Scotland's Mental Health and Wellbeing
Our Vision & Priorities

Scottish Government
Riaghaltas na h-Alba

COSLA

Mental Health and Wellbeing Strategy

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1. Sources of support

Some of the content in this Strategy may have an emotional impact on you. Support is always available, and some of the national sources of help are listed here.

Mind to Mind

If you're feeling anxious, stressed or low, or having problems sleeping or dealing with grief, find out how you can improve your mental wellbeing by hearing what others have found helpful by visiting www.nhsinform.scot/mind-to-mind

Breathing Space

Breathing Space is Scotland's free, confidential listening service for individuals over 16 experiencing symptoms of low mood, depression or anxiety. You can contact them on **0800 83 85 87** Monday to Thursday from 6pm to 2am and 24 hours a day at weekends (from 6pm Friday to 6am Monday).

Samaritans

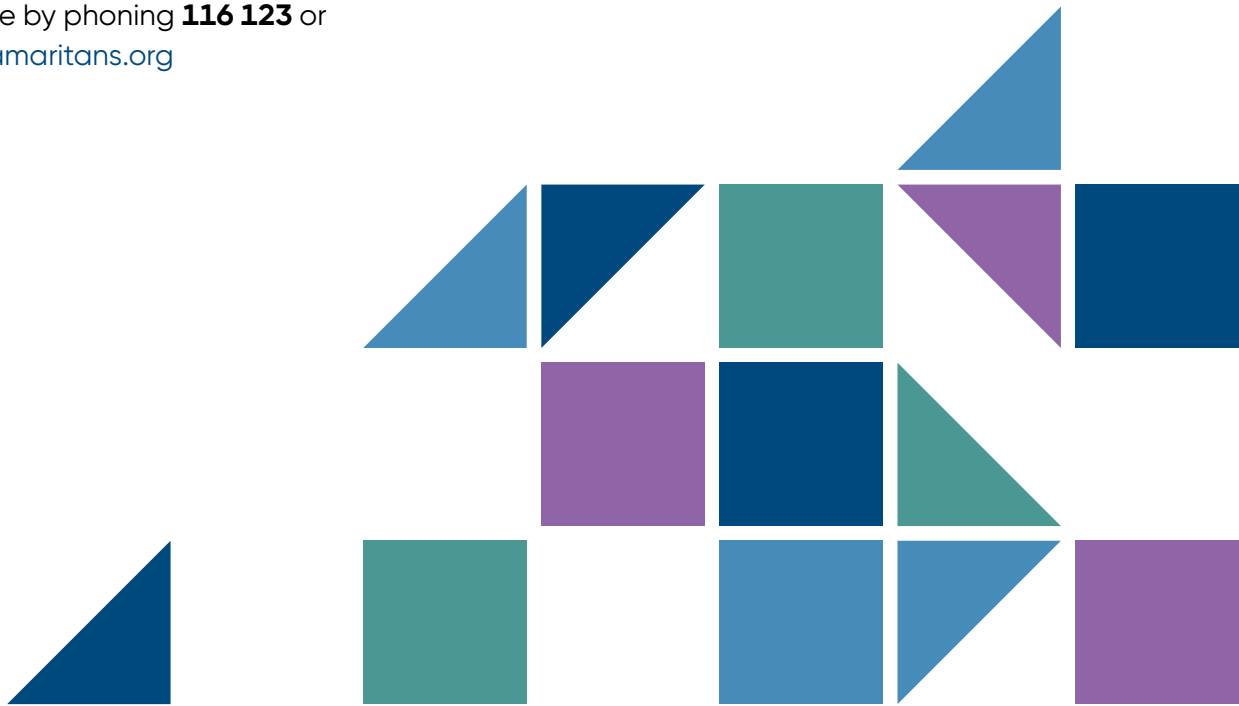
Samaritans provide confidential, non-judgemental emotional support 24/7 for people who are experiencing feelings of distress or despair. You can contact Samaritans free by phoning **116 123** or emailing jo@samaritans.org

NHS 24 Mental Health Hub

NHS 24 mental health services are available to everyone in Scotland. The services available include listening, offering advice and guiding you to further help if required. The Mental Health Hub is open 24/7 and you can contact them on **111**.

Childline

Childline is a free service for children and young people for when they need support or advice. It is open 24/7, and there are many ways to get help. You can call **0800 1111** or visit their website www.childline.org.uk



2. Joint foreword

From Scottish Government and COSLA

As we publish this new Mental Health and Wellbeing Strategy for Scotland, it feels like time to take stock and reset our approach.

There is no doubt that the challenges we have all faced in recent years mean people across the country think differently about mental health. We haven't all been affected in the same way, but we have all been affected in some way. Coming through the most difficult of times, we all have a heightened understanding that there is no health without mental health. We have asked people closest to us whether they're okay. More of us will have felt able to ask this question – or answer it – without feeling judgement or stigma. And increasingly, more people have known it was the right time to come forward and ask for help for their mental health.

We know that mental health does not just mean mental illness; it is a continuum that may include a range of needs, from having the right words to describe how we feel, through to everyday worries and feelings of distress or hopelessness. We must ensure that the right help is always available to those who experience severe and enduring mental health conditions and provide the wider support people may need to maintain good mental health.

We also recognise that underlying factors, inequalities and types of disadvantage affect certain groups of people who may suffer disproportionate impacts on their mental health. We must learn from evolving evidence about intersectionality by recognising that people are multi-faceted and that different experiences or aspects of their identity can interact and combine to affect their mental health in ways that are not the case for everyone.

We now think of mental health as a cross-government priority, building on the partnership between the Scottish and Local Governments. This means that we recognise a huge range of things that can contribute to whether we are mentally healthy or not, including poverty, employment, housing, our communities and many more.

In publishing this Strategy, we acknowledge that all areas of Government will need to work together to achieve our shared vision and to make progress towards our outcomes, which are outlined later. Our vision is of a Scotland, free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible.

That means that this Strategy is for everyone.

Central to this is what people have told us during 18 months of preparation and consultation. We received a huge range of feedback from the public, people with lived experience, representative groups, and other organisations. Some particular issues raised include:

- A need for a stronger focus on prevention and early intervention.
- The importance of tackling poverty and inequality.
- Supporting person-centred and whole family approaches.
- Placing mental health and wellbeing on an equal footing with physical health.
- A need for increased community-based support and services.
- Increased and longer-term funding for mental health and wellbeing services, including for the third sector.
- Growing the workforce – developing a skilled and diverse mental health and wellbeing workforce which can operate at safe levels, and addressing talent attraction, recruitment and retention challenges.

To deliver the changes we want to see, we will need to encourage collaboration from a wide range of partners across Scotland. This will include putting the voices of lived experience at the heart of implementing the Strategy. It will require working in partnership with our colleagues in Health Boards, Integration Joint Boards, and Health and Social Care Partnerships. It will mean moving forward in lockstep with the third sector.

Perhaps most importantly of all, it will require the right workforce.

Having the right workforce in place is fundamental to achieving the Strategy's ambitions – and we are not starting from scratch. We acknowledge and value the contribution of the workforce in providing high-quality mental health and wellbeing support, care and treatment. A considerable amount has already been done to provide the right mental health care and support in the right place at the right time. We will be better informed and resourced to continue to make a difference for people, to challenge and shift our attitudes, and to continuously expand and improve our approaches to support mental health and wellbeing.

Finally, to show how this Strategy is making a real difference to people's lives, we will set out the outcomes we wish to achieve so we can be held to account for our progress. Our Delivery Plan and Workforce Action Plan will detail the work we will take forward to progress these outcomes. This will require local and national leadership as we collectively work towards key national outcomes whilst maintaining local flexibility. We will robustly review, monitor and evaluate the Strategy, the accompanying Delivery Plan and the Workforce Action Plan to ensure we are committed to the right actions.

Ultimately, we want this Strategy to serve as a blueprint for what a high-functioning whole mental health system looks like. The Delivery Plan and Workforce Action Plan will set out how we will begin to get there.

MAREE TODD MSP
Minister for Social Care, Mental Wellbeing and Sport

COUNCILLOR PAUL KELLY
COSLA Spokesperson for Health and Social Care

3. Introduction

This Strategy lays out our long-term vision and approach to improving the mental health and wellbeing of everyone in Scotland.

Acknowledging that there is a long way to go, we describe what we think a highly effective and well-functioning mental health system should look like – with the right support available, in the right place, at the right time, whenever anyone asks for help.

As well as ensuring that specialist mental health services are available whenever they are needed, we know that mental health does not just mean mental illness. In addition to recognising the needs of people with severe and enduring mental health conditions, the ambitions of this Strategy cover all levels of need, from maintaining good mental wellbeing, to the support available in our communities, to recognising and responding to the many underlying social determinants, circumstances and inequalities that can affect people's mental health and wellbeing.

This document therefore sets out the shared vision of Scottish Government and the Convention of Scottish Local Authorities (COSLA) vision to improve mental health and wellbeing – including the role of other key areas such as poverty, housing, employment and our communities.

In order to support a long-term approach, this Strategy is not time limited. We will publish a Delivery Plan, which will be developed with partners and stakeholders and refreshed regularly, showing the specific actions we will take, and when they will be undertaken.

Acknowledgement

In the process of writing this Strategy, we have received a wide range of views, information and contributions from organisations and members of the public. Our main aim has been to reflect what people told us was important to them. We would like to thank everyone who took the time to contribute by responding to the public consultation, by participating in engagement sessions or workshops, or by meeting with us directly.

Scottish Government and COSLA are committed to ensuring that the views of our stakeholders, and in particular the voices of lived experience, continue to drive the work we do to realise the ambitions of this Strategy.

4. Our vision

Our vision is of a Scotland, free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible.

Summary outcomes

Our outcomes describe the differences or changes that we want to see as a result of this Strategy. They are:

1. Improved overall mental wellbeing and reduced inequalities.

2. Improved quality of life for people with mental health conditions, free from stigma and discrimination.

3. Improved knowledge and understanding of mental health and wellbeing and how to access appropriate support.

4. Better equipped communities to support people's mental health and wellbeing and provide opportunities to connect with others.

5. More effective cross-policy action to address the wide-ranging factors that impact people's mental health and wellbeing.

6. Increased availability of timely, effective support, care and treatment that promote and support people's mental health and wellbeing, meeting individual needs.

7. Better informed policy, support, care and treatment, shaped by people with lived experience and practitioners, with a focus on quality and recovery.

8. Better access to and use of evidence and data in policy and practice.

9. A diverse, skilled, supported and sustainable workforce across all sectors.

Key areas of focus

To achieve these outcomes, we will:

Promote positive mental health and wellbeing for the whole population, improving understanding and tackling stigma, inequality and discrimination;

Prevent mental health issues occurring or escalating and tackle underlying causes, adversities and inequalities wherever possible; and

Provide mental health and wellbeing support and care, ensuring people and communities can access the right information, skills, services and opportunities in the right place at the right time, using a person-centred approach.

We seek to have a stronger emphasis and focus on promoting good mental health and wellbeing for all and also on early intervention and prevention. We will do this while ensuring high-quality services are in place so people can access the right support at the right time to meet their needs.

