



REPORT TO: HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 13TH DECEMBER 2023

REPORT ON: DELIVERY OF THE PRIMARY CARE MENTAL HEALTH AND WELLBEING FRAMEWORK

REPORT BY: CHIEF OFFICER

REPORT NO: DIJB66-2023

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to provide an update on the delivery of the Dundee Primary Care Mental Health and Wellbeing Framework and seek approval for its continued development in 2024.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

- 2.1 Notes the local and national strategies and guidance on the development of a framework to provide multi-disciplinary mental health and wellbeing support within Primary Care as described in section 4.1 of this report.
- 2.2 Notes the progress to date in delivering the framework and key achievements as described in section 4.2 of this report.
- 2.3 Notes the Progress Review at Appendix 1.
- 2.4 Approves the recommendations set out within section 9, page 21 of the Progress Review at Appendix 1.
- 2.5 Instructs the Chief Officer to provide a further report in 12 months on the progress made in delivering the Primary Care Mental Health and Wellbeing Framework for Dundee.

3.0 FINANCIAL IMPLICATIONS

- 3.1 There are currently no additional financial implications associated with this report.
- 3.2 The finance arrangements for the current provision are funded through the Scottish Government's Primary Care Improvement Fund, Mental Health Action 15, and core service funds. The anticipated additional Scottish Government's Mental Health and Wellbeing in Primary Care fund has not progressed this year. This will impact the pace of expansion in some areas of delivery.

4.0 MAIN TEXT

4.1 Background

4.1.1 Many people experiencing a health or social issue turn to a primary healthcare practitioner, often their GP for help. As such mental health issues account for around one-third of GP

consultations. Recent national and local strategies have shaped and guided the development of a Primary Care Mental Health and Wellbeing Multi-Disciplinary Team (MDT) in Dundee. In 2018, the [General Medical Services Contract in Scotland](#) identified that some tasks previously carried out by General Practitioners (GPs) should now be undertaken by members of a wider Primary Care Team, such as link workers, mental health nurses, allied health professionals and peer workers. To enable this transformation and support a national approach to implementation and the development of services the Scottish Government published the [Mental Health and Wellbeing in Primary Care Planning Guidance \(2022\)](#).

4.1.2 Similarly, the [Scottish Government's Mental Health Strategy \(2017\)](#) and more recently the [Scottish Government's Mental Health and Wellbeing Strategy \(2023\)](#) has prioritised transforming and increasing Primary Care mental health and wellbeing provision and developing MDTs that can offer a first point of contact. These practitioners will also engage with wider aspects of community health and social support, as well as other local agencies to support the mental health and social needs of local people. Dundee's Primary Care Mental Health and Wellbeing MDT is built upon the principles of 'right care, right person, and the right time'. They provide assessment, advice, support, and some levels of care and treatment for people with mental health, distress, or well-being needs. They also sign post, refer, and supportively link people into a range of statutory and third sector services, care, and support.

4.1.3 The Dundee Health and Social Care Partnership's Mental Health and Wellbeing Strategic Plan (2019-2024) [Dundee Health and Social Care Partnership's Mental Health and Wellbeing Strategic Plan \(2019-2024\)](#) aims "to support the improvement of mental health and wellbeing and reduce mental health inequalities for the citizens of Dundee". Primary Care is identified as an important aspect of this. As such planning for this programme of work is in conjunction with the Strategic Planning Advisory Group, Mental Health and Wellbeing Strategic Planning and Commissioning Group, Mental Health and Wellbeing in Primary Care Strategic Planning Group, and the Primary Care Improvement Group. Regular reporting and monitoring structures are in place and aligned with the financial framework as well as the strategic and operational groups that are established. Liaison with Scottish Government colleagues is ongoing.

4.2 Progress during 2022 and 2023

4.2.1 There has been significant progress and development linked to the national and local strategies for this programme of work. Progress is outlined in the Appendix.

4.2.2 A programme management approach has been established to support the planning, co-ordination, leadership, management, and governance of this work through collaboration of all key stakeholders involved. Strategic and Operational groups with the necessary membership meet regularly to support this.

4.2.3 The Primary Care Mental Health and Wellbeing MDT currently comprises staff members working in the varying roles of practitioners, volunteers, administrators, coordinators, team leaders, and managers. Further information can be found in the table below.

Service	Service Users	Staff teams
Patient Assessment and Liaison Mental Health Service (PALMS)	People requiring mental health support or advice: <ul style="list-style-type: none"> • Mental health coping strategies. • Self-help materials. • Signpost to local community supports. • Referral to specialist services. • One thirty-minute appointment (triage). 	8 WTE Community Mental Health Nurses 0.6 WTE Clinical /Counselling Psychologist
Sources of Support: Primary Care Link Workers	People with social, economic, and non-medical issues impacting their mental health and wellbeing; no or little existing support in place and who would benefit from up to 20 weeks case management:	8 WTE Primary Care Link workers, 2 WTE Support workers,

	<ul style="list-style-type: none"> • Support and advice on a wide range of issues. • Help to navigate services/ community groups that offer support. 	1 WTE Administrator, 1 WTE Team Leader.
Community Listening Service	<p>People requiring emotional listening support:</p> <ul style="list-style-type: none"> • Space to talk about any challenges including loss, relationships, or other difficult life issues. • Up to six – 50-minute appointments. 	13 Volunteers in Dundee, 1 Co-ordinator and 1 Administrator for Tayside.
Distress Brief Intervention	<p>People experiencing emotional distress who require:</p> <ul style="list-style-type: none"> • Emotional support, Signposting/Initiating further support and/or Self-help resources. • Up to 14 days support, can be seen daily if required, provided by a Peer Practitioner. 	6 Mental Health and Wellbeing Peer Practitioners, 1 Service Manager for Tayside.
General Practitioners	<ul style="list-style-type: none"> • For discussion of treatment options and referral to specialist services if indicated. • Concerns about risk to self or others. • Assessment of complex mental health presentations. 	Number not listed as they have a wide area of practice across physical and mental health.
Welfare Rights / Brooksbank	<p>People with financial or socioeconomic problems:</p> <ul style="list-style-type: none"> • Access to Welfare Rights support such as income maximisation checks, form filling or appeal representation • Help with debt counselling/money advice. • Access to energy advisers regarding utility debt, energy efficiency measure and access to grant funding. • Crisis Grant and Community Care Grant support from the Scottish Welfare Fund. 	Number not listed as wide area of practice across the city.

4.2.4 The Patient Assessment and Liaison Mental Health Service (PALMS) has made positive progress with a redesigned model and fully recruited to their vacant posts with mental health nurses. All GP practices therefore have access to the service. To enable efficiency a hub and spoke model is being explored across practices and will be progressed through a test of change; IT systems require to be linked and share information to enable this as does collaboration between practices to agree rooms can be used to see patients from other practices. Plans for low intensity psychological therapy within communities such as managing anxiety and building resilience have not progressed due to funding restrictions however this is being reviewed regularly and opportunities being sought to proceed with this development.

4.2.5 GPs continue to offer services for the discussion of mental health treatment options and referral to specialist services if indicated; where there are concerns about risk to self or others, and for the assessment of complex mental health presentations. However, patients who could be seen by PALMS continue to sometimes see the GP first and are directed into PALMS thereafter risking duplication and additional appointments for patients. This is being reviewed and work is in place to resolve largely through knowledge exchange about newer services and ways of working.

4.2.6 The Sources of Support Primary Care Link Workers have continued to support all practices and tested a range of new ways of working. There have been some gaps with staffing which have led to waits but this is resolving. A comprehensive dashboard is being developed for the service.

- 4.2.7 Distress Brief Intervention (DBI) is a national programme being introduced into Primary Care and offering support for people in distress for up to 14 days. We have a plan to introduce into all GP Clusters over the next 9-12 months. This is being phased to ensure DBI can support all referrals as it is not clear the demand. The PALMS practitioners can all now refer into DBI, Sources of Support are currently receiving Level 1 training to refer in and all GPs are being offered Level 1 referrer training cluster by cluster. Referrals to DBI from Primary Care are growing in number and referrers are noting the service is valuable. DBI report their most regular signposting is to Hope Point, Listening Service and Counselling services. Pre and post intervention rating scales showed that people were less distressed post intervention than before.
- 4.2.8 Community Listening Service employs volunteers who are available in most GP practices with new listeners trained in November. New work in other services means that people who would benefit from listening are being offered this directly via cardiovascular and respiratory rehabilitation services for example to enable seamless support mechanisms between primary and secondary care provision.
- 4.2.9 Dundee City Council Advice Services / Brooksbank offer welfare rights and financial advice or support within 10 GP practices. The service is still offered in other locations, and this is an area that will be developed further given the pressing need.
- 4.2.10 Several improvement projects are underway including enhancing pathways between the Scottish Ambulance Service and the services offered by the Primary Care MDT. A survey with ambulance staff identified a need to increase knowledge about what is available and how to access. A navigation tool for ambulance staff is being co-designed and will be tested by the Ambulance Service in Dundee from December. This will be evaluated and refined then embedded.
- 4.2.11 An improvement project within Cluster One GP practices is focusing on the prevention of developing chronic pain by the optimisation of education and information about pain and psychosocial approaches offered by the Mental Health and Wellbeing MDT.
- 4.2.12 A Dundee community resource directory with the available Primary Care Mental Health and Wellbeing services, and wider community services including those provided by third sector and statutory services has been developed. This is with a view to digitising this and making available to the public and staff providing services. Management and governance is being established in respect to this prior to being tested.
- 4.2.13 A scoping review of the current provision has been conducted and areas identified requiring most development. These are detailed in the report in Appendix 1 and will be used to inform the development of the Dundee Primary Care Mental Health and Wellbeing Delivery Action Plan 2024-2027.

4.3 **Plans for 2024 - 2025**

- 4.3.1 The Dundee Primary Care Mental Health and Wellbeing Delivery Action Plan 2024-2027 is currently in development.
- 4.3.2 Stakeholder involvement is being sought in terms of our vision, outcomes, priority actions, and activities for the next three years. It is expected that there will not be any significant financial investment available in the next 12 months therefore activities will focus on transformational change, optimising what we have in place and ensuring it is efficient, accessible and meets people's needs across the lifespan. We will explore new ways to work collaboratively in all areas of practice and communities including via digital information technology systems. We will also seek short term funding opportunities to support innovation and change in order to test new models and ways of working.
- 4.3.3 Over the next 12 months we will identify and establish outcomes, measures, and key performance indicators. We will further enhance our mechanisms for reporting, monitoring and

evaluation of the Mental Health and Wellbeing Framework and use this information as a basis for future investment and developments.

4.4 Next steps

- 4.4.1 Members of the Primary Care Mental Health and Wellbeing Strategic Group will continue to lead, support, and monitor the development of the programme and its impact.
- 4.4.2 The Delivery Plan once developed will further detail priority actions to progress, considering what has been achieved so far.

5.0 POLICY IMPLICATIONS

- 5.1 This report has been screened for any policy implications in respect of the Integrated Impact Assessment. An IIA is attached in Appendix 2.

6.0 RISK ASSESSMENT

Risk 1 Description	Failure to maximise support for people through Primary Care Mental Health and Wellbeing services will lead to further deterioration and poorer outcomes for people who may benefit from this and potentially the need for higher levels of support and care.
Risk Category	Operational.
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring (20)
Mitigating Actions (including timescales and resources)	Progress being made in development and implementation of a delivery plan, also maximising the use of available financial resources wherever possible.
Residual Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (9)
Planned Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (9)
Approval recommendation	That the risk should be accepted.

Risk 2 Description	Failure to optimise the development of a Primary Care Mental health and Wellbeing MDT approach will increase demand on GPs and specialist parts of the system with an overall detrimental outcome to patients and staff.
Risk Category	Operational.
Inherent Risk Level	Likelihood (5) x Impact (4) = Risk Scoring (20)
Mitigating Actions (including timescales and resources)	Progress being made in development and implementation of a delivery plan, also maximising the use of available financial resources wherever possible.
Residual Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (9)
Planned Risk Level	Likelihood (3) x Impact (3) = Risk Scoring (9)
Approval recommendation	That the risk should be accepted.

7.0 CONSULTATIONS

7.1 The Chief Officer, Clerk, Clinical Lead for Mental Health & Learning Disability Services, and Dundee Lead GP were consulted in the preparation of this report.

8.0 DIRECTIONS

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	X
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

None.

