



Orkney's Mental Health Strategy

2020 – 2025.

Orkney Health and Care



Version.	1.
Owner.	Head of Health and Community Care.
Date Approved.	
Date for Review.	2025, with updates on a rolling basis as required.

Contents

Executive Summary	3
1. Introduction	4
2. Our Vision	6
3. Our Priorities	6
4. Background and Current Service Provision	7
5. What is Mental Health?	8
Demand	9
Our Service	10
5a. Child and Adolescent Mental Health	11
5b. Adult Mental Health	12
5c. Older People’s Mental Health	14
5d. Substance Misuse	15
5e. Psychological Therapies Service	17
5f. Out of Hours Service	18
5g. Third Sector	19
6. Achieving Mental Wellbeing in Orkney	23
6a. Suicide	24
7. Impact of COVID-19 on public mental health	24
8. What People Said	29
9. Outcomes	30
10. How This Will Happen	30
11. How We Know This Has Happened	34
Useful Contacts	36

Executive Summary

Welcome to the Orkney Mental Health Strategy 2020 – 2025.

This strategy provides a framework for the improvement and development of mental health and wellbeing supports across all our communities. This document was developed taking into account four different sources of information:

- National Strategies with a Mental Health focus.
- The local [Orkney Strategic Plan 2019/22](#) and NHS Orkney (NHSO)'s draft Clinical Strategy.
- What Stakeholders told us.
- What the service aspirations are.

It also takes account of the services provided by the third sector and places them firmly in the heart of the document. The strategy recognises the complexities of providing a wide range of services to individuals, from birth to end of life, focusing on enabling: people to access their own strengths and supports where possible; preventing onset of ill-health and providing early intervention and support for recovery; and developing personal and community resilience. We have highlighted throughout the document where our service aspiration or our strategic outcomes meets or contributes to one of the national actions contained in the national Mental Health strategy.

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

By working in close partnership with individuals, carers, communities, statutory and third sector providers we are seeking to build upon existing services, to improve upon these and to develop additional supports through effective use of all resources available. Following approval of the strategy the intention is to develop a five year workplan to take forward the wide and varied aspirations contained within this document. This workplan will be aligned to the work already underway with the joint NHS Orkney and Orkney Health and Care Mental Health Task and Finish Group.

1. Introduction

Orkney Health and Care (OHAC) and our third sector colleagues are committed to providing a cohesive, Mental Health Strategy, adopting the principles and aims of the national [Scottish Mental Health Strategy 2017-27](#) whilst ensuring that the needs of the people and communities of Orkney are appropriately reflected. The strategy is a five-year document, providing a framework for working in partnership to determine future development and actions, whilst enabling time for evaluation and review in 2025. This document reflects the principles, values and approach laid out in the [Orkney Strategic Plan 2019/22](#). Key to our strategic thinking are the guiding principles and priorities laid out within the draft local Clinical Strategy and within the national [Public Health Priorities for Scotland, 2018](#). The Public Health reform principles include:

- Reducing inequalities.
- Prevention and early intervention.
- Fairness, equity and equality.
- Collaboration and engagement.
- Empowering people and communities.

This document also importantly takes account of what the people using the services told us as well as our other professional stakeholders. It also recognises this rich contribution by the third sector and the value of our, already established, partnership working.

The World Health Organisation (WHO) states that "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Mental health is an important element of our wellbeing, from birth through adolescence, into adulthood through to end of life. Scottish Government recognises that we, as a nation, are facing major challenges and opportunities, with the aims of the national strategy presenting an "ambition for mental health is simple but, if realised, will change and save lives - **that we must prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems, parity of esteem**".

Our mental health and wellbeing affects the way we learn, communicate, form relationships and how we respond to everyday life, including social and work situations. It also influences how we cope with life events and manage changes and transitions in our lives, impacting on our ability to lead a happy and fulfilling life. The WHO highlights that "determinants of mental health and mental conditions include not only individual attributes such as the ability to manage our own thoughts, emotions, behaviours and interactions with others, but also social, cultural, economic, political and environmental factors such as national policies, social

protection, standards of living, working conditions, and community support. Stress, genetics, nutrition, perinatal infections and exposure to environmental hazards are also contributing factors to mental disorders”.

This strategy has been informed through gathering information, views, and consultation with individuals, carers, groups, community representatives, staff from OHAC and the third sector, in consideration of local needs as well as the national strategy and policy. This included Professor Linda Gask’s report on Orkney’s Mental Health Services, 2017, notes from the two public consultations on the subject of improving mental health services in Orkney held in 2014 and 2018, hosted by the Orkney Blide Trust and in partnership with OHAC, and a recent questionnaire completed by service users and carers, which has provided additional information to support the development of services over the coming five years. In light of the pandemic, the draft strategy was amended to include the learning from COVID-19.

OHAC is committed to working in partnership with all stakeholders to strengthen mental health support to all living in Orkney. This includes a strong focus on our children and young people, in order that they develop into adulthood with good mental health, which allows them to live well, as part of their wider strong community, and contribute to our economic community. Two specific initiatives, Community Led Support and Tech Enabled Care are detailed below.

In 2019 OHAC embarked on a programme of Community Led Support (CLS). The development of CLS enables a range of services and stakeholder to work together to support individuals on identifying, and enhancing, the skills and knowledge they have to improve the quality of their lives. CLS augments the already strong partnership working that exists in our community.

OHAC was approved, in 2019, as a Named Partner in Scottish Government’s Tech Enabled Care (TEC) Pathway Finders project. This allows Orkney to work alongside East Ayrshire in developing how technology can aid supporting individuals’ care to release human resources for areas of care unable to utilise tech. Locally, this project links into work being done with NHS Orkney (NHSO)’s digital programme and Orkney Islands Council (OIC)’s 5g pilot project. Action on the impact of COVID-19 is included later in the strategy but it is worth noting here that there was a very widespread adoption of Near Me, a secure clinical platform for virtual meetings, during the pandemic which is now becoming embedded within the Community Mental Health Service (CMHS) as a way to do business as usual.

The initiatives described above focus on resilience and enabling individuals and communities to develop mechanisms to cope. Where possible, overcoming the impact of their health and social care needs is essential, in order to reduce the demand for services, both statutory and third sector.

Both programmes include membership of third sector colleagues to ensure their valued knowledge is included within discussions.

2. Our Vision

Our strategic vision is:

“Help people in Orkney to ensure that preventive measures are deployed at the earliest opportunity and that those with enduring mental health conditions live longer, healthier and more independent lives within their own communities. Getting it right for everyone applies equally to those with mental health conditions as it does those with physical health conditions”.

3. Our Priorities

Given the Strategic vision above we have identified our priorities as being:

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

4. Background and Current Service Provision

The Scottish Government states that “**Mental illness is one of the major public health challenges in Scotland. Around one in three people are estimated to be affected by mental illness in any one year**”. Scottish Government, prioritises mental health and wellbeing, as one of its major areas of focus within the wider context of the Government's [2020 vision](#) for health and social care delivery, which emphasises the focus on integrated care and prevention, anticipation and supported self-management.

