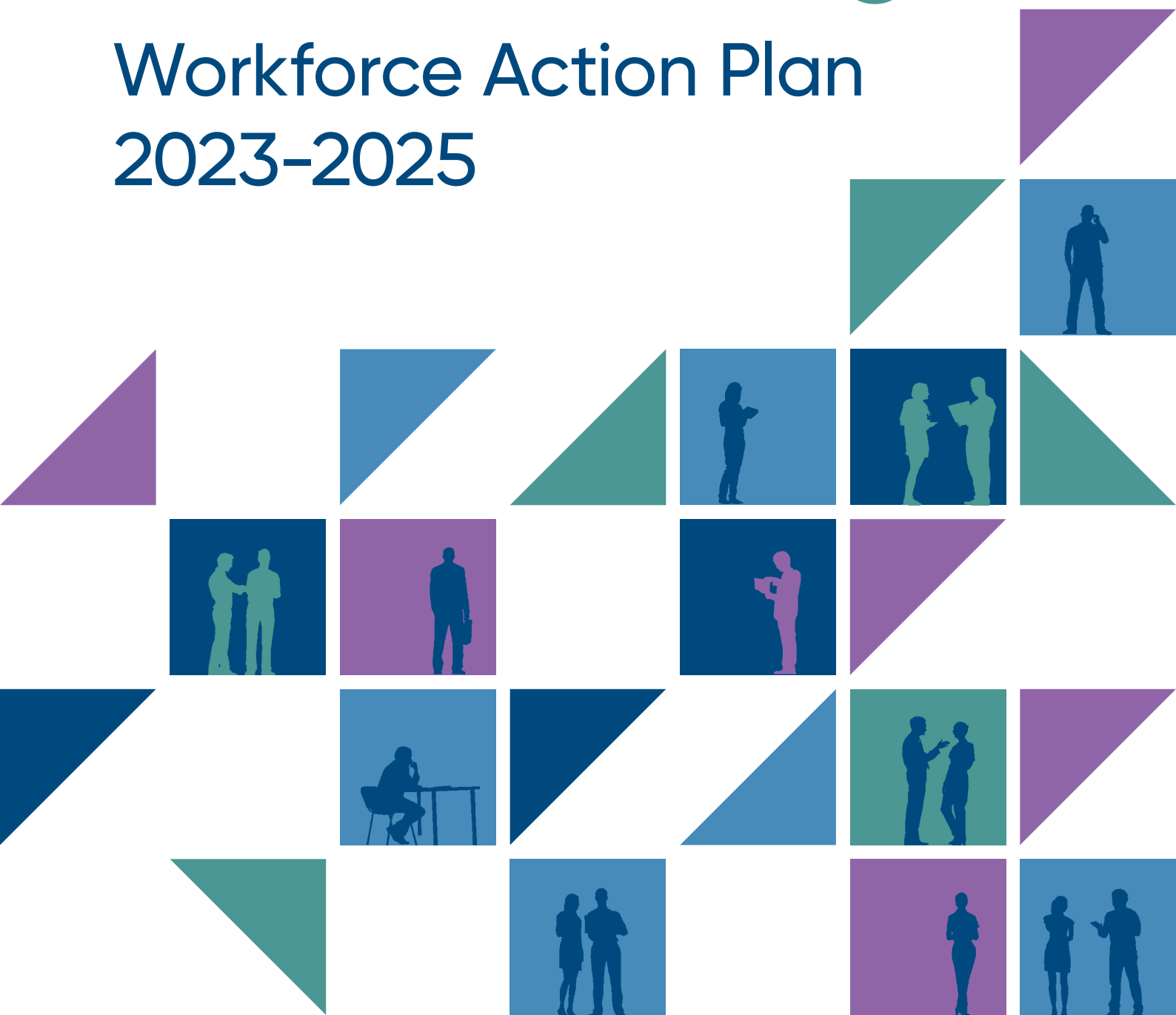


# Mental Health and Wellbeing

## Workforce Action Plan 2023-2025



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# Section A



# Introduction

The [Mental Health and Wellbeing Strategy](#) ("the Strategy"), sets out Scottish Government and COSLA's vision of a Scotland, free from stigma and inequality, where every person fulfils their right to achieve the best mental health and wellbeing possible.

The scope of the Strategy is wider than that of its predecessors, with an increased focus on wellbeing and prevention. It considers every part of what supporting mental health and wellbeing means. This includes addressing the underlying reasons behind poor mental health and wellbeing; challenging the stigma around mental health, providing early support, specialist help and support for mental illness and helping to create the conditions for people to recover and thrive.

The [Strategy Delivery Plan](#) sets out the actions that we will take over the next 18 months to make progress towards delivering the outcomes and priorities identified in the Strategy.

Delivering the Strategy and its associated actions can only be achieved with the right workforce, supported to have the right skills, in the right place at the right time.

This Mental Health and Wellbeing Action Plan ("this Action Plan") sets out how Scottish Government and the Convention of Scottish Local Authorities (COSLA) will progress a range of activity to address key workforce issues that have been raised in consultation with delivery partners. It is not intended to replace existing plans, policies or work already underway. Instead, its purpose is to focus on key areas where action is required – doing so in a way that is pragmatic and realistic given the current financial challenges and the available

supply of workforce. The Action Plan outlines areas for continued and / or enhanced activity and provides case studies in [Annex A](#) that highlight examples of good practice from across mental health and wellbeing services.

This Action Plan will support local partners and partnerships as they continue to make local decisions to plan and deliver the mental health and wellbeing workforce needed to provide excellent services as set out in the Strategy Delivery Plan.

A summary of activity which will be undertaken in the first 18 months can be found [here](#).

## Our Approach

### Working in Partnership

This Action Plan will be progressed jointly by Scottish Government and COSLA to support a whole systems approach. As with the Strategy Delivery Plan, the [Verity House Agreement](#) is relevant across this Action Plan. We will seek to realise its commitments through our actions whilst aligning with wider work on the Agreement.

In progressing the actions across the plan, we recognise the differing roles, responsibilities and capacity of our respective organisations and each action will be led jointly or by the most appropriate partner, whilst maintaining a spirit of collaboration and joint oversight.

We also know wider partnership work will be crucial; achieving our vision will rely largely on the people who work within and across sectors to improve the mental health and wellbeing of our communities and will need a cross-society approach. This includes local and national government; public bodies such as the NHS, Social Care sector and national organisations. This Action Plan will support local partners and partnerships to continue to make local decisions to plan and deliver the mental health and wellbeing workforce needed to provide excellent services as set out in the Strategy Delivery Plan. All actions set out within the Strategy's Delivery Plan will interact closely with this Action Plan.

This is the first phase of this Action Plan, it will be reviewed and refreshed after 18 months, and regularly thereafter. We recognise this Action Plan will not provide all the solutions to the current and future challenges faced by the workforce and that much more will need to be done over future iterations. Taking a phased and dynamic approach to this work will allow us to regularly review and measure success of ongoing activity, adapting and responding to new and emerging challenges, innovation and evidence, as well as feedback from our stakeholders.

## Resource

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

### The Financial Framework in the Strategy

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

The duty of Best Value applies to Scottish Government, local authorities and all public bodies in Scotland and is relevant both to new programmes of work and to how we use existing funding in the system to improve performance and outcomes. Adequate funding that is fully aligned with the Strategy outcomes will be required to support effective delivery. We will work across Local and National Government and relevant partners to determine adequate costings and we will work together to identify how this will be funded, whether this is through additional funding or by using existing resources more effectively. In implementing the actions in this Action Plan, we will work with partners to ensure we recognise pressures and look to reprioritise actions and drive efficiencies to ensure we can focus on agreed priorities, while recognising wider financial pressures.

Funding decisions and the principles which underpin these will be built into the new governance arrangements for the Strategy. This will also include arrangements for evaluating and monitoring the impact of investment against the Strategy's outcomes, which will inform ongoing and future resourcing. Decision-making will align with the joint understanding of the separate accountabilities and responsibilities of the key partner organisations and partnerships.

## The Mental Health and Wellbeing Workforce

The mental health and wellbeing workforce are positioned across a variety of sectors and play a critical part in how we:

- ▶ **promote** positive mental wellbeing;
- ▶ **prevent** poor mental health or further deterioration in those with existing mental health conditions; and
- ▶ **provide** safe, effective, timely, local, compassionate, trauma-informed and evidence-based support, care and treatment, and that takes into account reasonable adjustments, where these are required.

The Strategy considers that the mental health and wellbeing workforce is made up of the **core mental health and wellbeing workforce** and **the wider mental wellbeing workforce**.

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

The wider mental wellbeing workforce includes roles in the public, third, and independent sectors which, although not directly employed in providing mental health services, support treatment and recovery, have an important role in supporting someone's mental health and wellbeing or play a significant role in promoting good mental health for all. Examples include but are not limited to, employers; wider health, social work and social care staff, including pharmacists and pharmacy technicians; community link workers; police officers; community group leaders; faith leaders; school staff and youth workers.

While not part of the paid workforce, it is crucial that this Action Plan also recognises and values volunteers, experts by experience, unpaid peer supporters and unpaid carers (including family and friends), who provide care and support and form an integral part of a person's support system. This support includes, social connections and relationships, delivering frequent reassurance, possibly personal care, prompting medication, and promoting positive lifestyle choices, all of which aids people's mental health and wellbeing. While this collective group does not form part of the core or wider workforce, this Action Plan makes specific reference to the contribution they make.

Learning disabilities and neurodiversity are not mental health conditions. However the workforce that supports these communities' learning disability and neurodevelopmental pathways operate mainly within the mental health landscape and will straddle across both the core and wider mental health and wellbeing workforce. Therefore, we reflect upon the needs of these communities and the workforce they call upon in the Strategy and this Action Plan.



## Where are we now?

Scottish Government and COSLA recognise the significant and important work that is carried out every day by the mental health and wellbeing workforce and the associated support and services across Scotland. This work is carried out by a wide range of people who are known for their sensitive, flexible and adaptive approach to supporting the mental health and wellbeing of the people in Scotland, whilst balancing their own mental health and wellbeing needs. However, staff are not immune to the indiscriminate impact of psychological trauma, poor mental health and wellbeing or mental illness. Trauma can sometimes lead to a wide range of mental health difficulties that may affect us all in different ways throughout our lives and careers. The workforce's own wellbeing must be protected. Doing so will also ensure they are enabled to do their jobs well and support one another in the workplace.

Recognising the demand for mental health provision, there has been significant investment in mental health services and staffing alongside an increased focus on Fair Work. Through this, there have been some areas of improvement in mental health workforce recruitment with a record number of staff working in some services.

Whilst this record investment and increase in staff is a positive move in the right direction, we recognise there remains significant workforce challenges as highlighted in the Strategy. These include increased overall demand for mental health support and services and a rise in people presenting with more complex mental health needs. These challenges impact on the wellbeing of staff and the ability of services and employers to attract, train and retain staff. This affects services' ability to engage with and deliver long-term strategic workforce planning.

## The Workforce Policy and Delivery Landscape

The Strategy interacts with wider work being undertaken by national and local government. As set out in [Appendix 1 of Strategy](#), there is a range of work already taking place across all sectors and through a wide range of current and upcoming policies, programmes and initiatives, all of which will contribute to the Strategy's outcomes. This Action Plan does not seek to duplicate the good work already taking place but rather to connect and align with it, and build on it. The section below sets out some key policy drivers and elements of the delivery landscape that have been considered through the development of this Plan.

