# Mental Health and Wellbeing Strategy Consultation

**QUESTIONS – PART 1**

**DEFINITIONS**

In this consultation, we talk about “mental health”, “mental wellbeing”, “mental health conditions” and “mental illness”. We have explained below what we mean by each of those terms. We want to know if you think we have described these in the right way, or if we should make changes to how we are describing them.

**Mental Health**

Everyone has mental health. This ishow we think and feel about ourselves and the world around usand can change at different stages of our lives. Our mental health is affected, both positively and negatively, by lots of factors, such as our own life circumstances, our environment, our relationships with others, and our past experiences, plus our genetic make-up. Being mentally healthy is about having good mental health, as well as addressing mental health problems. Having good mental health means we can realise our full potential, feel safe and secure, and thrive in everyday life as well as to cope with life’s challenges.

* **1.1** Do you agree with this description of mental health? **Yes**
* **1.2** If you answered no, what would you change about this description and why?

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| The Royal College of Occupational Therapists (RCOT) agree with the description of mental health. We all need to be aware of our health and what impacts our physical and mental health. The members of RCOT feel strongly that it is important to have a clear distinction between the normal fluctuation of mental health experienced by most individuals throughout their life in times of stress and that of diagnosed mental health conditions. This distinction allows individuals to access the correct services and can prevent specialist mental health services from becoming overwhelmed. It will also ensure that people do not feel stigmatised or “labelled”. |

**Mental wellbeing**

Mental wellbeing affects, and is affected by, mental health. It includes subjective wellbeing (such as life satisfaction) and psychological wellbeing (such as our sense of purpose in life, our sense of belonging, and our positive relationships with others). We can look after our mental wellbeing in the same way as we do our mental health – and having good mental wellbeing can stop our mental health getting worse. The Royal College of Psychiatrists defines wellbeing as: ‘A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment’.

* **1.3** Do you agree with this description of mental wellbeing? **Yes**
* **1.4** If you answered no, what would you change about this description and why?

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| The RCOT agree with the description of mental wellbeing. As above the members of RCOT feel strongly that it is important to have a clear distinction between the normal fluctuation of mental health experienced by most individuals throughout their life in times of stress and that of diagnosed mental health conditions. This distinction allows individuals to access the correct services and can prevent specialist mental health services from becoming overwhelmed. RCOT believe that there should be a consideration for the importance of early intervention to prevent deterioration- even when someone does not have a formal diagnosis- as early intervention can prevent subsequent need for formal Mental health services. |

**Mental health conditions and mental illness**

Mental health conditions are where the criteria have been met for a clinical diagnosis of mental illness. This means that a diagnosis of a mental illness has been given by a professional. Mental health conditions can greatly impact day to day life and can be potentially enduring. These include depression, generalised anxiety disorder (GAD), panic disorder, phobias, social anxiety disorder, obsessive-compulsive disorder (OCD) and post-traumatic stress disorder (PTSD), as well as bipolar disorder, schizophrenia, and other psychosis, among many more. How mental illness affects someone can change from day to day. The professional treatment and support that each individual need can change too.

Someone may have an acute mental health problem or mental health condition that has not yet been diagnosed, but they can still be unwell. Their diagnosis may also change over time.

* **1.5** Do you agree with this description of mental conditions and mental illness? **Yes**
* **1.6** If you answered no, what would you change about this description and why?

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| The RCOT agree with the descriptions of mental conditions and mental illness. As above. The members of RCOT feel strongly that it is important to have a clear distinction between the normal fluctuation of mental health experienced by most individuals throughout their life in times of stress and that of diagnosed mental health conditions. This distinction allows individuals to access the correct services and can prevent specialist mental health services from becoming overwhelmed. RCOT believe that early intervention and options for support extending beyond talking therapy such as occupational therapy which can provide practical support for physical, psychological, and social wellbeing. Occupational therapists analyse what is important to an individual and support them to engage in activities that support their mental health and wellbeing at each point in their journey by grading and adapting activities or introducing equipment and adaptations to the environment. |

**QUESTIONS - PART 2**

**MENTAL HEALTH AND WELLBEING STRATEGY – OUR DRAFT VISION AND OUTCOMES**

**2. Our Overall Vision**

* **2.1** On page 5 we have identified a draft vision for the Mental Health and Wellbeing Strategy: ‘Better mental health and wellbeing for all”. Do you agree with the proposed vision? **Yes**
* **2.2** If not, what do you think the vision should be?

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| **No response.** |

* **2.3** If we achieve our vision, what do you think success would look like?

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| As occupational therapists our members know that it is essential that Scotland’s citizens are supported to engage in the daily activities that are meaningful to them. This could be their work, running a home and looking after family, their hobbies, or meeting with friends. Engaging in meaningful activity promotes a sense of self-worth and improves an individual’s wellbeing. Occupational Therapists are experts in supporting service users to engage in activities that are meaningful to them, either because they have to do them or because they enjoy doing them. Occupatioanl therapy is particularly beneficial when engagement in meaningful activity has been negatively impacted by a mental, social or physical issue. Therefore, investment in occupational therapy services will be key to achieving the vision.  To achieve this vision RCOT believe investment in timely and accessible support for all is essential. During the COVID-19 pandemic, the waiting times increased for many services- this can have a negative impact for all service users but particularly for service users accessing children and young people services who experience rapid mental and physical development. There is a significant amount of evidence that highlights the importance of early intervention but unfortunately due to the pressure on the system and how long it is taking to see individuals; this is not possible.  The RCOT believe service users should be able to move freely around the country to areas that they can access housing, employment, grow their families, and build friendships. RCOT members have raised concerns around the transition of the standard of services across geographical locations around the country. Individuals with mental health conditions and require supported housing and care are limited if they move to specific local authorities as there has been some cases where the receiving local authorities do not have the correct support services or accommodation available to support the individual. Therefore, those with a mental health condition cannot always live where they want to live, the RCOT believes this is a concerning human rights issue.  The relevant human rights-   * **freedom of choice and control over decisions** affecting one’s life with the maximum level of **self-determination and interdependence within society.** * **Independence as a form of personal autonomy** means that the person with disability is **not deprived of the opportunity of choice and control regarding personal lifestyle** and daily activities. * **the right to be included in the community** entails a social dimension, i.e., the positive right to develop inclusive environments. * **the availability of support services and assistive devices** and technologies fully respecting the human rights of persons with disabilities. * “Segregation and isolation achieved through the imposition of social barriers” count as discrimination. * **the right to live independently and be included in the community to all persons with disabilities,** regardless of their level of intellectual capacity, self-functioning or support requirements.   The RCOT also believes that success would include stronger and supportive communities where people are building their own resilience and a much greater focus on support and self-management. Success would also allow for a society which does not stigmatise mental health and wellbeing. Services should also be inclusive of all in the community. Services need to adapt to be culturally sensitive and inclusive. |

**3. Our Key Areas of Focus**

* **3.1** On page 5, we have identified four key areas that we think we need to focus on. Do you agree with these four areas? **Yes**

• Promoting and supporting the conditions for good mental health and mental wellbeing at population level

• Providing accessible signposting to help, advice and support.

