

**HS Paper** 13/15

**BOARD MEETING:** Friday 27 March 2015

**HEALTH SCOTLAND’S PUBLIC MENTAL HEALTH APPROACH**

### Recommendation/action required:

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| The Board is asked to note progress on the development of the Public Mental Health Approach and give consideration to the proposals for future strategic leadership and engagement. |

**Author: Sponsoring Director:**

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17 March 2015

**Health Scotland’s Public Mental Health Approach**

## Purpose of Paper

1. Following the endorsement of NHS Health Scotland’s Board to support the development of a Public Mental Health Approach in February 2013, this paper outlines progress to date and seeks agreement from the Board on proposals for strategic leadership and engagement for this area of work.

**Background**

1. The Mental Health Strategy for Scotland 2012 – 15 was published in 2012. We identified a gap in the national strategic policy landscape for mental health improvement and the Board approved the development of a strategic approach to public mental health. This would provide guidance and leadership on a population approach to promoting mental wellbeing, reducing mental health and mental health inequalities.

Health Scotland is well placed to provide national leadership for public mental health with established relationships with Scottish Government and local stakeholders. Health Scotland has a unique contribution to make towards influencing system wide change at both national and local level to reduce mental health inequalities and improve mental health in Scotland.

Since then there have been a number of UK and international developments endorsing a continued focus on public mental health including: the Joint Commissioning Panel for Mental Health (JCPMH), chaired by the Royal College of Psychiatrists and the Royal College of General Practitioners, published public mental health commissioning guidance for application in England; the World Health Organisation produced the Mental Health Action Plan 2013, the Faculty of Public Health introduced [*Better Mental Health for All*](http://www.fph.org.uk/better_mental_health_for_all) online resource 2013, Public Health England. These developments are important. However there is insufficient focus on addressing inequalities.

1. There are three main strands to our public mental health approach:
	1. to support local area strategic partnerships to maintain a focus on public mental health in their planning and prioritisation;
	2. to build capacity for and to embed mental health within and across Health Scotland’s core business;
	3. to work with Scottish Government and national partners to promote and support public mental health more explicitly in national policy and guidance.

**Progress from March 2013 – March 2015**

1. Following Board approval, we developed the business case for establishing a public mental health approach for Scotland. We produced a project initiation document and established a cross organisational core group to lead the work and developed internal governance and project management structures.
2. Based on our learning from developing the Mental Health Improvement Outcomes Framework and implementation support delivered, we established an advisory group comprising representatives of those we were targeting; key national and local stakeholders (NHS, LA and third sector). Our aim was to obtain their support in helping to shape the programme of work, agree priorities, share ownership and leadership of the project.
3. Whilst it has taken time to engage with and listen to stakeholder views and to be collaborative, flexible and responsive to suggestions around need and what is required, this process is essential to achieving shared ownership and uptake of this work. Our engagement activity has included facilitating two large stakeholder events, seven meetings of the advisory group and four workout (improvement methodology) sessions. We have also shared updates and sought wider views from national MH network members and national partner agents. This is important in extending ownership of the work.
4. Outputs from the engagement phase were informed by the stakeholders involved and include:
* An overall project, implementation and communications plan based on outcomes
* Consolidation of the evidence base
* An audit of mental health improvement planning and delivery in local partnerships in particular understanding: the focus of planning, the extent to which it is delivered in partnership, issues of ownership and accountability
* A policy mapping of how mental health is represented within national policy
* A review of the barriers and facilitating factors for mental health improvement work locally based on experience of local leads – helping us to tailor and shape responses
* Various drafts of a discussion paper developed in conjunction with partners informed by evidence of effective intervention and current data on mental health in Scotland draft attached annex 1
* Tests of the draft discussion paper through work with two local area strategic partnerships (Dumfries and Galloway and Moray)
* Introductory presentations and a suite of engagement materials for use by local partnership areas
* Keynote presentation at the world congress on mental health and wellbeing
* Contribution to European Commission work package 8 Mental Health in All Policies

**Outcomes**

1. We anticipate that the public mental health approach will provide national leadership and direction about improving mental wellbeing, reducing mental health problems and reducing inequalities in mental health. This will contribute to outcomes at both national and local area level. We consider these to be:

National level:

* Co-ordinated and coherent approach to promotion of mental wellbeing and prevention of common mental health problems across lead agencies.
* Increased understanding of mental health improvement across policy areas and action to improve mental wellbeing.
* Increased partnership commitment to addressing mental health inequalities.
* Integration of mental health improvement across Health Scotland programmes and priorities.
* Greater awareness and implementation of evidence informed interventions to improve population mental health and reduce mental health inequalities