This Action Plan builds on our [National Workforce Strategy for Health and Social Care](#), published in March 2022

for the mental health and wellbeing workforce, recognising the importance of the five pillars it outlines (Plan, Attract, Train, Employ, Nurture). However, this Action Plan is not intended to cover all five pillars for the entire mental health and wellbeing workforce. We know that roles and responsibilities for workforce planning, training and regulation vary between different sectors of the mental health and wellbeing workforce. For example:

### Within the core mental health and wellbeing workforce:

- There are parts of the workforce for which Scottish Government has a direct responsibility in planning and supply through appropriate roles and educational pipelines. For example, Scottish Ministers set the number of fully funded places for mental health nursing degree courses, and training places for NHS trainee clinical and MSc psychologists are funded by Scottish Government through NHS Education for Scotland (NES).

- ▶ COSLA and local government work with partners in Health to undertake workforce planning that ensures a sustainable, and viable level of service appropriate to local need.
- ▶ The Social Care sector has many different employers. Workforce planning activity is primarily undertaken at individual employer level linked to local demand and their service delivery plans. Scottish Government has no direct role, as other specific workforce planning structures are in place, but it influences input to ensure that appropriate consideration is taken of the mental health and wellbeing workforce.
- ▶ [The Health and Care \(Staffing\) \(Scotland\) Act 2019](#) is due to be fully in force on 1st April 2024. The Act aims to provide assurance and will provide information to assess that there are appropriate staffing levels in place to support high quality, safe and person-centred care and identify opportunities for improvement and innovation. It will ensure the right people are in the right place at the right time, will support the wellbeing of health and care staff and has an important part to play in reset, recover and reform.
- ▶ Scottish Government or other statutory bodies are often the funder through grants, contracts, commissioning processes and will provide principles on which funding will be provided in order to facilitate the provision of a stable, well trained and adequately resourced workforce.
- ▶ Scottish Government also has a role in working alongside partners, including the third sector, local and UK Governments to provide employability and skills training support to ensure staff have the right skills.
- ▶ Scottish Government continue to work with training and education partners who provide training and support for the health and social care workforce.
- ▶ [NHS Education for Scotland \(NES\)](#) provides education, training, workforce development, data and technology for health and social care. The work NES does affects everyone who works in and with health and social care services, as well as every person in every community in Scotland.
- ▶ The regulation of the majority of healthcare professional groups is reserved. However, the regulation of new groups of healthcare professionals and those regulated since the Scotland Act 1998 is devolved to the Scottish Parliament. Further information on professional healthcare regulatory bodies can be found [here](#).
- ▶ The [Scottish Social Services Council \(SSSC\)](#) is the regulator for the social work, social care and children and young people workforce in Scotland. SSSC registers this workforce, setting standards for their practice, conduct, training and education and support their professional development.
- ▶ [The Care Inspectorate](#) is the national regulator for care in Scotland. Regulated care services are currently required to keep records and annually submit these to the Care Inspectorate. This includes staff personal and training information. National reports are published from this information.



- ▶ [Healthcare Improvement Scotland](#) (HIS) is the national improvement agency for health and social care in Scotland and is responsible for the development of Staffing Level Tools and the Common Staffing Method to be utilised for workload and workforce planning. In addition, HIS will play a role in monitoring Health Boards compliance with the staffing duties outlined within the Health and Care (Staffing) (Scotland) Act 2019.
- ▶ The [Scottish Prison Service](#) (SPS) is developing its Mental Health & Wellbeing Strategy in partnership with key stakeholders, including experts in mental health and those with lived experience. Their Strategy will link directly to our Mental Health and Wellbeing Strategy and 'Creating Hope Together', Scotland's Suicide Prevention Strategy. Scottish Government will continue to explore ways to support the development and implementation of the SPS Mental Health and Wellbeing Strategy.

### Within the wider mental health workforce:

- ▶ Through the Health and Safety at Work etc. Act 1974 and the Equality Act 2010, employers have legal duties to take action to protect mental health at work and support people with mental health conditions. We know that supporting and promoting good mental health and wellbeing at work benefits both the individuals and employers.
- ▶ Scottish Government has an influencing role in supporting employers to promote and support the conditions that enable good mental health at work.
- ▶ It is for colleges and universities to ensure that they have appropriate mental health support in place for all their students and staff including those on placements.

This Action Plan intends to build upon other national labour market, employability, education and skills strategies and employers' own workforce strategies. This includes encouraging trauma-informed and person-centred workplace practices within the mental health and wellbeing system, supporting an employability approach that has dignity and respect at its core, consistent with both [No One Left Behind](#), and the dimensions of Fair Work. The Fair Work Convention's [Framework](#) defines Fair Work as 'work that offers effective voice, opportunity, security, fulfilment and respect'. These five dimensions interact with each of the [National Workforce Strategy for Health and Social Care's](#) ("the HSC Workforce Strategy") five pillars.

Our vision and strategic aim within the Action Plan will support the ambition for Scotland to be a leading Fair Work Nation by 2025, where Fair Work drives success, wellbeing and prosperity for individuals, businesses, organisations and society. The [Fair Work Action Plan 2022](#) sets out actions to promote fair and inclusive workplaces across Scotland.

This work also supports our national mission to [tackle Child Poverty](#) as through providing good, well-paid jobs, we can measurably improve income for low-income households, helping them to move out of poverty.



## The Mental Health Policy and Delivery Landscape

The mental health policy landscape is complex; and key recent developments have been taken into account in the development of this Action Plan. These include:

On 13 September 2023, Audit Scotland published its [report](#) on Adult Mental Health Services. The report contains a number of recommendations for Scottish Government, local authorities and our partners, many of which reflect the themes set out in our Strategy. Through this Action Plan and the accompanying Strategy Delivery Plan, we have looked to ensure that the actions set out, reflect and respond to those Audit Scotland recommendations.

Scottish Government recently published [core standards for mental health services](#). These standards will initially apply to adult secondary mental health services and are part of a wider ambition to develop a suite of standards for mental health services, building on the work of the Child and Adolescent Mental Health Services (CAMHS) service specification. A [national service specification for Psychological Therapies and Interventions](#) has also been published and a specification for Eating Disorder services is currently in development.

The standards intend to set out to individuals, their families and carers what they should expect from a mental health service to reduce the scope of unwanted variation in the quality of care, and therefore reduce inequalities in experiences and outcomes. The phased approach towards implementing the specifications and standards is intended to align with the approach to this Action Plan, and ensure the workforce is appropriately resourced to support their delivery. There are many actions relevant across the five pillars of workforce planning.

As set out in the Strategy Delivery Plan, a key action is to establish a new Mental Health and Capacity Reform Programme to enhance protection of people's rights. This Action Plan also considers some further recommendations from the Scottish Mental Health Law Review (SMHLR) report. In particular, the recommendation to consider steps to improve the recruitment and retention of ethnic minority staff, across different professions within mental health services as well as recommendations around the training of workforces in relation to unpaid carers.

This Action Plan supports the delivery of our [Creating Hope Together](#), Scotland's Suicide Prevention Strategy 2022-2032, and its associated [first action plan 2022-2025](#); as well as the forthcoming Self-Harm Strategy and Action Plan.

Scottish Government is also working to provide improved access to high-quality and integrated care for people with co-occurring mental health and substance use issues. As part of the forthcoming Scottish Government Alcohol and Drugs Workforce Action Plan, Scottish Government is developing new operational protocols which will detail how mental health and substance use services should work together to provide high quality care. The Alcohol and Drugs Workforce Action Plan aligns closely to this Action Plan and it sets out further actions Scottish Government and partners will take including to progress training opportunities, ensuring that services are well informed and fully empowered to support the mental health needs of people who use drugs and alcohol.

Scottish Government and COSLA are fully committed to working collaboratively to improve the experience of the social care and social work workforce. To help deliver meaningful change for the workforce,

Scottish Government and COSLA, and in conjunction with partners across the sector have established a collaborative initiative – The Joint Social Care and Social Work/Services Workforce Taskforce (JSST). This taskforce will work together to identify, support, and accelerate progress on priority issues affecting the Social Care and Social Work workforce over the short and medium term.

## Stakeholder Feedback

In line with the development of the Strategy, this Action Plan reflects what we have heard from our partners and stakeholders during our consultation process. This includes significant and welcome input from the workforce, and people with lived experience of poor mental health and wellbeing and mental illness.

Scottish Government and COSLA recognise that the workforce has the knowledge and experience to guide service design and delivery. We are extremely grateful to those who shared their views and lived experience, directly informing and influencing the development of this Action Plan. We are committed to ensuring that the views of our stakeholders continue to drive the work we do to realise the ambitions of the Strategy and this Action Plan.

In addition to a formal consultation process (an independent analysis report can be found [here](#)), a series of stakeholder events for the mental health and wellbeing workforce were conducted. These events were supplemented by engagement undertaken by the Mental Health and Wellbeing Workforce Advisory Group with stakeholders they represent. This generated

additional detailed responses focusing on potential solutions to challenges from a range of partners, including:

- ▶ territorial and national health boards
- ▶ COSLA<sup>1</sup>
- ▶ Scottish Social Services Council (SSSC)
- ▶ Social Work Scotland
- ▶ Association of Directors of Education in Scotland
- ▶ Royal College of Nursing
- ▶ Royal College of Psychiatrists
- ▶ Royal College of General Practitioners
- ▶ Senior Medical Managers Group in Psychiatry
- ▶ Mental Health Nurse Leads
- ▶ Royal Pharmaceutical Society
- ▶ Community Pharmacy Scotland
- ▶ Scottish Directors of Allied Health Professionals (AHP) (including AHP mental health leads and AHP Federation Scotland)
- ▶ Distress Brief Intervention Programme Board (including Lanarkshire Association for Mental Health, LifeLink, Penumbra, Police Scotland, Scottish Association for Mental Health and Support in Mind Scotland)
- ▶ Scotland's Mental Health Partnership (including British Psychological Society, Samaritans Scotland, See Me, Support in Mind Scotland, Penumbra)
- ▶ Mental Health Foundation
- ▶ Scottish Care
- ▶ Aberdeenshire Voluntary Action
- ▶ Engage Renfrewshire
- ▶ Fife Voluntary Action
- ▶ CVS Falkirk
- ▶ Scottish Recovery Network
- ▶ Heads of Psychology Services Scotland (HOPs)

1 At the time of the public consultation, partnership with COSLA had not been agreed

## Challenges and Opportunities

The Mental Health and Wellbeing Strategy [Evidence Narrative](#) and [Equality Evidence Report](#) undertaken for the Strategy sets out what the research tells us about mental health and wellbeing in Scotland, including the mental health and wellbeing workforce.

This section contains a short summary of the challenges and potential solutions raised related to the mental health and wellbeing workforce.

As highlighted, mental health and wellbeing support and services are facing significant pressure, including that related to high demand, staff capacity and limited resource. Stakeholders expressed this has been further exacerbated by the impacts of Coronavirus (COVID-19), EU exit and the cost of living crisis, both on the person seeking support and on the workforce themselves. These pressures are subsequently having an impact on the wellbeing of staff and the ability of services to attract, train and retain the workforce. This is likely to affect services' ability to engage with and deliver long term strategic planning for the workforce.

As with general challenges in Scotland's labour market<sup>2</sup>, there is an ongoing need to build upon existing work to address issues such as widening access to mental health career pathways, make careers more attractive to recruit and retain a diverse range of students, trainees and existing staff; understand and overcome barriers in traditional recruitment routes; enable the workforce to access and participate in training and upskilling; improve and support career progression and further embed Fair Work practices to ensure that we can attract and retain the workforce.

