for poorer wellbeing
- Almost 1 in 100 patients registered with Angus practices are recorded to have a mental health problem with the highest rate found in Annat Bank Practice and Castlegait Surgery in Montrose.
- In 2012, even though Angus had lower than Scotland and Tayside mental health hospital admission rate (24.5%), it had higher than other Tayside localities re-admission rate for mental health (53%).
- Some areas of Angus have psychiatric hospitalisation rates above the Scottish average. These include Arbroath Harbour, Montrose South, Forfar Central and Brechin East.
- Evidence shows that suicide in young adults is increasing in Scotland and there is increasing social polarisation with the gap between the most and least deprived areas widening (NHS Tayside Health Equity Strategy, Population Profile, 2009).
- In 2011, there were 14 suicides in Angus and of those, 10 were among men.
- The suicide rate varies considerably across Angus; the highest suicide rate in 2011 was in Arbroath Keptie.
- The percentage of people in Angus prescribed drugs for anxiety, depression or psychosis increased by 1% between 2002 and 2004 and by 1.3% between 2004 and 2009.

NHS Tayside (2013) Angus in Focus. A population Health and Wellbeing Profile.

90% of service users feel staff in Angus Mental Health Services focus on their strengths and hopes

How Are We Doing Questionnaire (2012)

KEY THEMES

1. An Integrated Approach to Mental Health: Bringing Health and Social Models Together

Historically, mental health policy has largely been seen from a Health Service point of view, underpinned by medical models and assumptions. This has created a division between those who are diagnosed as mentally ill and those who are not. (The Future Vision Coalition, 2008) In Angus we believe a more realistic and helpful approach is to position mental health along a continuum where everyone has varying levels of mental health need at different times in their life, and where some people will need formal intervention and support to help them regain a good quality of life. This approach is more realistic because mental health status is influenced by factors such as society's attitudes and social and economic circumstances. It is more helpful because the health and illness division acts to perpetuate 'us and them' attitudes which can contribute to stigma and discrimination. Integration has been at the core of care delivery in Angus Mental Health Services for many years and has proven benefits to patients and staff. Health services alone cannot remove barriers to social inclusion for those given a mental ill-health diagnosis. We would argue that mental health is a whole-population issue and should be treated as such. This is in line with recommendations from the NHS Tayside Strategic Health Plan 2012-2015

Risk and Protective Factors for Mental Health

A model of mental health which locates problems solely in the individual will continue to ignore critical factors that influence mental health and well-being. Our friends, family, occupation, community networks, housing and education can act as protective factors against the deterioration of mental health. Conversely, family history, family breakdown, unemployment and poverty, insecure housing, poor educational attainment, difficult experiences in childhood such as abuse or neglect, and weak social networks are all strongly associated with an increased risk of developing mental health problems. It must be recognised that many personal and social factors enable people to overcome, or be protected from ever developing these difficulties and can create a virtuous circle of personal fulfilment and social participation and contribution. These factors include:

- Autonomy and empowerment
- Positive childhood experiences
- Education or employment
- Social participation and positive relations with other people
- Social support and community networks
- Physical health and exercise.

It must be a priority to reinforce these protective factors and create the conditions which promote them. Such a wide agenda cannot be achieved by health services alone. It

requires integrated responses and integrated solutions such as the one provided in an integrated Mental Health Service.

From Silos to Integration

The perception of mental health as primarily a health service issue best met with a health service response has led to a tendency for interventions to focus mainly on the elimination of symptoms. Insufficient attention has been paid to factors that people experiencing mental ill-health value most highly. These factors, which can include having a job or other meaningful occupation, somewhere to live, social relationships, and equality of participation as citizens, can lead to significant improvements in mental well-being. This is not to dismiss the role of medical and therapeutic interventions: specialist services have an important role to play in the recovery of a good quality of life and mitigation of distress. However, we would argue that such approaches must not drive mental health policy. They should be nested within a broader framework of understanding of mental health as influenced by personal, cultural and social experience. The integration of specialist clinical interventions within a wider framework of support is necessary because those who experience mental health problems face many barriers to their full inclusion in the social and economic life of the community. This acts to inhibit their quality of life as much as clinical symptoms do, especially once recovery is underway. The absence of symptoms does not lead to a fulfilling life or achievement of goals if, for example, an employer is put off employing someone because they have experienced mental health problems.