Local level:

* Efficient and effective policy and practice at local level to promote mental wellbeing, prevent mental health problems and reduce inequalities in mental health.
* Continued or increased investment and support for mental health promotion and preventative activity

**Impact**

1. Externally we have:
* Through our ongoing engagement in the development process, created a community of interest and identified local champions who are well placed to inform and influence change at local level.
* Directly influenced strategic planning for mental health in two local authority areas since the finalisation of the draft discussion paper. This led to there being wider partnership involvement, greater emphasis on preventative action and on tackling mental health inequality .
* Identified two local area partnerships who are interested in working with us to implement the discussion and develop thinking, approaches and materials to support wider implementation of an engagement process across other parts of Scotland.

Internally:

Our work on the public mental health approach has directly influenced ongoing work in mental health improvement which it is now more aligned with AFHS. The mental health improvement programme(s) delivery during 2014 – 15 has focused on strengthening work on inequalities in mental health:

* Self-help, self-management and social prescribing for mental health (commitment 15 and 16 MH strategy): we have influenced a greater focus on prevention and the need for working to improve contextual factors leading to poor mental health, improving access to sources of support for those most vulnerable and promoted impact assessment and evaluation of local approaches to social prescribing.
* Our suicide prevention activity is inequality focused and we are co-ordinating a group to look at inequalities and dementia.
* We have worked across programmes to integrate mental health in Early Years and HPHS.

**Planning and Next Steps**

1. Over the coming year our objective is to influence national and local policy to prioritise preventative action to reduce mental health and inequalities in mental health at national and local level. To achieve this we are considering the following as part of our prioritisation process in finalising our delivery plan:

* Publish the discussion paper *Good Mental Health for All* in quarter 1 of 2015 -16 and progress the implementation plan at a local level. This will include working with local leads (champions) to provide direct, tailored, and objective support and expertise to partnerships seeking to review how mental health is planned locally (anticipate 4 areas initially) using this shared learning experience to create a suite of support materials for use in other areas
* Ongoing engagement via key networks as defined in the project’s communication plan
* Review and refresh the evidence in the mental health outcomes framework
* Develop manifesto guidance for mental health ahead of the 2016 elections
* Proactively, through horizon scanning, seeking to inform emerging policy and in particular influence the next mental health strategy from 2016.

To provide us with capacity to take forward this work we are negotiating with Scottish Government Mental Health Division that we step back from:

* Producing and disseminating steps for stress (resources and website) and enabling another public facing service to provide what’s needed
* Sponsorship of the Scottish Mental Health Arts and Film Festival
* Ongoing hosting and development of Well Scotland in favour of all new developments being placed on Health Scotland.com
* The delivery of the mental health leaflets and resources and the dementia publications - we have committed to completing an options appraisal to inform the future of this work.

**Finance and Resource Implications**

1. Costs associated with the development of the approach will be met through the mental health non-core allocation to Health Scotland from Scottish Government Mental Health Directorate. The staffing costs will be met by NHS Health Scotland. No additional budget or staffing is anticipated other than that negotiated within our planning process.

**Partnership**

1. There are no new partnership working implications for this area of work.

**Communications**

1. A communications and engagement plan has been developed as part of this approach.

**Risk**

1. NHS Health Scotland’s board considered a number of risks when authorising this area of work, these continue to be relevant. Particular risks for consideration at this point in development are:

**Buy in from Scottish Government policy team** – the team continues to prioritise mental ill health and mental health service response. Ongoing engagement with the team and with the new Minister for Mental Health may provide an opportunity to influence a more balanced public mental health approach

**Engagement of stakeholders** – a wider group of influential stakeholders need to be engaged with this work for it to find traction with other policy areas. Continuing to work with an advisory group provides an opportunity for this

**Ownership** - local and national ownership is vital to ensure that the approach has relevance across geographical and policy areas. Ongoing strategic engagement is vital to develop this.

**Leadership** – This area of work provides a potentially high profile and cross cutting platform for Health Scotland to develop our reputation as a lead agency for improving health and reducing inequalities. There is a risk to organisational credibility if we do not deliver.