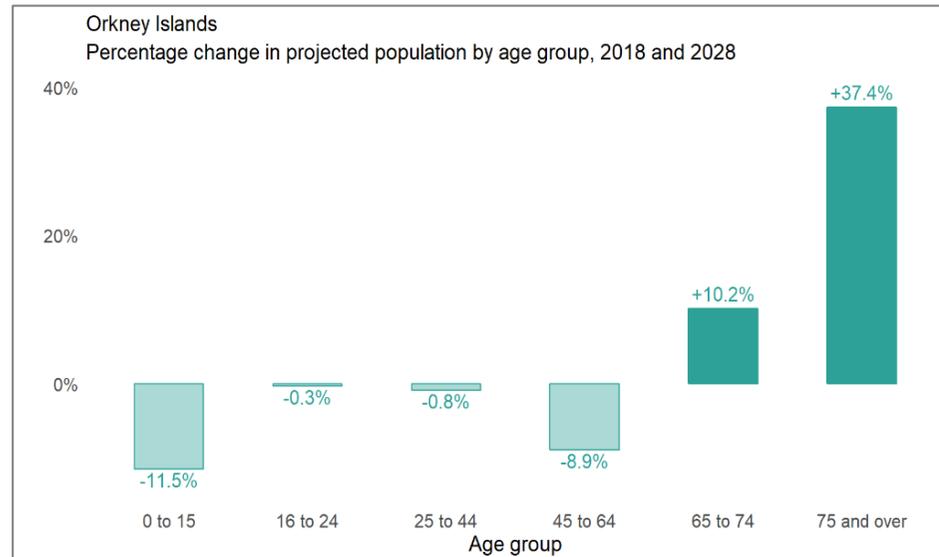
Scotland's [Mental Health Strategy 2017-27](#) and [A Connected Scotland, 2018](#), a strategy for tackling social isolation and loneliness and building stronger social connections, laid out the national approach to improving the mental health of particular groups and communities. These strategies identify that all age groups are potentially vulnerable to mental health conditions, social isolation and loneliness, with some individuals, groups and communities being more susceptible than others, resulting from socio-economic, health and educational inequalities. The national mental health strategy identified actions at various levels: we have annotated the outcomes, within this document, which will deliver, or contribute, to national identified outcomes.

A significant focus of these national strategies is on prevention and early intervention, particularly for pre-birth, early years and adolescent mental health, building on improving the life opportunities for children and young people. There is an awareness that for some, ongoing support needs will remain throughout their lifetime, with a focus on long-term health needs, substance misuse and other conditions resulting from socioeconomic, health and emotional issues. The Scottish Government and COSLA agreed six Public Health Priorities in June 2018. These are intended to support national and local partners across Scotland work together to improve healthy life expectancy and reduce health inequalities in our communities.

1. A Scotland where we live in vibrant, healthy and safe places and communities.
2. A Scotland where we flourish in our early years.
3. A Scotland where we have good mental wellbeing.
4. A Scotland where we reduce the use of and harm from alcohol, tobacco and other drugs.
5. A Scotland where we have a sustainable, inclusive economy with equality of outcomes for all.
6. A Scotland where we eat well, have a healthy weight and are physically active.

The impact of alcohol and drugs, on the health and mental wellbeing of individuals, their families, communities and the requirements to address these is reflected within the national strategy [Rights, Respect and Recovery 2018](#). It is further recognised that ageing brings additional physical and health related changes, impacting on individuals' mental wellbeing and quality of life. Scotland's [Dementia Strategy 2017-2020](#) continued to build on the progress made over the preceding decade, with an emphasis on timely

diagnosis, post-diagnostic support and ensuring that ongoing support through to end of life is provided within strong community settings supported by appropriately skilled staff.



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

Orkney Islands has a population of around 22,270. Over the last decade there has been a decline in births, with an increase in the life expectancy of the older generation, this equating to an increasing imbalance in the population between births and deaths. It is projected that by 2028 the shift in the following age ranges will be:

- 0 -15 will decrease by 11.5%.
- 16 - 64 will decrease by 10%.
- 65 - 74 will increased by 10.2%.

- 75+ will increase by 37.4%.

5. What is Mental Health?

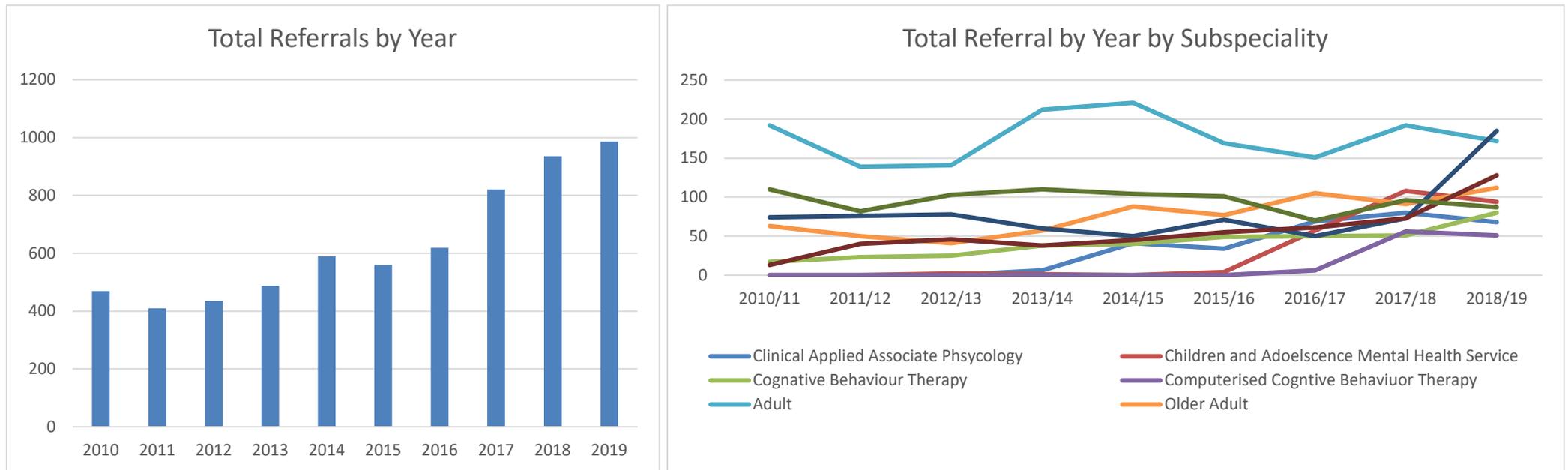
Mental health conditions cover a broad spectrum from stress and worries we experience as part of day to day life, through to complex long-term conditions. It is recognised that individuals with Mental Health conditions often do not receive the same level of treatment that would be afforded to someone with a physical health issue. It is essential that we will aim to address this wherever possible locally. WHO states that 'depression is one of the leading cases of disability worldwide' The most common conditions are anxiety and depression, which will affect one in ten of us at any time. These conditions may be severe, impacting on an individual's ability to cope with their daily lives. Between 1 to 2% of the population may experience a lifelong and potentially life limiting mental health condition, such as bi-polar disorder or schizophrenia. People with these illnesses will most likely require proactive interventions from health and social care services to enable them to have the best quality of life possible.

