

South Ayrshire Council

**Report by Director of Health and Social Care Partnership
to Cabinet
of 23 September 2025.**

Subject: Live Well: Mental Health and Wellbeing Strategy 2024-2034

1. Purpose

1.1 The purpose of this report is to present the renewed South Ayrshire Live Well: Adult Mental Health and Wellbeing Strategy 2024-34.

2. Recommendation

2.1 It is recommended that the Cabinet endorses the contents of the refreshed Live Well: Mental Health and Wellbeing strategy 2024-34 which was approved by the IJB in December 2024.

3. Background

3.1 In 2023 the Scottish Government published a new Mental Health and Wellbeing strategy and an accompanying Delivery Plan. This was a timely publication given SA HSCP's intention to refresh the local strategy in line with the national strategic direction.

3.2 The HSCP embarked on a process of engagement with key stakeholders to develop a refreshed local strategy.

3.3 The resultant Live Well: Mental Health and Wellbeing Strategy was approved by the IJB on 11 December 2024.

3.4 An Equality Impact Assessment has been undertaken as part of the strategy development process. This has been revisited at regular intervals during the strategy development process to ensure a fully inclusive approach.

3.5 The ongoing monitoring and review of the Mental Health and Wellbeing Strategy 2024-34 Delivery Plan will be reported to the Performance and Audit Committee 6 monthly.

3.6 The report below outlines our engagement approach taken to inform the South Ayrshire Adult Mental Health and Wellbeing Strategy, summarises the content and outlines some proposed next steps. The appendices to the report are listed below:

- Appendix 1 – South Ayrshire Mental Health and Wellbeing Strategy 2024-34

- Appendix 2 – South Ayrshire Mental Health and Wellbeing Strategy 2024-34 Engagement Report
- Appendix 3 – Glossary
- Appendix 4 – Equality Impact Assessment

3.7 The Strategy details:

- Strategic themes set in line with the national picture,
- The policy context in which the Strategy is set,
- Understanding Mental Health and Mental Wellbeing
- The tiered approach we have taken to developing the plan collaboratively,
- The vision for Mental Health and Wellbeing services,
- where we are now and looking forward, and
- The Delivery Plan.

Engagement and Development of the Strategy

3.8 To develop the Strategy an oversight group was established and met regularly. The oversight group included a range of stakeholders to ensure the Strategy was robust and included all relevant views.

3.9 In preparing the Strategy a vast engagement exercise was carried out. Various methods of engagement were used such as focus groups, an online survey and information sessions. Staff engagement took place for a period of round 7 weeks – from 21 March to 7 May. Wider community engagement took place over a period of 6 weeks - from 29 August until 11 October. Over the engagement period we have engaged with over 400 people from ages 5 to 103 across all 6 localities in South Ayrshire.

3.10 The key themes that emerged from the engagement exercise were:

- Timely and Effective Services;
- Communication;
- Challenging Stigma; and
- Building Resilient Communities.

3.11 The findings from the engagement exercise informed the Delivery Group in developing the Delivery Plan. A wide range of stakeholders were invited to the Delivery Group to promote inclusivity and partnership working across services and sectors.

3.12 The final Strategy was taken to the IJB on 11 December 2024 to seek approval.

4. Proposals

4.1 The Cabinet is invited to endorse the Mental Health and Wellbeing Strategy 2024-34 Refresh.

5. Legal and Procurement Implications

5.1 There are no procurement implications arising from this report.

6. Financial Implications

6.1 There are no financial implications to agreeing this report.

7. Human Resources Implications

7.1 There are no HR implications to agreeing this report.

8. Risk

8.1 *Risk Implications of Adopting the Recommendations*

8.1.1 There are no risks associated with adopting the recommendations.

8.2 *Risk Implications of Rejecting the Recommendations*

8.2.1 There are no risks associated with rejecting the recommendations.

9. Integrated Impact Assessment (incorporating Equalities)

9.1 The proposals in this report have been assessed through the Integrated Impact Assessment Scoping process.

10. Sustainable Development Implications

10.1 ***Considering Strategic Environmental Assessment (SEA)*** - This report does not require a Strategic Environmental Assessment.

11. Options Appraisal

11.1 An options appraisal has not been carried out in relation to the subject matter of this report.

12. Link to Council Plan

12.1 The matters referred to in this report contribute to the South Ayrshire Local Outcomes Improvement Plan 2024-29.

13. Link to Shaping Our Future Council Yes No

13.1 Not applicable.

14. Results of Consultation

14.1 A full consultation exercise has been carried out consulting with staff, service users, carers, elected members and the wider public and its contents reflect what we heard from this feedback.

14.2 Consultation has taken place with Councillor Hugh Hunter, Portfolio Holder for Health and Social Care, and the contents of this report reflect any feedback provided.

14.3 Consultation has taken place with the IJB and the contents of this report reflect any feedback provided.

15. Next Steps for Decision Tracking Purposes

15.1 If the recommendations above are approved by Members, the Director of Health and Social Care Partnership will ensure that all necessary steps are taken to ensure full implementation of the decision within the following timescales, with the completion status reported to the Cabinet in the 'Council and Cabinet Decision Log' at each of its meetings until such time as the decision is fully implemented:

<i>Implementation</i>	<i>Due date</i>	<i>Managed by</i>
Following Agreement the new Age Well: Mental Health and Wellbeing Strategy 2024-2034 will be published	23 September 2025	Director of Health and Social Care Partnership.

Background Papers **None**

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Date: 11 September 2025

Adult Mental Health and Wellbeing Strategy 2024-34





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Foreword

I am delighted with the progress we have made since our last Mental Health Strategy was published in 2017. The time is now right for a new strategy which sets out the current landscape in South Ayrshire and how we will implement our local response to the new national Mental Health and Wellbeing Strategy, which was published in June 2023.

Mental health and wellbeing is important to us all. We know that we need to work together to ensure South Ayrshire provides a landscape where people are able to access the right support, at the right time and have a community network that is equipped and informed to support everyone equally.

We recognise that funding continues to present a number of challenges, but we are dedicated to taking a collaborative approach to our services to ensure that we work efficiently together to provide an excellent service to those who need it.

We will seek to ensure that the services we deliver reflect our vision and enable those who live in South Ayrshire to start well, live well and age well. The vision we have developed for this strategy is closely linked to our strategic objectives and we will ensure that we continuously work together with our staff and partners to provide the best outcomes for our service users.

We will be open and transparent in the journey to improving mental health and wellbeing, but it is critical that everyone in South Ayrshire works together to challenge stigma and discrimination and support a person-centred approach.

I would like to thank all those who has been involved in the development of this strategy. We have taken a collaborative approach to ensure this has been developed with and for the people of South Ayrshire. I look forward to now working with everyone to achieve the ambitions we have set out.

Tim Eltringham



Director of Health and Social Care

November 2024



Background

In South Ayrshire we are committed to continuously developing how we support our communities. We have developed this strategy as we recognise the need to ensure that we have the right approach to supporting people with their mental health and wellbeing by addressing challenges and finding solutions. Our approach to this is set out in this Strategy.

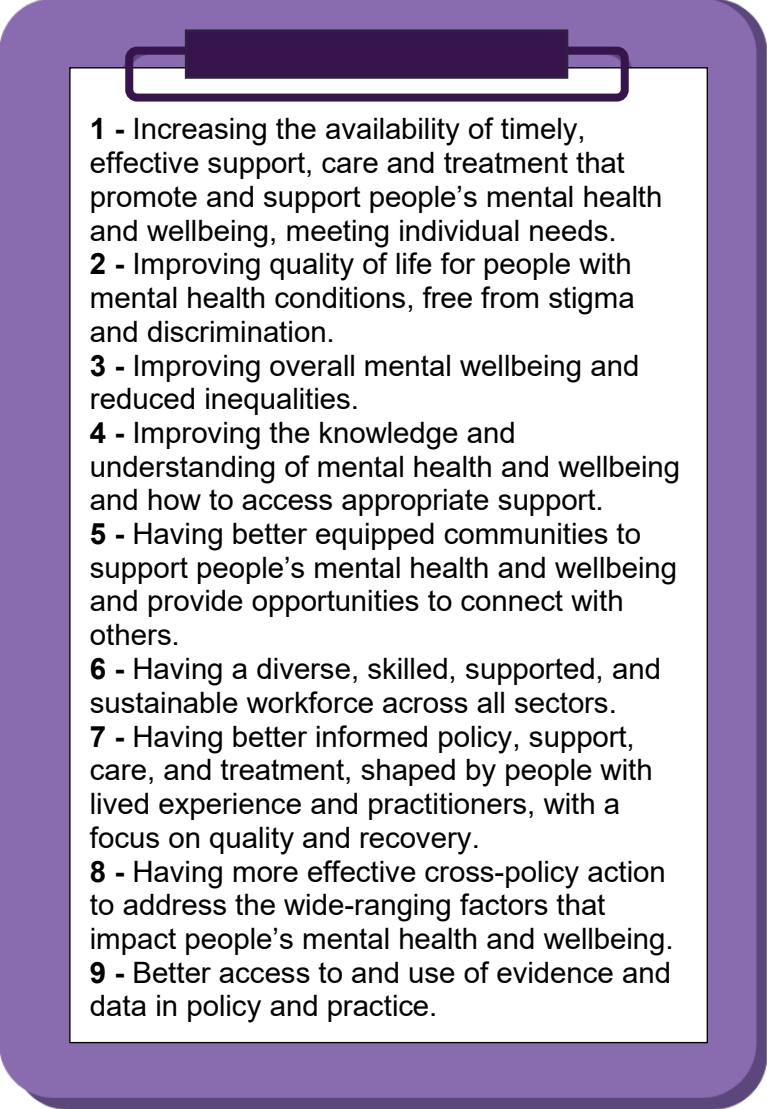
This Strategy has been developed with staff, stakeholders, and people in the community at every stage. We have reached out to as many people as we could in order to listen and understand what people want to see from this Strategy.

We have listened to what you have told us, and this Strategy has been developed to be a resource to anyone who wants to know what our commitment to mental health and wellbeing looks like in South Ayrshire. We've heard that often these strategic documents are long and inaccessible to many, so we have worked to ensure this document is concise and easy to understand.

At a National level, [Scotland's Mental Health and Wellbeing Strategy](#) was launched in late 2023 and this set out the vision for a Scotland that is free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible.

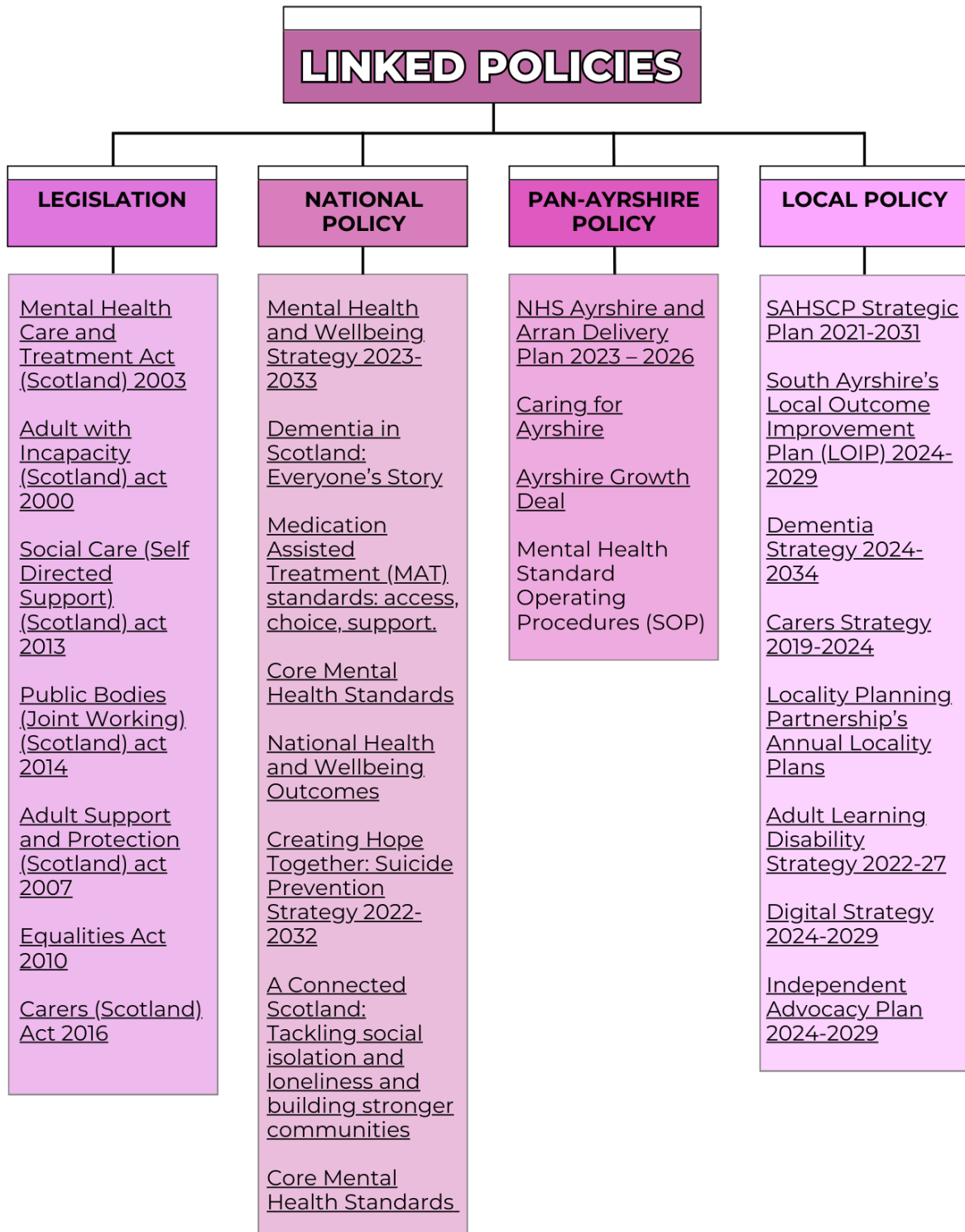
Alongside the Strategy, the Scottish Government have launched nine outcome areas that they will focus on over the next 10 years.

During our engagement, we asked the people of South Ayrshire, our stakeholders and staff their views on these outcome areas and to rank them in order of what matters most to them. In doing this it will help us to target areas locally. You have told us that they are:

- 
- 1** - Increasing the availability of timely, effective support, care and treatment that promote and support people's mental health and wellbeing, meeting individual needs.
 - 2** - Improving quality of life for people with mental health conditions, free from stigma and discrimination.
 - 3** - Improving overall mental wellbeing and reduced inequalities.
 - 4** - Improving the knowledge and understanding of mental health and wellbeing and how to access appropriate support.
 - 5** - Having better equipped communities to support people's mental health and wellbeing and provide opportunities to connect with others.
 - 6** - Having a diverse, skilled, supported, and sustainable workforce across all sectors.
 - 7** - Having better informed policy, support, care, and treatment, shaped by people with lived experience and practitioners, with a focus on quality and recovery.
 - 8** - Having more effective cross-policy action to address the wide-ranging factors that impact people's mental health and wellbeing.
 - 9** - Better access to and use of evidence and data in policy and practice.

