

Forth Valley's Mental Health & Wellbeing Strategic Commissioning Plan 2025-34

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Contents Page

Vision	3
What is Mental Health and Wellbeing?.....	3
National and Local Context.....	3
Introduction	4
Case for Change	5
Engagement Work.....	16
<i>Prevent</i>	<i>17</i>
<i>Promote</i>	<i>17</i>
<i>Provide</i>	<i>17</i>
Guiding principles.....	18
Commissioning Intentions	22
Enabling Priorities	24
Conclusions.....	25
Appendix 1 – Detention Reporting	26
Appendix 2 - Other Developments	28
<i>National</i>	<i>28</i>
<i>Local</i>	<i>28</i>
References.....	30

Vision

To promote positive mental health & wellbeing for everyone, enabling every person to live well in Forth Valley.

What is Mental Health and Wellbeing?

The [World Health Organisation](#) (WHO) defines mental health as “a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.”

It is also “more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next. Mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress.”

Mental wellbeing and mental health conditions are linked but are neither mutually exclusive nor entirely dependent on each other. It is as possible to have poor mental wellbeing without living with a mental health condition as it is to live with a mental health condition and have good mental wellbeing.

National and Local Context

Our vision aligns with the Scottish Government’s [Strategy for Mental Health and Wellbeing](#)¹, which articulates the vision of a Scotland, free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible. This centres around nine outcomes with a strategic focus on three areas: Prevent, Promote and Provide:

- **Prevent** mental health issues occurring or escalating and tackle underlying causes, adversities and inequalities wherever possible.
- **Promote** positive mental health and wellbeing for the whole population, improving understanding and tackling stigma, inequality and discrimination.
- **Provide** mental health and wellbeing support and care, ensuring people and communities can access the right information, skills, services and opportunities in the right place at the right time, using a person-centred approach.

We have therefore developed this Forth Valley Strategic Commissioning Plan around these three areas. The plan is intended to include all people within Forth Valley, and it recognised that there will be other strategic plans, which should align with this one, to help us support people with additional or specialist needs.

¹ [Scotland's Mental Health and Wellbeing: Strategy](#)

There is also cognisance that the Scottish Government may review their approach over the next ten years, so this plan will be kept under review to ensure it continues to align with the national strategic drivers.

Central to this work is the enabling of trauma informed practice. It is essential that we raise awareness among all staff about the wide impact of trauma and prevent the re-traumatisation of clients in settings that are meant to support and assist recovery.

It is also essential that we continue to reduce the stigma often associated with mental illness and mental wellbeing.

Introduction

A Strategic Planning Group was established to oversee the development of this Forth Valley-wide strategic commissioning plan. It was agreed from the outset that this strategic commissioning plan is for all people in the Forth Valley area, including those populations with specific needs. It is important that people who already face challenges due to, for example, having a learning disability or a substance use issue, are not further disadvantaged or stigmatised by being excluded from a strategy intended to improve mental wellbeing of the entire population of Forth Valley. This plan also covers people of all ages, including children, young people, adults of working age and older people.

It is recognised that a strategic commissioning plan with the breadth of scope outlined above will require to be supplemented by more detailed plans for some population groups. For example, this plan is intended to align with local work around improving services for people with dementia, and with wider improvement work around services for people with learning disabilities.

This plan will also align with key national standards and specifications. In addition to the Scottish Government's Strategy for Mental Health & Wellbeing these currently include the National Specification for the Delivery of Psychological Therapies and Interventions in Scotland, the Child and Adolescent Mental Health Services: National Service Specification, the National Specification for the Care, Treatment of Eating Disorders in Scotland and the Core Mental Health Quality Standards and Children and young people - national neurodevelopmental specification: principles and standards of care.

Given the intended broad scope, a population health approach was used as the most appropriate way to structure the development of the plan.

Population health is defined by The King's Fund as "An approach aimed at improving the health of an entire population. It is about improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional or national population, while reducing health inequalities. It includes action to reduce

the occurrence of ill health, action to deliver appropriate health and care services and action on the wider determinants of health. It requires working with communities and partner agencies.” Buck et al 2018, p 18.



Strategic Needs Assessment

As an initial step in guiding the direction of this plan, a strategic needs assessment was undertaken to understand the determinants driving poor mental health and wellbeing in Forth Valley.

Case for Change

The Strategic Needs Assessment (SNA) was undertaken using national and local data, feedback from people within our communities and the staff who deliver services and supports. The full SNA is available in an accompanying report. It outlines several key points that require consideration to improve mental health and wellbeing outcomes for the people of Forth Valley.

- Scotland’s annual disease burden is forecast to increase by 21% in 2043.²
- It is also predicted that ‘Mental Health Disorders’ will remain the 4th leading cause of disease in 2043.
- According to the Scottish Burden of Disease Study (2019), over 22% of Forth Valley’s burden of disease is attributed to depression, anxiety, schizophrenia,

² The Scottish Burden of Disease (SBoD) study is a national, and local, population health surveillance system which monitors how diseases, injuries and risk factors prevent the Scottish population from living longer lives in better health.

other mental health disorders, substance use, alcohol use, Alzheimer's Disease and other dementias. Anxiety and depression are in the top 4 leading causes of ill health across Clackmannanshire, Stirling and Falkirk local authorities.