Vicky Irons
Chief Officer

DATE: 16th November 2023

Emma Lamont, Programme Manager, Mental Health & Wellbeing in Primary Care Services, Dundee Health & Social Care Partnership
Shona Hyman, Senior Manager Service Development and Primary Care, Dundee Health & Social Care Partnership
Arlene Mitchell, Locality Manager, Mental Health & Learning Disabilities, Dundee Health & Social Care Partnership



Primary Care Mental Health and Well-being Framework Progress Report 2023

PURPOSE OF THIS REVIEW

This review provides Dundee Health and Social Care Partnership (HSPC), and stakeholders with progress to date of the implementation of a Primary Care Mental Health and Well-being Framework. Working collaboratively with Health and Social Care partners this supports the provision of equitable and effective treatment, care, and support for people across the lifespan who are experiencing a mental health issue.

1. INTRODUCTION

Dundee's multi-disciplinary mental health and well-being Primary Care team provides assessment, advice, support, and some levels of care and treatment for people with mental health, distress, or well-being needs. They support the enablement of the Scottish Government's Mental Health and Wellbeing Strategy (2023) which recognises that many people experiencing a health or social concern turn to a primary healthcare practitioner, often their GP for help. As such mental health issues account for around one-third of GP consultations. The Mental Health and Wellbeing Strategy has prioritised transforming Primary Care provision and developing multi-disciplinary teams that can offer a first point of contact. These practitioners will also engage with wider aspects of community health and social work, as well as other local agencies to support the mental health and social needs of local people (Scottish Government, 2023).

Recent years have seen a growth in our understanding of the social determinants of emotional distress, mental health, and well-being. Evidence indicates that daily stressors and living conditions have as much impact on emotional well-being as potentially traumatic events in child or adulthood. Factors identified as predicting poor mental health outcomes for people across the life course include family violence, unemployment, perceived discrimination, food insecurity, and poverty. These coupled with broader causes such as unequal access to basic resources and opportunities for occupational or recreational activities are detrimental to the mental health and well-being of people (Jailobaeva et al., 2022). Gaining the greatest population benefit means addressing these concerns and promoting factors that facilitate good mental health and avoid causes of ill health. Primary and

community care approaches that focus on prevention, early intervention, and promotion are especially important to individuals' mental health and well-being. These also reduce the number of people requiring specialist mental health care, thus ensuring that those who need this can access the necessary support when needed (Perterson et al., 2014).

2. NATIONAL CONTEXT

In Scotland, the National Health and Well-being Outcomes support the sustained development of health and social care services to ensure that: *"People can look after and improve their health and well-being and live in good health for longer; and "Health and social care services contribute to reducing health inequalities"* (Scottish Government, 2015). Further, the Scottish Government Mental Health and Wellbeing Strategy (2023-2033) has prioritised Primary Care transformation pledging their support for the development of new multi-disciplinary models of supporting mental health in Primary Care to deliver *'ask once, get help fast'* approaches. This necessitates models of care that allow access to information about what help is available; information about what people can do to look after themselves; signposting and support to access facilities in the community (e.g. leisure services and activities); and information about who is available to provide support so people can make informed decisions about what is best for them (Scottish Government, 2017).

Primary Care is described as, *"the first point of contact with the NHS"* (Scottish Government, 2023). It provides individuals with access to information and resources they need for optimal health outcomes. Broadly speaking, this includes community-based services provided by General Practitioners (GPs), nurses, pharmacists, and allied health professionals such as physiotherapists, occupational therapists, and midwives. Recent years have seen significant developments in Primary Care to transform services and better meet the needs and demands of the population. This has included the introduction of the General Medical Services Contract for GPs (2018) which has refocused their role to Expert Medical Generalists and senior clinical decision-makers in the community. This has meant that some tasks previously carried out by GPs are now undertaken by members of the wider Primary Care multi-disciplinary team. Within this context, community mental health practitioners, and community link worker services are identified as priorities, while also noting that GPs will provide clinical leadership and expert general medical advice where needed (Scottish Government, 2018).

To enable a mental health and well-being in Primary Care transformation, the Scottish Government allocated HSCPs across Scotland resources and created national and local oversight arrangements (Scottish Government, 2019). The Scottish Government set out principles by which Mental Health Services in Primary Care should be delivered. Planning Guidance to support a national approach to development and implementation was published in 2021. This identified that the mental health and well-being Primary Care multi-disciplinary team would:

- Provide assessment, advice, support, and some levels of treatment for people with mental health, distress, or well-being needs.
- Could include mental health nurses, psychologists, occupational therapists, peer support workers, and enhanced practitioners as well as linking with those providing financial advice, exercise coaches, and family support networks.
- Would contain link workers to support well-being and refer / signpost people to wider community services.
- Should address the needs of people across the life course and be part of the wider community team; engage with wider assets of the community, health, and social work staff including addiction services, school liaison, health visitors, third sector, and other agencies as appropriate.
- Would utilise community assets such as support groups, social activities, and exercise.

The guidance also advised that:

- Service users would be able to self-refer and the models of care offered would effectively assess and provide the right level of support quickly to enable early intervention and prevention from a range of practitioners.
- There should be a pathway for those seeking support out of hours to be navigated into the Primary Care mental health and well-being services offered and receive support thereafter.
- Service delivery and provision should utilise digital technology.

(Scottish Government, 2021)

3. DUNDEE-FOCUSED STRATEGIC PLANS

Strategic planning for a mental health and well-being Primary Care multi-disciplinary team in Dundee began in 2019. At this time, the Dundee Mental Health and Wellbeing Strategic and Commissioning Group on behalf of the HSCP published its Mental Health and Well-being Strategic Plan (2019-2024) and set out a plan aiming *“to support the improvement of mental health and well-being and reduce mental health inequalities for the citizens of Dundee”*. In doing so, they identified key priorities:

- Reducing Health Inequalities
- Prevention and Early Intervention
- Getting the Right Support at the Right Time
- Focus on Recovery

The strategic plan anticipated Primary Care and community support would be a significant aspect of development, shifting the balance of financial investment from long stay, hospital, and specialist mental health care, towards these. The Mental Health and Well-being Strategic and Commissioning

Group recognised necessary to achieving their goals would be to design a Primary Care model and framework for supporting the mental health and well-being of the citizens of Dundee. To enable planning and progression the Mental Health and Well-being in Primary Care Strategic Group was established. Led by Arlene Mitchell and Shona Hyman, membership includes representation from both statutory and third-sector services and organisations within Dundee. Additionally, an Operational Group has brought together the main partners that form the mental health and well-being Primary Care multi-disciplinary team. See Appendix 1.

Several local and national strategies and guidance are important for this work. These are summarised in Table 1 but are not an exhaustive list and can be added to. Most of these plans tackle health inequalities, including mental health inequalities, as a cross-cutting priority in recognition that mental health and mental ill health are not evenly distributed across the population. In Dundee, for example, anti-depressant prescribing, suicide, emergency mental health and substance use admissions, hospital admissions for long-term conditions, and poor self-reported mental health and well-being are much more common in the city's more deprived communities.

4. FINANCIAL FRAMEWORK

The finance arrangements for this provision are funded through core service/funds, the Scottish Government's Primary Care Improvement Fund, Action 15. Potentially the Scottish Government's mental health and well-being in Primary Care fund and other sources will support funding this work.

5. REPORTING, MONITORING AND EVALUATION

Regular reporting and monitoring structures are in place and aligned with the financial framework as well as the strategic and operational groups that are established. Further evaluation will be determined and planned through the development of outcomes, key performance indicators, measures, and the development of the delivery action plan, currently in progress and due to be available 2024.

Table 1: Strategies and Guidance Relating Mental Health and Well-being in Primary Care

NATIONAL	
Scottish Government Mental Health and Wellbeing Strategy (2023)	Sets out the long-term vision and approach to improving the mental health and well-being of everyone in Scotland
Scottish Government Mental Health Strategy (2017-2027)	Prioritises early intervention and prevention, stating this should be central to funding and activity. Commits to look across all four tiers of the current model of care (P 12), recognising the importance of specialist services & intervening early.
Scottish Government (2011) Older Adult Mental Health Matrix Evidence Table	A summary of information on the current evidence base for various therapeutic approaches, guidance on psychological therapy services, suitability of primary/secondary care, and advice on important governance issues.
Scottish Government Health and Social Care Delivery Plan (2016)	A delivery plan that sets out the framework and actions needed to ensure that our health and social care services are fit to meet requirements.
Scottish Government General Medical Services (GMS) Contract for General Practitioners (GPs) (2018)	The contract proposes a refocusing of the GP's role as an expert medical generalist. This role builds on the core strengths and values of general practice – expertise in holistic, person-centred care – and involves a focus on undifferentiated presentation, complex care, and whole system quality improvement and leadership.
Primary Care: national monitoring and evaluation strategy (2019)	Scottish Government's approach to Scotland's national monitoring and evaluation of primary care reform up to 2028.
Scottish Government (2021) Mental Health Services in Primary Care Planning Guidance	Guidance on how services should be delivered to support a national approach to development and implementation.
Creating Hope Together: Scotland's Suicide Prevention Strategy (2022-2032)	The new suicide prevention strategy supports a locally integrated co-ordinated approach across multiple agencies and within communities. Focus on marginalised groups who are at higher risk of mental health issues and suicide across their lifespan.
Scottish Government (2022) Adverse Childhood Experiences and Trauma Factsheet; Scottish Government (2021) Trauma Informed Practice Toolkit	Working in partnership with a wide range of sectors and services to help reduce the incidence and impact of all types of childhood adversity and trauma, focusing on support for children, parents, and families to prevent Adverse Childhood Experiences and trauma; developing trauma-informed workforce and services; raising societal awareness about ACEs and trauma, and supporting local actions across communities.
Children and Young People's Mental Health Audit Scotland (2018)	Recommendations to identify and address any gaps in services, in partnership with children and young people, their parents, and carers. Work with GPs who may refer to specialist services.
Scottish Government (2016) National Standards for Community Engagement	Good practice principles support and inform the process of community engagement and user involvement for community planning and health and social care.
LOCAL	
Connected Tayside (2021-2023) An Emotional Health and Wellbeing Strategy for Children and Young People, Tayside Regional Improvement Collaborative	To inform the development and delivery of local services ensuring that we get it right for children and young people by; promoting positive emotional health and wellbeing through universal services and a resilient workforce and developing clear pathways to targeted and specialist support, when needed.
Integrated Joint Board- The plan for excellence in health and social care in Dundee –Strategic Commissioning Framework (2023)	The plan sets out the ambition that everyone who lives in Dundee will have the best possible health and well-being.
NHS Tayside (2021) Living Life Well Strategy	Encourages a lifespan approach to support, and the need for equality, diversity, and inclusion.
Listen Learn Change: Action Plan 2020 (Collaboration of NHS Tayside and the Health & Social Care Partnerships)	An Action Plan for mental health services in Tayside 2020 in response to 'Trust and Respect' Independent Inquiry Report

6. PRINCIPLES UNDERPINNING THIS WORK

Dundee HSCP takes a lifespan and whole systems approach to mental health and well-being and Primary Care is an important aspect of this. Reducing inequalities is a core principle applied across all of Dundee HSCP's work with the model of the whole system showing the essential dimensions for mental health and well-being as environmental, physical, social, emotional, spiritual, occupational, and intellectual. These multiple factors are vital for consideration and have informed service design and development in relation to mental health and well-being. The Scottish Government's Mental Health and Well-being Strategy (2023) summarises this in Figure 1 below.