We will publish a Delivery Plan to complement this Strategy. The Plan will be refreshed regularly and lay out the actions we will take to achieve our vision and make progress towards our outcomes. The actions will be developed in partnership with those with operational responsibilities and those with lived experience. They will focus on meeting the outcomes, responding to the priorities in this document, and take account of Scottish Government's recently published 'Policy Prospectus' and the COSLA plan 2022-2027.

Our overarching outcomes

We want to be clear about what this Strategy is trying to achieve. Specifically, we want to lay out the changes that are needed and describe how the actions in the forthcoming Delivery Plan will lead to that change happening in a sustainable way.

To do this, we have developed a set of outcomes. These are the differences or changes that we want to see as a result of this Strategy.

These outcomes are intended to be for the whole population of Scotland. People will have different starting points and require different kinds of support to get them where they want to be. For example, the needs of children and young people will differ from those of adults. So, too, will the needs of someone with severe and enduring mental illness when compared to someone struggling with their mental wellbeing.

The needs of those who experience social and structural inequality and discrimination, such as those with protected characteristics, will also vary.

The outcomes we aim for are the same for everyone, although the actions we need to take to get there will likely differ for different groups. We will use these outcomes to help monitor and evaluate progress as this Strategy is implemented.

Logic Model Showing the Achievement of Strategy Outcomes

To realise our VISION for a Scotland, free from stigma and inequality, where every person experiences and has the right to achieve the best mental health and wellbeing possible.

This Strategy aims to achieve

Positive changes in cross-cutting outcomes will contribute to changes for people over time

Positive changes in support and services outcomes

Positive changes in outcomes for the mental health and wellbeing workforce

Positive changes in how information, data and evidence is accessed and used to support the improvement outcomes for people

And these will help us achieve

Positive changes in outcomes for individuals

Positive changes in outcomes for communities (geographic communities, communities of interest and of shared characteristics)

That will over time contribute to

Longer-term, population outcomes [Dependent on action across policy areas and funding streams]

And throughout this we will be working towards our High Level Summary Outcomes

Whole Population Level Outcomes

- The overall mental health and wellbeing of the population is increased and mental health inequalities are reduced.
- People with mental health conditions, including those with co-existing health conditions experience improved quality and length of life, free from stigma and discrimination.
- People have an increased knowledge and understanding of mental health and wellbeing and how to access appropriate support.
- Communities are better equipped to act as a source of support for people's mental health and wellbeing, championing the eradication of stigma and discrimination and providing a range of opportunities to connect with others.
- We adopt a 'mental health and wellbeing in all policies' approach to facilitate cross-policy actions that more effectively address the wide-ranging social, economic and environmental factors that impact people's mental health and wellbeing, including poverty, stigma, discrimination, and injustice.

Process Outcomes

- Comprehensive support and services that promote and support people's mental health and wellbeing are available in a timely way that meets and respects individual needs.
- Mental health policies, support, care, and treatment are better informed and shaped by people with lived experience of mental health issues and staff practitioners, with a focus on high quality provision that is recovery orientated.
- Decision-makers and practitioners (including the third sector)are better able to access the evidence, research and data they need to ensure a more evidence-based approach to policy formation and practice.
- The mental health and wellbeing workforce is diverse, skilled, supported and sustainable.

An accessible format of this diagram is available if required.

Our priorities

Through the actions laid out in the Delivery Plan for this Strategy, we will seek to:

Tackle mental health stigma and discrimination where it exists and ensure people can talk about their mental health and wellbeing and access the person-centred support they require.

Improve population mental health and wellbeing, building resilience and enabling people to access the right information and advice in the right place for them and in a range of formats.

Increase mental health capacity within General Practice and primary care, universal services and community-based mental health supports. Promote the whole system, whole person approach by helping partners to work together and removing barriers faced by people from marginalised groups when accessing services.

Expand and improve the support available to people in mental health distress and crisis and those who care for them through our national approach on Time, Space and Compassion.

Work across Scottish and Local Government and with partners to develop a collective approach to understanding and shared responsibility for promoting good mental health and addressing the causes of mental health inequalities, supporting groups who are particularly at risk.

Improve mental health and wellbeing support in a wide range of settings with reduced waiting times and improved outcomes for people accessing all services, including Child and Adolescent Mental Health Services (CAMHS) and psychological therapies.

Ensure people receive the quality of care and treatment required for the time required, supporting care as close to home as possible and promoting independence and recovery.

Continue to improve support for those in the forensic mental health system.

Strengthen support and care pathways for people requiring neurodevelopmental support, working in partnership with health, social care, education, the third sector and other delivery partners. This will ensure those who need it receive the right care and support at the right time in a way that works for them.

Reduce the risk of poor mental health and wellbeing in adult life by promoting the importance of good relationships and trauma-informed approaches from the earliest years of life, taking account where relevant adverse childhood experiences. We will ensure help is available early on when there is a risk of poor mental health, and support the physical health and wellbeing of people with mental health conditions.

Our principles

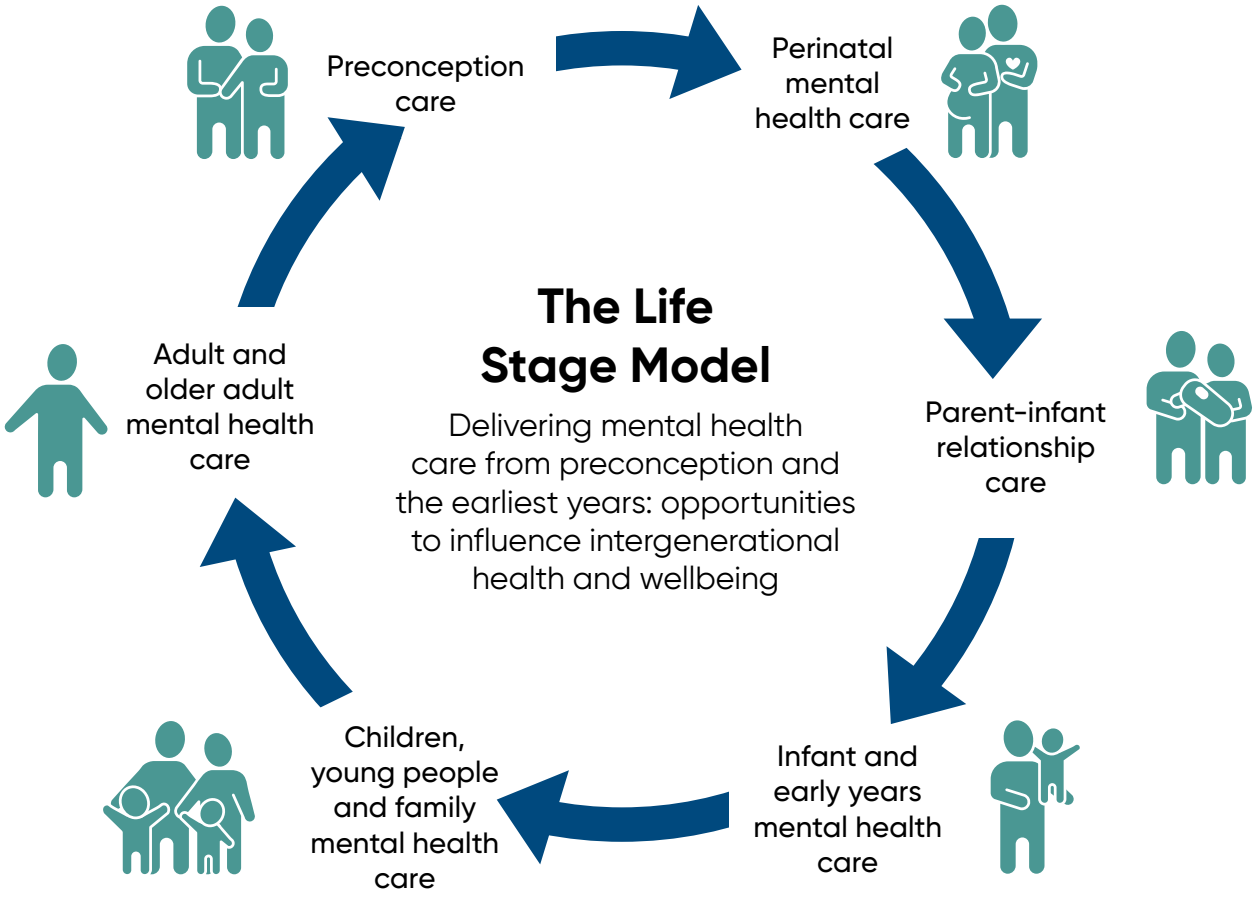
The Strategy, and the actions in the forthcoming Delivery Plan, are based on 10 core principles. Our work is:

1. Founded on equality and human rights.
2. Focused on the mental health and wellbeing of individuals, families, communities and society, supporting those who are impacted by mental illness.
3. Outcomes-focused.

4. Trauma-informed and trauma-responsive.
5. Based on a 'whole person' approach. This means looking at a person and their wider circumstances (like housing, relationships, physical health, employment etc.), not just their mental health.
6. Driven by data and evidence.

7. Developed and delivered in partnership with partners, stakeholders and the public.
8. Based on a 'no wrong door' approach. This means anyone asking for help with their mental health and wellbeing should be able to access the right support, care and treatment, regardless of where they first request it.
9. Informed by the voice of people with lived experience and practitioners, including marginalised groups, children and young people.

10. Based on a 'life stage' approach. This means it is focused on prevention, early detection, recovery and treatment of mental illness and poor mental wellbeing, identifying opportunities for minimising risk factors, enhancing protective factors and providing appropriate support at important life stages.



Across a lifetime, people will have different experiences with their mental health and wellbeing. Certain stages of life can significantly impact future mental health and wellbeing, such as when a relationship breaks down or the death of a loved one. Establishing the conditions for good mental health is essential even before birth and throughout infancy, and we know that mental health within the perinatal period (before, during and after birth) has lifelong implications in relation to later mental and physical health.

Positive relationships are an important protective factor for good mental health. As babies grow into children and young people, they must develop resilience and coping strategies to support life's ups and downs. Families, parents and carers play a central role in this. Our commitment to keep The Promise drives an ambition to keep families together where it is safe to do so. The provision of joined up, whole family mental health support at the right time and in the right way can be a key contributor to this.

In relationships with families, carers and adults, it is important that children and young people feel listened to and that their mental health and wellbeing needs are recognised and not dismissed. Children, young people and families should be able to easily access support in their local community when needed, and this support should be focused on prevention and early intervention. More serious issues can develop for some children and young people, so early intervention is vital, wherever possible.

Whilst prevention is key, the impact of family breakdown, for whatever reason, on children and young people can be lifelong. It is important that where this occurs, mental health support services recognise that this impact may occur at different age and stage of life.

Improving the connections between children and adult services to better support smooth and informed transition from one service to another can help improve outcomes for young people who are leaving the care system; and over the longer term aid a reduction in the generational impact of being care experienced.

Our work on this will also align with our ambitions to improve outcomes for babies, children, young people and families through Getting it right for every child (GIRFEC), and Children's Services Planning duties, with our approach to change being driven through a preventative approach to whole family wellbeing.

5. Definitions

We have taken views and contributions from our stakeholders to arrive at a set of working definitions. The various terms associated with mental health are often used interchangeably.