- The Scottish Health Survey 2023 (SHS) highlights that the people of Scotland are continuing to experience lower levels of mental wellbeing than before the pandemic. They are also experiencing higher reported symptoms of depression and anxiety and increased likelihood of a possible psychiatric disorder. The findings also indicate that prevalence of these symptoms was highest in the younger age groups (16-24) and more likely in females than in males.
- The risks of poorer mental wellbeing and mental ill-health are not equally distributed across the population. People who face the most significant disadvantages in life also face the greatest risks to their mental health. The Strategic Needs Assessment presents a distinct correlation between mental health and wellbeing outcomes and deprivation. The Mental Health Foundation (MHF) found that children and adults living in the 20% lowest income bracket in the UK are two to three times more likely to develop mental health problems than those in the highest income bracket (source: [Poverty and mental health | Mental Health Foundation](#)).
- Clackmannanshire and Stirling had higher than national rates of sickness absence in both education and non-education environments. (Source, Community Planning Outcomes Profile Measures)
- There are significant differences across Forth Valley in the time spent living with good health and wellbeing. This can be demonstrated using the population surveillance measure Disability Adjusted Life Years (DALY), which is a measure of the overall disease burden, expressed as the number of years lost due to ill-health, disability or early death. Higher rates of DALY indicate poorer health outcomes. When comparing to national rates:
 - Clackmannanshire has the highest DALY rates out of the three local authorities and higher than national rates across a range of mental health indicators including anxiety, depression, schizophrenia, alcohol use, substance use, rates of self-harm and rates of prescribed medication for anxiety/depression/psychosis.
 - Falkirk also has higher than national DALY rates due to alcohol and substance use, self-harm and rates of prescribed medication for anxiety/depression/psychosis. However, the rates of DALY are lower than Clackmannanshire in these areas.
 - Stirling has a lesser DALY rate across all mental health indicators, including substance use, and lower rates of prescribed medication for anxiety / depression / psychosis.
- The Mental Welfare Commission concluded in their Mental Health Act Monitoring Report 2021-22 that services were continuing to work with rising levels of mental illness that require longer term compulsory measures (when someone is detained and treated for a mental illness against their will within

strict legal guidelines) and highlighted the association between mental ill health and social deprivation.

- The Recovering our Connections 2023-2026 plan identified the people most at risk of loneliness and isolation were: Disabled people or people with long-term conditions, young people, people on low incomes, people who are digitally excluded, people living alone and people living in deprived areas or without access to green space. This aligns with our findings in our SNA.

It is therefore essential that a ‘population’ level approach is taken to prevent and tackle the root causes of poorer mental health and wellbeing. Only through addressing the social determinants of health and creating earlier preventative opportunities within early years and higher risk groups, can this be achieved in the long term. This will require organisations and agencies to work collaboratively with communities and people with lived experience to develop long term solutions to improve mental health and wellbeing outcomes.

Socioeconomic Factors Relevant to Mental Health & Wellbeing in Forth Valley

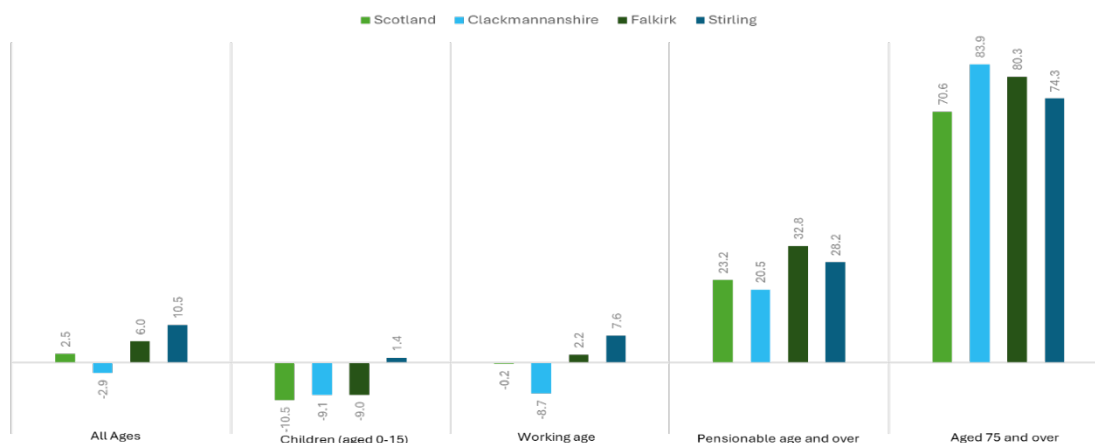
There are a range of socioeconomic factors that can influence mental health and wellbeing of people living in the Forth Valley area. These could be social and economic factors, places and communities, health behaviours & lifestyles, deprivation, poverty, lack of access to outdoor spaces.

The SNA explored four key areas for consideration including the social and economic factors, places and communities, health behaviours & lifestyles and the integrated health & care systems that all impact on mental health and wellbeing. It also outlined socioeconomic challenges that require action in each of the three local authority areas.

Population Projections

Data from National Records of Scotland (Source: [2018-based Sub-National Population Projections Scotland, Tables mid-2018 – mid 2043](#)) illustrates below the principal differences in projected population by age groups between 2018 and 2043.

PROJECTED PERCENTAGE CHANGE IN POPULATION (2018 - 2043) BY AGE STRUCTURE AND LOCAL AUTHORITY AREA



A) Children (aged 0-15)

It is forecast that by 2043, Falkirk and Clackmannanshire will have a comparable reduction (9% and 9.1% respectively) in the number of children within their populations compared to 2018. Stirling, however, could have an increase of 1.4% compared to 2018.

B) Working age (16-64)

Overall, the Scottish forecast for numbers of people of working age is a slight reduction of 0.2% compared to 2018. However, the predictions for numbers of working age adults in Forth Valley is quite different from this, with significant differences between our three areas also predicted. Clackmannanshire is predicted to have a far more significant reduction in its working age population than the national average, of 8.7%. Falkirk and Stirling are however predicted to have an increase in working age population (of 2.2% and 7.6% respectively), which is an opposing trend to that of both Clackmannanshire and Scotland.

C) Pensionable age (65+)

All three local authorities should see significant increases in people over 64 years old, with the largest predicted percentage changes in Falkirk and Stirling (increases of 32.8% and 28.2% respectively). This is higher than the predicted national change (23.2%). Although Clackmannanshire is predicted to have a lower increase in people over 64 (20.5%), this remains significant in comparison to 2018 figures.