Symptoms of mental health conditions may have some commonality, however, the way in which they present for an individual is unique and specific to that person. Each individual's response is influenced by their personality, culture, environment and the

supports around them. People are able to recover from mental health conditions, even following the most serious conditions. The process of recovery for each person is unique, requiring a range of appropriate approaches to supporting that journey. It is clear that early intervention at the right time can reap benefits later on in that people are able to achieve greater levels of recovery with less relapse.

Demand

Two graphs below set out demand, for statutory services, over almost the last decade. It is clearly evidenced that demand continues to grow each year with broadly a static resource in place over that time period until relatively recently.



At the present time Orkney has a locum consultant psychiatrist, providing 5 days per week support. Traditionally our Consultant Psychiatrist input was embedded in a Service Level Agreement (SLA) with NHS Grampian; this agreement spelled out the activity that would be provided by Grampian providing a Consultant and the agreed cost to NHSO. Work is underway to review that SLA with a view to recruiting to a local permanent General Consultant Psychiatrist. It is anticipated that that plan will release significant funding some of which may be earmarked for investment into local services. Two Clinical Associates in Applied Psychology were appointed using specific funding from Scottish Government to achieve Action 15 of the national strategy which seeks to increase the number of

mental health workers in Scotland by 800. There is a third and final post to follow in 2021/22. Additionally, as part of the Primary Care Improvement Plan it has been agreed to recruit to two Primary Care Mental Health Nurse posts. These posts will be advertised and recruited to during 2020. The activity generated from these additional posts will be monitored alongside the impact against the overall referral rate although evidence suggests demand will continue to grow. The direct impact of people recovering from COVID-19 has not yet been evidenced by increases in mental health referrals however the impact of a long period of lockdown and associated anxiety has begun to be evidenced.

Our Service

The Integrated team comprises of Consultant Psychiatrist, Community Mental Health Nurses (CMHN) and Mental Health Officer (MHO)s with support workers. The CMHN work in distinct subspecialty teams. However, due to the Out of Hours (OOH) arrangements they function as a collective team also. The CMHN's, Social Workers and Support Workers staff a duty system, between the hours of 09.00-17.00 on weekdays for referrals and self-referrals.

Psychological Therapies are delivered by two Consultant Psychologists who are supported by Clinical Applied Associate Psychologists (CAAPs) and Allied Health Professionals (AHPs)

Orkney does not have any mental health in-patient beds so should in-patient treatment be required an individual is required to leave the islands, with intervention being available in Aberdeen at the Royal Cornhill Hospital (RCH). During 2019/20, there were 33 people who required psychiatric assessment and treatment, which resulted in admission to RCH, Aberdeen. This represented an increase of 1/3 in Out of Orkney admissions, from the previous year. There is a consistent split of two thirds of admissions being linked to General Psychiatry and the remainder being associated with Old Age Psychiatry.

From January to March 2020, the demand for psychiatric services through the Emergency Department (ED), at The Balfour, was 35 attendances: this is an increase from the same period in 2019 of 28 attendances. Whilst most individuals will be successfully treated within the ED, before being discharged home, there is a small number that result in admission to hospital. There is a mental health transfer bed located in the Emergency Dept; this bed enables people who require a mainland treatment to be safely cared for until the transfer takes place. This has a significant impact on the day to day operations of the team as the care for those patients requires to be undertaken by members of the CMHS as well as accompanying the patient on the transfer. In addition, patients occupying the transfer bed often require to have two staff undertaking that support both whilst in the Balfour and during transfer. This is discussed further in the Out of Hours section below.

Psychiatric input for people with learning disabilities is based in Aberdeen, with the consultant being able to provide support via telephone and Video Conferencing (VC); this sits with the Grampian SLA. The regular VC arrangement allows for clinicians to have a case discussion about their concerns and to develop a treatment plan for the individual concerned.

At the time of writing there is no arrangement in place for psychiatric input for older people. It remains a long standing aspiration to have in place a similar model to Shetland, whereby Consultant sessions are delivered by VC, however the current general psychiatrist devotes some capacity to diagnostic appointments for older people.

The distinct teams are detailed below.

5a. Child and Adolescent Mental Health

The brain develops more rapidly during the first three years of our lives than at any other time. It does continue to develop until our early 20's and whilst it remains able to change and adapt, it will never adapt as quickly and as robustly as it did during our early years. It is during the early years that we develop our emotional regulatory system which is affected by early experiences through play and interaction with our primary caregivers. During our early years we make our emotional attachments, form key relationships, learn life skills, and develop our social and emotional abilities.

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

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

In 2019 Orkney had an estimated population of 4,024 children and young people under the age of 18 years. In 2019/20 referral to Child and Adolescence Mental Health Service (CAMHS) in Orkney was 110 referrals, this equates to a 12% increase from 2018/19. At the time of writing 83% are seen with the waiting times guarantee we will continue to strive to improve on this and meet the 90% target.

The service aspirations for the period of this plan:

- **Continued work with our colleagues in Grampian, utilising the SLA, to ensure appropriate input for our young people.**
- **Review of our demand and allocation in relation to staffing levels to ensure we meet the 90% treatment time guarantees for referrals to treatment.**
- **Improve and further develop close working with school nurses, social workers and other third sector agencies with regard to adolescents less than 16 years of age. (National Strategy Actions 2 and 8).**
- **Increase formal supervision for staff who find themselves holding difficult cases. (National Strategy Action 6).**
- **Explore programmes and ways to document patient contact, risk assessments and any other current records to promote effective communication and record keeping.**
- **Review our data collection with specific regard to rejected referral for CAMHS service. (National Strategy Action 18).**
- **Improve access to Psychological Therapies for young people who have experienced Childhood Sexual Abuse.**
- **We will work with our colleagues in the Justice System to improve mental health care for Young Offenders (National Strategy Actions 7 and 10).**

5b. Adult Mental Health

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

There is a gender variation in the impact of mental health. Unipolar depression and anxiety are twice as common in women as for men and 10% of women who are pregnant and 13% of those who have just given birth are recorded as experiencing mental disorder, primarily depression. The [Perinatal and Infant Mental Health Programme Board Delivery Plan 2019/20](#) highlights the need for perinatal and infant mental health services that are responsive, timely and address the changing needs of women and families throughout pregnancy and the early years of life. NHSO has recently successfully bid for additional funding for backfill to scope the service pathways over a 6 month timeframe.

It is known that men are more likely to have an antisocial personality disorder than women. It is also known nationally that men have a reported higher alcohol dependency than women. The Orkney demographic does not differ in this respect.

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

There is evidence of significant links between mental health and physical health conditions: Indeed, the national strategy notes that: “It is unacceptable that people with severe and enduring mental illness may have their lives shortened by 15 to 20 years because of physical ill-health”. We are aware that 38% of individuals identified as having a mental health condition are also reported to have long-term physical health conditions. Research has shown that there are many reasons for this, for example substance misuse. The stigma around mental health may mean that people aren’t treated as well for physical health problems.