Our consultation with stakeholders also identified themes around current barriers and challenges experienced throughout the mental health and wellbeing workforce. For example, a need to:

- ▶ Attract new recruits to particular job roles or sectors;
- ▶ Retain the current workforce and address issues around remuneration;
- ▶ Continue wellbeing support for the workforce;
- ▶ Address large workloads;
- ▶ Address difficulties with staff being able to participate in training;
- ▶ Tackle inequalities including those related to socio-economic determinants and protected characteristics;
- ▶ Improve data collection, including equalities data, for workforce planning purposes;
- ▶ Create alternative pathways and entry points/training opportunities into mental health and wellbeing careers;
- ▶ Understand and address the impact of negative image of services or sectors as portrayed in the media;
- ▶ Challenge stigma associated with working in mental health roles, as reported by some consultation respondents;
- ▶ Ensure there is adequate focus on early intervention and preventative support and services where appropriate;
- ▶ Increase collaboration across the sectors, with more multidisciplinary/agency and partnership working; and
- ▶ Further harness the expertise and capacity of the third sector and address issues around commissioning processes.

<sup>2</sup> [Fair Work action plan: becoming a leading Fair Work nation by 2025 – gov.scot \(www.gov.scot\)](#)

Some of these challenges are specific to those working in particular roles, sectors, and settings. Some are compounded by factors such as population demographic or geography. For example, the consultation highlighted that some of the issues above are exacerbated in rural and island communities. These recurring themes straddle across all the pillars of the workforce journey.

In addition to highlighting key challenges, consultation respondents also spoke of the pride the workforce take in their roles and the positives of working in mental health and wellbeing, especially when helping to tackle health inequalities of an often-stigmatised group of people.

Reflecting these challenges and in line with Scottish Government duties, a range of Impact Assessments, including an [Equality Impact Assessment](#) and Island Impact Assessment have been undertaken as part of the process to develop this Action Plan. These seek to maximise the impact of this Action Plan and mitigate unintended consequences.





# Section B





# The Action Plan

## Vision for the Mental Health and Wellbeing Workforce

The [HSC Workforce Strategy](#) sets out a national framework to achieve our vision of **"a sustainable, skilled workforce with attractive career choices where all are respected and valued for the work they do."**

To complement this vision for the current and future mental health and wellbeing workforce is that they are **supported to provide effective, person-centred, trauma-informed, rights based compassionate services and support.**

## Overarching Mental Health and Wellbeing Workforce Aim

As referenced in the Strategy, our aim is to support the development of a mental health and wellbeing workforce which is **diverse, skilled, supported** and **sustainable**. This will support our Strategy's Vision of a Scotland, free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible.

Diagram 1 provides an illustration of how the five pillars within the Action Plan relate to promote, prevent and provide, and the scope of the actions in relation to different parts of the mental health and wellbeing workforce in the context of this plan. Please note this is not an exhaustive list.



## Diagram 1

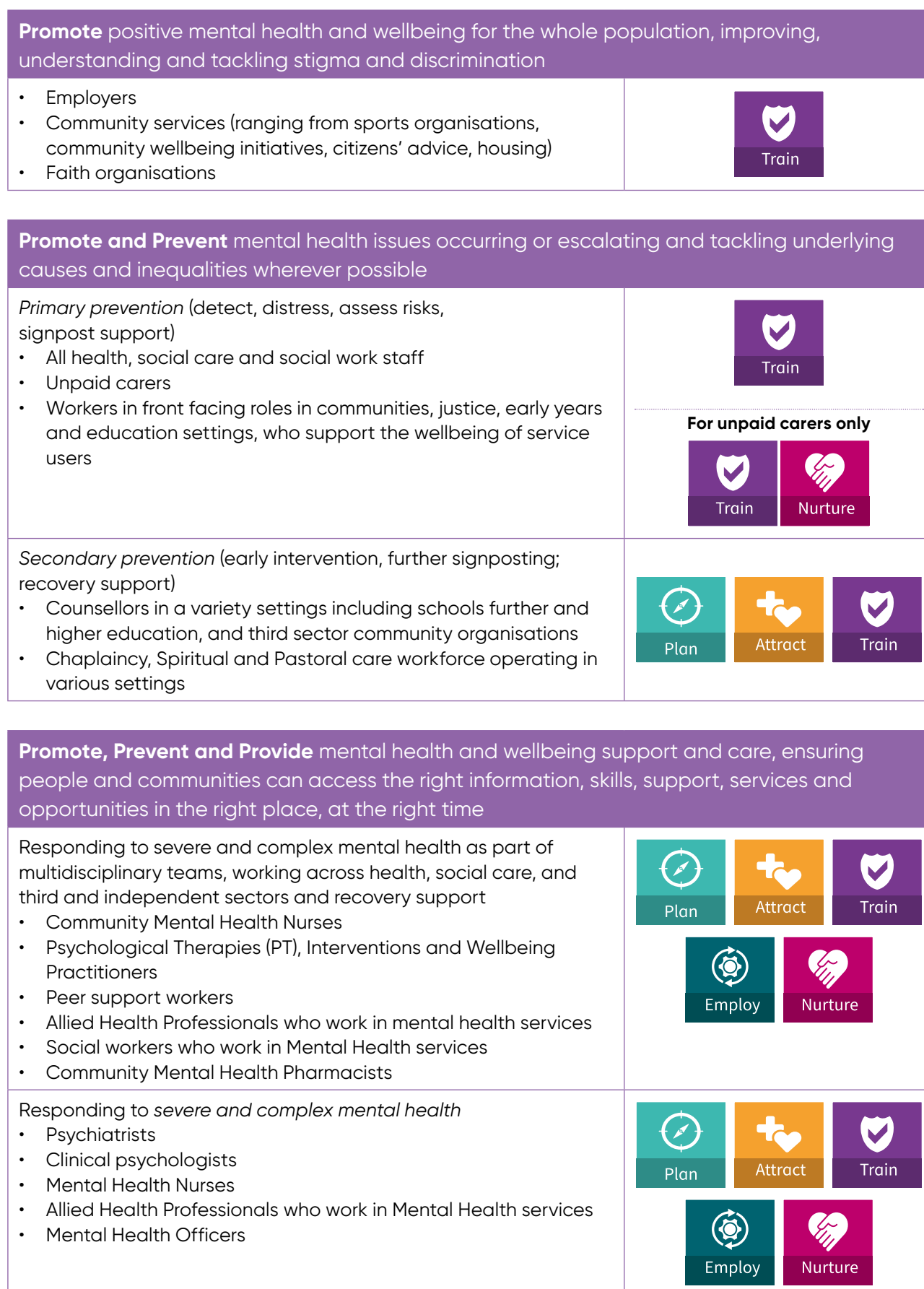





Table 1 in the pages below sets out the outcomes we want to see as a result of this Action Plan in order to meet the ambitions set out within the Strategy.

| OVERARCHING AIM   | OUTCOMES<br>Short Term 2023-25, Medium Term 2026-28   |
|---|---|
| <div data-bbox="172 488 339 645">  <p>Plan</p> </div> <p>Evidence-based planning across the system, to ensure the right workforce numbers, with the rights skills, to provide the right support, at the right time and in the right place.</p>                 | <p><b>Short-term outcomes</b></p> <ol style="list-style-type: none"> <li>1. Improved understanding of the population's mental health needs, including local and regional variations, to inform workforce planning.</li> <li>2. Improved understanding of the factors influencing workforce supply, demand, retention and capability, at local and regional levels.</li> <li>3. Improved understanding of the workforce impacts of relevant national policy commitments and strategies including the Mental Health &amp; Wellbeing (MH&amp;W) Strategy and associated actions.</li> <li>4. Improved capability, capacity and digital infrastructure to workforce plan at a local, regional and national level, including using workforce data.</li> </ol> <p><b>Medium-term outcome</b></p> <ol style="list-style-type: none"> <li>1. An improved understanding of the population's mental health needs and workforce supply, which then formulates the key building blocks upon which service planning and models are based.</li> </ol> |
| <div data-bbox="172 1332 339 1489">  <p>Attract</p> </div> <p>MH&amp;W careers are attractive, with inclusive and diverse routes to recruitment, with clear progression pathways and where all are respected, empowered and valued for the work they do.</p> | <p><b>Short term outcomes</b></p> <ol style="list-style-type: none"> <li>1. Increased nationally co-ordinated national and international recruitment.</li> <li>2. More diverse, fair and inclusive workplaces across the MH&amp;W system.</li> <li>3. Improved public perception of MH&amp;W roles, leading to an increase in recruitment to MH&amp;W roles.</li> <li>4. Increased routes and experiences available for entry into the workforce, including those with lived experience, to pursue careers within the MH&amp;W system.</li> </ol> <p><b>Medium term outcome</b></p> <ol style="list-style-type: none"> <li>1. Increased applications to careers in MH&amp;W across the MH&amp;W system.</li> </ol>  |

| OVERARCHING AIM  | OUTCOMES<br>Short Term 2023-25, Medium Term 2026-28   |
|--|---|
| <div data-bbox="172 358 339 517">  <p>Train</p> </div> <p>The MH&amp;W workforce is skilled, trained and supported to work agilely and flexibly, embracing new technologies and are informed by evidence to support a whole person approach.</p>            | <p><b>Short term outcomes</b></p> <ol style="list-style-type: none"> <li>1. Increased education and training opportunities and uptake to provide the workforce with appropriate skills to achieve the outcomes from the MH&amp;W Strategy, including the delivery and access to evidenced-based interventions.</li> <li>2. Education and training increasingly provide the workforce with appropriate skills to support the MH&amp;W needs of the population, taking into account protected characteristics, socio-economic and geographical needs.</li> <li>3. Improved and consistent access to training and education, including trauma-informed approaches, for volunteers and carers.</li> <li>4. The workforce report being more knowledgeable about other services in their local area and how to link others into them.</li> </ol> <p><b>Medium term outcome</b></p> <ol style="list-style-type: none"> <li>1. Post-registration Education and Training programmes across the MH&amp;W system reflect positive values, and support career progression through continuous professional development.</li> </ol> |
| <div data-bbox="172 1160 339 1319">  <p>Employ</p> </div> <p>Underpinned by Fair Work principles, create sustainable and inclusive growth within the MH&amp;W workforce, in line with Scotland's population demographics and the demands on services.</p> | <p><b>Short term outcomes</b></p> <ol style="list-style-type: none"> <li>1. Increase in the workforce reporting feeling valued, rewarded and supported wherever they work across the MH&amp;W system.</li> <li>2. Improved diversity (in terms of roles and demographics) of the workforce and leadership.</li> </ol> <p><b>Medium term outcomes</b></p> <ol style="list-style-type: none"> <li>1. Workforce report feeling valued and supported to deliver high quality user centred services, support and compassionate care.</li> <li>2. Leadership is more demographically diverse.</li> <li>3. Those in formal leadership roles are increasingly capable of enabling and delivering change, and actively supportive of the needs of the workforce.</li> <li>4. Retention rates across the MH&amp;W workforce have improved.</li> </ol>   |

| OVERARCHING AIM   | OUTCOMES<br>Short Term 2023-25, Medium Term 2026-28   |
|---|---|
| <div><p>Nurture</p></div> <p>The MH&amp;W workforce are valued, empowered and supported.</p> | <p><b>Short Term Outcomes</b></p> <ol style="list-style-type: none"><li>1. Increased focus on achieving safe working conditions, including safe staffing levels, and manageable workloads for the workforce.</li><li>2. Increasingly effective partnership working between the workforce, volunteers, carers, employers, peer support and recovery workers and partner organisations.</li><li>3. Improved wellbeing support for staff, volunteers and carers.</li><li>4. Mentoring, coaching, improved professional supervision and reflective practice is increasingly available.</li></ol> <p><b>Medium Term Outcome</b></p> <ol style="list-style-type: none"><li>1. Workforce is supported to improve services and workplace practices.</li><li>2. We have created consistent conditions for the workforce, volunteers and carers to support and enable improved physical and mental wellbeing.</li></ol> |



## Our Actions

This section describes the key actions we will take with partners over the next three years, noting how they align with both the actions in the Strategy Delivery Plan, and under the HSC Workforce Strategy's five-pillar framework.