D) Aged 75 and over

The largest percentage change between 2018 and 2043 is in the over 75 age group. All three local authorities should see very significant increases in the number of people over 75, with Clackmannanshire (83.9%), Falkirk (80.3%) and Stirling (74.3%), all predicted to have higher rates of increased in this age range than the Scottish prediction (70.6%).

Child poverty

After housing costs, Clackmannanshire and Falkirk had higher than national levels of children living in poverty. Child poverty is one of the socio-economic factors that impact mental wellbeing. However, as all three Local Authorities utilise different approaches to document child poverty rates, this is hard to compare across Forth Valley.

School attainment, literacy & numeracy

Levels of literacy and numeracy for primary 1, 4 and 7 pupils were lower than the national average in Clackmannanshire but higher than the national average in Falkirk

and Stirling. **Deprivation** is one of the socio-economic factors that impact mental wellbeing and can impact school attainment, literacy and numeracy.

All three local authorities have less than the national average (22%) for the proportion of pupils gaining 5+ awards at level 6. Clackmannanshire (9%) was significantly lower than Falkirk (21%) and Stirling (19%).

Outdoor spaces and facilities

Only Falkirk and Stirling appeared to be more satisfied with current library, leisure and green spaces. Clackmannanshire was dissatisfied with their leisure facilities ([Local Government Benchmarking Framework](#)). If there is dissatisfaction of any of these aspects this can have an impact of your mental wellbeing as these are supportive elements to promoting positive mental wellbeing.

People With Complex Issues and Additional Risk Factors

Substance Use

According to the National Institute of Mental Health (NIMH), there is evidence that people with a mental disorder, such as anxiety, depression, or post-traumatic stress disorder (PTSD), may use drugs or alcohol as a form of self-medication. However, although some drugs may temporarily help with some symptoms of mental disorders, they may make the symptoms worse over time.

People with substance use issues may have other mental health difficulties, and people with mental health difficulties may also struggle with substance use. Though people might have both substance use issues and mental health difficulties, this does not mean that one caused the other. When someone has substance use issues and other mental health difficulties, it is usually helpful to treat them at the same time rather than separately.

When alcohol related admissions are considered, Falkirk has a slightly higher rate than the national average, with Clackmannanshire and Stirling rates lower than the national average. There is a strong correlation between deprivation and alcohol related hospital admissions, with the highest rate of admissions from the most deprived areas.

Taken from Public Health Scotland (PHS) data (Scottish Morbidity Record (SMR) 01) up to 2022/23, substance related hospital admissions across Falkirk, Clackmannanshire and Stirling are all higher than the Scottish average rate for drug related hospital admissions.

Drug-related deaths show Clackmannanshire to be higher than Falkirk, Stirling and the national rate. Drug-related deaths of women in Clackmannanshire have been greater than the national rate since 2019, and the gap is continuing to widen. Please see Strategic Needs Assessment for detailed figures.

Mental Health Inpatient Admissions

Reviewing the [mental health inpatient activity data for 2023/24](#), NHS Forth Valley has a higher rate of MH admissions for people over the age of 64 (910 per 100k) than the Scottish rate (787 per 100k) for both men and women. Rates of admission for people aged between 40 and 64-years-old (406 per 100k) are however lower than the Scottish rate (529 per 100k). Mental health admission rates for men under 40 are slightly higher than the national rate, but lower for women in the age groups 0-17 and 18–24-year-old. The correlation between admission rate and deprivation is evident, with higher rates of admissions from the most deprived areas in Forth Valley.

Detentions

The [Mental Welfare Commission's report – Mental Health Act Monitoring Report 2021-22](#) was also reviewed. The report contained information relating to detentions for mental health assessment / treatment, of which there are a number of types; emergency, short term, and compulsory treatment orders to provide treatment. The use of detentions is always last resort. It can be necessary when someone is suffering from a mental illness and is unable or unwilling to accept the care and treatment they need in order to protect themselves and others. It identified that there has been a significant rise in detentions across Scotland and Forth Valley. In 2021-22, Forth Valley had the third highest rate of Emergency Detention Certificates (EDCs) in Scotland at 60.2 per 100,000 of the population similar to NHS Tayside at 59.1.

Suicide

According to PHS 2017-21³, Clackmannanshire has the highest rate of suicide in Forth Valley for both males and females and is above the national average. Falkirk also has higher rates than the Scottish average, while Stirling is lower than the Scottish average. The figures below illustrate these numbers, with our three local authorities marked with yellow arrows for ease of reference

³ [Suicide statistics for Scotland - Update of trends for the year 2021 - Suicide statistics for Scotland - Publications - Public Health Scotland](#)

However, it is essential that the justified focus on dementia does not come at the cost of supporting older people with other mental health and wellbeing needs. While there is some evidence to suggest that older people have generally slightly better mental wellbeing and lower rates of mental illness than younger adults, it remains unclear how much of this is related to reporting patterns rather than to the absence of difficulties. There is also evidence to suggest that the Covid-19 pandemic had a negative impact on older people's mental health, in particular around loneliness, and that older people with physical health conditions also reports poorer mental wellbeing and increased loneliness (Source: Older Adults' Mental Health Before & During the Covid-19 Pandemic, Scottish Government, 2022).

People from Ethnic Minority Backgrounds

Unfortunately, the available data around the mental health and wellbeing of people from ethnic minorities in Scotland is poor. Improving both local and national recording and reporting of mental health presentations and outcomes for people from ethnic minorities is recognised as a priority. A recent Mental Welfare Commission report (Racial Inequality & Mental Health in Scotland, 2021) highlighted the complex relationship between deprivation, socio-economic status, ethnicity and health outcomes in Scotland. It also highlighted the importance of including people from ethnic minority backgrounds in the design of health promotion campaigns and strategies, to ensure that they are fully inclusive.