Figure 1: Whole systems model (Scottish Government Mental Health and Well-being Strategy 2023)

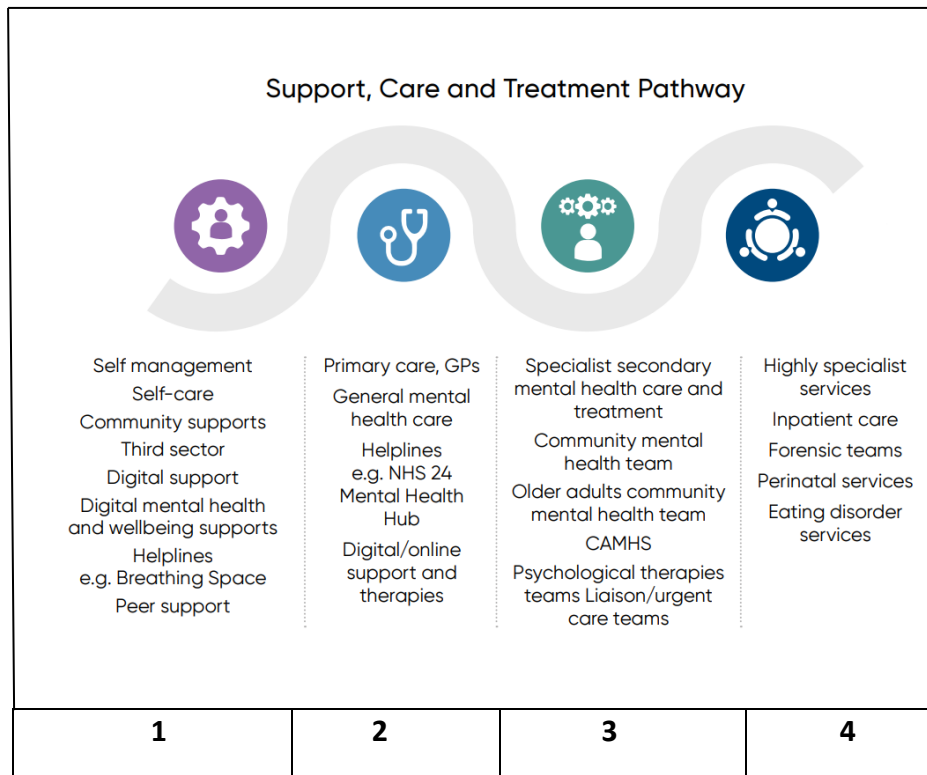


The 'Support, Care and Treatment Pathway' in Figure 2 below shows the relationship across services and the importance of developing our mental health and well-being provision within Primary Care. The pathway recognises the close interface we (Pillar Two) have between Pillars One and Three and the role of the third sector, community supports, peer, and digital support. Further, for individuals requiring secondary specialist mental health care and treatment, psychological therapies, or urgent care shown in Pillars Three & Four, Primary Care can support person-centred assessments and timely referrals where necessary. This is highlighted within the Scottish Government Mental Health and Wellbeing Strategy (2023: P8). Along with early intervention and prevention, they have prioritised to:

'Increase mental health capacity within General Practice and primary care, universal services, and community-based mental health supports. Promote the whole system,

whole person approach by helping partners to work together and removing barriers faced by people from marginalised groups when accessing services.'

Figure 2: Support, Care and Treatment Pathway (Scottish Government Mental Health and Well-being Strategy 2023)



7. DUNDEE'S MENTAL HEALTH AND WELL-BEING MULTI-DISCIPLINARY TEAM

In Dundee, there are currently four core services within the Primary Care mental health and well-being multi-disciplinary team. These primarily focus on providing care and support to adults, except for General Practitioners (GPs) who work across the lifespan. Each service currently works within GP practices/ health centres, and these are:

- Patient Assessment and Liaison Mental Health Service (PALMS),
- Sources of Support Primary Care Link Workers,
- Community Listening Service,
- GPs

In addition:

- Welfare Rights and Brooksbank offer a service within several GP practices/health centres.

- Distress Brief Intervention (DBI) is currently being introduced to all GP practices across Dundee. DBI will be core going forward with GP, PALMS (mental health specialist), and Sources of Support practitioners eligible to refer to this service.

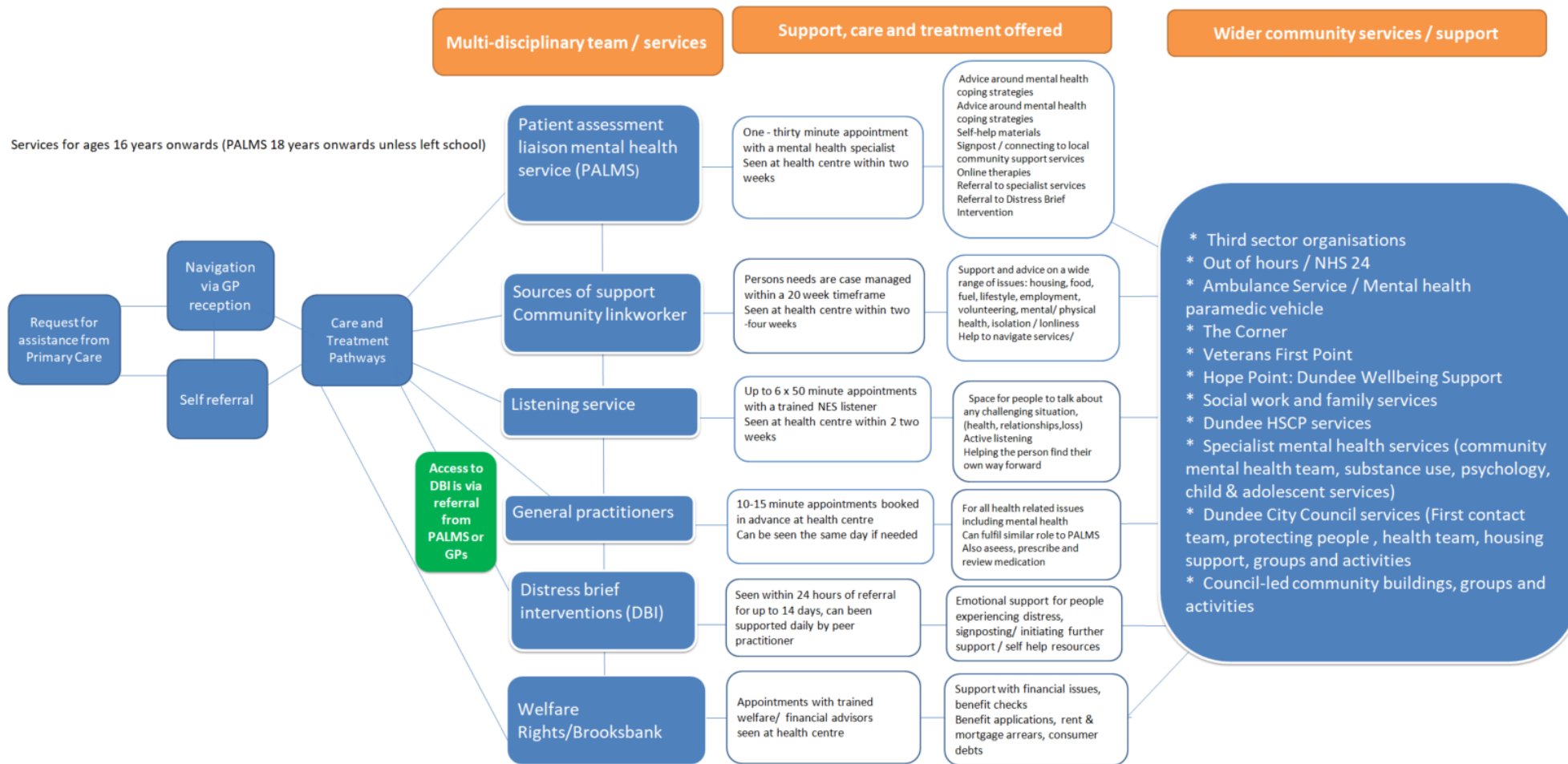
Working alongside these teams is the wider community team. These include Health and Social Care services, third-sector organisations, and University/ Colleges, national programmes, and services:

- The Out of Hours Service, NHS 24,
- Scottish Ambulance Service,
- Mental Health Paramedic Response Vehicle,
- The Corner,
- Veterans First Point,
- Hope Point, Dundee Wellbeing Support,
- Social work and family services,
- Dundee HSCP services including 'Improving the Cancer Journey'
- Secondary care specialist mental health services (community mental health team, substance use, psychology, child and adolescent mental health services),
- Third-sector organisations,
- Dundee City Council services and supports (First contact team, protecting people initiatives, Community Health Team, housing support officers, community groups and activities)
- Council-led community buildings, groups, and activities.

A vital aspect of the care offered is through liaison and interdisciplinary working. This enables the core mental health and well-being Primary Care multi-disciplinary team to refer, signpost to, and connect individuals to statutory (NHS, HSCP, Dundee City Council services and supports), and local third-sector partner organisations. This allows specific, tailored support and a wide range of therapeutic approaches to be offered to individuals seeking help.

In Dundee, there are presently around 59 commissioned services and 32 non-commissioned third-sector organisations that provide interventions and support for mental health and well-being to people across the lifespan. Within this wider community team is a range of third-sector organisations that offer mental health support, counselling, health, well-being, green space activities, online therapies, self-help supports, and financial and welfare supports (see Appendix 2). Services are sensitive to recognising and supporting people experiencing a mental health issue and at risk of self-harm or suicide. Tailored support and services are available for women, men, families, and young people. Provision can also focus on individuals who have alcohol or substance use, carers, new Scots, those with disabilities, older adults, veterans, and more; aiming to ensure that all aspects of Dundee's society are supported. Figure 3 illustrates the model of support, care, and treatment and how this underpins the entire Primary Care mental health and well-being Framework.

Figure 3: Primary Care framework for supporting the mental health and well-being of people living in Dundee



8. PROGRESS TO DATE

This section will present a summary of progress to date by the services working within Dundee's Primary Care Mental Health and Well-being multi-disciplinary team, summarised in Figure 4 below. This will describe the breadth and scope of the work of each service, and share examples of good practice, improvement, development, risks, and challenges over the last six to nine months. This information will support planning and development for this programme of work led and supported by the Strategic Planning Group and the Operational Group over the next three years. This report was written in collaboration with Arlene Mitchell, Locality Manager, Dundee HSCP; and Shona Hyman, Senior Manager, Service Development and Primary Care, Dundee HSCP; the chair and co-chair of the Mental Health and Well-being in Primary Care Strategic Group (See Appendix 1). Each service has provided information and summaries about their progress and service activity.

Figure 4: Multi-disciplinary team wheel



NB: Distress Brief Intervention is currently being introduced into Primary Care provision.

The Dundee Primary Care Mental Health and Well-being multi-disciplinary team currently comprises staff members working in varying roles of practitioners, volunteers, administrators, coordinators, team leaders, and managers. Further information can be found in Table 2 below.

Table 2: Dundee Primary Care Mental Health and Well-being Multi-disciplinary team

Service	Staff teams
Community listening service	13 Volunteers in Dundee, 1 Co-ordinator and 1 Administrator for Tayside.
Sources of support: Primary Care Link Workers	8 WTE Primary Care Link workers, 2 WTE Support workers, 1 WTE Administrator, 1 WTE Team Leader.
Patient assessment and liaison mental health service (PALMS)	8 WTE Community Mental Health Nurses (covered by 10 staff members) 0.6 WTE Clinical /Counselling Psychologist (manages the service, covered by 2 staff members).
Distress Brief Intervention	6 Mental Health and Wellbeing Peer Practitioners, 1 Service Manager for Tayside.
General Practitioners	Number not listed as they have a wide area of practice across physical and mental health.
Welfare rights / Brooksbank	Number not listed as wide area of practice across the city.

8.1 Patient Assessment and Liaison Mental Health Service (PALMS)

Leads: Dr Lucie Jackson Counselling Psychologist, Dr Katy Mitchell Clinical Psychologist, Dr Helen Nicholson-Langley Consultant Clinical Psychologist

Overview: PALMS, established in 2019 as a three-year pilot programme to improve access to mental health services through within practice Mental Health Specialists, is hosted by the Dundee Adult Psychological Therapies Service (DAPTS). The service is delivered within GP surgeries across Dundee City. PALMS is a self-referral service open to adults aged 18 and over (16 and 17-year-olds are eligible if not at school) who are experiencing mental health and psychological difficulties and are not already engaged with formal mental health or psychology services. Patients can book themselves into a PALMS appointment which will typically be a single 30-minute appointment to assess current difficulties and provide advice, signpost to self-help resources or third-sector services and where appropriate make onward referral to statutory services.

Mental Health Specialists are trained and experienced Mental Health Nurses who also actively liaise with NHS and other partnership services to facilitate timely patient access to support and treatment, including establishing clear referral pathways, and to work collaboratively to contribute to wider local mental health developments. Mental health Specialists can provide consultation for colleagues and partners within the mental health and well-being partnership in Primary Care and their respective GP surgeries. See Appendix 3 for case study example.

