Fife's Mental Health & Wellbeing Strategy Phase 1

Participation & Engagement Feedback Report

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(Updated October 2024 Hannah Grubb)

Contents

1. Introduction

The Fife Mental Health and Wellbeing Strategy is one of the nine key strategies associated with Fife Health and Social Care Partnerships Strategic Plan 2023-26.

The current mental health strategy for Fife 'Lets really raise the bar' was published pre-pandemic in February 2020. The Covid-19 pandemic, along with the current cost of living crisis and other significant events brought significant challenges and changes the way people think and talk about mental health. Fife Health and Social Care Partnership is refreshing the Mental Health Strategy, to align with key local and national strategic publications including the Scottish Government's new National Mental Health and Wellbeing Strategy for Scotland, published on 29th June 2023.

The Fife Mental Health Strategy Implementation Group (MHSIG), whilst accountable to the HSCP Strategic Planning Group (SPG), holds responsibility for the development and implementation of the Fife Mental Health and Wellbeing Strategy and associated Delivery Plan. The group enables key partners, including people with lived and living experience, to work together to create, implement, and provide oversight of, a shared strategic vision for the design and delivery of adult mental health support and services across Fife.

Following the development of the draft vision, mission, and core values of the strategy, the MHSIG wished to engage with wider stakeholders to ensure that these set a clear strategic direction. The MHSIG also wished to seek views on the proposed strategic priorities to ensure they were the right ones for Fife, identify what actions would support us to achieve these priorities, and how the impact of these actions could be measured.

2. Engagement Purpose

The purpose of this engagement was to gather impartial, feedback from wider stakeholders to inform the development of the Fife Mental Health and Wellbeing Strategy and Delivery Plan. It is recognised that we all have mental health, and that throughout our lives we may experience mental health challenges, so it was important to reach as many people as possible through engagement activities, from all ages and backgrounds, and specifically targeting groups and communities who are seldom heard and/or at increased risk of developing mental health challenges.
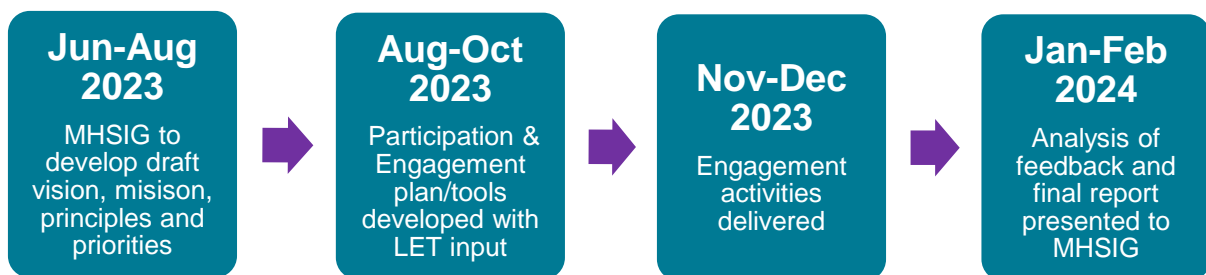
The engagement aimed to:

- Involve a wide range of stakeholders in creating a shared strategic vision, shaping the priorities for the Mental Health & Wellbeing Strategy, and inform the develop of the strategic delivery plan.
- Ensure voices are heard, remove barriers to engagement and create ownership of a strategy which seeks to promote a collective response to supporting mental health in our communities.
- Adopt elements of codesign, and with the support from Mental Health Lived Experience Team, to develop questions to be taken to stakeholder groups and to support group discussions where appropriate.
- Provide an in-depth analysis of the feedback to the MHSIG, including any concerns or aspirations raised through engagement, which will inform the development of the strategy and associated delivery plan.

The strategy will be developed to outline how Fife Health & Social Care Partnership will work with partners and communities to promote good mental health for all, prevent mental health issues occurring or escalating, and provide support, care and treatment for people living with complex mental health issues.

3.   The Engagement Timeline

Jun-Aug 2023		**Aug-Oct 2023**		**Nov-Dec 2023**		**Jan-Feb 2024**
MHSIG to develop draft vision, misison, principles and priorities	→	Participation & Engagement plan/tools developed with LET input	→	Engagement activities delivered	→	Analysis of feedback and final report presented to MHSIG

Face-to-face engagement took place between October and December 2024 with thirty engagement events/activities developed, to reach a variety of groups in communities with a specific focus on people who are often harder to reach when engaging. The Microsoft Forms survey went live at the beginning of November until end of December 2024.

4. Stakeholder Engagement

4.1 Designing the Consultation

The consultation was designed around an approach to engage with and listen to individuals and groups of people who wish to share their experiences and aspirations to help shape the new strategy and delivery plan.

The Fife Voluntary Action LET supported the engagement by developing questions for the focus groups (**Appendix 1**). These questions were designed around the four priorities as agreed by the MHSIG.

4.2 Engagement Methods

Each of the methods of engagement [Figure 1] were supported through an extensive range of communication promotions and campaigns in partnership with the Fife Health & Social Care Partnership's Communication Team. This included a video of a Fife Voluntary Action lived-experience team member promoting the questionnaire and how important it was for everyone to get involved to have their say. The video reached over 6800 people through social media platforms including YouTube, Facebook, X (Twitter) and Instagram as well as being distributed through networks, NHS Fife and Fife Council staff intranet pages, and staff bulletins in Fife HSCP.
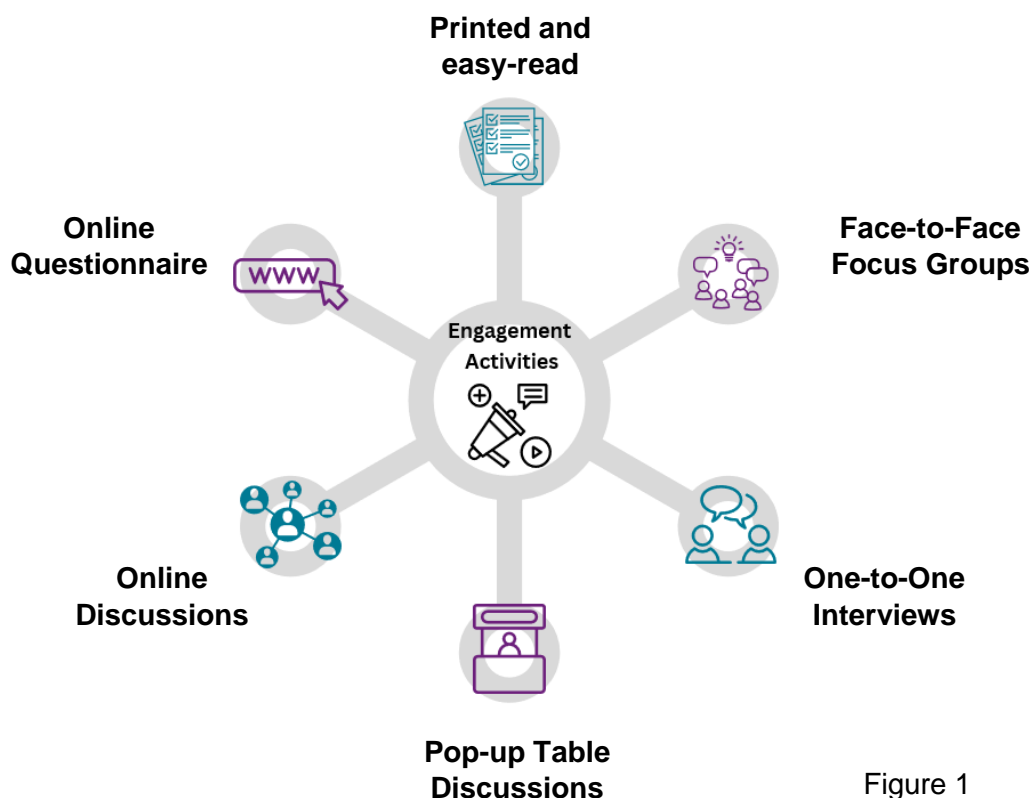

Printed and easy-read

Online Questionnaire

WWW

Face-to-Face Focus Groups

Engagement Activities

Online Discussions

One-to-One Interviews

Pop-up Table Discussions

Figure 1

4.3   Engagement Reach

Through face-to-face attendance and survey responses, a total of **1001 people** responded to the engagement:

449 people attended **face-to-face** engagement (45%)

552 people responded to the **survey** (55%)

Face-to-Face Engagement

449 people attended **face-to-face** engagement (45%)

To ensure that we provided the best possible opportunity for a wide range of voices to be heard, key stakeholders were contacted to offer them the opportunity to become involved, for example support groups, care homes, and education facilities to gather feedback.

Face-to-Face engagement sessions were developed to offer participants a comfortable space where they could talk to the facilitator(s). The sessions were supported by the FVA lived-experience team to offer their expertise as people who have faced mental health challenges.

A full list of face-to-face engagement groups can be seen in **Appendix 2**.

It was important that engagement reach was inclusive of our protected characteristic groups as outlined in the Equalities Act 2010. We engaged with the following groups outlined below.

Unpaid Carers

Adults with Learning Disabilities

People with lived experience.

