Mental Health Improvement and Suicide Prevention in Scotland

Workforce Development Plan

2019 - 2021
Contents

1. Introduction and Background 3

2. Summary of Phase 1 Deliverables 4
   2.1 Scotland’s Knowledge and Skills Framework for Mental Health Improvement and Suicide Prevention 4
   2.2 Informed Level Animations 5

3. The Phase 2 Workforce Development Plan 6
   3.1 Introduction to the Workforce Development Plan 6
   3.2 How the plan has been developed to date 6
   3.3 Links to other related Workforce Development Priorities 7

4. The Initial Workforce Development Plan Priorities 8
   4.1 High Level Aims 8
   4.2 Proposed Workforces plan deliverables 2019 – 2021 9

5. Supporting Implementation and Impact Evaluation 11
1. Introduction and Background

Mental health improvement and suicide prevention have long been a priority for the Scottish Government. Scotland’s Public Health Priorities\(^1\) sets out the priority ‘A Scotland where we all have good mental wellbeing’.

Among its wider actions, Scotland’s Mental Health Strategy\(^2\) sets out a range of commitments aimed at improving mental health in Scotland and to be delivered via a number of actions set out in the strategy.

Scotland’s Suicide Prevention Action Plan ‘Every Life Matters’\(^3\) outlines specific actions to reduce suicide in Scotland.

In this context, NHS Education for Scotland (NES) and NHS Health Scotland (NHS HS) were jointly commissioned by the Scottish Government to take forward a programme of work to support the implementation of Action 2 of ‘Every Life Matters’, Scotland’s Suicide Prevention Action Plan.

The work is organised in 2 Phases:

**Phase 1 - September 2018 to May 2019**
To work with a range of key stakeholders to develop:
- A Knowledge and Skills Framework
- A Series of Animations to raise awareness of mental health and suicide prevention
- An initial Workforce Development Plan (this document) – that sets out the priorities that will be further developed in Phase 2

**Phase 2 - June 2019 to September 2021**
- Promote resources developed during Phase 1 across different workforce sectors
- Develop/commission education and training resources to meet specific workforce needs
- Develop an infrastructure to support long term learning
- Develop impact measures

Please refer to Section 3 for more detail of Phase 2 plans.

NHS HS continues to manage the national training programmes of Scotland’s Mental Health First Aid and Livingworks (safeTALK and ASIST). Moving forward, Health Scotland will explore how these programmes will be managed in the future, including exploratory discussions with other agencies to assess their potential for picking up these licences if required. Education Scotland will continue to support the roll out of the SMFHA Young People to schools across Scotland as part of the commitment set out in the 2019/20 Programme for Government

---

2. Summary of Phase 1 Deliverables

2.1 Scotland’s Knowledge and Skills Framework for Mental Health Improvement and Suicide Prevention

Aimed at those working across health and social care settings, and beyond, this Framework is designed to enable individuals, their teams and managers identify and understand the values, knowledge and skills expected of them in mental health improvement and the prevention of self-harm or suicide. It will also help identify gaps or strengths in staff knowledge and skills and address any development needs.

At national level, the Framework will inform the further education and training resources developed in Phase 2.

The Framework adopts a public health approach to mental health improvement and the prevention of self-harm and suicide across the lifespan, seeking to improve staff capability and capacity across the following domains outlined in Figure 1 below.

Figure 1

The Framework articulates the knowledge and skills required across 4 levels of practice: informed, skilled, enhanced and specialist. These are based on the nature and frequency of contact staff have with people who may be at risk of, or affected by, mental ill health, self-harm or suicide. It will also help identify gaps or strengths in staff knowledge and skills so that any development needs can be addressed.

The Informed Level
This level provides the essential knowledge and skills required by all staff working in health and social care to contribute to mental health improvement and the prevention of self-harm and suicide. It also encapsulates most of the wider public health workforce who need to be informed about mental health and wellbeing and be able

to respond to someone who is experiencing mental distress, or mental ill-health, and who might be at risk of self-harm or suicide.

The Skilled Level
This level applies to frontline staff working in health, social care, and wider public and other services. These workers are likely to have direct and/or substantial contact with people who may be at risk of mental ill-health, self-harm or suicide.

The Enhanced Level
This level applies to staff working in health and social care, and wider public services, who have regular and intense contact with people experiencing mental distress, mental-ill health, and may be at risk of self-harm or suicide, and whose job role means they can provide direct interventions. The knowledge and skills outlined at this level become increasingly role and context specific.

The Specialist Level
This level applies to staff, who, because of their role and/or practice setting, play a specialist role in mental health improvement and the prevention of self-harm or suicide, and includes specialist mental health/public health professionals. The knowledge and skills outlined at this level are role and context specific and should be interpreted in this way.

2.2 Informed Level Animations
Working with a range of stakeholders, including those with lived experience, three animations have been developed to support the knowledge and skills of staff working at the Informed Level of the Framework.

- Understanding mental health and keeping mentally healthy
- Supporting compassionate conversations with people who may be experiencing distress or at risk of suicide (using the ALERT model)
- Suicide prevention and keeping people safe

The animations are hosted on the NES Turas Learn platform which will enable tracking of uptake and completion of the learning and are also available more widely via Vimeo. 5

2.3 Workforce Development Plan
To support the implementation of the Knowledge and Skills Framework, a developmental Workforce Development Plan has been produced (this document).

Open Vimeo links - animations
https://vimeo.com/338176495 - Ask, Tell - Look After Your Mental Health
https://vimeo.com/338176444 - Ask, Tell - Have a Healthy Conversation
https://vimeo.com/338176393 - Ask, Tell - Save A Life: Every Life Matters
3. The Phase 2 Workforce Development Plan

3.1 Introduction to the Workforce Development Plan

This Workforce Development Plan has been developed to inform the planning and delivery of education and learning on mental health improvement and suicide prevention.

It should be viewed as an *iterative document* which will be continually revised and further developed. Due to the diverse nature and size of the health and social care, and wider workforce this Plan applies to, a phased approach will be adopted in identifying and responding to learning and development needs. We are pleased to receive any feedback and suggestions on the content of this plan at Psychology@nes.scot.nhs.uk or shirley.windsor@nhs.net.

The Phase 1 work has used a range of approaches to stakeholder engagement and involvement (see section 3.2). However, given the pace of delivery for Phase 1 outcomes, NES and NHS HS recognise that key requirements in Phase 2 will be:

- further stakeholder engagement across the public sector and with those with lived experience
- further learning and synthesis of the range of local initiatives that may inform future national approaches and resource development
- managing any sensitivities as any transition from established/existing national programmes (promoted through previous strategies such as the Mental Health Strategy or as part of the ‘Choose Life’ legacy) are developed to reflect a refreshed national approach for Scotland.

Given that NHS Scotland, Integrated Authorities, Health and Social Care Partnerships and the wider social and public care sector are responding to a number of SG policies with wider and related workforce development initiatives, this Plan also outlines opportunities for progression and synergy to support delivering multiple, and related workforce development initiatives (see section 3.3).

This Plan *does not* encompass wider public awareness activities set out to deliver Action 3 of Scotland’s Suicide Prevention Action Plan, noting this is being progressed separately.

3.2 How this Plan has been developed to date

In Section 3.1, it was noted that this Plan should be viewed as an *iterative document* which will be continually revised and further developed. It was noted that further stakeholder engagement will be necessary to iteratively develop the plan in partnership with a range of key, and diverse stakeholders.

A range of activities have already been progressed including:

- Evidence and literature reviews
- Reviews and evaluation of existing programmes – and initial scoping of strengths and gaps
• A range of engagement events, involving a diverse range of stakeholders, including:
  o a national event in March 2019
  o establishment of a wide cross sector reference group to inform
development of the animations
  o Presentations to professional groups

• Surveys and interviews - encompassing health and the wider public services
  workforce – yielding specific and useful initial information in relation to the
  existing strengths and workforce development needs of:
  o Allied Health Professionals (AHPS)
  o Pharmacists
  o Nursing
  o Psychologists
  o Social Care and Housing
  o The wider Public Health Workforce

Priorities for further stakeholder engagement, including those with lived experience
and the third sector, as a key part of this Plan, are outlined in Section 4 and Table 1.

3.3 Links to other related Workforce Development Priorities
The introduction (section 1) sets out the key policy drivers that have informed this
initial plan.

This Plan also supports other relevant national priorities for workforce development
and links to, and has been informed by, several other frameworks and guidance that
relate to the Commitments set out in Scotland’s Mental Health Strategy and
Scotland’s Suicide Prevention Action Plan.

These include;

• NHS Education for Scotland - Transforming Psychological Trauma: Skills and
  Knowledge Framework for the Scottish Workforce and related training plans
  and workforce development plans\(^\text{6}\)
• Emerging recommendations from ‘The Children and Young People’s Mental
  Health Task Force Delivery Plan’
• NHS Education for Scotland Perinatal Mental Health Curricular Framework\(^\text{7}\)
• Health Care Improvement Scotland – ‘From Observation to Intervention: A
  proactive, responsive and personalised care and treatment framework for
  acutely unwell people in mental health care’\(^\text{8}\)
• Learning from the Distress Brief Intervention (DBI) pilot work being taken
  forward in Scotland\(^\text{9}\)

---

\(^{6}\) https://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/multiprofessional-
  psychology/national-trauma-training-framework.aspx

\(^{7}\) https://learn.nes.nhs.scot/10382/perinatal-mental-health-curricular-framework

\(^{8}\) https://ihub.scot/project-toolkits/improving-observation-practice/from-observation-to-intervention/

\(^{9}\) https://www.dbi.scot/
• Scotland’s ‘Primary Care transformation agenda’, including increasing link workers and mental health professionals within primary care teams; and addressing health inequalities.
• Emerging plans for the wider public health workforce in response to the Public Health Priorities and Public Health Reform

4. The Initial Workforce Development Plan Priorities

4.1 High Level Activities

• Further map out existing nationally promoted learning and training
• Test the Knowledge and Skills Framework with health and social care settings, working with partners to build in evaluation methods which assess the reach and impact of learning and responds to the needs of the population groups being supported
• Consider whether the Framework needs to be tailored for specific settings/workforces such as: Prisons, Children and Young People, Emergency Services, Primary Care, Acute Care and Education and if so, develop adapted sections
• Commission and develop refreshed or new learning and training resources to meet the needs of the wider workforce.

4.2 Specific Plans

Table 1 (pp 9-11) scopes out more specific activities and related deliverables. These will be expanded as further engagement identifies additional opportunities for development. A key principle woven through all of these activities is to involve those with lived experience in identifying what they value and need from the workforce who support their mental health needs.
**Table 1**

**Proposed Workforce Development Plan deliverables 2019 – 2021**

<table>
<thead>
<tr>
<th>Aims</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Support the health and social care workforce to apply the knowledge and skills framework across the range of levels, from informed to specialist, and identify strengths and gaps</td>
<td>a. Test out the framework in up to three health and social care settings where there are a range of workers who operate at informed, skilled, enhanced and specialist level to support mental health improvement and suicide prevention and &lt;br&gt;b. Identify aspects of the framework requiring adaption</td>
</tr>
<tr>
<td>2. Support workforce learning and training activity at informed level which building on the mental health improvement and suicide prevention animation series</td>
<td>a. Publish and publicise the animation series on TURAS Learn &lt;br&gt;b. Develop reflective activities, case vignettes and facilitator notes to support training delivery</td>
</tr>
<tr>
<td>3. Support the learning and training needs of the expanding mental health workforce, considering new roles and new models of collaborative working; for example, in primary care, schools and communities, to respond to the mental health needs of people early and appropriately</td>
<td>a. Work with partners to develop learning and training resources that meets the needs of people working in new, integrated or cross-sector roles to support mental health improvement, early intervention and suicide and prevention</td>
</tr>
<tr>
<td>4. Understand and respond to the learning and training needs regarding mental health improvement and prevention of suicide, of staff working across sectors wider than health and social care, for example: higher education; community and prison justice services; wider workplace settings</td>
<td>a. Further engage with staff beyond health and social care to respond to their learning needs &lt;br&gt;b. Commission and develop educational and training resources for specific services/settings and staff groups, test out and adapt the knowledge and skills framework where required</td>
</tr>
<tr>
<td>5. Support workforce developments for allied health professions (AHPs) at informed or skilled level so that staff have the capacity and capability to respond at to the mental health needs of their service users, carers and families</td>
<td>a. Collaborate with AHPs working in primary care or outpatient settings to develop and tailor learning mental health resources so that they can provide service users, carers and families with direct support or signpost to other agencies as appropriate.</td>
</tr>
<tr>
<td>Aims</td>
<td>Actions</td>
</tr>
<tr>
<td>---------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>6. Widen and embed education provision about mental health improvement and suicide prevention; and prevention of health inequalities as part of the new standards for pre-registration nursing programmes</td>
<td>a. Work with Higher Education Institutions’ pre-registration nursing programmes to embed core knowledge and skills at skilled level in mental health improvement; suicide prevention; and the prevention of health inequalities across the pre-registration programme for all student nurses; and at enhanced level for student mental health nurses.</td>
</tr>
<tr>
<td>7. Enhance workforce capability in responding to health inequalities faced by people who can experience mental ill health and suicidal ideation</td>
<td>a. Develop learning resources and models that support the development of cross sector knowledge and skills around physical and mental health inequalities and the benefits of early access to wider health and social care settings that provide health screening or wellbeing support</td>
</tr>
</tbody>
</table>
| 8. Undertake specific activities in relation to mental health improvement and suicide prevention for children and young people | a. Respond to recommendations made by the CAMHS taskforce to develop, tailor and improve access to learning and training that meets the needs of the children and young people’s wider workforce  
  b. In partnership with young people, develop learning and training resources about prevention of self-harm and suicide, targeted specifically for the needs of those who work with children and young people and their families  
  c. Work with Education Scotland to develop mental health improvement and suicide prevention learning resources that support teachers and other staff in educational settings  
  d. Review and update existing suicide prevention resources aimed at young people  
  e. Develop Informed Level animations to support mental health improvement and prevent suicide targeted at the workforce who support children and young people |
| 9. Widen workforce expertise in psychological therapies which can impact on mental health improvement, distress management and prevention of suicide | a. Work with services to further increase access to training in evidence informed psychological therapies for staff working at enhanced and specialist levels identified in the Knowledge and Skills Framework |
Aims | Actions
--- | ---
10. Collate and share education and training resources and associated learning around mental health improvement; distress management; tackling inequalities; recovery; and the prevention of self-harm and suicide | a. Develop a web-based repository which shares and showcases existing educational and training resources, including training that is being piloted at local level; learning; and links to access training activities.

11. Work with partners to implement the Knowledge and Skills Framework for staff in enhanced and specialist level mental health roles in inpatient settings | a. Work with NHS Boards and Healthcare Improvement Scotland to enable implementation of the Framework to support the practice change outlined in the Improving Observation Practice guidance.

12. With the National Suicide Leadership Group (NSPLG) and partners, scope the need for learning and training resources for prevention, early intervention and response to self-harm | a. Work with partners to identify the learning and training needs of staff who come into contact with people, including children and young people, who use self-harm as a coping strategy and potentially develop learning and training resources which promote early intervention, collaborative and compassionate responses, and prevention.

13. With the NSPLG and wider stakeholders including those with lived experience, explore methods to support implementation and impact measurement of identified learning and training resources for prevention, early intervention and response to self-harm and suicide prevention | a. Drawing on implementation and improvement science principles, work with partners and those with lived experience to develop and facilitate tracking and impact measurement of learning and training on practice change and outcomes for people who may be experiencing mental ill health, self-harm or suicidal ideation.

5. Supporting Implementation and Impact Evaluation

It is acknowledged that education and learning cannot by themselves change practice or rates of mental ill health or suicide. However, it is part of wider initiatives that can influence how we respond to those in distress, whether that is through supportive conversations and signposting to additional support and accessible person-centred services. Whilst promising findings are emerging from initiatives such as the Distress Brief Interventions programme, there are few systematic level studies on how education and training on mental health improvement or suicide prevention has changed long term staff behaviour or practice; or has impacted on changed ways of working; or suicide rates or other indicators of harm.

In more recent years, implementation science (IS) approaches have demonstrated that, for evidence-informed practice to be embedded, education and training must be
supported both at an organisational and at leadership level. Implementation science explores what is implemented, how it is implemented and where it is implemented. To achieve significant impact, the innovation (the what) needs to be well specified and matched to the needs of the population.

By adopting an implementation science approach, the focus is on ensuring the supporting conditions for effective implementation are present to foster:

- A competent workforce (including for teaching and training others)
- Organisational support (for new ways of working, coaching and supervision, cross sector collaboration)
- Leadership (support and vision)

These are the core implementation drivers and are illustrated in the diagram below.

To achieve this at regional or local levels, commissioners, service managers and planners should consider:

- the needs and priorities of their communities, opportunities for impact on mental health and suicide prevention and any equity of access issues
- the baseline knowledge and skills of staff and how their roles may impact on mental health improvement and suicide prevention
- the opportunities for cross sector / agency training and learning
- the knowledge, skills and experience of trainers and supervisors when assessing the most appropriate delivery mode for any new resources
- opportunities and challenges for staff coaching, support and supervision
• How evaluation of impact will be developed and reported on.

Impact measurement must be planned into any education/learning and be able to measure impact across all learning levels over a period, (Kirkpatrick 1975, 1994).8

The Knowledge and Skills Framework will help local services and services identify the relevant learning and training gaps that should be addressed. Depending on local needs, this may be training for staff groups that leads teams to test changes in practice within a specific setting or population group. In addition to this IS approach, implementation science approach, enlisting a quality improvement approach would further support a structured and consistent means to testing, tracking and measuring the impact of training and new/revised practice, over a range of identified process and outcome measures. This approach, as already used in health and social care settings, integrates continual and rapid learning opportunities and measurement to identify the success or gaps created by changes in practice.

With the National Suicide Prevention Leadership Group and other stakeholders including those with lived experience, we shall explore ways in which we can support how to measure the impact of learning and training on practice as well as on outcomes for people that staff and services come into contact with.