This document uses the following definitions:

Mental health is a part of our overall health, alongside our physical health. It is what we experience every day, and like physical health, it ebbs and flows daily. Good mental health means we can realise our full potential and feel safe and secure. It also means we thrive in everyday life.

Mental wellbeing is our internal positive view that we are coping well psychologically with the everyday stresses of life and can work productively and fruitfully. We feel happy and live our lives the way we choose.

Mental illness is a health condition that affects emotions, thinking and behaviour, which substantially interferes with or limits our life. If left untreated, mental illnesses can significantly impact daily living, including our ability to work, care for family, and relate and interact with others.

Mental illness is a term used to cover several conditions (e.g. depression, post-traumatic stress disorder, schizophrenia) with different symptoms and impacts for varying lengths of time for each person. Mental illnesses can range from mild through to severe illnesses that can be lifelong.

Mental wellbeing, mental health and mental illness are linked to a combination of factors covering biology (e.g. genetics, health and neurodiversity), psychology (e.g. thoughts, emotions and beliefs) and social factors (e.g. culture, poverty and discrimination). These three areas combine with a person's life experiences to impact our state of mind. This impact varies over time, does not progress in a straight line and is specific to an individual.

6. Addressing mental health inequalities

We will lay out actions in our Delivery Plan which are designed to make substantial progress towards tackling mental health inequalities. These actions will continue to evolve over time.

> **"Health inequalities are the unjust and avoidable differences in people's health across the population and between different population groups."**

Source: Scottish Parliament Health Inequalities Inquiry 2022

Some groups of people have poorer mental health than others. These health inequalities are a symptom rather than the cause of the problem. The causes of health inequalities arise from the unequal distribution of income, wealth and power, which can impact on wider life chances and experiences.

These societal conditions put some groups at greater risk of poor mental health than others. These conditions are commonly known as 'social determinants' and include traumatic and adverse experiences such as poverty, discrimination, loneliness, unemployment, lack of adequate housing, and lack of social and cultural opportunities.

Social and structural inequality in society means that those who face the most significant disadvantages in life also face the greatest risks to their mental health. This includes marginalised groups who experience discrimination, racism or exclusion (social, political, economic or environmental) solely based on age, race, sex, sexual orientation, disability or other characteristics protected by the Equality Act 2010.[1] There are also other groups, such as veterans, refugees, children, young people, adults and families who are care experienced, people affected by substance use or those experiencing abuse or homelessness and those engaged in the justice system. People in prison often have a combination of mental and social care needs, arriving in prison disproportionately from the most deprived areas in Scotland, and with higher mental health needs relative to the non-prison population. Many people in these marginalised or hidden groups experience discrimination from parts of society, creating multiple discrimination and leading to significant marginalisation. This can be traumatic and cause long-term damage to their mental health and considerable adverse mental health impacts beyond those that the rest of the population face.

Poverty is the single biggest driver of poor mental health, and we know that people living in poverty carry a higher risk of suicide, as do those who are unemployed or socially isolated.[2] Many people also face the additional barrier of digital exclusion, meaning it is harder to access advice, support and services.

In many cases, these same groups of people also often experience less access to effective and relevant support for their mental health. When they do get support, their experiences and outcomes can be poorer.

1 The characteristics that are protected by the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

2 Scottish Government. Mental Health Equality Evidence Report. 2023

These inequalities in mental healthcare can exacerbate mental health inequalities.

Disabled people are more likely to report lower mental wellbeing than those with no condition and are amongst those who need support and services to be accessible and inclusive in a range of formats, including non-digital. This includes people with learning disabilities, those with sensory loss and those with a long-term physical health condition. A large proportion of autistic people also experience mental ill health in their lifetime.[3]

Women and girls are disproportionately impacted by poverty, which can lead to social isolation, anxiety, depression and stress. Greater caring responsibilities and the everyday threat of violence against women and girls can also adversely impact mental health. Childbirth is also associated with an increased risk of mental ill health in mothers.

Periods of transition often put extra stress on children and young people's pre-existing resilience and coping strategies. The late teenage years are a point when mental wellbeing can decline, particularly for young women, and can also be the point of onset of serious mental illness. Teenage years are also a stage in life where the increased use of online communities and social media can impact mental health, especially for young women. Experiences of bullying, harassment and abusive behaviour put young people at higher risk of poor mental health.

Scotland also has an ageing population. The proportion of 'older adults' (65 years old and over) in the population has increased from 16% in 2000 to 19% in 2020.[4] This is expected to continue increasing over the next decade, putting more pressure on public services. Older adults, particularly those living in remote, rural and island areas, are more likely to experience loneliness and can also face barriers in accessing support and services, exacerbated by a lack of access to transport. Research from both NHS Grampian and Scotland's Rural College highlights the disproportionately higher rates of depression amongst agricultural communities, with suicide rates amongst farmers among the highest of any occupational group.

Experiencing minority stress, racism, discrimination and trauma has a significant negative impact on mental health and wellbeing and can disproportionately impact lesbian, gay, bisexual, transgender and intersex (LGBTI) people, minority ethnic groups, and disabled people. LGBTI and minority ethnic people also have reported that staff can lack cultural competency, sensitivity and understanding of their specific needs.[5]

Evidence suggests that only around half of veterans experiencing mental health problems seek help. Stigma is one of the main reasons for this, and levels of help-seeking are particularly low in those with post-traumatic stress disorder. The specific needs of veterans must be taken into account when planning support and services.[6]

We must take an intersectional approach, recognising that people are multi-faceted. Different experiences or aspects of their identity interact to affect their mental health, so we can most effectively understand and tackle structural inequality and health inequalities, including racialised and gendered inequality. We need support, services, care and treatment that are person-centred, anti-racist, culturally and gender sensitive, age-appropriate, fully inclusive and in a range of formats.

3 Scottish Government. Mental Health Equality Evidence Report. 2023

4 Older adults' mental health before and during the COVID-19 pandemic: Evidence paper

5 Scottish Government. Mental Health Equality Evidence Report. 2023

6 Psychological Trauma: Theory, Research, Practice, Exploring the Health and Well-Being of a National Sample of U.K. Treatment-Seeking Veterans

7. Where are we now?

The previous 10-year Mental Health Strategy was published in 2017. It set a vision to transform the mental health of people in Scotland, how we all think about mental health and wellbeing, and the mental health services we use.

The landscape in which the 2017 Strategy was developed was markedly different. When the previous vision was set out, the global events which have unfolded since then could not have been predicted. An unprecedented global public health crisis in the COVID-19 pandemic, the cost-of-living crisis and many more significant events have contributed to making many of our lives more challenging than we could have expected when that Strategy was published.

Scottish Government's 2020 Mental Health Transition and Recovery Plan set out more than 100 actions to address some of the impacts arising directly from the pandemic, but we know the impacts on mental health have continued to evolve since then.

We know that the current system is not delivering as we would wish despite the efforts of thousands of dedicated and skilled people across Scotland. We hear from individuals, families and our workforce that there can often be issues with finding and receiving the right help, sometimes with dreadful consequences.

We must accept this reality and resolve to drive change and improvement going forward. One of the reasons we are publishing this Strategy is to lay out what we think 'good' looks like and move forward with all partners towards that vision.

It is essential to reflect that there has been progress since 2017 upon which we can build further. This has been thanks to the hard work of individuals, communities and organisations across Scotland, supported by significant commitment. We want this Strategy to build on this good work.

Some areas of progress to highlight include:

- The publication of 'Creating Hope Together' – a new long-term Suicide Prevention Strategy and Action Plan for Scotland.
- The development since 2021-22 of community-based mental health and wellbeing supports across Scotland for children, young people and families that directly help address the need for emotional support. Local authorities report that in the second half of 2022, this supported over 45,000 children, young people and their families.
- The new Communities Mental Health and Wellbeing Fund for adults supported around 1,800 awards to a wide range of community projects in its first year.[7]
- Since NHS 24's Mental Health Hub started providing 24/7 support in July 2020, they have responded to over 250,000 calls, and they continue to receive approximately 2,500 calls a week.[8]

7 Communities Mental Health and Wellbeing Fund – year 1: projects awarded 2021 to 2022

8 NHS 24 Management Information

- Over 800 additional mental health workers in settings such as A&E departments, GP practices, police custody suites and prisons.[9]

- Significant progress on perinatal mental health programmes since 2019, including new third sector support providing peer support, counselling and befriending to over 7,000 parents, expectant parents and infants.[10]

- Progress on reducing CAMHS waiting lists, with more children being seen more quickly and ongoing commitment to making more progress.

- Counselling support services in all secondary schools in Scotland, with over 14,500 young people accessing school counselling services between January and June 2022.[11]

- Through the Redesign of Urgent Care Programme, Scottish Government is working with partners, including Police Scotland, to support Community Police Officers and Police Custody Officers with presentations where a person is experiencing distress or a mental health crisis and may need specialist intervention. This work includes Police Scotland as key partners in the development and implementation of the Distress Brief Intervention programme and the Enhanced Mental Health Pathway.

- The development and expansion of digital mental health support and services that offer additional support when needed, such as digital therapy apps Daylight and Sleepio, the online Mind to Mind wellbeing platform on NHS inform, and computerised Cognitive Behavioural Therapies (cCBT). Scottish Government currently reports that there are 23 cCBT treatments available, and there have been 70,000 digital therapies referrals in the last year.

- In 2022, Scottish Government launched a new 'Healthy Working Lives' mental health and wellbeing digital platform to help employers in Scotland actively support and promote mental health at work. The platform signposts employers to a wide range of mental health and wellbeing resources. These include information and advice on understanding mental health, mental health and the law and staff learning and development opportunities, as well as signposting to sources of support.

- To complement the employer platform, the 'Supporting a Mentally Healthy Workplace: National Learning Network for Employers' was established in spring 2023. There are over 300 employers engaging with the network, which aims to bring together employers of all sizes and across all sectors to share learning and experiences of supporting mental health and wellbeing in the workplace.

Significant increases in direct Scottish Government mental health funding have helped support this progress, and it rightly remains a key focus for investment.

9 Mental Health Workers: Quarterly Performance Reports

10 Inspiring Scotland PIMH Fund Report Sept 22

11 Access to counsellors in secondary schools and children and young people's community mental health services – summary reports

Challenges and opportunities

The evidence clearly shows some of the key challenges to achieving the outcomes we want, some of which are closely connected to each other. It also points to opportunities we can pursue. An accompanying robust evidence narrative and equality evidence report will set out in detail what the evidence tells us about mental health and wellbeing in Scotland. A very brief summary is included here to give an indication of content.

Global health, economic and political challenges

It is important to recognise the effect that global challenges can have on the mental health and wellbeing of the general population. For many people, global events may lead to increased levels of anxiety and distress. For those already experiencing mental health issues or those facing disadvantage, this risk is likely to be even greater.

Stigma and discrimination

The effects of stigma and discrimination on mental health and wellbeing are known to be damaging and significantly impact on people's lives. Where stigma and discrimination exist in society, the impact can be significant on people's ability to maintain confidence in safe and secure relationships, find and keep employment, and have trust in healthcare settings and services as well as other important areas of life.

