
Report to: Clackmannanshire Council

Date of Meeting: 29 January 2026

Subject: Forth Valley Mental Health & Wellbeing Strategic Plan 2025/2035

**Report by: Dr Jennifer Borthwick, Interim Chief Officer,
Clackmannanshire & Stirling HSCP**

1.0 Purpose

- 1.1. The Forth Valley Mental Health & Wellbeing Strategic Plan 2025-2035 has been developed following extensive consultation and engagement with a wide range of stakeholders. Following approval by Clackmannanshire & Stirling Integration Joint Board (IJB) and Falkirk IJB, it was agreed that the Plan would be tabled at NHS Forth Valley and the three Local Authorities, to ensure appropriate visibility of this important multi-agency Strategic Plan.
- 1.2. There have been significant strategic developments for mental health at a national level, with the publication by the Scottish Government of a new Mental Health & Wellbeing Strategy for Scotland in June 2023. [Supporting documents - Mental health and wellbeing strategy - gov.scot \(www.gov.scot\)](http://www.gov.scot)
- 1.3. Within the Forth Valley area, Mental Health & Learning Disabilities services have undergone recent change with the responsibility for hosting services having transitioned to Clackmannanshire & Stirling Integration Joint Board for the whole of Forth Valley. However, responsibility for operational management of some services sits with each HSCP and with NHS Forth Valley.
- 1.4. In addition, there are services within each Local Authority where staff provide significant input to people with mental health issues, for example education, children's and criminal justice teams.
- 1.5. This complex delivery landscape reinforces the need to develop a Strategic Plan to ensure overall continuity across Forth Valley
- 1.6. As agreed with stakeholders, the Strategic Plan takes a life course approach and includes child & adolescent, adult and older adult mental health and wellbeing. The vision of the strategy is to promote positive mental health & wellbeing for everyone, enabling every person to live well in Forth Valley.

- 1.7. In line with both national and local strategies, the Mental Health & Wellbeing Strategic Plan includes a central focus on improving population health and early intervention & prevention, as well as on support and services for people with complex and enduring mental illness
- 1.8. A paper was presented to the June 2024 Clackmannanshire and Stirling IJB and to Falkirk IJB to issue a direction to the three councils and health board stating, “NHS Forth Valley, Clackmannanshire Council, Stirling Council and Falkirk Council are directed to support their employees to lead, coordinate and engage in the development of the Mental Health & Wellbeing Strategic Plan as required”.
- 1.9. A Strategic Planning group for Mental Health & Wellbeing was formed with broad stakeholder representation. This group met regularly to both drive and oversee the development of the Strategic Plan.
- 1.10. A formal approach based on Healthcare Improvement Scotland’s Strategic Planning: Good Practice Framework was taken. These principles offer a systematic framework that ensures a system-wide approach is taken, engaging with the right stakeholders to co-produce a Strategic Plan that resonates with staff, people who use services, partners, carers and stakeholders.
- 1.11. This plan will align with the Clackmannanshire & Stirling and Falkirk Strategic Commissioning Plans and Population Health and Care Strategy in the Forth Valley area.
- 1.12. It is important to note that this has been a complex arena to navigate. However, a thorough consultation and engagement process has been undertaken to ensure that all key stakeholders have been able to voice their opinion on the way forward for Mental Health and Wellbeing in Forth Valley.
- 1.13. A Strategic Needs Assessment (SNA) was undertaken between July and September 2024 to scope out and understand the current local mental health and wellbeing needs.
- 1.14. This highlighted a number of areas to be considered. Professor Sir Michael Marmot, Director of University College London’s Institute of Health Equity (IHE) developed the population health approach. This articulates that population health is driven by many factors, not simply access to health and social care. It is impacted by social and economic factors, environment and health behaviours. Therefore, our SNA focused on these areas to ensure we had a good understanding of the needs in Forth Valley.
- 1.15. There were two phases of engagement to develop the Strategic Plan. The first of these (October - November 2024) involved wide stakeholder engagement via Locality Planning Groups, Carers groups, Strategic Planning Groups, Senior Leadership Teams, Carers Centres, and key third sector partners such as Resilience Learning Partnership. This also included a face-to-face session with unpaid carers and the sensory loss community. This process supported the development of key priorities and shaped the general direction of the Strategy.

- 1.16. Using the output of the first round of engagement, a high-level Strategic Plan was drafted for public and staff engagement. This second process ran from 17 April to 3 June 2025 on Citizen Space. This was complemented by face-to-face sessions with unpaid carers and sensory loss, as well as being taken to the respective CPPs.
- 1.17. Following the second round of engagement, the final Strategic Plan was then drafted as attached to this paper.
- 1.18. The Strategic Plan was approved by Clackmannanshire and Stirling IJB on 13 August 2025 and by Falkirk IJB on 6 September 20205.
- 1.19. It is also tabled for noting at NHS Forth Valley and Clackmannanshire, Stirling and Falkirk Councils.

2.0 Recommendations

- 2.1. Note the content of the Forth Valley Mental Health & Wellbeing Strategic Plan 2025-2035.

3.0 Considerations

- 3.1. A performance framework will be developed to sit alongside the Strategic Plan and the subsequent implementation plans. This will ensure we can measure how much success we have achieved for our population.
- 3.2. The Strategic Plan includes some clear actions and deliverables. Targets will be set and monitored against these in the implementation plans.
- 3.3. This will be overseen by a whole system board and subgroups. A proposed structure is included within the Strategic Plan, although this is likely to evolve over time. The subgroups and associated implementation plans will cover themes such as children and young people, neurodevelopmental disorders, adults & older adults and sensory loss. They will also include all key stakeholders.
- 3.4. As this is a ten-year strategy, in some areas change will be gradual. However, it is anticipated that through a commitment to collaboration we will achieve our aim of promoting positive mental health & wellbeing for everyone, enabling every person to live well in Forth Valley.
- 3.5. Looking ahead, there requires to be radical action to transform current service delivery and increase capacity across all mental health and wellbeing services. This is a particular challenge in the current fiscal climate, and the implementation of the strategic plan is not contingent on any expectation of additional resource from partners.
- 3.6. Achieving positive change requires collaboration between Scottish Government, providers and other stakeholders, including people with lived experience.

3.7. It is anticipated that the Forth Valley Mental Health & Wellbeing Strategic Plan will support this process and a clear roadmap of our strategic priorities going forward.

4.0 Sustainability Implications

Climate Change, Sustainability and Environmental Impact

4.1. No significant environmental impact of this strategic plan has been identified.

Other Policy Implications

4.2. Following consideration of the policy implications of this report no relevant issues have been identified.

External Consultations

4.3. As part of the development of this Strategic Plan, the Strategic Planning Group undertook a comprehensive engagement process to ensure the voices of people and communities across Forth Valley were heard and reflected.

4.4. The third sector plays a vital role in mental health and wellbeing, as a delivery partner, a major part of the workforce through staff and volunteers, and a key driver of strong, connected communities. To reflect this, third sector organisations helped shape the plan through targeted consultation, with efforts to involve service users and communities.

4.5. The CEO of Stirlingshire Voluntary Enterprise also joined the strategic planning group, ensuring the sector's voice was included at a strategic level.

4.6. Ongoing engagement with Stirlingshire Voluntary Enterprise, Clackmannanshire Third Sector Interface, and CVS Falkirk and District will continue to strengthen collaboration and ensure the third sector's role is recognised throughout the plan's delivery.

4.7. The wide range of stakeholders consulted included:

4.7.1. People with lived experience of mental health challenges

4.7.2. Carers and young carers

4.7.3. Locality planning groups

4.7.4. Community planning partners

4.7.5. Executive and senior leadership teams

4.7.6. Third sector organisations

4.7.7. Staff working in mental health and wellbeing services across Forth Valley

4.7.8. People with a sensory loss

5.0 Resource Implications

5.1. *Financial Details*

5.2. The full financial implications of the recommendations are set out in the report. This includes a reference to full life cycle costs where appropriate. Yes

5.3. Finance have been consulted and have agreed the financial implications as set out in the report. Yes

5.4. *Staffing*

6.0 Exempt Reports

6.1. Is this report exempt? Yes (please detail the reasons for exemption below) No

7.0 Declarations

The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.

(1) Our Priorities

Clackmannanshire will be attractive to businesses & people and ensure fair opportunities for all

Our families; children and young people will have the best possible start in life

Women and girls will be confident and aspirational, and achieve their full potential

Our communities will be resilient and empowered so that they can thrive and flourish

(2) Council Policies

Complies with relevant Council Policies

8.0 Impact Assessments

8.1 Have you attached the combined equalities impact assessment to ensure compliance with the public sector equality duty and fairer Scotland duty? (All EFSIAs also require to be published on the Council's website)

Yes

The contents of this report were assessed under the Clackmannanshire & Stirling IJB Equality & Diversity Impact Assessment (attached as Appendix 3).

8.2 If an impact assessment has not been undertaken you should explain why:

9.0 Legality

9.1 It has been confirmed that in adopting the recommendations contained in this report, the Council is acting within its legal powers. Yes

10.0 Appendices

10.1 Please list any appendices attached to this report. If there are no appendices, please state "none".

Appendix 1 – Forth Valley Mental Health & Wellbeing Strategic Plan 2025-2035.

Appendix 2 – Key Themes from Engagement & List of Stakeholders Involved

Appendix 3 – Equality & Impact Assessment

11.0 Background Papers

11.1 Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)

Yes (please list the documents below) No

A wide range of both national and local documents were reviewed as part of the development of the Strategic Plan, and these are listed in full on pages 60 and 61 of the Plan (attached as Appendix 1). Some of the key documents are:

[Mental Health and Wellbeing Strategy - gov.scot](#) (www.gov.scot).

Scotland's Population Health Framework (www.gov.scot).

Local Outcome Improvement Plans – Falkirk Council, Stirling Council, Clackmannanshire Council.

Equality & Diversity Impact Assessment (Clackmannanshire & Stirling IJB) (attached as Appendix 3).

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Forth Valley's Mental Health & Wellbeing

Strategic Plan 2025-35

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Foreword

We are proud to present this 10-year Mental Health and Wellbeing Strategic Plan for Forth Valley.

This strategy represents our shared commitment to work together to improve the mental health and wellbeing of everyone who lives in our communities, across all ages and stages of life. It is a strategy for the whole population, shaped by the voices of those who use our services, and informed by national policy, local needs assessments, and the lived experiences of individuals, families, and carers.

We recognise that there is a need for change. Too many people still face barriers to accessing the right support at the right time. This strategy sets out a clear direction for how we will work together to build a system that is more joined-up, preventative, and person-centred.

Our approach is grounded in the strategic priorities of the Clackmannanshire & Stirling and Falkirk Integration Joint Boards and aligns with NHS Forth Valley's Population Health and Care Strategy. It strengthens our collective focus on prevention, early intervention, and high-quality specialist care, delivered in the right place and at the right time.

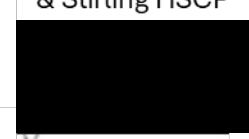
Central to this strategy is the voice of lived experience. The insights of people who use services and those who care for them will continue to shape our actions and inform the implementation plans that follow.

Forth Valley's mental health and wellbeing system is complex and diverse. It includes two Integration Joint Boards, three local authorities and their Community Planning Partnerships, NHS Forth Valley, and a wide range of third sector organisations. This complexity reinforces a simple truth: mental health and wellbeing is everyone's business. Only by working together can we deliver lasting improvements and better outcomes for our population.

Ross McGuffie
Chief Executive
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Clackmannanshire & Stirling HSCP



Gail Woodcock
Chief Officer
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Introduction

The development of the Mental Health and Wellbeing Strategic Plan has been a truly collaborative effort, involving all our partners across the region. We are committed to delivering a comprehensive strategy that supports the mental wellbeing of people of all ages, from children and young people to adults and older people.

It is inclusive by design, ensuring that individuals with specific needs, such as those with learning disabilities or substance use challenges, are considered and supported. The strategy sets out a clear vision for improving mental wellbeing, promoting equity, and aligning with national standards and legislative reforms.

A core principle is that no single organisation can meet the diverse needs of the population alone. Meaningful and lasting change requires strong collaboration across public bodies, third sector organisations, community planning partners, and the voluntary sector. Together, we can create services that are better integrated, more accessible, and responsive to the needs of individuals, families, and communities.

This strategy is based on a population health approach, which recognises that mental wellbeing is shaped by a wide range of social, economic, and environmental factors. While individual choices are important, access to health and social care services only plays a small role in overall wellbeing. The strategy provides a flexible framework that can be adapted to meet the needs of different groups in the population. It will help guide more detailed plans to support people living with dementia, individuals with learning disabilities, and children, young people, and adults with neurodevelopmental needs.

This work aligns with key national frameworks, including the Scottish Government's Mental Health and Wellbeing Strategy and the Care Reform (Scotland) Bill. It also reflects broader legislation that supports rights, choice, and care for individuals and carers across Scotland.

Delivering this strategy requires a transformational approach that embraces workforce diversity, improves service effectiveness, and takes a whole-system, preventative view. It must also be responsive to changing public health needs and make use of technological innovation. To make the most effective use of our resources, there will be a change in how we deliver flexibly in response to people's needs. This needs to be backed up by an aligned leadership that enables collaboration through focusing on collective outcomes for the population.

To succeed, we need strong partnerships across the system. We must also acknowledge the challenges, including limited funding and the reliance on short-term investment for many third sector services. This affects not only service providers and the workforce, but also the continuity and stability of support for individuals and communities.

These realities cannot be ignored. This strategy will be implemented with a clear understanding of the context we are working in, ambitious in its goals but grounded in the challenges we face.

A Population Health Approach

This strategic plan is underpinned by the principles of Scotland's Population Health Framework, which sets out a long-term, collective approach to improving health and reducing inequalities. It recognises that mental health and wellbeing are shaped by a wide range of social, economic, and environmental factors, and that improving outcomes requires action across the whole system. By aligning with this framework, we are committed to tackling the root causes of poor mental health such as poverty, discrimination, and social isolation, while strengthening protective factors like community connection, early support, and access to high-quality care. This strategy contributes to the national ambition of a fairer, healthier Scotland, where everyone can thrive.