Young People

Older Adults (65+)

People with complex mental health conditions

People with Dementia

People recovering from substance addictions.

A break down in numbers who attended face-to-face engagement activities in the various localities can be seen in the following chart.

Face-to-Face engagement - Localities

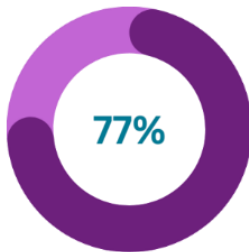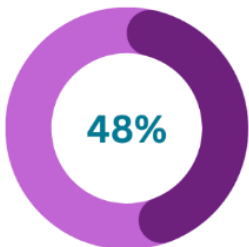| Locality	Number
Cowdenbeath	13
Dunfermline	50
Glenrothes	67
Kirkcaldy	48
Levenmouth	51
North East Fife	61
South West Fife	25
Fife-Wide	133
Outwith Fife	1
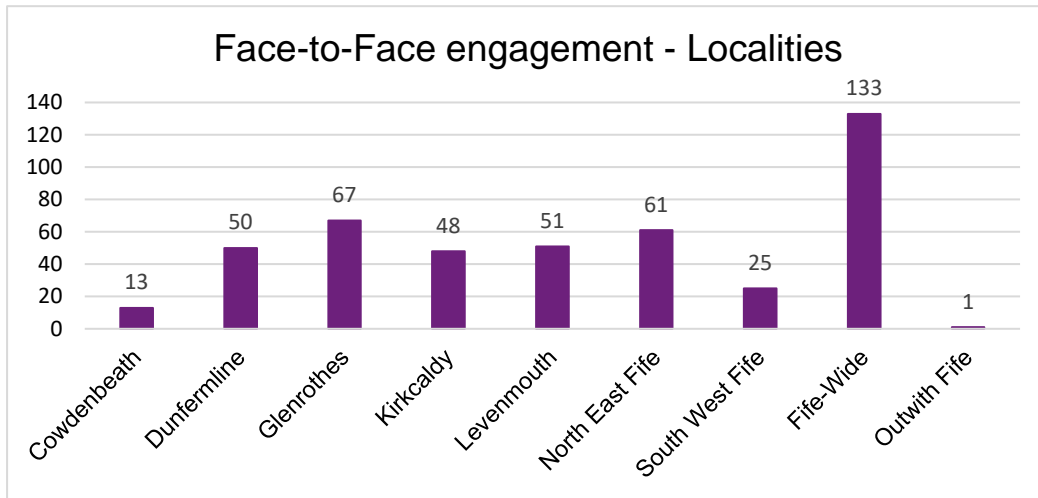
Microsoft Forms Survey

552 people responded to the **survey** (55%)

16 easy read responses
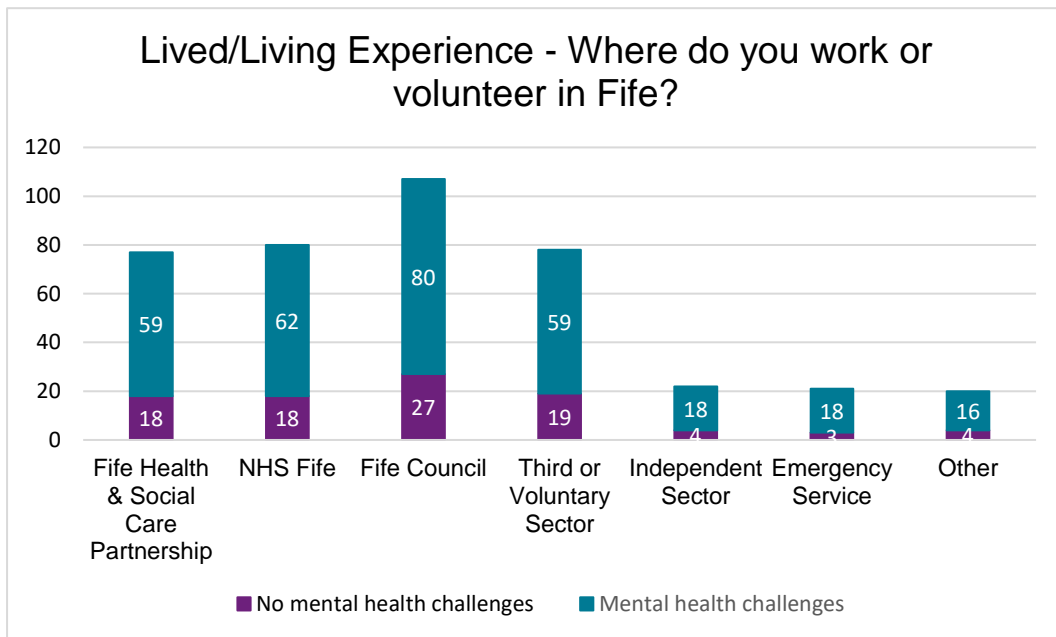
2 paper responses

77% **77%** of respondents said they **have lived or living experience** of mental health challenges.
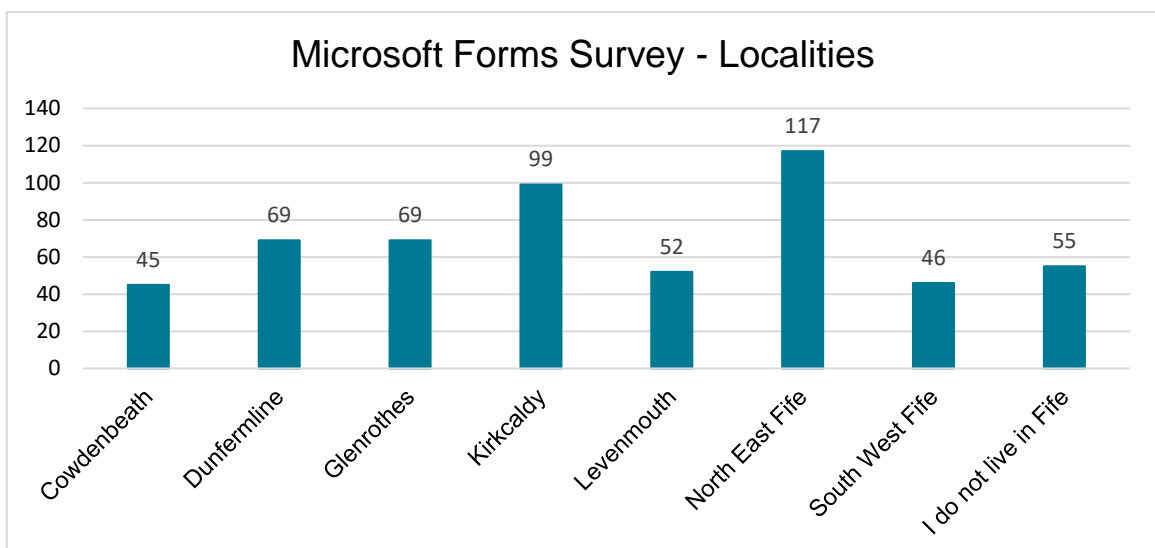
48% **48%** of respondents **provide unpaid support** to a friend, neighbour or family member who is impacted by mental health challenges.

The following chart shows that in workplaces in Fife there is substantially more people who have lived experience than those who do not. The **blue section** identifies those who **have lived or living experience** of mental health conditions, whereas the **purple section** identifies those who reported they **do not have lived experience**. For example, 59 respondents who work at Fife HSCP said they have lived/living experience of mental health challenges, whereas 18 said they do not.

Lived/Living Experience - Where do you work or volunteer in Fife?

Workplace	No mental health challenges	Mental health challenges
Fife Health & Social Care Partnership	18	59
NHS Fife	18	62
Fife Council	27	80
Third or Voluntary Sector	19	59
Independent Sector	4	18
Emergency Service	3	18
Other	4	16

This next chart illustrates where respondents live. The option "I do not live in Fife" was included in this as some respondents may work in or deliver a service in Fife but may not live in Fife, among the respondents, 10% chose this category. The locality with the highest response rate was North East Fife at 21% whilst the lowest responding locality was Cowdenbeath at 8%.

Microsoft Forms Survey - Localities

Locality	Responses
Cowdenbeath	45
Dunfermline	69
Glenrothes	69
Kirkcaldy	99
Levenmouth	52
North East Fife	117
South West Fife	46
I do not live in Fife	55

Microsoft Forms Survey: Equalities, Diversity and Inclusion

The optional questions on equalities, diversity, and inclusion within the survey allowed respondents to share additional information about their identity and experiences, with **68% choosing to participate**. This data helps us further understand our engagement reach, helping to identify any gaps in future consultations or specific issues faced by certain protected characteristic groups regarding services. A detailed breakdown of this feedback is available in **Appendix 3**.

5. Themes from Feedback

The survey was designed to gather people's thoughts around the following questions:

1. If the Vision, Mission, Core Values and Priorities are the right ones for Fife?
2. How might we people to talk openly about mental health without fear or judgement?
3. How might we help people to look after and nurture their own mental health and wellbeing?
4. How might we ensure people experiencing mental health crisis and distress can access timely and compassionate support?
5. How might we improve care, support and treatment for people living with complex and enduring mental health conditions?
6. How might we improve access to appropriate support for people with mental health and substance use?
7. How might we measure the success of the strategy and delivery plan?