Strategic Priorities:

1. Ensure that people are able to access the support they need, when they need it, from health, housing and community care services (Single Outcome Agreement)
2. Lead the way locally on tackling stigma and discrimination associated with mental health problems
3. Support potential employers to provide work opportunities for users of mental health services.

2. Focus More Attention Upstream: Promotion, Prevention and Effective Intervention

The benefits of positive mental health and well-being are wide-ranging and significant for individuals, communities, and society as a whole. Positive mental health not only makes for a better individual quality of life; it is also associated with better physical health outcomes, improved educational attainment, increased economic participation and rich social relationships. Mental health is, therefore, a whole-population issue; its personal, social and economic impacts affect everyone. The government's investment in improving access to psychological therapies demonstrates its recognition of these basic principles. In Scotland this will be measured via the HEAT target. A recent report from the King's Fund on the future costs of mental healthcare suggests that both direct health and social care costs, and the cost of lost employment through mental health problems in the workforce, will double in real terms over the next 20 years. However, some of this extra cost could be reduced if there is a greater focus on whole-population promotion and prevention, alongside early diagnosis and intervention. More cross-government policy attention and resources must be focused on promoting positive mental health, recognising problems early, and preventing mental health problems in at-risk populations. The potential benefits of this approach include improved mental health across the population, with fewer people needing the 'expensive end' of services. In particular, focused attention on children's mental health and emotional well-being offers the possibility of building emotional resilience and preventing interrupted education and fewer qualifications, both of which can mean an early entry into a life of social exclusion. In the event of people becoming unwell the likelihood of recurrence of mental health problems can be reduced by delivering timely, effective medical and therapeutic interventions.

Strategic Priorities

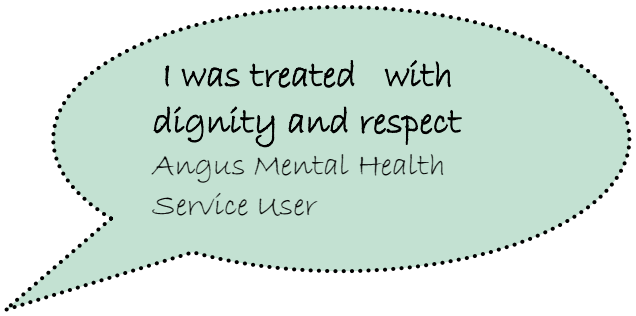
1. Focus on improving the physical health of people who have mental health difficulties
2. Deliver effective interventions for those under our care and support
3. Focus on young peoples mental health and wellbeing
4. Local services respond better to depression, anxiety and stress (Delivering for Mental Health)

3. Focus on Improving Quality of Life, Ambition and Hope, Not on Illness and Deficiency

For several years in Angus we have promoted the idea that mental health services are wider than just statutory organisations and need a multifaceted, strategic approach to supporting the population. Our view is that the overarching aim of all health, social care and voluntary sector mental health services must be to help restore, and then enrich, the quality of life of those who turn to services for support – not simply to aim at removing symptoms**.** People with a mental health condition that requires support beyond their family and friends should be able quickly to access a range of services which meet their expectations and needs. These supports and services will not only sit within formal health and social care services; they should include a range of meaningful choices that are culturally and age appropriate. For example in Angus we are starting to realise that activities more closely linked to peoples cultural upbringing are having positive effects on their recovery. This would suggest that more emphasis needs placed on this approach. A commitment to the ethos of recovery by mental health and other support services offers a framework that builds a flexible and holistic approach into the design of services that can deliver against quality-of-life outcomes. The Sainsbury Centre for Mental Health has defined recovery as follows: *"At its heart is a set of values about a person's right to build a meaningful life for themselves, with or without the continuing presence of mental health symptoms. Recovery is based on ideas of self-determination and self-management. It emphasises the importance of 'hope' in sustaining motivation and supporting expectations of an individually fulfilled life".* In other words, the most important goals for all services adopting a recovery orientation are to hope and expect that people can reach a better quality of life, and to support this directly. This may involve facilitating someone to make their own decisions about how they will move forward, or it may involve services withdrawing to allow a person to take back this control. This is what we believe.