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

The service aspirations for the period of this plan:

- **Develop a sustainable workforce structure to support and facilitate appropriate staffing levels, to meet the increased in referrals year on year.**
- **Continued work with our colleagues in Grampian, utilising the SLA, to ensure appropriate input for adults including those with Learning Disability.**
- **Assess the possibility of introducing groups to deliver therapy, to allow an increased number of patients to access to the adult mental health team.**
- **Undertake regular review of caseloads to ensure treatment remains therapeutic and to prevent waiting lists from becoming stagnated.**
- **Re-establish the delivery of Survive and Thrive groups safely within pandemic guidelines**
- **To continue to work on establishing effective working relationships with the third sector and statutory services particularly AHPs and Social Workers.**
- **Ensure the small number of people normally resident in Orkney, being cared for in secure units elsewhere in Scotland are repatriated to Orkney as soon as possible.**

5c. Older People's Mental Health

Older people experience a number of changes in physical health and wellbeing, as well as lifestyle due to changes in employment and relationships. This impacts on mental health. Research indicates that 22% of men and 28% of women aged 65 years and over suffer from the effects of depression. Older people are affected by similar mental health conditions to the younger adult population. However, they are also at an increased risk of developing neurological disorders, such as Parkinson's Disease, Strokes, Delirium, and Dementia, as well as multiple physical health conditions and disability.

Dementia predominantly affects people over the age of 65 years. In Orkney there are an estimated 473 people living with dementia, 191 men and 282 women, in 2019/20. It is anticipated that the number of people living with dementia in Orkney is set to almost double between 2016 and 2041. Support for people with dementia and their carers comes from various sources, including a Dementia Nurse Specialist who provides strategic support to service providers, including third sector, principally Age Scotland Orkney and Crossroads Care Orkney, and the statutory services who provides residential, day care and care at home services.

The service aspirations for the period of this plan:

- **To continue to work on establishing effective working relationships with the third sector and statutory services particularly AHPs and Social Workers.**
- **To develop a more streamlined process for getting patients a dementia diagnosis.**
- **To establish robust relationships with GPs, including those on the outer Isles.**
- **To have access to an Older Adult Psychiatrist.**

The local [Dementia Strategy 2020-2025](#), reflects the views of the people at the heart of dementia – people with a diagnosis, their families and unpaid carers. It highlights the importance of risk reduction, early diagnosis and access to high quality post diagnostic support which is dynamic to needs, strengths and identified personal outcomes. It values the positive contribution and need to support carers, volunteers and staff. It supports CLS and the need for integrated systems, which promote enablement and uphold rights, the building of dementia friendly communities and increasing community capacity, enabling people with dementia to live well, without stigma as a valued part of their community and in their own homes where possible.

The strategy evidences the importance of planning and developing services and supports for and with people living with dementia. It addresses the challenges in meeting the needs of the growing number of people who will be diagnosed with dementia, recognising the unique challenges and strengths of the Orkney community.

It supports the right care, in the right place at the right time by the right people. It also reflects the need to do things differently and innovatively.

Next steps are to optimise membership for a steering group to ensure appropriate representation of all stakeholder group. They will develop a Terms of Reference and initiate an assessment of priorities arising from the aspirations contained within the Dementia Strategy. Work streams will be developed and will report progress to the Integration Joint Board (IJB) regularly for consideration of commissioning issues.

5d. Substance Misuse

People who have conditions associated with alcohol and/or drug misuse, and who have a mental health condition may sometimes become lost to services if their transition stages are not effectively managed. Substance misuse can also significantly affect the person's families and carers.

Orkney has a substance misuse service, Orkney Drug and Alcohol Team (ODAT). The team provide psychosocial interventions to help people understand and address their problematic substance misuse. The support workers have close links to social care to support people on their recovery journey. They also provide a prescribing clinic for people experiencing dependent Opiate/Benzodiazepine use and a community alcohol detoxification service.

Each person referred to ODAT, while being assessed regarding the substance use, is also assessed from a mental health perspective in line with Mental Health Strategy Action 27. There is also a dedicated dual diagnosis CMHN who works with people who have mental health diagnosis and substance misuse, if they wish to address their substance use.

Orkney, as does Scotland, has a continued problem with alcohol. The islands have a poor relationship with alcohol with one in five of the adult population drinking alcohol at a harmful level; this is reflected in the hospital admissions due to alcohol. We believe that there may have been increased consumption of alcohol during lockdown, this will become apparent over the coming months which we will closely monitor. We are also aware that there is a growing issue of wider substance misuse on the islands.

The ADP is a multi-agency strategic organisation, with over 18 members, including OHAC, NHSO, OIC, Police Scotland, Scottish Fire and Rescue Service and the third sector, who work together to contribute to a cohesive response to needs, relating to substance misuse in Orkney. This includes the commissioning of a range of services including education and prevention, supporting people affected by substance misuse and treatment and recovery. The ADP commissions, each year, a range of projects hosted by the third sector which seek to aid recovery services.

Problem substance use and mental health conditions are included in the Distress Brief Intervention (DBI) design. The DBI approach emerged from the Scottish Government work on the suicide prevention and Mental Health strategies, the need to improve the response from people presenting in distress has been strongly advocated by people having experience of distress and by frontline service providers. Whilst people with substance misuse will benefit from the use of DBI it is equally applicable in addressing other needs in the community. There is currently work underway to introduce DBI into Orkney as part of that government initiative work with both statutory and third sector involvement.

The service aspirations for the period of the plan:

- **Work closely with and support the contribution of the third sector to reduce substance misuse and the effects on people.**
- **To explore the possibility of a local Narcotics Anonymous meeting.**
- **Improve support for addictions prescription governance.**

- **Develop further relationships with GP Practices in relation to substance misuse.**

5e. Psychological Therapies Service

Psychological Therapies refer to a range of interventions which are designed to help people understand and make changes to their thinking, behaviour and relationships in order to relieve distress and to improve functioning.

The vision of the Psychological Therapies Service is that the people of Orkney will have positive wellbeing and a good quality of life to help prevent mental health conditions occurring, and that those with mental ill health will get the respect, support and treatment and care they require to recover without fear of discrimination or stigma.

At the time of writing only 62.5 % are seen within the waiting times guarantee; this is due to Service operational issues however it is vital that we strive to improve on that performance.