The following sections will provide a summary on each of the above questions and identify key themes emerging from the engagement. Further feedback can be found in **Appendix 4**. Within each themes some subthemes have also be identified where appropriate.

It is important to note that during the engagement "live" period in December 2023, the Scottish Government announced budget cuts of £30million to mental health services. Responses may have been informed and influenced by this information.
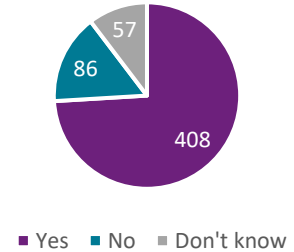
5.1   Vision

"A Fife, where every person is empowered to achieve their best possible mental health and wellbeing."

We Asked: Is our vision statement clear, ambitious and inspiring?

**You Said: 408 respondents (74%) agreed that the vision is clear, ambitious, and inspiring**

57
86
408

■ Yes ■ No ■ Don't know

Most respondents agreed that the vision was clear, ambitious and inspiring. Participants did feedback on their aspirations and concerns for the delivery of the vision. These included mental health services and support, emphasising stigma, training, accessibility, and workplace awareness, along with other associated aspirations and concerns.

5.2   Mission

"Together, we will work to create compassionate communities, accessible support, and specialist services, focussed on hope, wellbeing, and recovery."

We Asked: Does our mission statement set out a clear purpose for our work?

You Said: 456 respondents (83%) agreed the mission statement sets out a clear purpose for our work

35
61
456

■ Yes ■ No ■ Don't know
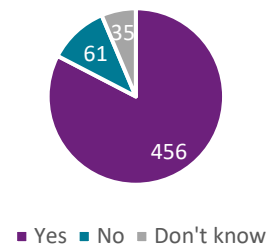
Most respondents agreed with the vision, the feedback from participants demonstrated areas for improvement in mental health service delivery, highlighting the need for compassionate care, better access to resources, proactive prevention strategies, community integration, and individual accountability.

5.3   Core Values

Collaborative We will work together in equal partnership to collectively challenge stigma and improve mental health and wellbeing across Fife.	**Accessible** Anyone who needs help with their mental health and wellbeing should be able to access support that is right for them.	**Preventative** We will spot mental health problems early, stop them from getting worse and help people to get better.
Informed Our decisions are based on good information, facts and insights.	**Person Focused** Person centred, trauma and psychologically informed approaches are embedded within our services.	**Outcome Focused** Our work will make lives better.
	Compassionate We will protect human rights and treat people with kindness, compassion, dignity and respect.	

We asked: Do our values create a clear foundation or guide for our actions?

32

47

470
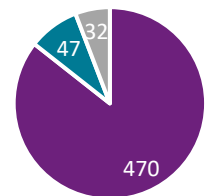
■ Yes ■ No ■ Don't know

You said: 470 respondents (85%) agree with the core values

Most respondents agreed with the core values suggesting they are ambitious with high aspirations, and sound good.

Some respondents felt the core values as they are, display some jargon and are not succinct. In addition to this feedback, suggested there is too much focus on how things will be done in the future without valuing what currently exists, and the current challenges faced.

Other respondents agreed with the values but questioned how these would be measured. It was also suggested that the values should promote health and wellbeing universally rather than a focus on those with mental health challenges.
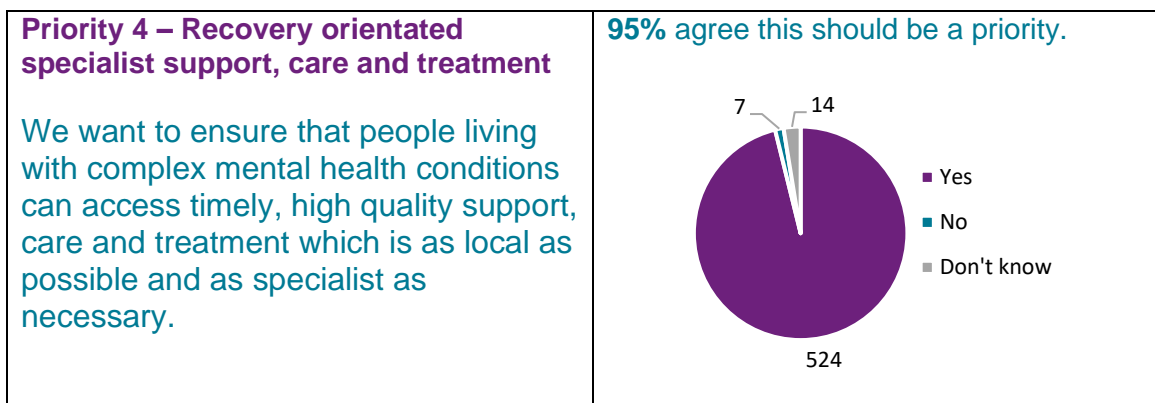
It was also recognised that different services may interpret the values differently and how would consistency across services be achieved.

There is further feedback around the aspirations and concerns for the vision, mission and core values in **Appendix 4**.

5.4   Priorities

We asked: Are these the right priorities for Fife?

Overarching Key Themes	Agreement
Priority 1 – Talking about Mental Health We want to tackle stigma and discrimination and help to create a Fife where we can talk openly about our mental health, without fear or judgement, and where we feel supported to seek help when we need it.	**91% agree** that this should be a priority 24 18 Yes / No / Don't know 505
Priority 2 – Prevention, early intervention and recovery We want to ensure all people in Fife, including people living with mental health conditions, have the resources they need to look after and nurture their own mental health and wellbeing.	**95% agree** that this should be a priority 12 12 Yes / No / Don't know 524
Priority 3 – Improved response to mental health distress and crisis We want to ensure that people experiencing mental health distress and crisis can access timely, compassionate support.	**96%** agree that this should be a priority 9 9 Yes / No / Don't know 528

Priority 4 – Recovery orientated specialist support, care and treatment	95% agree this should be a priority.
We want to ensure that people living with complex mental health conditions can access timely, high quality support, care and treatment which is as local as possible and as specialist as necessary.	7 14 ■ Yes ■ No ■ Don't know 524

Participants were invited to give comments around the priorities, these have been summarised and can be found in **Appendix 5**.

5.5   How might we?

Participants were encouraged to tell us about their thoughts on *"How might we"* achieve the four priorities for the strategy. There was an additional question added around substance use and mental health support.

We asked:

Q1. How might we help people to talk openly about mental health without fear or judgement?

Q2. How might we help people to look after and nurture their own mental health and wellbeing

Q3. How might we ensure people experiencing mental health crisis and distress can access timely and compassionate support

Q4. How might we improve care, support and treatment for people living with complex and enduring mental health conditions

Q5. How might we improve access to appropriate support for people with mental health and substance use

The diagram on the next page demonstrates the cross-cutting themes which came out across the five questions.