Delivering mental health and wellbeing supports and services

There are many challenges to delivering sustainable mental health supports and services in Scotland, including specialist services such as CAMHS and psychological therapies. These challenges include a changing population with a greater prevalence of long-term conditions, a rise in people presenting with more complex mental health needs, and a significant increase in children and adults seeking a diagnosis and requiring support for neurodevelopmental needs.

Post-pandemic, we have the opportunity to work with partners in a range of settings to reassess how care is delivered. From our recent experience, we also have a greater understanding of the potential for digitally delivered mental health and wellbeing care to augment existing services and offer additional options for access to support. In addition, there is a programme of work on digital inclusion being undertaken with a particular focus on mental health and housing to better understand potential barriers to digital access and how these might be addressed. Whilst there is still a need for accessible non-digital formats of support, care and treatment – and there is still work to do to fully understand its impact and potential – this opens up possibilities and potential avenues to address some of this rise in demand.

Primary and community care

Mental health has been and always will be an essential part of General Practice, with mental health issues a common feature of consultations. It is estimated that one-third of GP consultations have a mental health component – approximately 8 million consultations a year – with the proportion higher in areas of high deprivation. While no published data confirm these figures, they are consistent with what the Royal College of General Practitioners hears from members, with many GPs reporting higher numbers of mental health-related consultations following the pandemic and the associated stresses, isolation and loneliness. Pressures on practices mean that some patients find it difficult to arrange appointments with their GP. Some people also struggle with phone consultations or may face a long wait for an appointment.

A key challenge is ensuring accessible, high-quality, comprehensive mental health and wellbeing services are available for all communities through GP practices. This also means ensuring communication needs are met, such as through the use of interpreters and digitally accessible information, and that people receive an improved experience and better outcomes.

We now have the chance to consider how to fully ensure access to mental health and wellbeing support, care and treatment into how we operate within our primary care settings. This will ensure services and clinical models are fit for purpose, with a continually improving response whenever anyone asks for help for their mental health. There is a need to ensure round-the-clock support is available for anyone experiencing or affected by a mental health crisis. This support, care and treatment should be available in a range of accessible formats, both digital and non-digital.

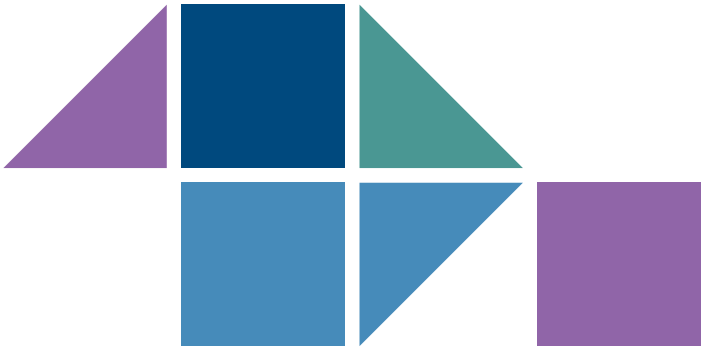
Workforce

The mental health and wellbeing system remains under significant pressure. This is having an impact on the workforce's wellbeing and capacity to deliver support effectively and safely, as well as being able to attract, train and retain the workforce.

These pressures also impact the ability of the whole system to engage with long-term strategic planning for their workforce. Some of these challenges are specific to those working in particular roles, and will depend on individual circumstances. For example, we know that some challenges can be exacerbated in remote, rural and island areas.

Psychological trauma and adverse childhood experiences

At some point in our lives, many of us experience trauma or adverse childhood experiences which can impact on our mental health and wellbeing, as well as our access to universal life chances such as education, health, housing and employment. In recognition of this, Scottish Government and COSLA have a shared ambition for a trauma-informed and responsive workforce and services across Scotland. This involves services that recognise the prevalence of trauma and respond in ways that reduce the impact of trauma on accessing services and that support recovery.



Care experience

The Promise tells us that children and young people who are care experienced are one and a half times more likely to suffer anxiety at age 16; and adults who are care experienced are one and a half times more likely to experience multiple disadvantage (homelessness, substances use, mental health or offending). In taking a preventative approach to mental health the importance of relationships, stability and a non-stigmatising engagement is key. The timely and consistent availability of support before crisis point and available for parents and carers at all stages of their parenting journey can aid nurtured caring relationships and help keep families together.

Social and economic benefits of investing in mental health

People with mental health problems can fall into a spiral of adversity where unemployment, income and relationships are affected by their mental health experiences, creating a poverty and poor mental health trap. There is a strong economic case for investing in early intervention and prevention, as the costs of poor mental health and wellbeing are clear. These include lost or unstable employment, reduced productivity, debt and money worries, poor physical health outcomes, and interactions with the criminal justice system.

Quality data and evidence around mental health in Scotland

While much routinely collected data and published research studies on mental health and wellbeing are available, there remain gaps in the knowledge. There is also a need for more data and evidence that captures specific experiences, perspectives and outcomes of equality groups. This is explored in more detail in the Equality Evidence Report accompanying this Strategy.

There are different systems for providing data used within and across health care, social care and the third sector. Although this results in variations in the availability and accessibility of data, robust methods to gather, analyse and share it should be encouraged. This is being explored in the context of Scotland's Data Strategy for Health and Social Care.

The lived experience of individuals and practitioners brings a rich and diverse type of evidence, and we want to ensure it is sought and appropriately gathered. This can contribute to significant improvements to policies and services, actively support collaboration with clinicians and researchers, and support shared learning of what works.

8. Delivering our key priorities: what success looks like

The table below provides an overview of key priorities within each of our three areas of focus: **Promote, Prevent, Provide.** The table outlines which outcomes (section 4) each of our priorities contribute to and which challenges and opportunities (section 7) they seek to address.

Priority	Outcomes	Challenges and opportunities
Tackle mental health stigma and discrimination where it exists and ensure people can talk about their mental health and wellbeing and access the person-centred support they require.	1 2 3 4 5 6 7 8 9	Stigma and discrimination Delivering supports and services Primary and community care Workforce
Improve population mental health and wellbeing, building resilience and enabling people to access the right information and advice in the right place for them and in a range of formats.	1 2 3 4 5 6 7 8 9	Global challenges Stigma and discrimination Delivering supports and services Primary and community care Workforce
Increase mental health capacity within General Practice and primary care, universal services and community-based mental health supports. Promote the whole system, whole person approach by helping partners to work together and removing barriers faced by people from marginalised groups when accessing services.	1 2 3 4 5 6 7 8 9	Global challenges Stigma and discrimination Delivering supports and services Primary and community care Data and evidence Workforce
Expand and improve the support available to people in mental health distress and crisis and those who care for them through our national approach on Time, Space and Compassion.	1 2 3 4 5 6 7 8 9	Stigma and discrimination Delivering supports and services Primary and community care Workforce Trauma and adverse childhood experiences

Priority	Outcomes	Challenges and opportunities
Work across Scottish and Local Government and with partners to develop a collective approach to understanding and shared responsibility for promoting good mental health and addressing the causes of mental health inequalities, supporting groups who are particularly at risk.	1 2 3 4 5 6 7 8 9	Global challenges Stigma and discrimination Delivering supports and services Primary and community care Workforce Data and evidence
Improve mental health and wellbeing support in a wide range of settings with reduced waiting times and improved outcomes for people accessing all services, including CAMHS and psychological therapies.	1 2 3 4 5 6 7 8 9	Delivering supports and services Primary and community care Workforce Benefits of investing
Ensure people receive the quality of care and treatment required for the time required, supporting care as close to home as possible and promoting independence and recovery.	1 2 3 4 5 6 7 8 9	Delivering supports and services Primary and community care Workforce Benefits of investing
Continue to improve support for those in the forensic mental health system.	1 2 3 4 5 6 7 8 9	Stigma and discrimination Delivering supports and services Workforce Trauma and adverse childhood experiences Benefits of investing
Strengthen support and care pathways for people requiring neurodevelopmental support, working in partnership with health, social care, education, the third sector and other delivery partners. This will ensure those who need it receive the right care and support at the right time in a way that works for them.	1 2 3 4 5 6 7 8 9	Stigma and discrimination Delivering supports and services Primary and community care Workforce Benefits of investing
Reduce the risk of poor mental health and wellbeing in adult life by promoting the importance of good relationships and trauma-informed approaches from the earliest years of life, taking account where relevant adverse childhood experiences. We will ensure help is available early on when there is a risk of poor mental health, and support the physical health and wellbeing of people with mental health conditions.	1 2 3 4 5 6 7 8 9	Global challenges Stigma and discrimination Delivering supports and services Primary and community care Workforce Benefits of investing

We will set out specific actions we will take in each of these areas in our Delivery Plan. Many of the activities undertaken in one area will also contribute to or overlap with the aims of others. For example, action to tackle stigma and discrimination is a key part of promoting positive mental health and wellbeing, but it can also prevent mental health issues from escalating and help ensure people are provided with the right support.

We have included a range of case studies to show existing work that demonstrates the three areas – **Promote**, **Prevent**, **Provide** – in action. Although each example appears under one of the three headings, many of them crossover with the other areas.

Promote

While awareness of mental health and wellbeing has improved, there is still work to do to increase understanding around both and tackle the stigma associated with mental health issues.

Promotion of mental health and wellbeing starts with all of us as individuals, families and communities. Promotion should ensure we understand it and what we can do to look after our own mental health and wellbeing and that of others in our communities.

To tackle these inequalities, we need a collective effort from local and national government, public and private bodies and organisations, the third sector, Health Boards, and our communities. All public bodies must comply with the public sector equality duty when they carry out their functions to help inform decisions.

We will work with partners and people with lived experience to shape and influence our approach to increasing awareness and understanding surrounding mental health and wellbeing and what that means. We will also ensure clear points of access for advice, proactive access to self-care opportunities, and community supports and connections for those who experience mental illness and are at risk of self-harm or suicide.

Essential to this are the vital roles that local authorities, community planning partnerships, communities and third sector organisations (which include charities, social enterprises and voluntary groups) play in developing resilience, providing social infrastructure and supporting mental health and wellbeing nationally and in local communities.

We know that employers can play a key role in tackling mental health stigma by creating workplace cultures where open and honest discussion about mental health and wellbeing is supported and where discriminatory behaviour is challenged. We want to ensure that employers have the support they need to promote and support the conditions that enable individuals to experience good mental health at work. Supporting and promoting good mental health and wellbeing at work benefits both the individuals and employers.

This includes improved productivity and business growth, fewer days lost to sickness and absence and lower staff turnover and recruitment costs.

CASE STUDY: AILEYMILL PRIMARY SCHOOL

Aileymill Primary School decided to take a school-based community approach to tackle issues of stigma and discrimination surrounding mental health.

The project was initially developed to improve staff knowledge and confidence so they could recognise mental health needs and support pupils and colleagues where appropriate. Moreover, the project aimed to introduce mental health terms and educate the pupils – with a focus on stigma and discrimination and how to challenge this in a positive and empowering way.

Attitudes towards mental health improved significantly, which had a profound impact on the ethos of the school. Pupils reported feeling more confident when talking about mental health and said they could recognise signs and symptoms of poor mental health and provide pathways to support themselves, their peers and their families.