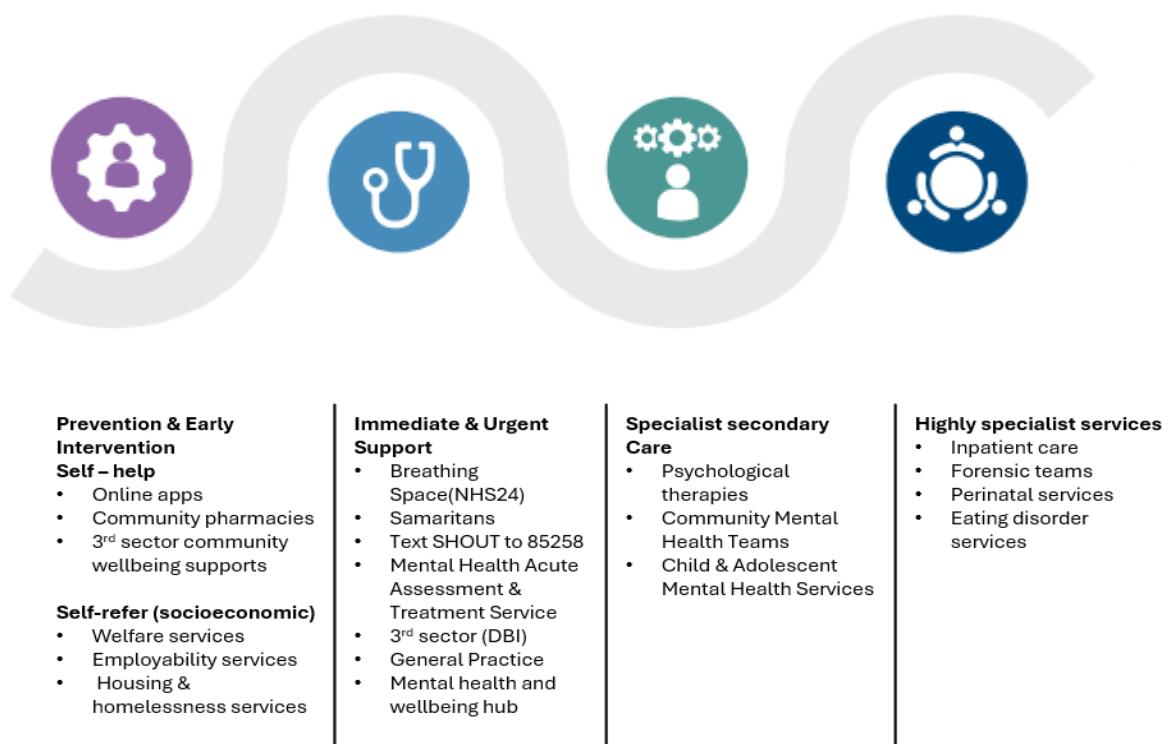
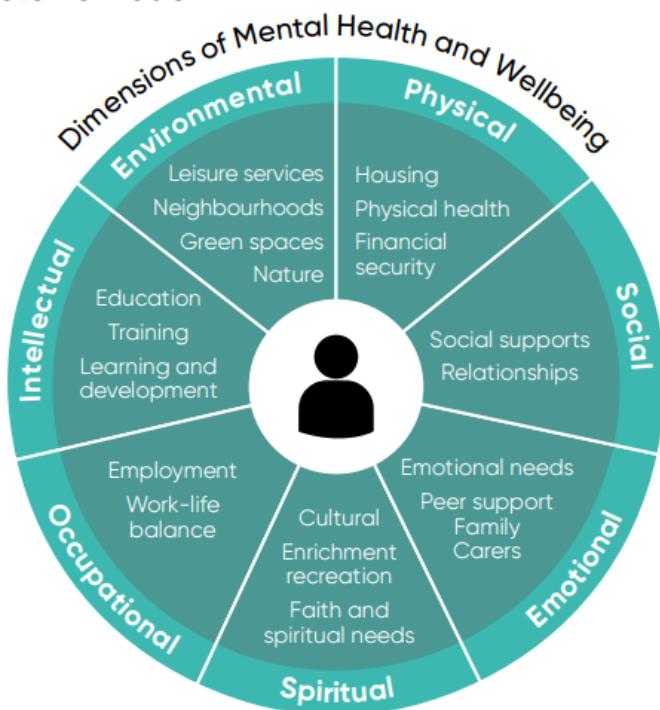


A key pillar of this population health approach is ensuring our system is prevention focused. This means shifting our efforts and investments upstream, prioritising early intervention, anticipatory care, and the conditions that support good mental health before problems arise. A prevention-focused system works across sectors to address the wider determinants of health, reduce avoidable harm, and build resilience within individuals and communities. By embedding prevention into policy, planning, and service delivery, we aim to reduce demand on crisis services and create a more sustainable, equitable system that promotes wellbeing for all.

What do we mean by whole system?

Taking a whole system approach to mental health and wellbeing means aligning and integrating services across the entire continuum of care from specialist inpatient and urgent care services to community-based support, primary care, self-management and prevention. It recognises that no single service or sector can meet the diverse and complex needs of individuals alone. By fostering collaboration across health, social care, education, housing, the third sector, and communities, we can create a joined-up system that delivers timely, person-centred, and preventative support. This approach ensures that people can access the right help, in the right place, at the right time, and that support is coordinated around their needs, not organisational boundaries.

Whole Systems Model



Forth Valley's Shared Vision for Mental Health & Wellbeing

'A Forth Valley where every person thrives and is empowered to live well with positive mental health and wellbeing.'

What is Mental Health and Wellbeing?

Mental illness includes a range of conditions like depression, PTSD, and schizophrenia. These conditions affect people in different ways and can last for a short time or be long-term. Some are mild, while others can be more serious or lifelong.

Mental health is a part of our overall health, alongside our physical health. It is what we experience every day, and like physical health, it ebbs and flows daily. Good mental health means we can realise our full potential and feel safe and secure. It also means we thrive in everyday life.

Mental wellbeing is our internal positive view that we are coping well psychologically with the everyday stresses of life and can work productively and fruitfully. We feel happy and live our lives the way we choose.

Mental illness is a health condition that affects emotions, thinking and behaviour, which substantially interferes with or limits our life. If left untreated, mental illnesses can significantly impact daily living, including our ability to work, care for family, and relate and interact with others.

Extract from *Scotland's Mental Health and Wellbeing Strategy* (Scottish Government, 2023) page 12.

Mental health, mental wellbeing, and mental illness are influenced by a mix of factors:

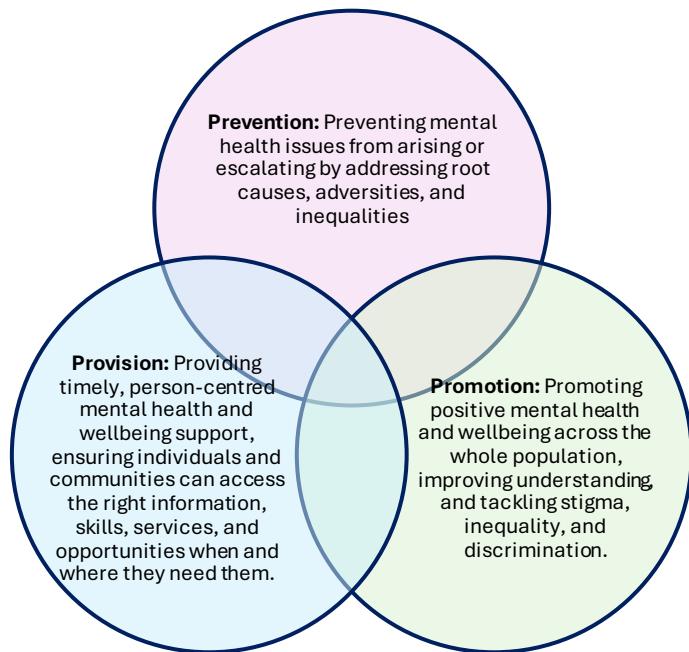
- Biological (either through genetics or physical health)
- Psychological (thoughts and emotions),
- Social (poverty, discrimination or culture)

These factors, along with personal life experiences, shape how we feel and cope. Everyone's experience is different, and mental health can change over time.

National and Local Context

Our vision is closely aligned with the Scottish Government's Mental Health and Wellbeing Strategy (2023), which envisions a Scotland free from stigma and inequality, where everyone can realise their right to the best possible mental health and wellbeing.

The national strategy has a strategic focus on three key areas:



Forth Valley's Strategic Plan is structured around these three priority areas. It is inclusive of all people across Forth Valley and recognises the importance of alignment with other strategic plans that support individuals with additional or specialist needs.

We also acknowledge that the Scottish Government's approach may evolve over the next decade. As such, this plan will be regularly reviewed to ensure continued alignment with national strategic priorities.

Understanding Forth Valley's Strategic Needs for Mental Health & Wellbeing

To help shape this strategy, we carried out a detailed Strategic Needs Assessment (SNA): a way of looking at the factors that affect people's mental health and wellbeing in our area.

This work is based on Scotland's Population Health Framework (2025–2035), which encourages a broad view of health. It looks not just at illness, but at the things that help people stay well, like good housing, strong communities, fair work, and access to support when it's needed.

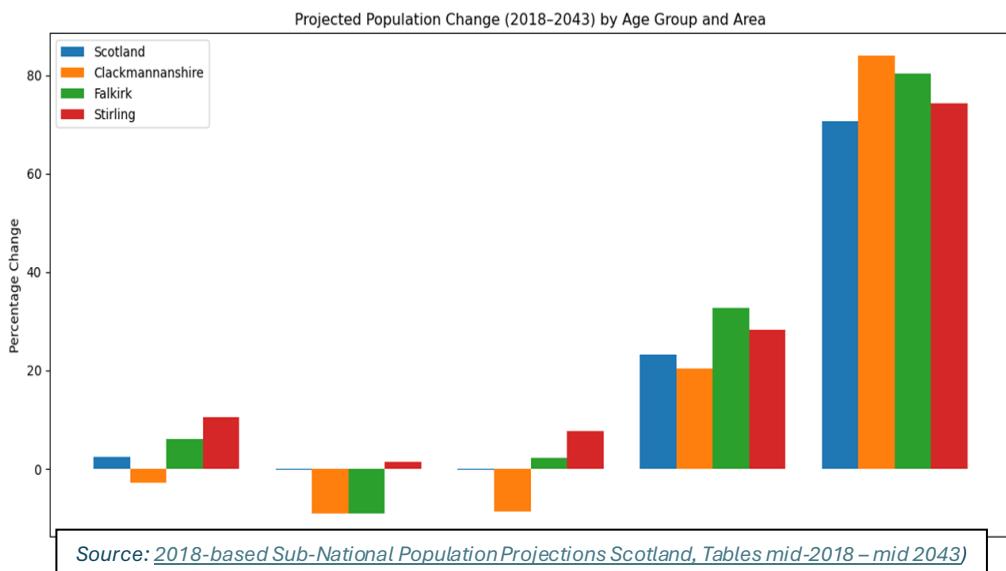
We used a wide range of publicly available data to understand what's happening locally and nationally. This included information about people's health, lifestyles, and the services they use, as well as social and economic factors like poverty and inequality. We also listened to people with lived experience and those working in mental health services to make sure the data reflects real-life experiences.

Where possible, we looked at data specific to each local area. When that wasn't available, we used national figures. We know that no single set of numbers tells the full story, so we combined different types of information to get a clearer picture of what's working well and where more support is needed.

This assessment helps us focus on prevention, acting early to support mental health and reduce the need for crisis care. It gives us the evidence we need to plan services that are fair, effective, and tailored to the needs of our communities.

Population projections to 2043: Forth Valley compared with Scotland

Official data from National Records of Scotland shows how the population in different age groups is likely to change between 2018 and 2043. These projections can help us plan for the future, making sure services and support are in place for people of all ages. Between 2018 and 2043, the population across Forth Valley is expected to change in different ways depending on age and geographical area:



Older Adults - The number of people aged 75 and over is expected to grow significantly across all areas. Clackmannanshire is projected to see an increase of over 13% in this age group by 2043, which is higher than the national average increase for this group.

Children and Young People - The number of children and young people is expected to fall in Clackmannanshire and Falkirk. Stirling may see a small rise.

Working-Age Adults - Clackmannanshire is likely to see a drop of nearly 9% in working-age adults. In contrast, Falkirk and Stirling are expected to see growth in this group.

Overall Population Growth - Stirling is projected to grow the most (10.5%), followed by Falkirk (6%). Clackmannanshire may see a small decline of around 2.9%. Scotland is expected to grow by 2.5%.

These changes highlight the need to plan ahead, especially to support an ageing population and ensure services are in place where they're needed most.

Mental Health and Wellbeing in Scotland – Insights from the Scottish Health Survey 2023

The Scottish Health Survey (SHS) provides a national overview of the health and wellbeing of people living in Scotland.

Mental wellbeing was measured using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS), where higher scores indicate better wellbeing. In 2023, scores improved across all age groups compared to 2022 but remained below pre-pandemic levels. Younger adults (aged 16–44) continued to report lower wellbeing than older age groups.

The General Health Questionnaire (GHQ-12) was used to assess the likelihood of psychiatric disorders. The proportion of adults with a GHQ-12 score of 4 or more, suggesting possible mental health issues, fell from 27% in 2022 to 21% in 2023. While this marks a positive shift, it remains above pre-pandemic levels (14–19% between 2003–2019). Adults in the most deprived areas were more likely to report higher GHQ-12 scores.

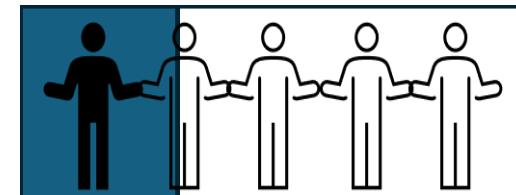
Although data on depression, anxiety, and self-harm were not collected in 2023, previous years showed rising trends, particularly among young adults and females aged 16–24.

Loneliness remains a key concern. In 2023, 10% of adults reported feeling lonely ‘most’ or ‘all of the time’ in the previous week. This was highest among 16–24-year-olds (19%) and those living in the most deprived areas (14%), compared to just 5–6% among those aged 65+ and in the least deprived areas.

Overall, the 2023 SHS highlights gradual improvements in mental wellbeing but reinforces the persistent inequalities linked to age and deprivation. These findings underline the importance of targeted mental health support for young people and communities facing socioeconomic challenges.

Mental Health and Wellbeing in Forth Valley – Scottish Burden of Disease Survey 2022

According to the most recent [study in 2022](#), more than 1 in 5 (22%) of all health problems in Forth Valley are linked to mental health conditions. This includes depression, anxiety, schizophrenia, dementia, alcohol and drug use. In fact, anxiety and depression are among the top four causes of poor health in Clackmannanshire, Stirling, and Falkirk.