Service Activity

- Appointments can be booked within 1-2 weeks by phone or in person at the GP health centre.
- Between August 2022 and May 2023, PALMS clinicians offered 4704 appointments, with 3493 new patients attending for assessment.
- Non-attendance was around 23% however reducing this is a key priority for PALMS.
- 861 available appointments were not booked. Demand for PALMS appointments can vary considerably across practices.
- Routine data collection includes activity as above, as well as demographic data such as age, gender, ethnicity, postcode, presenting problems, severity of symptoms, and outcome of assessment.

Quality Improvement, Engagement and Developments

The PALMS pilot, commenced initially in just two practices before phased roll out was initially evaluated in 2019 with high levels of satisfaction expressed by clinicians, patients, and

Practice staff. The pilot was subsequently rolled out to further practices however during the pilot phase full implementation in every practice in Dundee was not achieved (due to a combination of workforce challenges as well as the Covid-19 Pandemic). The Mental Health Specialist role has evolved and continues to develop now being delivered entirely by experienced Mental Health Nurses. Referral pathways continue to be developed with good links to partners in primary care, third sector organisations and Health and Social Care Partnership as well as secondary care services.

During the pilot and subsequent period, all practices were provided with Patient and Staff Satisfaction surveys and PALMS continues to encourage and welcome feedback. Future plans include the development of a Hub and Spoke model to allow PALMS to operate more flexibly across GP clusters, removal of the upper age limit for the service and maximising efficiency of the service by reducing the DNA rate. Data continues to be scrutinised to aid service development and best meet the needs of patients and partners in primary care.

Current and Future Challenges and Risks

Access to appropriate IT systems that will support PALMS to deliver safe, effective, and responsive care, including access to all necessary clinical information and ability to reliably make onward referrals will be key to implementing a Hub and Spoke model of PALMS.

Maintaining a consistent workforce without vacancies has been a challenge since initial implementation however developing the role to provide greater opportunities for clinical and wider consultation work has increased Mental Health Specialists' role satisfaction and consistency in the team.

Continuing to evolve in line with the wider national and local mental health and wellbeing agenda requires ongoing strategic and operational attention to minimise 'gaps' in service and to ensure continued effective relationships and links with other services.

Continuing efforts are being made to increase the rate of self-referral to PALMS. This is improving however the number of patients being 'referred' or booked into PALMS appointments by GPs remains higher than anticipated. To improve efficiency, including reducing workload of GPs, and facilitating easier and quicker access to a Mental Health Specialist, further promotion of PALMS and ease of self-referral will be important.

Staff Training and Development

Introductory session for ADHD /ASD and access to Open University learning modules for Continued Professional Development to aid understanding and working with ASD and ADHD.

- Distress Brief Interventions – level 1.
- IESO – to increase awareness and understanding of the service remit.

- Information Governance, safe handling of patient information.
- Suicide Awareness and Risk Management.

8.2 NHS Tayside Community Listening Service

Leads: Alan Gibbon, Rebecca Adams

Overview: The Listening Service is an NHS Tayside Spiritual Care service, established in 2010 under the governance of NHS Education for Scotland Community Chaplaincy Listening Service. The service currently includes any person aged 16 and over. It excludes those in crisis, with suicidal thoughts or acute psychosis. They are available within each general practice in Dundee and offer up to six, 50-minute appointments with a trained volunteer/listener. This creates the opportunity and space for people to talk about any challenging situation (i.e., health, relationship, grief, loss) helping the person find their way forward. See Appendix 3 for a case study example.

Service activity

- Appointments usually available within a week or two by phone or face-to-face in GP practice
- Nonattendance is around 17%
- Around 35 people per month are referred to the service in Dundee
- Around 45 appointments are made per month
- The gender split is around 70% women, and 30% men; the average age is mid-fifties
- Referrals tend to come directly from the GP, or via PALMS
- There are also referrals from other services such as long-covid, community link workers, the pain clinic, reception teams, community mental health teams, and self-referrals
- Self-referral is available by phone, text, or email

Quality improvement, engagement, and development

We switched to phone appointments in 2020 and used a patient-reported outcomes measure to evaluate the service. It showed a decrease in people's reported anxiety levels and an increase in areas such as feeling in control and having a sense of peace. Instead of fully reverting to face-to-face, we offer a blend of phone and face-to-face appointments across NHS Tayside. We held a spiritual care stakeholders day in September 2022 and collected feedback on our draft 5-year strategy. Many of the comments and suggestions included building our presence and communication in the community and working with secondary care, discharge teams, and at-home support. We are currently working with the pain clinic, long-term teams, specialist palliative care teams, mental health after COVID team, pro-active targeting of carers, CMHTs, care homes, refugees, and finding new ways to advertise our

service in the community including in the Wellgate Centre. See Appendix Three for a case study example.

All staff and volunteers are trauma-informed via our core training programme which highlights the effects that trauma can have on someone's body and emotions, and how to notice when someone may need more support than we can offer. Volunteers and staff have an awareness of psychological therapies available via the NHS. Volunteers have training on the effects of chronic pain and other chronic conditions on someone's life and relationships, the impact of the pandemic on grief and other types of loss, and providing support over the phone.

Current and Future Challenges

One Band 6 and Band 4 running the service across NHS Tayside, managing around 30 volunteers; most of this capacity is taken up with recruiting and coordinating the core service, there has been limited capacity to fully explore some of the development avenues mentioned to their full potential.

8.3 Sources of Support – Primary Care Link workers

Leads: Theresa Henry, Anne Winks

Overview: Sources of Support are a social prescribing link worker service within Primary Care, established in 2011, and which operates in all GP Practices in Dundee. The service currently includes any person aged 16 and over and can be accessed via a range of referrers or self-referral routes. Our remit is to work with patients whose mental health and well-being are impacted by social, economic, and environmental issues, which means that the service will offer non-medical interventions and coordinated care to help improve the patient's health and well-being. In Dundee, link workers will case manage the needs of the person for up to 20 weeks to help them achieve their identified goals. Advocacy and liaison with primary and secondary care, statutory, and third-sector services is a key feature of the link worker role. Associate Practitioners (support worker role) also support patients within the 20 weeks. It is evident from the activity of link workers that a higher volume of people from deprived areas access link worker support, demonstrating the link between poverty and poor mental health and wellbeing. Similarly, welfare rights advisers have a focus on reducing poverty. Primary Care supports tackling mental health inequalities through these staff, although there is more to be done in terms of targeted support and explicitly monitoring this. See Appendix 3 for a case study example.

Service activity

The patient will usually be contacted within 2 weeks of the service receiving the referral form. Appointments are face-to-face or by phone in GP practices or health centres.

- Between October 2022 and June 2023, community link workers received 993 referrals
- Cluster 1 (297), Cluster 2 (156), Cluster 3 (299), Cluster 4 (232), missing (9)
- 581 identified as female and 410 as male
- Link worker has up to three named practices
- We cluster work and all link workers pick up referrals out with their named practices
- Vision anywhere aids this way of working
- Link workers case manage patient care: up to four consultations including assessment – 50 minutes: ongoing contact with patient and work is undertaken within a 20-week framework.
- We have two support workers who receive referrals from the link worker and undertake supported access, the source information for patients, complete forms, and gradual exposure

Quality improvement, engagement, and development

Several quality improvement projects have been undertaken recently with more planned. For example, a GP/service referral sheet was developed; a questionnaire was conducted with practice staff, and the outcome resulted in improvements to the form. The patient information sheet has also been reviewed and a leaflet is currently being created: Patients will be consulted on this through the patient advisory group or via Coldside Medical Centre. Quality improvement work also involved exploring the roles of the link worker and support worker. PDSA created pre and post-questionnaires for the team, and team development sessions. The outcome was an increased understanding of tasks that the support worker can undertake and a service process map detailing the patient pathway and roles of both the link worker and support worker within this.

The current test of change is planned to measure patient experience and satisfaction by giving patients a questionnaire upon discharge. Progressing through clinical information, involvement of the patient advisory group, and Coldside Medical Centre where this has been tested and adaptations made before scaling to others. Case studies are regularly developed for sharing learning and awareness of the community link worker role/service. See Appendix 4 for a case study example.

Risks or challenges

Staffing issues: there is one vacant post, sickness has placed pressure on the service, and a waiting list is currently in place which varies between two and four weeks wait time.

8.4 Distress Brief Intervention (DBI) - Lead: Mary Gibson

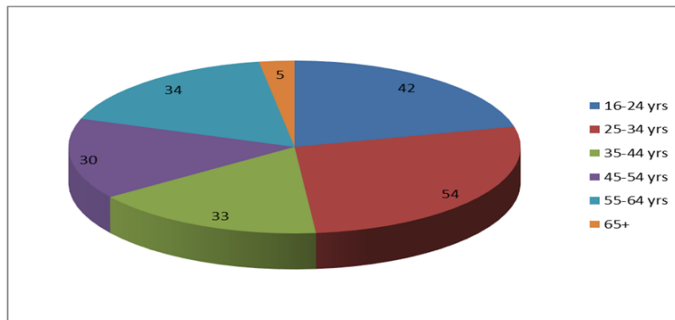
Overview: The DBI service is a national programme providing support to people aged 16 or over experiencing distress and feeling overwhelmed emotionally. This service provides a quick response that listens and supports with a sensitive, caring, and non-judgemental approach. The Level 2 staff team are Peer Practitioners, sharing their lived experience where relevant with the individuals they are supporting. The focus will be on a person's individual needs. These could include social difficulties such as relationship problems, anxiety, low mood, thoughts of self-harm, thoughts of suicide, housing worries, money worries, and employment issues. DBI seeks to widen support to offer help to people engaging with frontline services, at a time when they need it the most. In Dundee, the service is hosted by Penumbra and is based in the city centre. A person can receive DBI through several routes via the emergency department, police, ambulance service, or most relevant for Primary Care, via the GP, or PALMS practitioner. Following the initial referral (which is immediate via email) a DBI practitioner will contact the person within 24 hours and support the person up to 14 days. They will work with the person to address some of the difficulties they may be experiencing that have led to their current distress and work together to identify ways of preventing and managing any future distress. See Appendix 3 for a case study.

Service activity

- Practitioners require a short training session before using DBI. All ten PALMS practitioners have completed this and are referring those in need to DBI for support.
- DBI is being rolled out to GP clusters in Dundee in line with the capacity of the DBI service.
- Presently a number of GPs in Cluster One and Cluster Three have completed the DBI level 1 training and started using the service except for two practices, Newfield and Park Avenue who will be revisited at a later point.
- This is a new service the number of people in Dundee receiving DBI is expected to increase over time.
- At the end of June 2023, 208 people in Dundee had been supported by the DBI team. Nine were referred by Police Scotland, 137 from Primary Care (PALMS), 60 from GPs, and two from Practice Nurses.

	Jan	Feb	Mar	Apr	May	June
<u>No. of Referrals via Primary Care Pathway</u>	11	18	25	33	60	52

- Of the 199 referrals in the above table, 135 females and 64 males have been referred to the service.
- The table below displays the age ranges of the individuals who have been referred to the service since January 2023.



Staff training and development

All DBI staff have completed DBI Level 2 training along with mandatory core training. Further training completed has included Mental Health 1st Aid, ASIST, Adult Protection, and Child Protection training. Staff are encouraged to identify further training needs and supported to source the training required role.

Risks or challenges

Staffing issues: While there are no vacancies, during the past few months there have been various changes to the staff team. This has included a staff member leaving the service creating a vacancy (now filled) and two staff on long-term sick leave. Along with annual leave and scheduled days off (for staff working weekends), this creates a drop in availability. To ensure the service meets the 24-hour contact and provides 14-day support there may be a limit to the number of Level 1 referrers able to take on.

8.5 Welfare Rights and Brooksbank

Leads: Craig Mason, Lindsay Cameron

Overview: The Welfare Rights Team can help Dundee residents sort out a wide range of benefits and tax credit problems. They can identify what benefits a person may be entitled to, assess the merits of their case if they want to challenge a decision, and represent a person at the tribunal if they have a case. Similarly, Brooksbank advisers can carry out benefit checks and help people fill out benefit forms, challenge benefit decisions, and access energy grants; they can also provide a range of debt options and help patients access legal advice where needed. Advisers are experienced and approachable; they understand how mental and physical health problems affect people's ability to work or look after their day-to-day needs.

Service activity

- Currently, Welfare Rights and Brooksbank service is available to some GP practices.
- Brooksbank works within four practices: Hillbank, Coldside, Terra Nova, and the Crescent/Whitfield.
- Welfare Rights work within Taybank, Maryfield, Lochee, and Mill practices.