• Providing a rapid and easily accessible response to those in distress.

• Ensuring safe, effective treatment and care of people living with mental illness

* **3.2** If not, what else do you think we should concentrate on as a key area of focus?

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| RCOT agrees that the four areas above should be key areas of focus.  RCOT believes that there must be a focus around carers and relatives supporting individuals with mental health conditions. There is significant evidence to suggest that those looking after a loved one with mental health issues can also develop mental health issues of their own. This is especially evident for young carers. It is essential for informal carers to maintain their own health and wellbeing by engaging in daily activities that are important and meaningful to them. Occupational therapy services can be effective in early intervention and prevention for both service users and their carers to improve mental health and wellbeing.  RCOT members feel that it is important that language and vocabulary around mental health and wellbeing is clarified with health and social care settings. Specifically, the word “distress”. Occupational therapists see a lot of people who are in distress in the community, but this does not mean they have mental health issues. Distress can often be a reactionary feeling to a situation and fall under the mental wellbeing category but not level two or three mental health services. RCOT would appreciate if the Scottish Government would provide some further context and description around the word ‘distress’. It would be helpful if the word ‘distress’ was categorised into ‘emotional distress’, ‘psychological distress’ or ‘mental distress’. We need to ensure these individuals are not inadvertently signposted to mental health services as this will not give the individual the correct support, they require but is also not best use of limited resources. Occupational therapists are dual trained in the treatment and management of physical and mental health concerns and can support those who are in mental distress due to trauma or a physical injury and to support them through the recovery process using rehabilitation and psychologically informed approaches. |

**4. Outcomes**

* **4.1** Below are the outcomes that people have said they would like this refreshed mental health and wellbeing strategy to achieve. Some of these describe how things might be better for individuals, some for communities, and some for the whole population of Scotland. Do you agree that the Mental Health and Wellbeing strategy should aim to achieve the following outcomes for people and communities?

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| 1. Strongly agree | 2. Agree | 3. Neutral | 4. Disagree | 5. Strongly disagree |

This will help us to understand what is most important to people and think about what our priorities should be. **Please indicate your selection with a tick under the corresponding number:**

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| **Addressing the underlying social factors** | **1** | **2** | **3** | **4** | **5** |
| Through actions across policy areas, we will have influenced the social factors that affect mental health and wellbeing, to improve people's lives and reduce inequalities  Through, for example:   * Improved cross-policy awareness and understanding of the social determinants of mental health and wellbeing, and how to address them * Cross-policy action works to create the conditions in which more people have the material and social resources to enable them to sustain good mental health and wellbeing throughout their lives * Policy implementation and service delivery that supports prevention and early intervention for good public mental health and wellbeing across the life-course | X |  |  |  |  |

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| **Individuals** | **1** | **2** | **3** | **4** | **5** |
| People have a shared language and understanding of mental health and wellbeing and mental health conditions | x |  |  |  |  |
| People understand the things that can affect their own and other’s mental health and wellbeing, including the importance of tolerance and compassion |  | x |  |  |  |
| People recognise that it is natural for everyday setbacks and challenging life events to affect how they feel | x |  |  |  |  |
| People know what they can do to look after their own and other’s mental health and wellbeing, how to access help and what to expect | x |  |  |  |  |
| People have the material, social and emotional resources to enable them to cope during times of stress, or challenging life circumstances | x |  |  |  |  |
| People feel safe, secure, settled and supported | x |  |  |  |  |
| People feel a sense of hope, purpose and meaning | x |  |  |  |  |
| People feel valued, respected, included and accepted | x |  |  |  |  |
| People feel a sense of belonging and connectedness with their communities and recognise them as a source of support | x |  |  |  |  |
| People know that it is okay to ask for help and that they have someone to talk to and listen to them |  | x |  |  |  |
| People have the foundations that enable them to develop and maintain healthy, nurturing, supportive relationships throughout their lives | x |  |  |  |  |
| People are supported and feel able to engage with and participate in their communities | x |  |  |  |  |
| People with mental health conditions are supported and able to achieve what they want to achieve in their daily lives | x |  |  |  |  |
| People with mental health conditions, including those with other health conditions or harmful drug and alcohol use, are supported to have as good physical health as possible |  | X |  |  |  |
| People living with physical health conditions have as good mental health and wellbeing as possible |  | x |  |  |  |
| People experiencing long term mental health conditions are supported to self-manage their care (where appropriate and helpful) to help them maintain their recovery and prevent relapse | x |  |  |  |  |
| People feel and are empowered to be involved as much as is possible in the decisions that affect their health, treatment and lives. Even where there may be limits on the decisions they can make (due to the setting, incapacity or illness), people feel that they are supported to make choices, and their views and rights will be respected |  | x |  |  |  |

Do you have any comments you would like to add on the above outcomes?

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| outcome 2- RCOT believes there is space for misunderstanding as there is a difference between individuals being able to understand what affects their own and other’s mental health and wellbeing and then being able to manage their own condition. Furthermore, resilience should be highlighted as a key factor when exploring mental health and wellbeing.  outcome 3, 4, 5- It is natural in life to have everyday setbacks, periods of low mood etc. Scotland’s citizens should be empowered with the tools to self-manage and build resilience as well as being able to know when they should reach out for support and assistance and where to go for support. RCOT believes there needs to be investment into early intervention and clear messaging to the public to ensure service users know who to approach for support and when is the right time to ask for support. With the cost-of-living crisis, a larger percentage of the public will be facing hardship and concerns and may need support to manage the emotional and psychological impact of this.  outcomes 6,7,8,9- RCOT strongly agree with the statements but as these are very aspirational statements, further information on how the Scottish Government will both achieve and measure the success of this would be beneficial.  outcome 10- RCOT agree with this statement, but it is important to establish who citizens should speak to when they are experiencing challenges to their mental health and wellbeing. Are we encouraging individuals to reach out to family and friends or will health and social care professionals/teachers etc. be given the time and training to provide this support at the point of need? It is important that health and social care professional, particularly within primary care services are receiving mental health training and are empowered to support those with their mental health and wellbeing to ensure accessibility to early intervention in order to prevent further deterioration in mental health and wellbeing for service users.  Early intervention also ensures specialist services don’t become overwhelmed with referrals.  RCOT would support national principles that underpin supportive conversations around mental health and wellbeing. As occupational therapists are dual trained at point of graduation to support individuals with their physical and mental health and wellbeing. RCOT believe that occupational therapists can demonstrate this particularly well when sitting within primary care services. As such the Scottish Government should ensure that multi-disciplinary teams within GP practices include occupational therapy staff.  Outcomes 14 and 15- RCOT members believe that the Scottish Government should be striving for equal mental and physical health outcomes for those diagnosed with mental health conditions.  outcome 17- RCOT believe that the statement should be strengthened to reflect a human rights approach in that people should not only ‘feel supported’ but it is crucial that they ‘**are** supported’. |

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| **Communities**  (geographic communities, communities of interest and of shared characteristics) | **1** | **2** | **3** | **4** | **5** |
| Communities are engaged with, involved in, and able to influence decisions that affect their lives and support mental wellbeing | x |  |  |  |  |
| Communities value and respect diversity, so that people, including people with mental health conditions, are able to live free from stigma and discrimination | x |  |  |  |  |
| Communities are a source of support that help people cope with challenging life events and everyday knocks to wellbeing | x |  |  |  |  |
| Communities have equitable access to a range of activities and opportunities for enjoyment, learning, participating and connecting with others. | x |  |  |  |  |

Do you have any comments you would like to add on the above outcomes?

