![Fife Health & Social Care Partnership logo]

Fife's Mental Health & Wellbeing Strategy – Delivery Plan Year One

Participation & Engagement Feedback Report (Phase 2 Engagement)

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Contents

1. Introduction

The Mental Health and Wellbeing Strategy is central to the wider Fife Health and Social Care Partnership (HSCP) Strategic Plan for 2023-2026. It provides a cohesive approach that aligns with the Strategic Plan to deliver priorities and actions relevant to mental health and wellbeing.

In November and December 2023 (Phase 1), the Partnership carried out extensive consultation with almost one thousand people in Fife who use and deliver services which contributed to shaping this three-year strategy. The engagement work led to the agreement of five shared priorities to achieve our vision of '**A Fife where people can achieve their best mental health and wellbeing**'. People told us that what mattered was a system that was collaborative, accessible, preventative, informed, person focused, outcomes focused and compassionate. These core values create a clear foundation to guide our actions.

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

Through this second phase of engagement, the aim is to validate and refine the objectives from Phase One, ensuring they align with the needs and priorities of those they support. This phase explicitly focussed on engaging with stakeholders to discuss the delivery plan that will achieve the priorities identified in Phase One. This process will confirm or refine the approach to developing a responsive and effective mental health and wellbeing strategy for Fife.

2. Engagement Purpose

The purpose of Phase 2 is to confirm that the specific planned activities and objectives align with the established priorities and address the needs of those they aim to support. Phase 2 targeted consultation with stakeholders who use mental health services, as well as those who support them, to provide critical feedback on whether the planned actions effectively meet the established priorities. By collecting these insights, it aims to refine and validate the approach, identifying any adjustments that may be necessary to ensure the strategy's delivery plans relevance and impact.

The engagement aimed to achieve the following objectives:

- Understand whether stakeholders agree with the current actions based on the identified priorities.
- Provide the opportunity for people to suggest alternative actions that can help achieve the agreed priorities in the coming years, to ensure that it is reflective of their views.
- Ensure people engaged with include those with lived/living experience, whether they use services or not, and are representative of protected characteristics, and other vulnerable groups.

Expected Outcome:

- Use feedback alongside key evidence and data from previous consultations, in a balanced way, to help finalise the direction of the Year One Delivery Plan for the strategy.
- Ensure that people are aware of how their views influenced the direction and development of the strategy through Phase 1 and the Year One Delivery Plan by sharing reports with stakeholders with a "We asked, you said, we'll do it together" summary.

3. The Engagement Timeline

Oct 2024	Nov 2024-Feb 2025	Feb 2025
Participation & Engagement plan	Engagement activities delivered	Analysis of feedback and final report presented to Mental Health Strategy Group

4. Stakeholder Engagement

4.1   Designing the Consultation

The consultation was designed to engage with and listen to individuals and groups who were enabled and supported to share their experiences and aspirations, helping to shape and refine the Year One Delivery Plan and its associated actions. A breakdown of those targeted and those who participated can be found in (Appendix 1). A full list of the questions asked can be found in (Appendix 2), and the questions that specifically relate to the Priorities will be discussed in detail throughout the report. The data relating to agreement is derived from the questionnaire responses, while the views gathered from those asked in person are detailed in the actions outlined throughout the report. The Mental Health and Wellbeing Strategy Working Group decided on a targeted engagement approach rather than a population-wide approach to ensure the opportunity for individuals to detail their own lived experiences and aspirations. This approach was chosen to ensure that participants had the necessary support to engage in a meaningful way. By focusing on a targeted engagement model, the engagement aimed to create an environment where individuals could share their experiences comfortably, with sufficient time and tailored resources to meet their specific needs. This approach enables deeper, more personalised conversations and ensures that individuals are supported in a manner that respects their unique circumstances and preferences.
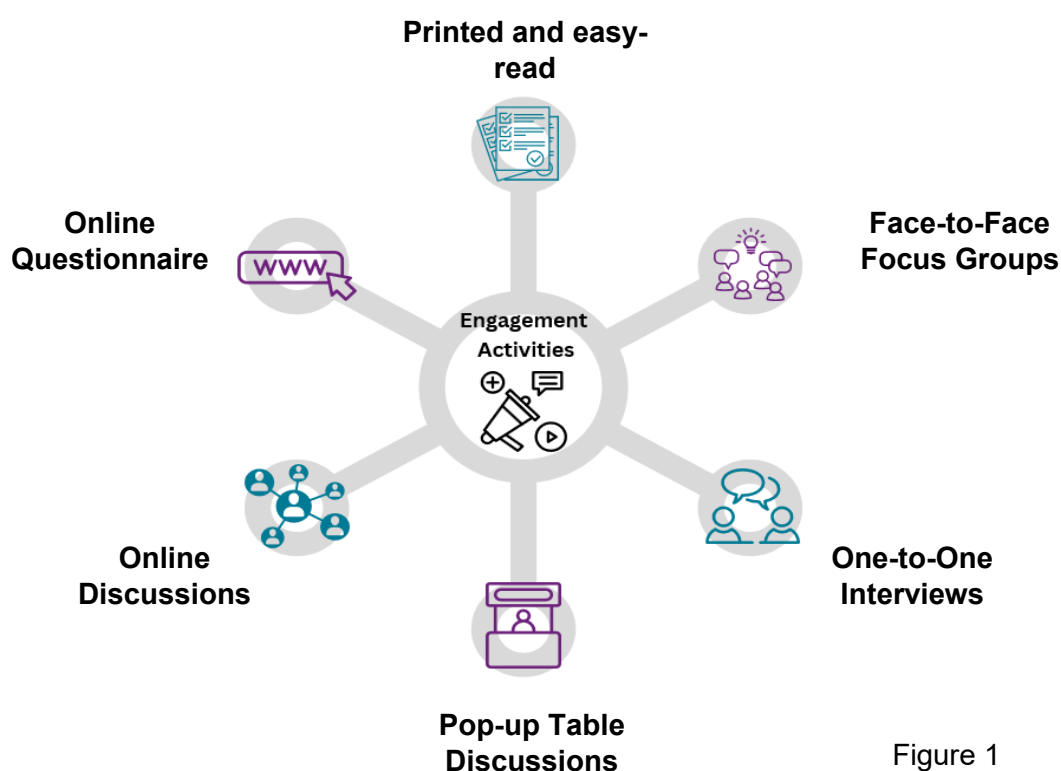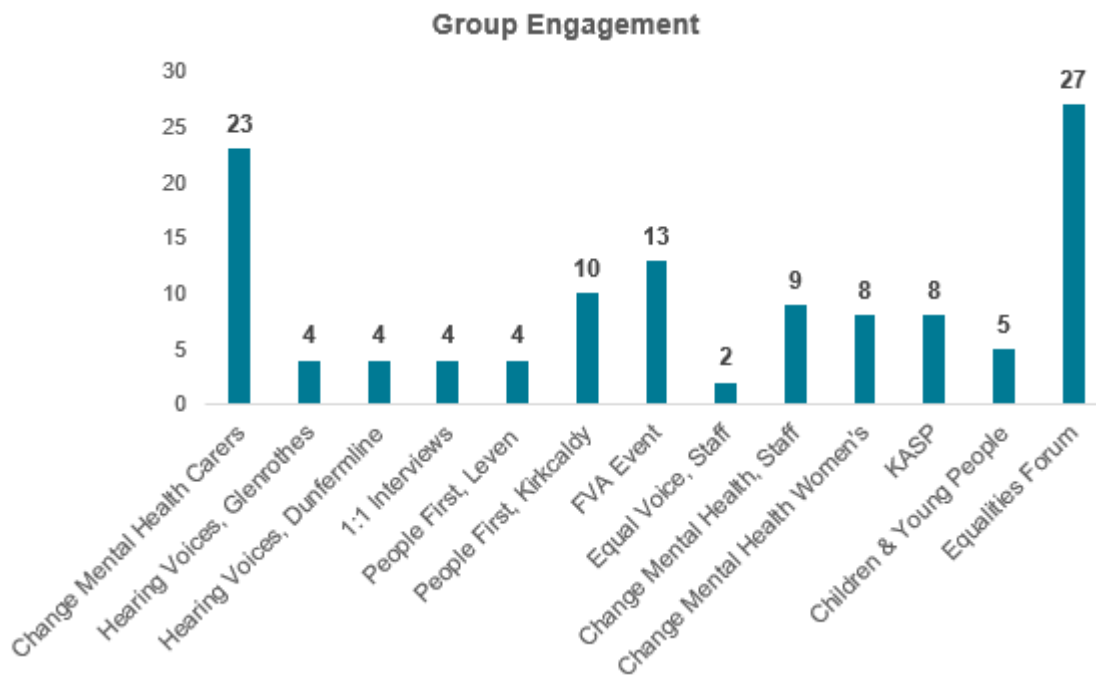
4.2   Engagement Methods

Figure 1

The preferred methods for engagement were facilitated in individual or group sessions, co-hosted by targeted services with existing connections to participants. This approach aimed to create a supportive and accessible environment for people who use services, groups with protected characteristics, and those who are seldom heard, allowing them to share their views in comfortable settings. All engagement was conducted in line with the *Planning with People* guidance and the National Community Engagement Standards. A variety of engagement methods were offered to ensure accessibility and meet these standards. Prior to engagement, individuals were asked how best they could be supported, with examples including one-to-one interviews in locations where they felt comfortable and that met their specific needs, such as at home or in a setting with soft furnishings for those with hearing loss. Printed questionnaires were provided for those without digital access, and engagement also took place within groups where participants were supported by workers. Materials were developed in collaboration with members of a learning disability group to ensure they were accessible and in an easy-read format.

An online survey (via Microsoft Forms) was made available for 8 weeks to ensure easy access for those unable to attend face-to-face sessions.
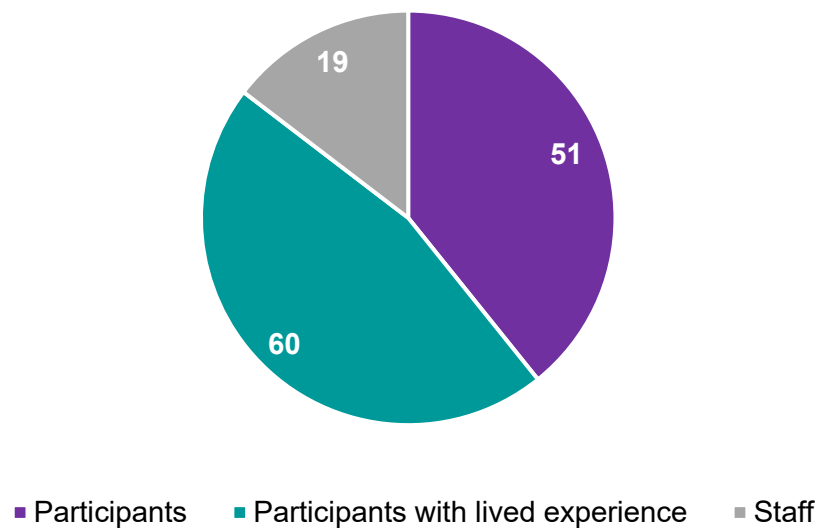
 Additionally, one online virtual engagement session (lasting 1.5 hours) was held to provide a focus group for the third and independent sectors.

