Realising potential

An action plan for allied health professionals in mental health

NHS SCOTLAND

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Developed in partnership with:

Realising potential

An action plan for allied health professionals in mental health

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“ I now have a full time job. With your help, I took the plunge and faced my problems ... I have now continued with my art again realising that I have a gift and that life is worth living for! I still have odd low days but I write or paint situations down and looking at them later see it in a different light. ”

Service user
Experience of art therapy

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> “I just want to get back to an ordinary life that I can function in...”

Service user

Foreword by the Minister for Public Health and Sport

This document is a first for Scotland in that it brings together the work of the allied health professions (AHPs) in mental health in partnership with service users and carers, professional organisations and NHS boards.

This three-year action plan sits beside a wider AHP project currently under way in Scotland that focuses on scoping the AHP workforce in mental health and reviewing the mental health dimensions of pre-registration AHP programmes. In addition, it has been developed parallel to a "refresh" of *Delivering for mental health*, providing support for the change agenda in mental health and the shift in the balance of care from hospital to community.

But the action plan has also been developed at a time of significant financial pressures for NHS boards. It is therefore imperative that it sets achievable and realistic recommendations that not only promote recovery and strengths-based approaches within a framework of person-centred practice, but which also provide for efficient and cost-effective AHP services.

The action plan is about recognising the value AHPs bring and enabling them to work in different ways to provide better services. It empowers AHPs to lead the reconfiguration of their services to enable early interventions and ensure timely access to AHPs for service users and carers.

Delivering person-centred practice is the central principle of *The healthcare quality strategy for NHSScotland* and is core to everything we do. The DVD that accompanies this action plan demonstrates in a very powerful way how highly service users and carers value person-centred practice, and how much this dimension of AHP practice has supported transformational change in their lives.

An AHP workforce in mental health that has its contribution rightly recognised and valued, is properly prepared, supported, motivated and deployed and which is backed by strong local and national leadership is a powerful force for progressing person-centred practice in NHSScotland.

A strong AHP workforce in mental health brings benefits for all.

First and foremost, it brings benefits to service users through the promotion of realistic hope of meaningful recovery and positive engagement with social, educational and work opportunities.

It brings benefits to carers, many of whom provide the vital support that sustains service users in good times and bad.

It brings benefits to AHPs and their colleagues in the multidisciplinary, multiagency team through the recognition and deployment of highly-skilled, clinically effective AHP

practitioners as part of integrated mental health services.

And it brings benefits to our economy through providing the support to maintain people as active, productive members of society, capable of supporting themselves and their families.

We know that AHPs make a difference, and we know they are capable of bringing all these benefits into play.

I am confident that delivering the recommendations in this action plan will prove the springboard for transformational development of AHP roles in mental health, building on the professions' core strengths to modernise working practices and adopt new ways of providing interventions.

Realising the potential of AHPs in mental health is, I believe, a very positive step towards the aim of enabling service users to realise their potential, reclaiming that "ordinary life" or, indeed, "extraordinary life" that is so important to all of us and supporting them to progress as productive members of their families and communities.

Shona Robison, MSP
Minister for Public Health and Sport

“ I feel I am treated with respect [in the occupational therapy service] … The occupational therapist clearly saw exactly what I needed for my recovery, and the encouragement I have received has enabled me to start publishing my work again, as I was doing before I became ill. ”

Service user
Experience of occupational therapy

Introduction by the Chief Health Professions Officer

The allied health professions (AHPs) in mental health are a key part of the workforce and have knowledge, skills and approaches that are highly valued by service users and carers. AHPs help individuals to maximise their potential and enable productive and independent living.

While each profession possesses core specialist knowledge and skills, AHPs collectively share many common attributes, such as a person-centred focus and skills in rehabilitation, which are vital in the pursuit of recovery from mental illness. The vast majority of AHPs offer direct interventions to service users either as individuals or in groups, but increasingly, they also work in partnerships with other disciplines and support services through consultancy.

The AHP "family" represents a diverse group of professions who, as members of multidisciplinary, multiagency teams, provide a wide range of interventions and contributions to promote good mental health and recovery from illness. This constitutes a very important resource for people accessing mental health services, but it also provides a challenge in ensuring that AHPs' skills are profiled and deployed to the maximum benefit of service users.

Some AHPs, specifically those who work in arts therapies, dietitians, occupational therapists, physiotherapists and speech and language therapists, work in core mental health services, with occupational therapists being immersed in mental health issues from their initial preparation for registration and arts therapists studying mental health approaches at postgraduate level. Other AHPs, such as podiatrists, are developing their roles in delivering valuable interventions that enhance people's sense of mental health and well-being and provide specific therapies that support people with mental health problems as part of their day-to-day work in mainstream health services.

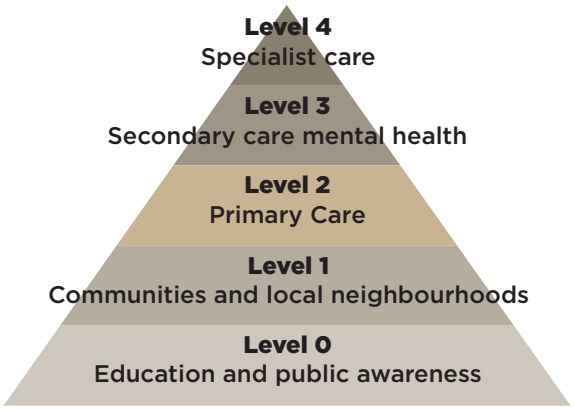
Regardless of whether AHPs engage with people with mental health problems as part of their core function in mental health services or meet them as they access mainstream services for other health-related reasons, it is important that we acknowledge the importance of the contribution of **all** AHPs to improving mental health and well-being and supporting people with mental health problems and their carers. The comments from service users that feature throughout this action plan, and the testimony of those who feature in the accompanying DVD, bear vivid witness to the high value they place on their AHP services.

Need for change
So AHPs play a valuable, sometimes vital, role in mental health. But for too long the focus of their energies and interventions has tended to be in providing services "downstream" in secondary and specialist care settings for people whose mental health problems have become well-established and whose abilities and life opportunities have become curtailed as a result.

These services are important, and the skill and expertise of the AHPs who provide them are fully recognised. But AHPs have an equally important (or arguably even more important) role in focusing "upstream" on people whose conditions or problems are in the early stages. AHPs need to enable these people to keep active, stay engaged with their families, communities and social networks, avoid hospital admission and, where appropriate, remain in employment or continue their education.

The vast majority of AHPs in mental health are sited within the "downstream" services in secondary care and specialist mental health settings. A move towards a more "upstream" approach would therefore call for AHP services to be increasingly accessible to service users and carers in community, neighbourhood and primary care settings, as is shown in Figure 1. This would include enabling service users and carers to access AHP services through NHS 24.

The Way Forward (Figure 1)



An AHP focus on early interventions and timely access, engaging with service users and carers in community and primary-care based situations in addition to secondary care settings and working in partnership with a range of statutory and independent agencies, community-based groups and individuals, will play a big part in helping people avoid the challenges long-term mental health problems produce.

This will involve AHPs looking anew at the pathways service users follow to access their services and reconfiguring them to ensure access at an earlier point in the service user journey.

They should also consider what can **only** be delivered by AHPs and what contribution can be made by support staff and staff in third sector and community services. AHPs in mental health, with their understanding of the challenges service users face and the potential benefits they would gain

from early AHP interventions, are in the best position to carry out this vital task in their own localities and to work with local partners to pilot and introduce change.

The action plan

This three-year action plan provides a blueprint for maximising the AHP contribution to supporting people with mental health problems of all ages, both within mental health services and in mainstream settings. It provides strategic direction for AHPs in mental health and is designed to promote their contribution to the modernisation of mental health services in Scotland.