An additional unexpected, but welcomed, impact of the school-based community approach was that pupil behaviour within the school improved significantly. Aileymill Primary School partly attribute this to adapting the school ethos and culture to be more open, warm, compassionate and non-judgemental.

CASE STUDY: SCOTRAIL

Nadya Kuhl, Occupational Health Manager at ScotRail, shares how they dealt with stigma through the Workplace Equality Project:

"We got involved in the project as we saw it as a brilliant opportunity to try and emphasise the fact that Scotrail as a business want to try end the stigma around mental health.

With the initial survey, I was already aware of the fact that stigma is present throughout the workforce. It showed that they want to end stigma within the workplace. If they're passionate, that gives us again the opportunity to work with them.

If members on the ground can see people from high up that are passionate about this, then they're not going to be scared about coming forward. If one of their managers comes forward and says I've got depression, anxiety or PTSD [post-traumatic stress disorder], then they'll maybe think: 'Oh, it's okay, I've got that too. He's/she's spoke out about it then I can speak out about it as well.'

We've taken steps in that we've got our managers starting on a training programme, we're working through that. We're also in the process of designing ZCards which have information about the support that ScotRail and other agencies that provide help can offer. We're looking at introducing mental health first aiders, that's another one where people who may not feel confident speaking to their managers could then speak to a mental health first aider who could point them in the right direction for support."

CASE STUDY: PEER SUPPORT

Angela experienced mental health difficulties for a number of years and finally received a diagnosis of personality disorder. She felt she needed to know more about the diagnosis and the proposed therapy and discovered a peer support group run by a local mental health organisation.

Angela found in the peer support group a place where she can be herself and share how she is feeling with others who understand and shared some of her own experiences. When she finally gets the course of therapy, the group helped her make sense of it and figure out how to put the insight and tools learned into practice.

Through the peer support group, Angela has new friends and has joined a local walking group and gardening club. Having things to look forward to and friends who understand make Angela feel that she can live the life she wants and better manage her mental health challenges.

CASE STUDY: THE IMPACT OF A TRAUMA-INFORMED APPROACH

The National Trauma Training Programme (NTTP) supports a trauma-informed workforce and services and includes funding for a network of Transforming Psychological Trauma Implementation Co-ordinators (TPTICs) based in every Health Board across Scotland who provide advice, training and implementation support.

Through the TPTIC network, a request was received by a counsellor working in mental health services for help to identify a trauma-informed dentist for a client.

The counsellor was put in touch with the Chief Dental Officer who had attended the NTTP Scottish Trauma Informed Leaders Training, and in turn, he was able to put the counsellor in touch with an appropriate local dentist. Three months later, the NTTP team received the following feedback from the counsellor:

"I just wanted to say a big thanks for putting me in contact with the Head of Dentistry. I was able to have contact with a dentist who accommodated my patient and worked great with her in regards to her trauma to get her along to an appointment and check-up of her teeth. The client gave me great feedback on how well the dentist worked with her in terms of not feeling judged about the poor condition of her teeth (she needs a full extraction done upper and lower), taking the consultation one step at a time (she called my client to introduce herself before the appointment was even set), and of working with the client step by step to get into the chair and open her mouth under the light all in the client's own time. What a fantastic team we have. I can't thank you and everyone enough that we were able to do this for my client and that she was very thankful for everyone who made it possible."

Prevent

By prevention, we mean preventing mental health issues from occurring or intensifying and tackling underlying causes and inequalities wherever possible. Early identification of mental health and wellbeing issues and provision of early advice and support will continue to be an important part of our approach. This includes providing support, care and treatment for those in distress, and improving our response to people experiencing crisis, keeping them safe and preventing their situation from escalating further.

We will continue to develop ways of working to increase access to a range of early intervention initiatives and services in primary and community settings, recognising the substantial support needed and provided within GP settings. In doing so, we aim to prevent people from becoming so unwell that they require more intense interventions and treatments that may have a negative impact on their daily lives. We will also ensure provision of a range of support for self-management approaches, including digital options, to promote good mental health and wellbeing and sustain recovery.

We will work more closely with the third sector and support communities to recognise and respond to people's needs and take a whole family approach to support. Investment in mental wellbeing will support new dedicated mental health supports and services, including raising the profile and importance of peer support relationships in helping people with mental health and wellbeing challenges, particularly throughout recovery from mental ill health.

We know that there is a higher risk of unemployment amongst those with mental health issues, and that mental health issues can be a significant factor in the cause of economic inactivity for those with long-term health conditions. As well as the significant impact this may have on individuals, it can also be costly for employers. However, research[12] shows that for every £1 spent on mental health interventions, employers can expect a return of £5 on their investment in reduced sick days and increased productivity.[13] By focusing on prevention and early intervention approaches, individuals can be supported to sustain secure employment with less cost to employers through fewer days lost to sickness and absence.

Integral to early intervention will be recognising and targeting evidenced-based approaches for particular groups and communities who are at greater risk of poor mental health. This includes people with long-term physical health conditions, ensuring they are not further stigmatised.

We will also seek to improve links between different parts of the system to ensure people are connected directly to the advice and support they need, wherever they first seek help.

12 See Me | Cost Calculator

13 Deloitte UK Mental Health Report – March 2022

CASE STUDY: PACHEDU

Pachedu, a charity working with diverse minority ethnic groups across a broad range of protected characteristics, received funding for a variety of activities based around improving their community members' mental health.

Activities range from advocacy work, cooking, gardening, focus groups exploring the development of a Mental Health Toolkit, community wellbeing map and social events for men and women. One participant from such an event shared:

"This is such an amazing experience to participate [in]. As people from the minority group, we always need opportunities to socialise and eventually be in the position to support each other through our daily hassles. Please keep the ball rolling."

CASE STUDY: PERINATAL SUPPORT

Inaya and her husband Maaz want to have a baby. Inaya has bipolar disorder and takes medicine to help stay well. They see Inaya's psychiatrist for advice, and she explains there is a risk of Inaya's illness returning after the birth of her baby. However, there are several things that can reduce the risk. She suggests they meet with the specialist perinatal mental health team for advice on medicines in pregnancy and ways of staying well. The team arrange regular contact with their psychiatrist and community nurse, and Inaya also has help from the team nursery nurse to prepare her for caring for her baby.

After birth, Inaya remains well but struggles as they have no other family close by and finances are tough. She finds it hard to relate to her baby. Her health visitor sees her regularly, and the team parent–infant therapist provides appointments with Inaya, Maaz and baby Hasan to improve their developing relationship. The team put her in touch with the Mental Health and Money Advice Service and contact Amma Birth Companions who arrange for Inaya to attend a peer support group. She makes friends with other mothers, and Hasan's development blooms through playtime and social interaction.

A year later, Inaya continues to have the support of her local mental health team, and the couple are thinking of having another baby.

CASE STUDY: OCCUPATIONAL THERAPY

Traditionally, occupational therapists work in acute services, community-based rehabilitation, secondary care services and social work teams, supporting people when ill health or disability has had a significant, detrimental impact on day-to-day functioning. Lisa is part of an occupational therapy team working in GP practices where they provide early intervention for patients. She said: "GP colleagues have been surprised at the range of ways that we can help their patients. By incorporating occupational therapy in primary care, we have been able to:

- Educate people with long-term conditions on how to manage work and home tasks so they have the energy to maintain a well-balanced life.
- Support people who struggle to access their local community due to anxiety or poor mobility.
- Recommend changes to a person's workplace or job role to help them remain at or return to work.
- Provide equipment to make it easier for someone to carry out self-care tasks at home.
- Connect people with health, social care and community services through signposting or referral.

Patients have been overwhelmingly positive about the difference that occupational therapy has made to their lives. They tell us:

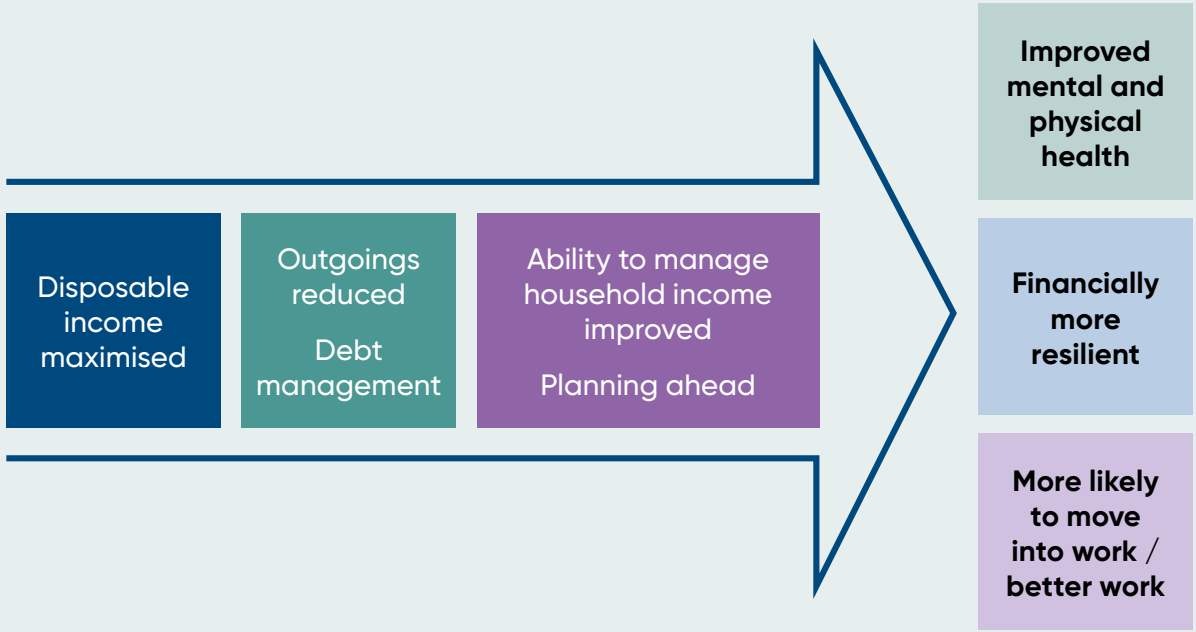
- They feel more independent in their homes.
- They cope better with stress and anxiety.
- They are engaging with activities in their local area.
- They socialise with friends and family more often.

It is understood that when people do what is important to them, they generally feel happier, require less health and social care support, and are more likely to be at work. Evaluation of our service also suggests that it reduces referrals to secondary care and leads to reductions in spending on prescriptions, social care and welfare benefits."

CASE STUDY: FINANCIAL SUPPORT MODELS

As part of their early intervention and prevention approach, North Ayrshire Council considered how acting on the social determinants of wellbeing can influence mental health. During local consultation, children, young people, families and professionals were asked, "What are the most common types of issues you believe children and young people and their families are facing?" Thirty-eight per cent of respondents cited poverty or financial hardship. Recognising that financial insecurity can be a key driver of poor mental wellbeing for children and families, North Ayrshire Council considered a number of models that offer financial support, including one where there was a full-time Welfare Rights Officer (WRO) working across seven of the nine secondary schools.

The intended outcome of the model is shown below:



Types of support offered to families include money/budgeting advice, debt advice, welfare rights advice, health and wellbeing advice, and signposting to employability support services.