As well as the national strategy that has been published, there are a number of key pieces of legislation that have informed the development of this strategy including other National and Local policies which are interlinked.

We are committed to collaborating with people living and working in South Ayrshire to create a strategy that reflects the needs of the people it serves and sets a number of measurable actions to help us ensure South Ayrshire is the best place to live well.



Defining Mental Health

“Mental health is a state of mental wellbeing that enables people to cope with the stresses of life, realize their abilities, learn well, and work well, and contribute to their community. It has intrinsic and instrumental value and is integral to our wellbeing.”-

The World Health Organisation (WHO)



We know that in many people will experience some form of mental health difficulty in their life, such as low mood or anxiety. For others they may have a mental illness, a long-term illness such as schizophrenia or bi-polar disorder, which can impact someone's ability to cope with daily life and requires some form of intervention from health and social care services.

When we discuss mental health and wellbeing and mental illness, we want it to be clear to everyone what we mean.

Mental Health

The phrase mental health is often misused and can sometimes be confused with the term mental illness. Over time, society has used these two phrases to mean the same thing although they are very different. Mental health refers to a person's emotional, psychological, and social wellbeing. Everybody has mental health, the same as everyone has physical health. Your own mental health can change throughout your life and is considered to be on a wellbeing continuum. It is unrealistic to expect to be happy all of the time and most people will face mental health challenges at some point in their life. Mental health is determined by several factors such as:

- Your current circumstances, level of demands and life stressors as well as your resilience to confront these challenges.
- Your physical health conditions.
- Current or historically significant life events.
- Your level and quality of sleep and rest.
- Your relationship with other people.
- Good healthy balanced diet.
- Environmental, social, or cultural influences.
- Your interaction in meaningful and enjoyable activity.
- Your interaction in activities that give you a sense of purpose and achievement.



Mental Illness

A mental illness is considered to be a clinically significant disturbance in a person's cognition, emotional state, or behaviour that is associated with complex mental health challenges that aren't just a part of everyday life. Everybody experiences ups and downs throughout their lives, and it is normal to experience negative emotions at times.

There are many different types of mental health conditions with different signs and symptoms. Mental illness is determined by the level of which someone is experiencing their symptoms and the detrimental impact this is having across areas of that person's life. Poor mental health and struggling to cope is very different from having a mental illness.

Mental illness refers to specific diagnostic conditions and can result in severely impairing a person's judgement and ability to function in their everyday life. Mental illness often requires a specialist level of treatment to support people to live with or in the absence of the condition.

There are a range of different supports available for both mental health and wellbeing and for mental illness. To make accessing the right services at the right time easier for everyone we have developed a tiered approach to services in South Ayrshire. This has formed the basis of our conversations as we developed this strategy. These tiers are:

Tier 1

This is self-help/self-management services that support people's mental health and wellbeing. At this stage you may have low mood, anxiety and need support from community groups, digital supports, helplines, and peer support.

Tier 2

This is where people will need health care support that can't be offered at Tier 1. People may be experiencing prolonged low mood or anxiety and require support through [Primary Care](#) services, such as your GP, Mental Health Nurse and Community Link Practitioners, Occupational Therapists based in your practice, digital/online therapies.

Tier 3

At this level people would be requiring formal support/interventions and be experiencing a mental illness. People at this tier would be supported within [Secondary Care](#) level from community mental health services such as: Social Work, Psychological services, Psychiatry, Allied Health Professionals, Pharmacy, Community Mental Health Nurses.

Tier 4

At Tier 4 you would be expected to have a complex mental illness that requires highly specialised formal input and statutory intervention. This includes inpatient psychiatric hospital stays and alternative intensive home support, supports from the Forensic





Neurodevelopment



Whilst neurodevelopmental conditions are not a mental illness, assessing neurodevelopment comes under Mental Health Services.

What we mean when we talk about neurodiversity or neurodevelopmental conditions are disorders that impact on how our brains function and our neurological development. These conditions can cause difficulties in social, cognitive, and emotional functions.

The most commonly heard of conditions are autism spectrum disorder (ASD) and attention deficit/hyperactive disorder (ADHD). In recent years there has been more people referred to our services to be assessed for these conditions. The demand for this service has had an impact on what we can deliver in a timely manner for people with the resources we have. Within the Strategy timeline we will commit to address and manage the pressure we have on our service and seek alternative approaches to support people as best as we can.

ASD and ADHD are only two of the many conditions that come under the neurodevelopmental umbrella. For those seeking to learn more, access community supports and education, or form better connections with the neurodevelopmental community, the Neurodevelopmental Empowerment & Strategy Team have a range of online and in person resources that can be [accessed here](#).

At a National and Local level, we support a whole systems approach to mental health and wellbeing. What this means is that to ensure the overall mental health system is working, all the parts that make up this system need to plan, communicate, and work together. The tiered approach to mental health services are a vital part of this system and whilst the level of need people require will vary our systems need to be working to ensure everyone has access to the supports they need.

It is important when we are delivering any type of service that we take a trauma informed approach. South Ayrshire's HSCP is proud to be working towards becoming a trauma informed organisation. Our Community Planning Partnership (CPP) and already developed a trauma informed training programme to support our services to be trauma responsive, however we will continue to work with the CPP to develop our practice and approaches within the services we deliver. Actions from this strategy will reflect a trauma informed approach as this forms part of the whole system approach to getting out mental health services right.

If you would like to learn more about trauma informed practice in the workplace, please [click here](#).



Our Vision

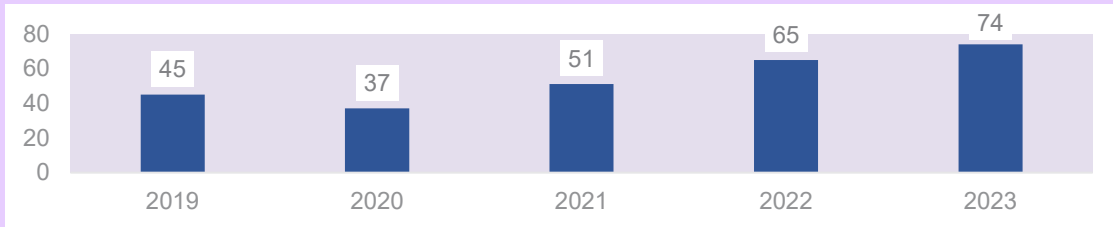
Why is this strategy important? We know the number of people requiring support for their mental health and wellbeing continues to increase. There are currently over 4500 people supported by formal mental health services in South Ayrshire and the number of people who enter our services continues to rise each year.

The people who currently access our mental health services receive a range of supports however, for some people when they become unwell, they require emergency compulsory measures to be put in place to provide their care and treatment. An Emergency Detention Certificate can be put in place when a person needs to be cared for and supported to be safe due to a mental illness, and where a consultant psychiatrist was not present. More on the different types of compulsory measures under the Mental Health Care and Treatment Act can be found [here](#).

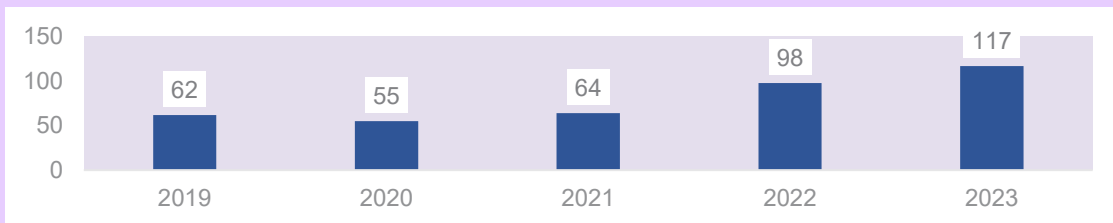


We know that over the last 5 years the number of people in South Ayrshire who have to be supported under compulsory measures has continued to rise.

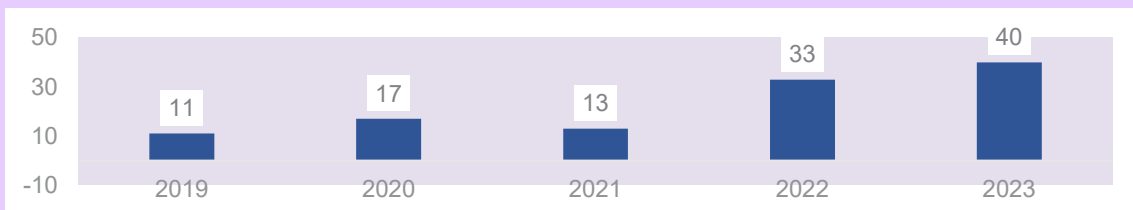
Between 2019-2023 there has been a 23% increase of people being detained under an Emergency Detention Certificate (EDC).



An 89% increase for those detained under a Short-Term Certificate (STDC).



And 264% increase for those detained under a Compulsory treatment Order (CTO).



As the number of people requiring formal supports with their mental health continues to increase so too does the need to have the right infrastructures and supports in place to support everyone to live well in South Ayrshire. We know the demand for services will continue to increase which impacts the availability of timely supports being put in place for people who need it.

There are a number of steps that can be taken before someone reaches the point of requiring formal input from mental health services. These will support and promote overall better mental health and wellbeing for communities in South Ayrshire, if we are utilising our resources effectively the pressure on services will reduce.

Empowering you – Supporting you

We want to work with the people of South Ayrshire to empower those who can access self-help and self-management approaches offered at a Tier 1 level. For many of us we will have times in our lives where we would benefit from accessing supports for our mental health and wellbeing. We want our communities to be empowered to take action and utilise the vast amount of support there is at a Tier 1 level.



We know that if the community is empowered to access self-help / self-management supports this means that for those who do need to access formal services, the pressure will reduce meaning that those who need this level of support can be seen at the right time.

Building resilient communities



People have told us that they want their communities to be more resilient. To support communities to build and maintain resilience there are things that we all need to do to make sure this is successful.

In South Ayrshire we already have our Wellbeing Pledge in place which sets out what the Health and Social Care Partnership needs to do to get things right for our communities but also what you, and your communities need to do so that we can all work together to support a resilient South Ayrshire.

Our Part	Support families to ensure their children have the best start in life.	Provide services around you and your family.	Help communities to connect and care for each other.	Ensure people have the information they need to support their health & wellbeing.	Listen to you and support you to take control of your own care.	Support people to age well by keeping them healthy and in their home for as long as possible.	Give you information on how you can keep active and well.	Be open, honest and friendly.
Your Part	 Help protect children and the vulnerable.	 Take time to be supportive parents or carers.	 Get involved in your local community.	 Be informed about how best to address and manage your health and wellbeing.	 Make your own choices and have control over the support you need.	 Support older relatives, friends & neighbours to be independent for as long as possible.	 Keep active at whatever stage of your life.	 Have your say and tell us if we get it right and wrong.

The Health and Social Care Partnership work closely with the Community Planning Partnership (CPP) to supporting a collaborative approach towards locality planning. The CPP's [Local Outcome Improvement Plan 2023-2029](#) (LOIP) reflects the work between both partnerships to support locality based working. The work of the LOIP and the HSCP's Locality Planning Partnership (LPP) sees a focus on making a difference to local people's health and wellbeing based on the needs of each of the locality areas. More on the Locality Planning Partnerships can be found [here](#).



We know that accessing information for help and supports would allow people to take control of their own needs and access supports. People told us that information about services, support groups and how to access these are not clear and that there needs to be a central hub of information.



CONNECT
South Ayrshire

Your community information service

Freephone: **0800 432 0510**
Lines open Monday to Friday 9am - 5pm

Visit us in Ayr:
53 Sandgate, Ayr, KA7 18A
Open Monday to Friday 9am-12.30pm & 1pm-4pm

Visit us 24/7 at:
www.connectsouthayrshire.org

Whatever you are looking for in South Ayrshire, the Connect South Ayrshire team are here to help find you an answer.

- ▶ Public Services
- ▶ Advice and support
- ▶ Groups and activities
- ▶ Volunteering
- ▶ Crisis numbers
- ▶ Digital support
- ▶ Free hearing aid batteries

Start Well
Live Well
Age Well



CONNECT
South Ayrshire
Charity No. SC028254

In 2024 we began developing '[Connect South Ayrshire](#)' in partnership with Voluntary Action South Ayrshire (VASA), our third sector interface. South Ayrshire HSCP along with our Community Planning Partners has an ambition to deliver preventative information and advice to enable our communities to start well, live well and age well.

Connect South Ayrshire will include integrated community-based places, a new website and a free telephone number. All of these are working together to provide people with access to a range of information, advice and support that will promote wellbeing and provide access to social opportunities.

Thinking Ahead

In South Ayrshire we are encouraging people to think ahead and take ownership of their own health and care now and in the future.

A Power of Attorney (POA) is a legal document that allows someone to make a legal decision on your behalf if you become unable to do so. A POA will allow you to choose a trusted person to make these decisions. If you don't have a POA in place and lose the ability to make decisions or communicate your wishes this can make planning for your care very difficult for you and your family.

Guardianship may be required when a person has lost capacity to make decisions and has no POA in place. A guardianship order is granted by the Sheriff Court and gives a person or organisation such as social work, the long-term legal authority to act on behalf of someone who has lost capacity. This can be for welfare, finances, or both. It can be a complicated process and you will have to seek legal advice and support to apply for a guardianship order.

As well having a Power of Attorney in place, for people who have a mental illness, they might also have an 'Advanced Statement' in place.

An Advanced Statement is a written statement that outlines how you wish to be cared for and what treatment you would prefer to receive should you ever become mentally unwell.

Statements are written when people are well and whilst they may not always be guaranteed, having your views and wishes stated before becoming unwell means your care and treatment can be more person-centred.

You can have an Advanced Statement in place even if you are under the age of 16, so long as you can understand what you are putting in your statement and be able to understand the effect it could have on any future treatment. More information regarding advanced statements can be found [here](#).



Where are we now?

Since the last strategy was launched in 2017 there have been a number of key developments made within Mental Health Services in South Ayrshire.