People with Sensory Impairment

Sensory impairments are associated with poorer mental health, and people with hearing or visual impairments may be at increased risk of developing mental health conditions such as anxiety and depression. At the same time, people with sensory difficulties are also likely to face additional barriers to accessing appropriate support for their mental health and wellbeing. (Source: Shoham et al, BJPsych, 2019).

LGBTQ+ People

People who are lesbian, gay, bisexual and trans are more likely to experience poor mental health or develop a mental illness. The reasons for this are complex, but may be linked to LGBTQ+ people's experience of discrimination, homophobia or transphobia, bullying, social isolation, or rejection because of their sexuality. It is essential that people's individual differences and experiences are recognised, and that support and treatment addresses these appropriately.

People with Learning Disabilities

Evidence suggests that rates of mental health difficulties are higher in people with a learning disability than in those without. There are a variety of reasons for this,

including biological/genetic factors, a higher incidence of negative life events, access to fewer resources and coping skills and the impact of other people's attitudes (Source: Mencap, 2025).

Self-harm presentations

Self-harm is any non-accidental behaviour which causes, or has the potential to cause, harm to a person. It is a way of expressing deep emotional feelings such as low self-esteem, or a way of coping with traumatic events, such as the death of a loved one. This is highly linked to suicide and should be viewed as an indicator of possible suicidal ideation. A review of self-harm presentations was conducted looking at numbers of presentations to Forth Valley Royal Hospital's emergency department (FVED) between May 2019-July 2024. It was found that there was a significant increase in self-harm presentations from February 2020 – February 2022. Intentional self-harm is greater in females than males, specifically aged 19-30, with 64.2% female and 35.8% males presenting to FVRH emergency department.

Adult Support and Protection (ASP)

Adult Support and Protection (ASP) is specific legislation which is in place to give greater protection to adults at risk of harm or neglect.

Harm can take different forms and may not always be visible. It can include physical harm, psychological or emotional harm, financial harm, sexual harm, neglect, self-neglect, self-harm and institutional harm.

In terms of the number of referrals made every year to the ASP process, in Clackmannanshire there were 687 in 2023-24. which represents a 10.55% decrease in comparative years. However, in Stirling there were 1802A SP referrals in 2023-24 compared to 1435 in 2022-23, which represents a 25.57% increase.

In Falkirk the five-year trend increase in referrals aligns to the Covid period, but numbers still remain at higher levels, over 60% what they were in 2018/19. The 2023/24 referral numbers were greater still at 1463.

Other vulnerable/complex populations

We would particularly welcome thoughts about other vulnerable populations or populations with additional complexities that should be included in this plan.

Other Local Factors

Care at Home

Almost 50% of care at home hours in Stirling support people living with a mental health condition or a learning disability. This supports them to remain in their own home independently. As well as being important in terms of delivering person-centred care and support, this is also in line with the national Policy direction to deliver more services closer to home.

Unfortunately, this information is not available for Falkirk or Clackmannanshire.

Performance

Two areas of mental health services are subject to national performance reporting: Psychological Therapies and Child & Adolescent Mental Health Services (CAMHS).

The percentage of people who commence treatment for psychological therapies within 18 weeks in Forth Valley is variable, but over the past year has tended to be between 68 – 78% (March 2025). This is below the national standard of 90% of people starting treatment within 18 weeks of being referred.

Forth Valley is currently (March 2025) meeting the national standard for CAMHS, of at least 90% of children and young people accessing the service within 18 weeks of referral. However, recent trajectory work predicts a reduction in performance in around August 2025 due to changes in available capacity.

Detentions are reportable to the Mental Welfare Commission and Scottish Government, and the latest available data on this is presented in Appendix 1.

Resources

1) Finance

From the data presented above, it can clearly be seen that there is an increase in mental ill-health and significant challenges around mental well-being. At the same time, it is an unfortunate reality that financial resources within the public sector are under increasing strain.

The outline plan presented later in this paper is, we believe, essential to deliver improved mental health and wellbeing to the people of Forth Valley. However, it also has to be acknowledged that there will be challenges with the delivery of this within the current financial climate.

This is further complicated by the extremely complex funding for mental health and wellbeing services, spanning as they do NHS, Local Authority, third sector and independent sector resources. As such, determining the spend in Forth Valley on mental health and wellbeing is challenging.

The Scottish Government has directed Health Boards to allocate 10% of their total budget to mental health services, and 1% to mental health services for children and young people. At the last return, NHS Forth Valley reported that they spent 9.16% of their budget on mental health, and 0.71% on children's mental health, slightly below the Scottish Government direction. However, as there is no agreed methodology for what should be included within that calculation, national comparisons are limited.

In addition to this, all three local authorities have funding attached to mental health. Some of this is delegated to the Health & Social Care Partnerships and some is not, further complicating the calculation of a total spend on mental health across Forth Valley.

In order to deliver sustainable services, all partners engaged in their delivery must be sustainable. Further work is required across all partners to clarify the financial background to multi-agency, cross-locality mental health and wellbeing service delivery.

2) Workforce

There is a large and diverse workforce engaged in supporting, caring for and treating people with mental health difficulties, and in supporting people's mental wellbeing more generally. This includes families, volunteers and peer supporters, as well as those in paid roles.

Volunteers

The role of volunteering is not only good for the economy, but also for businesses and employees, as well as for communities and society as a whole.

A new report, supported by the Mental Health Foundation, reveals that volunteering boosts productivity by £4,551 per employee and adds at least £4.6 billion per year to the economy. (Jamel, J, Dr, 2024).