Strong links have been established across the system to support access to the WRO. Pastoral Teams can signpost parents and carers to the WRO, and the WRO attends events for parents and carers to raise awareness of the service. Social media has been used to communicate details of the service, and the WRO has been able to develop a close partnership with education staff, delivering training on financial insecurity.

To date, this has had financial gains for families of over £500,000, and qualitative evidence indicates this has had a positive impact on family wellbeing.

Provide

People who live with mental health conditions, as well as those who experience poor mental health at points throughout their life, should benefit from timely access to safe, effective and compassionate person-centred and whole-family approach to support, care and treatment. This will mean continuing to work closely with Health Boards and local partners to ensure waiting time standards are met and that services are responsive to the experiences of those who use them.

We are committed to providing high-quality mental health and wellbeing support and care. This means people can access the right care, in the right place, at the right time. Our whole system approach sets out the different kinds of support and care people might need to access at different points in their lives. This means responding to the different needs of children, young people and adults, as well as marginalised groups.

We will continue to improve and enhance mental health supports and services, giving consideration to suitable digital and new technology services (where evidenced and appropriate) and other non-digital formats, to ensure people receive quality care and treatment as close to home as possible that meets individual needs. Scottish Government will also continue the successful partnership work with Police Scotland, the Scottish Ambulance Service, NHS 24, Health Boards and others, including the third sector to ensure those in crisis can access the best care as quickly as possible.

As with actions required under 'Promote' and 'Prevent', we know doing more of the same and providing investment in the same system will not deliver the change needed. For mental health services, setting clear outcomes and priorities for change will be necessary to drive improvement.

We will set out clear expectations for what mental health services will look like and how we will provide assurance of high-quality care. As part of this, we will continue to work with partners to improve the forensic mental health system.

Scottish Government will continue working with partners to develop Quality Standards and Specifications for mental health services, setting out clear expectations for what services will look like, recognising the need for local flexibility, whilst also providing assurance of high-quality care. These will be informed by the principles in this Strategy.

Scottish Government will work with partners to strengthen the scrutiny and assurance of the delivery of mental health services. The quality and safety of NHS mental health in-patient services are important in supporting positive outcomes. Whilst some environments are modern and enable the provision of high quality care, others need improvement. A national tool will be developed to assess and support improvement in the quality and safety of the mental health built environment.

Alongside this we will continue to develop accurate and reliable data with systems that are fit for purpose to report on progress towards improved outcomes.

CASE STUDY: PAMIS

David is an active dancer and storyteller. At a young age, he was diagnosed with multiple learning disabilities. This means he requires additional support to participate in mainstream education, as well as significant engagement and support across CAMHS services, children's services, social work and community organisations.

With support from Promoting a More Inclusive Society (PAMIS), an organisation that supports people with profound and multiple learning disabilities and their families, carers and professionals, David and his mother have been able to use the organisation's Digital Passport to set down his needs and preferences. These range from providing a background on his family, to his likes and dislikes, to his stated preferences in the event in-patient care needs to be provided. This tool is owned by David and his family and is used to communicate across the different settings and with practitioners providing support.

This passport enables David to have agency in leading on decisions around his mental health care with the support of the people around him, teaching people how to communicate with him and bringing a digital approach to a group of people who are largely excluded from technology.

CASE STUDY: MIND TO MIND

Bob, a 68-year-old from Edinburgh, has shared the mental health challenges he's experienced on the online Mind to Mind platform at NHS inform and what he has found helpful following a diagnosis of post-traumatic stress disorder.

Encouraging people to reach out and speak to someone if they need help, Bob said:

"There are plenty of professionals out there that will give you all the help you need, you just have to reach out and take the first step. But for your own and your family's sake, it's best to take that step. Don't feel you're alone, remember many others are going through the same thing.

To be honest, support group therapy was probably one of the best and most positive experiences for me. I found it tremendously helpful to be able to talk to people who shared the same sort of experiences. It makes you listen and makes it easier for you to relate to things that you think only you go through.

I would urge anyone if they can find someone or a group of people they can trust to speak to them. I learnt that most people have at some stage gone through some sort of mental health issue, whether that be to a greater or lesser degree. This is why I emphasise the idea of trying to speak to someone because you just don't know. Hearing from other people is what can help you, essentially. It's what helped help me.

I will always have PTSD [post-traumatic stress disorder], but what I have learnt is that it's how you cope and manage which is the most important thing."

9. A whole system approach to improving mental health and wellbeing

This model on the following page shows what we think an empowered, effective and accessible support system should look like.

As we were developing this Strategy, people told us that a whole person approach was important to them. We have defined a whole person approach in the context of mental health as:

> **"When a whole person approach to mental health is proactively considered, embedded and applied in all policy and practice, planning and decisions, we will make the changes required to improve life circumstances."**

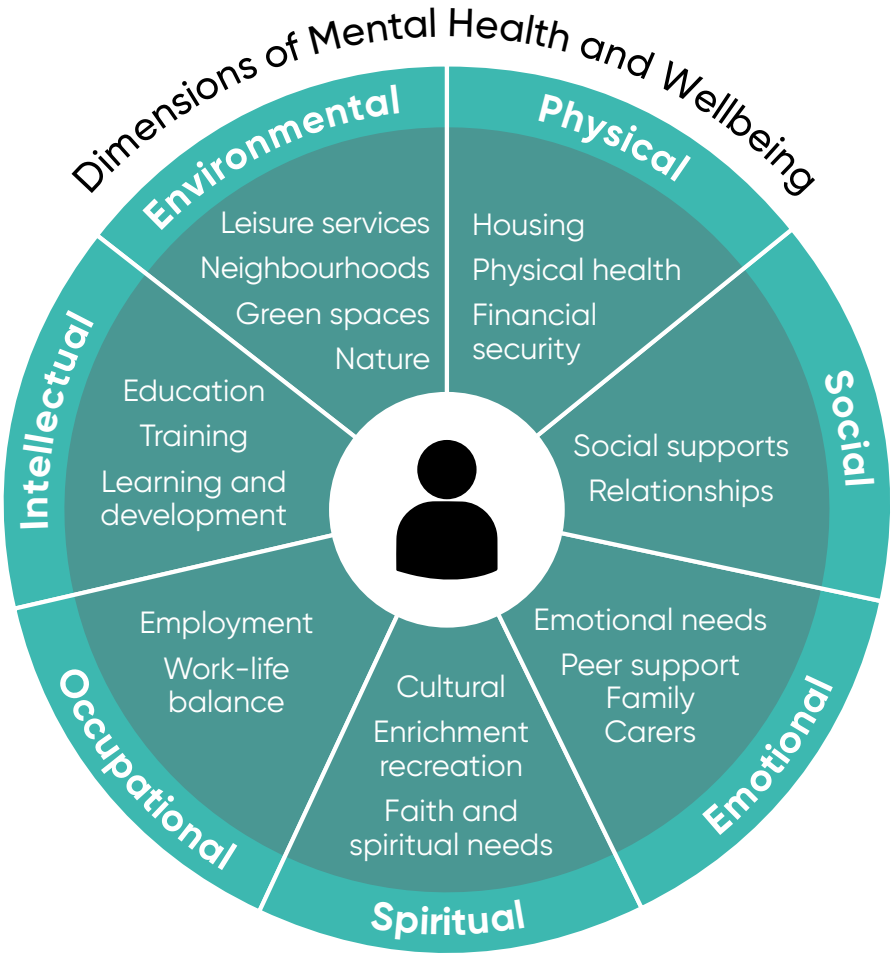
People's needs for mental health care vary enormously. Some people may be able to manage their mental health conditions themselves, especially with support from family members, peer support groups, faith-based organisations or community providers. Many others will need formal interventions to support their mental health conditions, typically offered through a range of daytime services.

In most areas, mental health support is accessible at out-of-hours primary care centres or via NHS 24. Some people will experience acute symptoms that require short-term care and treatment in hospital with follow-up support and care in the community.

Many people experiencing mental health conditions also require help accessing key social services such as housing, employment, education and welfare. Effective community-based mental health support, care and treatment includes consistency and co-ordination, as well as a careful mix of services and support that are responsive to the person's needs.

Only rarely do people experience conditions that require highly specialised or longer-term care, including within specialised mental health hospitals or residential facilities. People with complex mental health needs have the right to the same support and services as people with complex physical health needs. Anyone with mental health conditions may need different types of support and services at different points in their lives.

Whole Systems Model



Support, Care and Treatment Pathway

Self management	Primary care, GPs	Specialist secondary mental health care and treatment	Highly specialist services
Self-care	General mental health care	Community mental health team	Inpatient care
Community supports	Helplines e.g. NHS 24 Mental Health Hub	Older adults community mental health team	Forensic teams
Third sector	Digital/online support and therapies	CAMHS	Perinatal services
Digital support		Psychological therapies teams Liaison/urgent care teams	Eating disorder services
Digital mental health and wellbeing supports			
Helplines e.g. Breathing Space			
Peer support			

Our whole systems model outlines that we must continue focusing on prevention and early intervention.

There is a key role for local support in the community. Support, care and treatment need to be delivered in a way that is as local as possible and as specialist as necessary. This requires a system that is responsive to local and individual needs.

However, we know that some mental health conditions are long-term or lifelong, resulting in people needing ongoing support for the rest of their lives. This requires ongoing access to a range of supports and services.

The principles of GIRFEC are already central to Children's Service Planning in Scotland and the delivery of CAMHS across the whole system.

A new way of person-centred working aimed at adults is being trialled called, Getting it Right for Everyone (GIRFE). This is a proposed multi-agency approach of support and services from young adulthood to end-of-life care. GIRFE will help inform whole system working and define the adult journey through individualised support and services. It will respect the role that everyone involved has in providing support. The principles of GIRFE are intended to be central to care planning, providing a whole person approach and more say, choice and control in accessing the help, support and care for all adults when needed. As a future practice model, it will place the person at the centre of decisions that affect them.

CASE STUDY: FAMILY FIRST APPROACH

A request for assistance (RFA) process has been developed in Aberdeen City to provide clear pathways for children, young people and their families seeking early help for mental health and emotional wellbeing.

The RFA process is a single-entry point to a multi-agency support service, offering whole family support. The multidisciplinary team includes health visitors, family nurses, school nurses and representatives from CAMHS, Children 1st, Community Learning and Development, Social Work, Education, Alcohol & Drugs Partnership, and Creative Learning.

Requests can be made either by the individual, family member or professional. An RFA form gathers data on the needs, vulnerabilities and adverse childhood experiences of the child. The Fit Like hub team engage with the family in an initial conversation to understand their needs from their perspective and discuss this with representatives of the multi-agency partnership, holding the families' voices, needs and hopes at the centre of the discussion.

From these discussions, wrap-around support can be offered which comprehensively meets a whole family's unique needs. This support may come from multiple agencies, for example education support, trauma recovery support and financial support for a family. During their engagement with Fit Like, families can access more support at any time without re-referrals or bureaucratic processes.

Discussion may also lead to supportive and relational signposting to community services that may be better positioned to meet the family's needs. This reduces duplication of support, building capacity in the system by ensuring individuals and families receive the right support at the right time.