### Plan

The Strategy Delivery Plan sets out a range of actions that are relevant and interact closely with the Plan pillar in the HSC Workforce Strategy. This includes actions under the following priorities:

**Priority 2:** Improve population mental health and wellbeing, building resilience and enabling people to access the right information and advice in the right place for them and in a range of formats.

**Priority 3:** Increase mental health capacity within General Practice and primary care, universal services and community based mental health supports. Promote the whole system, whole person approach by helping partners to work together and removing barriers faced by people from marginalised groups when accessing services.

**Priority 4:** Expand and improve the support available to people in mental health distress and crisis, and those who care for them, through our national approach on Time, Space, Compassion.

**Priority 6:** Improve mental health and wellbeing support in a wider range of settings with reduced waiting times and improved outcomes for people accessing all services, including Child and Adolescent Mental Health Services and psychological therapies.

**Priority 7:** Ensure people receive the quality of care and treatment required for the time required, supporting care as close to home as possible and promoting independence and recovery.

**Priority 9:** Strengthen support and care pathways for people requiring neurodevelopmental support, working in partnership with health, social care, education, the third sector and other delivery partners. This will ensure those who need it receive the right care and support at the right time in a way that works for them.

In working to support the progression of these priorities in relation to the Plan pillar, this Action Plan will focus on:

### Data improvements

Whilst NES holds data for NHS Scotland workforce, there is currently no single source of data for the mental health and wellbeing workforce in Scotland. Given the scope of the mental health and wellbeing workforce, we recognise that there is a need to consider where there are data gaps and take appropriate and proportionate actions to address these.

Through our engagement, we heard the need for improved comprehensive workforce data at national, regional and service levels on the core mental health and wellbeing workforce to enable improved planning of support and services. This includes addressing issues raised around access to workforce data, inconsistency and accuracy of current workforce data and the need to better understand all roles within the workforce and mapping of these roles. Through the work of Healthcare Improvement Scotland's Healthcare Staffing Programme, there is an opportunity to influence the development of contemporary multi-disciplinary



staffing level tools to inform workload and workforce planning. In addition, the national implementation of e-healthroster also provides new opportunities to access robust workforce intelligence.

Therefore, building on the work currently being undertaken as part of the Health and Social Care Workforce Strategy Actions and the [Health and Social Care Data Strategy](#), we will undertake new activity to improve mental health and wellbeing workforce data, including equalities data. This will serve to better align current and future population needs and individual workforce, pre-registration education and practice based learning requirements. This work will also support the development and publication of Scotland's first mental health and wellbeing workforce technical document, which will provide a comprehensive summary of the available data, challenges and recommendations for improvements on existing mental health and wellbeing workforce data. As part of a phased approach, this will initially focus on the core workforce.

### Workforce planning, flexibility and co-design

Actions will be undertaken to support workforce planning, flexibility and codesign. This includes:

Health Boards will be expected to use the Mental Health Outcomes Framework 2023/24 funding to plan and deliver Mental Health and Wellbeing services, in partnership with their workforce and local communities, and ensure support that will deliver against the outcomes of the Framework, and by extension the Strategy and this Action Plan.

Local Authorities, NHS Boards and HSCP published the first suite of three-year workforce plans in 2019. Workforce planning leads analyse the health and care needs of the population and develop their three-year plans in partnership with stakeholders

(including those in third and independent sectors and in primary care) and Trade Unions, to present an aligned and cohesive picture of health and care workforce need across their geographic areas.

Through our engagement, we heard the need to ensure local decision making around workforce planning and the need to build in time for workforce planning and job planning for training and development. This local planning should take into account the needs of local communities, including the workforce and volunteers and should provide flexibility to adapt. Assessing local need and effective deployment of workforce and resources is particularly important within remote and rural settings. This process aligns to activity within the Employ, Attract and Nurture Pillars, which includes better partnership and collaborative working with the third sector, informed by those with lived experience, and provide adequate funding for the sector.

We also heard about opportunities in workforce planning that have the potential to support the management of high demand. These included the development of new roles and the reform of existing job roles, alongside evolutions in service models, investment in technology and artificial intelligence and new skills.

Our actions related to this include, working with stakeholders and delivery partners to improve access to support, assessment and treatment in primary care mental health and wellbeing services across Scotland, including development of multi-disciplinary teams in general practice, strengthening the role of community mental health teams and considering the roles of digital mental health and NHS 24 to ensure access is simpler, quicker for those needing support and that care and quality is aligned with the principle of Getting it Right for Everyone (GIRFE). This work will build on existing best practice and we will produce an initial report, which will include equality impacts, by November 2024.

Additionally, Scottish Government will continue to include primary care and community mental health as priorities within the **Mental Health Outcomes Framework** to assist with delivery against the outcomes of the Framework, and by extension the Strategy and this Action Plan.

We will also use the **Mental Health Leads Network** and other established working groups as set out in the Nurture pillar, to promote and share good practice identified from workforce plans, as well as ensuring that the future iterations continue to be developed in partnership with the mental health and wellbeing workforce.

Scottish Government will support the implementation of the **electronic rostering** and time recording for all staff groups across NHS Scotland. There are a number of improvements that can be derived from its introduction, for example:

- ▶ For Scottish Government: real-time insights into workforce demand and fulfilment.
- ▶ For Boards: ability to design and forward plan rosters around the number and clinical needs of patients; providing real time visibility of current and future rosters, staffing levels and demand for temporary staff; ensuring compliance with policies and legislation.
- ▶ For Staff: providing transparency, fairness and equity in the allocation of shifts (standard and additional) and leave; improving the work-life balance by providing extended forward visibility of rosters particularly important for staff with caring responsibilities.
- ▶ For Patients: driving out poor rostering practice which causes sub-optimal clinical cover and incorrect clinical skill

mix; ensuring that wards are correctly staffed; and improving the quality of care through more effective use of local staff and less reliance on agency staff, who are less likely to be familiar with the care setting.

Through Scottish Government's phased approach to implementing the psychological therapies specification, Scottish Government will scope and review workforce gaps in particular areas of delivery (e.g. learning difficulties, older adults, in-patient provision) and develop action plans to address workforce supply. This will be done in collaboration with HOPS, NES and wider stakeholders. It will set out the required workforce needs and take account of all grades of staff who can train in and deliver psychological treatments. Recommendations will be provided to support recruitment and retention with the aim of supporting the public to have access to timely quality evidence-based care.

Other actions within the Plan pillar include:

- ▶ Undertake and publish a CAMHS scenario planning project to help improve workforce planning for CAMHS services.
- ▶ Undertake workforce planning for psychological therapies delivery linked to the new national specification for psychological therapies and interventions.
- ▶ As part of the development of the Social Work Workforce Joint Improvement Plan to address the acute recruitment and retention challenges facing the Social Work profession, prioritise looking at Mental Health Officer (MHO) workforce capacity. This will include a gap analysis to inform planning, measuring demand and vacancies and to set future direction.

- ▶ Develop a Health and Social Care Rural Workforce Recruitment Strategy by the end of 2024, to support employers to ensure that the health and social care needs of people who live in these communities are met, as part of this we will ensure that this takes into account the MH&W workforce.
- ▶ The National Centre for Remote and Rural Health and Care, launched in October 2023, will have an initial focus on Primary Care in remote, rural and island communities, and play a key role in maintaining a rural focus on Recruitment and Retention, Education and Training, Research and Evaluation, Leadership and Good Practice.
- ▶ The Association of Scottish Principal Educational Psychologists (ASPEP) is currently working with Scottish Government and COSLA to develop a strategy to promote more widely the role that Educational Psychologists play in supporting the mental health and wellbeing of children and young people.



## Attract

The Strategy Delivery Plan sets out a range of actions that are relevant and interact closely with the Attract pillar of the HSC Workforce Strategy. This includes actions under the following priorities:

**Priority 1:** Tackle mental health stigma and discrimination where it exists and ensure people can talk about their mental health and wellbeing and access the person-centred support they require.

**Priority 3:** Increase mental health capacity within General Practice and primary care, universal services and community based mental health supports. Promote the whole system, whole person approach by helping partners to work together and removing barriers faced by people from marginalised groups when accessing services.

This Action Plan will focus on:

## Recruitment

Based on feedback from the workforce, attracting people to work in roles across the mental health and wellbeing system requires us to look at how we can recruit people into these roles during any stage of their career journey and across a range of age groups. Recruitment actions will seek to increase the diversity of the mental health and wellbeing workforce, attracting people from remote and rural areas as well as those with lived and living experience of mental illness, promoting career pathways to young people and considering ways to tackle stigma in relation to attracting people to mental health and wellbeing roles.



We heard the need to run campaigns to improve recruitment, which should also focus on improving the diversity of the workforce and address the difficulties of recruiting staff in remote and rural areas, including islands. Such recruitment campaigns should promote greater connection between Health Boards and Health and Social Care Partnerships, Local Employability Partnerships and wider partners on recruitment processes to improve efficiency and create increased flexibility.

Through the newly established Anchors Workforce Strategic Group, Scottish Government will develop and implement an ambitious workplan that will empower NHS Boards in providing job opportunities and building prosperity in our local communities. We will ensure there is mental health workforce and equalities consideration and input through the Strategic group.

Where appropriate, we will continue to promote inclusion of the mental health and wellbeing workforce in any existing and future nationally co-ordinated recruitment campaigns, including targeted and ethical international recruitment campaigns and identify ways in which to share good practice and innovation.

In addition to international recruitment campaigns, further recruitment efforts will include seeking to increase the diversity of the mental health and wellbeing workforce, including people with protected characteristics and marginalised groups, attracting people with lived and living experience of mental illness, promoting career pathways to young people and considering ways to tackle stigma in relation to attracting people to mental health and wellbeing roles.

## Address vacancies and retention challenges

We heard the need to address current challenges around high vacancy levels, retention and training issues facing parts of the workforce. This includes, for example, psychiatrists, mental health nurses, allied health professionals, learning disability nurses, psychologists and MHOs. These challenges include addressing difficulties in securing placements for students, as there are often not enough registered staff to provide practice assessment and supervision. In all undergraduate nursing programmes, we are also seeing a drop in applications.

That's why, through the newly established **Nursing and Midwifery Taskforce**, Scottish Government will consider and address issues to build exemplary workforce cultures, addressing operational barriers and improving working conditions, facilities and learning opportunities.

Building on this work, Scottish Government will commission a review into Mental Health Nursing in Scotland, which will consider what more needs to be done to attract, grow, support and develop the mental health nursing workforce and leadership.

Through the newly established Psychiatry Recruitment and Retention Working Group, Scottish Government will consider how we can better support the recruitment and retention of psychiatrists in the NHS in Scotland. The initial phase of the group's work will look at the recruitment and retention of trainee doctors at Core and Higher Specialty training level, followed by a second phase which will consider the wider workforce including consultant and specialty grade doctors.

Scottish Government will engage with the implementation plan for [Allied Health Professions \(AHP\) Education Review](#) to ensure recommendations are implemented to address specific needs of the AHP mental health workforce. We will also engage closely with the implementation of the Learning Disability (LD) Nurse Education and Workforce Action Plan.