The service aspirations for the period of the plan:

- **Review our capacity to consistently meet waiting time guarantees and seek investment if required.**
- **Increase availability and uptake of all forms of computerised CBT These products provide a flexible treatment resource and increase treatment capacity safely during COVID-19. (National Strategy Action 25).**
- **Enhance the accessibility of services by promoting the use of technology to allow people to consult with specialist services such as psychology from their own home or local community bases.**
- **Develop the workforce, extending and broadening understanding of recovery.**
- **Increase the workforce and expanding the psychological therapies to services such as Learning Difficulties, Chronic Pain and CAMHS, where there is currently no/very limited service, if /when new monies become available.**
- **Provide more low intensity psychological support at earlier stages in the patient journey.**
- **Increase access to treatments and interventions by supporting psychological self-help resources provided by NHS24.**
- **Delivering Mental Health and Wellbeing courses in community settings.**

- **Introduction of screening clinics within the Psychological Therapies Service to speed up access to appropriate mental health support.**
- **Work to ensure that people offering care, treatment and support are familiar with the effects of trauma and fully understand the longer-term impact of adverse childhood experiences such as sexual and/or physical abuse.**
- **Continue to work closely with the CMHS in Secondary Care Setting.**
- **Continue to work closely with colleagues in Primary Care to improve their knowledge about mental health and wellbeing and self-management.**

5f. Out of Hours Service

All of the CMHNs within the CMHS work on an OOH rota, from 17.00 - 09.00hrs Monday to Friday and 24hours at weekends. This service is in place to provide advice for medical and nursing colleagues at The Balfour, through the ED, OOH GPs, or the Acute Ward, and when required, to carry out Mental Health Assessments. As previously mentioned, the CMHNs also staff the transfer bed when required, and escort patients to Mental Health Hospitals on the mainland. When the transfer bed is occupied this has significant impact on day to day business and can require the cancellation at short notice of scheduled patients potentially further raising anxiety for those affected. On average the on call nurses are required around 20 times per month. This can have a significant knock on effect on the following day's planned workload.

There is also an OOH MHO service which operates from 1700-0900 on weekdays and 24hour at weekends. The service is there to support a GP and/or Consultant Psychiatrist to assess an individual's mental capacity and if they are at immediate risk of harm to themselves and/or others. OOH MHOs can also be called for advice in relation to short detention certificate, 4 days, or longer-term detention certificate, 28 days.

Orkney is part of the Scottish Government's Risk Assessment Matrix (RAM) pilot project. RAM is a tool that can be used when an individual is admitted into ED, where as part of the initial assessment, RAM will be used to identify if CMHN support is required immediately (red); support can be provided the next morning (amber) or no CHMN support is required (green).

The service aspirations for the period of the strategy:

- **Review and consult on the local Emergency Psychiatric Plan.**

- **Consider OOHs duties, roles and responsibilities and capacity, as part of the overall draft CMHS Operational Policy.**
- **To strengthen and develop acute care pathways including alternatives to inpatient care in RCH for crisis presentations.**
- **Introduction of all frontline staff trained in DBI at level 1, and third sector trained in level 2. (Contribute to National Strategy Action: 11).**
- **Mental health training for healthcare professionals including junior doctors working in ED should be essential. (National Strategy Action 13).**
- **Build capacity and resilience into the OOH MHO service.**
- **Develop data collection in order to understand the demand on the local mho service. (National Strategy Action 35).**
- **Review the pilot of RAM, with the view to reducing scheduled appointments. (National Strategy Action 23 and 28).**

5g. Third Sector

In Orkney, we have a vibrant and dynamic third sector who provide a range of services to support the local community and to individuals and carers who have mental health support needs including Orkney Blide Trust, Age Scotland Orkney, Crossroads Orkney. Services for people requiring support relating to use of substance misuse may be accessed through, Ypeople Orkney and the Needle Exchange Service. There are additional generic support and advice available through Advocacy Orkney, Crossroads Care Orkney, Women's Aid Orkney, Orkney Citizen's Advice Bureau and Relationship Scotland Orkney. A significant number of other organisations and local groups, across the Orkney Islands also provide a range of support services for people who may have mental and physical health support needs. These supports include 1:1 and group provision, from informal and structured social support to care at home. Voluntary Action Orkney (VAO) is the Third Sector Interface to aid information sharing between the statutory bodies and the third sector organisations locally. Some of our third sector partners who particularly focus on mental health are detailed below:

Age Scotland Orkney

Age Scotland Orkney aims to help and support older people who live in their own homes, to retain dignity, choice and independence and to enjoy a good quality of life and to work with other groups – both statutory and third sector, national and local, on issues which will have an impact, in the longer term, on the lives of all older people.

Age Scotland Orkney support those living with dementia, their carers and families to live a full life. We will continue to build on the success of The Hub as a central point of access for information, advice, support, sign posting, connecting people and resources. The aspiration to grow The Hub will enhance experiences for people with dementia and their carers at all stages. This will be from pre diagnosis on to a safe community space for assessment and diagnosis, moving on to support at diagnosis, post diagnostic support, cognitive stimulation therapy (CST) and cognitive rehabilitation. Age Scotland Orkney will increase other community groups involvement in supporting people living with dementia and their carers by delivering dementia specific training and will explore providing reactive respite within people's homes. Age Scotland Orkney will continue to support smaller community groups through a small grants project which they are managing and co ordinating.

The service aspirations for the period of the strategy:

- **Expand post diagnostic support, delivered in the community to a variety of health conditions, using the existing successful dementia support as a model.**
- **Reduce loneliness to allow older people to love later life, improve confidence and wellbeing and to overcome social isolation.**

Orkney Blide Trust

Orkney Blide Trust provides support to people who have, or have had, experience of mental health conditions and their carers. Orkney Blide Trust aims *'To promote mental well-being in Orkney, through active personalised support with a focus on recovery'* and has a good reputation for providing support to anyone without judgement. It also provides a place where people tell us they feel safe.

For 2020 to 2024, Orkney Blide Trust are also offering support to survivors of childhood abuse many of whom experience mental ill health because of the trauma. The support offered is not limited to Orkney Blide Trust services as Orkney Blide Trust are part of a national network of organisations who are all funded by the Scottish Government through the Survivors of Childhood Abuse Fund.

People join the service as members and are encouraged to take part in developing what is provided, for example, through regular weekly meetings or by sitting on the board of trustees. In any case, activities are planned by our members in partnership with a staff member. The services include housing support; befriending; drop-ins; out and about trips' and counselling services.

People can be supported as part of a group activity or on a one to one basis with their support worker. If needed people can be supported to attend review meetings, interviews or be referred onto more appropriate services, where their support worker can accompany them for moral support or to assist the person in getting their view across.

Orkney Blide Trust works closely with other third sector organisations to ensure members achieve good results. The CMHS will often use the premises to meet with their patients, who may or may not be members. The staff team also provide information to the public on mental health matters and training, such as Scottish Mental Health First Aid. Orkney Blide Trust is committed to improving mental health services in Orkney, through organising public meetings and events and through our work with the Scottish Recovery Network.

The service aspirations for the period of the Strategy:

- **To have our experience and knowledge of the issues faced by those affected by mental illness recognised and utilised in meeting the aims of the Mental Health Strategy.**
- **To work with our partners across all sectors to improve mental health services**
- **For Orkney Blide Trust to be financially supported to allow it to contribute to meeting the aims of the Mental Health Strategy and to continue supporting people with their recovery from mental illness.**
- **To explore, with our partners across all sectors, what a Recovery Centre might contain and how Orkney Blide Trust can contribute to the development and operation of such a Centre.**
- **To be able to continue to develop and provide a range of services and training for the people of Orkney.**

YPeople

Ypeople provide supported accommodation in Kirkwall and Stromness for people aged 16+ who are experiencing homelessness or are at risk of becoming homeless. Many of the people accessing the service have experienced trauma and adverse childhood experiences. As well as practical support with budgeting, seeking employment, maintaining tenancies and daily living, the staff team are skilled at supporting people who have experienced trauma, offering a therapeutic approach, a listening ear, support and onward referral when appropriate.