Welfare Rights also provide a service to Downfield, Erskine, and The Family Medical Group remotely of the health centre and currently, there is no physical presence within these three practices.

8.6 General Practitioners

Leads: GP / Mental Health Lead: Dr Frank Weber / Dr Nadine Cousins

Overview: Clinicians working within GP Practice Teams and the GP Out-of-Hours Service provide mental health assessment, support, treatment and referral to other NHS-Services or Third Sector organisations as indicated for patients of all ages. This is not dependent on the severity of the mental health challenge or a formal diagnosis of a specific mental health condition and provides a response guided exclusively by the patients' identified or perceived needs. The in-hours GP service operates Monday to Friday 8am to 6pm, with the GP Out-of-Hours Service providing cover for the remainder giving a 24/7 service from cradle to grave. All practices operate different appointment systems but in essence provide a combination of appointments planned days or weeks in advance, same-day appointments, and a system to provide a response to urgent and emergency enquiries. The GP Out-of-Hours Service is accessed via NHS 24/111. In combination this provides a universal service with low barriers to access with the main limitation caused by a mismatch of supply and demand.

In-hours GP receptionists/patient advisors act as navigators for individuals seeking help for a mental health issue. They enquire and triage during the initial telephone call and decide who is most appropriate from the multi-disciplinary team to support the individual.

In addition to direct patient services, practices respond to enquiries relating to the mental health of their registered patients from Scottish Ambulance Service, Police Scotland, Educational Settings, Community Pharmacies, Social Work, other NHS departments and many more.

8.7 Multi-disciplinary team collaborative projects

Presently there are four multi-disciplinary collaborative projects underway involving the team. These are:

- A quality improvement Pain Project to develop a whole system approach to support people likely to develop chronic pain (back pain and non-specific generalized pain). This will consider psycho-social approaches to support the mental health and well-being of this group and promote their recovery and improved quality of life. This project will also involve creating an educational resource for staff and a toolbox of resources for patients and staff to use and will be tested in Cluster One.
- A scoping exercise across PALMS, Listening Service, and Community Link Workers to understand patient needs, resources, and provision.
- Improvement pathway work to improve access and navigation between the Scottish Ambulance Service, Hope Point, and the Primary Care Mental Health and well-being multi-disciplinary team.
- Early exploration with wider services including ‘Improving the Cancer Journey’, and the Out of Hour’s service to ensure pathways are developed for patients requiring mental health care via these routes.
- Multi-disciplinary teams awareness poster for practices and patients (see Figure 5 below).

Figure 5: Mental Health and Wellbeing Multi-disciplinary Team Poster



9. RECOMMENDATIONS

This review concludes with eight recommendations to be considered for inclusion in a delivery and development plan over the next one to three years:

- Enhance multi-disciplinary working, improving and developing the current provision and creating further models of care to build the best mental health and well-being provision within Primary Care for Dundee.
- Strengthen relationships, interfaces, and pathways with local wider health and social care teams and third-sector organisations.
- Establish and implement a strategy for co-production, engagement, and patient, and public involvement in the design, delivery, and ongoing improvement and development of services and overall multi-disciplinary team.
- Examine options to establish a mental health and well-being service for children and young people to ensure parity for those seeking help from Primary Care in this age group.
- Establish a communication and information strategy and resources for the public, patients, and wider / interface community services to support access and care delivery.
- Design a programme of learning and development for staff providing services inclusive of administrators, GPs, practitioners, and volunteers.
- Create opportunities for shared learning and networking with all stakeholders both statutory and third-sector such as development days, insight workshops, and conferences.
- Identify and establish a delivery plan, performance indicators, a multi-disciplinary team theory of change, and a process for measuring, reporting, and evaluating these.

10. CONCLUSION

This review creates the opportunity to summarise the consistent approach available for people presenting with mild-moderate mental health concerns – *‘the right person, to the right help at the right time’*. It depicts the framework designed for ensuring Primary Care mental health and well-being provision in Dundee and how this is achieved through multi-agency approaches. Further, it presents our strategic and operational groups with a resource to underpin the development of a delivery action plan for the coming three years.

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REFERENCES

- Connected Tayside (2021-2023) An Emotional Health and Wellbeing Strategy for Children and Young People, Tayside Regional Improvement Collaborative. <https://www.taycollab.org.uk/wp-content/uploads/2021/10/TRIC-Connected-Tayside-Emotional-Wellbeing-Strategy-FINAL.pdf>. Accessed 03.05.23
- Children and Young People’s Mental Health Audit Scotland (2018) <https://www.audit-scotland.gov.uk/publications/children-and-young-peoples-mental-health>. Accessed 03.05.23
- Jailobaeva, K., Horn, R., Arakelyan, S. (2022) Social determinants of psychological distress in Sierra Leone. *Soc Psychiatry Psychiatr Epidemiol* **57**, 1781–1793. <https://doi.org/10.1007/s00127-022-02278-y>. Accessed 03.05.23.
- NHS Tayside (2021) Living Life Well Strategy. https://www.nhstayside.scot.nhs.uk/OurServicesA-Z/MentalHealthandLearningDisabilityServices/PROD_342608/index.htm. Accessed 03.05.23
- NHS Tayside Listen Learn Change: Action Plan (2020) NHS Tayside and the Health & Social Care Partnerships. https://www.nhstayside.scot.nhs.uk/OurServicesA-Z/MentalHealthandLearningDisabilityServices/PROD_333761/index.htm. Accessed 03.05.23
- Petersen I, Barry M, Lund C, Bhana A (2014) Mental health promotion and the prevention of mental disorders. In: Patel V, Minas H, Cohen A, Prince M (eds) *Global mental health: principles and practice*. Oxford University Press, Oxford, pp 224–251. <https://doi.org/10.1093/med/9780199920181.003.0011>. Accessed 03.05.23
- Scottish Government (2019) Primary Care Monitoring and Evaluation Strategy: Work Plan 2019-2020 <https://www.gov.scot/publications/primary-care-monitoring-and-evaluation-strategy-work-plan-2019-2020/>. Accessed 03.05.23
- Scottish Government (2011) Older Adult Mental Health Matrix Evidence Table <https://www.nes.scot.nhs.uk/our-work/matrix-a-guide-to-delivering-evidence-based-psychological-therapies-in-scotland/> Accessed 03.05.23
- Scottish Government (2016) National Standards for Community Engagement. <https://www.scdc.org.uk/what/national-standards>. Accessed 03.05.23
- Scottish Government Health and Social Care Delivery Plan (2016) <https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2016/12/health-social-care-delivery-plan/documents/00511950-pdf/00511950-pdf/govscot%3Adocument/00511950.pdf> . Accessed 03.05.23
- Scottish Government (2017) Mental Health Strategy: 2017-2027. <https://www.gov.scot/publications/mental-health-strategy-2017-2027/>. Accessed 03.05.23
- Scottish Government (2018) General Medical Services (GMS) Contract for General Practitioners (GPs). <https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2017/11/2018-gms-contract-scotland/documents/00527530-pdf/00527530-pdf/govscot%3Adocument/00527530.pdf>. Accessed 03.05.23
- Scottish Government (2021) Mental Health Services in Primary Care Planning Guidance <https://www.gov.scot/publications/planning-guidance-mental-health-wellbeing-primary-care-services/pages/1/>. Accessed 03.05.23
- Scottish Government (2021) Trauma Informed Practice Toolkit. <https://www.gov.scot/publications/trauma-informed-practice-toolkit-scotland/> Accessed 03.05.23
- Scottish Government (2022) Creating Hope Together: Scotland’s Suicide Prevention Strategy (2022-2032) <https://www.gov.scot/publications/creating-hope-together-scotlands-suicide-prevention-strategy-2022-2032/>. Accessed 03.05.23
- Scottish Government (2022) Adverse Childhood Experiences and Trauma Factsheet. <https://www.gov.scot/publications/adverse-childhood-experiences-aces/>. Accessed 03.05.23
- Scottish Government (2023) Mental Health and Wellbeing Strategy <https://www.gov.scot/publications/mental-health-wellbeing-strategy/>. Accessed 06.07.23

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Appendix 1

Membership: Mental Health and Wellbeing in Primary Care Strategic Planning Group

Linda Graham, (Chair) Clinical Lead, Mental Health & Learning Disability Services, DHSCP
Arlene Mitchell, Locality Manager, DHSCP
Shona Hyman, Manager, Service Development and Primary Care, DHSCP
Christine Jones, Partnership Finance Manager, DHSCP
Aled Bartley-Jones, Manager, Mental Health and Substance Use Engagement and Involvement, Dundee Volunteer and Voluntary Action
Dr Frank Weber, Lead GP, DHSCP
Allison Lee, Associate Locality Manager, DHSCP
Dr Emma Lamont, Programme Manager, Mental Health & Wellbeing in Primary Care, DHSCP
Carolyn Thomson, Primary Care Team Manager, DHSCP
Dr Helen Nicholson-Langley, Consultant Clinical Psychologist/Lead Clinician, Dundee Adult Psychological Therapies Service, DHSCP
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Mary Gibson, Service Manager, Distress Brief Intervention, Penumbra
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Rebecca Adams, Listening Service Co-ordinator, NHS Tayside
Theresa Gasperetti, PA/Administrator, DHSCP

Craig Mason, Welfare Rights, Dundee City Council
 Lindsey Cameron, Welfare Rights, Dundee City Council
 Mary Gibson, Service Manager, Distress Brief Intervention, Penumbra

Appendix 2: Dundee Community Services and National Resources

The following is a list of resources available to individuals experiencing a range of difficulties. It is by no means exhaustive and services are likely to change so should be checked before being given out.

1. Mental Health Support Services & Resources	
Insight Counselling www.insightcanhelp.co.uk	Cruse Bereavement Care Scotland www.crusescotland.org.uk
The Listening Service www.nhstayside.scot.nhs.uk/GoingToHospital/PRO D_296597/index.htm	Relationship Scotland www.familymediationonline.co.uk info@rstf.co.uk
Hearing Voices Network hearingvoices@havendundee.co.uk www.hearing-voices.org	Pain Association Scotland info@painassociation.com https://painassociation.co.uk/
Penumbra (including NOVA service) north@penumbra.org.uk https://www.supportandconnectdundee.org/57-penumbra	Wellbeing Works (previously Dundee Association for Mental Health) hello@wellbeingworksdundee.org.uk www.wellbeingworksdundee.org.uk
SAMH – Mental Health Outreach SAMH - Chrysalis Tayside 01382 826 938	Community Health Team www.dundeehealth.com
Art Angel artangel.dundee@gmail.com	Men’s Shed (open to women too) www.carseofgowriemensshed.webs.com LocheeFacebook - @locheecommunityshed
Dundee Association for Mental Health (DAMH) – https://www.disabilityscot.org.uk/organisation/dundee-association-for-mental-health/	Befriending Network – Dundee Volunteer and Voluntary Action Dundee Volunteer And Voluntary Action https://dvva.scot/
Home-Start https://www.home-start.org.uk/home-start-dundeeadmin@homestart-dundee.org.uk	Maternity & Neonatal Bereavement Support 01382 496 515
Counselling following early pregnancy loss (NHS Tayside) 079812 486 419	Counselling pre & post abortion (termination of pregnancy) – NHS Tayside 079812 486 419
SANDS Stillbirth & neonatal death charity Email: helpline@sands.org.uk Website: www.sands.org.uk	Samaritans jo@samaritans.org www.samaritans.org
NHS Inform – self-help booklets https://www.nhsinform.scot/illnesses-and-conditions/mental-health	
2. Online/Telephone Mental Health Support and Self-Help Resources	
Survivors of Bereavement by Suicide (SOBS) http://uk-sobs.org.uk	Self-Injury Support (women only) All services open Tues-Thurs 7-9.30pm