In December 2024, the Fife Centre of Equalities fair offered a platform to promote and discuss the engagement process, which was further supported by attending the Equalities Forum in January 2025.

5. Engagement Reach

Group Engagement

- Change Mental Health Carers: 23
- Hearing Voices, Glenrothes: 4
- Hearing Voices, Dunfermline: 4
- 1:1 Interviews: 4
- People First, Leven: 4
- People First, Kirkcaldy: 10
- FVA Event: 13
- Equal Voice, Staff: 2
- Change Mental Health, Staff: 9
- Change Mental Health Women's: 8
- KASP: 8
- Children & Young People: 5
- Equalities Forum: 27

In Person Participant Breakdown

- Participants: 51
- Participants with lived experience: 60
- Staff: 19

Online Participant Breakdown

6

10

- Those with Lived Experience
- Staff
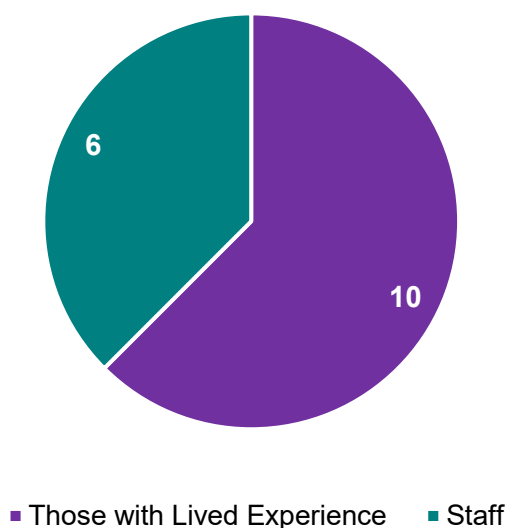
Participants who identified as Unpaid Carer

32

89

- No
- Yes
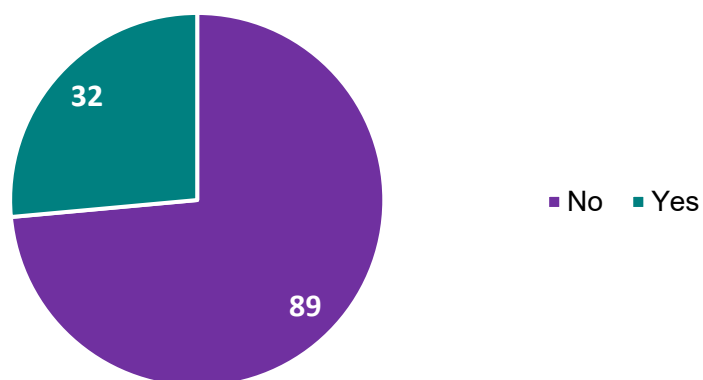
Appendix 3 provides a comprehensive breakdown of equality data and reach. It is important to note that completion of the equality and diversity questionnaires is voluntary, meaning not all participants provide this information.

6. Priorities and Actions

6.1. Priority 1

Priority 1: Talking about Mental Health

Desired Outcome: People will feel comfortable talking about their mental health, will not feel alone, and will be able to access opportunities and inclusive services and supports when they need them.

Action 1	"Change the conversation" by making mental health and wellbeing a key part of discussion in areas like health, housing, education, culture, justice, and work. This can be done through special campaigns and programmes to improve understanding of mental health.
Action 2	Take focused action to understand and tackle the factors that cause mental health stigma, discrimination, and exclusion, especially for under-represented, minority, vulnerable, or disadvantaged groups.
Action 3	Identify the main factors that harm mental health and wellbeing and take public health steps to improve mental health for everyone.
Action 4	Make sure that people with complex and overlapping needs can get support from all services by adjusting those services to fit their needs.
Action 5	Include people with lived experience. Create chances for learning, working together, new ideas, and research. This will help reduce stigma, raise awareness about mental health, and lead to ongoing improvements.

We asked:

Do you agree that these actions will help people feel more comfortable talking about their mental health, help people feel less alone, and make sure people can get help and support when they need it?

You said:

13%

31%

56%

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Action 1 – There is growing recognition of the need for better integration of mental health into various sectors such as housing, education, and employment. The current system faces barriers related to public and professional understanding, where mental health issues are often misunderstood, and terms used can carry stigma. Misunderstandings and lack of empathy from professionals discourage individuals from seeking help. Specific campaigns and programmes could improve understanding, raise awareness, address stigma, and promote inclusive discussions across all sectors. Creating spaces for open, non-judgemental conversations would help reduce stigma and encourage individuals to seek support.

Action 2 – Focused efforts are needed to understand and address the factors contributing to mental health stigma, discrimination, and exclusion, particularly for underrepresented, minority, vulnerable, or disadvantaged groups. Stigma and discrimination are significant barriers to accessing mental health support. Misunderstandings of mental health by the public and within healthcare systems contribute to this issue. Broad terms like "mental health" are often used in ways that can stigmatise individuals, discouraging them from seeking help. This is particularly prominent in marginalised groups, such as those at risk of homelessness, neurodivergent individuals, and other vulnerable populations. Targeted action, education, and awareness-raising can help reduce stigma, especially for these groups.

Action 3 – Identify the main factors that harm mental health and wellbeing and take public health measures to improve mental health for everyone. There is increasing recognition of the need to address broader social, environmental, and financial factors that negatively impact mental health. Public health measures should focus on prevention, early intervention, and reducing risk factors that contribute to mental health problems. Many individuals, particularly those with complex or overlapping issues, struggle to receive timely intervention, which worsens their conditions. Identifying and addressing these factors will be key to improving the mental health and wellbeing of all individuals.

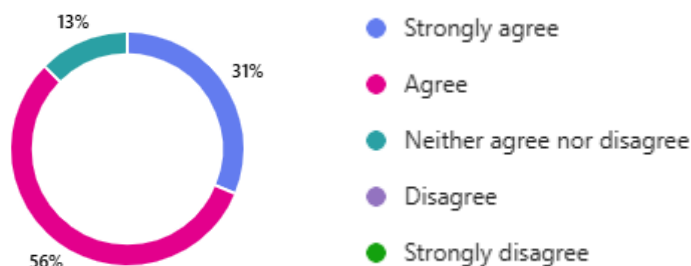**Action 4** – Ensure that people with complex and overlapping needs receive support from all services by adapting those services to meet their needs. The mental health system faces challenges due to poor coordination between services, leading to fragmented care where individuals are passed between services without proper follow-up. The system is often overstretched, with insufficient frontline support to meet the needs of those with complex mental health issues. Service users often experience frustration due to communication breakdowns and a lack of continuity in their care. To address this, services must be tailored to meet individual needs, and continuity of care should be prioritised. This will ensure individuals, particularly those with complex conditions, receive the support they need without unnecessary delays or disruptions.

Action 5 – Involve people with lived experience. Create opportunities for learning, collaboration, new ideas, and research. This will help reduce stigma, raise awareness about mental health, and drive ongoing improvements. Involving individuals with lived experience of mental health issues is vital for improving services. These individuals can provide valuable insights that inform policies, services, and solutions. Their involvement should extend beyond token participation to ensure they

play an active role in decision-making and leadership. This can help reduce stigma, improve service relevance, and lead to continuous improvement in mental health care. Creating opportunities for learning, collaboration, and sharing new ideas is essential for driving positive change.

Summary- The feedback highlights several challenges within the current mental health system, including poor service coordination, communication issues, and a lack of frontline support. These factors result in individuals, particularly those with complex needs, not receiving continuous care. The shortage of mental health professionals, especially in services for marginalised groups like the homeless, exacerbates this issue, leaving people in crisis without timely support. Stigma and a lack of empathy from professionals discourage people from seeking help.

Families and carers often feel excluded and unsupported. There is increasing recognition that individuals with lived experience should play a more active role in shaping policies and services, which could lead to more personalised and flexible support. Safe, non-judgemental spaces for open discussions and advice are crucial for encouraging people to seek help without fear of stigma. Continuity of care and improved communication between services are particularly important for neurodivergent individuals, who often lack appropriate care.

The long-term vision is for a more integrated, holistic mental health system focused on prevention, early intervention, and ongoing support, rather than reactive care. This would involve seamless collaboration between sectors, with individuals with lived experience taking leadership roles in decision-making and service delivery. Families and carers would be recognised as key partners and provided with the necessary support. Ultimately, the goal is a more accessible, empathetic, and effective system that better supports individuals and their families.

The feedback collected regarding the actions is shown in Appendix 3, organised into hopes and aspirations, as well as concerns and challenges related to each action. This structure aims to highlight both the positive outcomes expected from the actions and the potential obstacles that may need to be addressed for successful implementation.

6.2. Priority 2

Prevention, Early Intervention and Wellbeing

Desired Outcome: People will feel part of mentally healthy, compassionate and supportive families, workplaces and communities.

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Action 1	Make mental health services and supports easier to access by improving community-based mental health services with lessons learned from previous projects that involved people's input.
Action 2	Act early to build resilience and focus on helping people build strong coping skills and protect their mental health at all ages in different services
Action 3	Help people meet their basic needs and support people with the basics for good mental health, support them to take control of their mental health, and help the find their way through the mental health system when needed.
Action 4	Build stronger, healthier communities by using local resources and planning services that fit the needs of the community.
Action 5	Fight social isolation to help vulnerable people connect with others and build relationships by working together with communities.
Action 6	Promote and encourage referrals to community-based mental health services like the Well and Link Life Fife and continue to work with Primary Care teams to promote the services.

We asked:

Do you agree that these actions will help people feel they have caring, helpful relationships, and that they are part of mentally healthy communities?

You said:

44%

56%

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
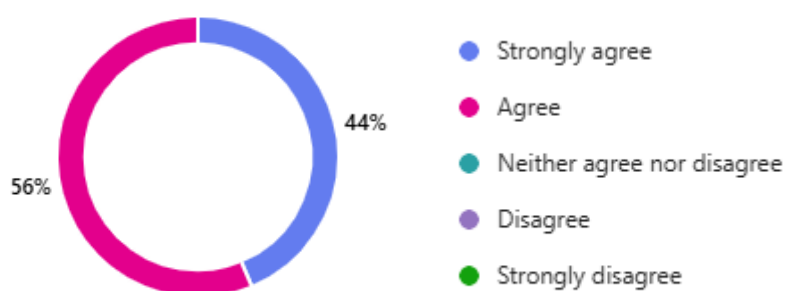
Action 1 – Participants highlighted the need for more accessible mental health services, particularly for those with complex needs or barriers such as physical disabilities or limited internet access. Community-based services, such as The Well, were valued for their supportive, non-traditional environments, but there was a clear lack of awareness of these services. While early intervention was widely supported, participants expressed concerns about the lack of clarity regarding "people's input" in improving services. There were also concerns about the insufficient knowledge of GPs regarding local mental health resources and doubts about the actual availability of community services.