Strategic Priorities

1. Promote health and wellbeing and model behaviours that reduce stigma towards people experiencing mental health difficulties (Towards a Mentally Flourishing Scotland)
2. Providing work education and training opportunities for people who have used mental health services
3. Embracing recovery based approaches in all that we do



4. Changing Relations between Users and Services

We believe the changes we have outlined in previous sections must be underpinned by a change in power relations, so that control over support and recovery lies with individuals, families and communities. When people are empowered to be in control of their own health, including their own mental health, their recovery is accelerated. We argue that the most effective way of achieving the culture change outlined above is to develop a new relationship between individuals and the services in place to support them. In other words, there will need to be a real shift in control over support and intervention away from professionals and services and towards individuals, their families and communities. Autonomy and personal agency have positive effects on mental health. It is essential for people to move on from being 'service users' to being people with fulfilling lives, with hopes and ambitions, in control of what happens to them. They may well continue to use services, but this should not define them.

Strategic Priorities

1. Workforce consists of appropriately supported, trained and competent staff to meet future needs of a recovery orientated service
2. Meaningful service user involvement at all levels of planning and operations
3. To lead by example and increase the number of people with lived experience working in mental health services to challenge any issues of stigma and discrimination
4. NHS and Social work staff informed and educated to work with their clients to maximise the implementation Self Directed Support based on individual outcomes

WHAT NOW?

Over the next 5 years the Adult Integrated Mental Health Service will work towards achieving the strategic priorities laid out in this paper. The Accountable Officers Group will ensure their delivery.

These will be further translated by operational staff via a yearly service plan detailing how the vision is to be realised.

In order to achieve this staff need to be given the right support, education and resources. This will be evidenced through staff performance and development plans and operational performance will be monitored and reported through governance systems.

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Appendix 1

ANGUS POPULATION PROFILE

Data from NHS Tayside (2013) Angus in Focus. A population Health and Wellbeing Profile.

- Angus has a population of 116,000 dispersed over 218,178 hectares with a population density equal to 53 people/ km^2.
- In mid-2011, the Angus population comprised 57.1% of working age people (20-64 years), 22.2% children and young people and 20.5% of pensionable age people (65+).
- Most recent population projection shows that in 2035 the population of Angus will increase by 4.25%. However, the total population change in Angus will be continuously lower than in Tayside and Scotland.
- Angus's projected population increase will be due to an 8.4% increase in the net migration rather than natural change, which means that more people will be dying than being born.
- A major increase is projected in the older people's population (25% change), particularly in the 75+ age group (+89%). The increase in the Angus's 75+ population will be even greater than in the rest of Tayside (73%) and Scotland (82%).
- The highest percentage ethnic group in Angus is Chinese, which comprises 0.21% of the total Angus population and 26.8% of the ethnic minority population.
- In 2001, 0.8% of Angus's population was of non-white ethnicity. Of the school population, in 2009 2% of Angus primary and 5% of secondary school pupils were of non-white ethnicity.
- There has been a consistent increase in the number of pupils speaking English as an additional language within Tayside. The most common ethnic minority first languages spoken by Angus pupils at home were Polish, Urdu and Tagalog (a Filipino language).
- In 2009 there were 1165 births in Angus, 84 of which were born to mothers aged under 20. Births to younger mothers are strongly associated with deprivation.
- In 2009, the three most common causes of death in Angus were: diseases of the circulatory system; neoplasm's; diseases of the respiratory system.
- In 2007-2009, life expectancy at birth in Angus was 78.8 years, which was higher than in Tayside, Scotland and Dundee City, however, 1.2 years less than in Perth and Kinross.
- Male life expectancy for Angus males is 76.9 years compared to 80.6 for Angus females, giving a gender inequality gap of 3.7 years.
- Arbroath Warddykes and Arbroath Cliffburn rank in the 15% most deprived in Scotland.
- The most deprived area in Angus is situated within Arbroath Warddykes.
- Between 2004-2012, females have consistently had a lower employment rate than males, which correlates with a greater caring role and child poverty, in effect. In 2012, the female employment rate (71.8%) was significantly lower than that of males (76.8%)
- There are emerging concerns over issues within the region in relation to housing, such as growing signs of a shortage of affordable housing.