Y-Talk is commissioned by Orkney Alcohol and Drugs Partnership and provides a Youth Counselling service for children and young people from primary school age up to the age of 25. Youth Counsellors are professionally qualified in person centred counselling. Ypeople is an organisational member with the British Association for Counselling and Psychotherapy (BACP) and as part of the Youth Counselling role Counsellors are requested to register with the BACP.

Y-Talk Youth Counsellors are trained to provide age and stage appropriate support using a range of methods, including play therapy, sand therapy, psychodynamic and therapeutic support. This range of intervention methods supports children and young people to explore and understand their feelings, emotions, behaviours, past experiences, in a safe and supportive manner and environment.

The process of counselling builds confidence, self-esteem, coping strategies, develops understanding and reduces the chances of children and young people partaking in risk taking behaviours, and improving the health and wellbeing of the client.

Y-Change is a new service designed to support people aged 16+ who are misuse drugs and alcohol and have been involved offending/reoffending or anti-social behaviours through providing a positive change programme.

The service provides drug and alcohol education; anger management; consequential thinking; problem solving skills; strategies for reduction/abstention from alcohol and/or and victim awareness.

The service aspirations for the period of the Strategy:

- **Reduce drug and alcohol misuse and prevent risk taking behaviours that are linked to drug and alcohol misuse.**
- **Support people to be accepted and become active citizens in the community.**
- **Provide group wellbeing sessions within schools and college as to support wellbeing, encourage peer support and act as an early intervention.**
- **Reduce homelessness and the risk of homelessness by providing mediation support for young people and their families.**

6. Achieving Mental Wellbeing in Orkney

Delivery of the Mental Health Strategy across Orkney will be completed through a robust partnership with service users, communities and third sector organisations. We will do this through the promotion of:

- Choice and control by individuals being involved in the decision making process of their packages of care.
- Seeking to develop a person-centred approach which supports prevention and early intervention.
- Promotion and protection through access to local, community-based support.

The underpinning goal is to enable the provision of proactive response to individuals, through services which promote mental and physical wellbeing which is stigma free and proportionate to need.

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

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

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

6a. Suicide

The Scottish Government published its Suicide Prevention Action Plan: Every Life Matters in August 2018. The vision of the plan is - a Scotland where suicide is preventable; where help and support is available to anyone contemplating suicide and to those who have lost a loved one to suicide. Suicide prevention is everyone's business.

The vision is underpinned by the key strategic aims

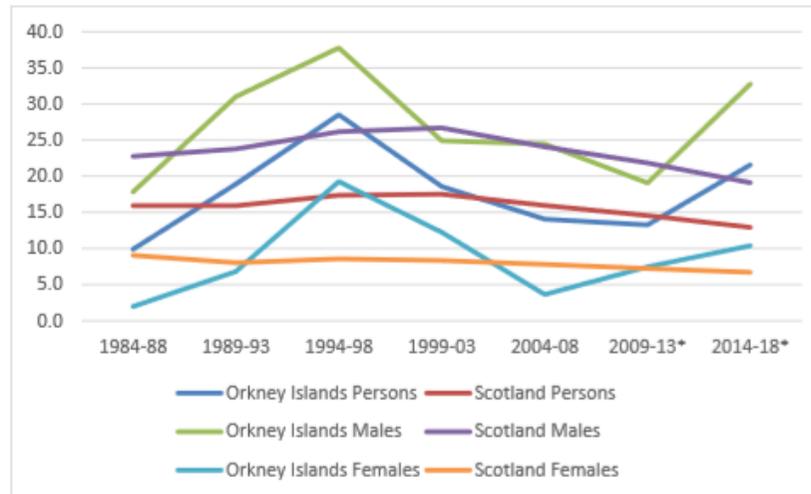
- people at risk of suicide feel able to ask for help, and have access to skilled staff and well-coordinated support.
- people affected by suicide are not alone.
- suicide is no longer stigmatised.
- we provide better support to those bereaved by suicide.
- through learning and improvement, we minimise the risk of suicide by delivering better services and building stronger, more connected communities.

The plan has a target to reduce the rate of suicide in Scotland by 20% by 2022 (from a 2017 baseline).

In 2014 - 2018, Orkney had the highest rate of suicides per 100,000 population in Scotland (using the European age-sex standardised rates). This accounts for 22 deaths by suicide in the five year period, 17 of which were male. Every one of those deaths is a tragedy. They are also a reminder that we must continue to improve suicide prevention action to improve the support for those who have lost a loved one to suicide and make support more available and accessible to those who have had suicidal thoughts (Every life Matters, 2018).

Orkney isles trend data for suicide rates (ScotPHO June 2019)

Orkney Isles



This chart shows the trend for suicide rates in Orkney Isles (by five-year rolling average) from 1984-88 to 2014-2018 based on the old coding rules. The data for 2004-08 to 2014-18 shows:

- There is a 53.5% increase in the suicide rate in Orkney Isles
- Male suicide rates increased by 33.8%
- Female rates increased by 185.4%.

The data on suicides particularly in small populations can be difficult to interpret. Due to the low population numbers Orkney's statistics can change dramatically based on small changes at a local level, for example if there had been one death by suicide one year and 2 the next year then the suicide rate would be reported as increasing by 100%.

A complex range of factors can contribute to people contemplating suicide. Many are not to do with mental ill-health and can instead relate to stressful life circumstances, events or changes in a person's life,

The following characteristics and factors are known to contribute to raised suicide risk. They can be cumulative and overlapping.

- History of self-harm.
- Bereavement from suicide.
- Adverse childhood experiences (ACES) and later trauma.
- Deprivation, poverty, and social exclusion.
- Isolation.
- Living with or developing an impairment or long-term condition.
- Young and middle-aged men.
- People affected by drugs and/or alcohol.
- Migrants.
- Lesbian, gay, bisexual and transgender (LGBTQI) adults and young people.
- Gypsy/Travellers.
- Homelessness.

In order to try and reduce the risk of suicide in these population groups it is essential that we collectively work on prevention, to improve people's mental health and wellbeing, increase personal and community resilience and ensure there is early intervention available.

Most people who take their own lives have not been in touch with mental health services. There are many things we can do in our communities, outside hospital and care settings, to help those who think suicide is the only option.

We know that the coronavirus (COVID-19) pandemic will have various impacts on mental health, both currently and in the future, although it is not yet clear what the impacts will be (Public Health Scotland, Rapid Review of the impact of COVID 19 on mental health, June 2020) we need to ensure we monitor it and consider it when planning interventions in mental health improvement and suicide prevention.

There are a number of local initiatives currently in place –

The Choose Life Group which is a multi agency group, which will be reformed/restructured, which aims to reduce suicide in Orkney, it coordinates a number of local interventions such as communications, local campaigns and training. In 2019 an Orkney wide suicide training needs analysis was undertaken by Orkney's Public Health Team at the request of the Orkney Choose Life Group with 292 responses received. Following the analysis of the results a 2.5 hour suicide prevention workshop was developed locally in

partnership with Orkney Blide Trust and Voluntary Action Orkney. With the support of the Choose Life Group this is being rolled out across Orkney free of charge.