The action plan's primary aims are to:

- enhance timely access to AHP services for service users and carers
- explore and develop the concept of supported self-management for service users and carers
- promote recovery and strengths-based approaches
- develop partnerships with service users and carers, other disciplines and agencies
- provide leadership for change
- develop the evidence base for practice
- promote mental health and well-being among the population.

It strives to meet these aims through a series of recommendations for delivery at national and local levels. The recommendations value the contributions AHPs currently make, but also recognise the need for transformation in the way the professions work to truly realise their full potential in improving mental health and well-being. They are based on what service users tell us works best for them and what they want from AHPs. And they reflect important national policy objectives in terms of increasing quality, improving access, tackling inequity, promoting self-management and enabling independence.

The action plan is structured around five key areas in which AHPs can have the most positive impacts and make the biggest difference to service users and carers:

- early intervention and timely access for service users and carers
- supported self-management and recovery
- promoting physical health and mental well-being
- designing and delivering psychological interventions
- integrating vocational rehabilitation in mental health.

These areas have been identified following interrogation of the evidence and wide consultation and engagement with key stakeholders – service users and carers, AHPs, professional organisations, service managers and other professionals in health and social care. They build on the rich foundation of existing mental health policy and legislation in Scotland and reflect the well-recognised underpinnings of a quality mental health service – a service-user focus, partnership working and an upstream, early-interventions approach to promoting meaningful and purposeful activity for people with mental health problems and their carers.

The action plan also addresses the underlying infrastructure that is necessary to drive high-quality practice – education and training, strong leadership, evidence-based practice and research.

Recommendations for action by NHS boards, AHP leaders and AHPs are presented. The implementation of these recommendations will mark a very positive step in the quest to modernise AHP services to ensure person-centred, recovery-based and strengths-focused services for service users and carers.

The processes of the action plan's creation are described in Appendix 1 and the membership of the National AHP Mental Health Action Group who oversaw its development is presented in Appendix 2.

Moving forward
The development of this action plan has followed an inclusive process that has been informed by the views, perceptions and aspirations of key stakeholders. I would like to thank everyone who has contributed, in particular the National AHP Mental Health Action Group and the AHP professional organisations who supported its development.

AHPs should now use the action plan to lead the reconfiguration of their services to promote greater efficiency and productivity and better use of resources by maximising the capacity and capability of the existing AHP workforce.

There is wide confidence among the stakeholders involved in the development of the action plan that implementation of the recommendations will result in material benefits for service users and carers. But being confident isn't enough – we need proof. That's why the NMAHP Research Unit is developing a formal framework for measuring impact which, in combination with the Mental Health Benchmarking Project and resources being produced by the Mental Health Collaborative, will enable us to achieve the aims of this action plan over time.

Delivering for mental health (1) is driving change in professional practice towards the adoption of recovery, strengths-based and self-management approaches, and *The healthcare quality strategy for NHSScotland (2)* demands improved experiences for people accessing mental health services. The aspirations of these key initiatives dovetail precisely with AHPs' ambitions for the people they serve, and they are vividly expressed in the vision for services set out in this action plan, which I commend to you.

I hope you will be as inspired by the service users' stories on the DVD as I am, and I look forward to many more stories of service innovation and personal triumphs supported by the interventions of AHPs across Scotland.

Jacqui Lunday
Chief Health Professions Officer

“ I have been using the mental health physiotherapy department at the hospital. My physical health has improved immensely ... I also sleep better. The mood element of my illness is greatly helped with the weekly routine. I suffer less and [do] not [have] prolonged lows ... I knew previously what to do but could not put it fully into practice. ”

Service user
Experience of physiotherapy

Section 1
Context

Mental health and policy in Scotland

Mental health problems can affect anyone. Mental health conditions vary in symptoms and severity. Depression and anxiety is most common, but many people live with severe and enduring mental illness, such as schizophrenia. Dementia is more common in older people and numbers are increasing. Developments in mental health services mean more people now receive treatment in the community.

Scotland has a rich policy and legislative framework underpinning for mental health services and the promotion of mental well-being. Underpinning the policy and legislative agenda is a recognition that mental health problems are more liable to arise among those who are socioeconomically disadvantaged, socially excluded and/or victim to discrimination or abuse. Policy to tackle inequality in Scotland is set out in *Equally well (3)*, the report of the Ministerial Task Force on Health Inequalities.

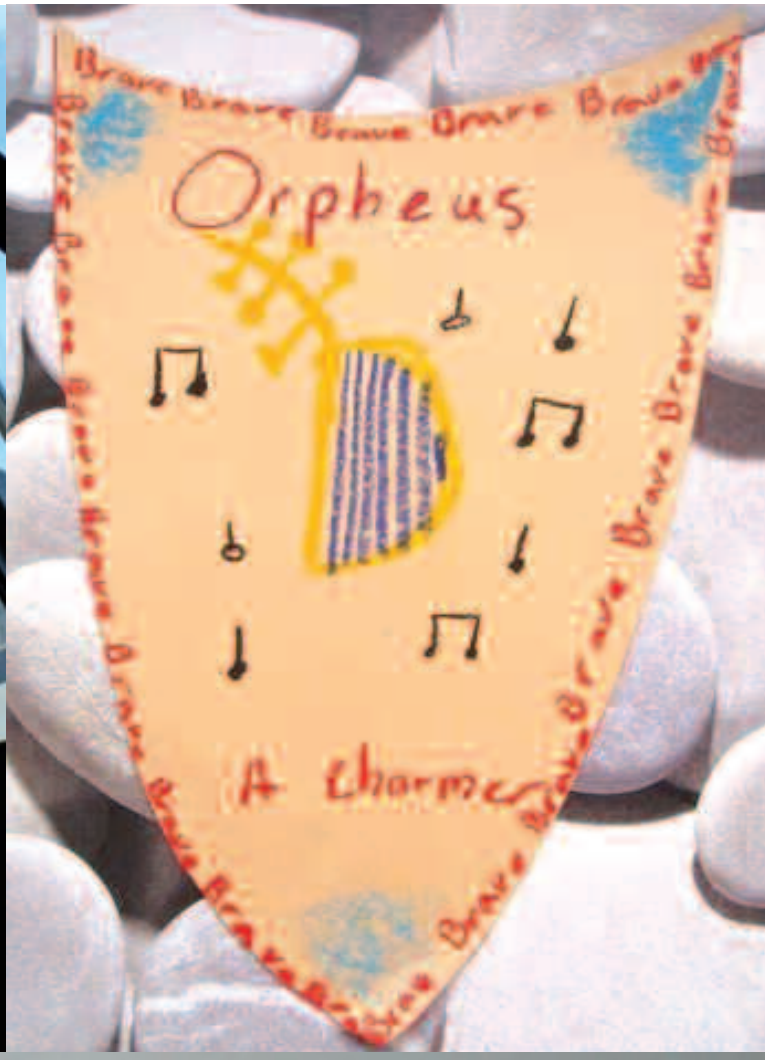
Central to the development of mental health services in Scotland is *Delivering for mental health (1)*, which sets specific targets for service delivery and calls for whole-system change to enable services to provide recovery-orientated and person-centred care and to support people to manage their own care and carry out everyday activities.

The "refresh" of *Delivering for mental health* currently taking place will build on the original policy statement to focus on:

- increasing access to psychological therapies
- improving access to child and adolescent mental health services
- rolling out integrated care pathways and the National Benchmarking Project
- promoting improved service user experiences.

The Scottish Government is committed through *Towards a mentally flourishing Scotland (4)* to ensuring appropriate services are in place to promote good mental health and to embed mental health improvement in all NHS activity. *The healthcare quality strategy for NHSScotland (2)* aims to deliver services around individual preferences and requirements with a focus on supporting people to manage their own conditions, increasing the effectiveness of care and treatment and making patient experiences and outcomes integral to services.