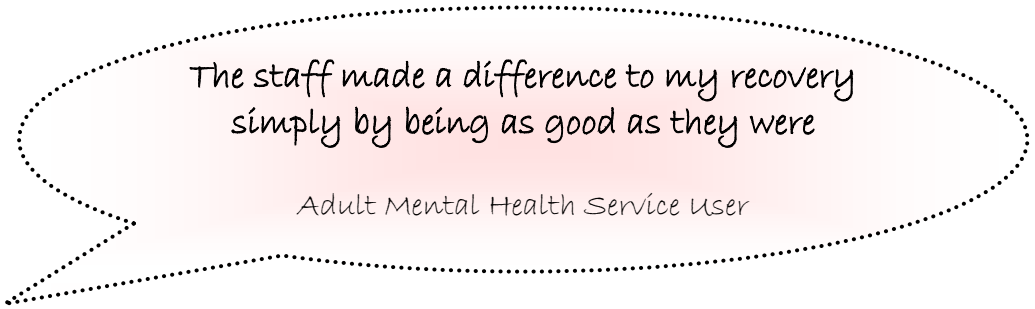
- In 2009-2010, there were 11,131 social rented sector homes. *Right to Buy* resulted in the loss of 1,936 affordable homes over a ten-year period.

- Of the three Local Authority areas in Tayside, Angus (n=851) has fewer homeless households than Dundee and Perth and Kinross (2012).

- In the 2007/08-2011/12 period, 34.4% of school leavers went on to higher education and 32.8% to further education whilst 21.7% into employment and 5.9% were unemployed

- Domestic violence rates for Angus have generally been lower than that of Scotland, but since 2005/06 are showing an upward trend reaching highest level in 2011-12 (1,073 per 100,000).

- In 2010-11, Angus had the lowest rate of crimes recorded by the police of the local Tayside areas. The majority of crimes reported per 10,000 population for all areas were crimes of dishonesty.



- Tayside has shown a slight decrease in the uptake of cervical screening from 80.9% in 2001/02 to a low of 72.5% in 2007/08. The most recent figure was 73.3% in 2011/12.

- The Breast Screening uptake in Tayside during the period 2004-2007 exceeded the national target of 80% (80.1%), however, has been consistently failing meeting the target since and has had a clear downward trend.

- The percentage uptake of the Scottish Bowel Screening Pilot for 50-75 year-olds has been much lower in the more deprived areas of Tayside; less deprived areas reached the target level of 60%. Overall, the target was reached only in females.

- Men are more likely to have a positive bowel screening test result and more cancers were detected in men.

- 22.7% of the Angus adult population are current smokers, which is higher than in P&K but lower than in Dundee and Scotland.

- Smoking rates are higher in areas of deprivation.

- There were an estimated 1340 deaths attributable to smoking in Angus, the major cause being vascular disease followed by lung cancer and COPD.

- 27% of men in Angus drink alcohol at levels, which are ‘hazardous’ or ‘dangerous’ and exceed recommended weekly levels, giving rise to a range of alcohol-related diagnoses requiring day case treatment or hospital admission.

- The greatest number of alcohol related hospital discharges occurs in people age 60 and over and among men, in general.

- Angus has an estimated prevalence of 1.24% of problem drug users.
- Of the specialist drug service users in Angus in 2009/10, 32% had drug related physical health problems, 20% had mental health problems, 10% had alcohol problems and 2% other problems; heroin, sedatives, diazepam, cannabis and methadone-use were reported.
- Prevalence of obesity has increased in Scotland over the past two decades reaching nearly one in four of men and women by 2003.
- In 2008-11, only 21% of Tayside adult population consumed the recommended five portions of fruit and vegetables a day.
- Only 38% of Tayside adults meet the recommended level of physical activity with women having considerably lower rates (33%).

Front cover was produced and designed by people with experience of mental health difficulties in conjunction with Penumbra http://www.penumbra.org.uk/