Across Forth Valley, people experience different levels of health and wellbeing, and this includes mental health and wellbeing. One way we understand this is through a measure called Disability Adjusted Life Years (DALY), which shows the impact of illness and early death.

- Clackmannanshire faces the greatest challenges, with higher levels of mental health issues like anxiety and depression, and higher levels of substance use.
- Falkirk also sees higher needs in areas like alcohol and drug use, but to a lesser extent than Clackmannanshire.
- Stirling has lower levels of mental health challenges and less reliance on related medication.

But DALY alone doesn't tell the full story. The Strategic Needs Assessment shows that these issues are strongly linked to higher levels of deprivation and inequalities in these areas, replicating the national findings at a local level.

Social and Economic Factors

There are a range of social and economic factors that can influence the mental health and wellbeing of people living in the Forth Valley area. These include income, employment, education, social supports, stress, social isolation and housing and food insecurity.

Child poverty

More children in Clackmannanshire and Falkirk are living in poverty compared to the Scottish national average. This is based on income levels after essential costs like housing are deducted, offering a clearer picture of the resources families have to meet basic needs. Growing up in poverty can expose children to chronic stress, social exclusion, and limited access to essentials such as nutritious food, safe play spaces, and mental health support. These disadvantages can have lasting effects, increasing the risk of mental health challenges later in life due to ongoing stress and reduced opportunities.

Employment and sickness absence

Sickness absence levels can provide valuable insight into the health and wellbeing of staff. While not a complete measure on their own, they are a useful indicator when considered alongside other data, such as staff surveys, retention rates, and access to support services.

In public health and workforce planning, consistently high sickness absence rates can highlight the need for better support systems, healthier working environments, and targeted action to improve wellbeing.

Recent data from the Community Planning Outcomes Profile shows that Clackmannanshire and Stirling have higher-than-average sickness absence rates in both education and non-education roles, while Falkirk's rates are broadly in line with national figures. When viewed alongside other indicators, this helps build a fuller picture of workforce wellbeing and where support may be most needed.

Outdoor spaces and facilities

Only Falkirk and Stirling residents appeared to be satisfied with current library, leisure and green spaces, with people living in Clackmannanshire reporting dissatisfaction with their leisure facilities (*Local Government Benchmarking Framework*). As these are supportive elements to the promotion of positive mental wellbeing, experiencing an unsatisfactory level of leisure facilities can have a negative impact on people's wellbeing.

Inequalities

As evidenced from the Strategic Needs Assessment, mental health challenges don't affect everyone equally. People facing economic disadvantages in life like poverty or poor housing, are more likely to experience mental health problems.

Research shows that children and adults in the lowest income groups are 2 to 3 times more likely to develop mental health issues than those in the highest income groups. Evidence from the Mental Welfare Commission highlights a strong correlation between poor mental health and social deprivation, with individuals living in more disadvantaged areas disproportionately affected by severe mental health challenges.

We know that deprivation plays a significant role in shaping health outcomes. By recognising this, we can better target support and work together to improve mental health and wellbeing for everyone in Forth Valley, especially in the communities that need it most.

Mental Health Inpatient Admissions

Analysis of mental health inpatient activity data for 2023/24 shows that NHS Forth Valley has a higher rate of admissions for individuals aged 65 and over (910 per 100,000) compared to the Scottish average (787 per 100,000), across both men and women. Conversely, admission rates for those aged 40–64 are lower in Forth Valley (406 per 100,000) than the national rate (529 per 100,000). Among younger populations, men under 40 have slightly higher admission rates than the national average, while rates for women aged 0–17 and 18–24 are lower. A clear link between deprivation and admission rates is evident, with higher rates observed in the most deprived areas of Forth Valley.

Mental Health Detentions

Mental health services are increasingly supporting individuals with serious and long-term mental health conditions, some of whom require treatment under legal safeguards to ensure safety and wellbeing

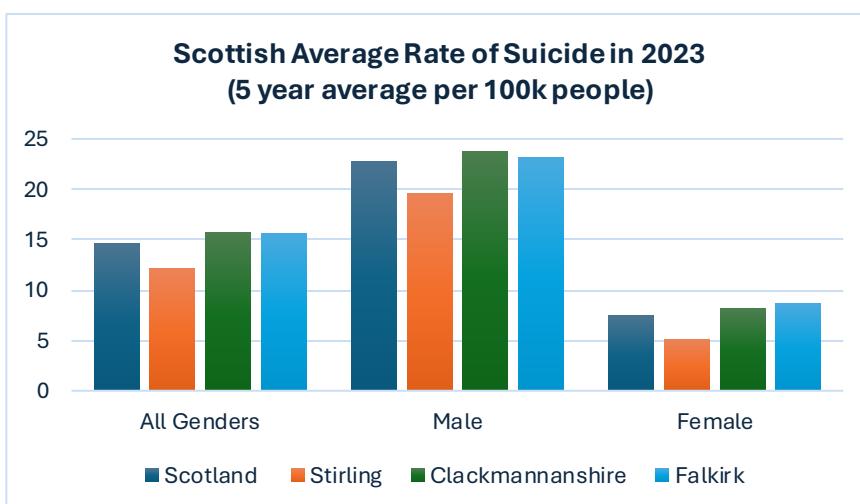
The Mental Welfare Commission's *Mental Health Act Monitoring Report 2021–22* was reviewed to understand the use of legal detentions for mental health assessment and treatment. These include emergency, short-term, and compulsory treatment orders, which are used only as a last resort when individuals are unable or unwilling to accept necessary care. The report identified a significant rise in detentions across Scotland and within Forth Valley. In 2021–22, Forth Valley recorded the third highest rate of Emergency Detention Certificates (EDCs) in Scotland at 60.2 per 100,000 population, closely aligned with NHS Tayside (59.1 per 100,000). Further local detail is available in the Strategic Needs Assessment.

Suicide

There are clear differences in suicide rates across Forth Valley. According to [National Records Scotland probable suicides report 2023](#) the Scottish

average suicide rate is 14.6 per 100,000 people. Within Forth Valley, Stirling has the lowest rate at 12.1 per 100,000, while Falkirk and Clackmannanshire both exceed the national average (14.6), with rates of 15.6 and 15.7 per 100,000 respectively.

Men are approximately three times more likely to die by suicide than women. This highlights the importance of addressing gender-specific mental health challenges and ensuring that support services are accessible, inclusive and responsive to the needs of individuals.



Understanding Self-Harm and Why It Matters for Mental Health

Self-harm is when someone intentionally hurts themselves. This could include things like cutting, burning, or taking too much medication. It's not always about wanting to end life. Often, it's a way of coping with overwhelming emotions, stress, or trauma.

The [Scottish Government](#) defines self-harm as any act of self-injury or self-poisoning, regardless of the reason behind it. It's a sign that someone is struggling and needs support.

Self-harm is often a way for people to deal with emotional pain they can't express in words. It can help them feel in control, release tension, or punish themselves when they feel guilt or shame.

Crucially, self-harm can also be a warning sign of suicidal thoughts, and it is important to take it seriously and offer support early.

A recent review of emergency department visits at Forth Valley Royal Hospital (FVRH) examined self-harm cases between May 2019 and July 2024. The analysis revealed a sharp increase in cases between February 2020 and February 2022, aligning with national trends during the height of the COVID-19 pandemic. Women aged 19 to 30 were identified as the most affected group, with females accounting for 64.2% of all self-harm presentations during this period. Although the number of cases had returned to pre-pandemic levels by July 2024, self-harm remains a significant concern. In response, the Scottish Government introduced its first dedicated Self-Harm Strategy to address the issue through targeted support and prevention efforts.

People With Complex Issues and Additional Risk Factors

Substance Use

A review of the literature and evidence concluded that many individuals in Scotland with substance use disorders also struggle with mental health conditions, such as depression, anxiety, or PTSD. These co-occurring disorders complicate treatment, as traditional approaches often focus only on the substance abuse without addressing the trauma that underlies it. It is essential that a trauma-informed approach to dealing with substance use is promoted, which recognises the importance of addressing underlying trauma rather than just the substance use issue itself.

In terms of alcohol related hospital admissions, 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.

Over the past decade, drug-related deaths (DRDs) have increased across all three local authorities, reflecting the national trend. However, when focusing specifically on women, drug-related deaths in Clackmannanshire have consistently exceeded the national average since 2019 and continue to rise each year. In contrast, rates in Stirling and Falkirk have remained below the national level.

Children and Young People

Children and young people's mental health continues to be a key priority in Scotland. According to the Children & Young People's Commissioner Scotland, almost one-quarter of young people in Scotland experienced two or more psychological problems in a single week in 2020. About 1 in 10 children and young people between the ages of five and 16 had a mental illness that could be diagnosed clinically. The situation was exacerbated due to the Covid-19 pandemic and its aftermath, as well as the current cost of living crisis. Approximately one-quarter of children in Scotland live in poverty, which can cause poorer physical and mental health, impacting their education and access to other rights.

Care experienced children and young people are those who are, or have been, in the care of a local authority. This includes a wide range of experiences such as being looked after at home under a supervision order, living with foster carers, in residential care, in kinship care, or having been adopted from care. The term recognises that the impact of care experience can be lifelong, and it is used to ensure that services are inclusive, responsive, and shaped by the voices and rights of those with lived experience.

Across Scotland, approximately 13,000 children and young people were care experienced in 2024, with figures varying slightly year to year. This definition aligns with Scotland's national commitment to Keep the Promise, ensuring that every care experienced child and young person grows up feeling loved, safe, and respected.

In Forth Valley, the coordination of children's services remains the responsibility of local councils and NHS Forth Valley and is not currently delegated to the Integration Joint Boards (IJB). As such, it is essential that strong and effective links are maintained with local authorities and NHS-led children's services and health and wellbeing plans to ensure a cohesive and responsive approach to meeting the needs of children and young people, including those who have experienced local authority care.

People Living with Neurodevelopmental Conditions and Mental Health Issues

Across Forth Valley, we recognise the growing need to better understand and support neurodivergent individuals of all ages. Neurodevelopmental conditions such as autism and ADHD typically manifest in early childhood and affect how people think, learn, and interact with others. These conditions are lifelong and can vary widely in how they present and impact daily life.

Recent data from the [2024 Scottish Government school census](#) shows that 2 in every 5 children and young people now have additional support needs—including autism, dyslexia, or mental health challenges—double the figure reported in 2014. This trend is reflected in the increasing number of referrals for neurodevelopmental assessments across NHS Forth Valley and our community planning partners.

Getting the right support early can make a significant difference to a young person's wellbeing, education, and social development. However, many families face long waits for assessments and struggle to access the help they need.

Forth Valley has a Paediatric Neurodevelopmental Disorder pathway which focuses on the assessment and diagnosis of conditions such as autism and ADHD. Unlike CAMHS and psychological therapies, it is not currently subject to national waiting time targets. Assessments are often complex and involve multiple professionals, which can lead to longer waiting times. Continued attention is needed to ensure timely and effective support for children and families.

We also recognise that neurodevelopmental conditions do not end in childhood. Many adults live with autism, ADHD, or other forms of neurodivergence, often without a formal diagnosis, and face significant barriers in accessing appropriate support. These challenges can contribute to poorer outcomes in mental health, employment, and overall wellbeing, particularly for those also affected by trauma, poverty, or social exclusion.

It is estimated that around [1 in 7 people](#) (more than 15% in the UK) have neurodevelopmental differences. However, these figures likely significantly underrepresent the true scale of neurodivergence, as increasing numbers of children, young people, and adults are identifying with neurodivergent traits or seeking formal assessment. A 2023 guide from the National Autism Implementation Team (NAIT) notes that referral rates for autism and ADHD assessments have increased by up to 1000% in some areas, driven by growing societal awareness, improved understanding of neurodevelopmental conditions, and broader recognition that traits exist across a spectrum—not limited to those with formal diagnoses.

Many individuals are only diagnosed later in life, often after years of facing challenges without understanding why. Adults with neurodevelopmental conditions are more likely to experience anxiety, depression, suicidal thoughts, and substance use issues. These difficulties are frequently linked to feeling misunderstood or isolated, sensory and communication barriers, delays in diagnosis, or limited access to mental health support that meets their needs.

A [2023 report by the National Autism Implementation Team \(NAIT\)](#) found that many adults with neurodevelopmental conditions also have co-occurring mental health conditions, but services are not always joined up or easy to access. There is also evidence that neurodivergent individuals are more likely to experience psychiatric illness, substance misuse, and involvement with the justice system, which can further complicate access to the right support.

As such, services must adapt to meet both diagnosed and self-identifying individuals' needs, ensuring inclusive, affirming, and accessible support across education, health, and community settings

Older People

With the changing age profile of our communities highlighted above, mental wellbeing and mental health issues in older people will become an increasingly important area to consider. Within this demographic, dementia is a key consideration (although clearly dementia can also occur in younger people) with the number of people with dementia aged over 65 predicted to increase by 50% in the next 20 years (Source: *Dementia in Scotland: Everyone's Story*, Scottish Government, 2023).

However, it is essential that the 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 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 report 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, in support of compliance with the Equality Act (2010). 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 such campaigns and strategies are fully inclusive.

People with Sensory Impairment

Sensory impairments are associated with poorer mental health and wellbeing, 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

According to the [Mental Health Foundation](#), 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 and 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 address 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). We need to ensure that, in addition to specific strategic plans for the wider support of people with learning disabilities and their families, that wherever possible mental health and wellbeing support and services are fully accessible to them.

People with lived experience of the justice system

Forth Valley houses three national prisons; His Majesty's Prison (HMP) & Young Offender Institution (YOI) Stirling, HMP Glenochil and HMP & YOI Polmont.