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| RCOT strongly agree with the outcomes above.  Occupational therapists recognise the invaluable role that communities play in relation to an individual’s mental health and wellbeing. Occupational therapists are trained to have a deep understanding of how one’s physical and social environment can greatly influence an individual’s daily routine and mood. This will make occupational therapists key to achieving these outcomes.  Occupational therapists work within health and social care teams, across the lifespan, to support individuals to integrate with their community, be it getting out the shops or joining local groups to build friendships and develop new skills. Occupational therapists also work on housing services / make professional recommendations regarding service users’ environment and housing.  RCOT members note that a lack of appropriate housing can often result in service users having to move away from their local area and support networks. This negatively impacts an individual’s mental health and resilience. Housing remains a major issue that the Scottish Government must consider across policies for the benefit of its citizens health and wellbeing.  RCOT members discuss difficulties supporting service users to access housing suitable to their needs and note that at times there is not a clear line of communication between health and social care teams and housing departments. RCOT member feel it is essential that local authority housing departments and local health and social care services build greater working relationships for the benefit of the individuals living within their communities. |

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| **Population** | **1** | **2** | **3** | **4** | **5** |
| We live in a fair and compassionate society that is free from discrimination and stigma | x |  |  |  |  |
| We have reduced inequalities in mental health and wellbeing and mental health conditions |  | x |  |  |  |
| We have created the social conditions for people to grow up, learn, live, work and play, which support and enable people and communities to flourish and achieve the highest attainable mental health and wellbeing across the life-course | x |  |  |  |  |
| People living with mental health conditions experience improved quality and length of life | x |  |  |  |  |

Do you have any comments you would like to add on the above outcomes?

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| outcome 2- RCOT members believe that the wording should be changed to reflect a human rights approach to inequalities. The outcome should remove the word reduced to read ‘**We will aspire to have no inequalities in mental health and wellbeing and mental health conditions’.**  outcome 3- RCOT agree and believes there is a need for greater investment in vocational rehabilitation to support individuals into suitable employment or voluntary positions. Occupational therapists recognise that it can be beneficial for individuals to find suitable employment as it can improve confidence and self-esteem. Occupational therapists are well placed within vocational rehabilitation settings as they can support service users to develop the routines, skills and coping mechanisms needed to successfully access employment. Occupational therapists can also assist individuals to identify suitable employment opportunities that meet the individual’s skills and development needs. They can also agree reasonable adjustments with employers to prevent people falling out of work and as per recent legislation are able to provide a Fitnote (RCOT, 2022) alongside GP colleagues and physiotherapy and nursing colleagues. In order to provide a holistic service and maximise occupational therapy expertise around vocational rehab and employability it is essential that we invest in occupational therapy within primary care.  References:  Royal College of Occupational Therapists (RCOT). June 2022. [Occupational therapists now able to certify ‘fit notes’ - RCOT](https://www.rcot.co.uk/news/occupational-therapists-now-able-certify-fit-notes#:~:text=Previously%2C%20only%20doctors%2C%20through%20a%20fit%20note%20could,also%20be%20able%20to%20legally%20certify%20fit%20notes.). [online] |

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| **Services and Support** | **1** | **2** | **3** | **4** | **5** |
| A strengthened community-focussed approach, which includes the third sector and community-based services and support for mental health and wellbeing, is supported by commissioning processes and adequate, sustainable funding | x |  |  |  |  |
| Lived experience is genuinely valued and integrated in all parts of our mental health care, treatment and support services, and co-production is the way of working from service design through to delivery | x |  |  |  |  |
| When people seek help for their mental health and wellbeing they experience a response that is person-centred and flexible, supporting them to achieve their personal outcomes and recovery goals | x |  |  |  |  |
| We have a service and support system that ensures there is no wrong door, with points of access and clear referral pathways that people and the workforce understand and can use | x |  |  |  |  |
| Everyone has equitable access to support and services in the right place, at the right time wherever they are in Scotland, delivered in a way that best suits the person and their needs | x |  |  |  |  |
| People are able to easily access and move between appropriate, effective, compassionate, high quality services and support (clinical and non-clinical) | x |  |  |  |  |
| Services and support focus on early intervention and prevention, as well as treatment, to avoid worsening of individual’s mental health and wellbeing | x |  |  |  |  |

Do you have any comments you would like to add on the above outcomes?

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| Outcome 1-RCOT recognises the importance of a community approach and the invaluable role that third sector organisations play within health and social care provision. Sustainable funding is essential for long-term planning for services to set and achieve their goals. RCOT members report that often services operate on short term funding which makes it difficult to provide sustainable long term quality care. Commitments to longer term investment cycles and support will be required to allow teams to build quality alternatives to health and social care services which maximise resilient communities.  Outcome 6- RCOT members would like further clarification over the use of the term ‘non-clinical’ services and support and what this means exactly as this can encompass many things. For example- does this mean better links between education staff and health and social care services?  Outcome 7- RCOT believe ‘prevention’ and ‘early intervention’ should have clear definitions to avoid possible misinterpretation. Occupational therapists have the skillset and the training to deliver both early intervention and preventative support to service users. Services often focus on reacting to crisis and urgent criteria but there is a need for services to focus on earlier intervention to reduce future needs in the services users’ journey and long term dependency and pressures on specialist services. RCOT believes the new mental health and wellbeing strategy should remove the exclusion-based criteria model to create a service based on early intervention and prevention based on inclusion.  Occupational Therapy would a sit well within in public health as the professional promotes engaging in meaningful activity in order to improve and maintain physical and mental wellbeing at all stages of the service users journey. |

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| **Information, data and evidence** | **1** | **2** | **3** | **4** | **5** |
| People who make decisions about support, services and funding use high quality evidence, research and data to improve mental health and wellbeing and to reduce inequalities. They have access to infrastructure and analysis that support this | x |  |  |  |  |

Do you have any comments you would like to add on the above outcome?