This three-year action plan reflects the focus of these key policy initiatives and others, such as *Scotland's national dementia strategy (5)*, *Co-ordinated, integrated and fit for purpose: the delivery framework for adult rehabilitation in Scotland (6)* and a range of initiatives being carried out in Scotland on developing child and adolescent mental health services.


Orpheus
A charme

Allied health professionals in mental health

Mental health care is changing, with an emphasis on shifting the balance of care from hospital to community and the promotion of recovery-focused and strengths-based approaches. This has led to new ways of working for the mental health workforce.

There is currently no detailed analysis of the AHP workforce in mental health, although the Scottish Government is performing a scoping exercise to identify workforce characteristics in partnership with NHS Education for Scotland (NES). This is expected to report in Autumn 2010.

The whole AHP workforce in Scotland has increased from 8,277.2 whole-time equivalents (WTE) in 2004 to 9,242.8 WTE in 2008 (an 11.7% rise) *(7)*. Key workforce issues for AHPs in Scotland include a need for more detailed workforce data, challenges in capacity-building and succession planning in small professions and issues in remote and rural NHS boards *(7)*.

All AHPs, regardless of profession or their area of work, have an important contribution to make in promoting mental health and well-being and preventing mental health problems in the populations they serve. That contribution is both valuable, and valued.

Some, however – those referred to in this action plan as "AHPs in mental health" – have, by virtue of their pre-registration preparation or the focus of their practice, a particular locus in providing mental health services. These AHPs work in core mental health services and are: those providing arts therapies; dietitians; occupational therapists; physiotherapists; and speech and language therapists (see Table 1). It is fully acknowledged, however, that other AHPs, such as podiatrists, also make a valuable contribution to mental health services through promoting positive mental health and providing direct services.

Table 1.
AHPs in mental health

Arts therapies
(art therapy/art psychotherapy* / dance movement psychotherapy** / dramatherapy / music therapy)

Postgraduate qualified psychological therapists who engage with arts activities aimed at promoting creative expression and understanding in the context of a therapeutic relationship. Practitioners combine knowledge of their relevant art form (art, dance–movement, drama, music) with knowledge and practice of psychotherapeutic techniques which both contain and give meaning to service user experiences and communication. Working with therapists who have expertise in the use of creative media offers service users opportunities to explore verbal and non-verbal material at different levels.

Dietitians

Translating the science of nutrition into practical information about food. Working with people to promote nutritional well-being, prevent food-related problems and treat disease.

Occupational therapists

Emphasising the relationship between occupation, mental health and well-being. Working with service users and carers to develop and maintain a personally satisfying routine of everyday activities that creates a sense of purpose and direction to life. Typically, looking at service users' self-care, leisure and work activities and the individual's hopes and aspirations.

Physiotherapists

Using physical approaches to promote, maintain and restore physical, psychological and social well-being, taking account of variations in health status.

Speech and language therapists

Providing detailed assessments of communication skills, difficulties and needs to inform multidisciplinary diagnosis. Developing directly and indirectly delivered programmes for individuals to reduce the mental health impact of communication impairment. Advising and supporting others to deliver communication accessible services throughout the length of the care pathway. Assessing eating, drinking and swallowing difficulties and developing programmes to overcome or minimise their impact.

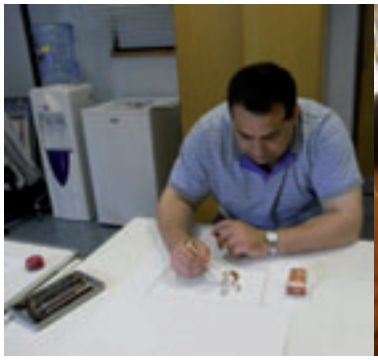
* Art therapy/art psychotherapy are synonymous protected titles

** Dance movement psychotherapy is proposed to join the arts therapies part of the Health Professions Council.

The above definitions are provided in agreement with the professional bodies: detail of each profession's contribution can be accessed via the web links at Appendix 3.

“ I feel that I now have the information and knowledge that I need to make healthy choices and changes to my diet. ”

Service user
Experience of dietetic services



Like other mental health practitioners, AHPs in mental health treat individuals of all ages in a range of clinical settings. Their skills and expertise, provided within team approaches to service delivery, help people recover from, or manage, their mental health problems.

Rehabilitation skills are core to the services provided by all AHPs in mental health – indeed, this can be considered the main contribution of AHPs to mental health services. Their rehabilitation orientation enables them to focus beyond symptoms to:

- promote psychosocial function and social inclusion
- support emotional, spiritual and physical well-being
- respect diversity and choice and the absolute right of the individual to self-determine
- focus on what a person *can* do, rather than what he or she *cannot* (a strengths-based focus)
- work collaboratively with service users and carers.

Numbers employed and skill mixes vary across the professions, with occupational therapists currently being by far the largest single discipline. Occupational therapists and arts therapists are specifically trained in the field of mental health on registration and have a long tradition of working in mental health, while others are newer to the field. They work as part of multidisciplinary and multiagency teams, sometimes in small teams, sometimes as sole practitioners, and sometimes on a sessional basis. Some mental health services, however, have little or no AHP resource.

To maintain current roles and to extend AHPs' contribution, sharing their expertise and increasing their availability, there is a need to consider:

- where AHPs make the greatest impact
- which professional has the appropriate competencies and is therefore best placed to provide interventions.

One way forward is for AHP services to outline their core contribution as either "direct service provision" (the highest proportion of AHP contributions in the current workforce are delivered through direct service provision), a "partnership-working" role or as providing a "consultancy" function. Table 2 illustrates these three different ways AHPs in mental health can work.

Table 2.
The ways AHPs work

Direct service provision

AHPs working directly with service users and the families, individually or with a group, offering specialist professional assessment and intervention. All AHPs should operate at this level, which represents the greatest proportion of the AHP contribution.

EXAMPLES: occupational therapist and physiotherapist in a community mental health team; art therapist in a forensic medium secure unit.

Partnership working

AHPs working in partnership with others, combining the skills of the respective partners/teams to the benefit of service users. Most AHPs operate at this level but there will be differences in the volume of partnership-working among professions.

EXAMPLES: social skills group with a speech and language therapist and a member of nursing staff; AHPs working with voluntary sector support staff.

Consultancy

AHPs working in a consultancy capacity, offering advice, supervision and training for staff, service users and/or carers.

EXAMPLES: care home staff developing activities with occupational therapist and music therapist supervision; dietitians setting up nutrition links in an acute setting; dramatherapist offering group supervision to colleagues.

Realising the potential of the entire AHP workforce

As Table 2 shows, the AHP workforce has the *capability* not only to provide services directly, but also to work in partnership with other disciplines and to provide consultancy services. But there are questions around the *capacity* of the AHP workforce to meet ongoing service demand. Increasingly, therefore, AHPs will need to consider effective ways of building the capacity of the workforce. This will include:

- skilling-up the AHP support worker workforce in clearly identified areas to ensure that service user and carer needs continue to be met, particularly in relation to direct service provision
- more effective use of partnership working and consultancy methodologies to avoid the pitfalls of professional dependency among service users and promote the chances of individuals appropriately exiting the mental health system to pursue independent lives.

The forthcoming report on the AHP workforce in mental health, arising from the Scottish Government and NES scoping exercise referenced above, will underpin future work to progress this agenda.

“ Going to the rock climbing group helps me to tell my story – and there is a happy ending … I know that I am not at the end yet because I still suffer from mental ill health but I know that I am on the right track. If I didn’t have the rock climbing group, I don’t know where I would be at this moment in time. It’s done so much for me. My hope for the future is to be mentally well enough to go back to college and get myself a good career. The rock climbing group I see as a major part of that … it is not so much a physical exercise – it’s the psychological benefit that you get from it, the positive you take away … I plan to carry that on in all aspects of my life until I do get well enough [and] can take on the world on my own. ”

Service user

Section 2
The way forward

Early intervention and timely access for service users and carers

Experience across a range of health settings suggests that for some people, early access to services results in better outcomes. Developing systems to ensure timely access to AHPs for service users and carers, particularly during the transition from hospital care to the community, is therefore likely to result in outcomes that are both clinically and cost effective.