- ❖ We developed what is known as the 'Network Team'. This is a Workforce aligned to Primary Care that provides a triangulated model of care including Assessment, Social Prescribing and Low-Level Psychological Interventions. This service has facilitated early intervention and assisting people to access the right care at the right time.
- ❖ Funding was received to support increased delivery of Distress Brief Intervention (DBI). DBI provides an alternative support for individuals in acute distress in relation to their mental wellbeing. This service is provided by Penumbra as a commissioned service.
- ❖ Penumbra also created suicide bereavement support, which provides support to families and loved ones who have unfortunately been bereaved through suicide. This was funded by the Scottish Government which has been extended. The service is for anyone who has been impacted by suicide.
- ❖ South Ayrshires Suspected Death by Suicide Group was also established in 2023. This group reviews all suicides of South Ayrshire residents that were not known to services. The aim of the group is to learn and look at further ways to prevent suicide in the future.
- ❖ A re-design of the Community Mental Health teams took place. Previously Mental Health Support was divided between a Primary Care Mental Health Team and a Community Mental Health Team. These two teams were brought together to ensure holistic and consistent care for those who require it.
- ❖ For the first time in six years all established posts within Community Mental Health Team (Nursing) have been recruited to.
- ❖ A test of change has been in place since spring 2024 for Advanced Nurse Practitioners to provide clinical health care and treatment, supporting medical staff.
- ❖ A specialised Statutory Mental Health Social Work Team (SMHO Team) was established which enables the Mental Health Social Work Team to focus on care management whilst the SMHO Team focus of statutory interventions.
- ❖ Health and Homeless Nurses who are Registered Mental Health Nurses have transferred to the Ayr Locality Team to support the Getting It Right for Ayr North (GIRFAN) model, providing additional mental health focus to the already established health and social care services in Ayr North.



Developing the Strategy: Engagement



We have met with people living and working in South Ayrshire to gather their views on mental health and wellbeing so that we can work collaboratively to design this strategy and its accompanying delivery plan.

Between the period of 29th August – 14th October 2024 we carried out a range of formal engagement with our stakeholders, people who access our services and the wider public to gather the views on what matters to them.

We have engaged with a total of 429 people over this period.

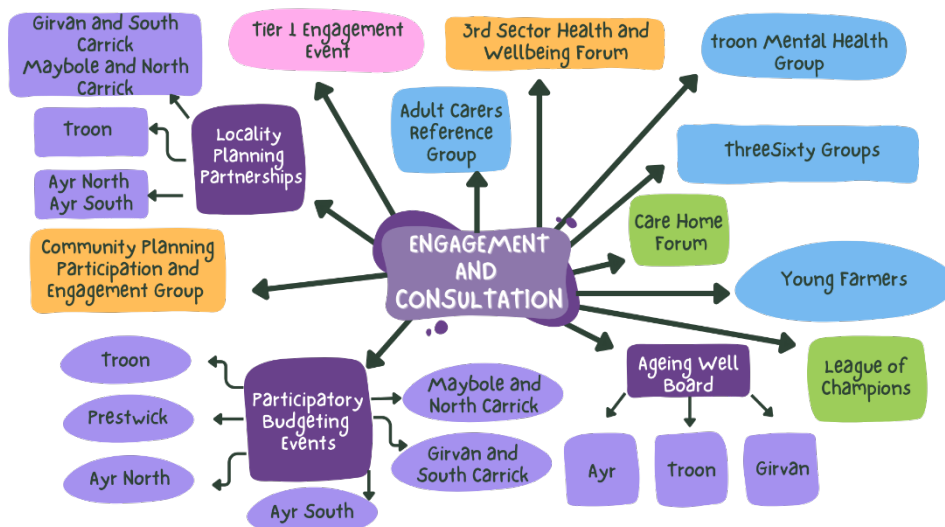
During this engagement you told us that you want:

- Improved communication.
- Services to be more joined up.
- Training and education on mental health for all.
- A central point of information / contact.
- More digital options of support.
- A whole system approach that considers the family / friends networks.
- Services being provided at the time people need them.
- Having support for communities to be more resilient.



Our engagement showed the vast amount of community groups, supports and drop-ins that are available across South Ayrshire that people are not aware of.

We want to support the joining up and promotion of these supports as they will play a key role in developing resilient communities. You can find out more details around the engagement we carried out within our engagement report.



Where do we want to go?



Through the engagement there have been a number of clear themes identified that people want this strategy to address.

We have analysed what people have told us and have created a Delivery Plan with actions we are ambitious to carry out.



The actions that have been created within the Delivery Plan are broken down into short-term, medium-term, and long-term timeframes as some actions we will be able to complete within 2 years and others will take long-term planning to implement. Every two years we will refresh the Delivery Plan to ensure that we are on track with each action point and that they still reflect the wants and needs of the people of South Ayrshire.

We will measure our performance of the delivery plan both quantitatively and qualitatively. We will report progress six monthly into the Performance and Audit Committee which is a sub-committee of our Integration Joint Board. This information will be publicly available to all through the [South Ayrshire Health and Social Care Partnership website](#).

We would like to give a special thank you to everyone who engaged with us during the development of this Strategy.

It is thanks to everyone who contributed that we have been able to develop the below Delivery Plan that sets out meaningful actions based on the information you told us.



Delivery Plan

Area 1: Timely and Effective Services

1	Action	Lead area	Timeframe
1.1	We will develop a South Ayrshire mental health and wellbeing app.	Digital Services	December 2026
1.2	We will continue to roll out and develop staff to utilise NearMe video conferencing as an alternative to telephone appointments.	Digital Services	December 2025
1.3	We will work to increase knowledge and understanding between all HSCP services to streamline referrals and promote better joined up working.	Mental Health Services	December 2029
1.4	We will look to increase the types of data we collect to better understand and evidence trends to support how we deliver person-centred services.	Planning and Performance	December 2029
1.5	We will work with Addiction Services and the Alcohol and Drugs Partnership to develop a co-occurring conditions policy.	Mental Health Services	December 2025
1.6	We will review our mental health framework including our commissioned services.	Commissioning	December 2029

Area 2: Communication

2	Action	Lead area	Timeframe
2.1	We will work collaboratively to have a central hub for mental health and wellbeing information through Connect South Ayrshire	HSCP	December 2025
2.2	We will improve how we communicate our service waiting times to patients.	Mental Health Services	December 2026
2.3	We will develop pathway mapping for each Mental Health Service that we deliver.	Mental Health Services	December 2029
2.4	We will develop and publish proformas on professional roles with Mental Health Services.	Mental Health Services	December 2029
2.5	We will work in connection with Connect South Ayrshire to promote drop-in sessions with Community Link Practitioners within community hubs.	Mental Health Services	December 2025

Area 3: Challenging Stigma

3	Action	Lead area	Timeframe
3.1	We will develop and connect with existing training programmes that all stakeholders and services can access to better inform staff on mental health and wellbeing.	HSCP/VASA	December 2029
3.2	Our third-tier services will develop clear links with HSCP trauma informed work and roll out additional training for staff.	HSCP	December 2026
3.3	We will develop and implement an anti-stigma resources/training for staff to implement to the community.	HSCP	December 2029
3.4	We will use data to measure and report how often we employ people with lived experienced into the workforce.	Planning and Performance	December 2029
3.5	We will work with Health Improvement to support the delivery of their Suicide Action Plan.	HSCP, Health Improvement	December 2026

Area 4: Community Resilience

4	Action	Lead area	Timeframe
4.1	We will promote the usage of Advanced Statements for future planning and to support the inclusion of carers and families	Mental Health Services	December 2025
4.2	We will work with South Ayrshire Carers Gateway to increase community outreach work to support carers	Commissioning	December 2029
4.3	We will work collaboratively with each of the locality areas to support them to build their own networks/responder services	HSCP/ Locality Planning Partnership	December 2029
4.4	We will support our Community Link Practitioners to continue to develop with links and knowledge of community supports	Mental Health Services	December 2026

Long Term Ambitions

5	Action	Lead area	Timeframe
5.1	We will work to increase Multidisciplinary working (MDTs) between Mental Health Services incorporating wider adult services.	Mental Health Services	December 2034

5.2	We will develop gold standard language that is clear to all within and accessing mental health services.	Mental Services	Health	December 2034
5.3	We will develop gold standard referral process.	Mental Services	Health	December 2034
5.4	We will review the current delivery of neurodevelopmental services and seek to improve how services can be provided more efficiently.	Mental Services	Health	December 2034
5.5	We will work with Partners and Childrens services to improve the transition between Childrens Services to Adult Services.	HSCP		December 2034

This information can be made available, on request, in braille, large print or audio formats and can be translated into a range of languages. Contact details are provided below.

درخواست کرنے پر یہ معلومات نابینا افراد کے لئے اُبھرے حروف، بڑے حروف یا آڈیو میں مہیا کی جاسکتی ہے اور اس کا مختلف زبانوں میں ترجمہ بھی کیا جاسکتا ہے۔ رابطہ کی تفصیلات نیچے فراہم کی گئی ہیں۔

本信息可应要求提供盲文，大字印刷或音频格式，以及可翻译成多种语言。以下是详细联系方式。

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ਇਹ ਜਾਣਕਾਰੀ ਮੰਗ ਕੇ ਬੋਲ, ਵੱਡੇ ਅੱਖਰਾਂ ਅਤੇ ਸਣਨ ਵਾਲੇ ਰਪ ਵਿਚ ਵੀ ਲਈ ਜਾ ਸਕਦੀ ਹੈ, ਅਤੇ ਇਹਦਾ ਤਰਜਮਾ ਹੋਰ ਬੋਲੀਆਂ ਵਿਚ ਵੀ ਕਰਵਾਇਆ ਜਾ ਸਕਦਾ ਹੈ। ਸੰਪਰਕ ਕਰਨ ਲਈ ਜਾਣਕਾਰੀ ਹੇਠਾਂ ਦਿੱਤੀ ਗਈ ਹੈ।

Niniejsze informacje mogą zostać udostępnione na życzenie, w alfabecie Braille'a, w druku powiększonym lub w formacie audio oraz mogą zostać przetłumaczone na wiele języków obcych. Dane kontaktowe znajdują się poniżej.

Faodar am fiosrachadh seo fhaighinn, le iarrtas, ann am braille, clò mòr no clàr fuaim agus tha e comasach eadar-theangachadh gu grunn chànanan. Tha fiosrachadh gu h-ìosal mu bhith a' cur fios a-steach.

South Ayrshire Health and Social Care Partnership

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south ayrshire
health & social care
partnership

Appendix 2

Live Well: Adult Mental Health and Wellbeing Strategy 2024-34: Engagement Report



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Summary

This report outlines the engagement activity that has taken place throughout the development of the new Adult Mental Health and Wellbeing Strategy for South Ayrshire. A number of methods of engagement with staff, partners and our communities were used which are described within the report.

Tiered Development Sessions

A period of early engagement was carried out between February - June 2024

An initial engagement event was held on 6th February 2024 which marked the start of the engagement process. This event highlighted the need for a tiered focus groups approach to better understand the current position with services and what works well and what could improve.

The tiered approach to services are set out below:

Tier 1 – Self-help, self-care and community supports' (third sector supports).

Tier 2 and 3 – Primary Care and Secondary care support, i.e., GP's, Community Link Practitioners, Older Adults Community Mental Health Team, Social Work, Older Adult Liaison Team, Allied Health Professionals, Psychological therapy.

Tier 4 – Specialised care, i.e., inpatients stay, care and nursing homes.

The focus group sessions were arranged based on stakeholders from each tiered area. The sessions took the form of a mixture of both in person and on Microsoft Teams. A total of 12 focus groups took place.

Tier 1:

Tier 1 sessions were jointly facilitated with colleagues from Suicide Prevention who are currently working on delivering Suicide Prevention Strategy. Both strategies will link together and within each focus group there were dedicated sessions held for Suicide Prevention and for Mental Health.

Tier 1 sessions were well attended and had representation from the Community Planning Partnership, Trauma Officers, Digital Services, Public Health, VASA, Police and a range of Health colleagues.

Due to the range of services involved in tier 1 it was agreed that an information/engagement day where the services involved could present and share their service information would be beneficial to ensuring that all services are included within the engagement for the strategy. This session was subsequently arranged for August 2024.

The key themes that emerged from the focus group were:

Key points from Tier 1:

- The need for further training/guidance on services and how to refer/signpost.
- A centralised system for accessing information and knowing where to go (such as the new Connect South Ayrshire model).
- Specific engagement and conversation with carers.
- Increased 'Technology Enabled Care' options and digital connectivity.
- Clear and concise language within the strategy.
- Social inclusion.
- Better transport links for people to access groups, appointments and services.

Tier 2

Tier 2 sessions provided an overall positive view of how services are working within Primary Care through a mental health lens. Mental Health Practitioners and Community Link Practitioners are already well established within GP surgeries in South Ayrshire.

Some of the challenges that primary care currently face is the age limiting service (under 65's and over 65's) and the connection/joined up working between services if there is uncertainty as to which service should/could support someone.

Another challenge primary care has found is the inconsistency with referral writing. There is no "gold standard" for referrals and no clarity over what will be accepted or rejected. Services feel there needs to be clear guidance on referrals as information can be miscommunicated.

Lastly, tier 2 services found that communication needs to be improved from tier 3 and 4 services as examples were given that once work has taken place from the likes of Community Mental Health Team it is not communicated back to Primary Care that this support has ended. It is up to the individual to get in touch with primary care services who submitted the initial referral.

Key points from Tier 2:

- Continue to build on the multidisciplinary working within primary care.
- Improve referral standards across services and have guidance in place.
- Improve communication between third sector supports (tier 1) and specialised care (tier 4).

Tier 3

Tier 3 services identified that there are challenges with referrals coming from the primary care sector. The language and referral standards could improve as they found they cannot often identify from the referrals if it is a routine or urgent request being made.

Tier 3 highlighted the need to improve multidisciplinary working. Whilst it takes place within different teams there is not an overall MDT approach and there are still many services that are unaware of the other roles or how to refer into them.

Tier 3 raised the importance of clearly defining the difference between mental health/wellbeing and mental illness and making it clear within the strategy that tier 3 services support those with mental illness. This is in order to manage people's expectations.

Whilst there may be a separate strategy focusing on neurodiversity, tier 3 highlighted that it needs to be addressed within this strategy too and within the partnerships approach to neurodiversity as the demand on services was discussed during several tier 3 sessions.

The tier 3 group also raised that the strategy should include the importance of staff wellbeing within it. Whilst staff wellbeing is an overall priority within the partnership, the Mental Health and Wellbeing Strategy would benefit from addressing the importance of wellbeing within Mental Health Services and having action points within the delivery plan which are linked to this.

Key points from Tier 3:

- Improved language within referrals to tier 3 services.
- Improve multidisciplinary working.
- Clear definitions given over 'mental health' and 'mental illnesses'.
- Information on neurodiversity to be included within the strategy.
- Dedicated section and action points related to staff wellbeing to be included within the strategy.

Tier 4

There was less engagement from the tier 4 compared to the other tiers. There was a specific focus within Perinatal and Forensic services and many of the topics raised in further sessions related to inpatient stays. There was no representation at any tier 4 session from this service.

The tier 4 group identified areas for improvement within the multidisciplinary teams and their joint working. A suggestion was made that teams could work together to upskill each other in the different roles the teams hold to improve understanding, referrals, and reduce

duplication of work. This includes teams learning more about specialised services such as forensics.