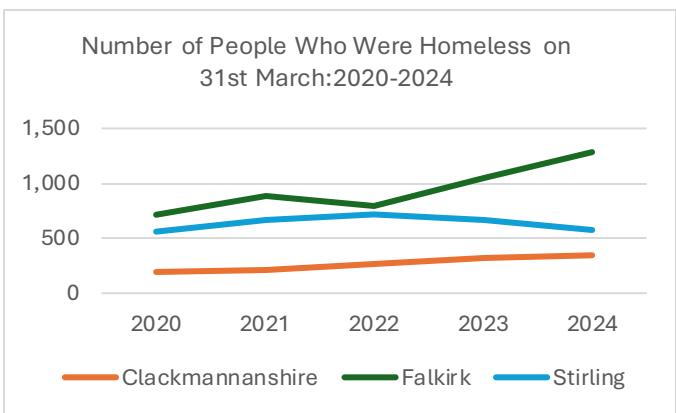
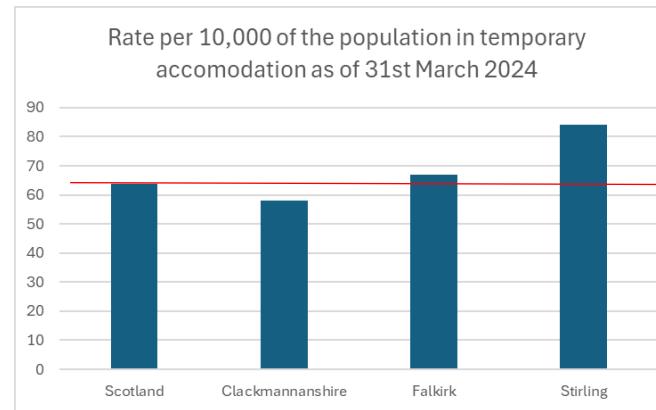
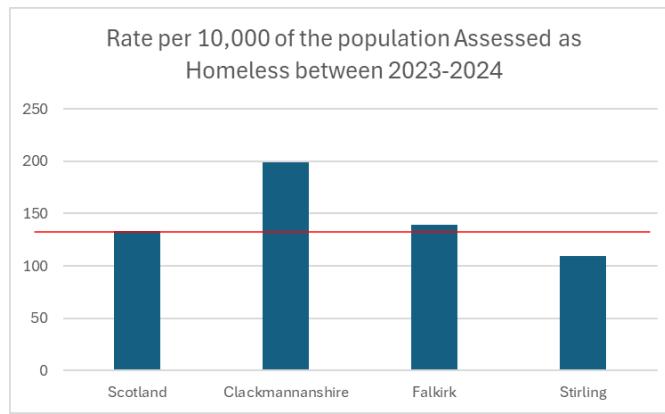
People in prison experience numerous and often complex mental health and physical difficulties at a higher rate than people in the community. The Scottish Prisoner Survey 2019 found that 15% of the prison population reported having a long-term mental health condition, 17% had a history of self-harm, 30% experienced issues with alcohol use, 16% reported symptoms of anxiety, and 18% reported symptoms of depression within the past week.

For many individuals, these issues precede imprisonment and are thought to be associated with predisposing factors such as higher rates of traumatic or adverse life experiences, head injury and substance use. Individuals who come into prison are also more likely to be from communities characterised by multiple deprivation, to have spent time in local authority care, and to have experienced interpersonal victimisation. Imprisonment itself, however, can also be damaging to someone's mental health.

Working independently, but often in partnership with NHS colleagues, to support mental health and wellbeing of people in prison in Scotland is a range of third and voluntary sector organisations. These organisations operate within the prison and offer throughcare support for people leaving prison. This strategic plan will align with The Scottish Prison Service's Mental Health Strategy 2024-34.

Homelessness

According to the Homelessness in Scotland: 2023-24¹ report by Scottish Government local homeless applications are set out in the chart below



Mental health contributed to over a quarter of tenancy breakdowns. In more than half of cases, the loss of tenancy was beyond the person's control, often compounded by a lack of support from family or friends.

Homelessness has risen significantly in Falkirk and Clackmannanshire, while Stirling has seen a notable decrease. These contrasting trends highlight the need for targeted, localised responses to housing insecurity across the region.

¹ Supporting documents - Homelessness in Scotland: 2023-24 - gov.scot

Waiting times

There are two national waiting times standards for mental health, for Psychological Therapies and for Child and Adolescent Mental Health Services.

Psychological Therapies

In NHS Forth Valley, the national standard for psychological therapies is that 90% of people should begin treatment within 18 weeks of referral. Over the past year (as of May 2025), performance in Forth Valley has ranged between 68% and 78%, which is below the national target. This highlights the need for continued focus on improving access and reducing waiting times.

Child and Adolescent Mental Health Services (CAMHS)

Forth Valley is currently (May 2025) meeting the national standard for CAMHS, with over 90% of children and young people starting treatment within 18 weeks of referral. This is a positive achievement, but it will be important to keep monitoring performance closely, especially as changes in service capacity may affect future delivery.

Workforce

A sustainable, skilled, and inclusive workforce is central to delivering high-quality mental health and wellbeing support across Forth Valley. This workforce is broad and diverse, encompassing not only those in formal employment but also unpaid carers, volunteers, and people with lived experience. Each plays a vital role in supporting individuals and communities, and together they form the foundation of a compassionate and responsive mental health system.

Volunteers

Volunteering is a vital intervention in supporting the mental health and wellbeing of our communities, as recognised in [Scotland's National Volunteering Framework and Action Plan \(Scottish Government, 2022–23\)](#). The Framework highlights the dual benefit of volunteering- not only does it empower individuals to contribute meaningfully to society, but it also enhances the mental health and wellbeing of both volunteers and those they support.

The supporting [Literature Review](#) for the Development of Scotland's Volunteering Action Plan found that volunteering can reduce stress, anxiety, and depression, while also increasing feelings of self-worth and social connection. Volunteers play a crucial role in supporting people with mental health challenges by offering companionship, reducing stigma, and helping individuals navigate difficult periods. Volunteering can also help people maintain good mental health by promoting regular social interaction, building confidence, and tackling loneliness and social isolation, as shown in Volunteer Scotland's report "[Volunteering, Health and Wellbeing](#)".

Beyond the benefits to mental health, volunteering offers life-changing personal benefits, especially for those who are unemployed. Evidence from the [Royal Voluntary Service](#) shows that volunteering helps people gain experience, build new skills, and grow in confidence.

Volunteers are not just helpers; and in this plan we recognise them as essential partners in delivering care and support. Their contributions will be recognised, supported, and embedded into how we plan and deliver services.

Unpaid Carers

Unpaid carers are essential to the health and wellbeing of our communities, providing vital support to people with physical and mental health needs, often without formal recognition or financial compensation. According to the 2022 Scotland Census, 627,700 people identified as unpaid carers, with the largest increase among those aged 50–64, and women making up the majority.

In Forth Valley, unpaid carers represent around 12.6% of the population. While specific data on those caring for someone with mental health needs is limited, they are likely to be a significant proportion of the total number of carers in the area.

Caring can be deeply rewarding, but it can also take a toll on a person's own mental health and wellbeing. Many carers experience stress, isolation, and emotional fatigue, especially when support is limited. This strategy recognises unpaid carers as key partners in care and commits to supporting their wellbeing, involving them in service design, and ensuring they are not left without support.

People with Lived Experience

People with lived experience of mental health challenges bring unique insight and value to the design, delivery, and evaluation of services. A major review commissioned by the [Department of Health and Social Care in 2024](#) concluded that peer support roles can improve outcomes, enhance engagement, and support recovery. Co-production is a guiding principle of this strategy, and we are committed to embedding the meaningful involvement of people with lived experience throughout the life of this plan and beyond, ensuring that services are shaped by those who use them.

Advocacy

Independent advocacy is an essential part of ensuring that individuals are supported to express their views, understand their rights, and make informed decisions. NHS Boards and Local Authorities have a statutory duty to provide access to independent advocacy for people receiving children's and adult services, including those with mental health needs.

In Forth Valley, we aim to strengthen access to advocacy by implementing a consistent Model of Care for Independent Advocacy. This will ensure equitable, timely, and meaningful support across the region.

By embedding advocacy into our mental health and wellbeing strategy, we aim to uphold rights, reduce inequalities, and ensure that every voice is heard and respected in decisions that affect care and recovery.

Employed Workforce

The mental health and wellbeing workforce in Forth Valley spans NHS Forth Valley, Clackmannanshire, Falkirk and Stirling Councils, and a wide range of third and independent sector organisations. While the full scale is difficult to capture, current figures show the equivalent of around 925 full-time staff work in adult mental health and learning disability services across Clackmannanshire & Stirling and Falkirk Health & Social Care Partnerships. A further approximately 75 full-time equivalent staff support children and young people through NHS Forth Valley's Child and Adolescent Mental Health Services (CAMHS).

These figures don't include the many professionals in social work, education, housing, third sector, and community-based roles who also contribute to mental wellbeing. Many staff in these sectors, and in health roles out with mental health services (e.g. Primary Care), provide significant support to people with mental health issues.

Careers in this field are not only vital to population health, they also strengthen the local economy. Our strategy is committed to developing, supporting, and retaining this diverse workforce, ensuring all staff, regardless of role or sector, feel valued, supported, and equipped to deliver high-quality care.

Financial Context and Sustainability of Mental Health & Wellbeing Services

The data presented highlights a clear and concerning rise in mental ill-health across Forth Valley, alongside growing challenges in supporting mental wellbeing. At the same time, public sector financial resources are under increasing pressure, making current models of service delivery unsustainable. Comprehensive whole system review and reform of how services are planned and delivered is essential to ensure best value, not only in financial terms, but also in how we support our workforce, service users, and carers.

The outline plan presented later in this paper, is designed to deliver improved mental health and wellbeing outcomes for the people of Forth Valley. However, we must acknowledge the significant challenges of implementing this plan within the current fiscal climate.

Complexity of Funding

Funding for mental health and wellbeing services is complex and fragmented, spanning NHS, local authorities, Health & Social Care Partnerships, third sector, and independent sector contributions. This makes it difficult to determine the total whole system investment in mental health and wellbeing across Forth Valley.

Specifically in relation to NHS Mental Health services, the Scottish Government has directed Health Boards to allocate:

- 10% of their total budget to mental health services
- 1% of their total budget to children and young people's mental health services.

At the most recent reporting point NHS Forth Valley allocated:

- 9.16% of its total budget to mental health services.
- 0.71% of its total budget to children and young people's mental health services.

While these figures are slightly below the national targets, it is important to note that there is currently no standardised methodology for calculating these percentages, limiting the ability to make meaningful national comparisons as different health boards may use different assumptions in relation to items such as treatment of overhead costs.

In addition, all three local authorities in Forth Valley allocate funding to mental health services. Some of this is delegated to the Health & Social Care Partnerships, while other elements are retained, further complicating efforts to establish a clear picture of total mental health expenditure.

Towards Sustainable Delivery

To ensure the long-term sustainability of mental health and wellbeing services, all partners involved in their delivery must themselves be sustainable. This includes financial sustainability, workforce capacity, and organisational resilience. Further collaborative work is required across all sectors to clarify the financial landscape and support effective, integrated, and equitable service delivery across Forth Valley.

Who Did We Engage With?

As part of the development of this Strategic Plan, the Strategic Planning Group undertook a comprehensive engagement process to ensure the voices of people and communities across Forth Valley were heard and reflected. The third sector plays a vital role in mental health and wellbeing - as a delivery partner, a major part of the workforce through staff and volunteers, and a key driver of strong, connected communities. To reflect this, third sector organisations helped shape the plan through targeted consultation, with efforts to involve service users and communities. The CEO of Stirlingshire Voluntary Enterprise also joined the strategic planning group, ensuring the sector's voice was included at a strategic level. Ongoing engagement with Stirlingshire Voluntary Enterprise, Clackmannanshire Third Sector Interface, and CVS Falkirk and District will continue to strengthen collaboration and ensure the third sector's role is recognised throughout the plan's delivery. We consulted a wide range of stakeholders, including:

- People with lived experience of mental health challenges
- Carers and young carers
- Locality planning groups
- Community planning partners
- Executive and senior leadership teams
- Third sector organisations
- Staff working in mental health and wellbeing services across Forth Valley
- People with a sensory loss

What We Heard

Early Years and Perinatal Mental Health

- Need to consider MH&WB needs of children & young people
- Parenting support

Neurodivergence Priorities

- Address waiting times for ADHD/ASD diagnoses
- Lack of tailored support for neurodivergent people across the lifespan
- Need for peer support and inclusive services

Homelessness & Housing

- Need to better integrate mental health support with housing services
- Address housing insecurity (recognising impact on MH&WB)
- Reflect Housing (Scotland) Act 2024

Trauma-Informed Practice

- Gaps in public awareness and workforce training
- Need clearer implementation strategies for the whole system

Lived-Experience & Co-Design

- Need to embed peer support roles
- Develop co-production mechanisms
- Ensure engagement is authentic not tokenistic

Access & Equity

- Address the barriers ie digital exclusion, rural isolation
- Improve the cultural competence of services

Justice Involved Populations

- Need to consider prison populations
- Community justice pathways for mental health support

Older Adults

- Actions for dementia and older adult mental health needs

Whole System Approach

- Need to understand and use our total resources efficiently
- Need to work in partnership with 3rd sector creating diverse roles and opportunities

Prevention & Early Intervention

- Need clear actions to improve MH&WB including physical activity collaborations
- Need to know where to go for information and help

Accessibility

- Need to look at services through an accessibility lens
- People with sensory loss have additional barriers to accessibility
- Need to make the language simple and easy to understand

Resources

- No additional/new money
- Consider how we do things differently
- Work on the right things & do those things right

Our Guiding Principles

Six 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. Informed by the voice of people with lived experience, including marginalised groups and children and young people

We are committed to placing the voice of lived experience at the centre of all planning, design, and delivery of services, across the life course and inclusive of all communities. This means actively listening to and learning from children, young people, adults, families, carers, and marginalised groups, ensuring that their insights shape the systems and supports intended to serve them.

For children and young people, this principle is grounded in the United Nations Convention on the Rights of the Child (UNCRC), which affirms every child's right to be heard and to participate in decisions that affect them. It also reflects the ambitions of The Promise, which calls for services to be shaped around the voices and needs of care experienced children and young people and aligns with the Getting It Right for Every Child (GIRFEC) approach, which places the child at the centre of planning and support.

For adults and families, particularly those with complex or long-term needs, lived experience provides critical insight into how services can be more accessible, compassionate, and effective. We recognise that meaningful involvement must be inclusive of age, ability, background, and identity, and tailored to the needs and preferences of individuals at every stage of life.

We are especially committed to ensuring that children, adults, families, and carers are actively involved in decision-making at all stages of their care, support, and treatment. This promotes dignity, autonomy, and better outcomes, and helps build services that are truly person-centred. By embedding participation at every level, from assessment and planning to delivery and review, we aim to build trust, improve outcomes, and ensure that services are responsive, respectful, and rights based. We will continue to work collaboratively with partners across sectors to learn from what works and to ensure that the voice of lived experience remains a guiding principle in all that we do.