Despite this, service users and carers in the focus groups convened to support the development of this action plan said that AHP services are actually difficult for them to access. They spoke of the challenges of navigating complex systems and "having to jump through hoops" before getting to the professional they needed to see.

It should therefore be a key aspiration that services strive, wherever possible, to enable AHPs to facilitate access and deliver early interventions as close as possible to people's homes, promoting recovery and enabling individuals to self-manage their conditions.

Early AHP interventions that focus on physical and emotional health and well-being should form part of a recognised care pathway both for those with mild-to-moderate mental illness and those with severe and/or complex mental health problems, such as dementia. Current referral pathways tend to avoid direct referral to AHPs, instead taking a route via mental health teams. While this is a well-established referral route, additional evidence-based models of service provision to enable direct access for service users and carers to AHPs and increase treatment options for general practitioners (GPs) should be developed.

AHP services need to be reconfigured to provide interventions in different locations and at different times.

This calls for:

- a review of the potential for triage
- development of fast-track access
- the use of technology, such as tele-health, to improve access, offer information and provide treatment for people currently not accessing services.

RECOMMENDATION 1

NHS boards should fully engage AHPs in leading the rehabilitation of people with mental health problems, developing new models, systems and ways of working to facilitate early intervention and timely access for service users and carers.

It is important to stress, however, that no profession has a monopoly of knowledge in mental health. Early interventions from mental health services work best for service users and carers where a strong team and partnership ethos exists and where team members respect each others' contributions, support each others' interventions and communicate effectively with colleagues in diverse settings and agencies. It will be vital for the successful transformation of the roles of AHPs in mental health, particularly in primary care settings, that they adopt an integrated, partnership approach to team working, developing new, whole-systems ways of working that can be implemented across service boundaries.

RECOMMENDATION 2

AHP mental health leads, working with AHP leads in community health partnerships (CHPs), should promote an integrated approach to service delivery by encouraging collaborative working between primary care services and AHPs in mental health and by linking specialist, community and social care AHP teams to ensure integrated services and smooth transitions between services for service users and carers.

Supported self-management and recovery

Self-management is where:

"...the person and all appropriate individuals and services [are] working together to support him or her to deal with the very real implications of living their life with one or more long term condition ... [it is] a person-centred approach in which the individual is empowered and has ownership over the management of their life and conditions (8)."

Self-management is the responsibility of individuals, but it does not mean going it alone. It is about working together.

Successful self-management relies on people having access to the right information, education, support and services. It depends on a person-centred, empowering approach in which the individual is the leading partner in managing his or her own life and condition(s).

AHPs' contribution to self-management in mental health is underpinned by knowledge about health behaviour change. It consists of a range of approaches that support health-promoting behaviours, such as providing appropriate information, maintaining social connections, maximising employment and/or education opportunities and making connections between physical, emotional, spiritual, social and economic well-being.

This means respecting the lived experience, working with individual preferences and balancing risks so that the service user remains integrated within the community, is socially included and has a repertoire of knowledge and skills to self-manage his or her condition(s) and live well.

All services need to take advantage of existing and new approaches to communication technology to ensure people have access to the information and advice they need when they need it, and to support them to maintain their health, manage ill health and make decisions. NHS 24 has a key role in offering information to support self-management, delivering effective evidence-based triage and providing innovative tele-rehabilitation. It is currently developing a strategic approach to mental health that will involve contributions from AHPs, including the employment of an AHP Director, and will be reviewing the potential of AHPs in mental health in offering rehabilitation advice, tele-rehabilitation and triage.

The Scottish Government will support the implementation of a self-management approach by AHPs in mental health. Impact evaluation linked to national benchmarking indicators will be undertaken.

BOX 1 Scottish Recovery Indicator (SRI) tool *(9)*

This tool, developed by the Scottish Recovery Network, enables services to gauge their recovery focus in relation to a range of criteria, highlighting issues in relation to inclusion, rights, equalities and diversity. The tool requires information to be gathered from a variety of sources and for service users, carers and staff to be involved in assessing the service. Indications are that the SRI is a helpful tool that allows mental health workers to reflect on their practice, identify good practice within their own service and highlight areas for development. For more information, access: http://www.scottishrecoveryindicator.net/

The focus on **recovery** in mental health services involves supporting people to be active in managing their own health care and carrying out everyday activities, even in the face of ongoing symptoms.

Recovery is defined by the Scottish Recovery Network as an individual:

" ... being able to live a meaningful and satisfying life as defined by each person, in the presence or absence of symptoms ... [and] having control over and input into [their] own life".[1]

The Scottish Recovery Indicator tool (Box 1) clarifies services' progress towards a recovery focus. It helps to identify the cultural and therapeutic environmental change required to foster a strengths-based approach in which hope, self-awareness, respect and understanding are the service norm, and not the exception.

The AHP community has embraced the principles of recovery. AHPs have worked with colleagues and agencies to develop recovery practice in NHS boards, sometimes taking the lead role in developing recovery services and creatively implementing recovery principles. This needs to be featured in all AHP practice in NHSScotland.

RECOMMENDATION 3

AHP services in mental health will use the Scottish Recovery Indicators tool as part of team approaches to service delivery to promote recovery-orientated services by June 2011.

1 Access at: http://www.scottishrecovery.net/What-is-Recovery/what-is-recovery.html

Promoting physical health and mental well-being

Improving the physical health of people with mental illness is a key commitment for the Scottish Government and those delivering mental health services *(10)*. Evidence demonstrates the link between physical activity and improved physical and mental health. The benefits of physical activity and keeping fit are also recognised by the National Institute for Health and Clinical Excellence (NICE) *(11)* as a health improvement intervention in older people, and a recent Scottish Intercollegiate Guidelines Network (SIGN) guideline *(12)* recommends physical activity as a first-line approach to tackling depression. There is also evidence for the benefit of physical activities and arts therapies as interventions for the treatment and management of schizophrenia in adults *(13)*.

The Scottish Government, in partnership with NHS Health Scotland and NES, will complete by the end of 2010 a mapping exercise of health improvement activities in Scotland for those experiencing severe and enduring mental illness.

The focus is on smoking cessation, weight management and physical activity interventions and initiatives. AHPs in mental health will be integral to promoting health-related behaviours, including increasing physical activity and adopting healthy diets and lifestyles.

Physical activity

Patients with severe mental illness have disproportionately high levels of physical health problems such as diabetes, hypertension and coronary heart disease *(14, 15)*. Premature mortality rates are 2.5 times higher than that of the general population, with the average age at death being 10–20 years younger. Physical health problems are likely to be related to modifiable lifestyle factors such as low physical activity, poor diet, substance misuse and smoking *(16)*.

AHPs deploy psychological approaches to help people understand the connections between physical health and mental well-being. They use clinical skills such as health behaviour change and motivational interviewing to enable people to engage with physical activity opportunities. Some are trained in both physical and mental health care and can effectively manage the often complex presenting conditions in this population.

Focus groups with service-users confirm that being physically fit and active is important to them. Recent research, however, identifies potential barriers to the uptake of physical activity for service users experiencing schizophrenia and living in the community *(17)*, including:

- limited experience of physical activity
- the impact of illness and medication effects
- anxiety and the influence of support networks.

Specialised, tailored AHP interventions can help service users and carers overcome the barriers they face, supporting gradual transition to, and uptake of, mainstream leisure, sport and outdoor services.

RECOMMENDATION 4

AHP mental health leads should ensure the provision of evidence-based, socially inclusive and accessible physical activity rehabilitation programmes for service users and carers.