Within all tier 4 sessions the challenges around Multidisciplinary teams (MDT's) were frequently discussed. Whilst there are service specific MDT meetings that take place, these don't include other relevant teams. An example was given that within the wards the consultants/ward staff will have MDT meetings however other mental health and non-mental health teams are not invited even though they will have input with these patients once discharged.

As inpatient services were not present, there were many solutions/ideas discussed during these sessions about different approaches to MDTs that could take place. It was a clear request that this is included within the delivery plan.

Key points from Tier 4:

- Better joined up working and upskilling teams
- Future involvement from inpatients
- MDT's within hospital/communities to be arranged.

Recurring themes across the tier groups include:

- Communication between services and to the public
- Language within mental health being clearer.
- Education regarding referrals and links to services
- A stronger MDT approach between hospital and community settings to streamline services.

Formal Consultation

Between the period of 29th August – 14th October 2024 we carried out a range of formal engagement with our stakeholders, people who access our services and the wider public to gather the views of the community on what matters to them to help shape this strategy.

We have engaged with a total of 429 people over this period with 385 being face to face engagement and 44 online via a survey.

Tier 1 Engagement Event.

To launch the consultation period, an engagement event was held at University of the West of Scotland on the 29th of August where all tier 1 services were invited to a networking day. This session was in collaboration with South Ayrshire's Health and Social Care Partnership's Dementia Strategy and Public Health's Suicide Prevention Plan. The morning session focused on micro presentations from each service focusing on what their service offers in the community and how people can access them. This allowed for services to connect with one another and learn about other support networks in their communities. 44 people attended this event.



Workshops were held in the afternoon where we had three breakout rooms to have dedicated focus on the vision for each strategy/plan. The mental health workshop took the form of an interactive session where participants told us what mental health and wellbeing meant to them. Following this we discussed:

- What supports do you provide that work well?
- What challenges need to be addressed?
- How would addressing these challenges improve the support you provide?
- Are there any areas of good practice you are aware of? How can we build on this/bring it to South Ayrshire?
- Do you see a difference/distinction between Mental Health and Mental Health and Wellbeing?
- Where do you think your services fits into this?
- What would the Strategy need to include to improve the services you deliver?

There were key themes that ran through out the questions with the different services that attended. It was key that people felt having face to face contact was vital to supporting those accessing supports for mental health and wellbeing. Participants also highlighted the importance of building trusting relationships, often as the first point of contact for people accessing services. We heard it is vital for strong trusting relationships to be built to support people to access services and build their confidence in doing this.



When discussing the barriers, it was highlighted that transport can be a major issue for people accessing groups and services and that the more rural you are, the more difficult it can be to get to the places that groups are held. Others suggested that we need to increase our use of digital options such as Artificial Intelligence (AI) to make staff time more efficient and having the digital resource of Connect South Ayrshire in place will make an improvement. A key theme that was discussed when addressing challenges was training opportunities to raise

awareness and understanding of mental health and wellbeing across staff. It was suggested that there could be a mandatory training programme where the tier 1 services work together to offer their training courses to all staff across the tiered services and work in partnership with the HSCP to deliver this. By having a full training programme in place, it was felt that this would support staff mental wellbeing and be a practical help to everyone as they will have the knowledge to support people accessing the right services at the right time.

The group discussed good areas of practice and there was a consensus that there could be better promotion of mental health services through eye-catching leaflets and newsletters similar to other areas in the partnership. A suggestion was made for standardised referral forms for all services that could be held in one system. There were also suggestions for more video meetings on systems such as NearMe where people don't need to download an additional app to use.

The group overall agreed that there was a distinction between 'mental health' and 'mental wellbeing' and that their services support those looking to support/improve their mental wellbeing before they require further supports through tier 2 services.

Lastly the group discussed their views on what should be included in the new Adult Mental Health and Wellbeing strategy, some recommendations were:

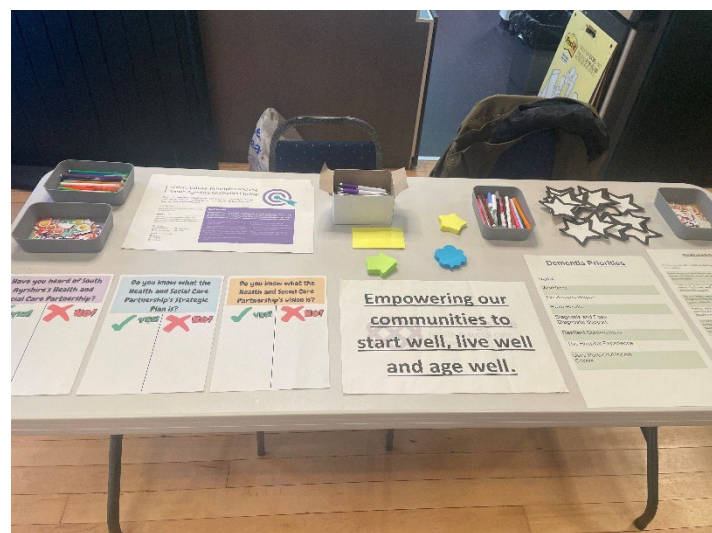
- Linking this strategy in to pre-existing strategies
- Linking it into South Ayrshire's Wellbeing Pledge
- For it to be realistic, deliverable, and achievable.
- To focus on early intervention and prevention
- To use the resources, we already have to make things better together.

Participatory Budget Events

We attended the annual Participatory Budgeting (PB) Events across the six localities. At these we engaged with 95 people. We asked participants to review the priority areas within the national Mental Health and Wellbeing Strategy published at the end of 2023 and use three stickers to indicate what priority areas were most important to them.

The Priority areas are:

- Improving overall mental wellbeing and reduced inequalities.
- Improving quality of life for people with mental health conditions, free from stigma and discrimination.
- Improving the knowledge and understanding of mental health and wellbeing and how to access appropriate support.
- Having better equipped communities to support people's mental health and wellbeing and provide opportunities to connect with others.
- Having more effective cross-policy action to address the wide-ranging factors that impact people's mental health and wellbeing.
- Increasing the availability of timely, effective support, care and treatment that promote and support people's mental health and wellbeing, meeting individual needs.
- Having better informed policy, support, care and treatment, shaped by people with lived experience and practitioners, with a focus on quality and recovery.
- Better access to and use of evidence and data in policy and practice.



Across all Participatory Budgeting Events there were four priorities that had the most votes. These are:

- Improving quality of life for people with mental health conditions, free from stigma and discrimination.
- Improving the knowledge and understanding of mental health and wellbeing and how to access appropriate support.
- Having better equipped communities to support people’s mental health and wellbeing and provide opportunities to connect with others.
- Increasing the availability of timely, effective support, care and treatment that promote and support people’s mental health and wellbeing, meeting individual needs.

After selecting their priority areas, participants were asked to write a wish or an idea for the strategy down on a star which was then displayed on a poster during each event.

Ayr South

We attended Ayr South PB event on the 9th of September where 18 members of the public attended. Within Ayr South the top outcome area chosen was having better equipped communities to support people’s mental health and wellbeing and provide opportunities to connect with others.

People told us how they feel having mental health workshops that are accessible to all would be important as well as have a preventative approach that support skills development. People reflected that the use of NearMe has been a positive outcome within services. People also told us they feel there needs to be increased support in Schools and for carers.

Ayr S Mental Health Outcomes

Improving overall mental wellbeing and reduced inequalities	6
Improving quality of life for people with mental health conditions, free from stigma and discrimination	8
Improving the knowledge and understanding of mental health and wellbeing and how to access appropriate support	7
Having better equipped communities to support peoples mental health and wellbeing and provide opportunities to connect with others	9
Having more effective cross-policy action to address the wide-ranging factors that impact people's mental health and wellbeing	7
Increasing the availability of timely, effective support, care and treatment that promote and support people's mental health and wellbeing, meeting individual needs	8
Having better informed policy, support, care and treatment, shaped by people with lived experience and practitioners, with a focus on quality and recovery	11
Better access to and use of evidence and data in policy and practice	0
Having a diverse, skilled, supported and sustainable workforce across all sectors	4










Ayr North

We attended Ayr North PB on the 1st of October where 10 members of the public attended. Within Ayr North the top outcome was improving the quality of life for people with mental health conditions, free from stigma and discrimination.

People told us they feel there should be better training for staff, more support for care leavers without families, better transitions from youth and more informal supports in the community. People also felt there should be improved knowledge and understanding of mental health and better crisis supports.












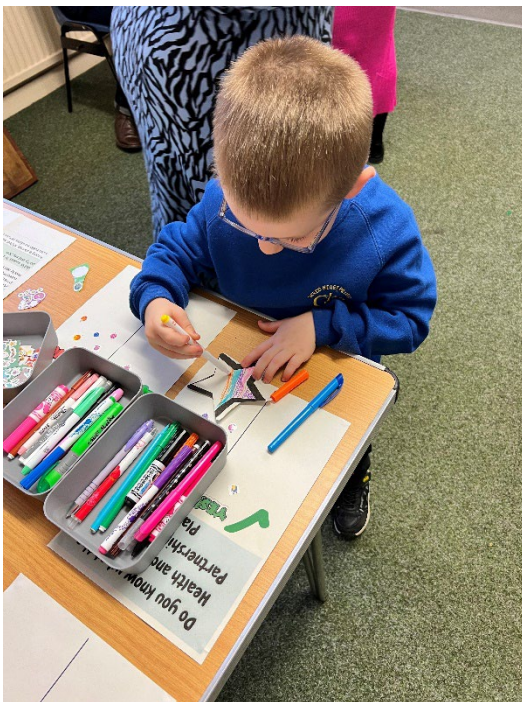
<u>Mental Health Outcomes</u>	
Improving overall mental wellbeing and reduced inequalities	
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Better access to and use of evidence and data in policy and practice	
Having a diverse, skilled, supported and sustainable workforce across all sectors	



Girvan and South Carrick

We attended the Girvan PB event on the 26th of September where 10 members of the public attended. Within Girvan, the top outcome area chosen was having better informed policy, support, care and treatment, shaped by people with lived experience and practitioners, with a focus on quality and recovery. People in South Carrick told us that they feel it is important that people get the right support at the right time, and that there are still challenges with dual diagnosis when someone has a mental health condition combined with an addiction. This makes accessing support difficult. Stigma was also reflected on at this PB and the need for stigma to be addressed in the community.




Mental Health Outcomes	
Improving overall mental wellbeing and reduced inequalities	
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Having a diverse, skilled, supported and sustainable workforce across all sectors	



Maybole and North Carrick

We attended Maybole's PB event on the 12th of September where 20 members of the public attended. In Maybole the top outcome area was increasing the availability of timely, effective support, care and treatment that promotes and supports people's mental health and wellbeing, meeting individual needs.

At this event people told us that they have had or have supported someone who has had difficulties accessing services, particularly Child and Adolescent Mental Health Services (CAMHS) with some people believing that CAMHS is no longer in service. In North Carrick people fed back their desire to utilise community groups. However, there was a disconnect of knowing what is out there and groups also being available to those in the more rural parts of North Carrick.









Mental Health Outcomes	
Improving overall mental wellbeing and reduced inequalities	
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Having a diverse, skilled, supported and sustainable workforce across all sectors	



Prestwick

We attended the Prestwick PB event on the 5th of September where 13 people attended. In Prestwick people told us they felt there needs more self-resilience within communities, a better understanding of mental health and the ‘label culture’ needs to be stopped.



Mental Health Outcomes	
Improving overall mental wellbeing and reduced inequalities	
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Having a diverse, skilled, supported and sustainable workforce across all sectors	

People spoke to us about the use of language within mental health and felt it was important that plain language is used within the strategy.

For Prestwick the top priority area was improving the quality of life for people with mental health conditions, free from stigma and discrimination.



Troon PB

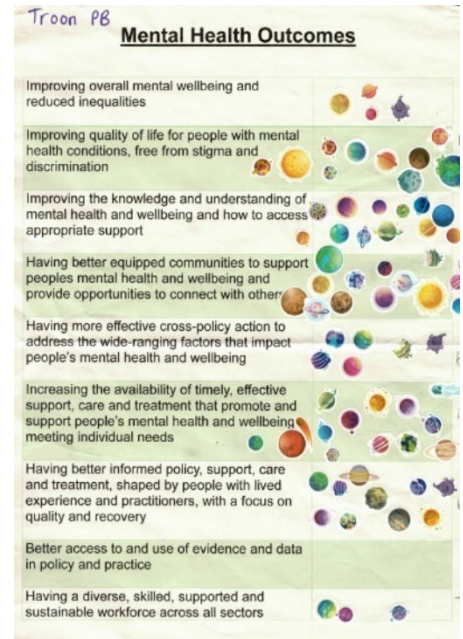
We attended Troon’s PB event on the 3rd of September where 24 people attended. In Troon people told us that they what to see more community groups that are easily accessed and advertised. There is a need for there to be better/easier access to mental health services and for the right pathways to be in place for people.

People also told us there needs to be less stigma and that by having the voices of those with lived experience shared, this would break the stigma.

People also told us there needs to be more digital supports in place.

There also needs to be increased support/awareness of the carers who are supporting people with mental health.

For Troon, the top outcome was Increasing the availability of timely, effective support, care and treatment that promote and support people’s mental health and wellbeing, meeting individual needs.



Ageing Well Champions Boards

In South Ayrshire there are three Ageing Well Champions Boards that have been set up in line with our Ageing Well Movement and Strategy which was launched in September 2024. We attended each board to gather their views on the new Adult Mental Health and Wellbeing Strategy. These meetings were held on:

- Ayr – 16th of September, 14 participants
- Troon – 18th of September, 8 participants
- Girvan – 19th of September, 4 participants

There were common themes across the groups such as utilising better forms of communication. This includes communication between services and from services to the community. Each group highlighted that there is a lack of consistency when advertising groups and supports and this can cause a duplication of work, where groups or services may be providing the same types of supports and not joining up opportunities.

The Champions Board highlighted, like other groups, the disparity felt between localities for community-based supports. In more rural areas such as Carrick, members highlighted the lack of mental health specific groups compared to other locality areas. This increases loneliness and social isolation which remains a concern for the Carrick members. Within the rural communities in Carrick, members advised one of the ways to advertise/communicate would be to make better use of community spaces and halls and using notice boards within the villages.

The Troon board spoke about the effect covid has had on local supports as members found that some groups that had to stop providing a service during covid and have never resumed their supports in the community, with some now opting for fully online supports. The groups agreed that having in person support groups is more valuable to them as it allows for better human connections.

The Ayr Board raised the importance of putting the person at the centre. This includes services considering and taking into account the network around them who may be key to providing support. By having a holistic approach to supporting mental health would support recovery and empowerment.

“It’s about being able to enable and empower people”.

“We need to be treated like human beings”.

Some of the boards also discussed respite for carers and that at the current time they felt it is not always fit for the carers, nor the individual. A solution that the Ayr Board provided was joining up tier 1 services to provide better options for respite before families reach crisis point.