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| RCOT and its members value the importance of data and research and support evidence-based decision making. Investment is needed into the infrastructure needed to collate and analyse the data. How data is collated is not equitable across all health and social care partnerships and the different services within them. This may impact the interpretation of data. RCOT support a “Once for Scotland” approach in that policies and procedures should be standardised across the country.  It is essential that the data collated is meaningful data and used within the context it was gathered. It will be important that both quantitative and qualitive data is used. Narrative data from service users and health and social care professionals will be invaluable when developing services. |

* **4.2** Are there any other outcomes we should be working towards? Please specify:

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| **No response.** |

**QUESTIONS - PART 3**

**5. Creating the conditions for good mental health and wellbeing**

Our mental health and wellbeing are influenced by many factors, such as our home life, our work, our physical environment and housing, our income, our relationships or our community, including difficult or traumatic life experiences or any inequalities we may face. In particular, research suggests that living with financial worries can have a negative influence; whilst good relationships, financial security and involvement in community activities support mental wellbeing. However, we want to hear what you think are the most important factors.

Your answers to these questions may look different if you are responding as an individual, or as part of an organisation.

* **5.1** What are the main things in day-to-day life that currently have the biggest positive impact on the mental health and wellbeing of you, or of people you know?

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| As occupational therapists, RCOT’s members recognise that it is essential to service user’s mental health and wellbeing to be able to engage in meaningful activity: for people to be able to do what matters to them. We also have the skills to analyse and identify potential barriers and work collaboratively with people to identify small meaningful goals to ensure success and a feeling of achievement and agency.  Occupational therapists understand how daily activities can fulfil a person’s life and provide balance- for example, taking a bath, going to a house of worship, being able to work, cooking for oneself. Occupational therapists can understand what is important to a person and what matters to them, by knowing this they can provide support to continue to engage in activity that is meaningful which will result in them living a more independent life, with positive effects on their mental and physical health.  Occupational therapists also recognise the importance of a support network to service user’s mental health and wellbeing and work with individuals to identify and develop important relationships. |

* **5.2** Is there anything else you would like to tell us about this, whether you’re answering as an individual or on behalf of any organisation?

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| **No response** |

* **5.3** What are the main things in day-to-day life that currently have the biggest negative impact on the mental health and wellbeing of you, or people you know?

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| RCOT understand that being unable to do what you need and want to do each due to a physical, mental or environmental issue can negatively impact one’s mental health and wellbeing. Occupational therapists empower service users to identify barrier’s and support people to do what they need to do and want to do.  RCOT recognise that social isolation and loneliness can have a serious negative impact on an individual’s mental health and wellbeing. Occupational therapists have the skills to support individuals to develop stronger connections with their communities through meaningful activity and employment (where appropriate) which will in turn contribute to improved physical and mental health and wellbeing. |

* **5.4** Is there anything else you would like to tell us about this, whether you’re answering as an individual or on behalf of any organisation?

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| **No response** |

* **5.5** There are things we can all do day-to-day to support our own, or others’, mental health and wellbeing and stop mental health issues arising or recurring.   
    
  In what ways do you actively look after your own mental health and wellbeing?
* Exercise
* Sleep
* Community groups
* Cultural activities
* Time in nature
* Time with family and friends
* Mindfulness/meditation practice
* Hobbies/practical work
* None of the above
* Other

**5.6** If you answered ‘other’, can you describe the ways in which you look after your own mental health and wellbeing, or the mental health and wellbeing of others?

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| **No response,** |

* **5.7** Is there anything else you would like to tell us about this, whether you’re answering as an individual or on behalf of any organisation?

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| **No response.** |

* **5.8** Referring to your last answers, what stops you doing more of these activities? This might include not having enough time, financial barriers, location etc.

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| RCOT recognise that the rising cost of living will likely create financial barriers for citizens making it more difficult for people to do the things that are important to them or facing challenges to manage their budgets and meet their bills this will have a very negative impact on the population’s mental health and wellbeing.  The rising cost of living may result in Scottish citizens having to work more hours to afford necessities resulting in them not having enough time to dedicate to spiritual, leisure and personal occupations which contribute to the maintenance of their mental health and wellbeing. |

* **5.9** Is there anything else you would like to tell us about this, whether you’re answering as an individual or on behalf of any organisation?

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| **No response.** |

* **5.10** We know that money worries and debt can have an impact on mental health and that this is being made worse by the recent rise in the cost of living. In what way do concerns about money impact on your mental health?

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| As an organisation we are aware that the rising cost of living will put pressure both the occupational therapy workforce and service users and have a negative impact on their mental health and wellbeing. RCOT members would appreciate more information on how the Scottish Government plans to manage this. |

* **5.11** What type of support do you think would address these money related worries?

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| No response. |

**6. Access to advice and support for mental wellbeing**

* **6.1** If you wanted to improve your mental health and wellbeing, where would you go first for advice and support?
* Friends or family or carer
* GP
* NHS24
* Helplines
* Local community group
* Third Sector (charity) support
* Health and Social Care Partnership
* Online support
* School (for example, a guidance teacher or a school counsellor)
* College or University (for example, a counsellor or a student welfare officer)
* Midwife
* Health visitor
* Community Link Workers
* Workplace
* An employability provider (for example, Jobcentre Plus)
* Other
* **6.2** If you answered ‘online’ could you specify which online support?

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| **No response** |

* **6.3** Is there anywhere else you would go to for advice and support with your mental health and wellbeing?
* Friends or family or carer
* GP
* NHS24
* Helplines
* Local community group
* Third Sector (charity) support
* Health and Social Care Partnership
* Online support
* School (for example, a guidance teacher or a school counsellor)
* College or University (for example, a counsellor or a student welfare officer)
* Midwife
* Health visitor
* Community Link Worker
* Workplace
* An employability provider (for example, Jobcentre Plus)
* Other
* **6.4** If you answered ‘online’ could you specify which online support?

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| **No response.** |

* **6.5** If you answered local community group, could you specify which type of group/ activity/ organisation?

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| **No response.** |

* **6.6** Is there anything else you would like to tell us about this, whether you’re answering as an individual or on behalf of any organisation?

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| RCOT members feel it would be beneficial for all primary care staff to have a level of mental health training to be able to support those with mental health concerns and reduce the need for onward referrals to specialist services when specialist support is not required. Occupational therapists are dual trained and would fit well within primary care teams to support service users improve their mental health and wellbeing. |

* **6.7** We want to hear about your experiences of accessing mental health and wellbeing support so we can learn from good experiences and better understand where issues lie.

Please use this space to tell us the positive experiences you have had in accessing advice and support for your mental health or wellbeing.

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| --- |
| **No response.** |

* **6.8** Is there anything else you would like to tell us about this, whether you’re answering as an individual or on behalf of any organisation?

|  |
| --- |
| **No response.** |

* **6.9** We also want to hear about any negative experiences of accessing mental health and wellbeing advice and support so we can address these.

If you have experienced barriers to accessing support, what have they been?

* **Lack of awareness of support available**
* **Time to access support**
* Travel costs
* Not the right kind of support
* Support not available near me
* Lack of understanding of issues
* Not a good relationship with the person offering support
* **Having to retell my story to different people**
* **Long waits for assessment or treatment**
* Stigma
* Discrimination
* Other
* **6.10** If you selected ‘other’, could you tell us what those barriers were?

|  |
| --- |
| **No response.** |

* **6.11** Is there anything else you would like to tell us about this, whether you’re answering as an individual or on behalf of any organisation?

|  |
| --- |
| **No response.** |

* **7.** We have asked about the factors that influence your mental health and wellbeing, about your own experiences of this and what has helped or hindered you in accessing support. Reflecting on your answers, do you have any specific suggestions of how to improve the types and availability of mental health and wellbeing support in future?

|  |
| --- |
| **No response.** |

**8. The role of difficult or traumatic life experiences**

The NHS National Trauma Training Programme defines trauma as: “a wide range of traumatic, abusive or neglectful events or series of events (including Adverse Childhood Experiences (ACEs) and trauma in adulthood) that are experienced as being emotionally or physically harmful or life threatening.  Whether an event(s) is traumatic depends not only on our individual experience of the event, but also how it negatively impacts on our emotional, social, spiritual and physical wellbeing. We are all affected by traumatic events in different ways.”

* **8.1** For some people, mental health issues can arise following traumatic or very difficult life experiences in childhood and/or adulthood.
* What kind of support is most helpful to support recovery from previous traumatic experiences?

|  |
| --- |
| **No response.** |

* **8.2** What things can get in the way of recovery from such experiences?

|  |
| --- |
| **No response.** |

* **8.3** Is there anything else you’d like to tell us about this, whether you’re answering as an individual or on behalf of an organisation?

|  |
| --- |
| **No response.** |

**9. Children, Young People and Families’ Mental Health**

* **9.1** What should our priorities be when supporting the mental health and wellbeing of children and young people, their parents and families?

|  |
| --- |
| RCOT believe investment in early intervention and Supported Self- Management approaches are essential. For children and young people, waiting on a service can cause a lot of issues as there is a lot of rapid development throughout adolescence. There is a significant amount of evidence that highlights the importance of early intervention but unfortunately due to the pressure on the system and how long it is taking to see individuals; this is not possible.  There are examples where occupational therapists engage via online website and can support parents while they await referral. This model is in place in NHSGGC. RCOT members have expressed how online appointments have been a useful tool to provide services particularly throughout the COVID19 pandemic but also feel that at times this is not appropriate and face to face appointments are of far greater value- particularly within mental health services. |

* **9.2** Is there anything else you’d like to tell us about this, whether you’re answering as an individual or on behalf of an organisation?

|  |
| --- |
| **No response.** |

* **9.3** What things do you feel have the biggest impact on children and young people’s mental health?

|  |
| --- |
| **No response.** |

* **9.4** Is there anything else you’d like to tell us about this, whether you’re answering as an individual or on behalf of an organisation?

|  |
| --- |
| **No response.** |

**10. Your experience of mental health services**

* **10.1** If you have received care and treatment for any aspect of your mental health, who did you receive care and treatment from?
* Community Mental Health Team
* GP Practice
* Inpatient care
* Third Sector Organisation
* Psychological Therapy Team
* Digital Therapy
* Peer support group
* Perinatal Mental Health Team
* Child and Adolescent Mental Health Team (CAMHS)
* Forensic Mental Health Unit
* Other
* **10.2** If you selected ‘other’, could you tell us who you received treatment from?

|  |
| --- |
| **No response.** |

* **10.3** How satisfied were you with the care and treatment you received?

|  |
| --- |
| **No response.** |

* **10.4** Please explain the reason for your response above.

|  |
| --- |
| **No response.** |

* **10.5** Mental health care and treatment often involves links with other health and social care services. These could include housing, social work, social security, addiction services, and lots more.

If you were in contact with other health and social care services as part of your mental health care and treatment, how satisfied were you with the connections between these services?

|  |
| --- |
| **No response.** |

* **10.6** Is there anything else you’d like to tell us about this, whether you’re answering as an individual or on behalf of an organisation? For example, positive experiences of close working or areas where joint working could be improved.

|  |
| --- |
| RCOT members reported that there is a need for better connections between health and social care services and housing departments within local authorities as housing remains an issue for many service users. Occupational therapists are skilled at assessing an individual’s environment and making recommendations on how an environment can facilitate meaningful activity. Occupational therapists can recommend adaptations, opportunities for rehousing or simply rearranging a property to best suite the needs of the individual.  RCOT members reported that there is a need for easier routes to move between services within different health and social care partnerships to allow service users to move to areas where they feel they can access housing, support workers etc. |

**11. Equalities**   
  
We are aware that existing inequalities in society put some groups of people at a higher risk of poor mental health. We also know that not being able to access mental health support and services can increase that risk.

**11.1** The previous questions provided an opportunity to comment on the factors that influence our mental health and wellbeing and our experiences of services. Do you have any further comments on what could be done to address mental health inequalities for a particular group of people? If so, what are they?

|  |
| --- |
| RCOT recognise the importance of inclusion and have a strategic priority for Equality, Diversity and Belonging. We recognise that our own workforce must resemble the populations we serve and as such we would like to see the Scottish Government continue to support health and social care services to invest in diversity. This should also be considered in the context of access to education and training with new routes into professions being maximised. This would see the development of more apprenticeships. Allowing people who have not attained academically new routes into the health and social care workforce. |

**12. Funding**

* **12.1** Do you think funding for mental health and wellbeing supports and services could be better used in your area? **[Y]:**
* **12.2** Please explain the reason for your response above.

|  |
| --- |
| Investment in early intervention and prevention would improve accessibility to quality services, improve outcomes for service users and reduce pressure on specialist services. RCOT recommend increasing the presence of dual trained occupational therapists in order to improve accessibility of services and reduce the number of inappropriate onward referrals to specialist mental health services. |

* **12.3** Is there anything else you’d like to tell us about this, whether you’re answering as an individual or on behalf of an organisation?

|  |
| --- |
| **No response.** |

**13. Anything Else**

* **13.1** Is there anything else you’d like to tell us?

|  |
| --- |
| **No response.** |

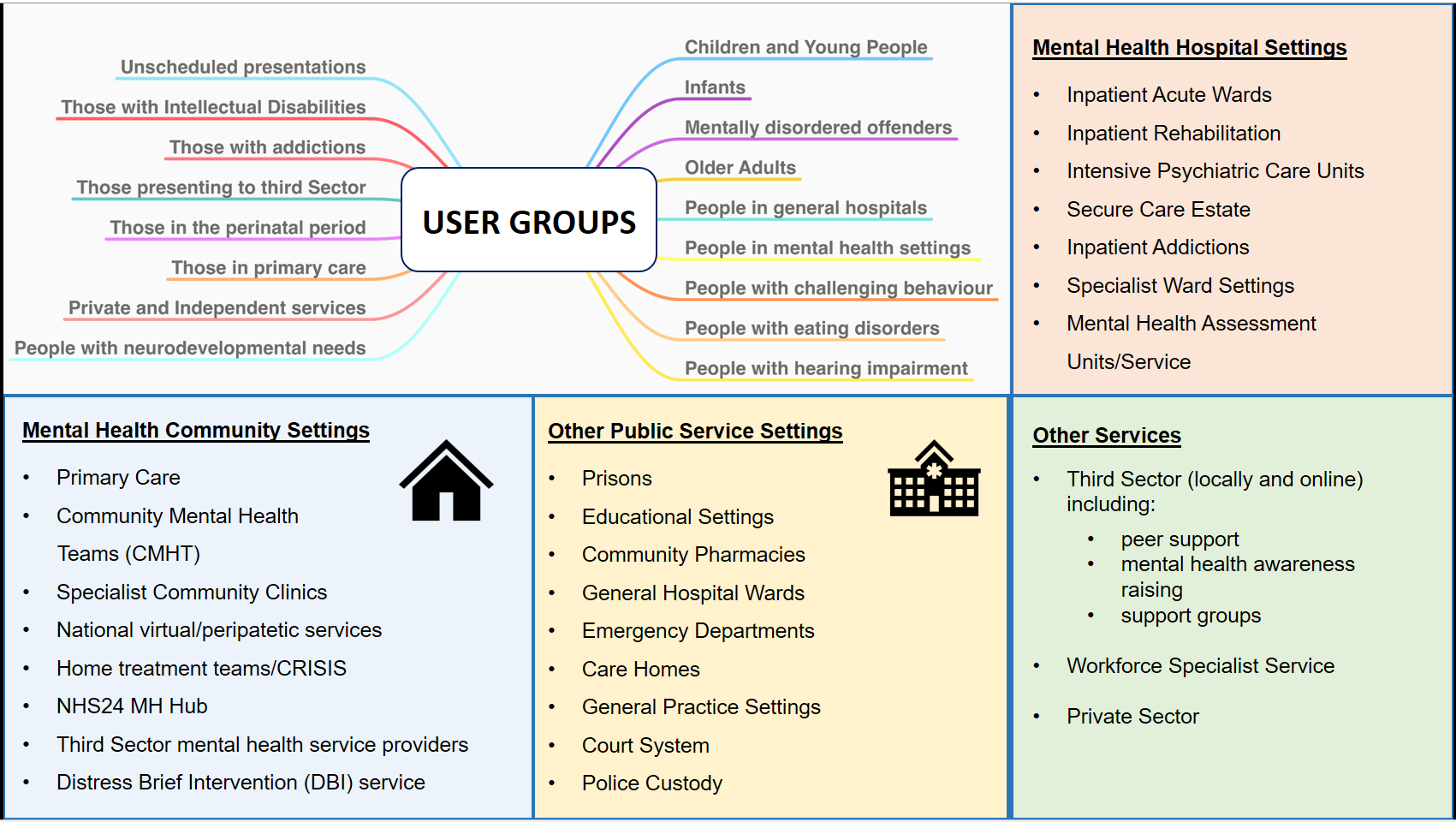
**QUESTIONS – PART 4**

**OUR MENTAL HEALTH AND WELLBEING WORKFORCE**

In the past decade, mental health services have changed dramatically, with increases in the breadth of support available in community settings, as well as an increase in the provision of highly specialist services. Our people are our biggest asset and we value the essential contribution that workers make in all settings across the country each and every day.

To deliver our ambitions, it is essential that we understand the shape of the current mental health and wellbeing workforce in Scotland, and what the future needs of the workforce are. We must embed an approach based on fair work principles which supports the wellbeing of workers in all parts of the system.

The mental health and wellbeing workforce is large, diverse, and based in a range of services and locations across Scotland. We want to make sure that we are planning for everyone who is part of this workforce. The breadth of mental health services and settings where services may be located, as well as the range of users accessing them are illustrated below.

In the Strategy, we want to set out our approach to supporting the workforce building upon the principles and actions set out in the recently published [National Workforce Strategy for Health and Social Care](https://www.gov.scot/publications/national-workforce-strategy-health-social-care/).

Following on from the publication of the Strategy, we will work with partners, including NHS, local authorities and the third sector, as well as people with lived experience of mental ill health and mental health services, to produce a more detailed Workforce Plan.

**14. Our Vision and Outcomes for the Mental Health and Wellbeing Workforce**

Our vision is that the current and future workforce are skilled, diverse, valued and supported to provide person-centred, trauma-informed, rights-based, compassionate services that promote better population mental health and wellbeing outcomes.

To achieve this vision for our workforce and work towards longer term population and public health aims we have started to think about the outcomes that we need to achieve in the short and medium term.

We have consulted with partners and identified a series of outcomes for each of the five pillars of workforce planning set out in the [National Workforce Strategy for Health and Social Care](https://www.gov.scot/publications/national-workforce-strategy-health-social-care/): Plan, Attract, Train, Employ and Nurture.

* **14.1** Do you agree that these are the right outcomes for our mental health and wellbeing workforce? For each we’d like to know if you think the outcome is:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Strongly agree | 2. Agree | 3. Neutral | 4. Disagree | 5. Strongly disagree |

* This will help us to understand what is most important to people and think about what our priorities should be. **Please indicate your selection with a tick under the corresponding number:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Short term (1-2 years)** | | **1** | **2** | **3** | **4** | **5** |
| **Plan** | Improved evidence base for workforce planning including population needs assessment for mental health and wellbeing | x |  |  |  |  |
| Improved workforce data for different mental health staff groups | x |  |  |  |  |
| Improved local and national workforce planning capacity and capability | x |  |  |  |  |
| Improved capacity for service improvement and redesign | x |  |  |  |  |
| User centred and system wide service (re) design |  | x |  |  |  |
| Peer support and peer worker roles are a mainstream part of mental health services | x |  |  |  |  |
| **Attract** | Improved national and international recruitment and retention approaches/mechanisms | x |  |  |  |  |
| Increased [fair work practices](https://www.fairworkconvention.scot/the-fair-work-framework/) such as appropriate channels for effective voice, create a more diverse and inclusive workplace | x |  |  |  |  |
| Increased awareness of careers in mental health | x |  |  |  |  |
| **Train** | Long term workforce planning goals are reflected in and supported by training programmes provided by universities, colleges and apprenticeships | x |  |  |  |  |
| Increased student intake through traditional routes into mental health professions | x |  |  |  |  |
| Create alternative routes into mental health professions | x |  |  |  |  |
| Create new mental health roles |  |  | x |  |  |
| Improved and consistent training standards across Scotland, including trauma informed practice and cultural competency | x |  |  |  |  |
| Our workforce feel more knowledgeable about other Services in their local area and how to link others in to them | x |  |  |  |  |
| Our workforce is informed and confident in supporting self-care and recommending digital mental health resources | x |  |  |  |  |
| Develop and roll out mental health literacy training for the health and care workforce, to provide more seamless support for physical and mental health | x |  |  |  |  |
| Improved leadership training | x |  |  |  |  |
| Improved Continuing Professional Development (CPD) and careers progression pathways | x |  |  |  |  |
| **Employ** | Consistent employer policies | x |  |  |  |  |
| Refreshed returners programme | x |  |  |  |  |
| Improved diversity of the mental health workforce and leadership | x |  |  |  |  |
| **Nurture** | Co-produced quality standard and safety standards for mental health services | x |  |  |  |  |
| Safe working appropriate staffing levels and manageable workloads | x |  |  |  |  |
| Effective partnership working between staff and partner organisations | x |  |  |  |  |
| Improved understanding of staff engagement, experience and wellbeing | x |  |  |  |  |
| Improved staff access to wellbeing support | x |  |  |  |  |
| Improved access to professional supervision | x |  |  |  |  |

Do you have any comments you would like to add on the above outcomes?

|  |
| --- |
| Outcome 5- RCOT support the redesign of mental health services and value input from service users but recommends a change of language from user-centred to person-centred to encompass the needs and values of the workforce.  Outcome 10- RCOT support alternative routes into health and social care professions and would be keen to see support for apprenticeships and alternative routes into occupational therapy.  Outcome 13- RCOT support investment into the mental health workforce but further clarification on the “new roles” would be required.  Outcomes 18+22- RCOT support improved leadership training for the workforce and feel strongly that allied health professionals should be represented at every level of leadership.  Outcomes 23 to 28- The health and social care workforce should be a priority for the new Mental health and wellbeing strategy as RCOT members note an unprecedented level of difficulty surrounding staff recruitment and retention. The number of allied health professions vacancies has increased by 42.7% from 31 March 2021 to 1,157.2 on 31 March 2022 (NES 2022). The vacancy rate increased from 6.2% to 8.2% over the same period. RCOT members report this is possibly due to the pressures on services caused by COVID 19 impacting staff’s health and wellbeing. This is not only an NHS issue but an issue for local authorities also.  References:  NHS Education Scotland (NES). March 2022. [online]. [workforce-report-june-2022-formatted.pdf (nhs.scot)](https://turasdata.nes.nhs.scot/media/j0vdmiul/workforce-report-june-2022-formatted.pdf) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Medium term (3-4 years)** | **1** | **2** | **3** | **4** | **5** |
| Comprehensive data and management information on the Mental Health and wellbeing workforce | x |  |  |  |  |
| Effective workforce planning tools | x |  |  |  |  |
| Good understanding of the gaps in workforce capacity and supply | x |  |  |  |  |
| Improved governance and accountability mechanisms around workforce planning | x |  |  |  |  |
| User centred and responsive services geared towards improving population mental health outcomes | x |  |  |  |  |
| Staff feel supported to deliver high quality and compassionate care | x |  |  |  |  |
| Leaders are able to deliver change and support the needs of the workforce | x |  |  |  |  |
| Staff are able to respond well to change | x |  |  |  |  |

Do you have any comments you would like to add on the above outcomes?

|  |
| --- |
| Outcome 5- RCOT support this outcome and note the importance of services being responsive to the changing needs of the population to provide quality services that reduce health and wellbeing inequalities. However, RCOT would suggest a change of language from user-centred to person centred to encompass the needs and values of the workforce as well as service users. |

* **14.2** Are there any other short, medium and longer term outcomes we should be working towards? **Please specify:**

|  |
| --- |
| **No response.** |

**15. The Scope of the Mental Health and Wellbeing Workforce**

In order to inform the scope of the workforce we need to achieve our ambitions, it is essential that we build consensus around the definition of who is our mental health and wellbeing workforce. We hope that such a definition can be applied to describe the future workforce.

* **15.1** Please read the following statements and select as many options as you feel are relevant.

1. The mental health and wellbeing workforce includes someone who may be:
   1. Employed
   2. Voluntary
   3. A highly specialised Mental Health worker, such as a psychiatrist, psychologist, mental health nurse or counsellor
   4. Any health and social care or public sector worker whose role is not primarily related to mental health but contributes to public mental health and wellbeing.
   5. A social worker or Mental Health Officer
   6. Someone with experience of using mental health services, acting as a peer support worker.
2. The mental health and wellbeing workforce includes someone who may work / volunteer for:
   1. The NHS
   2. The social care sector
   3. The third and charity sectors
   4. Wider public sector (including the police, criminal justice system, children’s services, education)
   5. The private sector
3. The mental health and wellbeing workforce includes someone who may be found in:
   1. Hospitals
   2. GP surgeries
   3. Community settings (such as care homes and community health and social care teams)
   4. The digital space
   5. Educational settings (such as schools, colleges or universities)
   6. Employment settings
   7. Justice system settings (such as police stations, prisons or courts)
4. The mental health and wellbeing workforce includes someone who may:
   1. Complete assessments for the presence or absence of mental illness
   2. Provide treatment and/or management of diagnosed mental illness
   3. Provide ongoing monitoring of diagnosed mental illness
   4. Undertake work to prevent the development of mental illness
   5. Undertake work to address factors which may increase the risk of someone developing mental illness
   6. Provide support to families of those with mental illness
   7. Provide direct support on issues which affect wellbeing, but might not be directly related to a diagnosed mental illness, such as housing, financial issues, rights
   8. Other, please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**16. Solutions to Our Current and Future Workforce Challenges**

To support our ongoing recovery from Covid and address the current and future challenges for our services and workforce, we would like your views on how we can best respond.

* **16.1** How do we make the best use of qualified specialist professionals to meet the needs of those who need care and treatment?

|  |
| --- |
| RCOT believe having occupational therapists working within primary care teams would reduce pressures on specialist services and improve their waiting times and quality of care.  However, it is essential that we have professional qualified staff across the whole pathway as they provide evidence-based interventions that can be objectively measured using validated clinical outcome tools. Assessment by highly skilled professional staff ensures that we make best use of health care support workers and staff such as GP Link workers. Albeit that occupational therapy may seem to use everyday activities as a treatment medium it is important that decision makers understand that occupational therapy is underpinned by occupational science and efficient and effective time limited interventions based on occupational formulation will not be provided by unqualified staff. Therefore, investment in the future occupational therapy workforce is essential. |

* **16.2** How do we grow the workforce, in particular increasing the capacity for prevention and early intervention, which enables individual needs to be recognised and addressed in a timely, appropriate manner?

|  |
| --- |
| As above, investment in primary care services to improve accessibility of early intervention services. Occupational therapists are well placed within primary care teams to provide early intervention for those experiencing changes to their mental health and wellbeing. NHS Lanarkshire have OT’s employed within GP practices and noted   * noted improved access to early interventions and a need for shorter interventions. * improved access to preventative interventions which facilitate self-management, builds resilience, and keeps people safe. * reduction in need for referrals to secondary services * reduction in need for home care * reduced reliance on medication * reduced falls risks in older adults * reduced sickness absences and reliance on sickness benefits   **Reference:**  **NHS Lanarkshire. Evaluation of a Model of occupational therapy in Primary care. A LOT to offer. [online]** [IF-11-1555412843.pdf (nhsscotlandevents.com)](https://nhsscotlandevents.com/sites/default/files/IF-11-1555412843.pdf) |

* **16.3** How do we protect the capacity for specialised and complex care roles in areas like forensic mental health?

|  |
| --- |
| **No response.** |

* **16.4** How do we widen the workforce to fully integrate the contribution of non-professionals and experts by experience, including peer support workers without sacrificing quality of care?

|  |
| --- |
| **No response.** |

* **16.5** How do we support a more inclusive approach, recognising that many different workers and services provide mental health and wellbeing support?

|  |
| --- |
| **No response.** |

* **16.6** With increasing demand, how do we prioritise creating capacity for re-designing services to better manage the impacts of Covid and other systemic pressures?

|  |
| --- |
| **No response.** |

* **16.7** How do we better support and protect the wellbeing of those working in all parts of the system?

|  |
| --- |
| **No response.** |

**17. Our Immediate actions**

* **17.1** In addition to developing our workforce vision and outcomes, we are also seeking views on what our immediate short-term actions should be for the mental health and wellbeing workforce. **Please tick as many options below as you agree with**.

1. Develop targeted national and international recruitment campaigns for the mental health workforce
2. Scope alternative pathways to careers within the workforce, beyond traditional university and college routes, such as apprenticeship pathways into mental health nursing
3. Improve capacity in the mental health services to supervise student placements to support the growth of our workforce
4. Take steps to increase the diversity of the mental health workforce, so it is reflective of the population that it cares for
5. Work with NHS Education Scotland (NES) to improve workforce data, including equalities data, for mental health services in the NHS, by the end of 2023
6. Undertake an evaluation of our Mental Health Strategy 2017 commitment to fund 800 additional mental health workers in key settings, including A&Es, GP practices, police station custody suite and prisons, to ensure that the lessons learnt inform future recruitment.

* **17.2** Do you think there are any other immediate actions we should take to support the workforce? **Please Specify.**

|  |
| --- |
| **No response.** |

* **17.3** Do you have any further comments or reflections on how to best support the workforce to promote mental health and wellbeing for people in Scotland? **Please Specify.**

|  |
| --- |
| **No response.** |

* **17.4** Do you have any examples of different ways of working, best practice or case studies that would help support better workforce planning and ensure that we have skilled, diverse, valued and supported workforce that can provide person-centred, compassionate services that promote better population mental health and wellbeing outcomes. For example, increasing the use of advanced practitioners. **Please Specify.**

|  |
| --- |
| Lanarkshire Primary Care Occupational Therapy Service  The Primary Care Occupational Therapy service (PCOT) service supports people within a primary care setting, who are at risk of or are experiencing a deterioration in their functional performance due to changes in their physical and mental health and wellbeing. An early intervention for prevention approach together with co-location within the GP practices improves access to the right care at the right time, in the right place.  People present to the service with a range of underlying mental and physical health issues affecting their ability to function. Over 75% of referrals received by the PCOT service are for patients whose mental health is in some way impacting on their functional performance.1 This may be at the onset of a diagnosis or as they experience changes in mental health and well-being. As such, often they would not meet the threshold for secondary care or specialist services or may experience a lengthier wait due to the use of prioritisation frameworks. Intervening earlier in the person’s journey, enables people to engage more effectively and to learn and adopt enhanced skills to self-manage their conditions. Additionally, this can impact positively on the demand for statutory health and social care services, reduce risks associated with enduring long mental health conditions and reduce financial and economic dependencies. Adopting a ‘What Matters to You?’ enables a wide variety of needs to be effectively managed within a primary care setting. The service has experienced a high demand for adults of working age accessing support. This sector of the population, in particular 30-49 year olds, are those most likely to be affected by health inequalities.2  Careful analysis of clinical caseload concluded that a proportion of patients did not require the skill set associated with an advanced practitioner. Adopting a skill mix model with Bands 7 (advanced occupational therapy practitioners),6 (specialist occupational therapists) and 5 (occupational therapists) enables patients’ needs to be met by a range of qualified occupational therapy staff whilst continuing to provide appropriate levels of clinical support and supervision and drive forward service improvements. Nonregistered staff have not been included in this staffing profile as community and third sector organisations are utilised when ongoing supports are identified to meet individual patient needs.  Currently service redesign is underway with the creation of an occupational therapy hub with a single point of access at a locality/cluster level. This transition from the dependency of occupational therapists co-located in individual practices has supported a more sustainable skill mix model with reduced workforce requirements and has resulted in increased efficiency and capacity.  **Evaluation of the PCOT service 2 has demonstrated the following:-**  Quantitative evaluation using the Canadian Occupational Performance Measure3 demonstrates that 86% of patients who complete an occupational therapy episode of care experience improved functional performance and 94% of patients experience improvement in their perceived satisfaction in roles and activities that they prioritised at assessment. 2  Use of the Short Warwick and Edinburgh Mental Wellbeing Scale (sWEMWBS)4 demonstrated improvements in mental wellbeing for 93% of patients who completed an occupational therapy intervention (n=189). 57% of patients moved from a score representing probable or possible depression or anxiety to a score representing average or high wellbeing. Patient evaluation highlights that these improvements in wellbeing have a positive impact on functional performance and enable people to return to activities and roles that are important to them. 2  Availability of occupational therapy within GP practices is having a positive impact on GP patient attendances and on GP workload and stress levels with occupational therapy clinicians demonstrating their effectiveness as a member of the emerging primary care multidisciplinary team2. Total number of GP appointments in the 6 months prior to referral and the 6 months following referral were compared with 60% of patients having fewer appointments with their GP following occupational therapy intervention.2  PCOT can affect cost savings across health, social care and welfare expenditure. 2  PCOT clinicians were able to quickly respond to the physical, psychological, social and work-related needs of patients presenting to GPs during the early stages of the COVID-19 pandemic. They have been able to continue to support the rehabilitation and recovery of individuals experiencing long-term physical and psychological effects of a COVID-19 diagnosis within a primary care setting2.  In phase 2, the PCOT service model has been successfully scaled up to provide a quality, safe and equitable service across 18 practices, serving approximately 125,500 of Lanarkshire’s population.  However, in the continued absence an identified permanent funding stream within Lanarkshire the future of the service is doubt and may need to be withdrawn.  **References**   1. <https://scottish.sharepoint.com/:b:/s/PCOTSHAREPOINT/EWm5YvqSHYRJoC7cLaVVcGQBU9afEsVcL-Hg7p3O_MsSGw?e=IZeaVU> 2. Taulbut M, McCartney G (2017) Health outcomes and determinants by occupation and industry in Scotland, 2008–2011. NHS Health Scotland, Edinburgh 3. Law M, Baptiste S, Carswell A, McColl MA, Polatajko H, Pollock N (1998) Canadian Occupational Performance Measure. CAOT Publications ACE 4. University of Warwick and University of Edinburgh (2008) Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs3. 4. |