1. To mitigate these risks we will:
* Manage expectations around the approach
* Continue to develop the approach in phases, quality assuring products and processes at key development stages
* Continue to co-produce the approach with national and local stakeholders, adapting it to reflect key contextual and delivery priorities.
* Provide clear feedback loops

**Equality and Diversity**

1. The overall frame of reference/ model for the approach will be consistent with A Fairer Healthier Scotland and be defined in collaboration with the Programme Board and the Programme Group; it is anticipated it will be drawn from:
* Life stages/ periods of transitions (Foresight)
* Social determinants of health (Dahlgren and Whitehead)
* Mental health indicators (Parkinson)
* Targeted and proportionate interventions based on evidence of effectiveness (Marmott, McIntyre, HS Inequalities review)

**Sustainability and Environmental Management**

1. There are no specific sustainability and environmental management implications arising from this approach.

**Action/ Recommendations**

15. The Board are invited to note progress to date on the development of this approach.

16. The Board are asked to give consideration and feedback on the terms of the proposals for future strategic leadership and engagement.

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17 March 2015

Annex 1

**Title**: Good mental health for **all**

**Subtitle**:

Foreword from NHS Health Scotland Chair

Executive Summary

Glossary

Introduction

Section1: What do we know about mental health in Scotland?

Section 2: Achieving good mental health for all

Section 3: What does this mean for local strategic partnerships?

Appendices

**Executive Summary**

Good mental health is essential to achieving and improving outcomes for individuals, families and communities and as such underpins successful delivery of a wide range of national priorities and strategy commitments.

To achieve good mental health for all there is a need for a systematic approach. Good mental health is determined by a range of social, economic, environmental, physical and individual factors operating throughout the life stages. We need to create the best social circumstances we can and improve the conditions in which people are born, grow, live, work, and age. (1)

Good mental health for all involves combining a population wide approach with tackling inequalities in mental health and working to improve the health and social outcomes of those with mental health problems, action is required throughout the life stages. This approach requires a strengthening of the roles and responsibilities across sectors with integrated participation from health, local authorities, third sector, communities and individuals.

This paper brings together a vision of a mentally flourishing Scotland and sets it in the context of current thinking and developments to address health inequalities: essential if good mental health for all is to be achieved.

This paper aims to:

* Raise awareness of the **value of good mental health for all**
* Illustrate **how and why** mental health interventions contribute to a range of **outcomes** within service strategies and delivery plans, as well as contributing to the key priorities identified within Health and Social Care Partnership (HSCP) functions and Single Outcome Agreements
* Reinforce the **value of a co-ordinated, collaborative** approach across services, sectors and communities towards improving mental health and tackling inequalities in mental health
* Illustrate the **contributions that can be made by health, local government, the third sector, communities and individuals** towards achieving improved mental health for all

**Key messages**

* There is no health without mental health
* Good mental wellbeing is vital in supporting positive outcomes for individuals, families, communities and society
* Mental health is affected by a wide range of social, economic, environmental, physical and individual factors
* The inequalities experienced by people with mental health problems are unjust- those with severe and enduring mental health problems on average die 15 -20 years younger than the average population than the population as a whole (2)
* Good mental health for all can be achieved by a wide range of effective policy and interventions, not only public health
* A climate that respects and protects basic civil, political, economic, social and cultural right is fundamental to the promotion of mental health
* Inter-sectoral linkage is key to improving mental health - Mental health is everyone’s business and should be visible across all policy.
* Action is required at national and local level and all public services have a role to play in working with communities, families and individuals to improve mental health outcomes
* Adult mental health outcomes are significantly influenced by pre-natal, early childhood and adolescent experiences therefore action should be taken throughout the life stages.

**Glossary** (advice from publishing to where this goes and whether we should have one)

**Mental health**: There are many definitions of mental health, however, in NHS Health Scotland mental health is used as an umbrella term to refer to both the concepts of mental health problems and mental wellbeing. “The absence of mental health problems does not necessarily mean the presence of good mental health. Someone living with a mental health problems can have good mental wellbeing- i.e. living a satisfying, meaningful, contributing life within the constraints of painful, distressing or debilitating symptoms”, World Health Organisation.

**Mental health problems**: This refers to symptoms that meet the criteria for clinical problems: diagnosis of mental illness, or symptoms at a sub-clinical threshold which interfere with emotional, cognitive or social function. Examples include common mental health problems such as depression and anxiety, and, severe and enduring mental health problems such as schizophrenia. The term mental health problems is often used interchangeably with mental health, negative mental health, mental illness, mental ill-health and mental distress.

**Mental wellbeing:** There are a range of definitions of mental wellbeing; however, most tend to emphasise that mental wellbeing includes aspects of subjective wellbeing (affect and life satisfaction), and psychological wellbeing (which covers a wide range of cognitive aspects of mental health than affect and life satisfaction such as mastery and a sense of control, having a purpose In life, a sense of belonging and positive relationships with others). The concept of mental wellbeing is less well established and the term is often used interchangeably with mental health, positive mental health or wellbeing.

**Health inequalities:** There are a number of definitions of health inequalities. Put simply, they are unfair differences in the health of the population that occur across social classes or population groups. They are the result of social circumstances and they are not inevitable.

A **public mental health approach:** is the art and science of improving mental health and wellbeing and preventing mental illness through organised efforts and informed choices of society, organisations, public, private communities and individuals. (3)

**Social gradient**: The significant gap in social circumstances such as income or education between the wealthy and the poor is a graded. The more favourable your social circumstances such as income or education, the better your chance of enjoying good health and a longer life.

**Introduction**

Improving the mental health of the population in Scotland is a national priority (4). To achieve this we are advocating for a coordinated, systematic approach, facilitated by NHS Health Scotland, supported by a network of mental health improvement leads from across Scotland.

**Good mental health for all…**

We think that a refreshed, reinvigorated approach to mental health improvement is required in Scotland. We hope that this paper and the action that follows will provide opportunities for equitable mental health for all, contributing to a healthier, fairer society. It is an approach, sometimes referred to as a public mental health approach, which ensures mental health is represented across all policy and works to address the social, environmental and individual determinants of mental health. The approach can:

* Improve population mental health – including promotion of mental wellbeing, prevention of mental health problems and improving the quality of life of those experiencing mental ill health
* Reduce inequalities in mental health, and
* Reduce the health inequalities of those experiencing mental health problems.

This paper sets out a vision for Scotland and a rationale for why it is important for local strategic partnerships to continue to focus on improving mental health, equitably, across the population. It builds on achievements made through the delivery of *Towards a Mentally Flourishing Scotland (TAMFS),* the mental health improvement policy and action plan for Scotland, 2009-2011.

In 2012 The National Mental Health Strategy followed TAMFS and highlighted the importance of good mental health in supporting delivery of the purpose of Scottish Government "*to create a more successful country, with opportunities for all of Scotland to flourish, through increasing sustainable economic growth*". The strategy states its commitment to a “*health promoting and preventative approach*” (4), central to taking forward mental health policy in Scotland. This document provides detail on a range of areas for action that are consistent with these aims and contributes to achieving these as well as the National Outcomes and 2020 Vision.

Good mental health for all focuses on tackling some of the key issues which affect our mental health in Scotland today and we hope that it will provide local and national partners with direction and support for continued investment in mental health across the population.

**About this Paper**

This paper has been developed in partnership with mental health improvement leads from across Scotland, primarily for use by **local strategic partnerships** and will be relevant to a wide range of services and sectors. This paper endorses the beginning of coordinated action in Scotland. We hope this paper will be used both locally and nationally to generate conversation and stimulate action to achieve good mental health for all.

**What do we mean by local strategic partnership?**

We refer to a need for action by local strategic partnerships. This document outlines the breadth of things that impact on our mental health and wellbeing, from outside, green space, the house that we live in or our ability to find a job, reinforcing the need for a cross sectorial response. The information in this paper will help anyone that is involved in planning locally and nationally to see their role in improving mental health and reducing inequalities in mental health.

 This might include those involved in:

* Economic Development
* Justice
* Environmental Health
* Children’s Services
* Alcohol and Drug Partnerships
* Child Protection Committees
* Financial Inclusion Strategies
* Housing Services
* Commissioning Teams

To achieve the aim of good mental health for all we need to improve social and environmental circumstances, ensure more equitable access to services and develop individual capacity. Actions taken to deliver many national and local strategies have the potential to do this and will have a direct impact on improving mental health, reducing inequalities in mental health and reducing the health inequalities of those experiencing mental health problems, however additional actions will be needed. Our experience in supporting the delivery of TAMFS highlighted that the responsibility for improving mental health lies with different groups in different areas (geographical). It is frequently a shared priority however there are often challenges that can benefit from:

* Coordinated action
* Maximising potential across groups
* Being clear about mental health outcomes.

Whilst the NHS has an important role to play in achieving good mental health it cannot be achieved by the NHS alone. There is a role for everyone.

**Section 1**

Improving mental health outcomes can help us create a Scotland where children have the best start in life, communities are resilient, inequalities are tackled, we have improved life chances and we live longer, healthier lives.