“Respite is not just for the carer or the cared for person, it should be for everyone”.






Locality Planning Partnerships

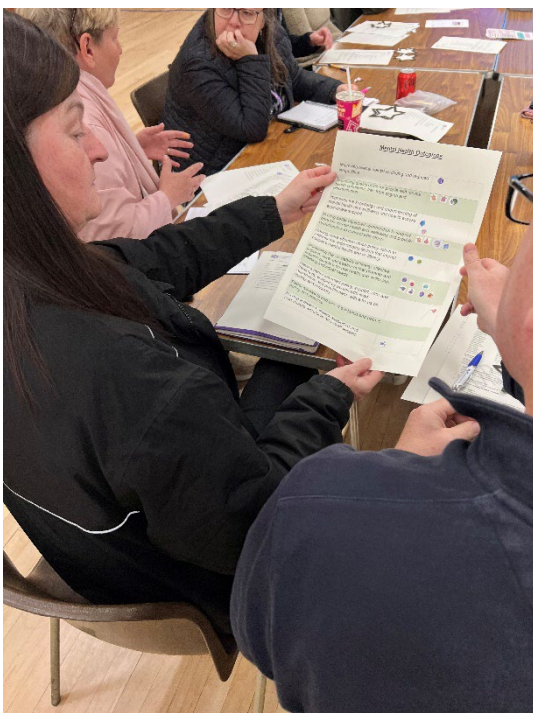
In our six locality areas we attended five Locality Planning Partnership (LPP) meetings. As Troon are currently re-establishing their LPP we were unable to meet with this group but existing Troon LPP members were invited to attend another group for the purpose of this conversation. Each LPP has their own yearly priority areas that have been identified. All of the LPPs have improving mental health and wellbeing identified as a top priority area.

Ayr North

We attended Ayr North's LPP on the 26th of September where there were 24 members present. Members discussed help in the home and their feelings that there is a lack of this type of support for people in the communities now. This raised the issue of people who are unable to leave their house being missed. This also highlighted that for many of the community support groups, people who are unable to leave their home would not be able to access this support. Whilst there are digital solutions for those who are more isolated, members felt that there needs to be multiple options as relying on digital solutions would again leave many people excluded from support if they were unable to use technology.

Early intervention and preventative care were key topics identified in Ayr North. To support this and to improve mental health and wellbeing members have suggested:

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Having a diverse, skilled, supported and sustainable workforce across all sectors	












- A central app with all types of signposting and quick resources and videos on it.
- Support the grassroots groups who will support at early stages and throughout mental health journeys.
- Have multiple forms of communicating with people about what is out there.
- Have support led by local communities.
- Better multi-disciplinary working.

Ayr South

We attended Ayr South's LPP on the 24th of September where there were 13 members present. In Ayr South members highlighted that a challenge within their locality is the lack of spaces people can go to meet. There are very little halls/venues were meetings or groups can easily be organised and can at times be inaccessible to people. As well as spaces, transport is a challenge in the area as there is only 1 'Mybus' that currently runs.

Like other localities, members in this group were keen for the strategy to promote prevention and early intervention and resilient communities. To support this, members felt there needs to be:

- Better awareness of mental health and wellbeing
- A central hub like Connect South Ayrshire to access information.
- Continue to develop the links in GPs with the Community Links Practitioners.
- Online apps where people can share their person experiences or podcasts, so people are connected.
- The wider workforce being able to recognise early signs and signpost.

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Girvan

We attended Girvan and South Carrick's LPP on the 11th of September where there were 18 members present. South Carrick presents geographical challenges by having some of the most rural parts of South Ayrshire. This creates barriers to services, and this was the main discussion point within the meeting. Experiences were shared over lack of crisis supports and community supports in the very rural parts of South Carrick and how this can be tackled. There was good discussion around building community networks/first responder that can support those in need in the most rural areas. Suggestions around this stemmed from community support that is currently in place in Girvan through Hillcrest, working with the older population. To support mental health the LPP suggested that communities could come together to train volunteers who could check in/provide respite to those in need when their main carers are not around, to give peace of mind. They also suggested that this support could check in for people who are isolated within the rural communities.

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Having more effective cross-policy action to address the wide-ranging factors that impact people's mental health and wellbeing	
Increasing the availability of timely, effective support, care and treatment that promote and support people's mental health and wellbeing, meeting individual needs	
Having better informed policy, support, care and treatment, shaped by people with lived experience and practitioners, with a focus on quality and recovery	
Better access to and use of evidence and data in policy and practice	
Having a diverse, skilled, supported and sustainable workforce across all sectors	

Maybole

We attended Maybole and North Carrick's LPP on the 19th of September where there were 12 members present. In Maybole there was discussion around how the community can support prevention and early intervention that is inclusive of the rural communities. With the geographic challenges within the Carrick area there is a disparity of the supports offered here compared to less rural areas. It was felt there is a lack of provision in place for people with mental health conditions and the lack of services continues to present challenges for those who need this level of support. To support these concerns the group felt there needs to be:

- Better support early on in schools.
- More rural communities and community hubs.
- A visual directory of services.
- Awareness raising.
- Increased carers support and respite options.

Mental Health Outcomes	
Improving overall mental wellbeing and reduced inequalities	4
Improving quality of life for people with mental health conditions, free from stigma and discrimination	2
Improving the knowledge and understanding of mental health and wellbeing and how to access appropriate support	6
Having better equipped communities to support peoples mental health and wellbeing and provide opportunities to connect with others	2
Having more effective cross-policy action to address the wide-ranging factors that impact people's mental health and wellbeing	2
Increasing the availability of timely, effective support, care and treatment that promote and support people's mental health and wellbeing, meeting individual needs	
Having better informed policy, support, care and treatment, shaped by people with lived experience and practitioners, with a focus on quality and recovery	
Better access to and use of evidence and data in policy and practice	
Having a diverse, skilled, supported and sustainable workforce across all sectors	6

Prestwick

We attended Prestwick's LPP on the 30th of September where there were 12 members present. Like other groups, within Prestwick it was important for the LPP members that there is a central hub for accessing information and support for mental health. Suggestions were made that when GPs are prescribing medications (such as anti-depressants) then a directory of support in the area could be provided. It was noted that the Community Link Practitioners have increasingly been able to plug the gap from when people are first experiencing mental health before reaching more crisis points and requiring formal input and that this is accessed through the GPs.

People felt that there should be different options for accessing support and not just over the phone or online but there should be a one-stop-shop that people can drop in to. Other options would be 24-hour phone lines. Discussion regarding one-stop-shops then led on to members highlighting the importance work between mental health and the Alcohol and Drugs Partnership (ADP) particularly around dual-diagnosis.







Mental Health Outcomes	
Improving overall mental wellbeing and reduced inequalities	
Improving quality of life for people with mental health conditions, free from stigma and discrimination	
Improving the knowledge and understanding of mental health and wellbeing and how to access appropriate support	
Having better equipped communities to support peoples mental health and wellbeing and provide opportunities to connect with others	
Having more effective cross-policy action to address the wide-ranging factors that impact people's mental health and wellbeing	
Increasing the availability of timely, effective support, care and treatment that promote and support people's mental health and wellbeing, meeting individual needs	
Having better informed policy, support, care and treatment, shaped by people with lived experience and practitioners, with a focus on quality and recovery	
Better access to and use of evidence and data in policy and practice	
Having a diverse, skilled, supported and sustainable workforce across all sectors	

The Carers Reference Group

Throughout our engagement the importance of getting support right for unpaid carers has been highlighted. We have engaged directly with the South Ayrshire's Carers Gateway Service and attended the Adult Carers Reference Group session on the 12th of September to gather the views of carers within South Ayrshire. Four carers attended and were supported by a Carers Support Worker, from South Ayrshire's Carers Gateway. Throughout this workshop the key themes that emerged were:

- Challenging stigma
- Improving the knowledge of Mental Health and Wellbeing in the community.

The carers reference group reflected that they have seen over time the stigma around mental health change and improve however they acknowledged it still needs to go further.

Mental Health Outcomes	
Improving overall mental wellbeing and reduced inequalities	
Improving quality of life for people with mental health conditions, free from stigma and discrimination	
Improving the knowledge and understanding of mental health and wellbeing and how to access appropriate support	
Having better equipped communities to support peoples mental health and wellbeing and providing opportunities to connect with others	
Having more effective cross-policy action to address the wide-ranging factors that impact people's mental health and wellbeing	
Increasing the availability of timely, effective support, care and treatment that promote and support people's mental health and wellbeing, meeting individual needs	
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Better access to and use of evidence and data in policy and practice	
Having a diverse, skilled, supported and sustainable workforce across all sectors	









The group shared that if they were to access mental health supports, they would contact their GP as a first point of call. They then advised that they feel there needs to be a consistent approach across all the GP's as it was noted that some GP's provide quick support/appointments for mental health however others don't.

This led on to a discussion around increased training for staff across services on mental health and wellbeing. The idea is that everyone within the Partnership, Third Sector, Council, NHS etc would have the same understanding and knowledge to know how to support someone experiencing mental health or know where to signpost them.

Third Sector Health and Wellbeing Forum

We attended the Third Sector Health and Wellbeing Forum on the 17th of September where we spoke with a range of third sector services about the Mental Health and Wellbeing strategy. There were 10 people present during this forum and the main discussion within this group highlighted that waiting times and getting supports at the right time for people were what mattered most. Group members shared their experiences, and it was noted there are inconsistencies in the time it took people to see their GP regarding their mental health and when being referred on for further support. Members of this forum did highlight the improvements they see within the GP surgeries with the introduction of the Community Link Practitioners who see people in a timely manner and regularly go on to refer patients into tier 1 services. One person highlighted that the people the Community Links Practitioners are referring people on to tier 1 services who would normally not know/engage with the services if not for that support.

<u>Mental Health Outcomes</u>	
Improving overall mental wellbeing and reduced inequalities	
Improving quality of life for people with mental health conditions, free from stigma and discrimination	
Improving the knowledge and understanding of mental health and wellbeing and how to access appropriate support	
Having better equipped communities to support peoples mental health and wellbeing and provide opportunities to connect with others	
Having more effective cross-policy action to address the wide-ranging factors that impact people's mental health and wellbeing	
Increasing the availability of timely, effective support, care and treatment that promote and support people's mental health and wellbeing, meeting individual needs	
Having better informed policy, support, care and treatment, shaped by people with lived experience and practitioners, with a focus on quality and recovery	
Better access to and use of evidence and data in policy and practice	
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It was suggested that further connections could be made within the GP surgeries so that Community Links Practitioners are aware of the green health and wellbeing options for mental health that could be referred into.

We then went on to discuss the barriers. The group reflected that in their own experiences and those of the people they support the labels in mental health often hinder people accessing support. There were mixed views over diagnosis and labelling someone's mental health condition with some feeling we are quick to label people's mental health difficulties. However, most of the group reflected a diagnosis as being positive for people as it then allows them to access the right type of support. The group agreed that there may need to be further education for people to build resilience and understand that difficult times in life are inevitable and feel downing down at times can be normal. The discussion of diagnosis then highlighted historical difficulties with dual-diagnosis and whilst the group reflected this has improved, particularly through the work of South Ayrshire Treatment and Recovery Team (START), there is still improvement that could be made.

Along with dual diagnosis members raised the issues of over prescribing of anti-depressants with no follow up or additional options to medication such as therapies of self-help support. Again, there were mixed experiences of this within the group however it raised the topic of taking a more holistic view of people and how they can be supported:

“Services need to look at the full picture for people and what is going on, and not just the moods/symptoms”.

The group highlighted the importance of starting work early and schools supporting children to understand their own mental health. The group noted that since COVID they are seeing a difference in children and young people and with CAMHS having waiting lists if there were more supports at an early age it may support for better transitions into adulthood.

Something the group felt strongly about was tackling stigma including within schools. It was felt that there should be better conversations and education around bullying from a young age to help break stigma. The group reflected that bullying leads to stigma and thus creates a barrier to accessing services. For all age ranges the group felt communication was key:

“If you talk and are open, the communication breaks down the stigma”.

“Just having awareness, it really helps”.

It was then suggested that terminology could also help break down stigma. Group members all agreed that saying phrases such as “suffers with...” is not helpful and should be replaced with “is living with...”.

Care Home Forum

On the 8th of October we attended the Care Home Forum where there were 13 people in attendance. This was a joint session between both the mental health and dementia strategy development as there are clear links between both areas within care homes. There were several clear topics that people reflected during this session which were:

- Better ranges of training for care homes that is consistent.
- Better access to ‘stress and distress behaviour’ support and guidance.
- Having an MDT approach so all disciplines have good links with all care homes.
- A treatment pathway explained within the strategy.
- Triangulation of support/integrated support.
- Better communication from acute services with care homes when someone is being discharged.

Participants of this session explained that there is a lack of consistency in the crisis support provided to care homes and with increasing needs to challenging behaviours some care home settings find it easier than others getting in contact with the right mental health supports. There were several ideas provided during this session to try and address this issue. One being that we need a triangulation of care and have services integrated better within care homes. This then led on to the suggestion that an MDT approach should be taken with the care homes across South Ayrshire so that the services that need to be involved, are regularly visiting the homes and discussing with residents to be able to support and provide intervention at an early stage. This would also support better communication and relationship building.

As well as a disparity of support, it was also reflected that inconsistency with training remain an issue within care homes. It was suggested that moving forward there is a standardised

level of training for all staff, including agency staff. This includes all types of care, but 'stress and distress' training needs to be standardised.

Suggestions were made that within the strategy it could have a section dedicated to the treatment pathway for people in care homes who need to access tier 3 and 4 supports. However, other participants felt that taking an MDT approach to support would mitigate this need as having those strong connections would allow for care homes to have the right links in place and a shared knowledge of pathways.

With regards to mental health, it was noted that there can be communication difficulties from acute settings when someone is admitted to hospital from a care home. It was noted that there has been concerns that people are discharged without any clear communication on their needs/changes whilst in hospital prior to discharge. It was noted communication in this area could be improved on.

Community Groups

We contacted a number of community groups prior to and during the consultation period to engage with staff and the people who access these services/supports. We utilised South Ayrshire Lifeline to access specific mental health support groups as well as general support groups. We also used each of the events we attended to speak to people who lead/work within community support groups to network and arrange to attend groups to carry out workshops. There was not a high uptake for these workshops nor was there for the additional 1:1 session which were offered.

ThreeSixty 1:1 session:

ThreeSixty liaised with their members and identified one 1:1 session which we were invited to attend.

Within the 1:1, feedback was received that within South Ayrshire there appears to be good support from the Community Link Practitioners linking people in with community supports. This person advised that is how they became involved with ThreeSixty and over the last 6 months this support has been beneficial to them being less isolated and having improved mental health after a period of being unwell.