To achieve this, we will:

- Establish inclusive participation frameworks that enable children, young people, adults, families, carers, and marginalised groups to shape services through co-design, consultation, and feedback.
- Embed the UNCRC, The Promise, and GIRFEC principles into all engagement and decision-making processes involving children and young people.
- Ensure individuals and families are involved in decisions at every stage of their care, support, and treatment, from initial assessment to planning, delivery, and review.
- Develop and promote accessible engagement tools (e.g. visual, digital, and trauma-informed methods) to ensure people of all ages and abilities can contribute meaningfully.
- Work in partnership with third sector organisations, advocacy groups, and community networks to reach those whose voices are often underrepresented.
- Provide training and support for staff to build confidence and skills in facilitating meaningful participation across age groups.
- Monitor and evaluate the impact of lived experience involvement, using feedback to continuously improve how we listen and respond.

2. Trauma informed and trauma responsive.

We are committed to developing a trauma-informed and trauma-responsive system that is compassionate, effective, and inclusive. This involves recognising the profound and lasting impact trauma can have on individuals, and ensuring our services are designed to reduce barriers to access, promote recovery, and improve outcomes for those affected. We will also ensure that a diverse range of support and treatment options are available to meet the psychological needs of people experiencing trauma.

To achieve this, we will:

- Collaborate with key partners, including the Resilience Learning Partnership and local Trauma Champions to implement *A Roadmap for Creating Trauma-Informed and Responsive Change*, developed by the National Trauma Transformation Programme.
- Meaningfully involve people with lived experience of trauma in shaping and guiding change at all levels of the organisation; strategically, through policy development, and operationally, through service design, ensuring their voices are central to decision-making and transformation.
- Embed trauma-informed principles across all service areas through workforce development, leadership commitment, and co-designed service pathways that prioritise safety, trust, choice, collaboration, and empowerment.
- Invest in workforce development to ensure staff have the knowledge, skills, and confidence to work in trauma-responsive ways.
- Design and deliver services through a trauma-informed lens, ensuring that interactions and environments are sensitive to the needs of those affected by trauma.
- Establish strong governance structures and ensure that leadership actively models trauma-informed values and behaviours.

3. Developed and delivered in partnership with community planning partners, stakeholders and the public.

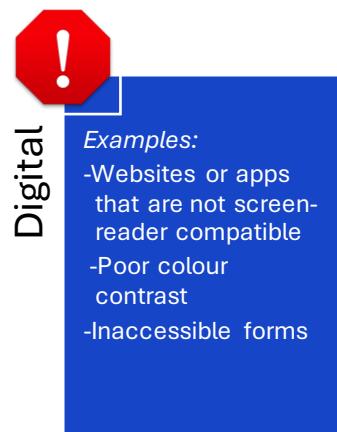
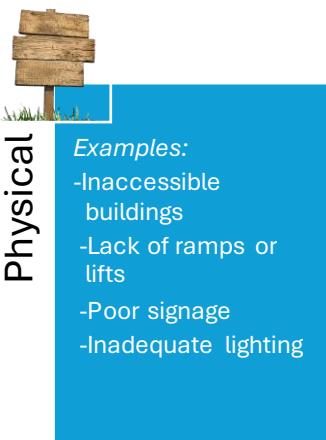
We are committed to developing and delivering mental health and wellbeing priorities in close partnership with Community Planning Partners, stakeholders, and the public. We recognise the wealth of knowledge, skills, and lived experience within our communities, and believe that harnessing this collective strength is essential to achieving better outcomes for all. The Mental Health and Wellbeing Strategy will take full account of the Children's Services Plans currently in place across the three local authorities, helping to reinforce and advance the mental health priorities outlined for children and young people. NHS Forth Valley also benefits from the leadership of a dedicated Children's Commissioner, who works collaboratively with children and families to ensure that child health services are responsive, equitable, and aligned with Scotland's broader vision of nurturing every child to reach their full potential.

To achieve this, we will:

- Ensure alignment of Mental Health and Wellbeing (MH&WB) priorities with our local Health and Social Care Partnership's strategic commissioning plans, Community Planning Partnership's Local Outcome Improvement Plans (LOIPs), NHS Forth Valley's strategic plans embedding mental health as a shared responsibility across all sectors.
- Work collaboratively with our communities and stakeholders to co-design and co-deliver prevention programmes, services, and supports that reflect local needs and aspirations.
- Maximise the use of local assets and resources, ensuring that efforts are coordinated, efficient, and impactful.
- Promote transparency and accountability in decision-making, with clear mechanisms for community input and feedback.
- Celebrate and build on what works well, sharing learning and success stories across the partnership to inspire and inform continuous improvement.

4. Promote accessibility.

We have a shared responsibility to ensure that all our services, supports, and communications are fully accessible to everyone. Accessibility is a fundamental right and a shared responsibility, one that requires proactive, inclusive, and sustained action across all areas of our work. There are many accessibility barriers to consider. These include –



To achieve this, we will:

- Ensure all strategies, commissioning plans, letters, leaflets, and conversations can be translated or adapted into the format requested by the individual (e.g., British Sign Language, other languages, Easy Read).
- Embed inclusive design principles from the outset of all planning and service development.
- Regularly consult with people with lived experience of accessibility barriers to co-design solutions and monitor progress.
- Provide ongoing training and support for staff to build confidence and competence in inclusive practice.

5. Achieve health equity with a focus on people at greater risk of developing long term mental illness

According to [Public Health Scotland](#), men in the most deprived areas live 13 years less than those in the least deprived areas, and women live 10 years less. The gap in healthy life expectancy is even wider: 23 years for men and 24 years for women.

There is a clear need to take a targeted and inclusive approach to mental health support, particularly for individuals and communities at greater risk of developing long-term mental illness. Evidence consistently shows that people living in areas of high deprivation, those managing long-term physical and mental health conditions, individuals from diverse ethnic backgrounds, and those in rural or remote areas face significant and often compounding barriers to accessing timely, effective care. Without tailored interventions that address these specific challenges, health inequalities are likely to persist or worsen.

To achieve this, we will:

- Take a targeted and inclusive approach to supporting individuals and communities at greater risk of developing long-term mental illness, including those:
 - Living in areas of high deprivation
 - Managing long-term physical and mental health conditions
 - From diverse ethnic backgrounds
 - Living in rural or remote areas
- Conduct comprehensive Equality Impact Assessments (EQIAs) to ensure that services and supports are designed and delivered in ways that actively reduce inequalities including those related to poverty, discrimination, LGBTQ+ status, and access.
- Implement the National Antiracism Framework for Action. This includes delivering the NHS Forth Valley Anti-Racism Plan with a focus on:
 - Supporting and educating the workforce to deliver culturally competent care
 - Embedding equity-focused principles into service planning and delivery
 - Challenging systemic barriers and promoting inclusive practice

6. Interventions are driven by evidence, local community knowledge and best value

Effective planning and delivery of mental health and wellbeing interventions require a comprehensive understanding of the challenges we face, both now and in the future. This understanding must be grounded in robust evidence, local community insight, and a commitment to best value.

To achieve this, we will:

- Adopt a best practice approach to strategic planning that:
 - Takes a whole system perspective, recognising the interconnections across services and sectors.
 - Analyses emerging trends and population needs in relation to current service provision and demand.
 - Anticipates future challenges, ensuring that interventions are proactive, sustainable, and responsive to long-term needs.
 - Incorporates innovation, using research and evaluation to test and scale new approaches.
 - To support this, we will draw on national resources such as Healthcare Improvement Scotland's strategic planning portfolio, which provides tools and frameworks to equip professionals across health and social care with the skills needed for effective strategic planning. Explore the resource: hisengage.scot/equipping-professionals/strategic-planning-in-health-and-social-care

Our Mental Health & Wellbeing 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, social and economic factors, so everyone can get help no matter where they go.

1. Develop whole system initiatives to address root socio-economic factors contributing to mental ill-health including poverty, housing, employment, and maximisation of income.
2. Coordinate a Forth Valley wide signposting system that enables anyone to access the right services i.e. housing, benefits, employment.

Across Forth Valley, a wide range of initiatives are working to improve mental health and wellbeing by addressing the broader social and economic factors that influence it. Through Community Planning Partnerships and Local Outcome Improvement Plans, we continue to embed whole-family and individual approaches that support positive mental health at every stage of life.

We are committed to preventing homelessness wherever possible by supporting people to remain in safe, secure, and sustainable housing. Our approach places strong emphasis on prevention and early intervention, promoting financial and housing security, building resilience and strong relationships, and fostering social connection and inclusion.

We will continue to build on strong partnerships with housing and homelessness services across Forth Valley to ensure timely and effective support for those at risk. This includes advancing the implementation of the Ask & Act duties introduced in the Housing (Scotland) Bill. These new statutory duties mark a significant step forward in making homelessness prevention a shared responsibility across the public sector. Public bodies, including social landlords, health boards, Police Scotland, and the Scottish Prison Service, will be required to proactively ask about an individual's housing situation and take early action to prevent homelessness. This proactive approach is designed to ensure people receive the support they need before reaching crisis point, reducing the trauma and disruption associated with homelessness.

Local third sector organisations play a vital role in engaging communities through initiatives that support employability, skills development, income maximisation, and access to advice and support. We remain committed to making the most of our community assets to tackle health inequalities and promote inclusion.

We also recognise that accessing the right advice and support can be challenging, particularly where barriers such as language, stigma, sensory loss, or rural isolation exist. While each local authority in Forth Valley maintains its own directories and signposting systems, we are committed to improving these to ensure information is clear, consistent, and accessible to everyone.

To achieve this, we will:

- Embed prevention and early intervention across all services, focusing on financial security, housing stability, and social inclusion.
- Strengthen partnerships with third sector organisations to support community-led initiatives that address the wider determinants of mental health.
- Advance implementation of Ask & Act duties, ensuring public bodies take proactive steps to prevent homelessness.
- Improve access to information and support, by mapping and enhancing local signposting systems to be clear, up to date, and accessible to all.
- Tackle health inequalities by making better use of community assets and ensuring services reach those most at risk.

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

Reduce the risks of developing serious mental health conditions and minimise their impact on overall wellbeing

3. Build resilience and confidence by helping people of all ages manage life's challenges and seek support when needed.
4. 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

We are committed to preventing poor mental wellbeing by equipping individuals with the confidence and skills they need to navigate life's difficulties.

This means helping people believe in their ability to manage everyday pressures, build resilience, and seek support when needed, at every stage of life.

Prevention begins with empowerment. By fostering resilience, self-belief, and strong social connections, we can help individuals and communities thrive through education, peer support, and community-based activities. Strong local support starts with strong communities. National frameworks such as Scotland's Volunteering Action Plan and Public Health Scotland's Community-Led Approaches to Health Improvement highlight the importance of investing in local assets, such as buildings, outdoor spaces, and volunteer-led initiatives, as foundations for healthier, more resilient communities.

However, disparities in access to funding, infrastructure, and capacity, particularly in areas of high deprivation, can limit this potential. That's why we are working with Community Planning Partners to build the capacity of grassroots organisations so they can continue to play a vital role in supporting mental health and wellbeing.

A whole-system approach is essential for early prevention and, where needed, early intervention. Education services across all three local authorities are central to this, offering a wide range of supports for children and young people, from digital wellbeing tools and counselling services to evidence-

based resources and the SHOUT! text service for those in distress. These supports are already making a difference by helping young people manage challenges, reduce distress, and build the skills they need to stay well.

We also recognise that mental health is as important as physical health, especially for individuals with additional health needs. Understanding the gaps and opportunities to improve both physical and mental health, particularly in communities with the greatest need, will be key to improving wellbeing across Forth Valley.

To achieve this, we will:

- Promote resilience and self-belief through education, peer support, and community-based initiatives.
- Invest in local assets and infrastructure to support community-led health and wellbeing activities.
- Work with Community Planning Partners to build the capacity of grassroots organisations, especially in areas of high deprivation.
- Support schools, colleges and universities to deliver accessible, evidence-based mental health and wellbeing support for children, young people and adults.
- Improve early access to support through whole-system approaches that prioritise prevention and early intervention.
- Address inequalities by identifying and responding to gaps in both physical and mental health support, particularly for those with additional needs.

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.

1. Maximise community-based health improvement opportunities that improve mental health and wellbeing and reduce social isolation across Forth Valley
2. Promote mental health education by using campaign resources that foster understanding, encourage openness, and support inclusive attitudes
3. Empower peer-led initiatives and community champions that enable us to talk about mental health and wellbeing and recovery, within local communities.

We recognise the growing demand for community-based mental health and wellbeing support, particularly services that promote peer support, social connection, and inclusive spaces where mental health can be openly discussed. These services play a vital role in tackling isolation and loneliness, reducing stigma, and ensuring people can access the right information and resources.

This need has been consistently highlighted through increased applications to local Mental Health and Wellbeing Funds and through engagement with people with lived experience, including focus groups. Across Forth Valley, a wide range of community-led initiatives are already making a difference. These include:

- Befriending services for people from refugee, asylum-seeking, and resettled backgrounds, addressing trauma, isolation, and low confidence.
- Wellbeing and employability programmes for isolated young people, focusing on healthy living, life skills, and personal development.

However, many of these initiatives rely on short-term funding, which limits their sustainability and long-term impact.

We are committed to working collaboratively with Community Planning Partners to strengthen and sustain these efforts, recognising that strong community support is essential for long-term mental wellbeing.

Addressing Stigma and Discrimination

We know that stigma and discrimination remain significant barriers to mental health and wellbeing. Negative attitudes and misconceptions can prevent people from seeking help, accessing services, or feeling included in their communities. Tackling stigma is essential to creating environments where mental health is understood, respected, and supported.

To achieve this, we will:

- Increase access to community-based supports through social prescribing and Community Link Worker programmes, working with partners such as CTSI, SVE, and FDAMH.
- Promote physical activity and active living by partnering with organisations like sportscotland and Active Stirling to support inclusive, mental health-friendly opportunities.
- Champion the SAMH Mental Health Charter for Physical Activity & Sport, encouraging local sport and fitness organisations to remove barriers and promote participation for all.
- Collaborate with partners to deliver targeted mental health education to groups at greater risk of poor mental health, including people experiencing homelessness, those affected by substance use, individuals living in poverty or deprivation, people with disabilities or sensory loss, and minority communities
- Improve access to meaningful local activities, including volunteering, creative arts, gardening, and healthy eating across homes, communities, and care settings.
- Support the sustainability of community-led initiatives by advocating for longer-term funding and investment in local infrastructure and capacity.
- Embed anti-stigma principles across all community engagement and education activities, ensuring that campaigns, training, and resources actively challenge misconceptions and promote inclusive attitudes.