These benefits are supported by recent evidence from Royal Volunteer Service (RVS), which showed that unemployed people who volunteer, or had done so previously, experience various benefits included gaining experience (44%), developing new skills (38%) and increased confidence (32%). Volunteers are an essential part of delivering care and support to people in the community.

Unpaid carers

Unpaid carers are those that provide care outwith a work contract or as voluntary work regardless of whether they are in receipt of welfare benefits, pensions or income from other types of employment. They undertake a valuable role in the community for their loved ones, albeit not all of them will refer to themselves as an unpaid carer. Unpaid carers support people with mental health and physical health. From the Scotland Census undertaken in 2022 there are 627,700 unpaid carers in Scotland in 2022. This was an increase of 27.5% (135,500) people since 2011.

Whilst care can be provided by someone of any age, the biggest increase is in the number of unpaid carers aged between 50 to 64, a 26% increase (Census, 2022), with the majority being female.

In Forth Valley this equates to the following:

	All people aged 3 and over	No	All unpaid carers	Yes, 1 to 19 hours a week	Yes, 20 to 34 hours a week	Yes, 35 to 49 hours a week	Yes, 50 or more hours a week	Total
Unpaid Carer								
Clackmannanshire	50404	44000	6402	3464	645	650	1638	6397
Falkirk	154078	134262	19816	11010	1967	2051	4789	19817
Stirling	90447	79724	10723	6541	948	907	2333	10729
Total	294929	257986	36941	21015	3560	3608	8760	

Of a population of approximately 294929 there are 36941 unpaid carers in the Forth Valley area.

Employed People

People are employed by a large range of organisations in Forth Valley to provide support and treatment around mental health and mental wellbeing. The largest of these are NHS Forth Valley and the three local authorities. However, there are also a variety of third and independent sector employers whose workforce directly support mental health and wellbeing.

Given the range of roles within mental health and wellbeing, and the range of employers, it is difficult to determine the size of the employed workforce. There are approximately 925 people employed within the Health & Social Care Partnerships in adult mental health and learning disability services and another 75 WTE employed within NHS Forth Valley Child & Adolescent Services. However, this is only a fraction of the total workforce in the local area, as it does not include anyone employed within the third or independent sector.

As such, careers in mental health and wellbeing in Forth Valley contribute significantly not only to the mental wellbeing of the people they serve, but also to the local economy.

People with Lived Experience

Evidence shows that peer support workers can add significant value to an individual's mental health and wellbeing support. Being able to meaningfully involve people with lived experience in the design and development of services is also crucial to their success. A guiding principle of the implementation of this Plan is around co-design. It is recognised that this is an area where mental health services can improve, and we are committed to doing this over the life of this plan and beyond.

Engagement Work

In addition to reviewing the available local and national data, the Strategic Planning Group undertook consultation with a range of stakeholders to gather their views as to the direction of the Plan. The groups consulted included:

- people with lived experience
- carers and young carers
- locality groups
- community planning partners
- executive and senior leadership groups
- third sector
- staff working in services across Forth Valley supporting people's mental health and wellbeing

This indicated unanimous support for a pan-Forth Valley approach, with a consensus around the importance of understanding the context at both local authority and whole system levels, and for a population health approach.

The importance of a whole system approach was a key message from the engagement work, along with a recognition that for the system to be sustainable, all partners must be sustainable.

Feedback has been comprehensive and informative, and it is important to acknowledge the valuable contribution of everyone who took the time to add to the development of this plan. Engagement was with significant number of people across multiple separate sessions. The themes from these sessions are set out under the three headings of prevent, promote and provide, the structure of this Strategic Commissioning Plan.

Prevent

- 1) Prevention and Early Intervention
- 2) Education & Awareness
- 3) Workforce Development

Promote

- 1) Stigma Reduction
- 2) Community Engagement
- 3) Awareness & Advocacy

Provide

- 1) Service Access & Delivery
- 2) Resources & Capacity
- 3) Tailored and Holistic Services

These themes, developed via the engagement process, form the basis of the Strategic Commissioning Plan described in the following sections of this paper. As engagement is ongoing this section will be updated.

Guiding principles

Seven fundamental principles have been defined to ensure that the strategic plan is both focused and values driven. All the principles should be evident in the work we do across all parts of our mental health and wellbeing system. Although ambitious, embedding them in everyday practice will create the conditions needed to achieve the best outcomes possible.

1. **Trauma informed and trauma-responsive** - Essential for creating a compassionate, effective and supportive system that acknowledges and addresses the profound impacts of trauma on individuals' lives.

Potential Action – Implement the guidance 'A Roadmap for Creating Trauma-Informed and Responsive Change', developed by the National Trauma Transformation Programme

2. **Developed and delivered in partnership with community planning partners, stakeholders and the public** – There is a wealth of knowledge, skills and experience within our communities. Harnessing that will ensure we are making the best use of resources to achieve better outcomes for people.

Potential action – Ensure alignment of the MH&WB priorities within Community Planning Partnership's local outcome improvement plans.

3. **Informed by the voice of people with lived experience, including marginalised groups and children and young people** – Services and supports that have been developed in this way have been shaped through authentic insights into the challenges they face and the support they need. This promotes inclusion, empowerment and ultimately better outcomes.

Potential action – Understand, learn from and develop clear approaches across our MH&WB system, that ensure the voice of lived experience is at the heart of everything we do. We particularly welcome examples and ideas around how to do this.

4. **Promote accessibility** – We have a shared responsibility to ensure that the services and supports we provide are accessible to everyone. This means we need to consider the physical, digital, communication and transportation accessibility of all our services and develop plans to address them. We also need to ensure staff are adequately trained to be aware and responsive of individuals' needs.

Potential Action – Ensure all Strategies, Commissioning Plans, letters, leaflets, conversations etc, can be translated into the way the individual requests. For example, British Sign Language, other languages etc.