“ Music therapy helps me [to be] free and ... to express myself without having to talk. ”

Service user
Experience of music therapy

Diet and nutrition

Good nutrition is central to physical and mental health and well-being and has a key role in prevention, treatment and recovery from mental illness.

Food affects mood, behaviour and brain function and the significance of diet in depression is becoming increasingly recognised *(18)*. Some medicines used in the treatment of mental illness can adversely affect metabolism, appetite, food choice and swallowing function. There is an association between nutritional status and cognitive function in older people, exacerbated by the chewing and swallowing difficulties common in this age group.

AHPs have a vital role in assessing service users' eating behaviours and supporting them to improve nutritional intakes, often working together to provide education and practical advice (such as developing cooking skills and advising on diet modification for people with dysphagia, for instance). Regular detailed nutritional assessment with appropriate interventions is necessary.

RECOMMENDATION 5

AHP mental health leads should ensure regular nutritional screening is available to service users at each stage of their care journey, with nutritional services working closely with specialist AHPs.

Valuing everyday activities

There is a well-established relationship between occupation (everyday activities), health and well-being. Maintaining a personally satisfying routine of activities that have meaning and value for the individual provides structure to the day and creates a sense of purpose and direction. The need to be active does not diminish with age, but the common effects of physical and mental ill health can affect an individual's ability to participate in activities. If an individual experiences disruption to fulfilling daily routines, or has access to a limited range of activities, their overall physical and psychological health is likely to be affected.

AHPs have the relevant knowledge and skills to support people to become involved in a range of individually valued activities. AHPs assess and provide information and advice to support involvement in occupational, leisure and everyday activities that enhance health and well-being, using models of change to support any behavioural modifications required. They work with individuals to overcome physical, psychological, social and environmental barriers to participation.

The report *Remember I'm still me (19)* highlighted the lack of meaningful activities for residents of care homes, despite the fact that research has shown that engaging people with dementia in activities tailored to their capabilities, with carers trained in their application, results in clinically relevant benefits to both the people with dementia and their carers *(20)*. Therapeutic activities ranked highest by service users are social and community participation, physical and creative activities and activities of daily living, the last of which emphasises the need for meaningful activity that is focused on everyday tasks *(21)*.

RECOMMENDATION 6

AHP mental health leads should work with partners to promote and enhance the provision of evidence-based, socially inclusive and accessible therapeutic activity provision in a range of settings.

Socially inclusive practice

Wherever possible, delivery of physical health and mental well-being interventions should be carried out in line with social inclusion policy directives. There is strong evidence to support the value of enabling and supporting service users to access mainstream local facilities, strengthening their sense of community and reducing social isolation.

Much AHP work takes place in non-health facilities such as community and leisure centres. AHPs need to continue to build networks with third sector organisations to secure supportive pathways to social inclusion in the community for service users.

Designing and delivering psychological interventions

Psychological therapies[2] have been defined as:

"... a range of interventions, based on psychological concepts and theory, which are designed to help people understand and make changes to their thinking, behaviour and relationships in order to relieve distress and to improve functioning. The skills and competencies required to deliver these interventions effectively are acquired through training, and maintained through clinical supervision and practice" (22).

NHS Education for Scotland (NES) has developed a "matrix" to guide the delivery of evidence-based psychological therapies in Scotland *(22)*. The matrix recognises that the delivery of psychological therapies within NHS boards is complex. It defines therapies at "highly specialist", "high-intensity" and "low-intensity" level and emphasises that the interventions need not be delivered by a psychologist: indeed, the engagement of the whole of the mental health workforce in delivering psychological therapies will be necessary to achieve the delivery targets being set out in the "refresh" of *Delivering for mental health (1)*.

The challenge for *services* is to utilise the AHP staffing resources at their disposal to deliver a range of evidence-based psychological interventions and to maximise AHPs' potential to promote better outcomes for service users and carers. The challenge for *AHPs* is to clearly articulate their contribution to delivering psychological interventions and actively engage in local psychological forums and strategy groups, working in partnership with NES psychological therapies coordinators.

AHPs' core psychosocial skills are unique to each profession and vary according to undergraduate education and postgraduate development activity. AHPs nevertheless contribute significantly to the national psychological therapies agenda by enabling service users and carers to have a choice of evidence-based, non-pharmacological therapies. AHPs can work at all levels of the psychological therapies matrix while continuing to provide specialist AHP rehabilitation interventions to promote health and well-being, integrating recognised psychological interventions[3] into their core practice and/or directly providing a psychological therapy.[4]

2 The terms "psychological therapies", "psychological interventions" and "psychosocial therapies or interventions" tend to be used interchangeably in the literature.

3 Psychological interventions include: motivational interviewing, anxiety management, cognitive rehabilitation, behavioural activation, problem-solving therapy, mindfulness-based cognitive therapy, and cognitive rehabilitation.

4 Psychological therapies include: using art, music, drama, dance–movement therapies; accredited cognitive behavioural therapy or interpersonal psychotherapy.

Whatever the background of the AHP, a "best fit" should be found between service user and carer requirements and the skills and competencies of the AHP, ensuring service users maintain access to specialist AHP skills and interventions. The key issue is that any AHP who is delivering psychological therapies at any level should be *properly trained* and should have *access to appropriate ongoing supervision*.

RECOMMENDATION 7

NHS boards should ensure the delivery of evidence-based psychological interventions by appropriately trained AHPs to support rehabilitation, self-management and recovery approaches as part of local delivery strategies.

Continuing professional development (CPD) opportunities in psychological therapies should reflect the core skills of the AHP profession and the clinical needs of the service as a whole. They can range from learning activity around brief interventions, to training on the implementation of a particular technique, to highly specialised programmes in specific therapeutic modalities. Theoretical CPD activity must be supported by work-based supervision and practice.

There is also a requirement for those who practice an accredited psychological therapy as a primary role to have supervision from an accredited psychological therapies supervisor, ensuring supervisory contracts and protected time are in place to support staff governance, clinical governance and effectiveness.

RECOMMENDATION 8

AHP mental health leads should ensure that AHPs in mental health who deliver psychological interventions as a primary role have access to clinical supervision within protected time.

Integrating vocational rehabilitation in mental health

Well-managed work opportunities can benefit personal and family health and play a positive role in supporting an individual to increase his or her sense of well-being. In the focus groups carried out as part of the consultation to inform the development of this action plan, service users and carers said that they look to AHPs to provide the support to enhance their work opportunities as means of promoting social engagement, achieving personal aspirations, raising self-esteem and social stature and providing financial security.

There are, however, many barriers to employment for people with mental health conditions. These include low expectations for work, exclusion from the wider community, stigma and the enduring effects of symptoms. Despite high proportions of people with a long-standing mental illness saying they would like to work, the proportion employed is low.

People with a mental health condition need to be enabled to access and sustain employment through coordinated, tailored support. The Government recommends a framework for change to the way individuals with mental health problems are supported to achieve their vocational potential.

It is not the remit of this action plan to propose the way forward for welfare to work: rather, the aim is to highlight the unique contribution AHPs in mental health can make to ensuring work is a positive outcome of rehabilitation, building on the strong strategic drive in mental health services to provide better opportunities for service users in employment and vocational activities.

Developments in promoting the contributions of AHPs in mental health to vocational rehabilitation will reflect and complement actions being taken forward under *Co-ordinated, integrated and fit for purpose: the delivery framework for adult rehabilitation in Scotland (6)* and specific initiatives being developed for people with long-term conditions and adolescents.

“ [Using movement to look at some of the psychological trauma of her past] is the best thing that has ever happened to me. I used to just lie about on my couch, I wouldn’t want to go out the house … I wouldn’t get dressed, I wouldn’t put my make-up on or do my hair … then I got [a student dance–movement therapist] and she has changed my life … ”

Service user
Experience of dance–movement psychotherapy

Promoting the aspiration to work

AHPs have an opportunity to take a lead on improving employment outcomes for service users through vocational rehabilitation. AHPs, working with fellow members of the multidisciplinary, multiagency team, can:

- explore work issues at all initial assessments with service users and focus the goals of interventions, where appropriate, on return to work
- act as brokers between employers and those in the early stages of accessing mental health services
- promote work as a means of recovery from mental health problems
- provide specialist vocational rehabilitation within clinical teams.

RECOMMENDATION 9

AHPs in mental health, working from a recognition of the importance of work in promoting recovery, should explore work issues at all initial service-user assessments and provide ongoing signposting or support to increase service users' potential for work.

Skills for work

The action plan supports the Sainsbury Centre principle that people are "job-ready" when they say they are job-ready *(23)* and that the focus should be on competitive employment. For those with long-term conditions, young people and those with no recent employment or work skills, AHPs should provide support to help individuals set goals and learn new skills that will build confidence and aspirations. For people who do not see themselves as ready for work or for whom the Individual Placement and Support (IPS) model (see below) has not been available, there should be a range of work rehabilitation options.

AHPs must continue to offer a service to people who are unable to engage in paid employment or are not work-ready, but who seek voluntary work or education and training. AHPs have a responsibility to extend the scope of their practice across a range of agencies, including local authorities and education and training providers, to facilitate experiences of work for this group.

RECOMMENDATION 10

AHP mental health leads should work with key stakeholders to ensure the provision of alternative occupational, leisure and educational activities for service users whose vocational goals are not employment-focused.

Vocational rehabilitation

Vocational rehabilitation is defined as:

"... a process that enables people with functional, psychological, developmental, cognitive and emotional impairments or health conditions to overcome barriers to accessing, maintaining or returning to employment or other useful occupation. The emphasis is on restoration of functional capacity for work or other useful occupation rather than treatment of a clinical condition" (6).

In short, the outcome of vocational rehabilitation is work, paid or unpaid.

Models for vocational rehabilitation include:

- the Working Health Services Scotland programme (funded through the Department for Work and Pensions) which, while not exclusive to mental health, incorporates cognitive behavioural therapy (CBT) principles, biopsychosocial principles, access to occupational therapy and physiotherapy services, standardised clinical assessment tools and a negotiated action plan
- Individual Placement and Support (IPS), an evidence-based mental health model for individuals who are work-ready: the principle is "place, then train", with strong evidence that individual placement and support is the most effective method of helping people with severe mental health problems to achieve sustainable competitive employment – IPS is successful for approximately 60% of service users.

There are many excellent examples of AHPs developing local initiatives and working with partner agencies. It is essential for AHPs, working with NHS board rehabilitation coordinators, to ensure that people with mental health problems have access to the right vocational rehabilitation support, in the right place, at the right time.

The Scottish Government has commissioned a review of current models of vocational rehabilitation used by AHPs in mental health and will produce national guidance by spring 2011.

“ My future is looking really ... it’s bright as the sun because I’ve been given a new house, [which has] taken me away from the area I was in. I’ve got a house that has just been built and it’s got everything in it. ”

Service user

Section 3
Support for change: making it happen

National, regional and local support from AHPs and a number of key stakeholders is required to enhance the capacity and capability of AHPs in mental health to deliver the recommendations in this action plan. This support is described below.

Workforce development

Workforce information
AHPs need to understand workforce and workload methodologies and use them to demonstrate their impact and maximise their potential. They should be able to articulate the difference they make to a wide range of service user pathways, ensuring best value and highest quality care. The *Six steps to introducing a structured approach to workforce planning* resource *(24)* can be used to support AHP services to develop and deliver evidence-based workforce plans.

The Scottish Government scoping exercise to identify workforce characteristics mentioned previously will contribute specific mental health-related data to inform workforce planning for the future.

Pre-registration training
The Scottish Government, in partnership with NES, is scoping the four Scottish universities who educate AHPs to review pre-registration AHP curricula for evidence of mental health fieldwork and academic learning requirements across mental health specialties (children, adolescents, adults and older adults). This will be completed by autumn 2010, with recommendations to follow.

Ongoing learning
AHPs have a professional responsibility to pursue ongoing learning activity to retain their capacity to practise safely, effectively and legally within their evolving scope of practice.

AHPs in mental health must continue to access regular profession-specific supervision in individual or facilitated-group settings, and are expected to:

- receive clinical supervision from a trained clinical supervisor within protected time
- be trained as clinical supervisors
- evaluate the effectiveness and impact of the supervision provided.

Work-based learning opportunities are being supported through the AHP practice education facilitation programme supported by NES.[5]
In addition, The Ten Essential Shared Capabilities (ESCs) should be integral to training, induction and ongoing learning of all AHP professionals and support staff (see Box 2).

BOX 2 The Ten Essential Shared Capabilities

The Ten Essential Shared Capabilities (ESCs) *(25)* set out shared capabilities that all staff working in mental health services should achieve as best practice. The principles have been supported by AHPs in Scotland and have been adopted by the College of Occupational Therapists (COT) and the Chartered Society of Physiotherapy (CSP) as their underpinning values. They are now beginning to integrate them into their accreditation and re-accreditation processes.

5 Access at: http://www.nes.scot.nhs.uk/allied/projects/facilitators/default.asp

What is not yet clear is the training infrastructure required to support service change and developing AHP roles in mental health. A range of CPD opportunities enabling AHPs to deliver effective treatment interventions need to be available: these should focus on profession-specific specialist fields, recovery and ESC training, self-management, psychological therapies and vocational rehabilitation.

The Scottish Government, in partnership with NES, will review NHS boards' current and future workforce education priorities for AHPs in mental health to ensure synergy with the proposed service delivery changes. Recommendations will be produced by autumn 2010.

First graduate post

It is essential that there is support for all newly qualified AHPs who specialise in mental health, ensuring engagement with Flying Start NHS,[6] supervision and rotation opportunities. This will also have a positive impact on recruitment and retention of staff.

Leadership

AHPs of all grades need leadership skills to meet the service change agenda. A range of leadership programmes are available in NHSScotland for AHPs in mental health, and AHP leaders and practitioners should engage with these programmes.

Leadership is critical for effective change. Effective leaders motivate staff to perform optimally, enable team working and collaboration and contribute to overall organisational effectiveness. The development of this action plan now offers the opportunity for NHS boards and AHP directors to review their current clinical leadership structures for AHPs in mental health to complement existing board leadership structures.

The Scottish Government will establish a national AHP mental health clinical leaders' group.

RECOMMENDATION 11

NHS boards and AHP directors should identify an AHP mental health lead, developing a sustainable clinical leadership function that reflects proposed service delivery changes.

6 Access at: http://www.flyingstart.scot.nhs.uk/

“ If I hadn’t started coming to see the speech therapist, I reckon I’d just have stayed the same or worse. Coming to my sessions gets me out of the house and interacting [and] I feel better when I leave, too. Talking with her makes it easier to talk to others [and] it’s made it easier to communicate with the other professionals I see. ”

Service user
Experience of speech and language therapy

Geoff Wilson, RCSLT, library picture

Evidence-based practice and research

Good practice

The development process for this action plan identified many excellent practice-based and evidence-based clinical examples which will be developed as a supportive resource. The AHP community needs to share and disseminate this good practice through online sources such as *www.enablinghealth.scot.nhs.uk* and professional journals and web resources (see Appendix 3).

The newly formed clinical leaders' group mentioned above will set up a community of practice in the Self-management and Rehabilitation Managed Knowledge Network (MKN), which connects groups, communities of practice and interested individuals committed to sharing knowledge resources and expertise specific to mental health.

Practice based on best evidence

The Health Professions Council (HPC) expects all AHPs to base their interventions on the best available evidence, which calls for AHPs to review relevant research and implement accordingly. Time and support must be available to ensure AHPs can reflect on their practice to deliver services based on best evidence.

Outcomes and impact

The challenge for all services in mental health is to develop a culture in which data are used to inform improvement work. There is a need within mental health services to improve the quality of, and use of, information to drive service improvement.

AHPs need to measure the outcomes and impact of their interventions using standardised assessments and measures. The Mental Health Collaborative,[7] Integrated Care Pathways in Mental Health[8] and the National Benchmarking Project *(26)* allow AHPs access to improvement methodologies and techniques to deliver change and should be utilised to support AHPs during this period of transition.

AHPs also need to evidence improvements in the quality of the service they deliver by demonstrating improvement in outcomes. They should use patient-reported outcome measures (PROMs) to monitor the patient experience; these should be evaluated and integrated into current practice and service delivery. AHPs often use PROMs as an underpinning to their assessment process (the Model of Human Occupation Screening Tool (MOHOST)[9] and the Canadian Occupational Performance Measure (COPM),[10] for instance). These are also often repeated on exit from the service but are seldom aggregated to produce outcome data regarding service impact.

RECOMMENDATION 12

AHPs should use information gathered while providing AHP interventions to evaluate the service user experience, enhance the evidence base and improve services using patient-reported outcome measures and standardised assessments.

Research
AHPs have a growing international research base reflecting a mixture of quantitative and qualitative research activity.

Consultant AHPs have a strong influence on the research agenda for mental health AHP practice, with four new AHP consultant posts having been created in Scotland. These posts will influence the research agenda for dementia care and forensic care and will be integrated into the Scottish Government National Impact Framework to evaluate the impact of the consultant role.

There are nevertheless gaps in the practice and research agendas. Practice and research need to be linked, with AHP practice being evaluated through quantitative and qualitative research methods to build practice-based evidence and evidence-based practice.

The Scottish Government will work with the AHP research community to explore how best to develop further research opportunities in AHP mental health practice to contribute to the development of clinical guidelines and *The healthcare quality strategy for NHSScotland (2).*

7 Access at: http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/Delivery-Improvement/1835/74
8 Access at: http://www.nhshealthquality.org/mentalhealth/projects/4/Integrated_Care_Pathways_(ICPs).html
9 Access at: http://www.moho.uic.edu/assess/mohost.html
10 Access at: http://www.caot.ca/copm/

Section 4
Delivering the action plan

The three-year action plan needs to be implemented locally but supported nationally. The AHP Adviser in the Mental Health Division of the Scottish Government Health Directorates will provide national support for the implementation of the action plan, and an Implementation Board involving all key stakeholders and an AHP mental health clinical leaders group will be set up. Three regional events will be held in autumn 2010 to enable local services to engage with the action plan.

But fundamentally, it is AHPs in NHS boards who will need to drive implementation of the action plan. To facilitate this, AHP mental health professional forums should continue to be developed and strengthened in each NHS board, in accordance with NHS board structures. Specific consideration will be given to how this can be achieved in remote and rural boards. The forums need to review their membership to ensure full engagement with all key stakeholders, including service users, carers and colleagues in social, acute and CHP services, and that they are working in collaboration with local nursing implementation forums for the report of the national review of mental health nursing in Scotland, *Rights, relationships and recovery (27)*.

The action plan recommendations will be an integral aspect of implementation review visits to NHS boards by the Scottish Government Mental Health Division, with a particular focus on early access, self-management, clinical leadership and measuring outcomes to deliver effective services.

Section 5
Summary of recommendations

RECOMMENDATION 1
NHS boards

Should fully engage AHPs in leading the rehabilitation of people with mental health problems, developing new models, systems and ways of working to facilitate early intervention and timely access for service users and carers.

RECOMMENDATION 2
AHP mental health leads, working with AHP leads in community health partnerships (CHPs)

Should promote an integrated approach to service delivery by encouraging collaborative working between primary care services and AHPs in mental health and by linking specialist, community and social care AHP teams to ensure integrated services and smooth transitions between services for service users and carers.

RECOMMENDATION 3
AHP services in mental health

Will use the Scottish Recovery Indicators tool as part of team approaches to service delivery to promote recovery-orientated services by June 2011.

RECOMMENDATION 4
AHP mental health leads

Should ensure the provision of evidence-based, socially inclusive and accessible physical activity rehabilitation programmes for service users and carers.

RECOMMENDATION 5
AHP mental health leads

Should ensure regular nutritional screening is available to service users at each stage of their care journey, with nutritional services working closely with specialist AHPs.

RECOMMENDATION 6
AHP mental health leads

Should work with partners to promote and enhance the provision of evidence-based, socially inclusive and accessible therapeutic activity provision in a range of settings.

RECOMMENDATION 7
NHS boards

Should ensure the delivery of evidence-based psychological interventions by appropriately trained AHPs to support rehabilitation, self-management and recovery approaches as part of local delivery strategies.

RECOMMENDATION 8

AHP mental health leads

Should ensure that AHPs in mental health who deliver psychological interventions as a primary role have access to clinical supervision within protected time.

RECOMMENDATION 9

AHPs in mental health, working from a recognition of the importance of work in promoting recovery

Should explore work issues at all initial service-user assessments and provide ongoing signposting or support to increase service users' potential for work.

RECOMMENDATION 10

AHP mental health leads, working with key stakeholders

Should ensure the provision of alternative occupational, leisure and educational activities for service users whose vocational goals are not employment-focused.

RECOMMENDATION 11

NHS boards and AHP directors

Should identify an AHP mental health lead, developing a sustainable clinical leadership function that reflects proposed service delivery changes.

RECOMMENDATION 12

AHPs

Should use information gathered while providing AHP interventions to evaluate the service user experience, enhance the evidence base and improve services using patient-reported outcome measures and standardised assessments.

“ [The day centre for older people] is a great place for [my wife] ... She likes the company and she is very good at crafts ... she gets a great help here and so do I, I get a tremendous help here from the whole system. ”

Carer
Experience of day care

The action plan – where now?

A comment from the Chief Executive of the National Schizophrenia Fellowship (Scotland) and the VOX (Voices Of eXperience) Development Coordinator

The first thing to say is to congratulate the Scottish Government on developing this excellent three-year action plan. It reflects the fact that service users, families and carers see AHPs as a very valuable resource. We all want to see access to AHPs enhanced and for more people to know what they can offer, and the action plan is very much pushing in the right direction on this issue, complementing developments currently under way in NHS 24 to increase AHPs' triage and tele-rehabilitation capacity.

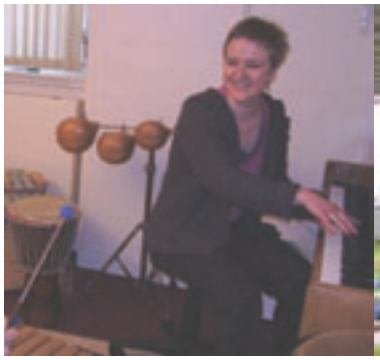
The action plan sits very well with other important pieces of work referred to in the main text that are supporting service delivery and new developments such as the "My View" service user self-assessment tool currently being adapted by NHS Quality Improvement for use in Scotland.

The creation of the action plan was a very inclusive process, allowing those on the receiving end of AHP services – service users, families and carers – to have a real say in defining the priorities for action. In focusing on issues such as early interventions, timely access, self-management, the importance of recovery (and the SRI), good physical health and meaningful (and appropriate) activity, it reflects the issues the people we work with identify as being important.

But we would take this opportunity to say to AHP managers and practitioners who will be implementing the action plan's recommendations that in adopting an understandable and very welcome person-centred focus on service users, *don't forget families and carers*.

A workshop at the March 2010 national conference held as part of the consultation on the development of the action plan asked AHPs to identify benefits in working with families to support the service user. The AHPs were able to present a long list of "pluses" relating to issues such as increasing service user confidence, developing relationships, providing more joined-up services, reducing stress and enhancing care package delivery. It showed that AHPs know service users don't live in a bubble, and that families and carers are central to their recovery.