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

Deliver population mental health and wellbeing information and support across our communities that promotes positive mental health & wellbeing

4. Coordinate accessible mental health & wellbeing information and support that aids everyone to make informed decisions about their own mental wellbeing needs
5. Sustain digital based platforms improving the range of remote options to access the right level of information and supports

We aim to improve how people connect with mental health and wellbeing information, services, and self-management resources. This includes reviewing the range of digital platforms currently in use to identify gaps, barriers, and opportunities for long-term sustainability. Alongside this, we will map existing supports and develop a clear, user-friendly approach to communicating this information, making it easier for individuals to find and navigate the help they need.

A variety of effective and well-used digital tools are already available to support mental health and wellbeing. These include open-access applications that provide support for sleep and anxiety, as well as referral-based platforms offering CBT-based interventions for both young people and adults. In addition, schools offer a range of digital supports and structured interventions tailored to the needs of children and their families. We also recognise the important role of community pharmacies as regular points of contact within communities. By working closely with them, we can enhance access to advice and self-management tools at a local level.

To achieve this, we will:

- Assess and review digital platforms available across the life course to identify gaps, barriers, and opportunities for sustainable delivery.
- Map existing supports and develop a clear, accessible system for signposting mental health and wellbeing resources.
- Promote the use of trusted digital tools, including Sleepio, Daylight, Silvercloud, and parenting resources.
- Support schools in continuing to deliver tailored digital and in-person mental health supports for children and families.
- Strengthen partnerships with community pharmacies to improve access to local advice and self-management tools.

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

1. Strengthen community integrated services through collaboration with all partner organisations to maximise independence within communities
2. Improve access to mental health crisis intervention services, taking account of issues of access, equity and the needs of high-risk populations
3. Provide high quality, coordinated specialist mental health care and treatment at the right time and in the right place with a focus on promoting recovery and independence

We are committed to working collaboratively with housing and wider support services to help people live independently at home and to support timely, well-planned discharges from hospital. Our approach focuses on delivering tailored, sustainable solutions for individuals experiencing poor mental health or living with long-term conditions. This includes ensuring access to safe, appropriate housing and wraparound support that promotes stability, recovery, and wellbeing.

By strengthening these partnerships, we aim to reduce delayed discharges, prevent avoidable admissions, and support people to thrive in their communities.

We also recognise that each person's experience of substance use and mental health is unique. Effective support must be shaped by individual needs and circumstances, and grounded in care that is person-centred, trauma-informed, and non-judgemental.

Both Alcohol and Drug Partnerships (ADPs) in Forth Valley are supporting work to make substance use support available in line with the Medication-Assisted Treatment (MAT) Standards and other relevant guidelines. Importantly, the principles of this Mental Health and Wellbeing Strategic Plan will

be embedded within ADP planning and delivery. This ensures a consistent, joined-up approach to supporting people with co-occurring mental health and substance use needs across Forth Valley.

Lastly, specialist mental health services must be effective, person-centred, and aligned with the needs of our local population. To ensure they are fit for purpose and deliver real value, we need a clear understanding of how services are performing, and the flexibility to adapt as population needs evolve.

To achieve this, we will:

- Work in partnership with housing, homelessness and wider support services to enable independent living, prevent homelessness and support timely, well-planned transitions from hospital to home.
- Ensure access to safe, appropriate housing and wraparound support for people with mental health challenges or long-term conditions.
- Work in partnership with ADPs to deliver integrated, accessible, and person-centred services that meet individual mental health and substance use needs.
- Improve access to timely crisis support through the continued delivery and development of the Distress Brief Intervention (DBI) programme in partnership with third sector organisations.
- Review the delivery of key services to ensure they provide the best value and meet the needs of those who use them. This includes and is not limited to mental health inpatient and rehabilitation services, community mental health services for older adults, learning disability services, waiting times for community mental health including psychology and CAMHS
- Co-design community-level support with Primary Care and third sector partners for individuals with mild to moderate mental health needs, while ensuring timely access to specialist interventions in the least restrictive setting.

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

Ensure seamless, barrier-free access to and transitions between organisations, services and supports

4. Streamline referral and treatment pathways for all mental health services and supports.
5. Improve transitions of care for child, adult and older adult services

Our vision for mental health care across Forth Valley is rooted in the delivery of high-quality, person-centred support that is timely, coordinated, and responsive to individual needs. This will be guided by the implementation of the Core Mental Health Quality Standards (2023) and the Psychological Therapies & Interventions Specification (2023).

A locally developed delivery plan will ensure that people receive the right support at the right time, with improved access and smoother transitions between services. These transitions—whether between child and adult services, primary and specialist care, or prison and community, are critical moments in a person's care journey. Strengthening existing protocols will help ensure continuity of care, coordinated planning, and support that is tailored to each individual's needs.

To achieve this, we will:

- Implement the Core Mental Health Quality Standards (2023) and the Psychological Therapies & Interventions Specification (2023) to guide consistent, high-quality care.
- Develop and deliver a local implementation plan to improve access and ensure timely, appropriate support across all services.
- Strengthen transition protocols between services and life stages to ensure continuity of care and reduce the risk of people falling through gaps.
- Promote coordinated, person-centred planning that supports individuals through key transitions, including from child to adult services, primary to specialist care, and prison to community.

Other Key Priority Areas

Suicide Prevention

Suicide continues to have a profound impact on individuals, families, and communities. Preventing suicide is a vital part of our commitment to improving mental health and wellbeing across Forth Valley. Suicide prevention efforts not only aim to reduce preventable deaths but also to provide compassionate support to those affected and help address the wider inequalities that contribute to suicide risk.

Forth Valley's emerging Suicide Prevention Action Plan is closely aligned with the priorities of this Mental Health and Wellbeing Strategy. With a vision to reduce suicide and its associated harms, the plan takes a whole-system, multi-agency approach. It focuses on building community resilience, improving awareness and responses to suicide risk, and ensuring timely, compassionate support for those affected. The plan also emphasises the importance of using local data and lived experience to shape suicide prevention activity that is well-planned, collaborative, and responsive to community needs.

This work will complement and strengthen our broader efforts to promote mental wellbeing, early intervention, and inclusive support across the region.

To achieve this, we will:

- Implement Forth Valley's Suicide Prevention Action Plan, ensuring alignment with the wider Mental Health and Wellbeing Strategy.

Our Public Health Approach to Neurodiversity

Across Forth Valley, we recognise the growing need to better understand and support neurodivergent individuals throughout their lives, from childhood into adulthood. As children transition into adult services, support can often become fragmented. In 2021, a national need was identified to improve the experiences and outcomes for autistic adults, adults with ADHD, and those with co-occurring neurodevelopmental conditions, both before and after diagnosis. It is essential to adopt a lifespan approach to neurodiversity, one that ensures continuity of care, timely access to support, and inclusive environments at every stage of life. In response, we are embracing a public health approach to neurodiversity, moving beyond a medical model focused solely on diagnosis and deficits. Instead, we are adopting a strengths-based model that values neurodiversity as a natural and important part of human variation. This approach promotes early intervention, reduces health inequalities, and fosters inclusive environments in schools, workplaces, and communities.

To achieve this, we will:

- Scope the existing neurodevelopmental pathway across Forth Valley to identify strengths, gaps, and opportunities for improvement across the lifespan.
- Develop a refreshed model of support aligned with the National Neurodevelopmental Standards, the NAIT Adult Neurodevelopmental Pathways report, and the UN Convention on the Rights of the Child (UNCRC).
- Embed prevention, early intervention, and equity as core principles in all neurodiversity-related planning and service delivery.
- Prioritise staff education, training, and development to ensure all professionals are equipped to understand, support, and work effectively with neurodivergent individuals.

Enabling Priorities

Developing our workforce.

We recognise that our workforce is large, diverse, and spans a wide range of experiences, skills, and organisations, including the third sector, local authorities, health services, volunteers, unpaid carers, and people with lived experience. This workforce is at the heart of delivering our shared vision for mental health and wellbeing across Forth Valley.

To achieve meaningful and lasting change, we are committed to a whole-system approach that actively supports and engages all our diverse workforce, supporting everyone involved. This strategic plan will be shaped by, and aligned with, wider programmes of work, such as workforce wellbeing initiatives and leadership development efforts. It aims to complement these by ensuring that everyone, regardless of role or background, feels supported, valued, and heard, helping to prevent burnout and build a more sustainable, resilient workforce.

This includes strengthening collaboration with the third sector and creating formal recognition frameworks to acknowledge the vital roles of unpaid carers, volunteers, and people with lived experience.

The wider workforce must be central to planning and decision-making around service delivery. Their insights and lived experiences are essential to shaping services that are inclusive, responsive, and effective.

This work will align with and support broader initiatives such as the Culture Change & Compassionate Leadership Programme, which aims to embed a compassionate, values-driven culture across health and social care in Forth Valley.

Financial Sustainability and Best Value

To deliver this strategy effectively and responsibly, we must make the best use of available resources while ensuring services deliver meaningful outcomes for individuals and communities. Achieving financial sustainability and best value requires a clear focus on ethical commissioning, value-based care, and long-term planning.

Our commissioning approach across Forth Valley is guided by shared principles of collaboration, fairness, and a focus on what matters most to people. While each Health and Social Care Partnership (HSCP) may tailor its commissioning arrangements to local context, all are committed to delivering person-centred, inclusive, and sustainable services. We work in partnership with people with lived and living experience, third and independent sector organisations, and professionals across health and social care to co-design services that are responsive to local needs and aligned with national priorities.

An example of this in practice is the Dementia Commissioning Consortium, which has developed a hub-and-spoke model of support for people living with dementia and cognitive impairment. This model promotes early intervention, community-based care, and shared learning between clinicians and third sector partners. Building on this success, we will establish a Mental Health & Wellbeing Commissioning Consortium as a key action from this strategy, further embedding co-production and collaboration into how we plan and deliver services.

We are also committed to a Value-Based Health and Care (VBHC) approach, focusing on outcomes that matter most to people, such as improved wellbeing, independence, and quality of life. This means using our resources wisely to deliver care that is effective, person-centred, and sustainable. It involves listening to people's experiences, measuring real-life outcomes, reducing duplication, and investing in prevention and early support to avoid crisis and reduce long-term costs.

Finally, we recognise the importance of long-term funding models that support stability and sustainability, particularly for our third sector partners. We will explore opportunities to strengthen financial planning and ensure that commissioned services are supported to deliver lasting impact.

Digital Transformation and Innovation

Digital tools and data-driven approaches are essential to modernising mental health and wellbeing services across Forth Valley. By embracing innovation, we can improve access, empower individuals, and make services more responsive to changing needs.

However, we recognise that digital resources do not suit everyone. In Forth Valley, digital solutions will form part of a range of options, supporting prevention and early intervention while complementing in-person care where this is needed. This approach can also help reduce pressure on specialist services, ensuring that face-to-face support remains available for those who need it most.

At the same time, we acknowledge that digital exclusion remains a significant barrier, particularly for vulnerable groups such as older adults, people living in poverty, and those with neurodevelopmental conditions. Without reliable access to technology or the skills to use it, many individuals are unable to benefit from digital health services, online support, or virtual care pathways. This not only limits their ability to manage their wellbeing but also deepens existing health inequalities. Addressing digital exclusion is therefore critical to ensuring that mental health services are inclusive, equitable, and truly accessible to everyone.

To achieve this, we will:

- **Build in a Digital-First Approach**

Consider digital options when designing services to give people more choice and control over how and where they access information and support—while ensuring face-to-face options remain available.

- **Maximise Innovation for Population Wellbeing**

Make the most of new technologies and innovative approaches to strengthen our efforts in improving mental health and wellbeing across communities.

- **Tackle Digital Exclusion**

Work with partners to improve digital access, skills, and confidence, ensuring that no one is left behind as services evolve.

Measuring and Monitoring Quality

Success will be defined by our ability to deliver meaningful and measurable improvements in mental health and wellbeing across Forth Valley. To achieve this, we will establish a robust and transparent approach to measuring progress and driving continuous improvement across the system. A performance and quality framework will be developed alongside the strategy and its implementation plans. This framework will provide a structured way to track progress over time, ensure accountability and align efforts across services and partners.

It will include clearly defined short, medium, and long-term outcomes and indicators, tailored to local priorities and guided by the national Mental Health and Wellbeing Strategy's outcomes framework.

To ensure we are delivering high-quality, person-centred care, our approach will focus on four key priorities:

Develop a Clear Measurement Framework

We will create a system to monitor progress toward our goals, helping us understand what's working and where we need to improve.

Use Agreed Quality Methods

We will apply consistent, evidence-based methods to plan, measure, and monitor quality, ensuring we are doing the right things and doing them well.

Align Outcomes with National and Local Needs

Our outcome measures will reflect both national standards and the unique needs of our local communities.

Improve Data Sharing for System Insight

Better data and information sharing will support a whole system understanding of performance, enabling continuous improvement and high-quality care.

Moving Forward with the Strategic Plan

To deliver meaningful change in mental health and wellbeing across Forth Valley, we will take bold and collaborative action to transform service delivery, increase capacity, and improve outcomes. Strengthening relationships, improving communication, and enhancing understanding of available supports will be central to this work. We will prioritise person-centred future care planning, involving individuals, families, and carers to ensure wishes are known and respected across services. Key areas such as workforce development, commissioning, service redesign, and outcome measurement will be addressed through detailed implementation plans. Ongoing monitoring and evaluation will ensure services remain effective, responsive, and aligned with agreed person-centred outcomes.

Short-Term Goals (1–2 years)

Laying the foundation for system-wide change

Establish a governance framework to oversee mental health and wellbeing strategy delivery.

Develop a detailed implementation plan to guide actions and monitor progress.

Establish a commissioning consortium to coordinate mental health and wellbeing services across sectors.

Strengthen collaboration with community planning partners, including pharmacy, sport, education, and housing.

Roll out trauma-informed training across all sectors to build a shared understanding and approach.

Improve access to information through digital tools and community-based signposting platforms

Medium-Term Goals (3–5 years)

Embedding practices and expanding access

Embed trauma-informed and equity-focused approaches across all services and settings.