Action 2 – There was strong support for early intervention, especially in childhood, to address mental health issues before they escalate. Educating young people about mental health and self-care was seen as essential to reducing stigma and promoting well-being. Participants emphasised the need for inclusive services for individuals with diverse needs, including neurodivergent individuals and those with hearing or physical disabilities. While flexibility in support was encouraged, there were concerns about the definition of "early intervention" and its implementation, as well as inconsistent funding for mental health services for older adults. The role of technology in supporting resilience was also questioned due to its potential negative impacts.

Action 3 – Participants supported the idea of holistic, community-based support, similar to Scandinavian models, where individuals are supported by comprehensive teams until they reach stability. There was agreement on the importance of empowering individuals to take control of their mental health. Early intervention, particularly for psychosis, was emphasised, alongside the need for better communication between GPs and mental health professionals. However, participants raised concerns about the broad scope of this action, suggesting it should be more clearly defined. There was also a call for more tailored, individualised support, as mental health journeys vary for each person.

Action 4 – Participants recognised the importance of peer support networks and reducing social isolation, with strong support for services designed with input from users. The idea of a 'befriender' initiative to help individuals take the first step toward mental health services was considered beneficial. The value of consistent professional relationships for continuity of care was also highlighted. However, concerns were raised about many services being accessed only in times of crisis, limiting their effectiveness. The shift towards online services and long waiting times for care were also raised as barriers to timely and accessible support.

Action 5 – Social isolation was identified as a significant barrier to mental health and well-being. Peer support and relationship-building were seen as essential in overcoming this challenge. There was strong support for increasing awareness of available services, as many participants felt that underutilised services could reach more people if properly promoted. However, there were concerns

about low engagement in support groups, with some individuals feeling unwelcome or unaware of their existence. Digital access was also highlighted as a concern, with some people excluded from online services due to a lack of technology or proficiency.

Action 6 – Participants recognised the importance of networking between organisations to improve awareness of community-based services such as The Well and Link Life Fife. The role of third-sector organisations in supporting mental health was acknowledged, with a call for more active promotion of these services. The need for diverse, local services that allow for self-referrals was also emphasised. However, concerns remained about barriers to awareness, even when promotional materials were distributed, suggesting a need for more effective strategies to reach individuals. Restrictions within GP surgeries were also noted as obstacles to raising awareness of available services.

Summary- This feedback highlights while some community-based support services are valued for their support, respondents highlighted a clear need for improved access, communication, and coordination in mental health services. It also underscores the importance of community-based support, early intervention, and addressing social isolation. There is a clear desire for services to be more flexible, inclusive, and responsive to the individual needs of those seeking help.

The feedback collected regarding the actions is shown in Appendix 3.

6.3. Priority 3

Priority 3: Improved response to mental health distress and crisis

Desired Outcome: People's quality of life will improve through inclusive, timely access to appropriate high quality mental health information, support and services.

Action 1 — Focus on those who are at higher risk of mental distress or crisis and would benefit from early intervention and prevention.

Action 2 — Work to prevent suicides, reduce self-harm and reduce the harm caused by substances misuse. This will be done by creating local action plans based on the Scottish Government's goals of "Creating Hope Together" and "Supporting with Compassion".

Action 3 — Improve the "Urgent Care and Assessment Team" service to make it easier for people to get help when they need it. This means providing urgent care closer to home and making the experience better for everyone.

Action 4 — Create clear pathways for access to crisis support in partnership with our local partner organisations.

Action 5 — Provide people who often need mental health support with a full, caring network of help to make sure they get the care they need.

Action 6 — Link Workers will increase access to distress brief intervention (DBI) services by engaging with individuals in the community experiencing distress and connecting them to support.

We asked:

Do you agree that these actions will make people's lives better by helping more people access good mental health information, support, and services when they need it, and that information, support, and services will be designed to include everyone?

You said:
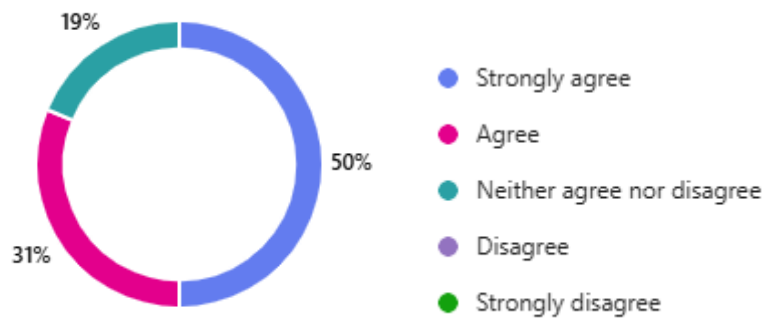
Action 1 – There is broad support for identifying early intervention opportunities, especially for individuals at higher risk of mental health distress. Early identification of symptoms and causes was viewed as essential to prevent crises from escalating. Peer support was recognised as critical in the early stages of distress, with family and social networks seen as important during this time. Concerns were raised about focusing too much on higher-risk individuals, which could leave others unsupported. There was a call for a more inclusive approach to early intervention. Additionally, long wait times for services such as 111 and issues around decision-making in healthcare were identified as barriers to effective support. It was suggested that immediate action should focus on improving early intervention, staff training, and providing clearer definitions of "high risk," while ensuring services are accessible to everyone.

Action 2 – Peer support and compassionate care were widely recognised as essential, with peer support workers highlighted as key in providing early assistance before formal referrals. Participants stressed the need for safe spaces where individuals can feel heard and supported, whether in workplaces, mental health services, or community settings. Concerns were raised about the strain on emergency services, particularly ambulances and police, who may not be trained to handle mental health crises. It was suggested that urgent action should focus on integrating peer support roles into mental health services, ensuring that resources are allocated effectively to meet demand, and providing compassionate, accessible, and well-resourced services.

Action 3 – Training staff in mental health first aid and adult protection was seen as vital for improving responses to mental health crises. The impact of workplace stress on staff was also acknowledged, with a focus on ensuring employees are aware of available support. While there was support for improving staff training and response times, concerns were raised about the strain on emergency services, including staff shortages, which could affect timely responses. It was suggested that mid-term actions should focus on enhancing staff training, particularly in mental health first aid, and reducing wait times to streamline access to services. The integration of mental health support within communities and workplaces was also considered essential to improving access to services.

Action 4 – Community-based care received strong support, particularly services that incorporate lived experiences to provide more personalised care, rather than relying solely on institutional support. Clear pathways to crisis services were seen as essential to improving accessibility and effectiveness. A major concern was the lack of follow-up care after crisis interventions, with many individuals left without support after initial care. The sustainability of community-based services was also raised, with participants noting that insufficient long-term funding could threaten the viability of these services. It was suggested that efforts should focus on building a stronger, more sustainable community-based support system, improving follow-up care, and ensuring long-term funding.

Action 5 – There was widespread recognition of the need for a holistic and connected support network. The expansion of the Distress Brief Intervention (DBI) scheme was seen as a positive step toward ensuring timely care. Some participants suggested integrating the DBI programme into local GP surgeries to facilitate earlier intervention and prevent individuals from falling through the cracks. The importance of empathetic care in mental health services was stressed, with participants highlighting that a network of support across sectors is essential for improving care. However, concerns were raised about the long-term success of this initiative, with the integration of services across sectors being critical for consistent care. Adequate resources and funding were seen as crucial to sustaining the expansion of services.

Action 6 – Participants expressed support for expanding access to the DBI programme through community-based Link Workers, particularly to engage individuals in distress and connect them to appropriate support. The expansion of DBI services was seen as essential for providing timely intervention and reducing the risk of escalation into more serious mental health crises. Concerns were raised about the capacity of Link Workers to meet the demand for services, with an emphasis on ensuring sufficient resources and funding to sustain the programme. The integration of DBI services with other community-based support initiatives was viewed as vital to ensuring continuity of care and effective referrals.

Summary- This feedback highlights a strong desire for early intervention, better integration of peer support, and increased community-based care. While the expansion of services such as DBI was welcomed, participants emphasised the need for adequate funding and resources to sustain long-term improvements. There is a clear focus on providing compassionate, accessible care, ensuring that both staff and services are well-equipped to support individuals in distress.

The feedback collected regarding the actions is shown in Appendix 3.

6.4.   Priority 4

Priority 4: Support, care and treatment that is easy to access and makes a difference
Desired Outcome: People will receive services and supports which are based on an understanding of their values, needs and experiences.

Action 1 — Create clear and easy-to-follow care pathways that connect mental health, social care and physical health, making it simpler for people to get the support they need.

Action 2 — Use a "no wrong door" approach, meaning no one will be turned away or have their referral rejected. People will always be guided to the right help.

Action 3 — Create a system that offers round-the-clock support for people of all ages, making sure no one misses out on help because of service hours or gaps between services.

Action 4 — Promote working together to provide better services. Help professionals work across different areas. Organise and plan care based on what people need, in local communities and places.

**Action 5** — Create ways of working that help and improve care by building strong relationships.

Action 6 — Make sure we have a strong, well-supported workforce that can give the best care to help people recover.

We asked:

Do you agree that these actions will help people get the services and support that match what they value, their needs, and their life experiences?

You said:

31%

69%

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
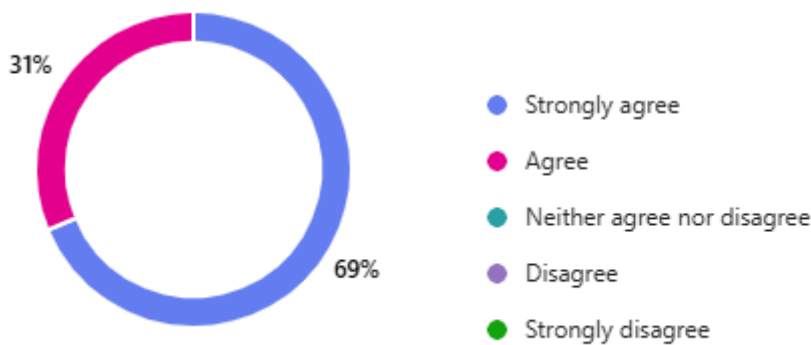
Action 1 – Feedback highlights the current lack of integration between mental health, social care, and physical health services as a significant issue. Many individuals experience fragmented care, leading to confusion and delays when seeking support. Clear, coordinated care pathways are necessary to ensure that people can access the right services quickly and without being passed between sectors. Improved communication between services is essential for seamless care that addresses all aspects of a person's health and well-being. Simplifying and integrating care pathways would improve access and ensure individuals are directed to appropriate support.

Action 2 – Concerns were raised about the effectiveness of the "no wrong door" approach, with scepticism about its full implementation due to past experiences with similar initiatives. The feedback suggests that individuals face difficulties navigating the system, particularly when trying to access the right services. This is often made worse by unclear communication and a lack of understanding about how the system works, leaving people uncertain about where to go for help. There is a strong need to ensure people are consistently directed to the right services without being turned away. This can be addressed by improving staff training and providing clearer information on available services and pathways.

Action 3 – Feedback highlights concern about the limited availability of services outside regular hours, which results in people missing out on support when they need it most. Gaps in service provision, especially during evenings and weekends, exacerbate mental health crises, leaving individuals without timely care. The lack of 24/7 support creates a significant barrier for those in crisis, particularly when urgent assistance is required outside regular working hours. Establishing a system that ensures continuous access to mental health support is essential, so people can receive help at any time.