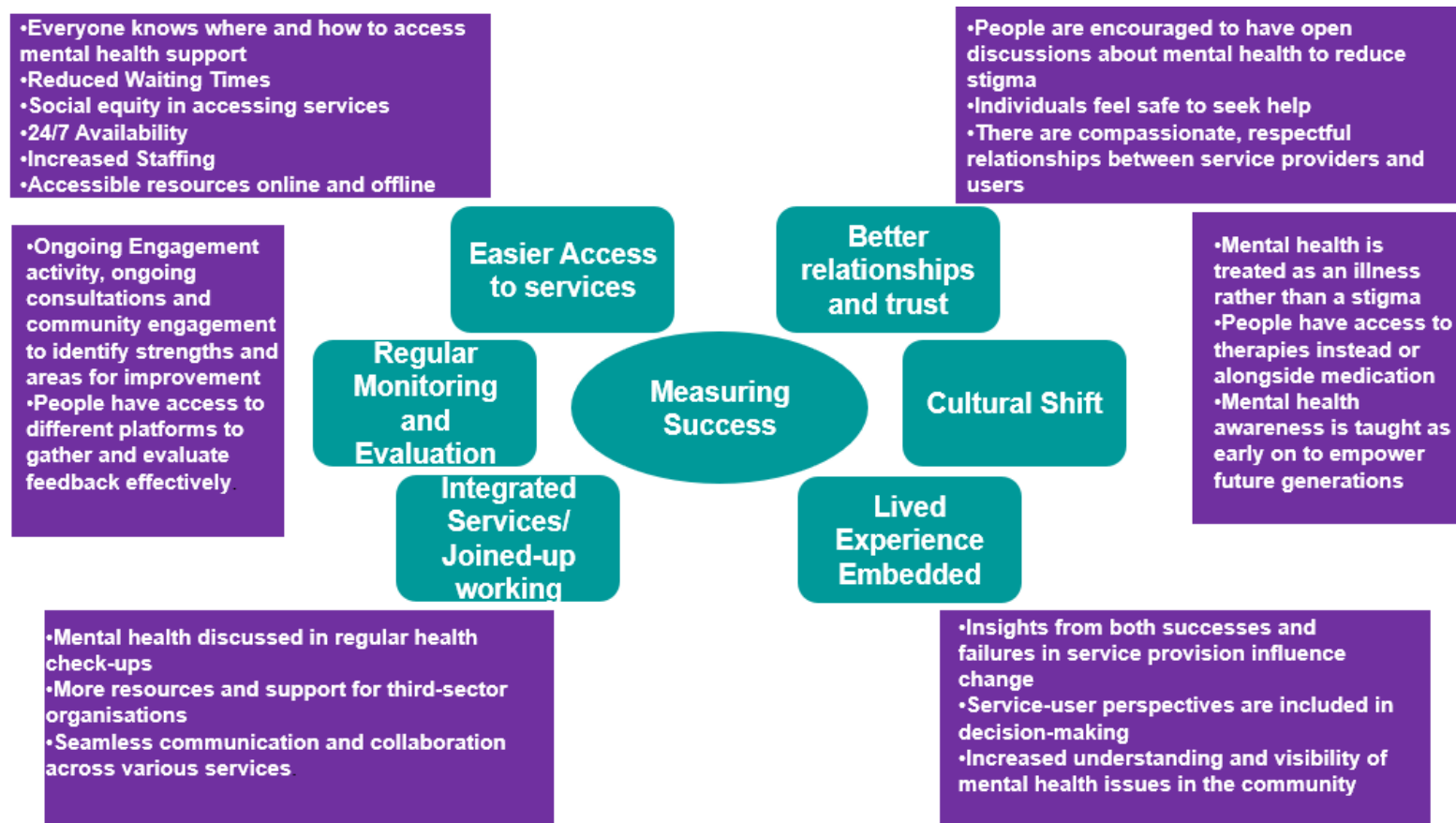| Q1.	Q2.	Q3.	Q4.	Q5.
Promoting Conversations for Mental Health Education and Stigma Awareness	Promoting Conversations for Mental Health Education and Stigma Awareness	Promoting Conversations for Mental Health Education and Stigma Awareness	Promoting Conversations for Mental Health Education and Stigma Awareness	Promoting Conversations for Mental Health Education and Stigma Awareness
Enhancing Access to information and Community-Based Resources	Enhancing Access to information and Community-Based Resources	Enhancing Access to information and Community-Based Resources	Enhancing Access to information and Community-Based Resources	Enhancing Access to information and Community-Based Resources
Compassionate and Inclusive Holistic Care	Compassionate and Inclusive Holistic Care	Compassionate and Inclusive Holistic Care	Compassionate and Inclusive Holistic Care	Compassionate and Inclusive Holistic Care
	Integrated and Ongoing Support	Integrated and Ongoing Support	Integrated and Ongoing Support	Integrated and Ongoing Support
Community Engagement and Empowerment		Community Engagement and Empowerment	Community Engagement and Empowerment	Community Engagement and Empowerment
Workplace support and development	Workplace support and development		Workplace support and development	Workplace support and development
		Communication and support		Communication and support

5.6   Measuring Success

The Mental Health and Wellbeing Strategy Working Group is required to measure the effectiveness of the strategy and its delivery plan. They will have to determine how to recognise the impact on communities. Participants were invited to share their thoughts on how success should be defined and assessed.

•Everyone knows where and how to access mental health support
•Reduced Waiting Times
•Social equity in accessing services
•24/7 Availability
•Increased Staffing
•Accessible resources online and offline

•People are encouraged to have open discussions about mental health to reduce stigma
•Individuals feel safe to seek help
•There are compassionate, respectful relationships between service providers and users

•Ongoing Engagement activity, ongoing consultations and community engagement to identify strengths and areas for improvement
•People have access to different platforms to gather and evaluate feedback effectively.

•Mental health is treated as an illness rather than a stigma
•People have access to therapies instead or alongside medication
•Mental health awareness is taught as early on to empower future generations

Easier Access to services

Better relationships and trust

Regular Monitoring and Evaluation

Measuring Success

Cultural Shift

Integrated Services/ Joined-up working

Lived Experience Embedded

•Mental health discussed in regular health check-ups
•More resources and support for third-sector organisations
•Seamless communication and collaboration across various services.

•Insights from both successes and failures in service provision influence change
•Service-user perspectives are included in decision-making
•Increased understanding and visibility of mental health issues in the community

6. Conclusion

Reaching over one thousand people (including mental health professionals, service users, and caregivers), the recent engagement aimed to share the strategic vision, mission, and values, while shaping the priorities for Fife's Mental Health and Wellbeing strategy and delivery plan. Participants provided valuable feedback on how these priorities could be achieved, which emphasised the need for improved access to services, information, and supportive networks.

The lack of funding and investment in third sector organisations was highlighted, with stakeholders calling for greater collaboration to fill gaps in current service provision and enhance signposting to available support. Many third sector services already exist within communities, offering an opportunity to map these resources effectively, including those addressing addictions and complex mental health conditions.

This aligns with feedback from the recent Mental Health & Wellbeing in Primary Care Coproduction (MHWPCC) engagement, where stakeholders expressed a desire for a more streamlined approach to service access and clear points of entry to access support and services.

While most respondents agreed with the proposed core values, views were expressed that these core values should be across all services, not just mental health. Some feedback pointed to the use of jargon and suggested that the values should reflect a broader commitment to health and wellbeing, rather than focusing solely on individuals with mental health challenges. Ensuring consistency in how different services interpret these values will be crucial for their effectiveness.

The key themes identified in the "how might we" questions reveal a strong desire for promoting open dialogue, mental health education, stigma awareness, and compassionate, holistic care. Additionally, early intervention and prevention are vital for helping individuals manage their mental health and determine when they need professional support.

After the development of the strategy, there should be clear measures of success against the priority actions. Participants were invited to define how success could be recognised. By actively considering this feedback, the Mental Health and Wellbeing Strategy Working Group can create a comprehensive framework that empowers individuals, reduces stigma, and fosters a culture of support and understanding. Fife's Mental Health and Wellbeing Strategy and Delivery Plan will aim to create more resilient communities that prioritises mental health and wellbeing for everyone.

6.1   Next Steps

The findings and key themes from this engagement will support the development of the Mental Health Strategy and Delivery Plan. The Mental Health and Wellbeing Working Group will see this report for comment and approval.

The Mental Health and Wellbeing Strategy will expand on the vision for the people of Fife and will explain the approach that will be taken over the next four years to improve mental health and wellbeing outcomes for individuals, their families and carers, our employees, and our local communities. The strategy will be supported by a Delivery Plan, which will include details of the actions that are planned to progress the priorities and deliver the vision

Further engagement (Phase 2) is planned for late 2024, the purpose of this will be to gather feedback on the actions developed in response to the agreed priorities from the 2023 consultation. Overall feedback from the engagement will be collated and presented to the Mental Health and Wellbeing Strategy Working Group. The Feedback will be used as evidence, on balance, with other sources to help determine the direction of the Delivery Plan.

Fife Health & Social Care Partnership
Supporting the people of Fife together

Appendix 1 – Focus group questions

How might we help people talk openly and confidently about mental health? **Priority 1 – Blue sticky notes**	**How might we help people access support if they are in distress or crisis?** **Priority 3 – Pink sticky notes**
How might we help people to look after and nurture their own mental health and wellbeing? **Priority 3 – Yellow sticky notes**	**How might we ensure that people can share their own experiences of mental health support in Fife?** **Measuring Success – Green sticky**

Appendix 2 – Breakdown of face-to-face engagement groups

The events that FVA lived-experience team members co-facilitated are in blue text in the table.

Cancellations due to sickness meant some of the planned sessions were cancelled. This included a local LGBTQ+ group and a Carers group.

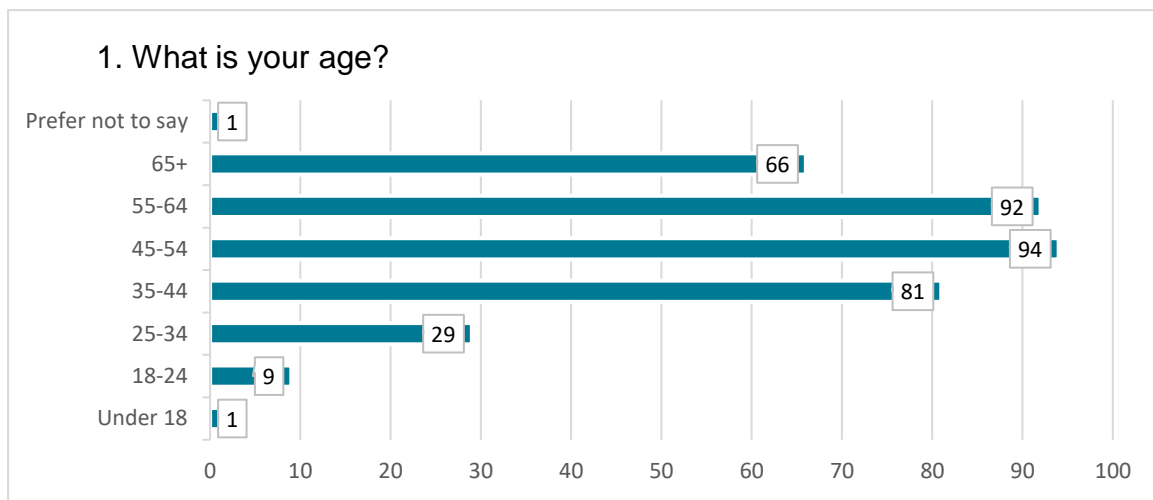| Group	Location	Date	Attendees
People First - Women's Group	In-person	12/10/2023	12
SAM's Conversations of Experience	In-person	25/10/2023	2
STAND	In-person	01/11/2023	10
The Meeting Centre (Dementia Friendly)	In-person	07/11/2023	10