Expand early intervention and prevention programmes, especially for children, young people, and vulnerable groups.

Improve service transitions, such as from CAMHS to adult services or from prison to community care.

Enhance access to psychological therapies and sustain reduced waiting times.

Implement a refreshed neurodevelopmental pathway aligned with national standards.

Strengthen community-based supports to reduce reliance on inpatient care.

Long-Term Goals (6–10 years)

Achieving sustainable, system-wide impact

Reduce mental health inequalities across Forth Valley through targeted, data-informed action.

Demonstrate improved mental health outcomes using population-level data and evaluation.

Secure sustainable funding and workforce capacity across all sectors involved in mental health and wellbeing.

Fully integrate mental health & wellbeing into strategic planning and service delivery at all levels.

Foster a culture of co-production and innovation, ensuring continuous improvement across the system.

Governance

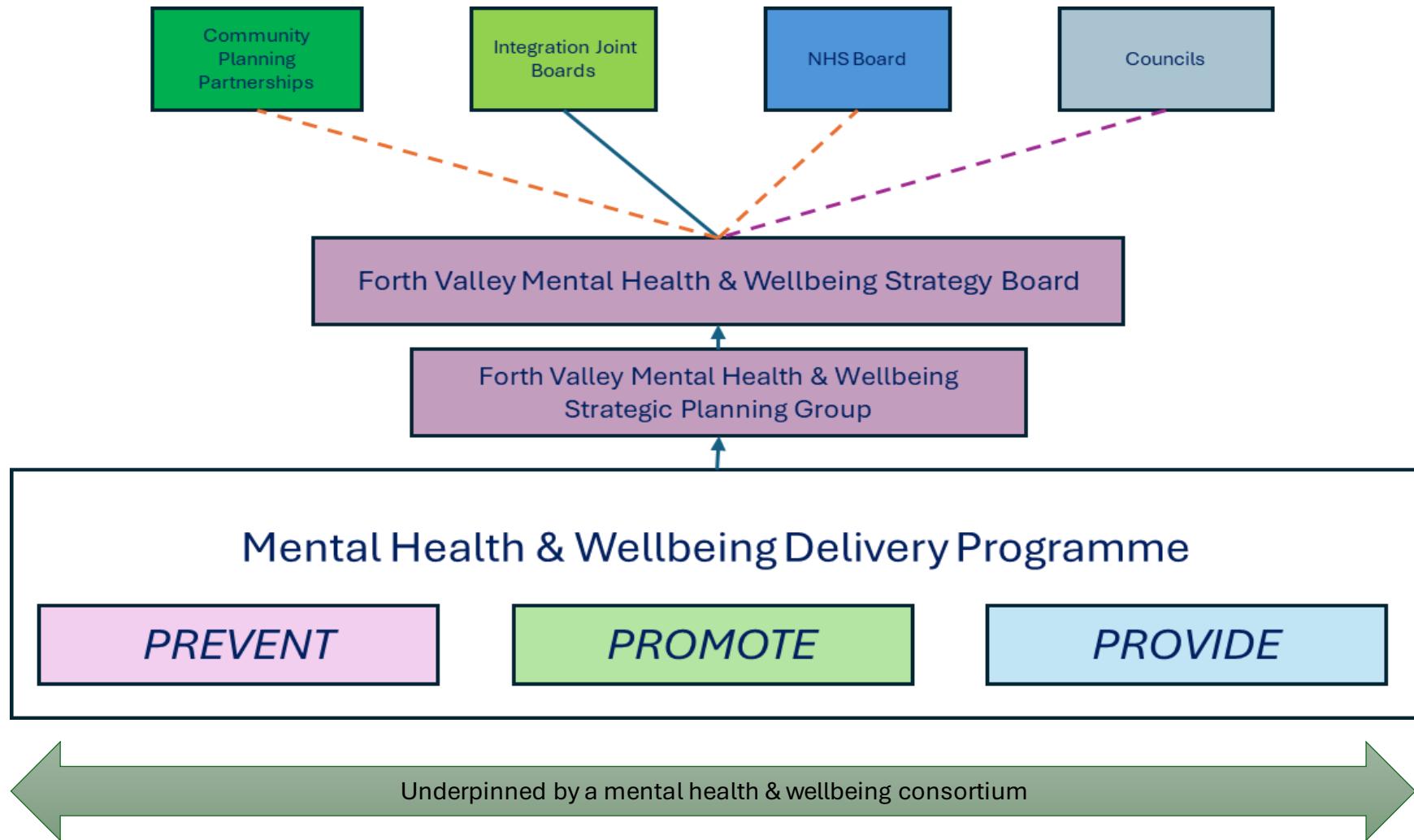
An outline of the proposed governance structure is set out below. A key factor in the success of this strategy will be ensuring inclusive representation from all stakeholders, including the vital voice of lived experience.

Oversight will be provided by a Mental Health and Wellbeing Strategy Board, with system-wide representation. Integration Joint Boards (IJBs) will retain overall accountability for the programme, ensuring alignment with both local priorities and national direction. We will also work in close consultation and collaboration with Community Planning Partnerships and NHS Forth Valley, recognising the importance of collective leadership and shared responsibility. This approach will provide assurance that strategic priorities are being progressed, including where appropriate within services that are not delegated to the IJBs.

To support delivery, the programme will be structured around a series of workstreams. While the illustrative headings *Prevent*, *Promote*, and *Provide* have been used at this stage, the final structure and focus of each workstream will be confirmed as the governance arrangements are formalised. Each workstream will be underpinned by clear local commissioning approaches to ensure accountability, alignment with strategic priorities, and effective implementation.

While this ten-year strategy acknowledges that meaningful change takes time, our shared ambition is clear:

To build a system that promotes positive mental health and wellbeing for everyone, enabling every person in Forth Valley to live well.



Appendix 1 - Key strategic drivers and references

There are a range of strategies, policies and reviews that this plan will need to align with (hyperlinks to documents are accessed by clicking on the underlined sections).

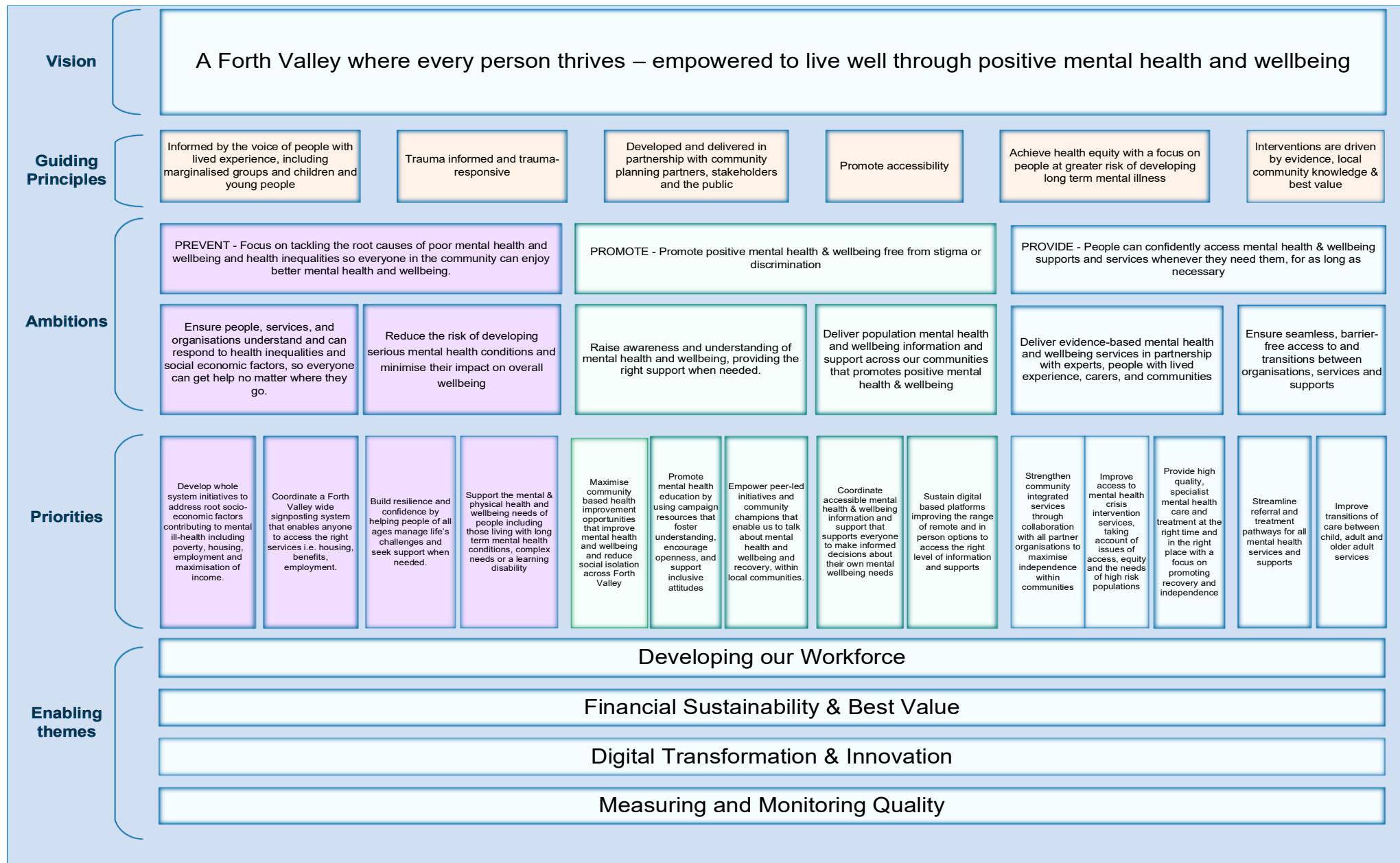
National

- Adults with Incapacity (Scotland) Act 2000
- Adult Support and Protection (Scotland) Act 2007
- Assisted Dying for Terminally Ill Adults (Scotland) Bill
- Care Reform (Scotland) Bill 2025
- Carers (Scotland) Act 2016
- Creating Hope Together: suicide prevention strategy 2022 - 2032
- Health & Care (staffing), (Scotland) Act 2019
- Health and Social Care Service Renewal Framework
- HM Inspectorate of Constabulary in Scotland (HMICS) Thematic review of policing mental health in Scotland Review
- Housing (Scotland) Bill
 - Ask & Act Duties for public bodies
- Independent Review into the Delivery of Forensic Mental Health Services (Scott review/Barron)
- Keys to life: Improving quality of life for people with learning disabilities
- Learning Disabilities, Autism and Neurodivergence (LDAN) Bill
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Mental Health Strategy 2017-2027
- National Social Work Leadership: Establishment of a Chief Social Work Adviser and a National Social Work Agency.
- National Specifications for:
 - Core Mental Health Quality Standards
 - Psychological Therapies and Interventions
 - Child and Adolescent Mental Health Services (CAMHS):national service specification
 - Care and Treatment of Eating Disorders
 - Children & Young People - Neurodevelopmental Specification
- New dementia strategy for Scotland: Everyone's Story
- Scottish Government Mental health and wellbeing strategy
- Scotland's Population Health Framework
- Self-harm strategy and action plan 2023 to 2027
BNHS Scotland - Blueprint for good governance: second edition
- Social Care (Self Directed Support) (Scotland) Act 2013

Local

- Autism strategy
- [Creating a Healthier Falkirk: Strategic Plan 2023 – 2026](#)
- Clackmannanshire and Stirling [Strategic Commissioning Plan 2023 – 2033](#)
- [Clackmannanshire Council Local Outcome Improvement Plan](#)
- Clackmannanshire and Stirling Dementia Commissioning Plan
- [Clackmannanshire Housing Strategy](#)
- Community (safety/justice) planning
- [Falkirk Council Local Outcome Improvement Plan](#)
- [Falkirk Local Housing Strategy 2023-2028](#)
- Forth Valley Palliative and End of Life Care Commissioning Plan
- Learning Disability Strategy/Dementia/Alcohol and Drug Partnership Falkirk
- Occupational health strategy
- Old Age Psychiatry Plan
- Professionals' strategy (AHP etc)
- Reprovision of inpatient services
- Self-harm strategy
- [Stirling Council Local Outcome Improvement Plan](#)
- [Stirling Local Housing Strategy](#)
- Transitions Policy and guidance
- Workforce wellbeing plans
- West of Scotland/Regional plans CYP etc

Appendix 2 – Forth Valley’s Mental Health & Wellbeing Strategic Plan 2025-35



References

A pro bono bonus: The impact of volunteering on wages and productivity, Pro Bono Economics, Dr Jansev Jemal. 2024

A Roadmap for Creating Trauma-Informed and Responsive Change, National Trauma Transformation Programme

Children and young people - national neurodevelopmental specification: principles and standards of care

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

Scottish Government Mental health and wellbeing strategy (2023)

Social Care (Self-directed Support) (Scotland) Act 2013 Statutory Guidance

Social isolation and loneliness: Recovering our Connections 2023 to 2026

Appendix 2

Forth Valley Mental Health & Wellbeing Strategic Plan 2025-35

Key Themes from Engagement & List of Stakeholders Involved

The Citizen Space engagement asked 5 questions, and the key themes from the responses to each are below:

Q1: Will this plan meet the mental health and wellbeing needs of the people in Forth Valley?

- Lack of implementation detail
- Access and equity concerns (especially re children and young people)
- Staff wellbeing and workforce need considered
- Needs more about embedding trauma-informed practice
- Lack of third sector and community resources

Q2: Do we have the balance right between the three priorities of Prevent, Promote and Provide?

- Imbalance in implementation detail, with more about Provide
- Need to understand resources aligned to each priority
- Need for clarity and realism
- Need for accessibility and inclusion

Q3: What, if any, are the gaps that need to be considered?

- Early years and perinatal mental health
- Neurodivergent support
- Lived experience and peer support
- Workforce wellbeing
- Prison population
- Homeless population

Q4: How could you, your organisation or service contribute to this?

Positive offers of support from:

- Third sector and community organisations
- Healthcare services e.g. GPs, pharmacists
- Local authority services e.g. education, housing

Q5: Any other comments?