They have fed back that something they would like to see improve is communications from professionals when there are upcoming appointments. They have advised that within mental health supports a lot of people struggle to remember their appointments, may not have diaries and therefore can miss their appointments that have been scheduled far in advance. A solution for this was the suggestion for there to be a reminder a week before either by phone or text.

ThreeSixty Community Arts Group:

ThreeSixty hold a weekly arts group within Mossblown which we attended on the 9th of October. Six members participated in engagement and provided a background on their

experiences of accessing mental health services within South Ayrshire. Experiences were shared however there were common experiences/feelings felt among the group. These are:

- The need for better communication between services to reduce how often people need to tell their story.

Examples were given where group members have had reached crisis point and had to seek support from NHS24 before presenting at the Emergency Department. During this time, they have had to tell multiple different professionals their reason for calling and the crisis they are in.

“It feels like they don’t listen, and it is a tick box exercise when they ask the same questions over and over. The humanity has been taken out of the process”.

Others also explained that in addition to NHS24 and the hospital process, other health services they access often don’t communicate well and the person has to continuously tell different professionals the same thing.

“When the system isn’t joined up, it makes you feel unsafe within that system”.

- Easy access to information

Group members explained that processes and pathways are not always clear and for people who are reaching crisis point they are unsure how to access support at the right time. The group members also advised they feel there is a gap in the wider staffing team within Health and Social Care Services knowing how to best refer someone on for mental health supports and a suggestion was made that straightforward pathways are made and shared within all services.

- Better understanding of mental health

There were examples given where people have felt suicidal, had depressive episodes, and overall have experienced professionals not taking their illness seriously. At times some of the group members have felt not listened to and that the support given did not reflect how ill they were presenting. There was a lack of person-centred care provided and group members explained that the help they were receiving at the time was not helpful. Some sought help from online options from MIND but the group reflected that there needs to be better compassion and knowledge within the mental health services.

- Better mental health support within acute hospitals.

Some of the group members have at times had to present at the Emergency Department because of their mental illness. None of the group members felt their experiences had been positive and that they had in fact been so negative it impacted their mental health more. Confidentiality was a significant issue and all group members agreed that having to speak to reception within the waiting room was a significant barrier as the waiting area is often very

busy with people waiting to be seen and having to explain their mental health episode in a room full of people makes them feel worse.

Being seen and treated within the acute hospital rather than Woodland View, where mental health is specialised, also presents its own challenges and the group members have had to wait on mental health services coming to assess them. Some were seen quickly however all group members agreed within the hospital setting, professionals used unnecessary jargon and would talk to each other rather than the person being treated. Group members also had experience of telephone/zoom assessment and whilst they acknowledge this is due to pressures and staff shortages, this option at a time of crisis was not beneficial and made them feel unseen/unheard.

- Local groups provide meaningful support.

One group member advised that throughout all the support they and their family have received having local groups made the most impact:

“The best thing the CPN ever did for us was refer us to this group”.

Members reflected that they look forward to their weekly group and sometimes it is the thing that gets them out of bed in the morning. They know they can ask advice from the staff who they describe as being very knowledgeable.

“It’s not even just coming here to get advice from the staff, it’s the peer support we all give each other that makes a real difference”.

This led onto the conversation around ‘early intervention and prevention’.

“Not everyone at the early stages will go on to need intervention, people can recover from depression but it’s the people at the next stage, the middle stage who should be targeted with support before they hit crisis”.

The group agreed that support should be focused on the middle stage of mental health as having targeted support at this point will reduce the number of people reaching crisis point.

Mental Health Support Group – Troon

We attended the weekly support group in Troon on the 4th of October. This is a group that has ran for over 20 years in Troon and is a drop-in style group. At this group we spoke to five of the people who attended to understand their experience of mental health supports and what works well for them.

One participant told us that he has only recently joined the group having reached crisis point with his mental health. As part of his treatment plan it was recommended that he attend this group. What he reflected was how important it was to have social connections and interactions and that the group had greatly supported his overall mental health. Having had prolonged periods of isolation, he was able to advocate the importance of community groups that are easily accessible for people.

Other group members also spoke positively about there being more groups like the one they attend for everyone to be able to access. Two of the people we spoke to only attended this group and it was their main form of socialising during the week.

One group member advised that there use to be more in the community but after covid several places have never re opened and this is difficult. They advised they didn't know of many other support groups but if there was then these should be communication through leaflets, social media, TV, and the radio to make sure it is reaching people in different ways.

As well as communicating about supports, one group member discussed the importance of communication from professionals to patients. He shared that his diagnosis had changed, and he was given little information around the new diagnosis. It would have been helpful if there was support and information given at the point of diagnosis and moving forward it would be good if this could be a standard way of practice within mental health.

Other discussion points raised at this group were:

- The need for better transport links for people to access groups.
- Better links between physical health and mental health so both are treated at the same time.
- More community hubs/cafes that have specific support or meeting spaces for mental health, free from stigma.

Young Farmers

We attended a Young Farmers meeting on the 14th of October where 20 members attended. South Ayrshire's landscape is home to many farming lands which our economy relies on. We know from our engagement that there are challenges reaching those who work and live in the agricultural workforce so we met with the Young Farmers to find out how services could reach them better. One member told us that they have had difficulty reaching their GP, and when they do see them its as if they don't want to hear or understand their mental health.

Another member said people need to understand their culture better and why there are such high mental health numbers within the agricultural workforce. They suggested that there could be a farming liaison worker within mental health services or that professional offer support take on additional learning opportunities to be more aware of the cultural challenges.

The group were then asked how they would want to be engaged with as the Chair of the group had spoken about campaigns that were happening within the agricultural community to raise awareness of mental health. Some members suggested social media would be the best way to engage about mental health supports, specifically via TikTok. One member advised that an app would be useful and take pressure off of people as they can choose when and how to engage. They went on to suggest that the app could have videos, information on how to improve wellbeing and something like Artificial Intelligence to interact and gain advice from if someone was having difficulties with their wellbeing. This app could also give advice on where to go for more formal support options as it was raised at this meeting that people are unclear the best pathways to access mental health supports and

their first point of call would be to go to the farming/agricultural organisations. Organisation such as RSABI provide emotional and financial support to the agricultural communities across Scotland.

It was raised again that unclear pathways and lack of face-to-face appointments continues to be a barrier for people. The group were unaware of NearMe and when provided an overview of the service advised they were keener for this to be utilised when they try to speak to the GP or any other professional rather than just speaking to someone over the phone.

“You need to be dying before someone sees you...when it’s done over the phone how can they actually see what is wrong?”

It was clear from this meeting that this group/community rely on each other to provide a strong network of support however there are steps that this strategy could take to provide further supports to this community.

South Ayrshire League of Champions

The League of Champions was developed during the creation of the Living your Best Life – South Ayrshire’s Learning Disability Strategy in 2022. This is a group for adults with a learning disability within South Ayrshire. We attended the League of Champions on the 11th of October where 13 people participated in our workshop. Within this workshop we discussed the national priorities with group members and gathered views on what they felt was important within mental health services. For this workshop we provided an easy read version of the national priorities to be inclusive of all group members.

For this group they felt the top outcome for them was making access to mental health supports easier. Some people spoke about how they know it can be hard to access support and for some they reflected on lockdown and how they couldn’t see anyone, not even their parents. This had a significant impact on mental wellbeing and something the group did not want to happen again.

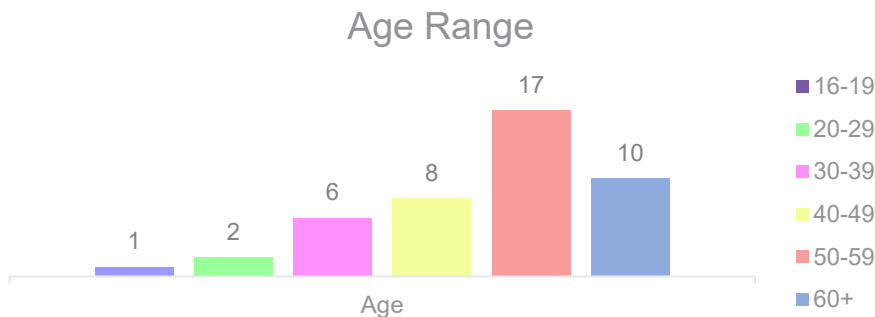
This moved conversation on to reflecting on the positive impact groups such as the League of Champions has had on group members. Some members reflected that community support and groups are so important for all to promote positive mental health and that without the groups they attend they would be lonely and isolated.



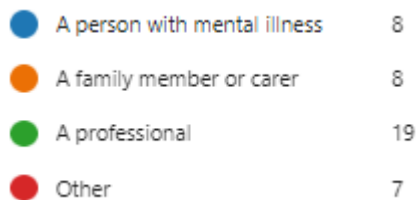
Online Survey

An online survey was launched from the 29th of August 2024 until the 11th of October 2024. The survey was shared through a range of resources to reach as many people as possible. A poster was created which was shared throughout South Ayrshire, including every venue we attended meetings as part of the engagement. We also shared paper copies with our stakeholders to distribute to their networks. At all LPP's, PB's and Third Sector meetings we attended we also encouraged people to take and share these posters. Links to the survey via this poster were also shared across the SAHSCP's social media platforms and shared via the internal newsletter for staff and internal communication emails to all HSCP staff.

A total of 44 people completed the survey. General questions regarding gender and age were asked and of these the majority were female and the average age range for those who completed the survey were 50-59.



Participants were then asked to choose the role they are when completing the survey.



42 people chose to identify what role they were completing the survey as. The majority of respondents were of a professional nature with only 19% being someone with a mental illness, 19% a family member of carer and 17% chose other. Within those who selected other, this included members of the public and professionals who also have a mental illness.

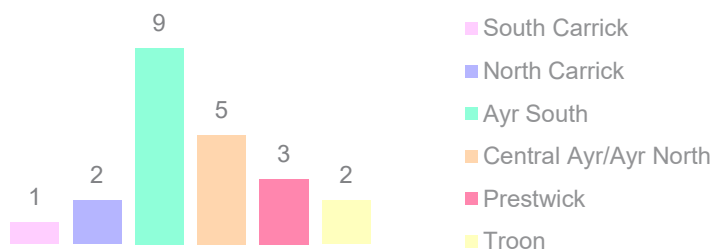
For those who identified themselves as a professional, a branching questions was then presented to identify what area they work within. The responses ranged from

- Adult Mental Health
- Childrens Services
- Physiopharmacy
- Advocacy
- NHS Services
- Communtiy Care
- Learning Disabilities
- The Third Sector
- Business Support
- Social Work

All participants were asked if they lived or worked in South Ayrshire and then asked to identify the area they reside/work. This question was optional and 23 participants answered this question. 19 people resided in South Ayrshire and four worked within the area.

There were responses from across each of the locality areas however more people from Ayr South (9) answered the survey.

Which Area of South Ayrshire do you or the person you care for live in?



The survey then moved on to answer mental health specific questions, An initial branching question for non-professionals was initially asked which was:

“We want to better support people’s mental health and wellbeing and support people to access the appropriate supports at the right time for them. Can you tell us your experiences of accessing services?”

Of those who identify as a person with a mental illness, a family member/carer or selected the other option, the majority of responses (12) answered that they had negative experiences/views of services. A common theme people felt was that services are over stretched and therefore difficult to access. Some of the comments included:

“Services have exceptionally long wait times and it always feels like they are trying to get you back out of the system once you do get to appointments. Constantly feels like the service is stretched”.

“There is no support for people you have to fight for it and not everyone has the confidence or energy”.

“Gaps between 16-18, lengthy timescales to access support and very time limited input which can be less effective. staff generally great however under massive pressure where long standing issues”.

“Wafer thin and a tick box exercise.”

“Contact with the crisis team out of hours is very very very poor! First contact NHS24 then wait 4 hours for a phone call to then be told to have a bath and go to bed which is no use or to make your way to hospital which is not always easy or possible!”

“It can be difficult with many barriers and sometimes unhelpful staff. Also, the very long waiting lists for some services are a serious problem and have been for many years - it’s a very grave concern.”

Two participants answered that they had been able to access support via their GP.

“I have had positive support from my GP”.

The survey then moved on to ask all participants:

“Can you tell us a little bit about your experiences of Mental Health Services in South Ayrshire?”

There were mixed responses to this question with some people having positive experiences with services and other less positive. For those who have had more positive experiences their comments include:

“I see first-hand the value and difference support from nursing staff, groups, HCA and Team Leader has on our patients wellbeing.”

“CBT service via the phone was good for me. GP pharmacist checks in regularly. GP has been ok but not overly helpful, hard to get an appointment.”

“Moving on Ayrshire was literally my lifeline. If it wasn’t for Hilary I wouldn’t be here!”

“Mixed: some good pieces of work, and some disjointed pieces of work.”

“Good supports but clearer definition of wellbeing and disorder would be helpful.”

However, other participants reflected on their less positive experiences:

I worked in Mental Health Services for a few years and my son was on the waiting list to get assessed for ADHD through the school but then was removed and we were advised that the school no longer refers, I felt let down that there was no other options and we have had to work with him ourselves and find solutions.

“Adult services have been good although under huge pressure massive gaps for 16-18 year olds and limited services for complex young people in general (e.g. ASD/LD)”.

“From our advocates we support there unfortunately is a common theme of distrust and continued feelings of helplessness. Very service led and not person centered, significant barriers when contacting mental health team on behalf of our advocacy partners as instructed, overall feedback/experiences is very poor”.

“My experience is that there is still some disconnect between services and limited platforms to know what is available and how the different services can enhance people's life. This is more beneficial when there is positive experiences of services working together to benefit the persons needs and outcomes”.

“If you finally get the right person, it's good but if you miss an appointment or struggle with the wait in between there is no support”.

Overall, the view within this part of the survey indicates that people recognise that services are currently under pressure however the impact this is having on people waiting for services is a significant decline on people's mental health.

The survey then went on to ask:

What do you think currently works well within Mental Health services in South Ayrshire?

For people accessing services their experience of what works well within South Ayrshire differed to the professionals who answered this question. For those who have a mental health condition or are a family member/carer some responses to this question were:

“For me having support at my GP surgery is a massive relief.

“Being able to talk to the pharmacy about lesser issues”.

“Appointment quick with mental health practitioner at doctors”.

“The Trauma work”.

“There is lots of information on different organisations available”.

“Assessment etc, appointments were within time”.

And from professionals:

“I think there are more services now for therapy and I was involved in organising The Decider Skills which was developed by two CPN's in one the Scottish Isles which worked well for staff who work with Mental Health and people with Mental Health. I think this model should be offered in”.

“All services work well but are overwhelmed”.

“Lots is good: Work in primary care is a key focus to enable early intervention”.

“Minimal waiting times comparatively with other health services”.

“Working alongside other, Patient led care, Teamwork and positive working relationships”.

The responses to this question indicate that there are good pieces of practice taking place within South Ayrshire however some comments do indicate this could still be improved on.