But families and carers are also potentially vulnerable to the stresses caring brings and need effective support from engaged and informed AHPs. We want to send a strong plea that in taking this action plan forward, NHS boards, AHP leads and, most importantly, practising AHPs maintain a families and carers focus.



We also want to stress that while AHPs in mental health are doing tremendous work, supporting service users, families and carers is a responsibility for **all** AHPs, regardless of service setting. We regularly hear stories of how AHPs in so-called "mainstream" settings are providing important interventions – dietitians working with service users to offset the weight-gain problems common with anti-psychotic medication, for instance. It is very pleasing to see this important message being emphasised in the action plan.

The involvement of all AHPs in delivering mental health interventions also improves the prospects of enhancing service users' abilities to provide support to fellow service users through peer relationships – AHPs have all the skills needed to facilitate this exciting opportunity.

In uncertain financial times, using what we have better is a sensible way to go. We believe this action plan sets out a route to using the AHP resource better for service users, families and carers, and we look forward to seeing its full implementation over the next three years.

Mary Weir, Chief Executive
National Schizophrenia Fellowship (Scotland)

Wendy McAuslan, Development Coordinator
VOX (Voices Of eXperience)

“ [The course] gives you a focus [on] something to do every week ... [it is] going to give [me] a qualification at the end to use and the support we get from the occupational therapists and the College is brilliant. ”

Service user

Appendices

Appendix 1

How we got here: the process

A **National AHP Mental Health Action Group** (see Appendix 2) was established in January 2009 with membership from NHS boards, professional bodies, service users, carers and education. To engage local services, each NHS board representative was invited to establish local AHP meetings to ensure coordinated service provision and sharing of good practice. Nine NHS boards have set up an integrated local forum.

A national **think-tank day** was organised for all AHPs in Scotland in September 2009 to debate and focus on the national action plan. This provided evidence of strong support from the AHP community for the work and the change agenda to be progressed.

Scoping visits were completed in 2009 in all 14 NHS boards and the special board providing clinical services. These visits highlighted examples of good practice and the added value of the AHP, but identified the need for greater involvement in prevention, early intervention and the development of a national vision for AHPs.

Focus groups with service users and carers were carried out in December 2009/January 2010 to gain invaluable insights into their experience of AHPs. Quotes from service users are incorporated in the document.

At the end of 2009, **exemplars of good practice** were sought from the AHP professions in Scotland and the response was very positive. These will be collated and made available as a resource.

The action plan presents a **supporting DVD**. The DVD links policy to practice through demonstrating service users' lived experience of mental illness and how their stories shape AHPs' practice.

A **national conference** for service users, carers, professional bodies, AHPs, AHP managers and service managers took place on 24 March 2010, with over 200 participants. Scenes from the DVD and recommendations were shared at the conference.

Appendix 2
National AHP Mental Health Action Group members

Aileen Fyfe
NHS Ayrshire and Arran

Alison Meiklejohn
NHS Lothian

Anne Joice
Formerly AHP Scottish Universities

Anne Suttle
NHS Borders

Audrey Taylor
NHS Education for Scotland

Carolyn Little
National Schizophrenia Fellowship (Scotland)

Catherine Totten
College of Occupational Therapists

Cecilia Thompson
NHS Grampian

Claire Ritchie
Rehabilitation Coordinator, NHS Lanarkshire

Elaine Hunter
AHP Advisor in Mental Health, Scottish Government

Francis Fallan
VOX (Voices Of eXperience)

Gill Urquhart
The State Hospital

Jacqui Terrance
NHS Lanarkshire

Jane Fletcher
British Dietetic Association

John Fulton
Representing the four arts therapies professional bodies

Kathryn Chisholm
NHS Western Isles

Lorna Baxter
NHS Orkney

Lorraine Parks
NHS Tayside

Mike Skelly
Chartered Society of Physiotherapy

Morag Geddes
NHS Dumfries & Galloway

Norma Clark
NHS Fife

Pamela McNair
NHS Forth Valley

Prof Maggie Nicol
Chair, National AHP Mental Health Action Group

Rosalind Johnstone
Chartered Society of Physiotherapy

Samantha Flower
NHS Greater Glasgow & Clyde

Sandra Polding
Royal College of Speech and Language Therapy

Sarah Muir
NHS Highland

Shelagh Creegan
NHS Tayside

Susan Munro
Royal College of Speech and Language Therapy

Tony Chenery
Representing the four arts therapies professional bodies

Appendix 3
Web links to AHP mental health resources

The following web links provide more detailed information on the professions.

Arts therapies

The British Association of Art Therapists
http://www.baat.org/

The Association for Dance Movement Psychotherapy UK
http://www.admt.org.uk/index.html

The British Association of Dramatherapists
http://www.badth.org.uk/

The Association of Professional Music Therapists
http://www.apmt.org/

The Scottish Arts Therapies Forum
www.satf.co.uk

Dietetics

British Dietetic Association
http://www.bda.uk.com

British Dietetic Association Fact Sheets
Diet and depression
http://www.bda.uk.com/foodfacts/090420Diet_Depression.pdf
Food and mood
http://www.bda.uk.com/foodfacts/070830FoodMood.pdf
Autistic spectrum disorder and diet
http://www.bda.uk.com/foodfacts/0609Autism.pdf

British Dietetic Association Mental Health Group
http://www.dietitiansmentalhealthgroup.org.uk

MUST Nutritional Assessment Tool
http://www.bapen.org.uk/must_tool.html

Occupational therapy

College of Occupational Therapy
http://www.cot.co.uk

Recovering Ordinary Lives
(the main mental health document for occupational therapists)
http://www.cot.org.uk/Homepage/Library_and_Publications/College_publications/A_Z_listing/

Standards for Occupational Therapy Clinical Practice
http://www.cot.org.uk/Homepage/Library_and_Publications/College_publications/Standards_and_strategy/

Physiotherapy

Chartered Society of Physiotherapy
www.csp.org.uk

Recovering Mind and Body
(Framework for the Role of Physiotherapy in Mental Health)
www.csp.org.uk/uploads/documents/scp_mental_health_framework_v3.pdf

Moving in Mind
(the Role of Physiotherapy in Mental Health in Scotland)
www.csp.org.uk/uploads/documents
(in print and available summer 2010)

Speech and language therapy

RCSLT Position Paper on Mental Health
Will be published soon (date not yet announced) and will be accessible from http://www.rcslt.org/

SIG Mental Health (Scotland)
http://www.sltmentalhealthscot.site50.net/

RCSLT Clinical Guidelines including sections on mental health and dysphagia
http://www.rcslt.org/members/publications/clinicalguidelines

RCSLT Dementia Position Paper
http://www.rcslt.org/docs/free-pub/dementia_paper.pdf

Dysphagia Negative Health Consequences Risk Assessment Tool
http://www.rcslt.org/news/events/NPSA_risk_assessment_document_-_Hannah_and_Karen.doc

RCSLT Adult Support and Protection Communication Toolkit
http://www.rcslt.org/speech_and_language_therapy/Adult_Support_and_Protection_Communication_Toolkit

“ My hopes for the future now are getting my lifeguard qualification, teaching qualifications and anything that will enhance my chance of gaining employment – getting volunteering opportunities, working in sports centres ... just anything sports-related. ”

Service user

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Notes

Realising Potential

This hour-long DVD looks in depth at service user experiences and stories and the impact of their diagnosis on them, their families, social networks and the wider community. The clinical journey of the therapist is also highlighted, demonstrating their creative partnership in the service user's journey.

The four stories focus on the key contributions of AHPs as demonstrated in the action plan.

- **"Support When you Need It"** – supported self management and recovery
- **"Keeping Well"** – promoting physical health and mental well-being
- **"Self Discovery and Skills for Living"** – designing and delivering psychological interventions
- **"A Meaningful Life"** – integrating vocational rehabilitation in mental health.

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