Scottish Government will also engage with HOPS and NES to ensure workforce supply for psychological therapists and psychologists and consider workforce gaps to support delivery of the new national specification for psychological therapies (PT) and interventions. Scottish Government will develop a workforce action plan to address the specific needs of PT delivery and harness the supply of undergraduate psychologists keen to train in and deliver psychological treatments.

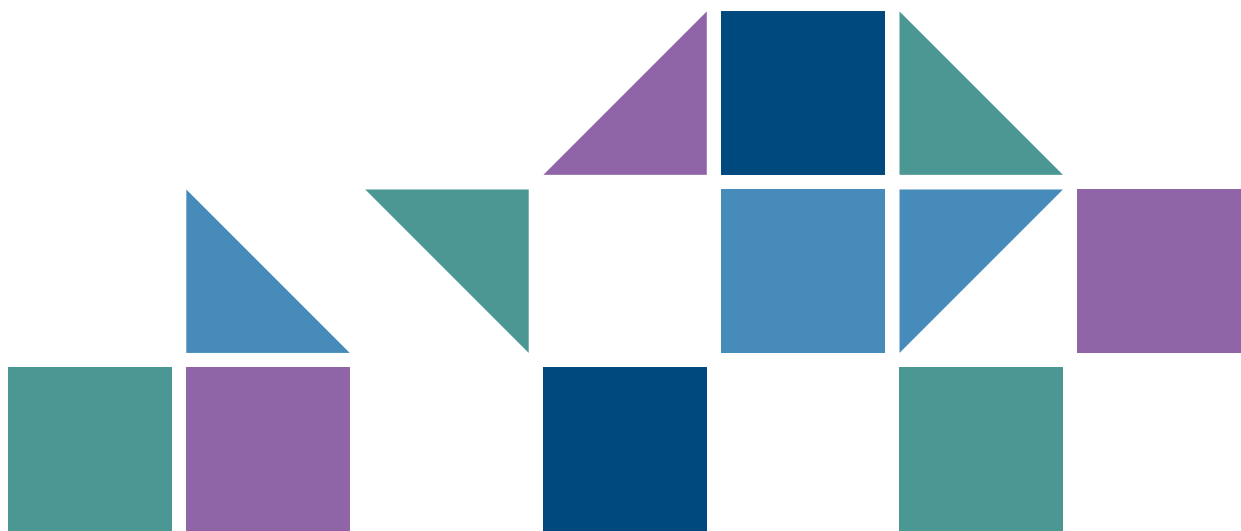
A MHO Workforce Capacity Oversight Group has been set up in order to consider long-term solutions to address the shortfalls in MHO capacity caused by issues including increased service demand, as well as recruitment and retention challenges.

Other activity under the Attract pillar will include:

- ▶ Building on existing ethical international recruitment campaigns to capture the mental health and wellbeing workforce

and scope out what actions, within the powers of Scottish Government, need to be taken to remove the barriers/challenges facing health boards and local authorities from recruiting people into the MH&W workforce.

- ▶ This includes building on and learning from the International Recruitment Programme in Social Care Pilot, through NES and the Centre for Workforce Supply for Social Care and working with SSSC to progress initiatives for Social Work International Recruitment.
- ▶ Scoping and promoting existing, new and alternative pathways to widen access to careers within the mental health and wellbeing workforce, beyond traditional university and college routes and develop a targeted campaign to promote careers, including new roles where appropriate, within the mental health and wellbeing system.
- ▶ Working with colleges and universities, their representative bodies and the Scottish Funding Council (SFC), to better understand the numbers currently in training across a range of related disciplines and ensuring that there are sufficient funded places to support students at college and university studying in mental health, social work and allied professions.





## Train

The Strategy Delivery Plan sets out a range of actions that are relevant and interact closely with the Train pillar. This includes actions under the following priorities:

**Priority 1:** Tackle mental health stigma and discrimination where it exists and ensure people can talk about their mental health and wellbeing and access the person-centred support they require.

**Priority 4:** Expand and improve the support available to people in mental health distress and crisis, and those who care for them, through our national approach on Time, Space, Compassion.

**Priority 5:** Work across Scottish and Local Government and with partners to develop a collective approach to understanding and shared responsibility for promoting good mental health and addressing the causes of mental health inequalities, supporting groups who are particularly at risk.

**Priority 7:** Ensure people receive the quality of care and treatment required for the time required, supporting care as close to home as possible and promoting independence and recovery.

**Priority 8:** Continue to improve support for those in the forensic mental health system.

**Priority 9:** Strengthen support and care pathways for people requiring neurodevelopmental support<sup>3</sup>, working in partnership with health, social care, education, the third sector and other delivery partners. This will ensure those who need it receive the right care and support at the right time in a way that works for them.

**Priority 10:** Reduce the risk of poor mental health and wellbeing in adult life by promoting the importance of good relationships and trauma-informed approaches from the earliest years of life, taking account where relevant adverse childhood experiences. We will ensure help is available early on when there is a risk of poor mental health and support the physical health and wellbeing of people with mental health conditions.

The education and training pipeline makes a significant impact on the skills of the workforce as well as to workforce supply. Skills are an important part of many individuals, professions and organisations identities, helping them to define who they are, and what they want to be.

In Scotland, our schools, colleges and universities, training providers, SSSC and National Health Boards such as NHS Education for Scotland, deliver high-quality education to learners at all levels helping to shape both our future workforce and upskill our current workforce. We also recognise that the mental health and wellbeing workforce receive training through their own employer, third sector organisations, independent employers, individual health

<sup>3</sup> Our usage of the term 'neurodevelopmental support' reflects the diagnostic criteria utilised in health and social care services for "neurodevelopmental disorders" (*ICD-11*). It is inclusive of the broad range of what our communities may refer to as neurodiversity/neurodivergence, such as our autistic communities, people with ADHD, people with learning disabilities, people with Down's Syndrome and people with FASD.



boards and local authorities training, and some may also access training opportunities through their professional boards or independently.

We heard about the need to address stigma and discrimination relating to poor mental health and stigma faced by people with protected characteristics and marginalised groups through training. We also heard the need to improve and increase the availability and uptake of mental health literacy, wellbeing, training for the wider workforce, carers and volunteers. There were also calls to provide a national framework for mental health training and support for the wider mental health and wellbeing workforce and volunteers, including for example those working in courts, prisons and those working with children and young people.

Scottish and local government as well as employers themselves continue to support training of the workforce. Our Action Plan recognises the wide ranging existing mental health training and seeks to enhance rather than replicate these offers. This includes further details on some of the available training which can be found in Annex A.

Through this Action Plan we will also take forward a range of activity under the Train pillar. The newly established Mental Health and Wellbeing Workforce Education and Training Advisory Group will:

- ▶ Develop an induction training framework for the wider mental health and wellbeing workforce, volunteers, peer support/recovery workers and carers.
- ▶ Scope implementation of the learning resources produced by the Children and Young People's Mental Health and Wellbeing Joint Delivery Board along with the strategic [recommendations](#), and ensure any further training opportunities
- are developed, disseminated, supported, evaluated and accessible for the children and young people's mental health and wellbeing workforce.
- ▶ Scope options for increasing awareness of evidence-based prevention and early intervention approaches, within training and resources.
- ▶ Consider options to upscale training and awareness around the mental health and wellbeing challenges of disadvantaged groups (including our ethnically diverse communities, people who are neurodiverse, and people living with dementia).
- ▶ Consider the role of colleges and universities as providers of training materials and potential delivery partners.

Other actions under the Train pillar include:

- ▶ We will work with stakeholders to develop resources to support alternative caregivers (kinship, foster, supported lodging carers and adoptive parents) provide trauma-informed care for their children and young people, as part of the National Trauma Transformation Programme.
- ▶ Scottish Government will continue to provide additional funding to NES for mental health education and training for both the health and social care workforce to meet a broad range of workforce training needs including, but not limited to perinatal, substance misuse, learning disabilities, neurodevelopmental disorders.
- ▶ Develop a resource toolkit for Mental Health Unscheduled Care Practitioners, responsible for providing unplanned and emergency mental health care and support, to increase awareness of the

range of additional options available to support individuals.

- ▶ Support improvement of equality, diversity and inclusion training for the mental health and wellbeing workforce to incorporate up to date messaging within existing training and relevant information on equality recognising the important role colleges and universities play in shaping and delivering such training.
- ▶ Continue to support our workforce and services across Scotland to embed sustainable trauma-informed approaches using evidence-based training and support available through the National Trauma Transformation Programme, including the publication of a new "Roadmap to Trauma-Informed and Responsive Change: Guidance for Organisations, Systems and Workforces in Scotland".
- ▶ Scottish Government will fund training to increase knowledge, skills and awareness of suicide prevention and continue to expand and deepen knowledge and compassionate understanding of self-harm by providing learning for people, communities and healthcare settings building upon the bespoke self-harm resources already created.
- ▶ Explore further opportunities to include safe and evidence based self-harm learning content and materials in core training and continuous professional development for key professional groups.
- ▶ Promote training resources for peer support workers. This will include resources developed by the Scottish Recovery Network to introduce, manage and sustain peer support roles ([Let's do Peer Group Facilitation guides](#) / [Let's Develop Peer Roles toolkit](#)), to build capacity in peer support groups that support those in crisis, contemplating suicide or who have been affected by suicide. It will also include resources developed by the Scottish Recovery Network for peer support in the perinatal period ([Let's do Peer Support: Bump, Birth & Beyond – Scottish Recovery Network](#)) and the [Peer Support Evaluation Toolkit](#) for Perinatal and Infant Mental Health Services created in partnership with Inspiring Scotland, Evaluation Support Scotland and Scottish Government.
- ▶ Progress actions within the Trauma Responsive Social Work Services workplan, which was developed and agreed with key partners to embed trauma responsive practice into social work services across Scotland, aligned with the National Trauma Transformation Programme.
- ▶ Consider ways to address the digital and data training and literacy needs within the mental health and wellbeing workforce, in line with the [Health and Social Care Data Strategy](#) and the [Health and Social Care Digital Strategy](#), 'Care in the Digital Age'.
- ▶ Through the National Scottish Steering Group for Educational Psychologists (NSSGEP), Scottish Government and COSLA have worked in partnership with key stakeholders within the profession to consider a move to a Doctorate model of training for Educational Psychologists. Agreement in principle to move to a Doctorate model of training has been provided by both the Cabinet Secretary for Education and Skills and COSLA Leaders. Scottish Government and COSLA are working closely with the University of Dundee and the profession to consider further feasibility work to inform the next steps to deliver this shift in approach.



## Employ

The Strategy Delivery Plan sets out a range of actions that are relevant and interact closely with the Employ pillar. This includes actions under the following priorities:

**Priority 1:** Tackle mental health stigma and discrimination where it exists and ensure people can talk about their mental health and wellbeing and access the person-centred support they require.

**Priority 2:** Improve population mental health and wellbeing, building resilience and enabling people to access the right information and advice in the right place for them and in a range of formats.

**Priority 3:** Increase mental health capacity within General Practice and primary care, universal services and community based mental health supports. Promote the whole system, whole person approach by helping partners to work together and removing barriers faced by people from marginalised groups when accessing services.

**Priority 4:** Expand and improve the support available to people in mental health distress and crisis, and those who care for them, through our national approach on Time, Space, Compassion.

**Priority 5:** Work across Scottish and Local Government and with partners to develop a collective approach to understanding and shared responsibility for promoting good mental health and addressing the causes of mental health inequalities, supporting groups who are particularly at risk.

**Priority 7:** Ensure people receive the quality of care and treatment required for the time required, supporting care as close to home as possible and promoting independence and recovery.

**Priority 8:** Continue to improve support for those in the forensic mental health system.

**Priority 9:** Strengthen support and care pathways for people requiring neurodevelopmental support<sup>4</sup>, working in partnership with health, social care, education, the third sector and other delivery partners. This will ensure those who need it receive the right care and support at the right time in a way that works for them.