	0808 800 8088 TEXT: 07537 432444
Living Life CBT 0800 328 9655 https://breathingspace.scot/living-life/	Petal Support info@petalsupport.com
<u>Living Life Guided Self-Help</u> – guided support with a self-help coach over 6-8 weeks or	Living Life to the Full https://littf.com/home/living-life-to-the-full-series/
<u>Living Life CBT</u> – specialist support with a therapist over 6-9 telephone sessions	Campaign Against Living Miserably (CALM) www.thecalmzone.net
Alternatives Listening Room Text 07599 955231	Computerised CBT Programmes Beating the Blues
Breathing Space https://breathingspace.scot	Silvercloud cCBT SilverCloud OCD SilverCloud https://wellbeing.silvercloudhealth.com/sign-up/
Sleepio - an online cCBT treatment package to treat Insomnia and improve sleep <ul style="list-style-type: none"> ○ patients can access at www.sleepio.com/nhs 	Daylight - an online cCBT package for treatment of anxiety and worry <ul style="list-style-type: none"> ○ patients can access at www.trydaylight.com/nhs ○ www.bighealth.com/howtorefer
3. Support for Young People and Teenagers	
Cool2Talk www.cool2talk.org	The Corner tay.office.corner@nhs.scot www.thecorner.co.uk
Childline www.childline.org.uk	YoungMinds https://youngminds.org.uk
LGBT Scotland Digital Youth Work Team info@lgbtyouth.org.uk www.lgbtyouth.org.uk/chat	LGBT Foundation Advice Line 03453 303 030
Feeling Strong https://www.feelingstrong.co.uk/about-us contact@feelingstrong.co.uk	
Cool2Talk www.cool2talk.org	The Corner tay.office.corner@nhs.scot www.thecorner.co.uk
Childline www.childline.org.uk	YoungMinds https://youngminds.org.uk
LGBT Foundation Advice Line 03453 303 030	LGBT Scotland Digital Youth Work Team info@lgbtyouth.org.uk www.lgbtyouth.org.uk/chat

Feeling Strong https://www.feelingstrong.co.uk/about-us contact@feelingstrong.co.uk	
4. Support for Families	
Families Outside support@familiesoutside.org.uk www.familiesoutside.org.uk	Scottish Family Information Service www.scottishfamilies.gov.uk
HandsOn www.handsonscotland.co.uk	Fathers Network Scotland www.fathersnetwork.org.uk
One Parent Families Scotland familysupport.dundee@opfs.org.uk www.opfs.org.uk	Parent-to-Parent Peer support for parents of children with additional needs, of children with a serious or terminal illness, or who have suffered bereavement of a child. 01382 817 558 trudy.doidge@parent-to-parent.org https://parent-to-parent.org
ParentLine (Children 1st) parentlinescotland@children1st.org.uk www.children1st.org.uk/help-for-families/parentline-scotland/	
5. Women's Services	
Women's Aid info@dundeewomensaid.co.uk Support/Referral: support@dundeewomensaid.co.uk www.dundeewomensaid.co.uk	Women's Rape and Sexual Assault Centre (WRASAC) www.wrasac.org.uk support@wrasac.org.uk Rape Crisis Scotland support@rapecrisisscotland.org.uk www.rapecrisisscotland.org.uk
Alternatives Dundee info@alternativesdundee.co.uk www.alternativesdundee.org	ASPEN Project: Assessing and Supporting Psychological and Emotional Needs of Women kate.duncan@nhs.scot
AMINA: The Muslim Women's Resource Centre https://mwrc.org.uk	
Dundee International Women's Centre Helping women, particularly refugees, to gain confidence, life skills, education, and employability skills that enable them to reach their full potential and prosper in their community. A variety of classes and groups are offered and supported by the centre. 01382 462 058 mail@diwc.co.uk https://diwc.co.uk	Menopausal symptoms: https://www.womens-health-concern.org/help-and-advice/factsheets/cognitive-behaviour-therapy-cbt-menopausal-symptoms
Self help support for women with any health concerns: https://www.womens-health-concern.org/	
6. Men's Services	
Andy's Man Club	ManKind Initiative

www.andysmanclub.co.uk info@andysmanclub.co.uk	www.mankind.org.uk
Men's Advice Line www.mensadvice.org.uk info@mensadvice.org.uk	Men Only Tayside (MOT) www.menonlytayside.com
Men's Health Forum www.menshealthforum.co.uk	Miscarriage for Men www.miscarriageformen.com
Survivors UK www.survivorsuk.org help@survivorsuk.org	Speak Out Scotland http://www.speakoutscotland.org/ info@speakoutscotland.org
7. Support for Carers	
Support in Mind Scotland https://www.supportinmindscotland.org.uk/tayside-services tayside@supportinmindscotland.org.uk	The website of Carers UK in Scotland www.carersuk.org
Dundee Carers Centre www.dundee-carers-centre.org.uk	Penumbra Carers Support Service dundee.carers@penumbra.org.uk
Maggie's dundee@maggies.org www.maggies.org/our-centres/maggies-dundee/	Support and services for people with dementia and those who care for them www.alzscot.org
Shared Care Scotland www.sharedcarescotland.com	The website of the Coalition of Carers in Scotland www.carersnet.org
8. Financial/Welfare Support	
Dundee city Council Welfare Rights and Money Advice Team 01382 431 167	Dundee Foodbank www.dundee.foodbank.org.uk
Brooksbank Money Advice 01382 432 450	Dundee North Law Search "Dundee North Law" on Facebook. 01382 307 230 reception@dundeenorthlawcentre.co.uk
Welfare Rights https://www.dundee.gov.uk/service-area/corporate-services/customer-services-and-it/council-advice-services/welfare-rights welfare.rights@dundee.gov.uk	Fair Start Scotland 0300 456 8085 dundee@mail.remploy.co.uk
9. Substance Misuse Services	
We Are With You (formerly known as Addaction) www.wearewithyou.org.uk/services/dundee	Gamblers Anonymous www.gamblersanonymous.org.uk info@gamblersanonymous.org.uk
Dundee Drug and Alcohol Recovery Service (DDARS) [formerly known as The Integrated Substance Misuse Service – ISMS] www.NHS.uk Tayside.scot.nhs.uk/OurServicesA-Z/TaysideSubstanceUseServices/PROD_347157/index.htm	Alcoholics Anonymous www.alcoholics-anonymous.org.uk
Tayside Council on Alcohol (TCA)	

www.alcoholtayside.com	
10. Organisations for individuals with disabilities	
The Royal National Institute for the Blind - www.rnib.org.uk	The Royal National Institute for the Deaf - www.rnid.org.uk
Lead Scotland, www.lead.org.uk	Mencap. - www.mencap.org.uk
Scottish Personal Assistant Employer's Network. - www.spaen.co.uk	Disability Now – www.disabilitynow.wordpress.com
MS Society in Scotland - www.mssocietyscotland.org.uk	
11. Support for Older Adults	
Helping Older People Engage (HOPE) Hope@hillcrest.org.uk www.dundeehscp.com/lets-talk/projects/hope-helping-older-people-engage	DIAL-OP Blether Buddies Dial-OP Morning Call https://www.volunteerdundee.org.uk/our-work/dial-op/ DIAL-OP admin@dvva.scot
12. Self-Harm Resources	
National Self-Harm Network. www.nshn.co.uk	Self Injury Support Email: tessmail@selfinjurysupport.org.uk www.selfinjurysupport.org.uk
Mindfulness Downloads www.freemindfulness.org . www.headspace.com .	
Penumbra Dundee Self-Harm Service selfharm.dundee@penumbra.org.uk	Relaxation Downloads www.cntw.nhs.uk/resource-library/relaxation-techniques/
13. Veterans	
Tayside Veterans First Point – V1P www.veteransfirstpoint.org.uk/drop-center/tayside	Email: helpline@combatstress.org.uk Serving personnel and their families can call 0800 323 4444
Combat Stress Helpline www.combatstress.org.uk/contact-us	

Appendix 3: Case studies from services in the multi-disciplinary team

For the case studies, the names have been changed, and will not share any identifiable information. Images are exemplars.

Listening service case study

Background and situation

Susan came for five appointments for some support after her mother died. She had been looking after her for two years through her mother's dementia and was emotionally and physically exhausted with the stress of caring and then the weight of grief. She needed somewhere outside of her circle of friends and family to talk about her experiences and emotions and process her raw grief.

Outcomes

The outcomes included allowing time for her in her day to grieve, building confidence in identifying and asserting her own needs with her siblings, and planning for her own future now she does not have caring responsibilities.

Distress Brief Intervention Case Study

Referral received from Primary Care. Ann was contacted the same day and engaged in the welfare call and agreed to support. Ann was relieved we contacted her so quickly. She immediately said, 'thank god', when I called and introduced myself. Ann argued with her partner the night before which led to emotional distress. Ann told me she acted out of character and lashed out, hitting the bathroom wall. Referral form identified low mood, anxiety, chronic pain, stress, very distressed and cares for mother. Distress rating at Level 1 was recorded at 7.

Support provided

Together we worked on and completed her Distress Management Plan, which helped Ann identify her distress triggers. Ann identified she has unresolved issues from a past relationship and feels this contributed to the argument with her partner. Ann stated she has suppressed these emotions. Ann had already accessed support to address her past relationship which was scheduled to commence the same week as DBI support would end.

Emotional and peer support was provided in relation to Ann's mental health difficulties. We discussed the challenges of her caring role and Ann described the strained relationship with her mother. Having cared for my own mother, I shared self-help and self-management techniques that Ann may find beneficial. Ann stated that she felt reassured that our service was available to her and that she could speak to someone who could relate to her mental health difficulties as well as other life experiences. I encouraged Ann to reach out to family and friends to widen her support network. Ann did so and felt a sense of relief that she was able to be open and honest about how she really feels instead of bottling up her emotions.

Ann identified during support that she wished to focus on managing her emotions when feeling stressed and anxious. I shared an NHS resource called Managing Strong Emotions. Ann found it useful to work through this in her own time and said it helped to validate her experiences. Ann's distress rating at the end of DBI support was recorded at **2**.

Feedback

Thank you so much, listening to someone who has been through similar has been great. You have given me so many tools and resources. It has been nice to speak to someone who can relate. I walked past the Carer's Centre the other day and will contact them when I feel better.

Sources of support case study

At the time of referral Sally had been served an eviction notice by her private landlord. She had been using savings to pay the rent but had run out of money and had never applied for benefits before. She was accumulating rent arrears and also struggling to buy food and electricity. Sally also had physical health issues and had been drinking more alcohol than usual.

Support provided

Supported Sally to submit a medical form for housing, including a supporting letter. Liaised with housing options to ensure homelessness registration. Submitted referrals to foodbanks, and fuel schemes. Also supported to apply for Crisis grant, and Warm Home Award. Referred to Brooksbank for a full welfare assessment. Referral to Scottish Welfare Fund for new flooring and furniture for new tenancy. Sally is also volunteering in a charity shop and attends a local book club now.

Feedback: Sally reflects that she was initially overwhelmed and feeling very anxious about her situation. She shared the support provided has been very helpful and now feels in control of her life. Sally shared that her mental health is now in a really good place and she has the resources to carry on with her life.

Background

My name is Leanne, I am 37 years old and live in Dundee with my partner. I am 20 weeks pregnant with my first baby and have been worrying and feeling really anxious about everything. I haven't been going out the house much because of this and feel it is getting worse. I am worried about the future – how I will cope when the baby comes.



Images with permission www.thispersondoesnotexist.com

Mental Health Specialist (MHS) appointment with the Patient Assessment and Liaison Mental Health Service (PALMS)

Leanne's Presenting Problems and Assessment

- Leanne is feeling stressed, anxious and worried.
- She has experienced mental health issues for a long time but is not receiving any professional support currently.
- Leanne has been misusing diazepam for more than a year – Leanne says this helps with her anxiety – she gets these from someone she knows.
- Leanne also has epilepsy and has been taking medication for this for 10 years. Her epilepsy is stable.
- Leanne has previously had support from social work but has lost contact with them.

Current Risks for Leanne

- Diazepam misuse is a risk in relation to Leanne's pregnancy and unborn baby. Diazepam withdrawal may cause seizures.
- Ability to provide safe childcare when the baby is born is identified as a risk if Diazepam misuse continues.
- Leanne has no current thoughts of suicide.

Formulation

- Leanne has misused Diazepam as a way to cope with mental health problems in the past. This unhelpful coping strategy maintains Leanne's worries about being unable to cope when the baby is born but also presents as a significant risk both to Leanne and her child. Misusing Diazepam will increase the risk to Leanne and her baby. Leanne would benefit from support to help reduce/prevent reliance on Diazepam, to learn new coping skills and better manage anxiety, and practical support to help her care for her child. Leanne wants to re-engage with social work for support.

Liaison and Plan

- The MHS phoned the Social Work team during the appointment and set up an appointment for Leanne with the Social Work Child and Family Service. This will enable access to Dundee Drug and Alcohol Recovery Nurses linked to the social work department to support safe detoxification from diazepam and treat Leanne's anxiety with support from Psychology or a Mental Health Nurse.
- Pregnancy and baby risks will be further assessed and managed by the Social Work Team to ensure Leanne has the care and support needed for herself and her baby.