Action 4 – The feedback suggests that a more collaborative approach to service delivery is needed to improve care quality. The current lack of integration between different sectors and services leads to fragmented care, with individuals being passed between providers without continuity. A more coordinated approach, where professionals from various fields work together, would provide more comprehensive care, addressing the holistic needs of individuals. Organising care based on the specific needs of local communities would also make services more accessible and better suited to the populations they serve.

Action 5 – Feedback points to the importance of strong, trusting relationships between individuals and care providers. However, the current system often lacks continuity, with individuals experiencing multiple changes in care providers, leading to a loss of trust and fragmented support. Building stronger relationships within the care system, particularly by ensuring consistent care and reducing staff turnover, is key to improving outcomes. Fostering long-term, stable relationships

between individuals and care teams would help people feel more supported and lead to better care results.

Action 6 – Workforce issues, such as burnout, high turnover, and inadequate training, are seen as significant challenges to providing high-quality care. Feedback suggests that the system is overstretched, with staff unable to meet the growing demand for services due to limited resources and support. A stronger, more supported workforce is needed to provide the level of care necessary for individuals to recover. Increasing investment in staff training, providing better support systems, and addressing issues like burnout and turnover will help ensure consistent, compassionate care. A well-supported workforce is crucial to delivering person-centred care that meets individual needs.

Summary- This feedback identifies several challenges in accessing support and care, including fragmented services, limited out-of-hours availability, and the need for improved integration between mental health, social care, and physical health services. There is a need for better implementation of the "no wrong door" approach, and clear, coordinated care pathways must be established to improve service access. Collaboration between professionals, building strong relationships, and addressing workforce issues are essential for delivering high-quality, effective, person-centred care. The feedback collected regarding the actions is shown in Appendix 3.

6.5. Priority 5

<table>
<tr><td colspan="2">Priority 5: Digital tools and therapies that support wellbeing</td></tr>
<tr><td colspan="2">Desired Outcome: People will have access to web-based supports that provide self-administered mental health screening, monitoring of symptoms, coaching on self-care and digital therapies.</td></tr>
<tr><td>Action 1</td><td>Offer more types of online mental health therapy to help people build their strength and mental wellbeing.</td></tr>
<tr><td>Action 2</td><td>Make sure everyone can access services, whether they use digital tools or need other options.</td></tr>
<tr><td>Action 3</td><td>Make our digital systems work better together to provide care that focuses on the whole person</td></tr>
<tr><td>Action 4</td><td>Support new digital tools that help people access therapy, learn about mental health and connect with others online.</td></tr>
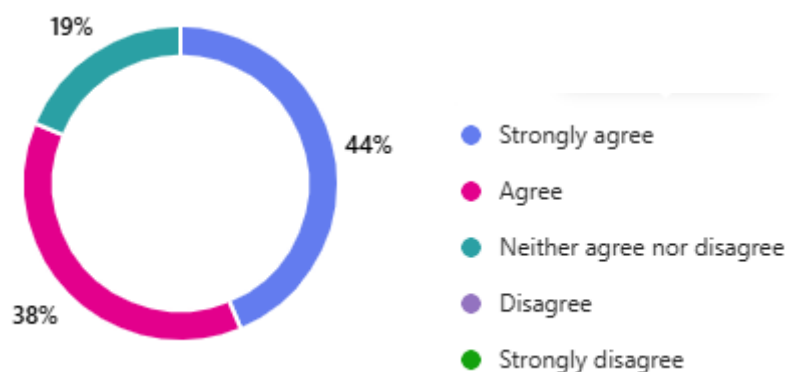<tr><td>Action 5</td><td>Use data and evidence to make changes that help create a fair and effective mental health system.</td></tr>
</table>

We asked:
Do you agree that these actions will help people to use websites that will let people check their own mental health, see if their symptoms change, and get coaching to take care of themselves?

You said:

Chart showing: Strongly agree 44%, Agree 38%, Neither agree nor disagree 19%, Disagree, Strongly disagree.

Action 1 – Feedback highlights concern about digital inequality, particularly for older adults, people living with dementia, and those less confident with technology. While digital tools can be useful, barriers such as affordability and limited access to devices or the internet prevent some individuals from using them. While online therapies can increase access for some, it is emphasised that digital tools should complement, not replace, in-person care. Human connection remains essential for mental health support, and digital tools should be viewed as an addition to, rather than a substitute for, face-to-face therapy.

Action 2 – The feedback acknowledges the need for flexibility in service delivery. Digital tools must be accessible to all, but alternatives should be provided for those who cannot use them. This includes people with limited digital literacy, devices, or internet access. The group calls for non-digital options, such as phone calls or SMS services, to ensure inclusivity for individuals who prefer more traditional communication methods or who have limited access to technology.

Action 3 – The feedback supports the integration of digital systems for holistic care but stresses the need for clarity on what "whole person" care means in this context. While digital systems can improve care by linking services, concerns were raised about how well these systems will align to offer truly person-centred support. Effective communication and integration between digital tools and other health services are essential to ensure that care is well-rounded and addresses all aspects of an individual's health. Without coordination, digital systems may result in fragmented care.

Action 4 – Significant concerns about the digital divide were raised, with many individuals facing barriers such as digital poverty, lack of digital literacy, and insufficient access to devices or internet services. The feedback stresses the need to address these gaps to ensure all individuals have the resources to access digital tools. It was also noted that while digital tools can provide valuable support, they should be used in conjunction with in-person care to maintain human connections. Digital tools should aid therapy, education, and social connection but not replace vital face-to-face interactions.

Action 5 – The feedback highlights the importance of including lived experiences in data used to inform changes in the mental health system. Relying solely on quantitative data may miss important aspects of individual cases. Integrating personal stories and feedback is necessary for a more comprehensive understanding of the population's needs. It was emphasised that data should include both quantitative and qualitative insights to reflect the broader experience of individuals using mental health services. Data should be used to drive improvements in a way that is fair, inclusive, and representative of everyone's needs.

Summary- The feedback indicates that while digital tools and therapies offer valuable support, significant barriers need to be addressed to ensure equal access for all. These include digital inequality, limited access to technology, and a lack of digital literacy, especially among vulnerable groups such as older adults and people with dementia. It is stressed that digital tools should complement, not replace, in-person care, and that human connection is vital. Integration of digital systems is essential for providing holistic care, but it must be done in a way that ensures seamless communication and coordination between services. Lastly, data used to inform changes must consider both quantitative and qualitative insights, including lived experiences, to ensure a fair and effective mental health system. The feedback collected regarding the actions is shown in Appendix 3.

6.6.   Overall feedback

We asked:

To what extent will the new Mental Health and Wellbeing Strategy and the actions listed above help the people who use mental health services and support in Fife?

You said:

40%

60%

- Not at all
- To a small extent
- To some extent
- To a large extent
- Completely
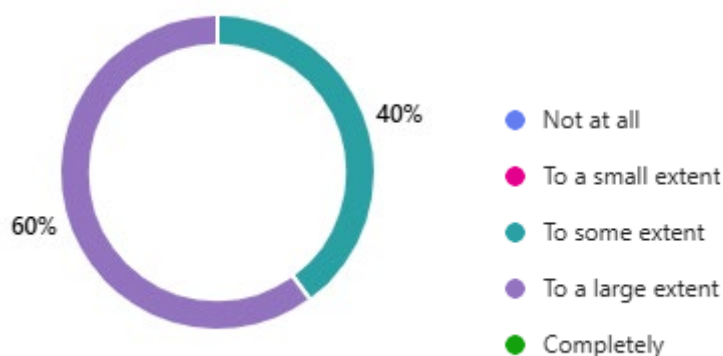
7. Conclusion

The feedback gathered across the five priorities highlights both the opportunities and challenges presented by the new Mental Health and Wellbeing Strategy. It's clear that the vision of improving access to services, fostering stronger integration between mental health, physical health, and social care, and offering more person-centred support resonates strongly with many. There is genuine hope that these actions will pave the way for a more coordinated, flexible system that meets the diverse needs of those who rely on mental health services.

Key themes in the feedback point to the vital importance of early intervention, workforce capacity, and the need for better integration of services. The emphasis on offering a broader range of support options, from in-person care to digital tools, reflects a collective desire to create a more inclusive, accessible system. Digital tools can undoubtedly be part of the solution, but there is a recognition that they should complement rather than replace face-to-face interactions, ensuring that no one is left behind due to barriers like digital literacy or lack of resources.

While there is optimism about the strategy's potential to bring about positive change, there are also clear concerns that cannot be overlooked. The strain on resources, particularly staffing shortages, remains a significant challenge. The ambition to create seamless care pathways across different services must be supported by sustainable funding and a well-trained, well-supported workforce. For the strategy to truly make a difference, it must not only be forward-thinking but also realistic and adaptable to the current landscape.

The feedback highlights the need for flexibility in how services are delivered, with a strong call for systems that work not only for individuals at higher risk but for everyone in need of support. The focus on building relationships and offering compassionate, personalised care is at the heart of what many hope will be a transformative approach.

In conclusion, while the Mental Health and Wellbeing Strategy has the potential to greatly enhance the support available to people in Fife, its success will ultimately depend on addressing the challenges around resources, workforce capacity, and the integration of services. There is a shared sense of optimism, but also a cautious recognition that for the strategy to reach its full potential, careful planning, adequate funding, and a commitment to inclusivity will be essential. With the right balance of ambition and realism, this strategy can make a lasting, positive impact on the lives of those who need mental health support the most.

8. Next Steps

A dedicated working group has now been established to take forward the findings from this engagement. A robust delivery plan is in place, with clearly defined outcomes and measurable actions that directly respond to the feedback received. There is a strong commitment to ongoing engagement embedded throughout the delivery process, ensuring that services remain focused on people's needs and are responsive to their experiences. Karen Marwick, Head of Complex and Critical Care, will continue to oversee progress and ensure that the feedback informs meaningful change.

Appendix 1– Stakeholder List

The stakeholder engagement had a short turnaround time, falling over the Christmas and New Year period. While groups expressed interest, they noted the need for more time to schedule meetings. To increase reach and ensure participation, reminder emails were sent out. They were encouraged to complete the questionnaire if other engagement methods couldn't be completed.