Stakeholder feedback called for continued appropriate growth of the core and wider mental health and wellbeing workforce and to ensure fair and meaningful work, so that the workforce feel valued and rewarded for the work they do. We heard about the need to support the core mental health and wellbeing staff to work at the top of their competencies, as well as ensuring that there are structured career pathways with opportunities for development. Some respondents called for the continued progress in embedding Fair Work practices across workplaces, as well as calls for better pay and conditions, with improved flexible working conditions, to allow for improved work-life balance.

We note that for members of the workforce who are parents and/or have other caring responsibilities, flexible working conditions are crucial to ensure these staff can balance their role alongside the other commitments in their lives.

In response, Scottish Government will seek to embed [Fair Work First](#) principles within all new Mental Health Directorate Grants, and we will continue to support projects currently

<sup>4</sup> Our usage of the term 'neurodevelopmental support' reflects the diagnostic criteria utilised in health and social care services for "neurodevelopmental disorders" ([ICD-11](#)). It is inclusive of the broad range of what our communities may refer to as neurodiversity/ neurodivergence, such as our autistic communities, people with ADHD, people with learning disabilities, people with Down's Syndrome and people with FASD.

funded through the Workplace Equality Fund to encourage fair work practice; promote the outputs and outcomes of the Fund to mental health and wellbeing workforce employers to share relevant best practice.

As set out in the Verity House Agreement, established negotiating arrangements for pay will be recognised and respected, and Scottish Government will work jointly with COSLA to ensure better strategic alignment on workforce issues across the public sector, including fair work.

Other work to support workforce capacity includes funding:

- ▶ Action 15 of the Mental Health Strategy 2017-27 outlined Scottish Government's commitment to funding 800 additional mental health workers in key settings, including A&Es, GP practices, police station custody suite and prisons – ensuring local provision and support is at the heart of our plans. At the end of the commitment, around 960 Whole Time Equivalent (WTE) mental health roles were filled using Action 15 funding, exceeding the original commitment.
- ▶ Enhanced Psychological Practice (EPP) Programme, across a variety of settings
- ▶ Psychological Wellbeing Practitioners in NHS 24
- ▶ Peer support workers
- ▶ Community link workers
- ▶ School counselling services available through all secondary schools across Scotland for young people
- ▶ Increasing the number of GPs in Scotland by 800, by the end of 2027
- ▶ Access to digital psychological interventions

In November 2021, Scottish Government provided funding to NHS Boards for Mental Health pharmacist and technician recruitment as part of a wider investment

from the Mental Health Recovery and Renewal Fund. A second phase of funding amounting to £1.6m was confirmed in February 2023. The Fund supports the delivery of actions set out in the Mental Health Transition and Recovery Plan to respond to the mental health need arising from the pandemic, and also benefits the wider agenda for mental health and wellbeing in line with the four areas of key need set out in the Plan. The Fund is aimed at improving how people can manage their mental health with appropriate early support and be referred for additional support when required. To date Boards have recruited 26.8 WTE pharmacists, 13.2 WTE technicians, and 3.2 WTE support staff to specifically work in mental health services.

The work of the Psychiatry Recruitment and Retention working group, the MHO Capacity Working Group, the Mental Health Nursing Review and the Joint Social Services Workforce Taskforce will also be applicable to the Employ pillar.

The Nursing and Midwifery Taskforce includes work relevant to the Employ pillar, including: building exemplary workforce cultures; addressing operational barriers; and improving workforce conditions, facilities and learning opportunities and supporting the implementation of the National Health and Social Care Workforce Strategy to ensure a sustainable workforce that delivers high quality care and reduces reliance on supplementary staffing.

As well as the work outlined above, Scottish Government will also implement the Band 2-4 framework for Mental Health Nursing and Work with Open University to target staff, including those in non-traditional band 2-4 roles, as part of promoting mental health nursing careers.

Through the Social Work Improvement Planning Workforce Group, we will review the current workforce pressures facing the Social Work profession, including MHOs, while actively supporting work to address recruitment and retention issues. We will work with institutions and the SFC to ensure that social work students remain engaged with their course and will continue the development of the Advanced Social Work Practice Framework which will set out the structures to support social workers through different career phases and will describe a cohesive and supportive series of academic, learning and development, and work-based opportunities to support the workforce.

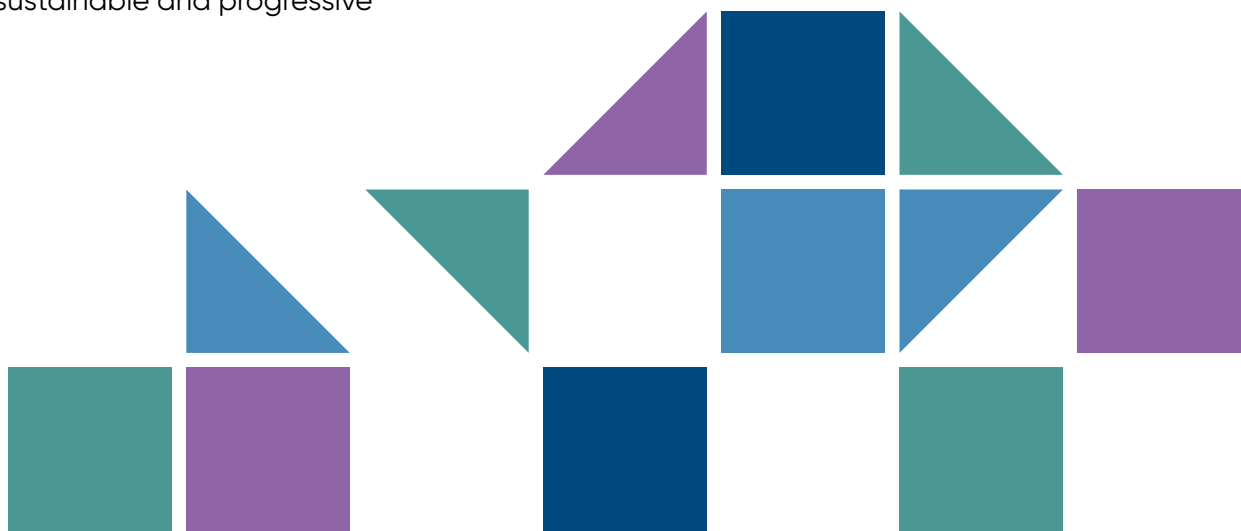
In addition to the increase in pay for many parts of the workforce including for example through the Agenda for Change pay settlement for 2023/24, work is also under way on a wider review of Agenda for Change, as agreed alongside the latest pay settlement. Scottish Government will also reinforce the distinction between volunteering and paid employment by reviewing and relaunching the [Volunteer Charter](#), introducing fair volunteering principles, and reinforcing its importance.

Other actions under the employ pillar include:

- ▶ Continuation of the Transforming Roles programme for nursing, midwifery and health professions (NMAHP) workforce. The programme aims to ensure nationally consistent, sustainable and progressive

NMAHP roles and career pathways which will see an appropriately skilled workforce contributing to new models of care delivery, including the development of specialist and advanced practice for mental health.

- ▶ Continue to support projects currently funded through the Workplace Equality Fund to encourage fair work practice; promote the outputs and outcomes of the Fund to mental health and wellbeing workforce employers to share relevant best practice.
- ▶ Through Fair Start Scotland, Scottish Government will continue to deliver the Individual Placement and Support (IPS). This employability model supports people with severe and enduring mental health conditions to find and retain employment. An [independent review](#) was commissioned and published on 25 January 2023. We will share learning of this project across the mental health and wellbeing system.
- ▶ Scottish Government will continue to work with stakeholders to secure improved terms and conditions such as sick pay and maternity/paternity pay in 2023/24 for adult social care workers delivering direct care in commissioned services.





## Nurture

The Strategy Delivery Plan sets out a range of actions that are relevant and interact closely with the Nurture pillar of the HSC Workforce Strategy. This includes actions under the following priorities:

**Priority 1:** Tackle mental health stigma and discrimination where it exists and ensure people can talk about their mental health and wellbeing and access the person-centred support they require.

**Priority 2:** Improve population mental health and wellbeing, building resilience and enabling people to access the right information and advice in the right place for them and in a range of formats.

**Priority 10:** Reduce the risk of poor mental health and wellbeing in adult life by promoting the importance of good relationships and trauma-informed approaches from the earliest years of life, taking account where relevant adverse childhood experiences. We will ensure help is available early on when there is a risk of poor mental health, and support the physical health and wellbeing of people with mental health conditions.

Key to growing and transforming the mental health and wellbeing workforce is a fair, supportive and inclusive workplace culture with workforce wellbeing being an essential priority. This applies across all roles, settings and is important for retaining our current workforce, whilst making it positive career choice for attracting the future workforce.

We know that employers can play a key role in tackling mental health stigma by creating workplace cultures where open and honest discussion about mental health and wellbeing is supported and where discriminatory behaviour is challenged. Leaders and managers also play a key role

in recognising how common psychological trauma is across the population including the people in their workforce, who may also be at a greater risk of exposure to traumatic events in the course of their work. Supporting and promoting good mental health and wellbeing through trauma-informed and responsive practice at work benefits both the individuals and employers<sup>5</sup>.

In consultation, we heard that support for wellbeing is essential for sustaining the current and future mental health and wellbeing workforce, with a need for greater access to mental health and wellbeing support including counselling and spiritual care. The workforce also highlighted the importance of tackling the stigma associated with working in mental health as well as supporting the workforce who may be experiencing mental health or wellbeing related issues. There were calls for taking further steps to listen to the needs of the workforce and addressing specific needs, including providing improved menopause and menstrual health support.

There were calls for improvements to supervision provision and ensuring that resource planning takes into account time for reflective practice and the principles of [time, space and compassion](#).

The consultation highlighted calls for workloads to be more manageable and for there to be improved partnership working across the mental health and wellbeing system and increased opportunities to share good practice. There was a recognition that a range of activity is required to improve support for unpaid carers and volunteers. Therefore, we will explore options to further support staffs' wellbeing, increasing connectivity and collaborative working across mental health and wellbeing services and promote examples where collaboration has been successful.

<sup>5</sup> [Enablers and barriers to trauma-informed systems, organisations and workforces: evidence review – gov.scot \(www.gov.scot\)](#)



We will continue to support staff mental health and wellbeing through national initiatives such as the National Wellbeing Hub, the National Wellbeing Helpline, Coaching for Wellbeing, confidential mental health treatment through the Workforce Specialist Service and develop a national resource for peer support and reflective practices to complement support delivered within local communities, including by their employer.

We will support the development and implementation of the Improving Wellbeing and Working Cultures Framework and Action Plan. This will build on the [HSC Workforce Strategy](#) and our commitment to enable and improve the culture of our health, social care and social work organisations, through a collective focus on programmes of work at national level on staff wellbeing, leadership and equalities.

We will provide support for the implementation of trauma-informed approaches through the publication of a new “Roadmap to Trauma-Informed and Responsive Change: Guidance for Organisations, Systems and Workforces in Scotland” as part of the National Trauma Transformation Programme.

The new [Anti-Racist Employment strategy](#) gives employers practical guidance and support in addressing racial inequality in the workplace. This strategy provides resources for employers, and it will be promoted as part of the Action Plan to mental and wellbeing workforce employers.