10. The mental health and wellbeing workforce

Workforce vision

Our vision is that the current and future mental health and wellbeing workforce are valued and supported to provide effective, person-centred, trauma-informed, rights-based compassionate services and support.

It is underpinned by the values contained within the wider National Workforce Strategy for Health and Social Care in Scotland and reflects what we heard during stakeholder engagement and consultation with the workforce.

Overarching workforce aim

Through our strategic approach to workforce planning, our aim is to achieve a mental health and wellbeing workforce which is diverse, skilled, supported and sustainable. This will ensure service delivery meets the mental health needs of the people of Scotland and supports this Strategy's vision.

Strategic and integrated approach

Our strategic approach to achieving our vision is based on the framework within the National Workforce Strategy for Health and Social Care in Scotland of planning, attracting, training, employing and nurturing our mental health and wellbeing workforce. It is part of our transition to wellbeing economy which serves the collective wellbeing of people and families first and foremost. It will involve building upon employers' own workforce strategies and other Scottish Government labour market, education and skills strategies. This includes promoting inclusive workplace practices such as Fair Work and the Carer Positive scheme. The framework approach will enable us to build upon the work that has already taken place to expand, grow and further support the wellbeing of the workforce.

Delivery of the Strategy relies on a cross-society approach. In particular, the people who work across the mental health and wellbeing system, including local and national government, public bodies such as the NHS and Social Care sector, national organisations, the private and third sector, as well as carers and volunteers.

The mental health and wellbeing workforce play a critical part in how we promote positive mental wellbeing, prevent poor mental health or further deterioration in those with existing mental health conditions, and provide safe, effective, timely, compassionate and evidenced-based support, care and treatment where these are required.

The mental health and wellbeing workforce includes multiple professions and roles across a variety of services, settings and sectors. Volunteers, experts by experience, carers and unpaid carers (including family and friends) also play a key role in supporting mental health and wellbeing.

Workforce Pillar	Overarching Aim
Plan	Whole person, evidence-based planning across the system to ensure the right workforce numbers, with the right skills, to provide the right support, at the right time.
Attract	Mental health and wellbeing careers are attractive, with inclusive and diverse routes to recruitment, clear progression pathways and where all are respected, empowered and valued for their work.
Train	The mental health and wellbeing workforce is skilled, trained and supported to work agilely and flexibly, embracing new technologies and are informed by evidence to support a whole person approach..
Employ	Underpinned by Fair Work principles, sustainable and inclusive growth is created within the mental health and wellbeing workforce, in line with Scotland's population demographics and the demands on services.
Nurture	The mental health and wellbeing workforce are valued, empowered and supported.

For this Strategy, we will be referring to two groups:

- The core mental health and wellbeing workforce; and
- The wider mental wellbeing workforce.

The core mental health and wellbeing workforce consists primarily of those who provide frontline mental health services and treatments across a range of age groups and various sectors. These are staff who are specifically employed in services within statutory organisations, the independent sector or the third sector to support mental health and wellbeing. This includes, but is not limited to, staff in mental health services (such as mental health nurses and psychiatrists), third sector mental health support, social work staff who provide mental health support (including Mental Health Officers), GPs, paid peer support workers, psychotherapists, counsellors, psychologists and Allied Health Professionals who provide mental health support.

The wider mental wellbeing workforce includes wider public, third, and independent sectors which, although not directly employed in providing mental health services, support and treatment, play an important role in supporting someone's mental health and wellbeing and can also play a significant role in promoting good mental health for all. Examples include, but are not limited to, employers; health, social work and social care staff; community link

workers; police officers; community group leaders; faith leaders; school staff and youth workers.

While not part of the paid workforce, it is also critical to recognise and value volunteers, experts by experience, and unpaid carers who work with and support people. This includes family and friends and befrienders.

Although caring can be a positive and rewarding experience for both carers and the cared-for person, we know that many carers experience mental, physical, employment and financial impacts as a result of their caring role.[14] We must ensure adequate support for carers, particularly those most at risk of poorer health, to ensure their wellbeing and sustain them in their role.

There are also particular conditions (such as learning disabilities and neurodevelopmental conditions) which are not 'mental health' specific. Nonetheless, the workforce for these conditions and pathways to care operate mainly within the mental health landscape and will straddle across both the core and wider mental health and wellbeing workforce. Therefore, we will reflect upon the needs of these communities and the workforce they call upon in the Strategy and Workforce Action Plan.

Through a continued focus on Fair Work, there has been improvement in workforce recruitment over the years, with record numbers of staff working in services. Despite this, the mental health and wellbeing system and workforce remain under significant pressure. Increased demand for support and services, rising levels of acuity and ongoing high levels of staffing vacancies are having an impact on the workforce's capacity to deliver care, treatment and support effectively and safely, and also on their own wellbeing. The impact on the workforce's wellbeing is leading to higher absence rates and causing retention challenges across the system. This is further exacerbated by the impact of the cost-of-living crisis on the person seeking support and on the workforce themselves.

These pressures also impact the ability to attract, train and retain a strong and diverse workforce, which in turn impacts the ability to engage with and deliver long-term strategic planning for the workforce.

In order to overcome these challenges, we heard the need to:

- Strengthen and expand the workforce, ensuring evidence-based planning across the system, to project and respond to current and future needs and demands.
- Further develop person-centred approaches to support a whole-person perspective to achieve the best possible outcomes for people.
- Promote careers across the mental health and wellbeing system, including within new roles where appropriate, and improve sector attractiveness, including fair pay and flexible working to address recruitment and retention challenges.
- Increase investment and the range of routes into mental health and wellbeing careers, including within new roles where appropriate and improving and enabling clear career progression pathways.
- Ensure there is adequate focus on early intervention and preventative support and services.

14 Carers' Health and Wellbeing – Scotland's Carers

- Remove stigma associated with mental health and wellbeing and any perceived stigma associated with working in mental health and wellbeing.
- Increase access to mental health and wellbeing training for all.
- Increase collaboration across the sectors, with more multidisciplinary/agency and partnership working.
- Further harnessing the expertise and capacity of the third sector and addressing issues around commissioning processes.
- Ensure workers' wellbeing is prioritised, and they are listened to, supported, empowered and nurtured.

Mental Health and Wellbeing Workforce Plan

We will publish a Mental Health and Wellbeing Workforce Action Plan setting out the immediate actions, timeframes and allocation of responsibilities for achieving the outcomes, all of which contribute to achieving our vision for the workforce to ensure that everyone experiences the best mental health and wellbeing possible. Given the potential of the quickly evolving landscape to affect demand and delivery, as well as new and emerging research and evidence, the plan will take a phased approach so that progress can be made quickly and incrementally.

11. Legislative framework

A range of legislation covers the rights of people with mental health problems and the provision of mental health services to aid them.

In Scotland, the key legislation at publication includes the National Health Service (Scotland) Act 1978[15] and the Mental Health (Care and Treatment) (Scotland) Act 2003[16] (referred to as the 2003 Act) as amended by Mental Health (Scotland) Act 2015.[17]

Mental health and incapacity law

Mental health law is based on rights and principles which promote and respect people's human rights. It provides support for people with a mental disorder to be fully involved in decisions that affect them as they move towards recovery. It covers everyone, from children and young people to older adults.

The overarching approach of the 2003 Act is one of safeguarding to ensure that the law and practice for those who require compulsory care and treatment are driven by core principles, particularly minimum restriction in individual liberty with the maximum benefit for the patient.

The 2003 Act allows for detention in hospital and compulsory medical treatment on grounds of mental disorder[18] and is only allowed under very strict circumstances. The provisions of this Act are intended to ensure that compulsory care and treatment is used to provide medical treatment to alleviate suffering and protect both the person and / or others. Rigorous safeguards apply, which include the right to independent advocacy, an independent Mental Health Tribunal for Scotland and the independent Mental Welfare Commission.

Adults with incapacity

The Adults with Incapacity (Scotland) Act 2000 provides a framework for safeguarding the welfare and managing the finances of adults (for the purposes of this Act, people aged 16 or over) who lack capacity due to mental illness, learning disability, dementia or a related condition or an inability to communicate. The Act aims to protect people who lack capacity to make particular decisions, but also to support their involvement in making decisions about their own lives as far as they are able to do so. The Act also provides for medical interventions. In addition, the Adult Support and Protection (Scotland) Act 2007 gives greater protections to adults at risk of harm, either through the actions of a third party or through self-harm and neglect.

15 National Health Service (Scotland) Act 1978

16 Mental Health (Care and Treatment) (Scotland) Act 2003

17 Mental Health (Scotland) Act 2015

18 We recognise that the term 'mental disorder' is no longer commonly used, although it is still referenced in legislation. Its continued usage will be considered as part of any future law reform.

Adult support and protection

The Adult Support and Protection (Scotland) Act 2007[19] and Code of Practice introduced provisions intended to protect those adults who are unable to safeguard their own interests, who are at risk of harm and, because they are affected by disability, mental disorder[20] (footnote ref B), illness or physical or mental infirmity, are more vulnerable to harm than those who are not so affected.

Scottish Mental Health Law Review

In 2019, Scottish Government commissioned an overarching independent review, the 'Scottish Mental Health Law Review'. This looked at how our mental health, incapacity and adult support and protection laws can be further strengthened from a human rights perspective and how we can remove any barriers to care and support that people might face. The Review published its final report in September 2022 and provided over 200 proposals for reform. These were based on extensive engagement with a wide range of organisations and people with lived experience on the issues that matter to them. This wider review followed two earlier independent reviews: one into the delivery of forensic mental health services and one which considered how mental health law works for those with learning disability and autism.

19 Adult Support and Protection (Scotland) Act 2007

20 We recognise that the term 'mental disorder' is no longer commonly used. However given that this is still the language in the Adult Support and Protection (Scotland) Act 2007, we have kept this in to ensure we are consistent. Its continued usage will be considered as part of any future law reform.

Human rights law

Where appropriate, this Strategy takes into consideration what the 'Scottish Mental Health Law Review' recommended, and it is shaped by our commitments to embed human rights across the mental health system in Scotland. A separate programme of work will set out the approach to transformation and delivery over the coming years, including work to strengthen the legal framework and accountability and support human rights in practice.

In the longer term, work will be undertaken to modernise our mental health system to better protect and reinforce fundamental human rights within and across mental health and incapacity law and services. This includes work to undertake any necessary reforms to legislation, policy and practice to better fulfil obligations under developing human rights law. Underpinning this work is a focus on driving improvements so that, as far as possible, people receive any treatment, care or support they might need. This will be in line with their rights, will and preferences. It also seeks to support those who lead and deliver services to effectively uphold and balance human rights.

This follows the broader commitment to incorporate additional international human rights treaties into Scots Law as far as possible within the limits of devolved competence. This will give effect to the International Covenant on Economic, Social and Cultural Rights, which includes the right to the highest attainable standard of physical and mental health, and the Convention of the Rights of Persons with Disabilities, which provides further interpretation of human rights for people with disabilities. Incorporation of these UN treaties, including the UN Convention on the Rights of the Child (UNCRC), will provide rights and protection that are relevant to mental health.