5. **Achieve health equity with a focus on people at greater risk of developing long term mental illness** – There is a significant gap in life

expectancy between the most and least deprived areas with an even greater gap in healthy life expectancy. When we also consider people living with long term physical and mental health conditions, coming from diverse ethnic backgrounds or living within rural areas, many factors need to be considered when delivering services and supports to ensure we are tailoring support attuned to the greatest needs.

Potential actions – Take a targeted approach for people at greater risk, supported by detailed Equality Impact Assessments, to ensure inequalities are addressed, including poverty.

Implement the national antiracism framework for action through supporting the workforce and equity-focused service delivery

- 6. Take a lifelong approach from birth to old age** – Mental health and wellbeing affects everyone at any age. Also, our experiences in our early years influence our health outcomes in later years. Taking a lifelong approach ensures that actions are taken within childhood, adolescence and adulthood to reduce the likelihood of developing more serious mental health conditions, while supporting people who may require specialist mental health care and treatment.

Develop robust and sustainable transitions protocols to ensure that as people move along their life course, services are able to support their changing needs in a individualised way.

- 7. Interventions are driven by evidence, research and local community knowledge** – The planning and delivery of interventions will only be effective if we have a comprehensive understanding of the challenges we are trying to address. This is also strengthened by existing evidence and research of effective approaches. Research can also support new and innovative approaches by building the evidence base in practice.

Potential action – Plan and implement a value-based health and care approach to the commissioning and delivery of mental health and wellbeing services to ensure best value, high quality care and support is achieved.

Ambitions & Priorities

PREVENT - Focus on tackling the root causes of poor mental health and wellbeing and health inequalities so everyone in the community can enjoy better mental health and wellbeing.

- Ensure people, services, and organisations understand and can respond to health inequalities and social economic factors, so everyone can get help no matter where they go.

- Develop whole system initiatives to address root socio-economic factors contributing to mental ill-health including poverty, housing, employment and maximisation of income.
- Coordinate a Forth Valley wide signposting system that enables anyone to access the right services i.e. housing, benefits, employment.
- Reduce the risks of developing serious mental and physical health conditions
 - Support children and young people to build resilience.
 - Support the mental & physical health and wellbeing needs of people including those living with long term mental health conditions, complex needs or a learning disability

To support this priority, key activities will include

1. Building a wider understanding of existing initiatives that tackle poverty or support children and young people to build resilience, strengthening the protective factors needed to reduce the likelihood of developing poor mental health. There is significant work in progress across our local authorities to tackle poverty, and support children and young people's mental health. Understanding what's available, what's missing and existing barriers to accessing these will support longer term planning and sustainability by developing strategies to address them.
2. Understanding the gaps and opportunities to improve access to physical health screening for those at greater risk. An example in progress is the intention to support physical health monitoring for people living with a learning disability.

PROMOTE - Promote positive mental health & wellbeing free from stigma or discrimination

- Raise awareness and understanding of mental health and wellbeing across the whole system, providing the right support when needed.
 - Maximise community-based health improvement opportunities that improve mental health and wellbeing and reduce social isolation across Forth Valley
 - Utilise anti stigma campaign resources focusing on mental health education
 - Empower peer-led initiatives and community champions that enable us to talk about mental health and wellbeing and recovery, within local communities.
- Deliver population mental health and wellbeing information and support across our communities that promotes positive mental health & wellbeing
 - Coordinate accessible mental health & wellbeing information and support that aids everyone to make informed decisions about their own mental wellbeing needs
 - Sustain digital based platforms improving the range of remote options to access the right level of information and supports,

To support this priority, key activities will include

1. Working together with community planning partners to identify opportunities to improve mental health and wellbeing and reduce social isolation. This will include developing collaborations with organisations such as sportscotland and Active Stirling. Also, Scottish Association for Mental Health (SAMH) has developed a Mental Health Charter for Physical Activity & Sport. This aims to improve equality and reduce discrimination for anyone with a mental health problem, ensuring there is no barrier to engaging, participating and achieving in physical activity and sport. A commitment from our local sport and fitness organisations will be a significant step forward to ensuring everyone has the opportunity to improve their mental health & wellbeing through physical activity.
2. Understand the range of digital based platforms in use to identify gaps and barriers to sustainability.
3. Identify the range of information and supports available across Forth Valley and developing a clear method of communicating this information so it is easy to access and navigate

PROVIDE - People can confidently access mental health & wellbeing supports and services whenever they need them, for as long as necessary.

- Deliver evidence-based mental health and wellbeing services in partnership with experts, people with lived experience, carers, and communities
 - Strengthen community integrated services through collaboration with all partner organisations to maximise independence within communities
 - Improve access to mental health crisis intervention services, taking account of issues of access, equity and the needs of high-risk populations
 - Provide high quality specialist mental health care and treatment at the right time and in the right place with a focus on promoting recovery and independence
- Ensure seamless, barrier-free access to and transitions between specialist mental health services, community services, and supports
 - Streamline referral and treatment pathways for all mental health services and supports, both planned and unplanned.
 - Improve transitions of care between child, adult and older adult services

To support this priority key activities will include

- Implementation of the [Core Mental Health Quality Standards \(2023\)](#) and the Psychological Services & Interventions Specification – work is underway to develop a local plan that ensures people have the right information, support, and care at the right time, to help them recover quickly with the least disruption as possible. These standards also aim to support experience of access to and transitions between services.
- Progressing with a Value Based Health and Care approach (VBHC) to improve key aspects of specialist mental health services including:

- a. Waiting times
- b. Community mental health services for older people
- c. Services for adults with a learning disability
- d. The model of care for inpatient mental health services, including for psychiatric rehabilitation
- e. Work in partnership with Primary Care and the third sector to develop and deliver evidence-based community level support for mild to moderate mental health issues.