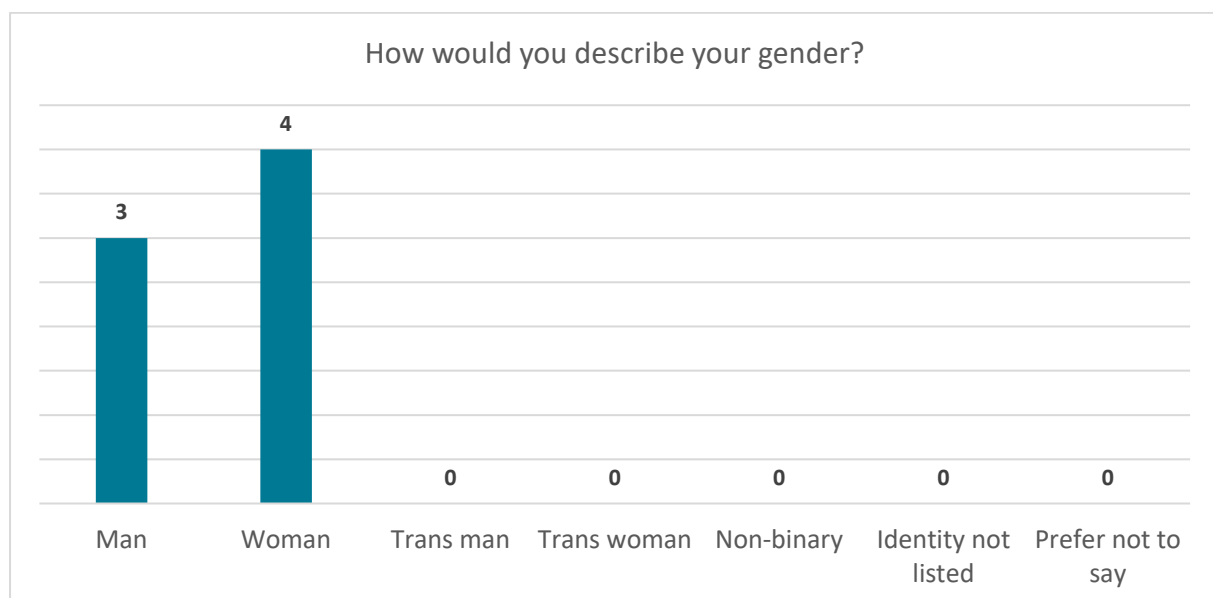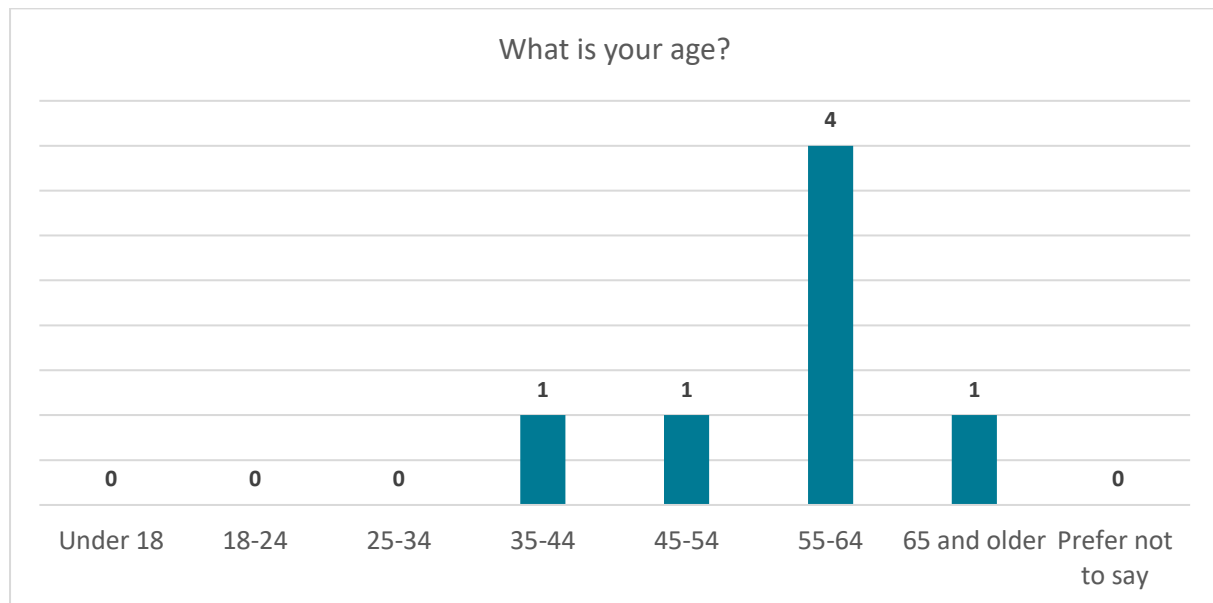| Stakeholders Invited	Stakeholders who Participated
ADAPT Substance Recovery (FASS)	
FASS/FCDS	
Age Concern Glenrothes	■
Al-Anon Family Groups	
Alzheimer Scotland	■
Andy's Man's Club	■
Autism in Fife	
Carers Advice Project, Deafblind Scotland	■
Change Mental Health Women's Group	■
Change Mental Health Carers Group Dunfermline	■
Change Mental Health Carers Group Levenmouth	■
Children & Young People High School Group	■
Clued Up	
Crossroads (Fife Central)	
Disability Fife	
Equal Voice in Central Fife	■
Fife Care Providers Forum	
Fife Carers Centre	
Fife Centre for Equalities	■
Fife LGBTQ+ Community	
Fife Parkinson's UK Branch	

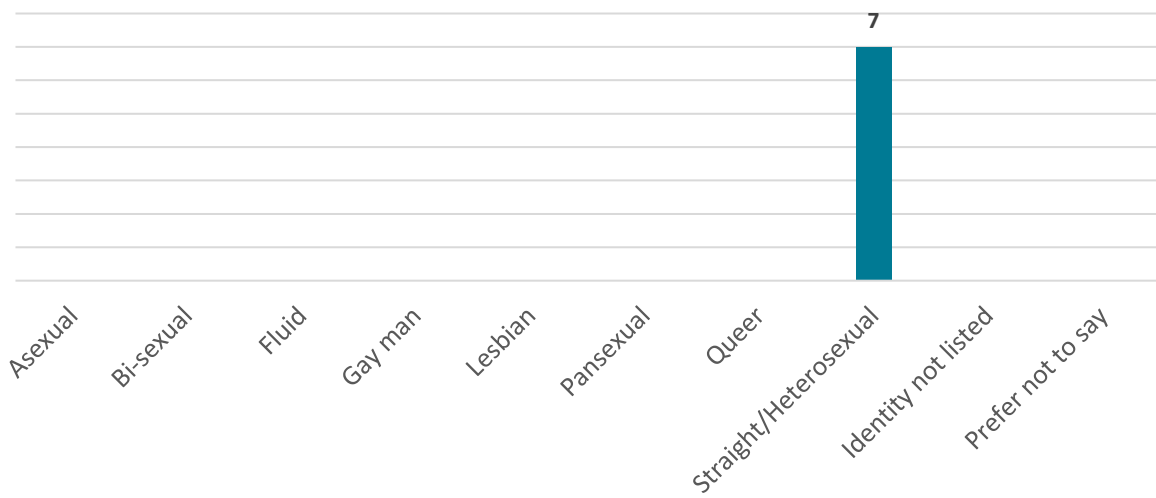|	
Fife Rape & Sexual Assault centre	
Fife Teen Parent Project	
Fife Voluntary Action Lived Experience Team	
Fife Voluntary Action Peer Support Network	
Fife Women's Aid	
Fife Young Carers	
Hearing Voices Network	
KASP (Kingdom Abuse Survivors Project)	
Kirkcaldy and District Men's Shed	
Kirkcaldy & District Stroke Club	
Kirkcaldy Hearing Loss Support Group	
Link Living Better Than Well	
One Stop Shop - Scottish Autism	
Peace of Mind	
Penumbra	
People First Kirkcaldy	
People First Levenmouth	
Restoration	
Safe Space	
Samaritans Dunfermline	
Samaritans Kirkcaldy	
SAMH	
Seescape (Fife Society for the Blind)	
Support in mind Scotland	
The Hive LGBT+ Centre	
The Tool Shed (Men's Shed)- Kinghorn	
The Shed at Bayview - Methil, Leven	
Transgender Fife	
Women's Justice Team, NHS Fife	
Women's Wellbeing Club	
Veterans first point	
Welfare	
Foodbank	
Homeless Support Services	
Criminal Justice	

Appendix 2 – Questions

Priority 1: **Do you agree that these actions will help people feel more comfortable talking about their mental health, help people feel less alone, and make sure people can get help and support when they need it?**

Please provide comments to support your views

(It may help to think about what you might change or if anything is missing)

Priority 2: **Do you agree that these actions will help people feel they have caring, helpful relationships, and that they are part of mentally health communities?**

Please provide comments to support your views

(It may help to think about what you might change or if you think anything is missing)

Priority 3: **Do you agree that these actions will make people's lives better by helping more people access good mental health information, support, and services when they need it, and that information, support, and services will be designed to include everyone?**

Please provide comments to support your views

(It may help to think about what you might change or if you think anything is missing)

Priority 4: **Do you agree that these actions will help people get the services and support that match what they value, their needs, and their life experiences?**

Please provide comments to support your views

(It may help to think about what you might change or if you think anything is missing)

Priority 5: **Do you agree that these actions will help people to use websites that will let people check their own mental health, see if their symptoms change, and get coaching to take care of themselves?**

Please provide comments to support your views

(It may help to think about what you might change or if you think anything is missing)

General Comments: **We would like to know after reviewing the proposed actions what your overall thoughts of what is being done in Fife to improve mental health and wellbeing.**

General Comments: **To what extent will the new Mental Health and Wellbeing Strategy and the actions listed above help the people who use mental health services and support in Fife?**

Appendix 3- Equalities, Diversity, and Inclusion Feedback

This provides a comprehensive breakdown of equality data and reach. It is important to note that completion of the equality and diversity questionnaires is voluntary, meaning not all participants provide this information. To capture additional details, the questionnaire was also included in the participant feedback form; however, completion of this section remains optional for participants.

What is your age?

Under 18	18-24	25-34	35-44	45-54	55-64	65 and older	Prefer not to say
0	0	0	1	1	4	1	0

How would you describe your gender?

Man	Woman	Trans man	Trans woman	Non-binary	Identity not listed	Prefer not to say
3	4	0	0	0	0	0

How would you describe your sexual orientation?

Asexual, Bi-sexual, Fluid, Gay man, Lesbian, Pansexual, Queer, Straight/Heterosexual (7), Identity not listed, Prefer not to say

- Straight/Heterosexual: 7

White, please specify:

- Showman/Showwoman
- Roma
- Gypsy/Traveller
- Polish: 1
- Irish
- Other British: 1
- Northern Irish
- Welsh
- English: 1
- Scottish: 2
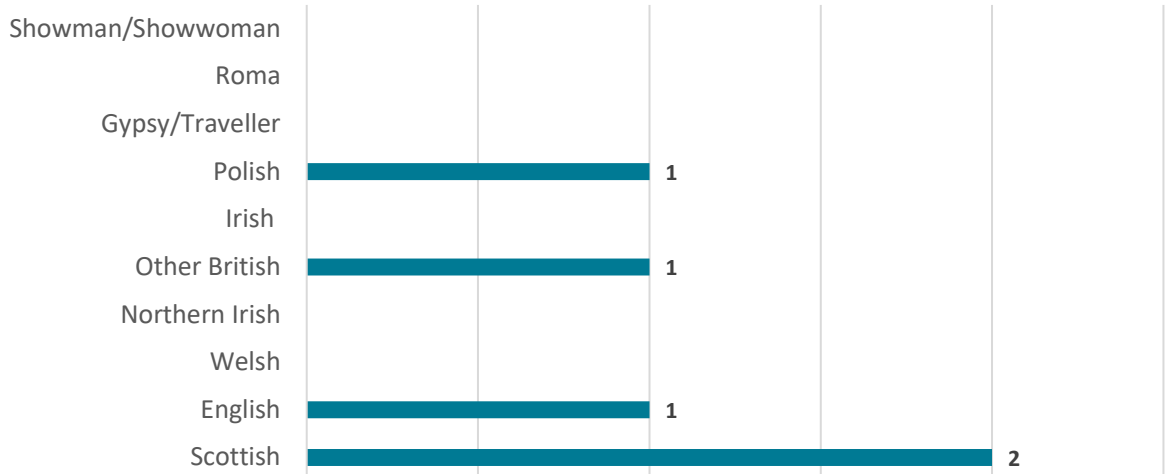
What is your religion or belief?

- Prefer not to say
- Pagan
- Jewish
- Sikh
- Buddhist
- Hindu
- Muslim
- Other Christian: 3
- Roman Catholic: 2
- Church of Scotland
- None: 2

27
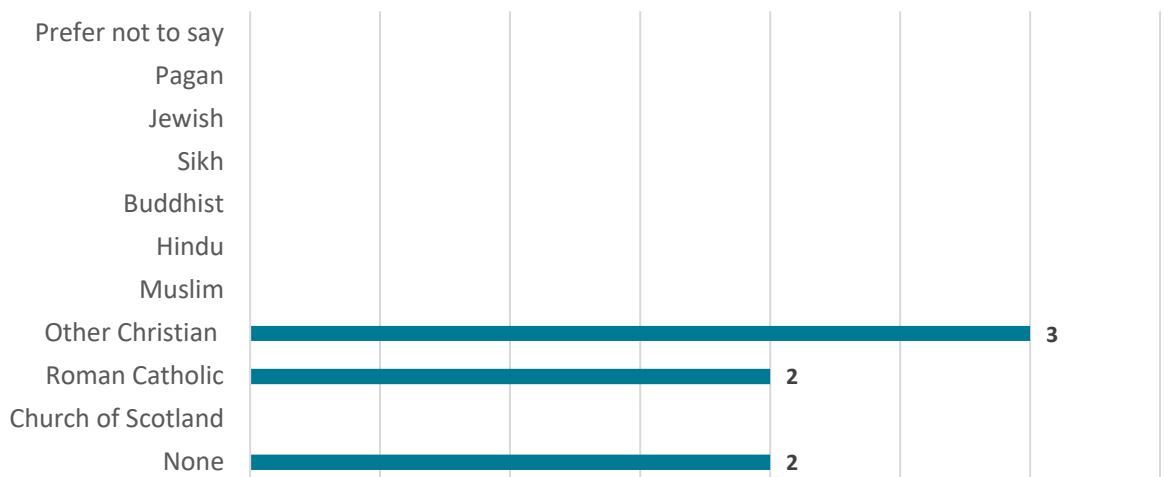
Do you have any of the following, which have lasted, or are expected to last, at least 12 months?
(Tick all that apply)
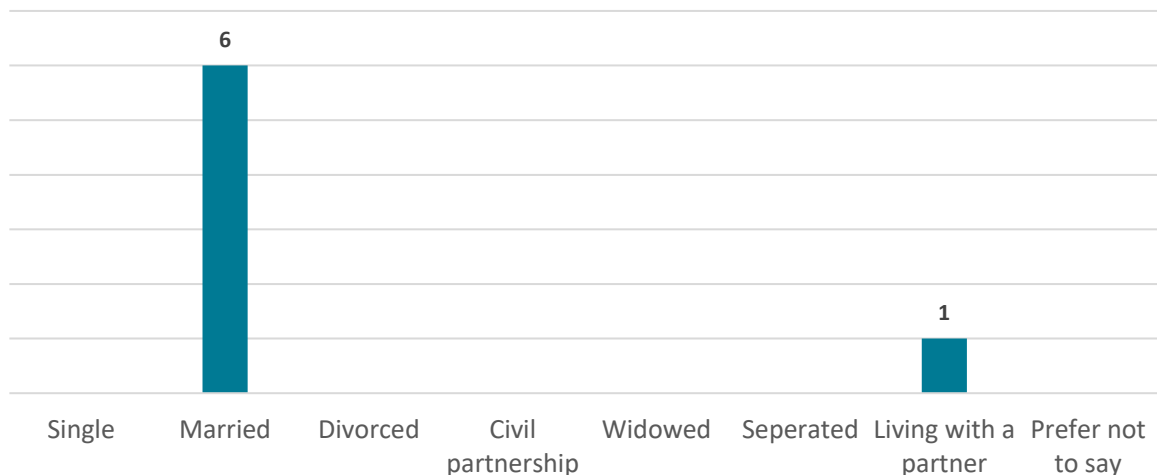
Category	Value
Disease or condition	1
Long-term illness	
Mental health condition	2
Physical disability	
Developmental disorder	
Learning difficulty	
Learning disability	1
Full or partial loss of voice or difficulty speaking	
Blindness or partial sight loss	1
Deafness or partial hearning loss	2
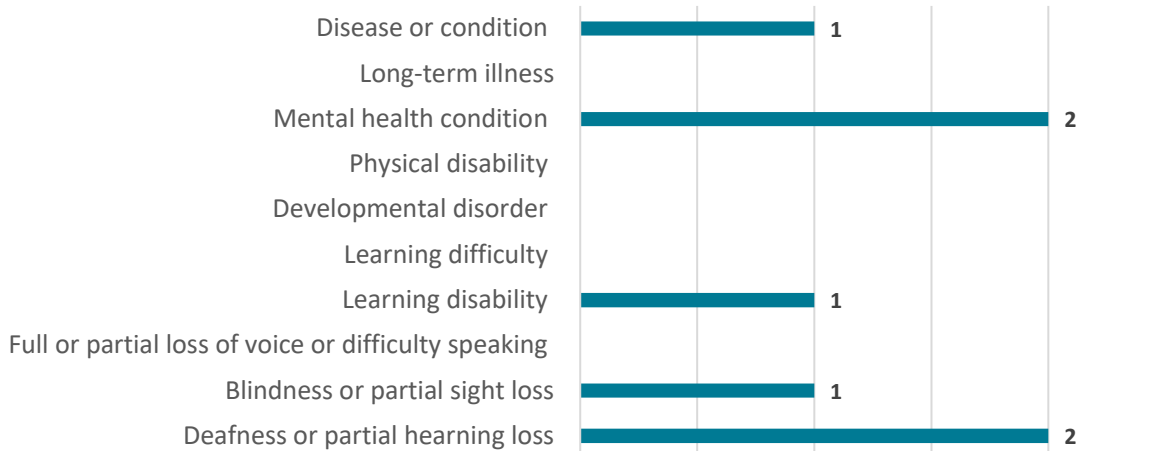
What is your relationship status?

Status	Value
Single	
Married	6
Divorced	
Civil partnership	
Widowed	
Seperated	
Living with a partner	1
Prefer not to say	

Appendix 4 - Priority feedback

Priority 1	
Concerns/ Challenges	**Agreement and hopes**
Action 1 Lack of trust: Some participants felt consistent failure to bring about positive change in mental health services, which weakens trust in future efforts. A lot of campaigns have been tried, but perceptions of mental health have not substantially changed.	**Action 1 Change the conversation:** The inclusion of housing, education, culture, justice, and work in mental health conversations is crucial as they directly affect wellbeing.

Action 1 Parity: Mental health issues often don't receive the same level of attention or recognition as physical health issues, especially within the Council and other public bodies.

Action 1 Stigma: Buses to Stratheden are limited, and some people need to take multiple buses. There's stigma around asking for a ticket to Stratheden.

Action 1 Learning Difficulties: There is confusion between mental health and learning difficulties, making it hard for people to understand the differences.

Action 1 Stigma: The perception that mental health issues are often portrayed negatively, with sensationalised stories that reinforce stigma. Mental health conditions such as paranoid schizophrenia are misunderstood, and people with such conditions are often let down by the system.

Action 1 Public Services: Staff in sectors like DWP, mental health wards, and the police often lack an understanding of mental health and its impact, leading to further failures in support.

Action 1 Stigma: The stigma surrounding mental health extends beyond health, reaching areas like housing, education, justice, and even dementia.

Action 1 Compassionate Care: People often feel professionals, including doctors, do not truly understand mental health issues, and are sometimes dismissive of their needs.

Action 2 Intersectional needs: Intersectional needs, such as the overlap between learning disabilities and autism, make it difficult to address mental health in a simple way, particularly for carers.

Action 2 Lack of Support: There is a lack of mental health support for staff working with vulnerable groups, which exacerbates the challenges they face.

Action 2 Advocacy: People with disabilities, particularly those with hidden disabilities, often don't advocate for themselves, which compounds their difficulties in receiving support.

Action 1 Campaigns: Campaigns that provide continuous, drip-fed information can help normalise conversations around mental health.

Action 1 Education: There's agreement that education should focus on recognising signs of mental health struggles early on, especially signs that might indicate someone's mental health is deteriorating.

Action 1 Training: Compulsory training for staff across various sectors is essential to improve understanding and support for those with mental health difficulties.

Action 1 Collaboration: Collaboration with people who have lived experience of mental health issues is vital, as this can have a greater impact than campaigns alone.

Action 1 Awareness: It was felt by some participants that there is much more awareness of mental health now, and people generally feel comfortable talking to health professionals about their mental health.

Action 1 Male Support: There was a recognition of the importance of focusing more on men's mental health, as it can often be more challenging for men to open up.

Action 1 Carers/ Parents: The need for better support for parents of adult children with mental health issues, who often feel they are not listened to, is acknowledged.

Action 1 Hope: There was hope that through these changes, the stigma around mental health can begin to be reduced and better understood, leading to improved outcomes for individuals.

Action 2: The description of discrimination is well-received, and changing the conversation around mental health will have a broader impact on addressing various disadvantages and encourage more open discussion.

Action 2 Volunteering: Volunteering with mental health organisations could improve understanding and reduce stigma.

Action 2 Barriers: Some individuals, especially those with issues related to alcohol and drugs, are passed around between different services without proper support or resolution.

Action 2 Carers: Carers, who are already managing their own mental health, are exposed to the mental health problems of the individuals they care for, which can be overwhelming.

Action 2 Lack of Understanding: There is still a lack of understanding surrounding mental health, particularly in relation to how different conditions are categorised and treated.

Action 2 Older People: Older people are often resistant to change and encouraging them to engage in conversations about mental health may be challenging.

Action 2 Media Portrayal: The media portrayal of mental health issues often contributes to stigma by sensationalising or misrepresenting the reality of mental health struggles.

Action 2 Stigma: There is historic stigma associated with places like Stratheden, and this stigma is rooted in fear and misunderstanding.

Action 2 Language: The language used to describe mental health issues in the action plan is seen as difficult to understand, suggesting that simpler, more accessible methods (like flashcards) could be more effective.

Action 2 Under-represented Groups: People from under-represented, minority, vulnerable, or disadvantaged groups often disengage from services due to mistrust, which makes engagement a key challenge.