- Cultural and systemic change needed
- Monitoring and accountability needs to be built in
- Language and framing important

Many of these themes also arose via different engagement methods (e.g. in person sessions, email). The following additional themes were identified in this way:

- The needs of older adults – dementia and mental health
- The need for a whole system approach
- Resources
- Prevention and early intervention

The groups who engaged with the development of the plan were as follows:

Stirling Community Planning Partnership (CPP)
Clacks Alliance
Falkirk CPP
Falkirk Health & Wellbeing Forum TSI & SVE
FV-wide carers session
Lived experience - FDAMH
Lived experience - Action in Mind
Forth Valley Sensory Centre
Resilience Learning Partnership
Strategic Planning Performance & Resources Committee (NHSFV)
C&S Strategic Planning Group (C&S IJB)
Falkirk Strategic Planning Group (Falkirk IJB)
Joint Falkirk and C&S Senior Management & Leadership Team (SMLT)
Clacks Locality Planning Group (LPG)
Stirling Rural LPG
Stirling Urban LPG
Falkirk Centre LPG
Falkirk Locality LPG
Whole System Leadership Team
Falkirk HSCP SMLT
C&S HSCP SMLT
Falkirk Mental Health & Wellbeing Planning Group
Falkirk Employability Partnership
Children & Young People's Services strategic planning groups (Falkirk, Clacks, Stirling)
Joint SNA Children & Young People strategic planning group (FV-wide)
Women's & Children's services (NHSFV)
Tackling Poverty Group - Falkirk
TPP (Poverty) - Clacks
Stirling Tackling Poverty Group - Children Poverty Group
Clinical and social work staff - psychiatry, psychology, mental health nursing, mental health officers, social work, allied health professionals, pharmacy
Professional leads
Health promotion
Public health
Heads of Planning (NHS & HSCPs)
Senior Leadership Teams (both HSCPs)
HSCP commissioners and social care providers (Clackmannanshire, Stirling, Falkirk)
Staff Wellbeing Group
Primary Care - GP Leads, Associate Medical Director, Primary Care Mental Health nursing
Falkirk IJB
C&S IJB
Area Pharmacy Committee
Division of Psychiatry

In addition to engagement with the groups above, we also received 48 responses to the consultation on Citizen Space. About 40% of these were from individuals, and the rest were responses on behalf of a wider group. These included responses from:

General Practice
Alcohol & Drugs Partnership
Stirling Council
Community Planning

Clinical & Care Governance
Clackmannanshire Economic Regeneration Trust
Carers
People with lived experience
Stirlingshire Voluntary Enterprise
Education
Active Stirling
sportscotland
Prison Healthcare
Psychology
Scottish Fire & Rescue Service
Resilience Learning Partnership
Health Improvement
Rural Stirling Housing Association
Substance Use Services
Housing & Homelessness Services

Equality Impact Assessment Process

Equality & Diversity Impact Assessment

Guidance on how to complete an EQIA can be found here:

<https://www.equalityhumanrights.com/en/advice-and-guidance/guidance-scottish-public-authorities>

and here

<https://www.equalityhumanrights.com/en/advice-and-guidance/coronavirus-covid-19-and-equality-duty>

Q1: Name of EQIA being completed i.e. name of policy, function etc.

Mental Health and Wellbeing Strategic Plan

Q1 a; Function Guidance Policy Project Protocol Service
Other, please detail

Strategy

Q2: What is the scope of this SIA

Service	Mental Health & Wellbeing Services	Other (Please Detail)	<input type="checkbox"/>

Q3: Is this a new development? (see Q1)

Yes

Q4: If no to Q3 what is it replacing?

Q5: Team responsible for carrying out the Standard Impact Assessment? (please list)

Jennifer Borthwick (NHS Forth Valley) [REDACTED]
Nabila Muzaffar (NHS Forth Valley) [REDACTED]
Lesley Fulford (NHS Forth Valley) [REDACTED]
Paul Smith [REDACTED];
Scott Williams (NHS Forth Valley) [REDACTED]
Sharon Horne-Jenkins (NHS Forth Valley) [REDACTED]
Julia Ferrari (NHS Forth Valley) [REDACTED];
Fiona Bartley [REDACTED];
Lesley MacArthur [REDACTED];
Hazel Meechan (NHS Forth Valley) [REDACTED]
Natalie Masterson [REDACTED]

Q6: Main person completing EQIA's contact details

Name:	Lesley Fulford	Telephone Number:	[REDACTED]
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Department:	HSCP Strategic Planning Department	Email:	
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Q7: Describe the main aims, objective and intended outcomes

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

Q8:

(i) Who is intended to benefit from the function/service development/other (Q1) – is it staff, service users or both?

Staff	Service Users	Other	<input checked="" type="checkbox"/> Please identify ___ Providers, third sector, independent sector
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

(ii) Have they been involved in the development of the function/service development/other?

Yes

(iii) If yes, who was involved and how were they involved? If no, is there a reason for this action?

Jennifer Borthwick (NHS Forth Valley) [REDACTED];
 Nabila Muzaffar (NHS Forth Valley) [REDACTED];
 Lesley Fulford (NHS Forth Valley) [REDACTED];
 Paul Smith [REDACTED];
 Scott Williams (NHS Forth Valley) [REDACTED];
 Sharon Horne-Jenkins (NHS Forth Valley) [REDACTED];
 Julia Ferrari (NHS Forth Valley) [REDACTED];
 Fiona Bartley [REDACTED];
 Lesley MacArthur [REDACTED];
 Hazel Meechan (NHS Forth Valley) [REDACTED];
 Natalie Masterson [REDACTED]

The people above were part of a Strategic Planning Group to develop the strategic plan. This included initial engagement with multiple people across over 30 groups.

Engagement groups across the Forth Valley area were with individuals with lived experience, unpaid carers, third sector, locality planning groups, sensory loss, community planning partnerships, senior leaders, staff engagement event and children and young people.

Subsequent to this the group engaged with a significant number of individuals and their families across a large number of groups on the draft plan, including online through Citizen Space an online engagement platform.

(iv) Please include any evidence or relevant information that has influenced the decisions contained in this SIA; (this could include demographic profiles; audits; research; published evidence; health needs assessment; work based on national guidance or legislative requirements etc)

Mental Health and Wellbeing in Forth Valley: Key Insights and Engagement Feedback Comments and Context

Engagement sessions aligned closely with the high-level messages from the Strategic Needs Assessment, particularly the recognition that **socio-economic factors play a significant role in determining mental health and wellbeing**.

Data analysis was conducted at both **local authority** and **intermediate zone** levels, revealing important differences across the three local authorities. For example:

Substance Use and Drug-Related Harm

- **Hospital Admissions:** Clackmannanshire and Stirling have drug-related hospital admission rates higher than the Scottish average.
- **Drug-Related Deaths (DRDs):** Clackmannanshire consistently reports higher DRDs than Falkirk, Stirling, and the national average.
- **Women and DRDs:** Since 2019, drug-related deaths among women in Clackmannanshire have exceeded the national rate, with the gap continuing to widen.
- **Deprivation Link:** Deprivation is strongly associated with higher rates of substance use and related harms across all health behaviours.

Mental Health and Suicide

- **Suicide Rates:** Clackmannanshire has the highest suicide rates in Forth Valley. Falkirk also exceeds the national rate, particularly among the 11–25 age group.
- **Emergency Department Presentations:** While male attendance has remained stable, there has been a significant increase in female presentations for intentional self-harm, now returning to pre-pandemic levels.
- **Inpatient Activity:**
 - Decrease in admissions to mental health facilities.
 - Increase in admissions to non-mental health (acute) hospitals.
 - Rise in longer-stay admissions and detentions, indicating more severe mental illness requiring extended and compulsory care.

Prevalence and Burden of Mental Illness

- **Burden of Disease in Forth Valley:**
 - Depression (3.71%)
 - Anxiety (2.56%)
 - Schizophrenia (0.62%)
 - Other mental health conditions (0.5%)
 - Drug use (5.3%)
 - Alcohol-related conditions (1.85%)
 - Alzheimer's and other dementias (5.32%)
 - Self-harm and interpersonal violence
- **Local Prevalence:**
 - **Clackmannanshire** has the highest prevalence of anxiety, depression, schizophrenia, substance use disorders, self-harm, and prescribed medication rates.
 - **Falkirk** aligns with national averages but has higher prescribing rates for depression, anxiety, and psychosis.
 - **Stirling** reports lower-than-national rates across all indicators.

Sensory Impairment and Mental Health

- There is a significant association between visual impairment and depression, with prevalence estimates ranging from 12.4% to 43% among adults with visual impairment.
- **Engagement Feedback:**
 - *“Apple Pay is life-changing and promotes inclusivity.”*
 - *“Physical spaces need consistency of design.”*

- “Audio description of a menu in a restaurant is a great example.”
- “Learning the language of BSL requires resources, and any initiatives need to be sensory-loss led.”
- “QR codes for welcome desks are another example of what could be put in place.”

Community Engagement and Lived Experience

- **Guiding Principles** (informed by engagement sessions):
 - Trauma-informed approach
 - Co-production with community planning partners and people with lived experience
 - Focus on health equity and accessibility
 - Lifelong approach from birth to old age
 - Evidence-based and community-informed interventions
- **Direct Quotes:**
 - “Needs to be more about trauma and its impact and prevalence in Scotland and the role this plays in people's mental health.” – Resilience Learning Partnership
 - “It's massive but amazing.” – Carer
 - “People need to first consider accessing 3rd sector mental health supports such as FDAMH and then being referred on to GP-based services when 3rd sector feels they have reached the limit of their capabilities.” – GP
 - “We may need to step back from trying to support people with mild mental health 'issues' as we are medicalising things that need to be managed in other ways.” – GP

Strategy Development Feedback

- **Concerns Raised:**
 - Lack of implementation detail
 - Access and equity issues
 - Workforce wellbeing
 - Limited third sector presence in Stirling
- **Balance of Strategy:**
 - “Provide” section well-developed; “Prevent” section underdeveloped
 - Need for clarity, realism, and recognition that self-care does not replace services
 - “Accessibility and inclusion are key – the use of QR codes excludes most of our populations.”
- **Identified Gaps:**
 - Early years and perinatal mental health
 - Neurodivergent support
 - Lived experience and peer support
 - Workforce wellbeing
 - Support for prison and homeless populations

Collaboration and Next Steps

- **Offers of Support:**
 - Strong interest from third sector organisations to contribute to implementation.
 - Education and housing sectors expressed willingness to collaborate.
 - “There requires to be cultural and systemic change and a shift from punitive to ones of encouragement and empowerment.”
- **Final Draft:**

- All feedback has been incorporated into the final draft strategy, with the aim of addressing the concerns and priorities raised through engagement.

Q9: When looking at the impact on the equality groups, you must consider the following points in accordance with General Duty of the Equality Act 2010 see below:

In summary, those subject to the Equality Duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups

Has your assessment been able to demonstrate the following: Positive Impact, Negative / Adverse Impact or Neutral Impact?

What impact has your review had on the following 'protected characteristics':	Positive	Adverse/ Negative	Neutral	Comments Provide any evidence that supports your conclusion/answer for evaluating the impact as being positive, negative or neutral (do not leave this area blank)
Age	x			Older people expressed support for this strategy and suggested it would benefit them greatly.
Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment)	x			A number of engagement sessions have been held which included people with disabilities for example sensory loss, learning disability and mental illness to develop this commissioning plan. Staff across statutory, independent and third sector have been involved in the development of this strategy.
Gender Reassignment	x			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, however 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.
Marriage and Civil partnership			x	Not relevant to this strategy
Pregnancy and Maternity	x			Perinatal mental health was a gap in the first draft, and this is an important area that needs greater focus.
Race/Ethnicity	x			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, particularly in pursuit of complying with the Equality Act.
Religion/Faith			x	Not relevant to this strategy
Sex/Gender (male/female)	x			<p>The strategic needs assessment highlighted there were significant sex differences in the prevalence of specific needs. This is evident at both national and local levels</p> <p>E.g.</p> <ul style="list-style-type: none"> • Prevalence for reported symptoms of anxiety, depression and self-harm was significantly higher in females than in males. • Prevalence of suicide in Scotland was significantly higher in males than females. • Men were almost twice as likely to exceed recommended weekly limits for alcohol consumption than women. <p>These findings will be taken into account as the strategic plan is implemented, in</p>

				particular when considering targeted interventions/support.
Sexual orientation	x			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, however 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.
Staff (This could include details of staff training completed or required in relation to service delivery)	x			Staff across statutory, independent and third sector have been involved in the development of this strategy.
Care Experienced people	x			<p>Although data quality is improving it is still limited. According to The Independent Care Review (2020), care experienced people in Scotland are:</p> <ul style="list-style-type: none"> • Almost twice as likely to have poor health • More than twice as likely to have experienced homelessness, • Over one and a half times more likely to experience severe multiple, disadvantage (homelessness, substance use, mental health, offending, domestic abuse). (The Money report, 2020; 10) <p>Data found here</p>

Cross cutting issues: Included are some areas for consideration. Please **delete or **add** fields as appropriate. Further areas to consider in Appendix B**

Unpaid Carers	x			Two specific engagement sessions in the morning and at night for unpaid carers to support
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				them at different times of the day on international carers day.
Homeless	x			Housing leads were involved in the consultation and put in views to citizen space.
Language/ Social Origins	x			Unpaid carers session had an Urdu speaker and a translator who fed back their views.
Literacy	x			Strategy will work to promote accessibility.
Low income/poverty	x			Engagement sessions in each of the localities covered this aspect
Mental Health Problems	x			Engagement sessions in each of the localities covered this aspect
Rural Areas	x			Engagement sessions in each of the localities covered this aspect
Armed Services Veterans, Reservists and former Members of the Reserve Forces	x			One locality group session included a representative from Wee County Veteran's and Supporters Group.
Third Sector	x			TSIs were invited to staff engagement events.
Independent Sector	x			Were involved in the consultation and put in views to citizen space.

Q10: If actions are required to address changes, please attach your action plan to this document. Action plan attached?

Yes

No

Date EQIA Completed

18/ 08 / 2025

Date of next EQIA Review

DD / MM / YYYY

Signature



Department or Service

C&S HSCP

Print Name

Jennifer Borthwick

Please keep a completed copy of this template for your own records and attach to any appropriate tools as a record of SIA or EQIA completed. Send copy to:
fv.clackmannanshirestirling.hscp@nhs.scot

Equality & Diversity Impact Assessment Action Plan

Name of document being EQIA'd:

Mental Health and Wellbeing Strategic Plan

Date	Issue	Action Required	Lead (Name, title, and contact details)	Timescale	Resource Implications	Comments

Further Notes:

Signed:

Date: