| AssessmentNo | 546 | Owner | kconway | | |
|---|--|--------------|---|---------------------------------|--|
| Resource | HSCP | | Service/Establishment Joint | | |
| | First Name | Surname | Job title | | |
| Head Officer | | | Head of Mental Health, Addictions | s and Learning Disability | |
| | | | | <u> </u> | |
| | (inclu | de job title | es/organisation) | | |
| | | | - Primary Care Development Lead, | West Dun HSCP Lauren | |
| Members | | | ealth Improvement Lead, West Dun | | |
| | Integr | ated Oper | ations Manager, West Dun HSCP | | |
| | | | | | |
| | | | e word 'policy' is used as shortha | and for stategy policy function | |
| | | ancial dec | | | |
| Policy Title | | | nd Wellbeing in Primary Care Plan | | |
| | | | tive,purpose and intended out co | | |
| The Mental Health &Wellbeing in Primary Care Service wi Mental Health Teams which are established within our 2 le natural communities. By the end of the four year plan (202 West Dunbartonshire should be supported by an expande providing early intervention to support their mental healt team will be aligned to our existing primary care and men ensuring seamless support for patients. The current wellb within GP Practices, will provide triage to ensure patients treatment and support from the new Mental Health and W Team and our existing mental health network where appr will invest in existing service to improve access for our patimes to treatment and support. We will build on the exist team with the introduction of Occupational Therapists wit support Mental Health &Wellbeing. The aim of the plan is based in Primary care that will support people to better mealth and wellbeing and provide them with support to be future. | | | a our 2 localities reflecting our lan (2025/26), every citizen in expanded multidisciplinary team tal health and wellbeing. The nd mental health network nt wellbeing nurses, embedded patients access the correct hand Wellbeing in Primary Care appropriate. In year 1, we re our patients, reducing waiting the existing multidisciplinary poists within Primary Care to plan is to develop a service petter manage their mental | | |
| | Service/Partners/Stakeholders/service users involved in the development and/or implementation of policy. Within the Local Planning Group there is a representative with lived experience. | | | | |
| | | | | | |
| | We are organising a stakeholder event in October to engage with wider stakeholders on how the service should be developed and implemented. Further events will be organised to inform the ongoing development and implementation of the service across the HSCP. | | | | |
| Does the prop services? | osals in | nvolve the | e procurement of any goods or | Yes | |
| _ | | - | have contacted our iss your requirements. | Yes | |
| SCREENING | | | | | |
| | | | y relevance to the four areas | | |
| - | | | ion (E), advance equal | Yes | |
| | | | od relations (F) | | |
| Relevance to I | | | | Yes | |
| Relevance to I | nealth | ımpacts (| нј | Yes | |

| Relevance to Social Economic Impacts (SE) | Yes |
|---|-----|
| YATE 131.1 CC . 1.1 .1.1 11 0 | |

Who will be affected by this policy?

The MHWPC plan will design a new service that will accessible by all groups in West Dunbartonshire locality to support and improve the mental health and emotional wellbeing of citizens.

Who will be/has been involved in the consultation process?

HSCP developed a local planning group which consists of representatives across the HSCP, Education and 3rd sector. We also have a representative with lived experience on the group. (list provided below) We have undertaken a survey of GP / Practice Managers to understand how services could be improved. We held a stakeholder event where we sought input form stakeholders on the priorities for year 1, timescales for this were tight and there for did not enable us to have wider engagement prior to submission of high level plan with year 1 priorities. We are working with the 3rd sector, WDC engagement Team to organise a wider stakeholder event in October 2022 (including wider 3rd sector and citizen representation, including people with lived experience), The session will inform how and where the service should be developed and what supports and treatments should be prioritised within the service. Dr Fiona Wilson, Clinical Director &Chair Sylvia Chatfield, Head of Mental Health, Addictions &Learning Disabilities (Local Authority Representative) Anna Crawford, Primary Care Development Lead Dr Susan Langridge, GP sub-committees Sheila Downie, Service Manager - Specialist Children's Service Zoe Mair, Nurse Team Lead – CAMHS Fiona Taylor, Head of Health &Community Care – (Lead for Primary Care) Kate Conway, Integrated Operations Manager - Mental Health (including Adult) / Action 15 Lead Linda Roberts, Primary Care Mental Health Team (Psychological Therapies) Claire Cusick, Education Advisor Education Cerys MacGillivray, Consultant Clinical Psychologist Older People John Whyte, Stepping Stone Dr Alison Walsh GP Dr Neil Murray, GP Lorraine Nocher, Finance Jacqueline McGinley, Addictions Lauren McLaughlin, Health Improvement Allison Miller, Health Improvement Selina Ross, WD Community Voluntary Service Communities Mental Health And Wellbeing Fund John Mooney, lived experience Ross Turner, Psychology Diana McCrone, Staff Side Representative Julie McKelvie, Occupational Therapist Lead

Please outline any particular need/barriers which equality groups may have in relation to this policy list evidence you are using to support this and whether there is any negative impact on particular groups.

| | Needs | Evidence | Impact |
|-----|--|--|---|
| Age | Many people have been adversely affected by COVID restrictions and as recovery plans are implemented many people continue to report poor mental health, wellbeing and emotional distress as well as isolation. | WHO states that Over 20% of adults aged 60 and over suffer from a mental or neurological disorder (excluding headache disorders) and 6.6% of all disability (disability adjusted life years- DALYs) among people over 60 years is attributed to mental and neurological disorders. Older people may experience life stressors common to all people, but also | actions to improve access to older people who may not readily access such services. |

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|----------------|----------------------|------------------------|----------------------|----------|
| | | stressors that are | | |
| | | more common in | | |
| | | later life, like a | | |
| | | significant ongoing | | |
| | | loss in capacities and | | |
| | | a decline in | | |
| | | functional ability. | | |
| | | Older adults may | | |
| | | experience reduced | | |
| | | mobility, chronic | | |
| | | pain, frailty or other | | |
| | | health problems, for | | |
| | | which they require | | |
| | | some form of long- | | |
| | | term care. In | | |
| | | addition, older | | |
| | | people are more | | |
| | | likely to experience | | |
| | | events such as | | |
| | | bereavement, or a | | |
| | | drop in | | |
| | | socioeconomic | | |
| | | status with | | |
| | | retirement. All of | | |
| | | these stressors can | | |
| | | result in isolation, | | |
| | | loneliness or | | |
| | | psychological | | |
| | | distress in older | | |
| | | people. In relation to | | |
| | | YP, a survey of S3 | | |
| | | stage in WD school | | |
| | | 2021 indicates 38% | | |
| | | YP reported good or | | |
| | | very good mental | | |
| | | wellbeing following | | |
| | | Covid restrictions | | |
| | | (68% pre Covid) | | |
| | The compounding | | Positive - The | |
| | nature of people | A lot of evidence to | MHWPC Service | |
| | across several | show that people | promotes fair, | |
| | categories who may | with several | flexible, free and | |
| | be more likely to | protected | equitable access by | |
| Cross Cutting | experience mental | characteristics may | challenging | |
| or 035 cutting | health issues and in | be more likely to | inequalities, | |
| | turn struggle to | experience common | supporting delivery | |
| | engage with the | mental health | partners and | |
| | services which could | problems and | providing guidance | |
| | help them. | emotional distress. | that will support | |
| | ncip tiletil. | | people living in WD. | |
| | The MHWPC Service | From the WD Adults | Positive - The | |
| Disability | plan aims to address | &Older people SNA | MHWPC Service | |
| | the higher levels of | 2022, data indicated | promotes fair, | |
| <u> </u> | | • | | <u> </u> |

| | poorer mental health and wellbeing of people living with a disability whether that be physical or a learning disability | 2,440 have partial sight and 370 are blind. Deaf people are twice as likely to experience mental health difficulties (All Wales Deaf Mental Health and Well-Being evidence to the Commission) | flexible and equitable access by challenging inequalities, supporting delivery partners and providing guidance that will have a positive impact for this group of service users. | |
|-----------------------------|--|--|---|--|
| Social & Economic Impact | The service outlined by the MHWPC Service plan need to be situated locally, free at the point of need and easy and fast to access. Local Community supports are needed to reduce the need for travel costs, time off work/school and for those with caring responsibilities in an area where levels of deprivation are high. | Poverty is the biggest driver of poor mental health and there is a structural relationship between wider socio-economic inequality and mental health. Equally poor mental health and emotional distress can increase the risk of living in poverty. (Scottish Government Mental Health Transition and Recovery Plan 2020). The current prevalence and impact of poverty in West Dunbartonshire is well understood with an understanding that there are increasing pressures with the cost of living crisis. (Adult Strategic Needs assessment (2022) | Positive - The MHWPC Service promotes fair, flexible, free and equitable access by challenging inequalities, supporting delivery partners and providing guidance that will support people living in WD. | |

| ender Reassign Need to intervene earlier for men in order to have a positive impact on suicide rates. People SNA 2022 show wellbeing scores for females were lowever than males NHS G&C NHS Lothian and Public Health Needs Assessment of Lesbian, Gay, Bisexual, Transgender and Non-binary (LGBT+) people in Scotland indicates that trans men and trans women often have the highest proportion of self reported poor mental health and also have the higher PHQ2 score (indicating depression) when compared with lesbian/gay women, bisexual people and gay men. Determinants of mental health interact with Positive - The MHWPC Service promotes fair, flexible and equitable access by challenging inequalities, supporting delivery partners and providing guidance that will have a positive impact for this group of service users. | | I | E : 1 C | |
|--|-----------------|---|---|--|
| People who are trangender are more likely to experience poorer mental health &wellbeing including emotional distress. Pender Reassign People who are trangender are more likely to experience poorer mental health &wellbeing including emotional distress. People who are trangender are more likely to experience poorer mental health awellbeing including emotional distress. People who are trangender are more likely to experience poorer mental health alealth and also have the highest proportion of self reported poor mental health and also have the higher PHQ2 score (indicating depression) when compared with lesbian/gay women, bisexual people and gay men. People who are transgender and Non-binary (LGBT+) people in Scotland indicates that trans women often have the highest proportion of self reported poor mental health and also have the higher PHQ2 score (indicating depression) when compared with lesbian/gay women, bisexual people and gay men. Positive - The MHWPC service that will have a positive impact for this group of service users. Positive - The MHWPC service promotes fair, flexible and equitable access by challenging inequalities, supporting delivery partners and providing guidance that will have a positive impact for this group of service users. | Sex | access for women to assessment and treatment for common mental health problems. Need to intervene earlier for men in order to have a positive impact on | National Suicide data show that It is also worth noting that men continue to complete suicide in much larger numbers. NRS data. women are more likely than men to experience mild to moderate mental health problems and are particularly vulnerable to this if they experience domestic abuse. WD Adults and Older People SNA 2022 show wellbeing scores for females were lowever than | MHWPC Service promotes fair, flexible and equitable access by challenging inequalities, supporting delivery partners and providing guidance that will have a positive impact for this group of service |
| Determinants of Scottish Health Positive - The mental health Survey 2020 shows https://doi.org/10.1001/journal.com/scottish Health Positive - The MHWPC Service interact with the mean WEMWBS promotes fair, | Gender Reassign | trangender are more likely to experience poorer mental health &wellbeing including emotional | Lothian and Public Health Scotland "Health Needs Assessment of Lesbian, Gay, Bisexual, Transgender and Non-binary (LGBT+) people in Scotland indicates that trans men and trans women often have the highest proportion of self reported poor mental health and also have the higher PHQ2 score (indicating depression) when compared with lesbian/gay women, bisexual people and | MHWPC Service promotes fair, flexible and equitable access by challenging inequalities, supporting delivery partners and providing guidance that will have a positive impact for this group of service |
| inequalities in score for adults in flexible and society putting some West equitable access by | Health | mental health interact with inequalities in | Scottish Health Survey 2020 shows the mean WEMWBS score for adults in | MHWPC Service promotes fair, flexible and |

Dunbartonshire (2019) was 48.5, this is less than both NHSGGC (49.2) and Scotland (49.8). When the mean score is analysed by gender females in West Dunbartonshire are lower at 47.8, than NHSGGC (49) and Scotland (49.7). This is different in males with those in West Dunbartonshire (49.3) having similar mean scores with those in NHSGGC (49.2) but less than Scotland (49.9). Data from WD SNA for adults shows in challenging 2020/21 23% of WD inequalities, supporting delivery population people at a far prescribed drugs for partners and higher risk of poor anxiety/depression/ providing guidance mental health than psychosis The rate of that will have a others. patients registered positive impact for with depression is all people accessing increasing year on the service. year in West Dunbartonshire. Suicide remains a significant issue in West Dunbartonshire. Poverty is the biggest driver of poor mental health and and equally poor mental health can increase the risk of living in poverty. (Scottish **Government Mental Health Transition** and Recovery Plan 2020). The current prevalence and impact of poverty in West Dunbartonshire is

| | | 11 1 . 1 | | |
|---------------------------------|---|---|--|--|
| | | well understood with an understanding that there are increasing pressures with the cost of living crisis. (Adult Strategic Needs assessment (2022) | | |
| Human Rights | no needs identified | | | |
| Marriage & Civil Partnership | No identified needs | | | |
| Pregnancy & Maternity | New parents are more likely to experience poorer mental health &wellbeing including emotional distress. | 1 in 5 women are affected by mental health issues during pregnancy and the first year after birth (NHS Inform) Dads &partners can experience depression after the the birth too. (NHS Inform) | Positive - The MHWPC Service promotes fair, flexible and equitable access by challenging inequalities, supporting delivery partners and providing guidance that will have a positive impact for this group of service users. | |
| Race | People from ethnic /minority/racial backgrounds are more likely to experience poorer mental health than white people. | while the overall ethnic minority population in West Dunbartonshire is low ~7% (based on Census 2011) the 2021 national pupil census showed that 491 ~3.95% of school population were Minority Ethnic pupils. 411 reported Pupils with a main home language which was neither English, Gaelic, Scots, Doric nor Sign Language with 41 languages spoken at home. The top five languages spoken at home (excluding English, Gaelic, Scots, Doric and Sign Language) were Polish, Arabic, Urdu, Portuguese | Positive - The MHWPC Service promotes fair, flexible and equitable access by challenging inequalities, supporting delivery partners and providing guidance that will have a positive impact for this group of service users. | |

| and Chinese (Cantonese). However, Men &women from African/Caribbean communities in the UK have higher rates of PTSD and risk of suicide (Khan et al 2017) Religion and Belief No identified needs NHS GG&C NHS Lothian and Public Health Scotland "Health Needs Assessment of Lesbian, Gay, Bisexual, Transgender and Non-binary (LGBT+) people in Scotland indicates a wealth of | |
|---|--|
| However, Men &women from African/Caribbean communities in the UK have higher rates of PTSD and risk of suicide (Khan et al 2017) Religion and Belief No identified needs NHS GG&C NHS Lothian and Public Health Scotland "Health Needs Assessment of Lesbian, Gay, Bisexual, Transgender and Non-binary (LGBT+) people in Scotland indicates a wealth of | |
| &women from African/Caribbean communities in the UK have higher rates of PTSD and risk of suicide (Khan et al 2017) Religion and Belief No identified needs NHS GG&C NHS Lothian and Public Health Scotland "Health Needs Assessment of Lesbian, Gay, Bisexual, Transgender and Non-binary (LGBT+) people in Scotland indicates a wealth of | |
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| of PTSD and risk of suicide (Khan et al 2017) Religion and Belief No identified needs NHS GG&C NHS Lothian and Public Health Scotland "Health Needs Assessment of Lesbian, Gay, Bisexual, Transgender and Non-binary (LGBT+) people in Scotland indicates a wealth of | |
| of PTSD and risk of suicide (Khan et al 2017) Religion and Belief No identified needs NHS GG&C NHS Lothian and Public Health Scotland "Health Needs Assessment of Lesbian, Gay, Bisexual, Transgender and Non-binary (LGBT+) people in Scotland indicates a wealth of | |
| Religion and Belief No identified needs NHS GG&C NHS Lothian and Public Health Scotland "Health Needs Assessment of Lesbian, Gay, Bisexual, Transgender and Non-binary (LGBT+) people in Scotland indicates a wealth of | |
| Religion and Belief No identified needs NHS GG&C NHS Lothian and Public Health Scotland "Health Needs Assessment of Lesbian, Gay, Bisexual, Transgender and Non-binary (LGBT+) people in Scotland indicates a wealth of | |
| Religion and Belief No identified needs NHS GG&C NHS Lothian and Public Health Scotland "Health Needs Assessment of Lesbian, Gay, Bisexual, Transgender and Non-binary (LGBT+) people in Scotland indicates a wealth of | |
| NHS GG&C NHS Lothian and Public Health Scotland "Health Needs Assessment of Lesbian, Gay, Bisexual, Transgender and Non-binary (LGBT+) people in Scotland indicates a wealth of | |
| Health Scotland "Health Needs Assessment of Lesbian, Gay, Bisexual, Transgender and Non-binary (LGBT+) people in Scotland indicates a wealth of | |
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| "Health Needs Assessment of Lesbian, Gay, Bisexual, Transgender and Non-binary (LGBT+) people in Scotland indicates a wealth of | |
| Assessment of Lesbian, Gay, Bisexual, Transgender and Non-binary (LGBT+) people in Scotland indicates a wealth of | |
| Lesbian, Gay, Bisexual, Transgender and Non-binary (LGBT+) people in Scotland indicates a wealth of | |
| Bisexual, Transgender and Non-binary (LGBT+) people in Scotland indicates a wealth of | |
| Transgender and Non-binary (LGBT+) people in Scotland indicates a wealth of | |
| Non-binary (LGBT+) people in Scotland indicates a wealth of | |
| people in Scotland indicates a wealth of | |
| indicates a wealth of | |
| | |
| evidence indicating | |
| that LGBT+ people in | |
| Scotland are at much | |
| | |
| | |
| I Poor mental I ' I I I | |
| wellbeing and Studies have linked promotes fair, | |
| experiencing mental health flexible and | |
| emotional distress is problems and equitable access by | |
| more like to occur in emotional distress challenging | |
| Sexual Orientation I CRTO+ but have also inequalities, | |
| communities than highlighted that supporting delivery | |
| when compared mental health partners and | |
| with problems are providing guidance | |
| heterosexual/cisgen compounded by that will have a | |
| der people experiences such as positive impact for | |
| builying, this group of service | |
| discrimination, hate users. | |
| crimes and social | |
| isolation. This was | |
| also apparent from | |
| the qualitative | |
| research in which | |
| the issues around | |
| social and mental | |
| health were clearly | |
| interlinked. The | |
| quantitative survey | |
| undertaken as part | |
| of the needs | |
| assessment showed | |
| that overall more | |
| that over all more | |

| than half (54%) of | | |
|----------------------|--|---|
| respondents said | | |
| they had mental | | |
| health problems e.g. | | |
| depression/anxiety/ | | |
| stress, but this was | | |
| higher for trans | | |
| 1 ~ | | |
| | | |
| 1 | | |
| women (61%). | | |
| | respondents said they had mental health problems e.g. depression/anxiety/stress, but this was higher for trans masculine (75%), non-binary people (72%) and bisexual | respondents said they had mental health problems e.g. depression/anxiety/ stress, but this was higher for trans masculine (75%), non-binary people (72%) and bisexual |

Actions

Policy has a negative impact on an equality group, but is still to be implemented, please provide justification for this.

No negative impacts identified

Will the impact of the policy be monitored and reported on an ongoing bases?

The impact of the service plan will be monitored and reported through the Mental Health Wellbeing Local Planning Group established in March 2022. The group will liaise with locality groups and report to HSCP SMT / IJB (frequency and reporting to be agreed) The local planning group will report into the NHS GG&CPrimary Care Mental Health and Well-being Services Group. Reports will be submitted to the Scottish Government in March and October each year. Group is chaired by Dr Fiona Wilson, Clinical Director, West Dunbartonshire HSCP.

Q7 What is you recommendation for this policy?

Intoduce

Please provide a meaningful summary of how you have reached the recommendation

This new investment will make primary care mental health services more accessible for all groups with particular benefits expected for people with disabilities and older people given the connection to GP services. Monitoring will continue to understand the impact.