Action 2 Media: Media depictions of people with mental health conditions often reinforce stigma, portraying them as 'other' or different.

Action 2 Vulnerable Groups: Older people are at higher risk of suicide, and there is a lack of

Action 2 Parity: There is agreement that physical disabilities are generally more accepted in society, and that mental health issues need to be treated with the same level of understanding

Action 2 Under-represented groups: people appreciate the idea of engaging with under-represented, minority, vulnerable, or disadvantaged groups, but there is a need for clear strategies to make this engagement happen effectively. Building trust and encouraging people to engage with services is a priority.

Action 2 Conversation: Opening up conversations about mental health is seen as a positive step, with the hope that it will reduce stigma and lead to greater understanding.

Action 2 Educating children: Education in schools about mental health, starting from a young age and building on it throughout high school, is recognised as a key strategy for improving long-term understanding and reducing stigma.

Action 2 Education in Teens: There is a general feeling that the complexities of mental health issues may be difficult for teenagers to fully grasp, but they should still be exposed to basic education on the topic.

Action 2 Language: The group feels that patients with mental health issues should be treated with greater sensitivity, particularly regarding the language used to describe their challenges, acknowledging that fear and mental paralysis may cause people to freeze and become unable to act or make decisions.

Action 3 Social Isolation: There is strong support for promoting actions to tackle social isolation and encourage people to look after their physical health, as this directly benefits mental health.

Action3 Mindfulness: Mindfulness should be promoted as an effective tool for improving mental health and wellbeing.

Action3 Mindfulness: Promoting awareness and education around mindfulness is seen as a helpful tool in addressing mental health issues.

Action 4 Sensory Needs: It was explained that hearing loss and sensory loss can significantly

Concerns/ Challenges	Agreement and hopes
meaningful support or something to look forward to, which further harms their mental health.	impact mental health, and these risk factors should be acknowledged and addressed.
Action 2 Individual Needs: The factors that harm mental health are constantly evolving based on individual circumstances, so it's important to continually explore and address all possible factors.	**Action 4 Lived Experience:** Is there a way for people with lived experience to feed into decision making in a more direct way than lived experience panels provide? Also, providing examples of people with lived experience influencing decision making would be helpful.
Action 2 Language: The language used to describe people with mental health issues can be problematic. For example, saying that people "won't" do something ignores the reality that they "can't" due to their condition.	**Action 4 Removing Barriers:** Identifying the main factors harming mental health is important, but it should evolve with changing needs, as mental health challenges are not static.
Action 3 Language: The use of the term 'everyone' in the action plan is seen as overly ambitious, especially considering budget constraints and the challenges in reaching all individuals	**Action 4 Removing Barriers:** Identifying the main factors harming mental health is important, but it should evolve with changing needs, as mental health challenges are not static.
Action 3 Prevention: The current system is perceived as reactive rather than proactive, which means it doesn't always address problems before they escalate.	**Action 4 Isolation:** The idea of focusing on social isolation and the need for people to have something to look forward to is seen as essential, particularly for older people.
Action 4 Complex Needs: Online services are not always effective, and there is a need for a more coordinated, joined-up approach to ensure people get the right support.	**Action 5 Relationships:** Relationships are key. Having an opportunity to tell your story.
Action 4 Overlapping Needs: Addiction issues were highlighted as a significant factor affecting mental health, and these issues pose challenges in terms of prioritising care and support.	**Action 5 Parent/ Carers:** There needs to be a space for parents and carers to talk confidentially about their adult children who are often able to persuade professionals that they don't need help and then they turn on their parents for talking about them. Parents are living in constant fear of saying the wrong thing and risking confrontation.
Action 4 Parent/ Carers: The emotional and psychological toll on parents of people with mental health issues is often overlooked, with a focus instead on physical harm.	**Action 5 Right Spaces:** To capture experiences we need to go out to see individuals in their own environment.
Action 5 Lived Experience: People who do not engage in community activities or attend groups are often left out of the conversation, making it harder to reach those who may be in need of support.	**Action 5 Leadership Roles:** Go further, with more research with lived experience leadership, not just inclusion.

Priority 2	
Concerns/ Challenges	**Agreement and hopes**

Action 1 Clarity of Action: Some participants were unclear about what "involved people's input" meant in the context of improving services. They requested greater transparency on how input would be used and how lessons learned from previous projects would influence future actions. A more evidence-based approach was also suggested.

Action 1 Knowledge Among GPs: Many participants pointed out that GPs are often unaware of local mental health resources, making it difficult for individuals to be referred appropriately to services in a timely manner.

Action 1 Availability of Community-Based Services: Despite the appreciation for community-based services, some participants expressed concerns about the actual availability and accessibility of these services, particularly for individuals with limited internet access or knowledge of available resources.

Action 2 Defining "Early Intervention": Some participants sought clarification on what constitutes "early intervention" and at what stage it becomes relevant. There were concerns about when and how support should be provided, especially as struggles often begin in childhood but may go unnoticed.

Action 2 Inconsistent Funding for Older People: There were concerns about inconsistent funding for mental health services for older adults, creating barriers to sustained support for this demographic.

Action 2 Technology as a Barrier: While technology can support mental health, it was noted that its overuse or improper use could negatively impact resilience and coping skills. Solutions to mitigate these effects were suggested.

Action 2 Lack of Awareness of Services: Some participants noted that even with available resources, people struggle to find information about services, especially if they lack internet access or have hearing loss.

Action 3 Broad Scope of Action: Some feedback suggested that the action might be too broad and would benefit from being broken down into clearer, more specific steps.

Action 1 Need for Accessible Services: A significant number of participants highlighted that individuals with complex needs struggle to navigate or access services independently. This suggests the need for clearer guidance and improved access, particularly for those facing barriers like lack of internet access or physical disabilities (e.g., hearing loss).

Action 1 Value of Community-Based Services: Community-based services, such as *The Well*, were praised for their ability to offer support in non-traditional, welcoming environments. These services provide valuable assistance with financial challenges and offer opportunities for community involvement through volunteering.

Action 1 Awareness of Resources: Many participants reported a lack of awareness about available mental health resources, with some unaware of services like The Well. This gap underlines the importance of raising awareness and ensuring individuals can access services.

Action 1 Role of Early Intervention: There was strong support for early intervention to prevent mental health problems from escalating, with participants calling for earlier identification of issues to avoid long-term complications.

Action 2 Education for Young People: There was strong support for educating young people about mental health, self-care, and the links between mental and physical health. This approach was seen as an effective way to reduce stigma and enhance mental health awareness.

Action 2 Early Intervention: Early intervention was widely supported, with participants recognising that addressing mental health concerns in childhood can prevent more severe issues in adulthood and yield cost savings.

Action 2 Inclusive Services: Feedback emphasised the importance of making mental health services accessible to a diverse range of individuals, including those with hearing loss, neurodivergent individuals, and those with physical disabilities.

Action 2- Formalised Support for Taking the First Step: It was agreed that individuals would benefit from formalised support when taking the first step toward accessing mental health services, especially as navigating the system can be daunting.

Action 3 Consistency in Patient Care: Concerns were raised about the lack of consistency in patient care, with individuals often experiencing challenges in building relationships with GPs and feeling that their concerns are not always taken seriously.	**Action 2 -Flexibility in Support:** There was consensus that mental health support should be flexible and adaptable, catering to the diverse needs of individuals, including neurodivergent people.
Action 3 Need for Individualised Support: There was a call for more tailored support, recognising that every individual's mental health journey is unique, and decisions should reflect that diversity.	**Action 3 Holistic Community-Based Support:** There was broad support for holistic, community-based support, similar to the Scandinavian model, where a comprehensive team is put around an individual until they are well and stable.
Action 4 Crisis Referrals: Services are often accessed only when people are in crisis, which limits their effectiveness. Many participants highlighted that referrals often happen too late, when the situation is more difficult to manage.	**Action 3 Empowerment and Self-Management:** The focus on empowering individuals to take control of their mental health was seen as a positive step, fostering independence and self-reliance.
Action 4 Online Services Accessibility: There were concerns about the shift toward online services, which, while cheaper, may be less accessible for individuals who need more personal or face-to-face support.	**Action 3 Early Intervention for Psychosis:** Early intervention in cases of psychosis was emphasised as being crucial for preventing further deterioration of mental health.
Action 4 Long Waiting Lists: Long waiting times for mental health services were noted as a significant barrier to timely intervention and care.	**Action 3 Better Communication Between Mental Health Professionals:** Improving communication and collaboration between GPs and mental health nurses was acknowledged as an important way to improve care.
Action 4 Continuity of Care: There was frustration regarding the lack of continuity in care when key professionals, like mental health nurses, leave their positions, leaving individuals without consistent support.	**Action 3 Training for Health Professionals:** Support for training mental health professionals, including discussions with Health Promotion teams, was seen as beneficial to improving care and reducing stigma.
Action 5 Low Engagement: There were concerns that many individuals are unaware of available services or may feel too anxious or unwelcome to participate in group activities.	**Action 4 Peer Support and Community Building:** The importance of building peer support networks and reducing social isolation was strongly endorsed. Participants saw networking events as an opportunity for voluntary organisations to build relationships and strengthen community connections.
Action 5 Digital Access: The assumption that everyone has digital access is problematic, with some individuals excluded from online groups due to lack of access or technological proficiency.	**Action 4 Services Designed by Users:** It was recognised that services designed with input from users are more likely to meet their needs effectively.
Action 5 Lack of Sector Integration: There is a gap in communication between primary care services and third-sector organisations, which hinders effective referrals and service delivery.	**Action 4 Support for Taking First Steps:** The idea of a 'befriender' initiative to help people take the first step toward mental health services was seen as crucial in ensuring people feel supported and comfortable when seeking help.