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Part 1 - Pre-Integrated Impact Assessment Screening.

NB For Dundee City Council Committees the Citrix Firm Step Process must be used.

This word document can be completed, and information transferred to Firm Step if required.

Title of Report/Project/Strategy	Primary Care Mental Health and Wellbeing Framework: Progress Review
Lead Officer for Report/Project/Strategy (Name and Job Title)	Dr Emma Lamont, Programme Manager
Name and email of Officer Completing the Screening Tool	Dr Emma Lamont, Programme Manager
List of colleagues contributing information for Screening and IIA	Joyce Barclay Senior Officer HSCP Shona Hyman, Senior Manager, Service Development and Primary Care
Screening Completion Date	17.11.23
Name and Email of Senior Officer to be Notified when Screening complete	Diane McCulloch

Is there a clear indication that an IIA is needed? Mark one box only		
<input checked="" type="checkbox"/>	YES	Proceed to IIA
<input type="checkbox"/>	NO	<i>Continue with Screening Process</i>

Is the purpose of the Committee document the approval of any of the following Mark one box either Yes or No?				
<i>NB When yes to any of the following proceed to IIA document.</i>				
	Yes		No	
A major Strategy/Plan, Policy or Action Plan	<input type="checkbox"/>	<i>Proceed directly to IIA</i>	<input type="checkbox"/>	<i>Continue with Screening Process</i>
An area or partnership-wide Plan	<input type="checkbox"/>	<i>Proceed directly to IIA</i>	<input type="checkbox"/>	<i>Continue with Screening Process</i>
A Plan, programme or Strategy that sets the framework for future development consents	<input checked="" type="checkbox"/>	<i>Proceed directly to IIA</i>	<input type="checkbox"/>	<i>Continue with Screening Process</i>
The setting up of a body such as a Commission or Working Group	<input type="checkbox"/>	<i>Proceed directly to IIA</i>	<input type="checkbox"/>	<i>Continue with Screening Process</i>
An update to a Plan	<input type="checkbox"/>	<i>Proceed directly to IIA</i>	<input type="checkbox"/>	<i>Continue with Screening Process</i>

There are a number of reports which do not automatically require an IIA. If your report does not automatically require an IIA you should consider if an IIA is needed by completing the checklist on following page.

These include: An annual report or progress report on an existing plan / A service redesign. / A report on a survey or stating the results of research. / Minutes, e.g., of Sub-Committees. / A minor contract that does not impact on the wellbeing of the public. / An appointment, e.g., councillors to outside bodies, Senior officers, or independent chairs. / Ongoing Revenue expenditure monitoring.

Dundee Integration Joint Board Integrated Impact Assessment

/ Notification of proposed tenders. / Noting of a report or decision made by another Committee including noting of strategy, policies and plans approved elsewhere.

Only complete the checklist on the following page whenever your report does not automatically require an Integrated Impact Assessment otherwise delete the page prior to proceeding to IIA.

Part 1 (continued) Pre-Integrated Impact Assessment Screening.

Screening Checklist for IIA Completion. When yes to any of the following proceed to IIA document.

Mark one box only either Yes or No.

Will the recommendations in the report impact on anyone in relation to any of the Protected Characteristics? <i>Age; Disability; Gender Reassignment; Marriage & Civil Partnerships; Pregnancy & Maternity; Race / Ethnicity; Religion or Belief; Sex; Sexual Orientation.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on People's Human Rights? <i>For more information on Human Rights visit: https://www.scottishhumanrights.com</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on anyone residing in a Community Regeneration Area (CRA)? <i>Within the 15% most deprived areas in Scotland according to the 2020 Scottish Index of Multiple Deprivation.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on anyone in more vulnerable types of households? <i>Lone parent families (especially single female parents); households with a greater number of children and/or young children; pensioner households (single or couple)</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on anyone experiencing the following issues? <i>Unskilled or unemployed and of working age; serious and enduring mental health; homelessness (potential homelessness); drug and/or alcohol.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on anyone in the following more vulnerable groups? <i>Offenders and ex-offenders; looked after children and care leavers; carers.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on any of the following? <i>Employment; education & skills; benefit advice / income maximisation; childcare; affordability and accessibility of services.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report on Climate Change or Resource Use? <i>Mitigating greenhouse gases; adapting to the effects of climate change. or Energy efficiency & consumption; prevention, reduction, re-use, recovery or recycling waste; sustainable procurement.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on Transport? <i>Accessible transport provision; sustainable modes of transport.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on the Natural Environment? <i>Air, land or water quality; biodiversity; open and green spaces.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
Will the recommendations in the report impact on the Built Environment? <i>Built heritage; housing.</i>	
<input type="checkbox"/> No Continue Screening Process	<input type="checkbox"/> Yes. Proceed to IIA.
<p>When no to everything in the above screening process you must contact 'Senior Officer to be Notified on Completion' and present a copy of this Screening tool with IJB Report. Otherwise proceed to IIA.</p>	
* Transfer information into the Firm Step Process when report is progressing to Council Committee.	

The following document includes all questions in DCC IIA- The Dundee City Council IIA Guidance document can be found [here](#).

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment

Integrated Impact Assessment Record

Report Author	Dr Emma Lamont
Author Title	Programme Manager
Dundee Health and Social Care Partnership	
Author Email	Emma.lamont4@nhs.scot
Author Telephone	01382 424438 ext 70438
Author Address	Room 11, Maryfield House, Mains Loan, Dundee

IJB Chief Executive	Vicky Irons
Email	Vicky.iron@dundeecity.gov.uk
Telephone	01382 434000
Address	Claverhouse East, Jack Martin Way, Dundee

Document Title	Primary Care Mental Health and Wellbeing Framework
IJB Report Number	DIJB66-2023
Document Type	Framework/Strategy
New or Existing Document?	New
Document Description	The purpose of this report is to provide an update on the delivery of the Dundee Primary Care Mental Health and Wellbeing Framework and seek approval for its continued development in 2024.
Intended Outcome	To improve and maintain good mental health and wellbeing of Dundee citizens
Planned Implementation Date	December 2023
Planned End Date	Ongoing
How the proposal will be monitored and how frequently	Ongoing monitoring– review in 12 months
Planned IIA review dates	12 months – December 2024
IIA Completion Date	December 23
Anticipated date of IJB	13 th December 2023

Summary of Activities undertaken as part of information gathering and assessment of potential impacts including local involvement, research and meeting discussions.

Officer	People/groups	Activity/Activities	Date
Programme Manager	Primary Care Mental Health and Wellbeing Strategy Group	The framework was developed through a scoping exercise with the strategic and operational group members. This took place on a one-one basis, in group formats, in meetings and by reading strategies, service documents and progress reports. Minutes from meetings where this was discussed and agreed are available. A development event was held bringing these key group together to discuss aims, outcomes, priorities,	Various dates

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	Primary Care Mental Health and Wellbeing Operational Group	and actions in terms of the framework and a delivery plan.	23.10.23
Programme Manager	National and local strategies and guidance	Review of recent published literature about Primary Care Mental health and Wellbeing development in Scotland and Dundee; synthesis with related health and social care strategies and plans.	April-July 2023
Programme Manager	Community Planning Partnerships sub group	Stakeholder engagement involved focus groups with the community health forum	November 2023

Equality and Fairness Impact Assessment Conclusion

(Complete after considering impacts through completing questions on next pages)

Overall, this framework and the resultant multi-disciplinary team will have a positive impact, particularly for the mental health and wellbeing of people living in Dundee. The services are designed to be available within local communities and at GP practices and support equality, diversity and inclusion for many people who may be experiencing mental health, socio-economic and wellbeing needs. This impact assessment has further highlighted the absence of developments in Primary Care in Dundee for children and young people under the age of 16, and 18 years old for those still in school. Provision is still offered in Primary Care via General Practitioners (GPs) and via school nursing however a scoping of need in Primary care is necessary to establish the need for further investment. Fairness, socio-economic and poverty geography is positively impacted due to reduced likelihood of people needing to travel to appointments and the costs incurred. However, some still may find it difficult if travel, if even short a distance is required in terms of access and cost such as travel from surrounding villages (Muirhead, Invergowrie). Not all services are within practices others are in city centre locations with good transport access. In terms of the household group, flexible appointment times at GP practices or city centre locations increase accessibility. Inequalities of outcome are highlighted in groups where literacy, digital literacy and access to digital devices is lower or limited. However, the services support this development in individuals and liaises / signposts to those that can support people in this instance. The services also support a reduction in climate change due to support being offered locally.

PART 2- Assessment (continued)

When assessing impacts throughout this document an explanation is required when a positive, negative or not known impact is selected. There may be positive and negative impacts for the protected group described. For not known this should indicate if further research is needed and if not, why not. When there is No Impact identified, no narrative is required.

Equality, Diversity & Human Rights Indicate Yes or No by marking Y or N in each Box.

Age	Y/N	Explanation, assessment and any potential mitigations
Positive	X	Services offered within the framework have no upper age limit and have interventions approaches both suitable for and tailored to adults and older adults. There is no impact in terms of children and young people as this framework presently supports adults only.
No Impact	X	
Negative		
Not Known		
Disability	Y/N	Explanation, assessment and potential mitigations
Positive		No impact identified.
No Impact	X	
Negative		

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Not Known		
Gender Reassignment	Y/N	Explanation, assessment and potential mitigations
Positive		No impact identified.
No Impact	x	
Negative		
Not Known		
Marriage & Civil Partnership	Y/N	Explanation, assessment and potential mitigations
Positive		No impact identified.
No Impact	x	
Negative		
Not Known		
Race & Ethnicity	Y/N	Explanation, assessment and potential mitigations
Positive		No impact identified however we recognise the additional requirements of this group such as translation services must continue.
No Impact	x	
Negative		
Not Known		
Religion & Belief	Y/N	Explanation, assessment and potential mitigations
Positive		No impact identified.
No Impact	x	
Negative		
Not Known		
Sex	Y/N	Explanation, assessment and potential mitigations
Positive		No impact identified.
No Impact	x	
Negative		
Not Known		
Sexual Orientation	Y/N	Explanation, assessment and potential mitigations
Positive		No impact identified.
No Impact	x	
Negative		
Not Known		
Describe any Human Rights impacts not already covered in the Equality section above.		
Reducing Health inequalities linked to socioeconomic deprivation is a key factor for the planned changes across mental health and wellbeing service provision recognising the current high level of need in this groups. Services will focus on addressing these.		

PART 2- Assessment (continued)

Fairness & Poverty Geography – Describe how individuals, families and communities are affected in each area-particular consideration is needed where there are previously identified areas of deprivation.