The [Women’s Health Plan](#), published in August 2021 aims to address health inequalities and improve health outcomes for women and girls. There are actions being delivered through the plan which are of relevance to the mental health and wellbeing workforce. This includes promoting the menopause and

menstrual health workplace policy that is being developed for NHS Scotland Staff. We will promote use of this best practice example for all employers within the mental health and wellbeing system and encourage equivalent efforts. This will be supported by inviting a representative from the mental health and wellbeing workforce to participate in the Menopause and Menstrual Health Working Group which will consider the implementation of the workplace policy for NHS Scotland as an example of best practice.

We want to ensure that employers have the support they need to promote and support conditions that enable good mental health at work. We will continue to promote the Healthy Working Lives’ mental health and wellbeing digital platform to help employers in Scotland actively support and promote [mental health at work](#). The platform signposts employers to a wide range of mental health and wellbeing resources. These include information and advice on understanding mental health, mental health and the law and staff learning and development opportunities, as well as signposting to sources of support.

It is widely recognised that in addition to physical, emotional, and social needs; organisations and employers should ensure that the spiritual needs of staff are recognised and met. Scottish Government will promote the role of spiritual care for all staff across health and social care settings including end of life care and bereavement support, through the new [Spiritual Care Framework](#). Scottish Government will produce targeted communication on mental health and wellbeing to ensure all stakeholders have access to information they need to support themselves or others and we will ensure that this communication addresses issues around stigma.

To improve support to unpaid carers there will be greater promotion of the mental health support that signposts to online resources – the [National Wellbeing Hub](#) (which includes a specific section for unpaid carers), [Aye Feel](#) and we will continue to promote the [Triangle of Care](#) across the mental health and wellbeing system. General population mental health and wellbeing resources including [Mind to Mind](#) and [Supporting a mentally healthy workplace](#) will also continue to be promoted and will benefit the mental health and wellbeing workforce.

Other actions under the Nurture pillar include:

- ▶ Gain a better understanding of the implications of new policy developments such as the Health and Care (Staffing) (Scotland) Act 2019 (which is due to be fully in force on 1 April 2024), and Mental Health standards and how these impact health and social care staff wellbeing. This will include developing a Mental Health and Learning Disabilities (MHL D) inpatient staffing tool.
- ▶ Following the National Autism Implementation Team (NAIT) report, Scottish Government will establish a Neurodiversity Affirming Community of Practice – NAIT will provide leadership to the Adult Neurodevelopmental Professionals Network to build relationships, facilitate support and combine expertise as work progresses. This network will be aligned to a new Community of Practice.
- ▶ Encourage participation in the [Leading to Change](#) programme, promote compassionate leadership practices and ensure appropriately trained and skilled in leadership to promote a culture of hope and security.
- ▶ Support the development and implementation of the Improving Wellbeing and Working Cultures Framework and Action Plan. This will build on the [HSC Workforce Strategy](#) and our commitment to enable and improve the culture of our health, social care and social work organisations, through a collective focus on programmes of work at national level on staff wellbeing, leadership and equalities.
- ▶ Ensuring that our aspirations for mental health workforce development are informed by the [Purpose and Principles for post-school education, research and skills](#) that were published in June of this year. This considers how we can deliver a post-school education, research and skills system that is supportive and equitable and which places equal value on all positive destinations, which would include our approach to widening access.
- ▶ A Newly Qualified Social Worker (NQS W) Supported Year will be implemented across Scotland from September 2024. Social workers will be supported throughout their first year in practice by the provision of induction, protected caseloads and learning time, facilitation of peer support and mentoring, regular professional supervision and structured development discussions, using an agreed set of standards.
- ▶ Through the Mental Health Leads Network and other partners, we will share good working practice in relation to workforce planning between Health Boards and Health and Social Care Partnerships.
- ▶ Publishing case studies from the Mental Health Strategy 2017 commitment to fund 800 additional mental health workers in key settings, including A&Es, GP practices, police station custody suites and prisons.

Ensure that lessons learnt are shared, including the impact of these additional roles on the wider MH&W system.

- ▶ Ensuring that the lessons learned from Welfare Advice and Health Partnerships are shared to support applications for welfare benefits and to address debt, housing, and employability issues and thereby reduce pressure on GPs and primary care services.
- ▶ Promoting existing forums and best practice sharing locally, including MHO forums within local HSCP and the National MHO forum.
- ▶ In partnership with local services, explore other ways in which information on locally available services and support can be further shared.
- ▶ Update the resource pack which was developed to support mental health workers in General Practice settings. It brings together a range of national resources and tools that support and improve mental health and wellbeing.
- ▶ Scottish Government will establish a [Coming Home Implementation](#) Peer Support Network that will bring together professionals from a range of disciplines, as well as people with lived experience to learn and share best practice, and to get support with planning services for people with learning disabilities and complex care needs. We will also scope establishing a Coming Home Implementation National Support Panel that provides professional advice to local areas for people with learning disabilities and complex care needs.
- ▶ Work is also being taken forward to identify and develop examples of peer support in action which can be shared nationally to improve the understanding and profile of peer support.

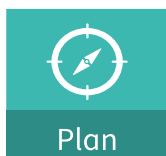


# Annexes





# Annex A – Case Studies



## The Enhanced Psychological Practice (EPP) programme

The Enhanced Psychological Practice (EPP) programme is a new post-graduate certificate level education programme, funded by Scottish Government, that has been developed to enable staff to deliver high-quality, evidence-based psychological interventions for mild to moderate difficulties in a way that can be efficiently brought to scale with appropriate specialist supervision. NES aim to grow the newly established programme using a phased approach, with a view to delivering up to 100 qualified staff per annum when at full capacity, thereby enabling an additional 1,500 people (approximately) per year to receive help.

The EPP Programme has been implemented in a variety of Adult and Children and Young People services, including Primary Care, Perinatal and Prison settings. Some of the positive experiences we have heard about the programme include:

**Service User:** *"This service quite literally changed my life. Lucy<sup>6</sup> was fantastic –she availed my fears, provided reassurance, was proactive in supporting me and crucially, encouraged me to have the confidence to tackle my worries by myself. I think having the clinical knowledge alongside the therapeutic skills really helped make this an extra special patient centred service."*

### **Self Help worker who has completed Adult EPP programme and is working in primary care:**

*"Introducing the EPP interventions to the Guided Self-help Service has resulted in an expansion of*

*service and increased access to evidence-based psychological approaches."*

**Assistant Psychologist who has completed the Adult EPP Programme and is working in prisons:** *"My role has protected time to deliver psychological interventions in prisons. Many of the patient population have difficulties with emotional regulation and identifying emotions. The psychological interventions provided are very beneficial in supporting clients to identify their feelings and emotions and explore ways they can manage their emotions. We are able to offer immediate and time-limited input."*

**Specialist Midwife:** *"The Maternity & Neonatal Psychological Interventions service is an acute, hospital-based service for women with mild to moderate psychological difficulties associated with complex pregnancy, birth, neonatal complications or loss and consists of ourselves as specialist midwives, and clinical psychologists. We provide EPP interventions in the perinatal setting. The real value is in a thorough assessment and realistic goal setting and doing as much meaningful work as possible prior to the inevitable disruption of treatment as a result of the birth and early postnatal period".*

Recognising ongoing service need, a Short Life Working Group (SLWG) has been established to progress the implementation of the EPP Programme and consider how this could lead to new job roles being created in delivering psychological interventions in Adults and Children & Young People's (CYP) psychological services. The aim is to provide additional and complementary capacity that is integrated with current service provision. The SLWG membership includes representatives from Scottish Government, NES, Trade Unions and NHS Employers.

<sup>6</sup> The name has changed to protect privacy



### **'Earn While You Learn' – Widening Access to Registered Mental Health Nurse Education and Training: A collaboration between NHS Lothian and the Open University, Scotland.**

To tackle vacancy gaps, the Royal Edinburgh Hospital and Associated Services (REAS) developed a pilot in partnership with the Open University (OU), School of Health, Wellbeing and Social Care, to increase the numbers of Registered Mental Health Nurses within NHS Lothian by widening access into BSc Honours Degree nursing education to people who may not be able to access nursing through the conventional Student Bursary route.

A recruitment advert for the program went out to a wide range of employment websites with the strap line **'Earn while you Learn'**. The timing of the advert was after local universities had allocated their places, so as not to divert potential full-time students from the traditional entry pathway to student nurse training. The intent was to have 20 Trainees recruited in each academic year.

The response to the programme has been very positive, with interest far surpassing the places available. In 2022 there were 105 applicants for the 20 places available and in 2023, 265 applicants applied, with 23 trainees appointed. Applicants were from a very mixed demography with several already educated to degree level.

These Mental Health Nurse Trainees have been recruited on permanent contracts to vacant Health Care Support Worker posts within NHS Lothian, whilst undertaking their academic study. They are paid at Agenda for Change Band 3 for Parts 1 and 2 of their program and will be paid as Band 4 Assistant Practitioners once they successfully enter Part 3 of the program. Post qualification, candidates would be automatically employed by NHS Lothian into a staff nurse (band 5) post if all requirements are met to be registered with the NMC.

NHS Lothian has met the cost of course fees, clinical educator support and supervision and study leave to attend tutorials. The Trainees also receive 15 hours study leave per 4-week period to support them to complete academic study whilst employed. The program has attracted significant interest from the other NHS Boards in Scotland and there are plans to evaluate the programme going forward. Some of the feedback we heard from trainees include:

*"I'd always wanted to be a nurse from when I was younger but had my family and then it was out of my reach. This program is fantastic."*

*"I had looked at doing a Nursing degree for years but I could never afford it. I have a mortgage and couldn't survive on a bursary."*

*"I am loving it, I would never have been able to do my Nursing if this didn't exist."*

## The North of Scotland, International Recruitment Model

NHS Grampian are delighted to be working in a collaborative approach with Highland, Orkney and Shetland recruiting internationally educated nurses to our mental health services.

The North of Scotland international recruitment model was established in 2022/3 as a result of successful recruitment and education support of internationally educated nurses within NHS Grampian. The Board's agreement to maximise the resources, provide a regional consistent approach in recruitment and education aims to support a seamless and co-ordinated approach.

The mental health education programme has been developed locally with input from practice education colleagues to equip all mental health nurses with the knowledge and skills to succeed in their OSCE to progress to entry on to the Nursing and Midwifery Council (NMC) register.

The mental health regional education programme will be facilitated across all NOS Boards taking a blended learning approach of self-directed study, in-person and virtual, together with an OSCE. Led by NHS Grampian's Practice Education Team, the team work closely with other colleagues in boards to ensure support of all internationally educated nurses throughout their journey.

The education programme and OSCEs will run twice a year with two intakes of nurses. We have just appointed our first cohort, all nurses interviewed were of an extremely high calibre and Grampian will see 5 international nurses starting in November. The nurses as part of the programme will also receive tailored preceptorship and pastoral support throughout.



## NHS Grampian, Action 15

In Aberdeenshire, Action 15 has funded 3 Full-time Band 5 Senior Workers in the Aberdeenshire Mental Health Improvement & Wellbeing Service (Formerly Community Link Workers). This has allowed the service to grow more quickly and has increased the rate and speed at which referrals are processed and appointments offered. During 2022-23 (April-March), there were a total of 500 referrals, 6% were self-referrals and 75% were submitted by GPs and other clinical services. During the first quarter of 2023-24 (April-June), we have processed 150 referrals. Self-referrals have risen from 6% to 50% of referrals, while GP and clinical service referrals have dropped from 75% to 34%.

This puts the service at an increase of 20% in referral rates overall in the first quarter of this year, which is forecast to increase further as we build public awareness and continue to establish and build upon relationships and links with other services and networks.

We have very recently gone live with a public launch of the service and new self-referral pathway. Self-Referrals are now coming in steadily, with a small growth week on week.