Concerns/ Challenges	Agreement and hopes
Action 5 Resource Strain: Despite efforts to improve services, many resources remain stretched, and people continue to struggle to meet their basic needs. This limits the effectiveness of referrals and interventions.	**Action 4 Consistent Professional Relationships**: Participants emphasised the value of building strong, ongoing relationships with mental health professionals, such as psychiatrists and nurses, to provide continuity and stable care.
Action 6 Awareness Barriers: Knowledge of services like The Well and Link Life Fife remained a barrier, even when promotional materials were distributed. This indicates the need for more effective strategies to reach individuals.	**Action 5 Social Isolation as a Major Issue:** Social isolation remains a significant challenge. Many participants noted that low uptake of support groups could be attributed to lack of awareness or reluctance to participate, particularly following the isolating impacts of COVID-19.
Action 6 GP Restrictions: Some participants noted that restrictions in GP surgeries, such as not allowing promotional materials, hindered efforts to raise awareness of mental health services.	**Action 5 Peer Support and Relationship Building:** Building relationships through peer support was seen as crucial for overcoming social isolation and improving mental well-being.
	Action 5 Awareness Raising: Increased promotion of services was highlighted as a key strategy to improve uptake, with many participants acknowledging that services are often underutilised due to lack of awareness.
	Action 6 Networking for Improved Awareness: Participants recognised that networking between organisations could improve awareness of community-based services like The Well and Link Life Fife.
	Action 6 Promotion of Third-Sector Organisations: It was agreed that third-sector organisations play a vital role in the community and should be promoted more actively.
	Action 6 Local, Diverse Services: Participants emphasised the need for local services to be diverse and promote self-referral opportunities, ensuring that services are accessible to all.
	Action 6 increased Awareness: Greater efforts to promote awareness of mental health services, particularly among underserved communities, were strongly advocated.
	Action 6 Third Places: Participants recommended increasing the availability of informal spaces, such as Rothes Halls, where individuals can meet NHS staff and patients in a less formal, welcoming environment.
Priority 3	
Concerns/ Challenges	**Agreement and hopes**
Action 1 Early Intervention and support: A focus on higher-risk individuals may inadvertently leave others unsupported, and	**Action 1 Training staff:** Training in services to identify early intervention opportunities is essential. Mentally healthy workspaces were

there is a call for a more inclusive approach to early intervention.	emphasised as critical for both managers and staff.
Action 1 Waiting Times: Long wait times (e.g., calling 111) hinder timely support access.	**Action 1 Supportive Networks:** Support from family, friends, and networks is invaluable in the early stages of distress, and interventions must recognise that mental health crises vary across individuals.
Action 1 Decision Making: There's concern over irrational decision-making in healthcare, particularly when dealing with new or unfamiliar presentations, affecting the quality of care.	**Action 1 Early Intervention:** Early recognition of causes and symptoms is crucial in preventing crises from escalating.
Action 1 Enhancing early intervention for all: Immediate focus should be on enhancing early intervention and increasing training for staff to ensure all individuals, not just those at higher risk, can access timely support. Clarity is needed on the definition of "high risk."	**Action 2 Peer Support:** Peer support workers should be used earlier in the process to assist individuals, offering support before formal referrals.
Action 2 Peer Support: There is a concern regarding a lack of clarity around how services will be distributed and the exact role of peer support workers in this process.	**Action 2 Compassionate Care:** Participants values compassionate care, noting that workplaces, mental health services, and communities must provide safe spaces for individuals to feel heard.
Action 2 Resources: Resources for emergency services like ambulances are under pressure, leaving police officers to deal with mental health crises, which they're not adequately trained for.	**Action 2 Funding and Resources:** Funding and resources must be allocated adequately to ensure effectiveness in the support offered.
Action 2 Peer Support: Immediate actions need to focus on ensuring peer support roles are better integrated into the process and services are resourced properly. The emphasis should be on compassion, accessibility, and adequate resource allocation.	**Action 3 Training:** Mental health first aid, Assist training, and adult protection training are recognised as key to ensuring staff can respond effectively to mental health crises before even reaching UCAT.
Action 3 Resource: Strain on emergency services and staff shortages will continue to affect the ability of services to respond quickly and appropriately.	**Action 3 Workforce:** The impact of workplace stress, both for staff and service users, should be acknowledged, and managers must ensure employees are aware of available support options.
Action 3 Integration: Better integration of mental health support within communities and workplaces is necessary to improve overall access to services.	**Action 3 Staff training:** Mid-term actions should focus on improving staff training, particularly in mental health first aid and support for adult protection. More effort should be made to address systemic strain by reducing wait times and streamlining access to services.
Action 4 Follow-up care: A lack of follow-up care after crisis interventions is a major issue, with many individuals being left without support after their initial care.	**Action 4 Lived Experience in Community Based Services:** There is strong support for community-based care, including the use of

Concerns/ Challenges		Agreement and hopes
		lived experience in shaping services, rather than relying solely on institutional care.
Action 4 Sustainability: The sustainability of community-based services is at risk due to insufficient long-term funding.		**Action 4 Pathways:** Clear, well-structured pathways to crisis support services are needed.
Action 5 Integration: Long-term success will rely heavily on the integration of services across sectors, which requires clarity on how the system can work together to offer more consistent care.		**Action 5 Empathetic Care:** The importance of empathetic care in mental health services was highlighted, and it was noted that a holistic, connected support network is essential.
Action 6 Broadening Access: While there is support for broadening access, concerns remain about ensuring that resources and funding are adequate to sustain any expansion in services.		**Action 6 DBI:** There is an expressed desire to expand the Distress Brief Intervention (DBI) scheme, particularly making it accessible through local GP surgeries to allow earlier intervention and prevent individuals from falling through the cracks.
		Action 6 Long-term: Long-term efforts should focus on integrating services, expanding access to crisis intervention programs like DBI, and ensuring empathy is at the core of mental health care. Ensuring these programs are well-funded and coordinated will be crucial for sustainable improvement.

Priority 4		
Concerns/ Challenges		**Agreement and hopes**
Action 1 Resource Constraints: There are significant concerns about limited resources, including staffing shortages, which hinder the ability to deliver the high-quality, accessible care needed. Existing services are already stretched thin, and budget cuts and workforce shortages make it difficult to meet growing demand.		**Action 1 Pathways:** Engagement with lived experience means pathways for people with intersectional needs can be addressed.
Action 1 Personal Experiences and System Gaps: Personal stories revealed how physical health challenges often intertwine with mental health, with some individuals unable to access timely care or find appropriate services. There's also frustration with long wait times for appointments and support, further exacerbating mental health distress.		**Action 1 Pathways:** Participants would like pathways to be communicated to the services so there is a wider understanding of the system.
Action 1 Joined up working: Joined up working ensure agencies work together, currently there is a disconnect.		**Action 1 Patient involvement:** There was an ask that people who receive treatment understand the pathways and are involved in decision making.
Action 2 Patient Journey: People often feel like they are "bounced around a system"		**Action 2 Ambitious:** Ambitious but well intended action.

often non-statutory services are supporting people out with their remit.	
Action 2 Fragmented Services: The lack of integration between physical health, social care, and mental health services creates disjointed care experiences. There's concern that pathways between these services are unclear and can leave people "bounced" between services without clear direction or continuity. There are also challenges with the "no wrong door" approach, as there's scepticism about whether this will be fully realised based on past experiences with similar initiatives.	**Action 2 No wrong door:** No wrong door has been said for a long time, would like to see joined up with other "No wrong door" to see it come to fruition.
Action 2 Assessment: How is "High Risk" and "Low Risk" defined. Open to interpretation and risk of someone falling through gaps.	**Action 3 Round the clock support:** Round the clock support needs to take into account different needs of the community. Not all services are accessible for people with different needs. Good to see this recognised.
Action 3 Awareness and Accessibility: There are consistent frustrations with people not knowing where to go for help. There are gaps in communication about available services, and many people do not understand the full range of support available to them. This is particularly concerning for individuals who are at high risk but may not know how or where to seek help.	**Action 3 Promotion of services:** This needs to be communicated - shout service/ NHS 24
Action 4 & 5 Ambitious: Action 4 and 5 of this priority could be a strategy themselves. It is good to be ambitious and not limit yourself, but it feels there is so much within these two.	**Action 4 Information:** Information and knowledge can improve community relationships.
Action 5 Relationships: It is hard to build strong relationships when you have to re-tell your story again. Occasionally when you have built trust with a professional, they move on.	**Action 4 Focussing on relationships:** Building relationships are so important.
Action 6 Workforce Issues: Staff burnout and the loss of continuity in care due to staff turnover are major concerns. There's a need for better training and support to strengthen the workforce, but budget constraints limit the ability to address these issues effectively.	**Action 6 Supported workforce:** Supported workforce only benefits the public.
Action 6 Shortages and Budget cuts: There is a lot going on and a lot we can do, but we are contending with staff shortages and budget cuts.	**Action 6 Training and Networking:** Training and supervision, networking can improve relationships between services to support each other. Management have a really important to promote and support self-care.

Priority 5	
Concerns/ Challenges	**Agreement and hopes**
Action 1 Digital Inequality: Acknowledgement that many individuals, particularly older adults, people living with dementia, and those less confident with technology, face significant barriers to accessing digital tools. Concerns about digital poverty, where individuals cannot afford the necessary devices or internet connections, were raised as key factors limiting access to online support.	**Action 1 In-person care:** Preference for in-person care while digital tools are valuable for some, the group emphasised that they should not replace face-to-face interactions. There was concern that relying on digital tools could lead to a loss of human connection, which many feel is essential for mental health support.
Action 1 Digital Skills Gap: A serious concern about the lack of digital literacy was highlighted. Many individuals require digital skills training to confidently navigate online tools and services. The group stressed the importance of addressing this gap to ensure equal access to digital mental health resources.	**Action 1 Choice and Flexibility:** The importance of providing a range of options was emphasised. While digital tools can increase access to care, they must not be the default. Offering both digital and traditional services allows individuals to choose what works best for them.
Action 2 Communication Issues: Frustration around the lack of communication between health professionals, particularly GPs, social workers, and hospitals, could hinder the effectiveness of digital tools in practice. There is a need for clearer communication between services, especially for those using digital methods for care.	**Action 2 Digital Tools as Complementary:** Participants acknowledged that while digital tools are beneficial for some individuals, they should serve as a supplement to, not a replacement for, face-to-face support. There is a need to maintain in-person interactions to build trust, address safeguarding concerns, and ensure individuals receive personalised care.
Action 2 Accessibility and User Experience: Online tools may be overwhelming for those with lower digital literacy, disabilities, or those unfamiliar with technology. The need for simplified, accessible platforms, including SMS, phone calls, or non-digital options, is essential to ensure inclusivity.	**Action 2 Support for specific needs:** Participants called for digital tools to be more accessible, particularly for neurodivergent individuals, by offering readable materials, audio versions, and mixed media options. This would help broaden accessibility, especially for those with dementia or cognitive difficulties.
Action 2 Ensuring Safe and Effective Digital Therapy: Safeguarding concerns were raised regarding the inability to observe body language in online therapy sessions. It was pointed out that online therapy must be closely monitored to prevent people from disconnecting without follow-up.	**Action 3 Integration of Digital Systems:** There is general support for improving the integration of digital systems to provide holistic care that focuses on the whole person. However, the group stressed the need for more clarity and definition of the term "whole person" in the context of digital care.
Action 2 Training and Support for Digital Tools: There was concern about the practicalities of implementing digital tools. The group stressed the need for clear plans on how digital services will be delivered, including comprehensive training and ongoing support for both users and providers.	**Action 4 Sustaining Balance:** The long-term success of digital tools in mental health care will depend on maintaining a balance between digital and in-person care. The group emphasised that the goal should be to complement in-person care with digital tools, providing flexible, person-centred options based on individual needs.
Action 3 Re-traumatisation: This is really important for re-traumatisation. People need to type up case notes accurately and these should be shared with permission.	**Action 5 Lived Experience:** Using lived experience people needs to be used within the data return. We need the knowledge from people who have been through such matters when going through a strategy development.

Action 4 Addressing Digital Divide and Exclusion: A fundamental concern is the digital divide. Participants stressed that to achieve universal access to mental health support, the digital divide must be addressed through targeted interventions, including providing access to devices and Wi-Fi, as well as ensuring digital training is accessible to all.		
Action 5 Equalities Forms: Equalities forms that are on various feedback mechanisms need to be sensitive.		