Mark either Yes or no (Y or N) in each box

Y or N	Area	Fairness Explain Impact / Mitigations / Unknowns
Y/N	Strathmartine (Ardler, St. Mary's & Kirkton)	<i>(Note: this section of the record asks for a single, collective narrative for each of positive, negative, or not known given as a response in one or more areas)</i> Positive: The mental health and wellbeing multi-disciplinary team outlined in the framework work within in all general practices across the city and will benefit all geographical areas named. This supports local access for people, with potentially less transport costs they also offer telephone appointments where this may suit some people and again cost less. The ability for services to be
x	Positive	
	No Impact	
X	Negative	
	Not Known	
Y/N	Lochee (Lochee Beechwood, Charleston & Menzieshill)	
x	Positive	
	No Impact	
X	Negative	

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	Not Known	<p>accessed nearer to home decreases travel, and therefore costs and time for people.</p> <p>Negative: People may find it difficult to access services if they require to travel and cannot afford this. For example, those travelling from surrounding villages to practices (GP premises in Birkhill and Invergowrie are included in Dundee Primary Care area). Not all services are in GP practices such as Welfare Rights are in some and services are offered centrally otherwise. Distress Brief Intervention is offered at a city centre location.</p>
Y/N	Coldside (Hilltown, Fairmuir & Coldside)	
x	Positive	
	No Impact	
X	Negative	
	Not Known	
Y/N	Maryfield (Stobswell & City Centre)	
x	Positive	
	No Impact	
X	Negative	
	Not Known	
Y/N	North East (Whitfield, Fintry & Mill O'Mains)	
x	Positive	
	No Impact	
X	Negative	
	Not Known	
Y/N	East End (Mid Craigie, Linlathen & Douglas)	
x	Positive	
	No Impact	
X	Negative	
	Not Known	
Y/N	The Ferry	
x	Positive	
	No Impact	
X	Negative	
	Not Known	
Y/N	West End	
x	Positive	
	No Impact	
X	Negative	
	Not Known	

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Household Group- *consider the impact on households and families may have the following people included.*

Y/N	Looked After Children & Care Leavers	Explanation, assessment and any potential mitigations
x	Positive	Care leavers will benefit from this service. Looked after children have no identified impact
x	No Impact	
	Negative	
	Not Known	
Y/N	Carers	Explanation, assessment and potential mitigations
X	Positive	Carers often support the travel needs of those they provide the care to. With services being closer located to local areas and flexibility in appointment times this reduces barriers for carers. This means they can identify time to meet their own mental health and wellbeing needs.
	No Impact	
	Negative	
	Not Known	
Y/N	Lone Parent Families	Explanation, assessment and potential mitigations
X	Positive	Flexibility with appointments may support being able to get childcare and being local may not need to be away from child for long.
	No Impact	
	Negative	
	Not Known	
Y/N	Single Female with Children	Explanation, assessment and any potential mitigations
X	Positive	Flexibility with appointments may support being able to get childcare and being local may not need to be away from child for long.
	No Impact	
	Negative	
	Not Known	
Y/N	Young Children and/or Greater Number of Children	Explanation, assessment and potential mitigations
X	Positive	Flexibility with appointments may support being able to get childcare and being local may not need to be away from child for long.
	No Impact	
	Negative	
	Not Known	
Y/N	Retirement Pensioner (s)	Explanation, assessment and potential mitigations
X	Positive	Travel will be reduced, (potentially reducing taxi or car costs for those who cannot access bus services). Flexibility of appointments and ways to access service i.e., in person and via telephone.
	No Impact	
	Negative	
	Not Known	
Y/N	Unskilled Workers and Unemployed	Explanation, assessment and any potential mitigations
	Positive	No impact identified.
x	No Impact	
	Negative	
	Not Known	
Y/N	Serious & Enduring Mental Health	Explanation, assessment and potential mitigations
	Positive	This framework is for people experience mild to moderate mental health issues therefore people with existing diagnosis of severe and enduring mental health issues is not impacted except at a pre-diagnosis stage.
X	No Impact	
	Negative	
	Not Known	
Y/N	Homeless	Explanation, assessment and potential mitigations
X	Positive	Anyone who is homeless and registered with a GP can access the services within this framework. Those not registered with a GP can be supported by the health inclusion team and hostel staff to register with a GP who will support access also.
	No Impact	
	Negative	
	Not Known	
Y/N	Households of Single Female with Children	Explanation, assessment and any potential mitigations
X	Positive	Flexibility with appointments may support being able to get childcare and being local may not need to be away from child for long.
	No Impact	
	Negative	
	Not Known	
Y/N	Drug and/or Alcohol	Explanation, assessment and any potential mitigations
X	Positive	Most of the services in the framework will support people with drug and alcohol problems.
	No Impact	
	Negative	
	Not Known	
Y/N	Offenders and Ex-Offenders	Explanation, assessment and any potential mitigations
X	Positive	Available to offenders or ex-offenders.
	No Impact	
	Negative	

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	Not Known	
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PART 2- Assessment (continued)

Socio-Economic Disadvantage- consider if the following circumstances may be impacted		
Y/N	Employment Status	Explanation, assessment and any potential mitigations
	Positive	No impact identified.
X	No Impact	
	Negative	
	Not Known	
Y/N	Education & Skills	Explanation, assessment, and any potential mitigations
x	Positive	Link workers and mental health practitioners within this framework will consider if there is support required to develop skills and knowledge, as well a literacy issue.
	No Impact	
	Negative	
	Not Known	
Y/N	Income	Explanation, assessment and any potential mitigations
x	Positive	Link Workers provide support around finance, debt, benefits, and access to food banks as part of their role.
	No Impact	
	Negative	
	Not Known	
Y/N	Fuel Poverty	Explanation, assessment and any potential mitigations
x	Positive	The link Workers also consider fuel poverty if they are aware of it and will refer and support access to other agencies re this if required.
	No Impact	
	Negative	
	Not Known	
Y/N	Caring Responsibilities (including Childcare)	Explanation, assessment and any potential mitigations
x	Positive	With access to services such as mental health support being available more locally and flexible times, those with caring responsibilities will have reduced travel/appointment times.
	No Impact	
	Negative	
	Not Known	
Y/N	Affordability & Accessibility of Services	Explanation, assessment and any potential mitigations
x	Positive	Due to the location of services some areas will have a gap and travel will be necessary and travel costs may increase. Some of the activities that the multi-disciplinary suggest and recommend are free such as C CBT and referral to psychological therapies however some such as counselling or exercise / swimming may have costs incurred and may create a barrier in uptake and access for some.
	No Impact	
x	Negative	
	Not Known	

Inequalities of Outcome- consider if the following may be impacted		
Y/N	Connectivity / Internet Access	Explanation, assessment and any potential mitigations
	Positive	Not everyone has access to telephones or the internet creating inequality in access to support such as Computerised CBT and online counselling services, making appointments and accessing telephone or online appointments. This can be mitigated by third sector organisations who offer connection and internet support to people as do Sources of Support.
	No Impact	
X	Negative	
	Not Known	
Y/N	Income / Benefit Advice / Income Maximisation	Explanation, assessment and any potential mitigations
x	Positive	Link Workers are based with all practices in Dundee and able to provide advice and support around financials. Welfare Rights are also available in several practices with a view to expanding who will also support the population in benefit claims, appeals etc.
	No Impact	
	Negative	
	Not Known	
Y/N	Employment Opportunities	Explanation, assessment and any potential mitigations

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	Positive	No impact identified.
X	No Impact	
	Negative	
	Not Known	

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PART 2- Assessment (continued)

Y/N	Education	Explanation, assessment and any potential mitigations
x	Positive	Link workers will consider if an educational or skill development pathway is helpful for someone and refer and support accordingly.
	No Impact	
	Negative	
	Not Known	
Y/N	Health	Explanation, assessment and any potential mitigations
x	Positive	With early access and more local venues available for patients there are positive health benefit. With the use of the multi-disciplinary workforce developed to support practices it will release GPs to focus on more complex patients.
	No Impact	
	Negative	
	Not Known	
Y/N	Life Expectancy	Explanation, assessment and any potential mitigations
x	Positive	By improving access for patients due to the range of multi-disciplinary services supporting practices it is envisaged this will have a positive effect on health by being able to proactively aid patients in taking responsibility for their own health and wellbeing and this would be measured qualitatively.
	No Impact	
	Negative	
	Not Known	
Y/N	Mental Health	Explanation, assessment and any potential mitigations
x	Positive	The practitioners working within these services provide assessment and advice as first point of contact, have expertise in how people can be best supported and clear links to other parts of the wider mental health team if required.
	No Impact	
	Negative	
	Not Known	
Y/N	Overweight / Obesity	Explanation, assessment and any potential mitigations
x	Positive	The effective efficient care provided will benefit those with long term conditions including obesity.
	No Impact	
	Negative	
	Not Known	
Y/N	Child Health	Explanation, assessment and any potential mitigations
	Positive	The services offered within this framework are not presently for children.
x	No Impact	
	Negative	
	Not Known	
Y/N	Neighbourhood Satisfaction	Explanation, assessment and any potential mitigations
x	Positive	Access to services more locally will have a positive impact on patients due to reduced travel along with a positive environmental impact. There will be regular ongoing engagement with the local community to ensure we have sight of their needs.
	No Impact	
	Negative	
	Not Known	
Y/N	Transport	Explanation, assessment and any potential mitigations
x	Positive	Reduction in the use of various forms of transport due to local access to services will have a positive impact on environmental factors.
	No Impact	
	Negative	
	Not Known	
Environment- Climate Change		
Y/N	Mitigating Greenhouse Gases	Explanation, assessment and any potential mitigations
x	Positive	Reduced travel to venues for many people is positive.
	No Impact	
	Negative	
	Not Known	
Y/N	Adapting to the Effects of Climate Change	Explanation, assessment and any potential mitigations
	Positive	No impact identified.
X	No Impact	
	Negative	
	Not Known	

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment (continued)

Resource Use		
Y/N	Energy Efficiency and Consumption	Explanation, assessment and any potential mitigations
x	Positive	With access to venues closer to home and reduced travel there will be less distance to travel by any vehicular method thereby reducing the consumption of petrol/diesel/electric.
	No Impact	
	Negative	
	Not Known	
Y/N	Prevention, Reduction, Re-use, Recovery, or Recycling of Waste	Explanation, assessment and any potential mitigations
	Positive	No impact identified.
x	No Impact	
	Negative	
	Not Known	
Y/N	Sustainable Procurement	Explanation, assessment and any potential mitigations
	Positive	No impact identified.
x	No Impact	
	Negative	
	Not Known	

Transport		
Y/N	Accessible Transport Provision	Explanation, assessment and any potential mitigations
	Positive	No impact identified.
x	No Impact	
	Negative	
	Not Known	
Y/N	Sustainable Modes of Transport	Explanation, assessment and any potential mitigations
	Positive	No impact identified.
x	No Impact	
	Negative	
	Not Known	

Natural Environment		
Y/N	Air, Land and Water Quality	Explanation, assessment and any potential mitigations
	Positive	No impact identified.
x	No Impact	
	Negative	
	Not Known	
Y/N	Biodiversity	Explanation, assessment and any potential mitigations
	Positive	No impact identified.
x	No Impact	
	Negative	
	Not Known	
Y/N	Open and Green Spaces	Explanation, assessment and any potential mitigations
	Positive	No impact identified.
X	No Impact	
	Negative	
	Not Known	

Built Environment		
Y/N	Built Heritage	Explanation, assessment and any potential mitigations
	Positive	No impact identified.
X	No Impact	
	Negative	
	Not Known	
Y/N	Housing	Explanation, assessment and any potential mitigations
	Positive	No impact identified.
X	No Impact	
	Negative	
	Not Known	

Dundee Integration Joint Board Integrated Impact Assessment

PART 2- Assessment (continued)

There is a requirement to assess plans that are likely to have significant environmental effects.

SEA provides economic, social and environmental benefits to current and future generations.

Use the [SEA flowchart](#) to determine whether your proposal requires SEA.

Strategic Environmental Assessment- SELECT One of the following statements		
X	No further action is required as it does not qualify as a Plan, Programme or Strategy as defined by the Environmental Assessment (Scotland) Act 2005	<i>(No further response needed)</i>
	It has been determined that the proposal will have no or minimal environmental effects. The reason(s) for this determination are set out in the following SEA pre-screening determination section	<i>SEA Pre-Screening Determination: Explain how you made the determination that the Plan, Programme or Strategy will have no or minimal negative environmental effect:</i>
	Screening has determined that the proposal is unlikely to have any significant environmental effects. The reason(s) for this determination are set out in the Screening Report, a copy of which will be available to view at www.dundee.gov.uk/cplanning/sea	<i>Insert the 'Summary of Environmental Effects' from your SEA screening report</i>
	Screening has determined that the proposal is likely to have significant environmental effects and as a consequence an environmental assessment is necessary. A Scoping Report, which will determine the scope of the environmental assessment is being prepared for submission to the statutory Consultation Authorities for consideration	<i>Insert the 'Summary of Environmental Effects' from your SEA screening report</i>
	Screening determined that the proposal was likely to have significant environmental effects and as a consequence an environmental assessment was necessary. An Environmental Report has been prepared for submission to the statutory Consultation Authorities together with a draft Plan, Programme or Strategy for consideration. A copy of the Environmental Report will be available to view at www.dundee.gov.uk/cplanning/sea	<i>Environmental Implications: Describe the implications of the proposal on the characteristics identified:</i>
		<i>Proposed Mitigating Actions: Describe any mitigating actions which you propose to take to overcome negative impacts or implications:</i>

A copy of this document (or when no IIA is needed, the screening tool) must accompany relevant draft IJB Reports at IJB Pre-Agenda stage and at IJB. It should accompany IJB papers and should be published with relevant IJB Report.

Following IJB agreement of report contact Joyce.barclay@dundee.gov.uk to post IIA on DHSCP website.

NB Corporate Risk- is addressed in IJB reports.

Administrative Use	<i>Provide a link to relevant IJB Agenda for IJB Report including Agenda record page numbers where report is found.</i>
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