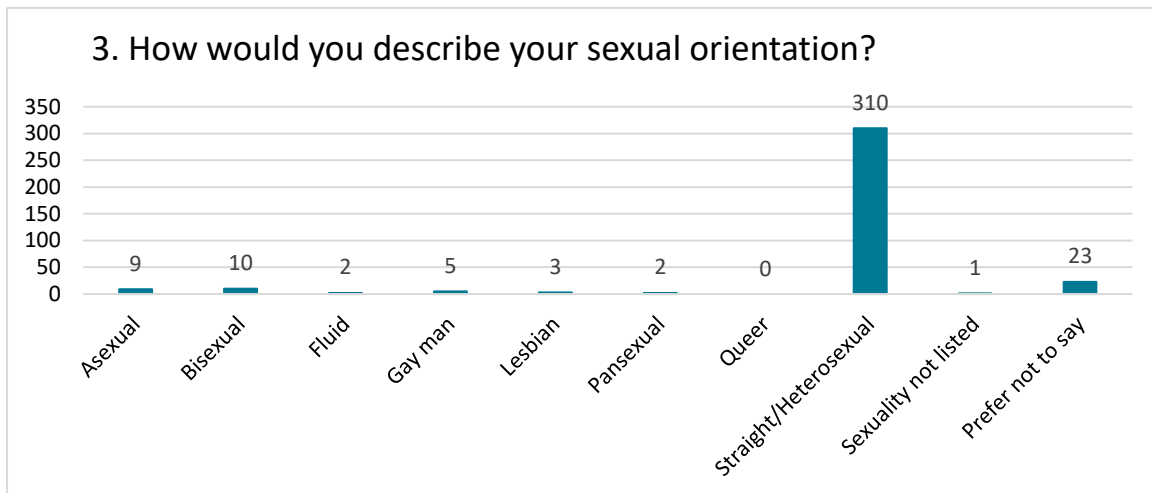|			
Waid Academy Drop-in	In-person	09/11/2023	39
Dementia Walk	In-person	13/11/2023	6
People First	In-person	13/11/2023	6
SAM's Conversations of Experience	In-person	15/11/2023	3
Benarty Mental Health Event	In-person	16/11/2023	10
EATS Rosyth	In-person	17/11/2023	10
Fife College - Glenrothes Campus	In-person	21/11/2023	55
Cadham Neighbourhood Centre	In-person	22/11/2023	5
Fife College - Levenmouth Campus	In-person	27/11/2023	19
Bipolar Scotland - Fife & Forth Valley	Online	28/11/2023	6
Fife College - Dunfermline Campus	In-person	30/11/2023	36
Carer's Support Group	In-person	01/12/2023	8
Fife College - Rosyth	In-person	04/12/2023	8
Abbotsford Care, Glenrothes	In-person	04/12/2023	7
1-to-1 carer's interview	In-person	05/12/2023	1
Abbotsford Care, Newburgh	In-person	05/12/2023	3
Balhousie Forthview Care	In-person	05/12/2023	5
Fife College - Kirkcaldy Campus	In-person	06/12/2023	36
Psychology Team	Online	08/12/2023	94
Abbotsford Care, East Wemyss	In-person	12/12/2023	2
Barchester Canmore Lodge Care	In-person	13/12/2023	3
Abbotsford Care, Dunfermline	In-person	13/12/2023	3
Hilton Court, Rosyth	In-person	13/12/2023	7
FVA Mental Health Providers Forum	In-person	14/12/2023	15
Abbotsford Care, Cowdenbeath	In-person	14/12/2023	3

Forget Me Not – Police Scotland Event	In-person	19/12/2023	25
		TOTAL	**449**

Appendix 3 – Equalities, Diversity, and Inclusion Feedback

373 (68%) respondents chose to complete the equalities, diversity and inclusion questionnaire at the end of the consultation.
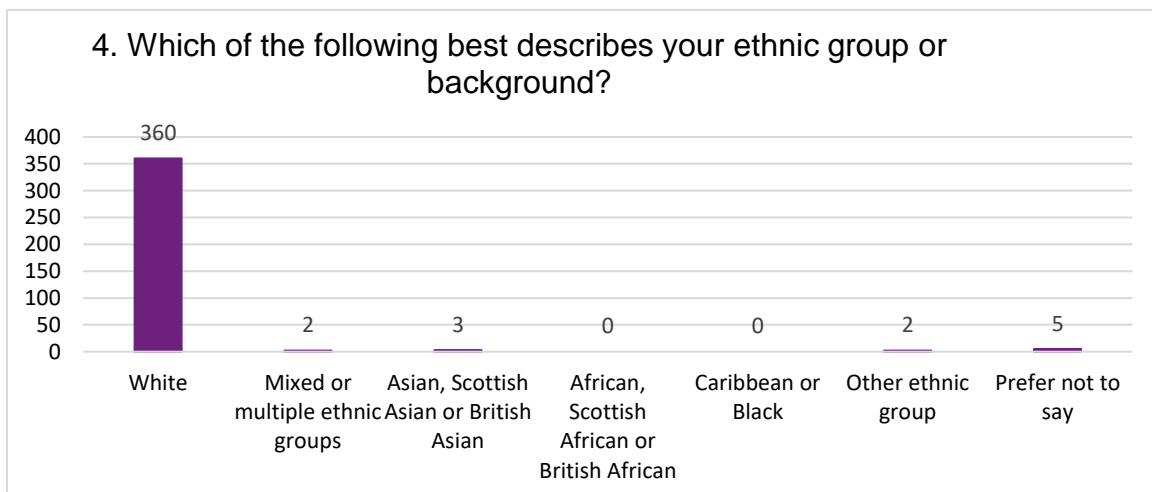
1. What is your age?

Age	Count
Prefer not to say	1
65+	66
55-64	92
45-54	94
35-44	81
25-34	29
18-24	9
Under 18	1

2. How would you describe your gender?

Gender	Count
Man	92
Woman	271
Trans Man	2
Trans Woman	1
Non-binary	2
Identity not listed	0
Prefer not to say	5

2. a) If you would like to specify your identity please use the following text box.

3. How would you describe your sexual orientation?

Category	Value
Asexual	9
Bisexual	10
Fluid	2
Gay man	5
Lesbian	3
Pansexual	2
Queer	0
Straight/Heterosexual	310
Sexuality not listed	1
Prefer not to say	23

[0 responses]

3. a) If you would like to specify your sexual orientation, please use the following text box:1 response – Abrosexual

4. Which of the following best describes your ethnic group or background?

Category	Value
White	360
Mixed or multiple ethnic groups	2
Asian, Scottish Asian or British Asian	3
African, Scottish African or British African	0
Caribbean or Black	0
Other ethnic group	2
Prefer not to say	5

4. a) Of those who selected "White" the following responses were received;

- Scottish: 283
- Other British: 54
- Irish: 7
- Polish: 1
- Gypsy/Traveller: 0
- Roma: 0
- Showman/Show woman: 0

- Other 9 (responses included British/Canadian dual (1), Dutch (1), British (2), German (1), Nordic (1), White European (1), EU (1), Other (1)

4. b) Of those who selected "any mixed or multiple ethnic groups" the following responses were received:

- 0 responses

4. c) Of those who selected "Asian, Scottish Asian or British Asian", the following responses were received

- Pakistani, Scottish Pakistani or British Pakistani: 0
- Indian, Scottish Indian or British Indian: 3
- Bangladeshi, Sottish Bangladeshi or British Bangladeshi: 0
- Chinese, Scottish Chinese or British Chinese: 0
- Other: 0

4. d) Of those who selected "African, Scottish African or British African", the following responses were received:

- 0 responses

4. e) Of those who selected "Caribbean or Black", the following responses were received:

- 0 responses

4. f) Of those who selected "Arab, Scottish Arab or British Arab", the following responses were received:

- Arab, Scottish Arab or British Arab: 0
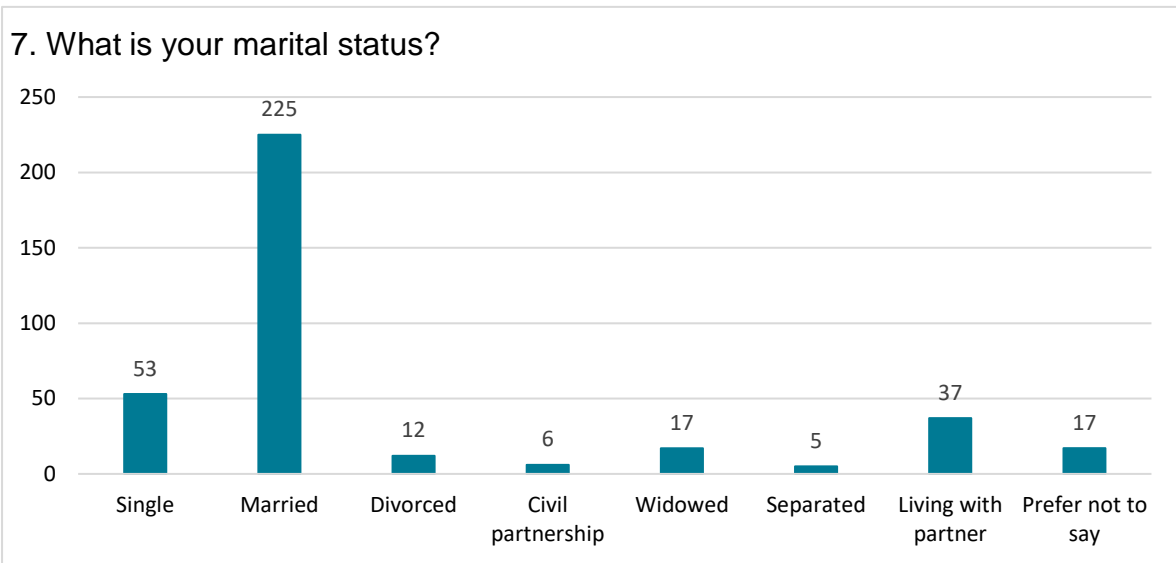- Other: 2 (Human Being (1), Chinese (1)

5. What is your religion or belief?

Religion/belief	Count
None	210
Church of Scotland	65
Roman Catholic	26
Other Christian	32
Muslim	3
Hindu	1
Buddhist	3
Sikh	0
Jewish	1
Pagan	4
Prefer not to say	14
Other	12

6. Would you describe yourself as having a health condition and/or disability?

Prefer not to say, 14

Yes, 164

No, 194

■ Yes   ■ No   ■ Prefer not to say
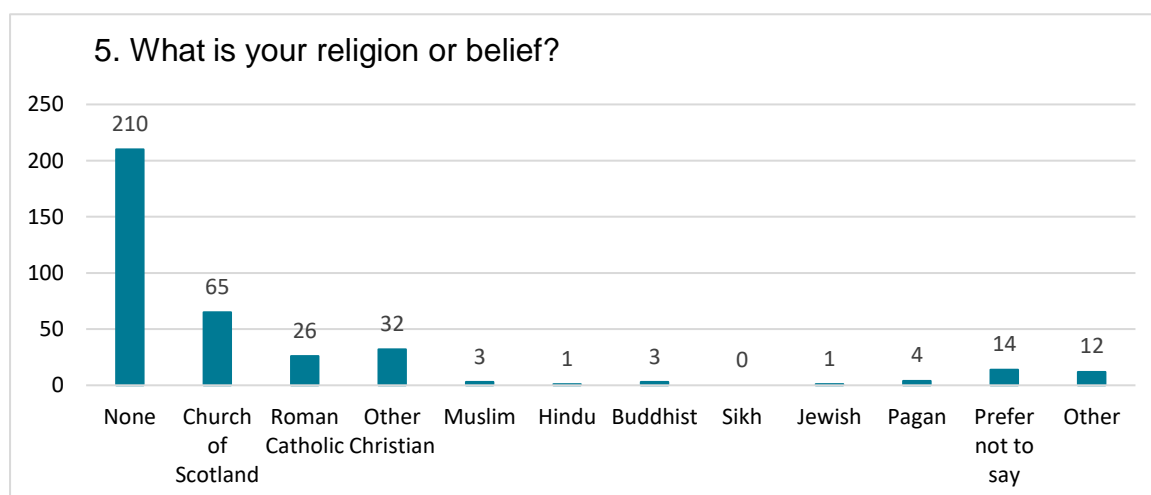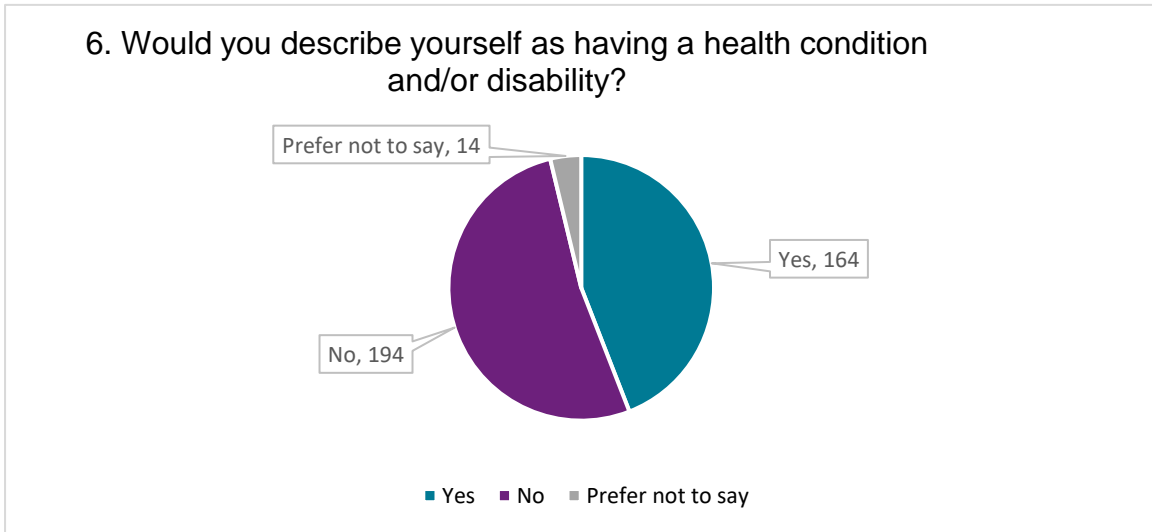
6. a) Of those who said they do have a disability the following responses were received:

Deafness or partial hearing loss: 28
Blindness or partial sight loss: 9
Full or partial loss of voice or...: 0
Learning disability: 21
Learning difficulty: 15
Developmental disorder: 1
Physical disability: 45
Mental health condition: 87
Long-term illness: 42
Disease or condition: 69

7. What is your marital status?

Category	Value
Single	53
Married	225
Divorced	12
Civil partnership	6
Widowed	17
Separated	5
Living with partner	37
Prefer not to say	17

8. Are you currently breastfeeding, pregnant or recently given birth?

Prefer not to say 5
Yes 5
No 357

■ Yes ■ No ■ Prefer not to say

8. a)

Please specify if you are:

- Pregnant: 1
- Breastfeeding: 3
- Recently given birth: 1
- Prefer not to say: 0

Appendix 4 - Vision, Mission and Core Values

Vision Themes	You said:
Reducing Stigma	• Public Awareness Campaigns: Initiatives aimed at changing perceptions about mental health can foster a more inclusive and understanding society. Stories of lived experiences can be powerful. • Comprehensive training A structured programme in place to train healthcare providers, employers, and community members about mental health issues. Without proper training, misunderstandings can perpetuate stigma and hinder support. • Patient Advocacy: Promoting advocacy programs that empower patients to speak up about their experiences can lead to systemic change.
Language	• Inclusive Terminology: Use language that reflects the community's preferences and experiences to foster a sense of belonging and encourage engagement. • Balanced Support Approach: Promoting a balanced approach that emphasises both professional support and personal agency can empower individuals without placing undue burden on them.
Accessibility	• Location and Timing: Services are available where and when individuals need them. Accessibility can be influenced by geographic, economic, and logistical factors.
Training	• Empathy Training: Training programs focused on empathy, active listening, and mental health literacy which can empower individuals to engage in conversations about mental health confidently. • Collaborative Learning: Encouraging interdisciplinary training among health professionals, employers, and community members which can foster a holistic understanding of mental health.
Service Delivery	• Mobile and Community Services: Developing mobile units or community-based programs which can ensure that services reach individuals in underserved areas. • User-Friendly Access: Simplifying the process to access services—such as walk-in clinics or online support—which would make a significant difference. • Partnerships: Building partnerships between public, 3rd sector, and voluntary sectors to help leverage additional resources and support.

	• Community Resources: Enhancing access to community resources that address both economic and mental health needs which could foster resilience and well-being.
Workplace Support	• Sector-Specific Needs: Different sectors may have unique challenges regarding mental health support. Services need to be tailored to fit diverse work environments. • Implementation: Employers are equipped and motivated to implement supportive measures, such as mental health days, counselling services, and training programmes. • Comprehensive Policies: Encouraging all sectors to adopt mental health policies that promote well-being and provide resources for employees to create supportive work environments. • Peer Support Programs: Establishing peer support systems in workplaces can provide informal avenues for employees to discuss mental health issues.

Mission Themes	You said:
Service Delivery in Reality	• Face-to-Face Appointments: A preference for in-person interactions suggests that personal connection in care is important for patients. • Compassion in Care: Emphasising compassion points to a gap in empathetic service provision.
Prevention	• Suicide Prevention: A proactive approach to mental health is essential, indicating the importance of addressing this critical issue. • 24/7 Helpline: Continuous support systems are crucial, especially in crisis situations. • Mental Health Awareness: Positioning mental health alongside physical health underscores its importance in overall well-being. • Education and Training: Promoting mental health education can empower individuals and prevent deteriorating mental health.
Access to Support	• Resources in Schools: Incorporating mental health resources in educational settings can foster early intervention. • Specialist Service Access: Greater access is necessary for those who need specific care. • Outreach: Efforts to reach those unaware of their need for support are crucial for inclusive care.

	• Lived Experience Utilisation: Engaging individuals with lived experience can enhance relatability and support within communities. • "Near Me" Tool: Highlighting effective tools for access is important for ongoing improvement.
Integration of Services	• Community Building: A focus on community support indicates the importance of collective efforts in mental health care. • Understanding "We": Clarifying who is involved in integrated care is essential for accountability and effectiveness.
Accountability on Individual	• Individual Responsibility: Encouraging personal accountability can foster a culture of proactive mental health management.
General Comments	• Learning from Best Practices: Emphasising the need for public bodies to adapt and improve based on successful strategies can lead to better outcomes.

Core Values	You said:
Collaborative	• It would be good to see mention of co-production and co-design of services with service users and other members of the public. Collaboration is fine, but to reach full person-centred then you need to be working with patients to design the support that's best for them. • "Collaborative - Mental health & wellbeing is everyone's business and we work together in equal partnership to collectively challenge stigma and improve mental health & wellbeing for people in Fife". • Disbelief that partners will be 'equal' in all situations.
Accessible	• Concerns around the word "should be able to..." where respondents felt this should read "will be able to..." • "Accessible - we will work with partners to ensure that anyone who needs help with their mental health and wellbeing is able to access support that is right for them and that gets it right for them." • Ensuring the recognition of outreach for most deprived areas, those who are not physically able to access support and where people won't seek help is crucial and ensuring support is as accessible as possible for these groups. • Core value that needs most development – long waiting lists, accessible to all (different formats, options, information), early support and intervention, access in a timely manner, etc.
Preventative	• Vital work and crucial but people aren't always taken seriously, or able to get access to appointments at early stages if recognised.

	• There is an opportunity here to promote and educate population on overall health to prevent ill mental health from young ages in schools. • Prevention is not about spotting problems early - that's early diagnosis. • Prevention is creating conditions where fewer people become mentally ill. • Most ambitious core value to achieve. • 'Stop' is an ambitious goal and won't always be achievable based on different mental health conditions and at time of diagnosis. • "We will do all we can and work with partners to spot mental health problems......." – it is not always possible to stop things getting worse. This is more realistic than idealistic.
Informed	• The word 'insights' doesn't fit with being informed - it doesn't sound like a service based in research and evidence alongside outcomes of the people you are supporting. • Disbelief that services are currently informed – often feel there are too many gatekeepers and managers creating barriers into services. • "Our decisions are based on good/robust information, facts, and insights that are based on what matters to people in terms of their values, outcomes and experiences". • Should include views of the person, not just be based on information and facts.
Person Focused	• Good to see person-centred approach being referenced. • This should always come first with everything else afterwards. • "Person focused - Services and supports are personalised, trauma and psychologically informed, and are based on getting it right for people". • Funding for some specialist services stops at certain ages – the person then drops off the radar as nowhere to be referred to.
Outcome Focused	• Wording is vague and non-descriptive. • Encouraging to see outcomes and evidencing how this is measured and evaluating the effectiveness of the strategy overtime will be interesting. • Could also include bringing in family members to identify outcomes. • Outcomes-focused could improve the life for the service-user but worsen that of their carer or vice versa.
Compassionate	• Compassion lacks and is not evident in some services in current environment.

	- The term "compassion" arises again but this time refers to a more focused grouping. - Implementing this into the workplace (across all sectors) and not just into services so employees feel able to talk about how they feel before crisis point is reached. - Often, it's too late by the time services are compassionate if at all.

Appendix 5 – Feedback on priorities

Priority 1
What can be done to make it easier for people to talk openly about their mental health and wellbeing without fear or judgement?

Open Conversations and Awareness
- Foster safe environments for open discussions about mental health.
- Normalise mental health as an everyday topic.
- Promote peer-led conversations and information sharing.
- Encourage controversial feelings to be expressed.

Accessible Information and Resources
- Provide clear, understandable information through various communication methods.
- Centralise access to support without needing a GP referral.
- Offer both online and in-person resources.

Compassionate and Trauma-Informed Care
- Retrain health staff to reduce stigma and promote compassion.
- Ensure staff are trauma-informed and understand the experiences of stigma.
- Recognise individual circumstances and coping mechanisms.

Community Engagement and Supportive Environments
- Promote opportunities for discussions in community and educational settings.
- Create supportive environments in workplaces and social spaces.
- Encourage informal support networks (e.g., community groups).

Education and Awareness
- Enhance training for educators on mental health topics.
- Educate individuals from a young age about mental health.
- Increase public awareness through campaigns and testimonials

Workplace Policies and Support Systems
- Implement policies for recognising and addressing mental health challenges in the workplace.
- Establish designated points of contact for mental health support.

- Increase statutory responsibilities for employers regarding mental health

Accessibility and Availability of Support
- Ensure 24/7 access to mental health services.
- Improve transport links to make support more accessible.
- Offer listening and non-judgmental support.

Priority 2

What can be done to help people to look after and nurture their own mental health and wellbeing?

Access and Navigation
- Establish a single point of contact for support and information.
- Simplify access to services without needing a GP referral.
- Create localised services or central hubs for easier reach.

Stigma Reduction and Awareness
- Increase service signposting and pathways to reduce stigma.
- Promote better understanding and education around mental health conditions in society.
- Encourage open conversations about mental health.

Diverse and Inclusive Support
- Provide varied support models tailored to different groups (age, gender, etc.).
- Ensure support is available for everyone, including those with complex conditions.
- Foster comfortable environments for group interactions and drop-in sessions

Integrated and Community-Based Services
- Enhance integration of services with effective information sharing.
- Focus on community and voluntary sector resources for support.
- Develop more community-based resources and groups

Ongoing Support and Follow-Up
- Offer consistent follow-up and care throughout an individual's lifetime.
- Support recovery and daily living with care plans and aftercare.
- Implement robust out-of-hours support to prevent hospital admissions.

Workplace Mental Health Initiatives
- Promote early intervention and mindfulness practices in the workplace.
- Educate and support workplace staff on mental health issues.
- Ensure public sector services prioritise their own staff's wellbeing

Education and Empowerment
- Provide training and resources for carers and the wider community.
- Encourage self-management education and accountability for wellbeing.
- Link diet and lifestyle choices to overall mental health.

Resource Development and Funding
- Increase funding and training for specialist and acute mental health services.
- Continuously evaluate what works in practice and invest in effective strategies.
- Improve inpatient facilities and make health staff roles more appealing.

Priority 3
What helps people access support if they are in distress or crisis?

Destigmatisation and Empowerment
- Destigmatise the health staff workforce to create a more inclusive environment.
- Empower individuals with lived experience to deliver services and training.

Personalised and Flexible Care
- Adapt services to individual needs, moving away from a one-size-fits-all model.
- Increase flexibility for mental health professionals, particularly in GP practices.

Communication and Relationship Building
- Foster genuine relationships between patients and providers, emphasising listening and trust.
- Provide a variety of communication options (phone, text, face-to-face) tailored to individual preferences.

Coordinated and Integrated Support
- Establish a single point of contact or care coordinator to streamline support.
- Improve sharing of information between services to ensure continuity of care

Follow-Up and Ongoing Support
- Implement regular follow-ups after medical prescriptions and other treatments.
- Provide support for grief, trauma, and ongoing mental health challenges

Community Engagement and Resources
- Promote clubs, groups, and community resources to foster social connections.
- Increase awareness of available charities and support services

Accessible Information and Resources
- Ensure easy access to information about services and support, including through social media.
- Provide low-cost or free resources and easy-read information.

Holistic and Preventative Approaches
- Emphasise social prescribing over medical prescriptions to support overall wellbeing.

- Educate individuals to manage their mental health and reduce unnecessary pressure on GPs.

Priority 4

What can be done to improve support, care and treatment for people living with complex mental health conditions?

Community Education and Awareness
- Improve understanding of mental health conditions within workplaces and the broader community.
- Empower carers with information and resources to support their roles effectively

Personalized and Flexible Support
- Recognise individual differences in care needs and ensure flexibility in service delivery.
- Offer alternative appointment methods (online, phone, text, drop-ins) to accommodate diverse preferences.

Integrated and Collaborative Care
- Enhance inter-agency communication and appropriate signposting between services.
- Foster collaboration with third and voluntary sector organisations for holistic support.

Accessibility and Availability of Services
- Ensure equal access to services in all localities, with 24/7 support options.
- Address transportation barriers to appointments and provide community-based specialist services.

Staffing and Support Structure
- Increase the number of staff on the ground level and incorporate lived-experience personnel in service delivery.
- Provide ongoing support rather than relying on block appointments, ensuring continuity of care

Comprehensive Care Framework
- Adopt a holistic approach to mental health care, including residential facilities and suitable housing support.
- Change benefit structures to better accommodate mental health needs alongside physical health considerations

Community Resilience and Peer Support
- Build resilience within communities to cope with daily struggles through peer-led support groups.
- Ensure that families and the wider community receive support in mental health initiatives

Additional Feedback

What can be done to ensure that mental health and substance use services work together to ensure there are no gaps in access or treatment provision?