Commissioning Intentions

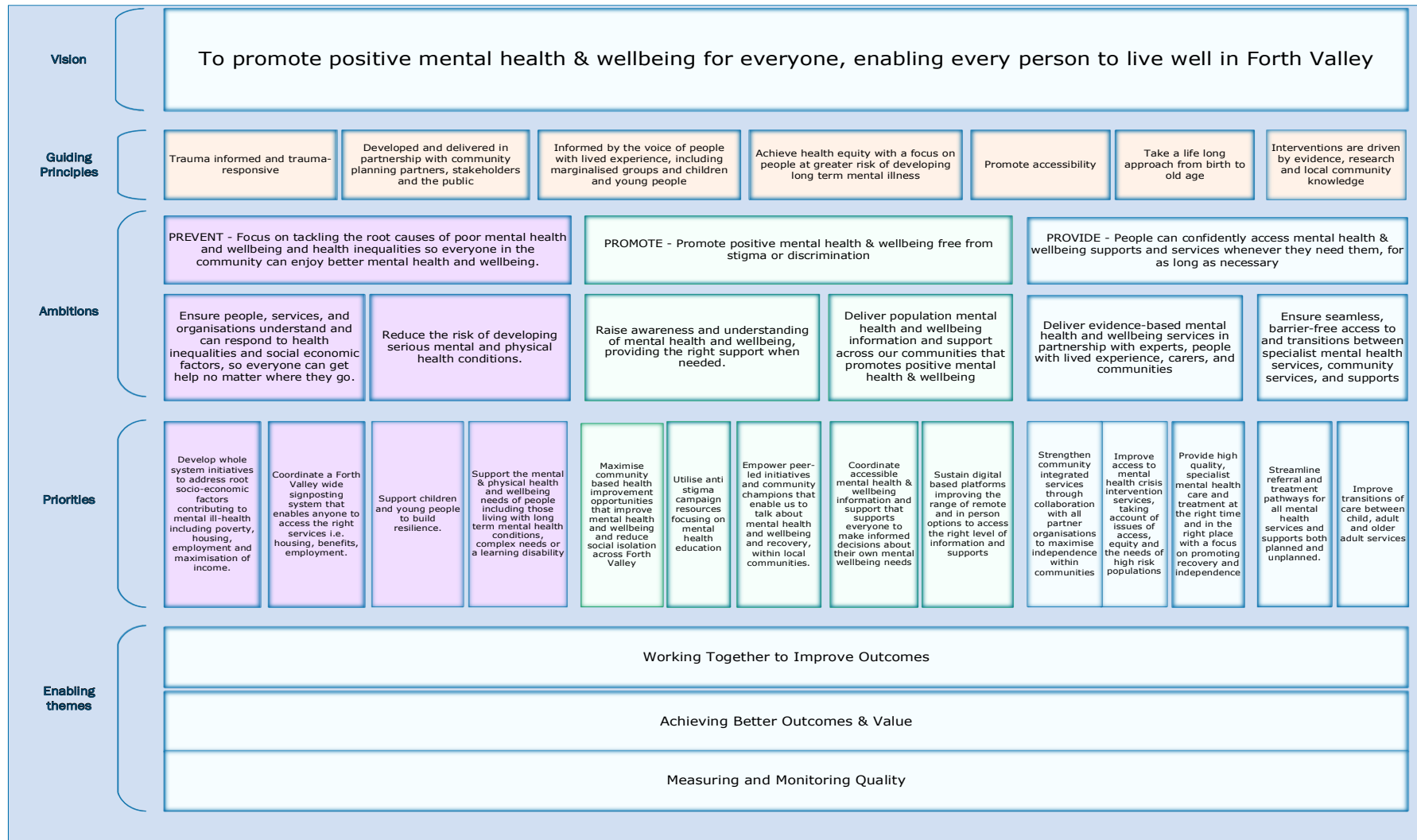
It is clear that good quality mental health and wellbeing services are required in Forth Valley. However, consideration needs to be given to how services are targeted – while there is a place for universal services, this has to be balanced with the need to target services and resources to areas, issues and populations of greatest need. Engagement with local communities is central to this approach, to ensure that what is commissioned addresses both national and local priorities.

Moving forward, it is intended to take a collaborative, ethical approach to Mental Health Commissioning. This will involve all stakeholders, and will enable a variety of views to be considered including, but not limited to:

- Service users/patients
- Families
- Carers
- Professional experts/advisors
- Third sector organisations

Driven by the issues identified through engagement and the needs assessment our commissioning intentions are outlined below in the plan on a page.

Mental Health and Wellbeing Plan on a Page



Enabling Priorities

To ensure this work is successful there are a number of areas where the whole system needs to work in partnership.

Working together to improve outcomes

- Strengthen collaboration with 3rd sector.
- Share and utilise data and information across organisations to inform decisions.
- Establish a streamlined and effective governance and delivery framework without duplication of processes across the system.
- Establish approaches to share learning across the system.
- Develop an agreed, shared and sustainable approach to the support of people with neurodevelopmental presentations.

Community Engagement: Build trust and collaboration through volunteering programmes, community hubs, and proactive outreach in rural areas.

- Use the totality of our diverse workforce across health, social care, third sector and voluntary sectors to deliver on our ambitious plan.
- Supporting our workforce to be mentally healthy through the implementation of local workforce health and wellbeing plans.

Education: Promote mental health literacy from early education through public awareness campaigns, emphasising self-management and resilience.

Achieving Better Outcomes and Value

- Adopt a Value Based Health and Care (VBHC) Approach to service change to ensure we are achieving the best outcomes possible with the right resources. There are 4 types of value associated to VBHC. 1 – Personal value – This means people and families are involved in decisions regarding their care to meet their personal goals. 2 – Population (allocative) Value -This means we aim to have an equitable distribution of resources fairly according to our population needs with a focus on prevention. 3 – technical value -There needs to be a close match between the needs of service users and the service provision. 4 – Societal Value – This means services need to have a positive impact on our communities ie provide employment or promotes social cohesion.
- Maximise the use of innovations that strengthen our approach to improving population mental health and wellbeing

Sustainability: Prioritise funding for prevention and community-based care over secondary services to address root causes effectively.