12. Other strategies and policy drivers

Cross-government working

Successful public services improve society, form the basis of local and national government efforts to create fairness and help individuals transform their lives and communities. In order to achieve our outcomes, a cross-government, cross-sector approach is required. Because the factors determining mental health are multisectoral, interventions to promote and protect mental health and wellbeing should be delivered across multiple sectors. A range of work is already taking place at local and Scottish Government levels and across all sectors to promote positive mental wellbeing, prevent poor mental health, and provide support, care and treatment where needed. This Strategy does not seek to duplicate the good work already taking place but rather to align with it, acknowledge it and build on it.

Key policy drivers: sustaining public services

The levers for change that will help us improve overall population mental health and wellbeing sit across many different portfolio areas and agencies. Likewise, our push to improve mental wellbeing will support the delivery of other key policies.

A wide range of current and upcoming policies, programmes and initiatives have been identified as contributing to this Strategy's outcomes, including the values and outcomes of Scotland's National Performance Framework. Examples of these are listed in the Appendix.

We want mental health considerations to be integrated into all policy. Over the lifetime of this Strategy, we will seek to strengthen collaboration across all sectors to maximise our collective impact on the population's mental health and wellbeing. We will take a phased approach to this work, prioritising areas where we have current joint work and new areas where we stand to make the most significant gains. These include work on employability, tackling child poverty, keeping the Promise to our care experienced children, young people, adults and families and aligning priorities with substance use and mental health, and building mental health into the relevant Scottish Government Care and Wellbeing Portfolio programmes and projects.

Policy priorities

- Recovery, renewal, and transformation (NHS Reform), including COVID-19 recovery
- Tackling poverty, in particular, child poverty
- The Promise
- Sustainable public services
- Human rights
- Equality and inclusion
- Housing
- Social security
- Fair Work, employability and skills
- Economy
- Early learning and school age childcare
- Education
- Digital, including Digital Health and Care
- Safer communities
- Justice
- Population health
- Social care
- Children and families
- Adult support and protection
- Climate change

13. Financial framework

Delivering sustainable investment in mental health and wellbeing

This Strategy is rightly ambitious. Scottish Government and COSLA will work with partners to optimise all available resources and invest additional resource over time to achieve the outcomes set out in this Strategy.

As recognition of the importance of good mental health and wellbeing has grown over the years, so has investment. Spending on mental health by NHS Scotland reached £1.3 billion in 2021-22, compared to £1.1 billion in 2019-20 and £0.7 billion in 2007-8. This represents an increase in the proportion spent on mental health to 8.8% of total spending by NHS Boards, taking us further towards our ambition to increase spending on mental health services to 10% of the total frontline NHS spending.

Scottish Government's direct budget for mental health has more than doubled during the lifetime of this Parliament, supporting a wide range of support and services across communities and sectors.

As well as the clear benefits to individuals and families, improving mental health and keeping people well is a good economic investment. It has recently been estimated that poor mental health and wellbeing costs the Scottish economy £8.8 billion each year,[21] most of which is due to the lost productivity of people living with mental health conditions, as well as costs incurred by unpaid informal carers.

21 LSE and Mental Health Foundation Report – The economic case for investing in the prevention of mental health conditions in the UK

Investment in mental health and wellbeing across the whole system can benefit the wider economy and, by helping individuals remain economically active, disrupt the cycle of structural inequalities often experienced by those affected by mental ill health. Through the Whole Family Wellbeing Funding, Scottish Government is focused on driving whole system change to improve holistic family support and to shift investment towards earlier, preventative interventions. This means working collectively in a multi-agency way to ensure families get the support they need before they reach crisis point.

Recognising that current financial challenges are likely to continue over the next few years, it is even more important to ensure that investment is effectively targeted to deliver sustainable and high-impact services and support. In this context, this Strategy will provide a framework for prioritising resources across the system over the next 10 years.

Achieving the shared vision set out in the Strategy will require a cross-government, whole system and sustained response. We are committed to working with and investing alongside our local and national partners (public, private and third sector).

Funding decisions and evaluating the impact of investment will be built into the new governance arrangements for the Strategy.

Early priorities for investment include:

- CAMHS and psychological therapies.
- Addressing waiting times backlogs.
- An extension of support for distress.
- Ongoing implementation of our Suicide Prevention Strategy.
- Delivering improved community-based mental health and wellbeing support for children, young people and adults.

14. Governance, monitoring and evaluation

Appropriate governance arrangements will be put in place to oversee the implementation of this Strategy and track progress.

Governance principles

Our governance is based on the following principles:

- We will ensure high-level strategic governance brings together key partners to oversee the national mental health policy landscape, drawing appropriate connections between this Mental Health and Wellbeing Strategy, other interdependent strategies and policy imperatives. We will seek to build upon existing good governance structures in doing so.
- We will ensure strategic planning and high-level governance of mental health policy is built upon a partnership of Scottish Government, Local Government, the third sector and public sector organisations and structures. This recognises their roles in local leadership, experience of service improvement and operational delivery.
- We will ensure there is a clear description and understanding of the separate accountabilities and responsibilities of the key partner organisations and partnerships with oversight in place to monitor delivery.
- We will ensure governance structures and decision-making processes are clear and transparent, and that people taking part in governance arrangements are supported to understand their role in the process.
- We will ensure policymaking is informed by the voices of those with lived experience of accessing support and services, and the workforce, including those with experience of developing and delivering services. We will ensure there is space for challenge, with access to a wide range of evidence and expertise.
- We will ensure there are opportunities for both national and local leadership, with key national outcomes that the entire system can work towards, whilst maintaining local flexibilities.

Scrutiny and assurance

We will also work to strengthen accountability and ensure that we have appropriate scrutiny and assurance arrangements in place for the whole mental health system. This will support national scrutiny bodies and service providers and help drive continuous improvement in the overall quality and safety of all mental health services. It will also place continued emphasis on the experience and outcomes of people who use them.

A series of multidisciplinary groups and workstreams currently exist across the mental health policy landscape. Consideration will be given to how these are brought together to inform and progress the Strategy under a joint decision making body, the Mental Health and Wellbeing Leadership Board. Relevant groups within the policy landscape are indicated in the following diagram.

Proposed Strategic Governance

The new governance framework to oversee mental health supports and services for perinatal, infant, children, young people and their families will report into the Strategy governance structure.

Monitoring and evaluation

We will publish a monitoring and evaluation framework to accompany this Strategy. This will set out how we will measure progress towards the outcomes. It will also take account of existing indicators and standards currently under development.

Improving data and evidence

Public Health Scotland has developed and published a set of population-level Mental Health Indicators. These monitor levels of wellbeing and mental health problems within the population and also individual determinants of wellbeing and mental health. This has highlighted gaps in the data we need to help us understand population-level mental health and its determinants. These will be addressed through:

- Influencing existing data sources. This is where new data is required to be collected using those sources.
- Influencing the wider research agenda on mental health in Scotland.
- Indicator development. This will involve longer-term developmental work to determine the precise nature of the data that should be collected. It may include, for example, working closely with the third sector, lived experience panels, literature review and engagement with users of the indicator sets.

Any work undertaken on improving data and evidence will take account of the Scottish Government and COSLA's 'Health and Social Care Data Strategy' and seek to ensure that any data collected is appropriate, coordinated and proportionate.

Cross-government working

The Delivery Plan for this Strategy will set out the actions we are taking to realise our outcomes and achieve our vision. The Delivery Plan will include:

- Core actions (where the Scottish Government Mental Health Directorate holds lead policy responsibility)
- Joint actions (where responsibility is held jointly with others across Government, e.g. Mental Health and Drugs Policy)
- Actions where we need to ensure alignment (e.g. stigma relating to self-harm and suicide prevention)
- Interdependent actions (where other areas of government hold lead responsibility, e.g. Tackling Hate Crime or Care Experience)

The work to be undertaken will call for collaborative working with Local Government and other partners.

Appendix 1

Scottish Government policies and programmes in support of this Strategy

Key Policy Drivers

This Strategy has to connect and align with other policies and frameworks together with relevant legislation. This includes but is not limited to:

Equality and Inclusion
- A Fairer Scotland for Older People: Framework for Action
- Ending Destitution Together Strategy
- Anti-Racist Employment Strategy
- Equally Safe Strategy
- Strategy for Our Veterans
- Coming Home Implementation report – five recommendations
- New Scots: Refugee Integration Strategy (refresh)
- Policy on ending conversion practices
- Upcoming Non-Binary Equality Action Plan
- Hate Crime Strategy
- Women's Health Plan

Human Rights
- Policy on incorporation of Human Rights
- Incorporation of the UNCRC
- Policy on autism, learning disability and neurodiversity
- SNAP 2 – Scotland's second National Human Rights Action Plan
- Equalities and Human Rights Mainstreaming Strategy
- National Trauma Training Programme

Housing
- Ending Homelessness Together
- Policy on Housing Standards
- Rented Sector Strategy (upcoming)

Fair Work, Employability and Skills
- Greater importance on employment and fair work
- Fair Work Action Plan

Economy
- Greater importance on financial inclusion, including provision of household financial advice
- National Strategy for Economic Transformation, including the Wellbeing Economy approach
- Free school meals
- Free bus travel

Education
- Adult Learning Strategy for Scotland

Early Learning and Childcare
- Best Start – Strategic Early Learning and School Age Childcare Plan

Children and Young People
- Recommendations made by the Children and Young People's Mental Health and Wellbeing Joint Delivery Board
- The Promise
- Children, Young Peoples and Families Outcomes Framework

- Children's Services Planning
- Getting it right for every child (GIRFEC)
- Whole Family Wellbeing Funding
- Care Leavers and Care Experience
- Early Childhood Development
- School Nursing (Transformed Role)
- Universal Health Visiting Pathway
- Mainstreaming Children's Rights

Justice

- Vision for Justice in Scotland
- Priority of mental health pathway development
- Trauma-informed approaches and training
- Youth Justice and Children's Hearings (the Age of Criminal Responsibility (Scotland) Act review)

Safer Communities

- Upcoming Violence Prevention Framework
- A Connected Scotland Strategy
- UK Online Safety Bill
- Renewal of play parks and outdoor play
- Equally Safe, funding for women and girls' counselling services
- Social Isolation and Loneliness: Recovering our Connections

Health and Social Care

- National Care Service
- Health and Care (Staffing) (Scotland) Act 2019
- Getting it Right for Everyone (GIRFE)
- Dementia Strategy for Scotland
- Scottish Mental Health Law Review response
- See Hear Strategy (2024 refresh)
- New Young Carer Strategy
- National Carers Strategy
- A Connected Scotland Strategy
- Self-directed Support Improvement Plan
- British Sign Language National Plan (upcoming)
- Spiritual Care Framework
- Care in the Digital Age
- Data-Driven Care in the Digital Age
- Bereavement
- End of life care

Planning and Infrastructure

- Blue and green infrastructure 'green spaces'

Population Health

- Drug Deaths Taskforce Response: A Cross-Government Approach
- Greater importance on physical health
- Clinical priorities
- Primary Care Health Inequalities
- Healthcare Planning: Curriculum for Patient Safety (upcoming)

Social Justice

- Best Start, Bright Futures:Tackling Child Poverty Delivery Plan 2022-2026

Scottish Government
Riaghaltas na h-Alba

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