Stigma Reduction
- Actively work to reduce stigma around substance misuse to encourage openness and support

Holistic and Trauma-Informed Care
- Implement holistic approaches that consider the individual's overall well-being.
- Utilise trauma-informed strategies to help individuals develop new coping mechanisms before ceasing substance use.

Integrated Communication and Collaboration
- Foster effective communication between services to enhance coordination and reduce overlap.
- Create networking opportunities for staff to facilitate shared learning and collaboration

Accessibility and Support Structures
- Establish a central point of contact or liaison officer for streamlined support.
- Implement direct referral routes to make accessing services easier and faster

Continuity of Care and Early Intervention
- Support individuals during recovery stages with accessible mental health services.
- Ensure timely appointments that are tailored to individual needs, reducing waiting times between sessions.

Community-Based Resources and Facilities
- Develop local rehabilitation facilities to disrupt the routine of addiction.
- Create centralised "hubs" that provide a variety of support services

Safe and Supportive Environments
- Provide safe spaces in communities for individuals seeking help.
- Encourage a "no wrong door" approach, ensuring that anyone seeking support can find it easily

Empowerment and Advocacy
- Ensure individuals know their rights and have access to advocacy resources when needed.
- Take time to listen to individuals to build trust and provide personalised support.

Priority 1 – Talking about Mental Health

We want to tackle stigma and discrimination and help to create a Fife where we can talk openly about our mental health, without fear or judgement, and where we feel supported to seek help when we need it.

- Having a mental health informed workforce, appropriately trained to enable the ability to build positive relationships/ trust.
- Knowing that there is help and support available.
- Access to information about where and how to get help and using accessible communication tools for those with increased understanding of the wider determinants.
- Ensuring people know their rights and preventing the fear of loss or consequences from opening up.
- 24/7 access in to services and making services more accessible to those in rural areas.
- Ensuring funding and resources are better utilised across services.
- People with lived experience talking about challenges and successes.

Priority 2 – Prevention, early intervention and recovery

We want to ensure all people in Fife, including people living with mental health conditions, have the resources they need to look after and nurture their own mental health and wellbeing.

- Prevention and Early Intervention strategies and supporting people to live well with their conditions.
- Encouraging and enabling the access for people to reach out to those who have a similar experience to their own and who can relate to support them.
- Improved access to psychological therapies and tools.
- Promoting and signposting and use of third sector.
- Supportive employers/ routes back to employment.
- Tackle root causes- poverty, poor housing, isolation, cost of living- befriending, financial advice, housing.
- Funding and resources having an impact on what is achievable in reality.
- Improved access to support for Carers.

Priority 3 – Improved response to mental health distress and crisis

We want to ensure that people experiencing mental health distress and crisis can access timely, compassionate support.

- Less reliance on police and GPs, work with people with lived experience and enable flexibility for MH nurses.
- Ensuring the person is confident they will get the support they need when they need it and that services are tailored to specific groups and their needs.
- Bereavement support and more support and information for Carers.
- Do not have to meet eligibility criteria, reduced waiting lists, and 24/7 access.
- Integration between services to share information on what support is available and where this can be accessed.
- Putting less pressure on GPs and educating people to look after their own. wellbeing and having a holistic approach to their health.
- Better help when waiting for clinic services.
- Training up more people to have confidence to respond.

Priority 4 – Recovery orientated specialist support, care and treatment
We want to ensure that people living with complex mental health conditions can access timely, high quality support, care and treatment which is as local as possible and as specialist as necessary.

- More staff and diversify workforce with investment in training.
- Live well at home and long-term care. 20-minute neighbourhoods to improve accessibility.
- Advocacy - Listening to people, research good practice.
- If cannot work, benefits, housing, other financial support – where and how to access this.
- Changing the way people think about and see Mental Health conditions and reducing stigma.
- Being able to access services in a timely manner.
- Inpatients/better inpatient facilities.
- Better communication across services.

Appendix 6 – Organisation specific feedback

Some of the feedback received was specific to an organisation. This has been included below to highlight key take-away information for those organisations.

Fife Council feedback

"Fife Council absence policy is Draconian in terms of its 'trigger' mechanism which I feel is primarily designed to target physical illness patterns. This policy actively discourages Fife Council staff members openly discussing any mental health concerns which they may have as this could essentially lead to 'punishment' for the same should they require time to improve their mental health. I suspect this ultimately leads to lengthier periods of absence in the long-term under the umbrella term of 'stress'."

"Steps have already been taken to change the work culture in Fife Council as well as health and wellbeing education in schools. Maybe we just need to keep going as changing mindset is not an overnight process"

"Working for fife council and having done courses about mental health. I am currently off sick with my mental health more understanding for management is a must mine are very dismissive of my circumstances"

Private Care Homes Feedback

"Care home staff help me build up my confidence"

"Care staff are enthusiastic and encourage me to talk"

"Care home staff genuinely care about us"

"Private sector care homes don't have supporting mechanism's for staff"

Appendix 7 – Stakeholder List

Abbeyfield Kirkcaldy Society Ltd	Belsize / Care Concern	Deaf Blind Scotland
Abbeyfield Society	Bipolar Scotland	Beechwood Care/ Rosturk Group
Abbeyview Day Centre	Bluelight	Defence Medical Welfare Service (DMWS)
Abbotsford Care	Care & Share Companionship	Dementia Friendly Fife
Aberdour Day Care Association	Care @ Home Collaborative	Dementia Services Development Centre
Acre Care - Fergus Thain	Carers Centre	Disability Fife
Adapt (FASS/FCDS)	Caring Homes	Disabled Persons Housing Service Fife
Age Concern Cupar	Carnegie Care	Dunfermline Advocacy
Al-Anon Family Groups	Castle Furniture	Dunfermline Central Mosque and Islamic Centre
Alzheimer Scotland	Central Healthcare	Enable

Arden House	Citizens Advice Rights Fife	ENERGI
Asian Older People Group	Community Councils (Generic email)	Enhanced Care
Auchtermuchty Midday Club	Community Voice	Equal Voice in Central Fife
Auchtermuchty Old Peoples Welfare	Continuing Care North East Fife	Express Group
Autism in Fife	Councillors / Elected Members	Fairfield Care
Avondale Care Scotland	Couple Counselling (Relationships Scotland Couple Counselling Fife)	Falkland Church Lunch Club
Balhousie	Crossroads (Fife Central)	FC Community Engagement
Barchester	Cruse	Fife Advocacy Forum
Barnardo Scotland	Dalgety Bay Day Care Association	Fife Alcohol Support Service
Barony Housing	Day Centre Services Ltd	Fife Boomerang

Fife Breastfeeding Mums	Food Train	LEAD - Scotland
Fife Care Providers Forum	Four Season	Leonard Cheshire
Fife Carers Centre	Frontline Fife	Leonard Cheshire Services (Fife)
Fife Centre for Equalities	Gibson Trust	Link Living
Fife Chinese Older People	Glenburnie Care	Locality Groups
Fife Circles Network	Glendale Lodge	Loch of Shining Waters
Fife College	HC One	Marie Curie
Fife Council Deaf Communication Service	Hearing Voices Network Carers Support (for MH family members)	Meallmore
Fife Day Care Services Ltd	Holmes Group	Mental Health

Fife Employment Access Trust	Homelands Trust	MH SIG Members
Fife Forum	Homestart Glenrothes (Glenrothes Community House)	Newlands Care Home
Fife Gingerbread	Fife HSCP Services	NHS Fife Addiction Services
Fife International Forum	HSCP Carers Groups	NHS Virtual
Fife LGBTQ+ Community	IJB Carers Rep	North East Fife Befriending Project
Fife People's Panel	IJB Public Rep	Nourish
Fife Pride	Impact Funding Partners	One Stop Shop - Scottish Autism
Fife Rape & Sexual Assault centre	IncludeME	Participation & Engagement Subscriber List
Fife Shopping & Support Services	KASP (Kingdom Abuse Survivors Project)	Pain Association Scotland
Fife Voluntary Action	Kennedy Care	PAMIS
Fife Women's Aid	Kindred Advocacy	Peace of Mind
Fife Young Carers	Kingdom Homes	Penumbra
FIRST	Later Life Choices Glenrothes (was Age Concern Glenrothes)	People First
Phoenix Futures	Safe Space	STAND (Striving for a new day)
Pink Saltire	Samaritans Dunfermline	Strathmiglo & District Lunch Club
Providers Forum	Samaritans Kirkcaldy	Support in mind Scotland
Quarriers	SAMH	Talk Matters
Respite Fife	Schools across Fife	Tamanna Anjum
Restoration Fife	Scottish Care	The Autism Network
RNIB Pathway	Scottish Drugs Forum	The Wells
Rosturk Group	Scottish Huntington's Association	Transgender Fife

Royal National Institute for the Blind	Seescape	Victim Support Fife And Central
Royal Voluntary Service	SMART	We are with You (Formerly Addaction)
Sacro	St Philips Care	Wheatley Care (Formerly Barony)