Measuring and Monitoring Quality

- Develop a clear measurement framework for our short, medium and long term goals.
- Use agreed methods that support effective quality planning, measuring improvements and monitoring quality to ensure we are doing the right things while doing them right.
- Development of mental health and wellbeing outcomes measures aligning local measurement with national where possible while developing tailored measures relevant to our local context.
- Improving data and information sharing to ensure there is a whole system understanding through monitoring of system performance, continuous improvement and clinical and care quality.

Infrastructure: Strengthen digital tools and service directories while balancing in-person services for equitable access.

Conclusions

There are key relationships and avenues of communication throughout existing services that need to be developed, supported and sustained.

There is a need for increased understanding and information about mental health and wellbeing, and its associated services to ensure awareness of supports to assist people through the process of ensuring improved mental health and wellbeing.

There is a need for those who deliver services to be clear of theirs and other's roles and responsibilities to improve services. Strong joint governance of this work, alongside accountability, will be key to overseeing the progress of this plan and improvement in the mental health and wellbeing for all people in Forth Valley.

There is a need for person centred future care planning to be offered to more people, involving their family and carers which can then be shared as widely as possible, across services, to ensure someone's wishes are known.

There were some delivery considerations in the form of workforce, commissioning, service redesign and demonstrating improved outcomes. These will be addressed in following Strategic Commissioning Plans.

Appendix 1 – Detention Reporting
Forth Valley Detentions -
01/01/2024 to 31/12/2024

as at
 25/03/2025

Detention Type	NUR1	EDC	Ext STDC	STDC	ICTO - 1st	ICTO - 2nd	ICTO - 3rd	ICTO - 4th	CTO	CO	ICO	CORO	Assessment Order (S52D)	Ext Assess Order	Treatment Order (S52M)
Overall Total Detention	36	1993	44	3639	471	55	5	0	1404	93	24	15	131	10	61
2024 figures	8	157	0	326	53	8	1	0	146	5	2	0	8	1	5
2024 Figures broken down into each Local Authority (LA)															
Clackmannan	1	39		65	9	2			28	2	1		2	1	1
Falkirk	3	67		156	26	4	1		69	3	1		4		3
Stirling	3	45		93	17	2			45				2		1

Definitions of these acronyms can be found on the next page.

Detention	Description
NUR1	Nurse Holding Power
DET1	Emergency Detention (EDC)
DET2	Short Term Detention (STDC)
DET4	Extension Short Term Detention
ICTO	1st Interim Compulsory Treatment Order
	2nd Interim Compulsory Treatment Order
	3rd Interim Compulsory Treatment Order
	4th Interim Compulsory Treatment Order
CTO	Compulsory Treatment Order
CO	Compulsion Order
ICO	Interim Compulsion Order
CORO	Compulsion Order & Restriction Order
S52D	Assessment Order (detained from Court)
	Extension Assessment Order
S52M	Treatment Order (detained from Court)

Appendix 2 - Other Developments

There are a range of other developments, both national and local, that this plan will need to align with.

National

- [Creating Hope Together: suicide prevention strategy 2022 - 2032](#)
- [New dementia strategy for Scotland: Everyone's Story](#)
- [Mental Health Strategy 2017-2027](#)
- [Scottish Government Mental health and wellbeing strategy](#)
- [Keys to life](#)
- [Blueprint for governance](#)
- [Housing bill](#)
 - Ask & Act
- [Independent Review into the Delivery of Forensic Mental Health Services \(Scott review/Barron\)](#)
- [HM Inspectorate of Constabulary in Scotland \(HMICS\) Thematic review of policing mental health in Scotland Review](#)
- [Safe Staffing](#)
- Learning Disabilities, Autism and Neurodivergence (LDAN) Bill
- Assisted Dying for Terminally Ill Adults (Scotland) Bill
- [Self harm strategy and action plan 2023 to 2027](#)
- [Child And Adolescent Mental Health Services: national service specification - gov.scot](#)
- [Child And Adolescent Mental Health Services: national service specification - gov.scot](#)
- [Children and young people - national neurodevelopmental specification: principles and standards of care - gov.scot](#)
- [Psychological therapies and interventions specification - gov.scot](#)

Local

- [Creating a Healthier Falkirk: Strategic Plan 2023 – 2026](#)
- Clackmannanshire and Stirling [Strategic Commissioning Plan 2023 – 2033](#)
- Old Age Psychiatry Plan
- Re provision of inpatient services
- Learning Disability Strategy/Dementia/Alcohol and Drug Partnership Falkirk
- Forth Valley Palliative and End of Life Care Commissioning Plan
- Clackmannanshire and Stirling Dementia Commissioning Plan
- Children and Young People Strategy
- Transitions Policy and guidance
- Autism strategy
- Occupational health strategy
- Professionals strategy (AHP etc)
- Workforce wellbeing plans
- West of Scotland/Regional plans CYP etc
- Self harm strategy

- Community (safety/justice) planning
- [Clackmannanshire Council Local Outcome Improvement Plan](#)
- [Stirling Council Local Outcome Improvement Plan](#)
- [Falkirk Council Local Outcome Improvement Plan](#)

References

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[Poverty and mental health: A review to inform the Joseph Rowntree Foundation's Anti-Poverty Strategy. Mental Health Foundation and Joseph Roundtree Foundation \(2016\)](#)

[Scottish Government Mental health and wellbeing strategy](#)

[Social isolation and loneliness: Recovering our Connections 2023 to 2026](#)