NHSO has a Mental Health Improvement and Suicide Prevention Framework short term working group; which aims to improve mental health awareness and wellbeing within NHS Orkney and its employees by reviewing and implementing the Mental Health Improvement and Suicide Prevention Framework NES resource2.

Touched By Suicide – is a group established by people affected by suicide for individuals, families etc. It's a group for people to come together rather than a support / therapy group.

There is a multi agency group which reviews all completed suicides in Orkney and makes recommendations where appropriate.

In order to meet the aims and target set out in the national Suicide Prevention Action Plan: Every Life Matters and to prioritise work to reduce suicide in Orkney a multi agency suicide prevention strategy and action plan needs to be developed, including consultation with stakeholder partners, frontline services, service users, those with lived experience and people who have been affected by suicide.

7. Impact of COVID-19 on public mental health

Fear, worry, and stress are normal responses to perceived or real threats, and at times when we are faced with uncertainty or the unknown. So, it is normal and understandable that people are experiencing fear in the context of the COVID-19 pandemic. Added to the fear of contracting the virus during the pandemic are the significant changes to our daily lives as our movements have been restricted in support of efforts to contain and slow down the spread of the virus. Faced with new realities of working from home, temporary unemployment, home-schooling of children, and lack of physical contact with other family members, friends and colleagues, it is important that mental health services help both staff and patients to look after their mental and physical health.

The COVID-19 outbreak is likely to have had an impact on everyone's daily lives, mental health and wellbeing. All mental health services continued throughout the pandemic however those people who were already receiving a service have had to contend with that service being delivered in a very different way. The team have adopted the use of Near Me for almost all clinical consultations; this has been a huge success and face to face meetings with appropriate use of PPE have been reduced to only where it was judged to be absolutely required or for the continued delivery of medicine by injection. The single patient group who have adapted least well to the use of Near Me has been the older adults. The use of new technology during a time when family could not be around for

support has proved to be difficult. Nonetheless it is hoped that with some easing of restrictions family may yet be able to support the use of Near Me. In the absence of Near Me telephone consultations have been carried out.

The pandemic's potential impact on staff led to the development of services to support staff caring for people during this time. These were:

Psychological Resilience Hub:

This was available to all NHS and HSCP staff, including care home staff working in the statutory, independent and third sectors in the Orkney area, and volunteers supporting health and social care services. The Hub was also open to the public, including children, and to Scottish Ambulance Service (SAS) staff based in Orkney.

Staff support telephone line:

This dedicated phone line was staffed by members of the community mental health team and was available Monday- Friday 09.00-17.00 either by telephone or dedicated email address.

These are in addition to the very many media messages both locally and nationally created during the pandemic to support people feeling vulnerable or anxious due to the impact of the restrictions.

In addition to presenting new or enhanced stressors, the pandemic has diminished many of the mechanisms people typically use to cope with stress. Research has shown that the most popular coping mechanisms during lockdown have been staying in touch with friends and family and taking daily outdoor exercise. Work has also been important, with the value for mental wellbeing extending beyond the financial benefits.

Many people have lost jobs or been furloughed, and people have not been able to meet with friends or family. There are inequalities in these deficits: job loss is socioeconomically patterned, some groups are less able to get outdoors, and some are unable to remain digitally connected to friends and family. All of this increases the likelihood that the pandemic will increase mental health inequalities. During the actual period of lockdown there were few new referrals to the service however numbers are beginning to rise and it is anticipated that despite Orkney's low levels of Covid-19 to date that referrals will increase as a consequence of the restrictions described above, clearly employed to keep the virus from spreading. This impact will be monitored closely going forward both locally and nationally as mental health needs emerge during the different phases of the pandemic.

The third sector draws considerable funding from charitable sources and one impact of COVID-19 has been to reduce that ability to raise funds. Therefore, not only is there expected to be a so called 'tsunami of need' (VAO – third sector forum) as a result of the

pandemic on future wellbeing and mental health but charitable organisations may find it hard to secure funding to offer the required services to meet the increased demand.

8. What People Said

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

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

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

9. Outcomes

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

Our outcomes are:

- Improved quality of life for individuals experiencing mental health condition, through a person-centred approach, prevention and recovery orientated mental health service provision.
- Support for a professional workforce that can meet the needs of the population, including effective and appropriate training and strong multi-disciplinary culture.
- Provision of a range of community-based support services, which promote prevention, self-management, self-reliance and resilience from birth to end of life.
- Decrease mental health inequality, stigma and discrimination through greater community awareness. Mental health conditions need to be recognised as being as important as those affecting physical health
- Improved access to information and communication.
- Develop opportunities for developing more effective use of resources accessible through all stakeholder groups and across all communities, to enhance support services to individuals and carers.
- Improved access to a range of supports for carers.

10. How This Will Happen

An individual's mental health and wellbeing may be variable, at various points in their lives and is affected by a wide range of internal and external influences. In order to provide appropriate supports, it is essential to work in partnership with individuals, carers, communities and service providers in order to achieve the best outcomes for each person. In order to develop and provide the range of services required, in a person-centred way, using the Four Tier Model for Mental Health and Wellbeing (see Figure. 1) as a foundation. Local CMHT services straddle Tiers 2 and 3 which create challenges in terms of both capacity and expectation.

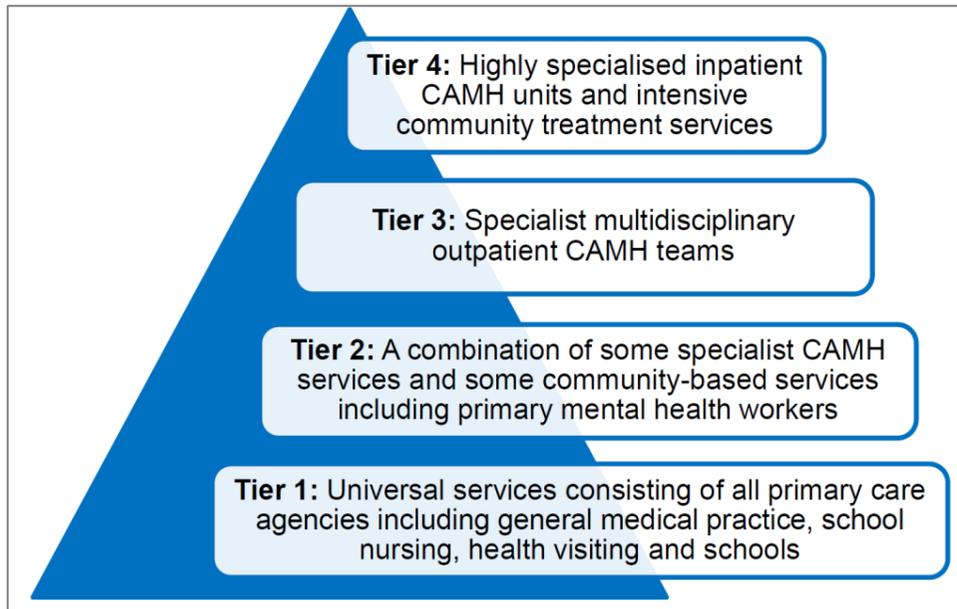


Figure 1. Four Tiers of Mental Health and Wellbeing.