The general public are now able to access support for their mental health and wellbeing needs much quicker, and with ease. The reduction in GP referrals and increase in self-referrals evidence that we are alleviating pressure on Primary Care GP Practices by absorbing more of the non-medical/clinical support needs of their patients.



## Peer Support, Angus Integrated Mental Health

In 2020, with the provision of Scottish Government funding, Angus Integrated Mental health service shifted the model of mental health care upstream towards prevention and self-management, and developed new roles to meet need at the right time, by the right person in the right place. The service embraced the ethos of no wrong door and no rejected referral and worked with primary care to develop a mental health and wellbeing peer support service in every GP practice in Angus, commissioned from third sector organisations.

Peer support provides easy, quick access to mental health and wellbeing support in people's local area, and works in a referral triage hub model, where all agencies work together to promote recovery, treatment and support opportunities. This multiagency approach includes primary care, adult mental health, psychology, peers, and substance misuse staff.

The peer worker role is vital in Angus, offering a unique and empowering perspective, and their early intervention is often based on only a few words in a self-referral. During appointments, peers share a range of coping strategies they have used personally or which they have been trained to deliver. The peers offer up to three support sessions, and support access to a range of online, and local community resources, to meet ongoing need. The peers are a key part of the ECS hub, improving access to support, reducing demand on statutory services, supporting prevention and self-management, and meeting the needs of people whose needs may have been missed previously.



## Lifelines (Nurture and train pillar)

Lifelines Scotland is a national NHS project, hosted by the Rivers Centre for Traumatic Stress in NHS Lothian, working with government, statutory and voluntary partners to support the wellbeing of the emergency service staff and volunteers across Scotland. Lifelines takes a preventative approach and seeks to help people stay well as they work or volunteer in demanding roles.

The project is linked to other national initiatives (including the Trauma Training Plan, suicide prevention, Scotland's Mental Health First Aid, the Rural Mental Health Forum) and shares Public Health Scotland's vision of improving mental wellbeing by taking a public health approach.

The Lifelines website [www.lifelines.scot](http://www.lifelines.scot) has bespoke areas for ambulance, fire, police and volunteer responders. These resources are based on best practice and expert clinical knowledge and provide advice and information for people throughout their career (from recruitment to retirement) and for their family, friends and employers. By July 2023, the website has had almost 40,000 visits.

Lifelines has been working with Police Scotland, Scottish Ambulance, Scottish Fire and Rescue and a range of volunteer emergency responder organisations, to deliver a national training programme in resilience, supporting colleagues and providing Psychological First Aid following trauma. Between May 2021 and June 2023, the small Lifelines training team delivered 553 courses and trained more than 3000

people. Discussions are ongoing regarding the possible extension of the Lifelines project to other sections of Scotland's public sector workforce. Some of the positive experiences we have heard:

*"Opened my eyes into the subject of mental health and being a good manager... insightful and life-saving training".*

*"Lifelines' resilience course gave me tools to manage my mental health and resilience at work".*

*"The concept of Psychological first Aid is something I will take forward on to the Incident ground".*

## NQN Transitions Programme

The Senior Nurses in Mental Health within NHS Ayrshire & Arran have developed a reflective programme which supports Newly Qualified Nurses during their first year post registration. This programme has evolved from experience of supporting the 2021 NQN cohort where reflection sessions were introduced online to provide professional support throughout the first year post registration.

The Transitions Programme is a structured support programme which compliments local induction supported by clinical areas and the Flying Start NHS® programme. There is recognition that the transition between being a student nurse and becoming a staff can be challenging and stressful, as well as an exciting culmination of three years of academic work and clinical practice. Being supported with these learning opportunities enables Newly Qualified Nurses to feel valued by their organisation investing in them and providing opportunities for development (Ho et al, 2021).

This support begins with meaningful engagement with student nurses whilst they are in Part 3 of their mental health nursing programme. Also recognising that adapting to a new team and a new role within a team makes this a time of insecurity. The outcomes of this initiative are to develop well-supported reflective practitioners who feel confident in their role which is beneficial to patient care delivery.

In the past two years this initiative has evolved from online reflection support where NQNs would drop into more robust reflective development through the use of action learning sets. As Newly Qualified Nurses have attended reflection sessions, they have been encouraged to document their reflection within their eportfolio that will contribute to them developing reflective practice and provide evidence towards revalidation.

Feedback from the NQNs has illuminated the benefits of this process as there are shared experiences and commonalities in this transition time. So, by coming together with one another they feel less isolated and appreciate learning from these shared experiences.





Scottish Government and Local Government, as well as employers themselves, continue to support training of the workforce. This includes but is not limited to:

### **Mental Health Workforce in Schools:**

School staff have access to a wide range of nationally and locally available mental health training such as Scottish Mental Health First Aid and ASIST suicide awareness training. In addition, in 2021, we published a [professional learning resource](#) for school staff supported by the Mental Health in Schools Working Group and a [Whole School Approach Framework](#) to assist in supporting children and young people's mental health and wellbeing and that of staff in school settings.

### **National Trauma Transformation**

**Programme:** Since 2018, £9.6 million has been invested in a National Trauma Transformation Programme, which provides accessible and evidence-based learning resources, tools, and guidance to support a trauma-informed and responsive workforce. This programme aims to support a workforce who are trained to recognise where people are affected by trauma, alongside policies, systems and services that are designed to reduce barriers and establish a sense of trust, safety, choice, collaboration, and empowerment throughout every aspect.

**Police Training:** Police Scotland is one of the first police services in the UK to implement mandatory mental health and suicide intervention training for all officers; from probationary Constables up to the rank of Inspector, benefiting the workforce and the communities they serve. In addition, staff in C3 Division (Contact, Command and Control) as a first point of contact receive training

in Risk and Vulnerability Assessment. Staff working in custody suites also receive Mental Health Awareness training. Dependant on their role within the organisation, there are additional opportunities to participate in further mental health and suicide prevention training, through the NES / PHS Mental Health Improvement, Prevention of Self-harm, and Suicide resources including SMHFA, ASIST, SafeTalk, DBI Level One sessions, and mental health awareness of Children and Young People through Early Intervention through Education course.

**Scottish Ambulance Service (SAS):** As set out in the [SAS Mental Health Strategy](#) work is underway to address the balance of mental health education, awareness, and attitude for the SAS workforce. This includes:

- ▶ Providing staff with appropriate knowledge and skills to feel best prepared to recognise people whilst dealing with their mental health. This will be targeted at all levels from receipt of the call to discharge of the patient.
- ▶ Accessing the resources provided through the National Trauma Transformation Programme and supporting all staff to implement a trauma informed approach in the delivery of high-quality care.
- ▶ Offering all staff mental health education within a variety of platforms so access can be increased and is appropriate for all staff.

**Scottish Prison Service (SPS):** As part of SPS' overall approach to mental health support and trauma informed practice, SPS has worked in partnership to develop a range of trauma related training interventions for senior leaders and, in the first instance, staff working with young people and women. Additionally, a number of NES trauma training products are now also available to the broader SPS staff group via SPS' online learning facility.

**NHS 24 Mental Health Hub:** Improving the unscheduled care pathway was a key aim in establishing a dedicated Mental Health Hub within the NHS 24 111 service. The Hub provides a vital service, bringing together frontline staff who are Psychological Wellbeing Practitioners (PWP's) and Mental Health Nurses. They support people using a psychosocial assessment to either help them self-manage their care needs or direct them to the most appropriate form of support, such as their GP or mental health clinician in their Health Board area. The Mental Health hub provides a compassionate service for any individual calling the 111 service seeking support for their mental health, or if they are in distress 24 hours a day, seven days a week.

In order to ensure staff are appropriately trained and providing appropriate and proportionate advice, all PWP's receive tailored training. The training covers:

- ▶ Suicide prevention and risk management
- ▶ Assessment and management of self-harm
- ▶ Knowledge and understanding of trauma-based practice
- ▶ Recovery and self-management techniques
- ▶ Safety Planning
- ▶ Distress Brief Intervention
- ▶ Sessions covering mental illness including dementia, delirium, intellectual disability, CAMHS and substance misuse
- ▶ Mental health specific pharmacy session
- ▶ Introduction to mental health services provided by NHS 24

Scottish Government is committed to the sustainability and development of the Hub, investing nearly £5m in 2021-22 and £4.4m in 2022-23 with funding continuing into this year to ensure a safe and sustainable service.

**Supporting Children and Young People's Mental Health** has been a high priority for Scottish Government and COSLA. A range of resources were produced under our [Children and Young People's Mental Health and Wellbeing Joint Delivery Board](#), including a '[One Good Adult](#)' resource for those who are first point of contact for a child in need of support, and a [mental health resource](#) aligned to the Promise (login required). These can be located via NES's [Digital Learning Map](#) and are relevant to all who work with children and young people, whether in a paid role, or as a volunteer.

**Primary care services - mental health and wellbeing:** [resources](#) have been developed to support staff working as part of a multi-disciplinary team within General Practice. They are intended to support mental health workforce staff contribute to the link worker function within services, by providing a directory of additional sources of help and support, to which people can be connected and signposted and, to compliment the support, assessment, and treatment they will receive from the team. It brings together a range of national resources and tools that support and improve mental health and wellbeing. It includes guidance and learning and development opportunities for staff. We will continue to update this resource and ensure that it promoted to the workforce.

**General Practice:** Scottish Government are committed to increasing the number of GPs in Scotland by 800, by the end of 2027. The number of General Practice Specialty Training (GPST) places has been increasing, with 135 additional places having been created since 2016. This includes 35 places which are being made available in 2023. Scotland's medical undergraduate intake has increased by 448 places since academic year (AY) 2015-16, from 848 to 1,296. This represents a 53% increase. Scottish Government's GP recruitment

campaign was launched in June 2022 and targets GPs who are looking to move to Scotland to work in the profession. To help retain the current workforce Scottish Government are continuing to invest in a range of recruitment and retention initiatives so that being a GP remains an attractive career choice in Scotland.

**Distress Brief Intervention (DBI)** is an innovative approach to reducing emotional pain in people who present in distress. It equips individuals with a range of skills and support to cope with emotional pain, both in the immediate term and for the future. There are two levels in the DBI programme. Level 1 is provided by trained front-line staff, who provide a compassionate response and – where assessed as appropriate – can offer individuals in distress the opportunity to be referred to Level 2. Specially trained staff in third sector organisations, who offer a brief (around 14 days), compassionate, community-based problem-solving intervention, provide Level 2. Two positive independent evaluations [Distress Brief Intervention pilot programme: evaluation – gov.scot \(www.gov.scot\)](#) 2 [Introduction – Extended Distress Brief Intervention Programme: evaluation – gov.scot \(www.gov.scot\)](#) of the programme made recommendations for improvement, including some on the preparedness, training, and development of DBI staff. Work

is currently underway to take forward these recommendations. Scottish Government have committed to roll DBI out to all local NHS Board areas by March 2024 and are making strong progress towards that target – as at September 2023, 23 of the 31 HSC Partnerships have DBI live locally, with two more expected to go live in late 2023, and discussions underway with the remaining six.

**Employers:** In 2022, in partnership with Public Health Scotland. Scottish Government launched a new mental health and wellbeing digital platform to help employers in Scotland actively support and promote mental [health at work](#). The platform signposts employers to a wide range of mental health and wellbeing resources, including sources of support and advice on understanding mental health, mental health and the law and staff learning and development opportunities, as well as contact details for crisis support services along with wider support services that can help to support mental wellbeing. This means that employers can now access the means of creating a culture of support and wellbeing at work from one single source. Public Health Scotland (PHS) helped to develop the content as part of a collaboration with a wide range of partners across the public, private and third sectors.