Participants were then asked:

What do you think could improve Mental Health Services in South Ayrshire?

Within this section it was a clear theme that participants felt services working together needs to be improved on. Some of the comments include:

“Continued drive to integrate across all services”.

“Services working in parallel to meet personal centred needs”.

“Communication between services, more access to inpatient services, continued promotion of mental health illness to reduce the stigma”.

“Better joint-working, and evidence of staff embracing a move away from out-dated modes of silo'd thinking (LD services for LD patients)”.

“Working alongside other, Patient led care, Teamwork and positive working relationships”.

As well as services working better together, communication was commented on and services listening to peoples experiences more. For those who live with, support someone with or other options that completed this section, the most common response was the need for more resources in the community in the form of support groups.

More "social" resources for people who are working e.g. evening provision, provision of therapeutic activities like green health programmes, working with animals etc. Current resources are focused don people who can access activities during working hours which excludes a lot of others who could benefit.

More partnerships with charities and voluntary organisations

investment in groups

As well as these common themes participants also suggested:

- Larger workforces with smaller caseloads
- Clearer options on where and how to access different pathways.
- Person centred support and not service led.
- Clear communication/explanations of mental health criteria.
- Social Work to CPN direct referrals

Several comments were made within the survey regarding CAMH's and the challenges young people face when trying to access services, the waiting times and the criteria. One participant reflected the following:

“CAMHS service is poor, the change in criteria has made it difficult to get a young person seen, meaning families and services who are not mental health workers to find solutions. Adult services is better, the links with GP MH connectors seems to be working well. There needs to be consideration of the referral process/allocation,. If someone doesn't respond they are closed to the service, its not always easy for someone to respond if their MH is poor, there should be more effort to engage SU”

Whilst this strategy focus is on the adult population, the ongoing comments and concerns for children and young people will be reflected on.

In line with the Scottish Governments nine outcome areas we asked participants to review the outcome areas and rank them depending on what was most important to them:

“Last year the Scottish Government launched the national Mental Health and Wellbeing Strategy for Scotland. In this document there are 9 outcome areas that form a vision for Scotland to become free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible”.

The most picked outcome was increasing the availability of timey effective support care and treatment being the most important to the participants with 35% ranking this as their number 1 outcome.

1. Increasing the availability of timely, effective support, care and treatment that promote and support people's mental health and wellbeing, meeting individual needs.
2. Improving quality of life for people with mental health conditions, free from stigma and discrimination.
3. Improving overall mental wellbeing and reduced inequalities.
4. Improving the knowledge and understanding of mental health and wellbeing and how to access appropriate support.
5. Having better equipped communities to support people's mental health and wellbeing and provide opportunities to connect with others.
6. Having a diverse, skilled, supported and sustainable workforce across all sectors.
7. Having better informed policy, support, care and treatment, shaped by people with lived experience and practitioners, with a focus on quality and recovery.
8. Having more effective cross-policy action to address the wide-ranging factors that impact people's mental health and wellbeing.
9. Better access to and use of evidence and data in policy and practice

The responses differ to what our face-to-face engagement has told us. Within the face-to-face engagement the rank of the national outcomes highlighted that alongside the top three outcomes, having better equipped communities to support peoples mental health was significantly important.

Lastly participants were asked:

Is there anything else you would like to tell us?

There were not as many comments left within this section however additional points that were made include:

“South Ayrshire is too focused on older age”.

“More collaborative working with social work practitioners and mental health practitioners”.

“I have seen a huge increase in cases of complex mental health with LD/neurodiversity in young people and impacting all services (education/social work/health etc) and at a level over and above families/communities being able to support-specialist services/team needed”.

“Make it meaningful and not simply a quick fix/tick box as this is impractical”.

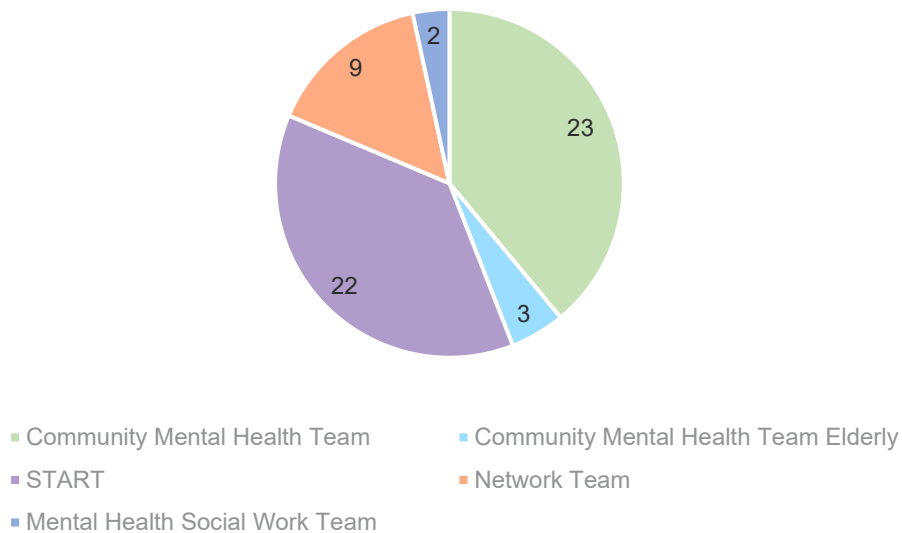
3 People, 3 Questions.

Over the course of the consultation period, Front Line Workers within SAHSCP Mental Health Services identified 3 people they were working with and asked them three questions. These questions were:

- **Have you had a positive experience in relation to care and treatment? What was that like?**
- **What matters most to you? What would you like to see in a South Ayrshire Strategy?**
- **Is there anything we can improve on to make services in South Ayrshire better?**

59 people living with a mental health condition participated in this engagement. Of the 59 people that participated the majority are supported by the Community Mental Health Team (39%) and START (South Ayrshire Treatment and Recovery Team) (37%).

Mental Health Teams



Participants have overall advised they have had positive experiences in relation to their care and treatment. People have described how staff are friendly and caring towards them, who are understanding and listen to them. Other comments have been:

“I have felt I have had a positive experience with the care and help given by the mental health team. I feel I have experienced exceptional care.”

“I have been given choices and been able to make my own choices when I didn't think things were going well”.

“Yes, just to know there is someone there if I become overwhelmed. Living alone can sometimes leave me feeling quite isolated and I don't like bothering people when I'm struggling.... having my CPN who I have got to know and trust, makes me feel they have got my back.”

For some of the participants what mattered most to them is how those who support them treat them, overall people wanted professionals to be:

- Understanding
- Trusting
- Support them to have choice and control over their lives
- Non-judgemental
- Approachable and easily contactable

People also spoke about the importance of their mental health improving and that having the right support at the right time is key to this. People have spoken about different experiences of accessing services that support them with mixed views:

“Accessibility. The SHW (self-help work) service was very easy to access through GP/MHP, surprised with how punctual it was. Pleasantly surprised with how short waiting times were.”

“My stability and service appointment and clinic flexibility mean the most to me. I don’t know where I would be if it wasn’t for START. More appointment flexibility”

However, others have shared difficulty in their experiences of getting supports:

“More understanding from GP’s as was almost impossible to get a face-to-face appointment”.

Some people highlighted the importance of reviewing timely support however did not indicate their own experiences:

“Supports available when I need them and if my mental health deteriorates other than hospital admission”.

“Being able to have the access to the right support quickly”.

“Being able to make contact at any time it does not need to be appointments. having someone that knows me.”

“Continuity of care and easy access to mental services during periods of difficulty - these are what matter most and at the moment this is provided”.

People have also highlighted the need for better joined up approaches/processes between services.

“Medication matters the most to me as I wouldn’t be able to live as full a life without it. I think that long term repeat prescriptions should be sent automatically to pharmacy rather than patient having to phone GP and wait another 5 days for medication. I am on a repeat prescription and am worried about having enough medication at all times. It is a barrier to phone GP every month when I have a repeat prescription which could be sent automatically when medication is next due.”

“More joint working with mental health team as if I am open to addictions I am refused support from mental health team”.

“Access to mental health supports within GP practices and not someone that signposts you to another service”.

“Services to link more easily and more joint working”.

Lastly within the survey questions, participants have made several suggestions for what could improve services within south Ayrshire:

- Increased staffing.
- Better availability of appointments.
- More therapeutic relationships.
- More social supports and mentoring.
- Seeing people in person with shorter waiting times.
- Crisis drop-in services.

There were many people who highlighted they are having a positive experience of services however people have recommended that we increase education at the point of diagnosis for people and highlight where people can access further support:

“I did not receive any education about my diagnosis, nothing about what psychosis means, what I should expect to feel like, why this has happened to me. I wasn't diagnosed in in-patients but community setting. I have had to educate myself but at the time I started treatment I felt quite alone and unsure the impact of what was happening to me.”









“Improvements on information provided/accessible online relating to mental health services. I was not aware of the guided self-help service until they contacted me.”

Overall people reflected positive experiences of the services they are receiving however the feedback provided throughout these services provides valuable points for us to reflect and focus on within the final strategy.

Mental Health Services engagement:

Whilst initial engagement was carried out via focus groups for services during the formal consultation period the national outcomes were posted in a number of office bases of the Adult Mental Health service, Elderly Mental Health Services and the START service.

Mental Health Outcomes

Improving overall mental wellbeing and reduced inequalities	
Improving quality of life for people with mental health conditions, free from stigma and discrimination	
Improving the knowledge and understanding of mental health and wellbeing and how to access appropriate support	
Having better equipped communities to support peoples mental health and wellbeing and provide opportunities to connect with others	
Having more effective cross-policy action to address the wide-ranging factors that impact people's mental health and wellbeing	
Increasing the availability of timely, effective support, care and treatment that promote and support people's mental health and wellbeing, meeting individual needs	
Having better informed policy, support, care and treatment, shaped by people with lived experience and practitioners, with a focus on quality and recovery	
Better access to and use of evidence and data in policy and practice	
Having a diverse, skilled, supported and sustainable workforce across all sectors	

Staff mn

Mental Health Outcomes

Improving overall mental wellbeing and reduced inequalities	
Improving quality of life for people with mental health conditions, free from stigma and discrimination	
Improving the knowledge and understanding of mental health and wellbeing and how to access appropriate support	
Having better equipped communities to support peoples mental health and wellbeing and provide opportunities to connect with others	
Having more effective cross-policy action to address the wide-ranging factors that impact people's mental health and wellbeing	
Increasing the availability of timely, effective support, care and treatment that promote and support people's mental health and wellbeing, meeting individual needs	
Having better informed policy, support, care and treatment, shaped by people with lived experience and practitioners, with a focus on quality and recovery	
Better access to and use of evidence and data in policy and practice	
Having a diverse, skilled, supported and sustainable workforce across all sectors	

The results of this engagement showed that there are similarities between what services and the wider public choose as their top outcome areas.

Mental Health Outcomes

Improving overall mental wellbeing and reduced inequalities	
Improving quality of life for people with mental health conditions, free from stigma and discrimination	
Improving the knowledge and understanding of mental health and wellbeing and how to access appropriate support	
Having better equipped communities to support peoples mental health and wellbeing and provide opportunities to connect with others	
Having more effective cross-policy action to address the wide-ranging factors that impact people's mental health and wellbeing	
Increasing the availability of timely, effective support, care and treatment that promote and support people's mental health and wellbeing, meeting individual needs	
Having better informed policy, support, care and treatment, shaped by people with lived experience and practitioners, with a focus on quality and recovery	
Better access to and use of evidence and data in policy and practice	
Having a diverse, skilled, supported and sustainable workforce across all sectors	

Overall Key Themes

The key themes following a review of our consultation results are detailed below. This will be used to inform the priorities within the delivery plan which will accompany the strategy.

Communication with the public and between services



People have told us they want information from services to be communicated better. People want information to be communicated in a range of ways so that no group is missed. This includes online, leaflets, videos, local announcements.

Better joined up services and community support



People told us that our services from tier 1 – tier 4 all need to work more efficiently together to joint their services together, reduce overlapping and avoid gaps.

Digital options – App, vlog



People have told us that if there was a central app that they could access information, self-help supports, videos, and access to services this would support people being more resilient at home before having to access formal supports.

Being offered NearMe as an appointment option



People have told us that they would benefit from using NearMe when attending appointments. People reflected that it is hard to get appointments and waiting times are very long, but if they had NearMe as an option this would reduce their need to attending/waiting on face-to-face appointments.

Central hub of information (Connect)



People have told us that they want one central point of information for mental health. They want a directory of all groups, supports and services related to mental health, but they do not want this purely as an online option.

Right services at the right time



People have told us that they do not feel they are receiving the right supports at the right time due to pressures on services, waiting times and service criteria.

Better and consistent terminology to be used



People have told us that the language being used with in mental health create a barrier for them accessing services and understanding their condition. People would like us to consider this when writing the strategy.

Carers and wider family support



People have told us that they often feel the carer or close network people with mental health have been at times forgotten about. People want dedicated actions within the new strategy to focus on having better support for family and carers to continue to support their loved ones.

Standardised training between all stakeholders and wider staffing group



People have told us they want a standardised training pack for all staff and services to access. This includes for all tier 1 supports and for mental health training to be mandatory within the HSCP's staff induction.

Education for all to reduce stigma and barriers



People told us that there needs to be more education to the wider public to help tackle stigma. Many people felt that this should start at school age, be part of mandatory training for all staff in the council, NHS, Partnership and third sector.

Resilient communities



People have told us they want their communities to be supported to be more resilient so that people only access formal services when they need to. This includes having better education, community groups, and information communicated on how to access supports.

Equality Impact Assessment Scoping

1. Proposal details

Proposal Title	Lead Officer
Live Well: Adult Mental Health and Wellbeing Strategy 2024-2034	Kevin Milton – Senior Manager Mental Health Rebecca Hunter – Planning and Performance Officer

2. Which communities, groups of people, employees or thematic groups do you think will be, or potentially could be, impacted upon by the implementation of this proposal? Please indicate whether these would be positive or negative impacts.