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

Our strategic priorities are:

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

What we will do:

- Further develop a holistic and rights-based approach to recovery focussed practice. (National Strategy Action 32.)

- Improve care, treatment and support pathways, including access to in-patient treatment, with the aim of reducing the risk of crisis and the need for off-island treatment.
- Development of CLS to build resilience which links people, services and groups as well as developing effective signposting, promoting reduced reliance on statutory services.
- Through partnership working to respond to local needs with early years, education, housing, external service providers and local communities.
- Improve participation and co-production opportunities by involving individuals and their carers, who have lived experience, thereby utilising their skills and knowledge in service development.
- Provide access to new care/treatment pathways e.g. DBI. NHS 24 MH Hub (24/7) cCBT etc. (National Strategy Action 14)
- Work more closely with Public Health for those with mental health conditions to take up health screening and cessation programmes. (National Strategy Actions 29 and 30)

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

What we will do:

- Focus on the whole person, ensuring that physical and mental health needs are considered equally.
- Develop CMHN support to provide enhanced capacity for primary care access for people with mild to moderate mental health problems, working in partnership with GP practices.
- Review the proposed specialist Mental Health training, to support and enhance current clinical services.
- Develop training plan to further develop skills of staff within the CMHS and within partner agencies.
- Further explore and develop the use of local in-patient and community-based supports in order to prevent a requirement for off island treatment.
- Further develop training and support to MHOs.
- Build on current Psychology services across all ages, ensuring clear pathway for referrals and interventions.
- Develop improved post-diagnostic supports for those with dementia and their carers.
- Provide support and training for service providers and carers, for people with dementia, including end of life supports.
- Explore and develop models of integrated working, including co-location.
- Promote proactive risk enablement approach to treatment and intervention.

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

What we will do:

- Develop effective approaches to supporting prevention and self-management of mental health needs, enabling individuals to become self-reliant and resilient.
- Develop a range of opportunities for all age groups to connect with their local communities.
- Improve upon physical health outcomes through further developing relationships with leisure and third sector providers.
- Work in partnership with early years and education to promote mental health and wellbeing.
- Develop parenting programmes to support positive child development and personal resilience.
- Build on current transitions and discharge pathways including anticipatory care plans, supporting young people from early childhood to become healthy adults. (National Strategy Action 21)
- Develop care pathways for Looked After and Accommodate Children and in secure care. (National Strategy Action 5)

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

What we will do:

- Improve awareness of mental wellbeing and mental health conditions across all communities, including early years, education, the workplace/employers, social and community settings and at home.(National Strategy Action 37)
- Support individuals to access social and group settings, including clubs and groups through the development of communities.
- Further develop employment and employability opportunities, providing support to employees and employers to achieve a flexible, productive employment environment. (National Strategy Action 36)
- Continue to develop people friendly communities, raising awareness and enabling improved access to social activities.

Outcome 5 – Improved access to information and communication.

What we will do:

- Ensure that mental health and wellbeing information, advice and guidance is readily available to all individuals and within all communities. NHS Inform

- Work with local media, local communities and service providers to provide targeted mental health promotion campaigns.
- Promote use of generic, accessible support networks e.g. apps, online programmes (i.e. SilverCloud and CBT), social networks.
- Improved integration of services between health and social care teams and the third sector.
- Further develop use of TEC.
- Improve upon communications systems across statutory services.
- Ensure appropriate data sharing is maximised for the benefit of individuals.

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

What we will do:

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

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

What we will do:

- Ensure that carers of people living with mental health conditions have their needs considered and views respected.
- Include representation from mental health providers to the Carers Strategy Group to ensure the needs of carers who's caring responsibilities are in relation to a personal with mental health needs are represented.
- Develop a range of short break and respite opportunities, working in partnership with local communities and businesses.

11. How We Know This Has Happened

Being able to demonstrate and report on progress of the implementation of the strategy is essential, ensuring that we are making a real difference to the mental health and wellbeing of all communities across the islands. In order to do this, we will develop an action plan, in conjunction with all our partners including service users, carers, local communities, statutory and third sector providers. The

action plan shall establish clear, realistic targets for progression of all tasks, which shall be regularly reported via the Clinical and Care Governance Committee, to the IJB for assurance, scrutiny and where relevant commissioning considerations.

Essential to progression shall be the development of a [Quality of Care Framework](#). This will include a range of mental health outcome measures, based on the national measures, and comprise of local data sets as appropriate. Initial data associated with this framework shall establish a baseline for evaluation of progress. The findings of these evaluations shall be subject to annual reporting to the IJB.

Useful Contacts

Service.	Phone Number.	Email Address.	Website.
CMHS.	018856888280. 01856888000 (out of hours).	Ork-HB.cmht@nhs.net .	
Alcoholic Anonymous.	07802916577. 08009177650.	help@aamail.org	www.alcoholic-anonymous.org.uk .
Narcotics Anonymous.	03009991212.		www.ukna.org . www.higna.org.uk .
Vital Talk.	07510927444	enquiries@vitaltalk.co.uk	www.vitaltalk.org .
Samaritans.	01856876600. 0845909090. 116123.	jo@samaritans.org orkney.director@samaritans.org	https://www.samaritans.org/?nation=scotland
Breathing Space.	0800838587.		https://breathingspace.scot/ .
Victim Support.	01856871965.	jackie.fitzpatrick@victimsupportsco.org.uk	www.victimsupportsco.org.uk
Orkney Blide Trust.	01856874874. 07840198022.	admin@blidetrust.org	www.blidetrust.org.uk .
Age Scotland Orkney.	01856872438.	enquiries@agescotlandorkney.org.uk	www.agescotlandorkney.org.uk .
Crossroads Care Orkney.	01856870500.	carers@crossroadsorkney.co.uk	http://www.crossroadsorkney.co.uk/ .
Y People.	01856879958.	orkneyypsas@ypeople.org.uk	www.ypeople.org.uk .
Y Talk.	07770019147.	ytalk@ypeople.org.uk	
Y Change.	07904683851.	orkney@ypeople.org.uk	

Relationship Scotland Orkney.	01856877750.	enquiries@rsorkney.org.uk .	https://www.relationships-scotland.org.uk .
Needle Exchange Service.	01856888917.		https://www.ohb.scot.nhs.uk/service/needle-exchange-programme .
Orkney Rape and Sexual Assault Service.	01856872298. 08088010302.	contact@orsas.scot	https://www.orsas.scot/
Sexual Health Clinic.	01856888917.		https://www.nordhavenclinic.co.uk/
Woman's Aid Orkney.	01856877900.	info@womensaidorkney.org.uk	https://womensaidorkney.org.uk/
Abused Men in Scotland.	03300949395.	support@amis.org.uk .	https://abusedmeninscotland.org/ .
Adult Services Directory.			http://www.vaorkney.org.uk/information/third-sector-local-information .
Children and Young People Service Directory.			www.vaorkney.org.uk/images/pdf/Childrens_Services_Directory_2_final.pdf .