Community, Groups of People or Themes	Negative Impacts	Positive impacts
The whole community of South Ayrshire		X
People from different racial groups, ethnic or national origin.		X
Women and/or men (boys and girls)		X
People with disabilities		X
People from particular age groups for example Older people, children and young people		X
Lesbian, gay, bisexual and heterosexual people		X
People who are proposing to undergo, are undergoing or have undergone a process to change sex		X
Pregnant women and new mothers		X
People who are married or in a civil partnership		X
People who share a particular religion or belief		X
Thematic Groups: Health, Human Rights, Rurality and Deprivation.		X

3. Do you have evidence or reason to believe that the proposal will support the HSCP to:

General Duty and other Equality Themes	Level of Negative and/or Positive Impact (high, medium or low)
Eliminate discrimination and harassment faced by particular communities or groups	Positive - High
Promote equality of opportunity between particular communities or groups	Positive - High
Foster good relations between particular communities or groups	Positive - Medium
Promote positive attitudes towards different communities or groups	Positive - High
Increase participation of particular communities or groups in public life	Positive - High
Improve the health and wellbeing of particular communities or groups	Positive - High
Promote the human rights of particular communities or groups	Positive - High
Tackle deprivation faced by particular communities or groups	Positive – Medium

4. Summary Assessment

Is a full Equality Impact Assessment required? (A full EIA must be carried out on all high and medium impact proposals)	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Rationale for decision: A new Adult Mental Health and Wellbeing Strategy is being developed in line with the National Mental Health and Wellbeing strategy 2023-2033 which was published in summer 2023.	
Signed :	
Date: 07/11/2024	Copy to SAHSCP.Planning@south-ayrshire.gov.uk

Equality Impact Assessment including Fairer Scotland Duty

Section One: Proposal Details

Name of Proposal	Live Well: Mental Health and Wellbeing Strategy 2024 - 2034
Lead Officer (Name/Position)	Kevin Milton – Senior Manager Mental Health Rebecca Hunter – Planning and Performance Officer (Policy)
Proposal Development Team (Names/Positions) including Critical friend(s)	Brian Christie – Service Manager Mental Health Hanna Dearie – Planning and Performance Officer (Policy)

What are the main aims of the proposal?	The main aim of the proposal is to provide a strategic framework that outlines support for mental health and wellbeing for adults within South Ayrshire. This support will be provided by organisations from across the sectors.
What are the intended outcomes of the proposal?	The activities of the partnership will be designed and delivered in ways that ensure the mental health and wellbeing of the population of South Ayrshire and those who care for someone living with a mental health condition receive the support to live well and age well. We aim to work together to provide the required support to reflect the priorities of South Ayrshire.

Section Two: What are the Likely Impacts of the Proposal?

Will the proposal impact upon the whole population of South Ayrshire or groups within the population?	The proposal is aimed primarily at adults in South Ayrshire. However, aspects of it are designed to combat stigma and to promote equality and to have a positive impact on family members and carers. It will also influence third sector organisations and partnership staff members.
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Considering the following Protected Characteristics and themes, what likely impacts, or issues does the proposal have for the group or community?

(List any likely positive and/or negative impacts)

Protected Characteristics	Positive and/or Negative Impacts
Race: Issues relating to people of any racial group, ethnic or national origin, including gypsy travellers and migrant workers.	This strategy document will apply equally to people of all racial groups and where information is required to be translated or provided in alternative formats it will be provided upon request.
Sex: Issues specific to women or men	This strategy document will lead to the provision of more efficient and effective services for both men, women and non-binary people through an improved utilisation of resources prioritised in line with the published strategic themes.
Disability: Issues relating to disabled people	People with disabilities or long-term conditions will be supported to live, as far as is reasonably practical, independently and at home or in a homely setting in their community.
Age: Issues relating to a particular age group e.g., older people or children and young people	This strategy will focus planning and service delivery activities that are typically aimed at adults, but it will also address the needs of the wider population. Whilst it is not directly focused on children's mental health services the wider population is taken into account through the development of the strategy. Children's Mental Health is addressed within SAHSCP Children and Young Peoples Service Plan 2023-2026, and the Adult Mental Health and Wellbeing Strategy will work to form links with this plan.
Religion or Belief: issues relating to a person's religion or belief (including non-belief)	This strategy will be fully inclusive to all: e.g. religions and beliefs (including non-belief). The Adult Mental Health and Wellbeing Strategy has a right-based approach and fosters support and respect.
Sexual Orientation: Issues relating to a person's sexual orientation i.e., lesbian, gay, bi-sexual, heterosexual	This strategy document will be fully inclusive to all irrespective of a person's sexual orientation.
Marriage and Civil Partnership: Issues relating to people who are married or are in a civil partnership.	This strategy will be fully inclusive to all irrespective of people's marital status.
Gender Reassignment: Issues relating to people who have proposed, started, or	This strategy document will be fully inclusive to all irrespective of a person's gender.

completed a process to change his or her sex.	
Pregnancy and Maternity: Issues relating to the condition of being pregnant or expecting a baby and the period after the birth.	This Strategy is applicable to individual circumstances related to pregnancy and/or maternity leave.
Multiple / Cross Cutting Equality Issues Issues relating to multiple protected characteristics.	This strategy document will have no negative issues in terms of all of the above protected characteristics and in terms of a number of them is anticipated to have a positive impact leading to positive outcomes.
Equality and Diversity Themes Particularly Relevant to the Health and Social Care Partnership	
Health Issues and impacts affecting people's health.	This Strategy document will have a positive impact on the overall health and wellbeing of people living with a mental health condition.
Human Rights: Issues and impacts affecting people's human rights such as being treated with dignity and respect, the right to education, the right to respect for private and family life, and the right to free elections.	The right to be treated with dignity is a principle incorporated in the 2014 Public Bodies (Joint Working) (Scotland) Act. The Strategy focuses on a rights-based approach to being supported with mental health and mental wellbeing.
Socio-Economic Disadvantage	
Low Income/Income Poverty: Issues: cannot afford to maintain regular payments such as bills, food and clothing.	The Strategy aims to deliver Mental Health Services to all levels of income. Mental Health Services are provided regardless of income level.
Low and/or no wealth: Issues: enough money to meet basic living costs and pay bills but have no savings to deal with any unexpected spends and no provision for the future.	The Strategy aims to deliver Mental Health Services to all levels of income. Mental Health Services are provided regardless of income level.
Material Deprivation: Issues: being unable to access basic goods and services i.e. financial products like life insurance, repair/replace broken electrical goods, warm home, leisure/hobbies.	The Strategy aims to deliver Mental Health Services to all levels of income. Mental Health Services are provided regardless of income level.

<p>Area Deprivation Issues: where you live (rural areas), where you work (accessibility of transport).</p>	<p>This Strategy is designed to support and provide service across all 6 localities in South Ayrshire.</p>
<p>Deprivation Issues relating to poverty and social exclusion, and the disadvantage that results from it.</p>	<p>The Strategy aims to deliver Mental Health Services to all levels of income. Mental Health Services are provided regardless of income level.</p>

Section Three: Evidence Used in Developing the Proposal

<p>Involvement and Consultation In assessing the impact(s) set out above what evidence has been collected from involvement, engagement or consultation? Who did you involve, when and how?</p>	<p>The feedback from consultation was used to inform the Strategy and the accompanying Delivery Plan. A full report detailing the consultation and engagement work has been produced in line with the Strategy.</p>
<p>Data and Research In assessing the impact set out above what evidence has been collected from research or other data. Please specify <i>what</i> research was carried out or data collected, <i>when</i> and <i>how</i> this was done.</p>	<p>Information on demographic projections was sought from a number of sources including South Ayrshire Council; NHS Ayrshire and Arran and the Scottish Government's Information Services Division.</p>
<p>Partners data and research In assessing the impact set out above what evidence has been provided by partners. Please specify partners.</p>	<p>In developing the Strategy a local needs assessment was carried out to identify and analyse the prevalence of mental illness within South Ayrshire and the need for services. Research into strategic considerations and the local and national policy context has also been carried out.</p>
<p>Gaps and Uncertainties Have you identified any gaps or uncertainties in your understanding of the issues or impacts that need to be explored further?</p>	<p>None.</p>

Section Four: Detailed Action Plan to address identified gaps in:

- a) evidence and
- b) to mitigate negative impacts

No	Action	Lead Officer(s)	Timescale
1			
2			

Note: Please add more rows as required.

Section Five: Performance monitoring and reporting

Considering the proposal as a whole, including its equality and diversity implications:

When is the proposal intended to come into effect?	Following approval by the Integration Joint Board in Winter 2024.
When will the proposal be reviewed?	The plan will be monitored and reported into the performance and audit committee on a six-monthly basis. It will also be formally reviewed at its mid-point.
Which governance group will have oversight of the proposal?	Progress reports will be provided to the HSCP Performance and Audit committee every six months.

Section Six - South Ayrshire Health and Social Care Partnership

Summary Equality Impact Assessment Implications & Mitigating Actions

Name of Proposal:

This proposal will assist or inhibit the Partnership's ability to eliminate discrimination; advance equality of opportunity; and foster good relations as follows:

Eliminate discrimination.

The Health and Social Care Partnership through its Mental Health and Wellbeing Services will support the elimination of discrimination as it applies equally to people across all protected characteristics and is flexible in its approach.

Advance equality of opportunity

The Adult Mental Health and Wellbeing Strategy will actively promote equality of opportunity as it offers choice and control for people with their mental health and wellbeing and carers and will also ensure that frontline staff and appropriate services have Mental Health and Wellbeing Awareness Training.

Foster good relations

The Adult Mental Health and Wellbeing Strategy will foster good relations across all protected characteristics by working with its stakeholders and partners on an on-going basis to achieve its Strategic Themes.

Summary of Action Plan to Mitigate Negative Impacts

Actions	Timescale
None	

Signed: Kevin Milton

Date: 07/11/2024

Revision dates:

- 06/03/2024 – Initial EQIA completed – Rebecca Hunter
- 17/07/2024 – review pre-engagement - Rebecca Hunter
- 04/10/2024 – review following engagement – Rebecca Hunter
- 07/11/2024 – Review – Rebecca Hunter
- 25/11/2024 – Final Review – Kevin Milton



south ayrshire
health & social care
partnership

Appendix 4

Live Well: Adult Mental Health and Wellbeing Strategy 2024-2034: Glossary



Mental health glossary

ADHD – Attention Deficit Hyperactive Disorder.

ADP – Alcohol and Drug Partnership.

Advanced Statements - An Advanced Statement is a written statement that outlines how you wish to be cared for and what treatment you would prefer to receive should you ever become mentally unwell.

ANP – Advanced Nurse Practitioners.

Anxiety- A range of mental and physical states, mainly arising from being consciously worried about the future, or afraid of an actual situation. It's a normal human response to lots of situations, but if it's persistent or out of proportion to the situation, it can be a symptom of poor mental health.

ARBD – Alcohol related brain damage.

ASD – Autism spectrum disorder.

AWI – Adults with Incapacity.

Bipolar disorder - A mental health condition that causes repeated, severe mood swings. At different times your mood can vary from excitement and elation (called mania) to depression and despair.

Carer – A carer is a person who supports someone who may need help. This can be a young or adult unpaid carer (family or friend) or a paid carer (employee). They may provide practical support such as cooking or transport, emotional supports or personal care supports.

CBT – Cognitive behavioural therapy, A type of talking therapy that can help to change negative patterns in how you think, feel, and behave.

CFMHT – Community Forensic Mental Health Team.

CFP – Consultant Forensic Psychiatrist.

CHMT/E – Community Mental Health Team / Elderly.

CLP – Community link practitioner.

Collaborating – Working jointly with people.

Communities – a group of people who live in the same place/region, or a group of people with shared views, or a social group with shared characteristics.

Consultation – engaging in work to give and receive advice from people.

Co-occurring - Things that occur together or simultaneously, such as a mental illness and an addiction.

CPA – Care Programming Approach.

CPN – Community psychiatric Nurse.

CPP – Community Planning Partnership.

CTO – Compulsory Treatment Order.

DBI – Distress brief intervention.

Decider Skills – Cognitive Behavioural training course.

Depression - A condition where you have a continuous low mood and/or a loss of interest and enjoyment in your life.

Detention - When someone needs to be detained and treated without their agreement under the Mental Health (care and Treatment) (Scotland) Act 2003, for mental health reasons. Usually happens in emergency situations. This use to be referred to as being sectioned.

Diagnosis When a doctor identifies a condition based on signs, symptoms and test results.

EDC – Emergency Detention Certificate.

Episode - A period during which someone is experiencing poor mental health. Many mental health conditions involve episodes rather than being constant.

FCMHN – Forensic Community Mental Health Nurse.

GIRFAN – Getting It Right for Ayr North.

GIRFE – Getting it right for Everyone.

Interface – a person or system that interacts with.

IPCU – Inpatient psychiatric care unit.

LPP – Locality Planning Partnerships.

Mania - An energetic mood of excitement and elation. It is a symptom of bipolar disorder.

MAT 7 - medication assisted treatment.

MDT – Multidisciplinary Teams.

MHO – Mental Health Officer.

MHP – Mental health practitioner.

Mindfulness A 'mind-body' practice that helps people manage their thoughts and feelings. It focuses on paying attention to the present moment. Mindfulness forms the basis of some mental health treatments.

NearMe – A secure and convenient way to attend appointments anywhere with a device such as a phone and internet connection.

NEST - Neurodevelopmental Empowerment & Strategy Team.

Neurodevelopmental disorders – Neurological disorders that impact brain function and neurological development.

Obsessive-compulsive disorder A condition where you have obsessive thoughts or compulsive behaviours (things you feel you must do) or both.

ORT – Opioid replacement treatment.

PB – Participatory Budget, process in which citizens decide which local groups/projects should receive funds to support their initiative.

Penumbra – A mental health charity dedicated to supporting people with mild to serious enduring mental health.

PLT – Psychiatric liaison team.

POA – Power of Attorney.

Postnatal depression - A type of depression that you can develop after having a baby.

Post-traumatic stress disorder - A condition that affects people who have experienced or witnessed a highly traumatic or catastrophic event.

Primary Care - The first point of contact for patients seeking healthcare service, i.e GP's.

Psychiatrist A medical doctor who specialises in the diagnosis, treatment and prevention of mental health conditions.

Psychosis - A severe, confused mental state that may involve hallucinations, false beliefs, and difficulty thinking logically. It's often a symptom of conditions like schizophrenia.

Qualitative – Collecting and analysing nonnumeric data such as language.

Quantitative – Collecting and analysing numeric data.

Relapse - When a condition that appeared to have improved or gone away comes back.

Resilience – The ability to cope with and recover from setbacks.

RISE – Resilience in Stressful Events.

RMO – Responsible Medical Officer.

SAHSCP/HSCP – South Ayrshire Health and Social Care Partnership.

SDM – Supportive decision making.

Seasonal affective disorder A seasonal form of depression. This means you get symptoms at the same time every year, usually around autumn and winter.

Secondary Care – services that are accessed by referrals from Primary Care Services.

Self-help - This can be a 'light-touch' self-guided treatment prescribed by your doctor. Or it can refer to a more general self-guided approach to looking after your mental wellbeing day-to-day.

SSRI - Selective serotonin reuptake inhibitors (Anti-depressants).

Stakeholders - people/businesses that support is needed to provide mental health services.

START - South Ayrshire Treatment and Recovery Team.

STDC – Short Term Detention Certificate.

Stress - How you feel and respond when life puts you under a lot of pressure.

Trauma - An extremely upsetting, stressful or threatening situation.

Treatment - Something that aims to reduce or remove the symptoms of a mental health condition.

VASA – Voluntary Action South Ayrshire.