**What do we know about mental health?**

Many people in Scotland enjoy good mental health. In 2012 around three quarters of Scottish adults described their mental health as either ‘good’ or ‘very good’. However, in spite of knowing what we can do to maintain levels of good mental health 9% of adults rated their mental health as ‘bad’ or ‘very bad’ (5). And whilst we have made excellent progress in reducing the rates of suicide in Scotland, it continues to be a leading cause of death in Scotland among people aged 15-34 years (6).

The total cost of mental health problems in Scotland are estimated at £10.7billion taking account of social and care costs, economic outputs and human costs (7).

Poor mental health is not distributed evenly across the population and there is evidence of mental health inequalities in Scotland. Health inequalities are unfair differences in the health of the population that occur across social classes or between population groups. They are largely determined by social and economic factors and the way that resources of income, power and wealth are distributed. Recent reviews have shown that the distribution of these resources have a significant impact on both physical and mental health (8).

* There is evidence of a social gradient for both mental health problems and mental wellbeing in Scotland with those living in the most deprived areas, with extensive socioeconomic inequalities, experiencing the poorest mental health (5)
* In areas of socio-economic deprivation GP consultations involving mental health problems are twice as prevalent as in affluent areas (9)
* Scottish suicide rates are four times higher in areas of greatest deprivation compared with areas of least deprivation and rates of suicide increase as area level deprivation increases (10)

Those who experience mental ill health often have poor physical health, lower life expectancy, inequitable access to services and increased risk of social deprivation.

* Those with severe and enduring mental health problems on average die 15 -20 years younger than the average population (2)
* People with mental health problems report experiencing stigma, disadvantage and discrimination when accessing services (11)
* People experiencing mental health problems are at increased risk of poorer social, educational, health and employment outcomes (12)
* Those experiencing mental health problems are more likely to participate in risk behaviours which can have a negative impact on health and life expectancy e.g. alcohol, substance misuse (13)
* People living with long-term conditions and mental health problems disproportionately live in deprived areas and have access to fewer resources of all kinds (14)

Mental health affects and is affected by physical health problems; for example those with depression are at greater risk of cardiovascular disease and diabetes whilst those with cardiovascular disease and diabetes are at greater risk of depression (15).

Mental health and inequalities in mental health continue to be major public health issues.

A challenge for us all is to improve population mental health, reduce the gap between those who have the best and worst mental health and reduce the disproportionate burden of physical health problems experience by those with mental health problems.

**Section 2**

**Achieving good mental health for all**

Improving the mental health of the population is an important goal in itself however the benefits of this go much wider than our mental health. There’s a range of associated positive health and social outcomes for individuals and the broader community. These include:

* healthier lifestyle, improved physical health, improved quality of life and increased life expectancy
* improved recovery from illness and fewer limitations in daily living
* reduced reliance on services with greater use of self-help and self-management approaches
* higher educational achievement and attainment
* reduction in workplace absence and greater performance and productivity, employment and earnings
* enhanced mental wellbeing within neighbourhoods and communities through increased participation in community life
* individuals empowered to take action to bring about change in their lives or within their community,
* improved relationships, pro-social attitudes and behaviours and increased social cohesion and engagement and reduction in crime.(15)

**Determinants of mental health**

In order to achieve good mental health for all we need to understand the things that have an impact on our mental health.

Mental health is influenced by the socio-economic circumstance and broader social and physical environment in which we live as well as our individual attributes and characteristics. These determinants can either be protective and enhance mental health or have a negative impact and contribute to poorer mental health, and interact to influence a person’s mental health. Understanding the determinants of mental health help direct our actions to promote better mental health and reduce inequalities in mental health. This requires agencies across all sectors to work together.

Figure 1. (16, 17)

Determinants of mental health and mental disorders include not only individual attributes such as the ability to manage one's thoughts, emotions, behaviours and interactions with others, but also social, cultural, economic, political and environmental factors such as national policies, social protection, living standards, working conditions, and community social supports.

Mental Health Action Plan 2013-2020, WHO.

**Mental health inequalities**

As well as understanding what determines our mental health, we need to understand how these same determinants can cause inequalities to arise. To do this, NHS Health Scotland has developed a ‘Theory of Causation’ for health inequalities.

**Figure 2: Theory of Causation**

**Pages 16&17 in non-exec directors booklet.**

‘Fundamental causes’ are the starting point in the theory of causation. Health inequalities are rooted in major socio-political forces that drive decisions and priorities for governments and public bodies. This results in an unfair distribution of power, money and resources. The ‘wider environmental influences’ include things like the availability of jobs, good quality housing, education and learning opportunities. These are influenced by the ‘fundamental’ causes. Our individual experiences, for example experience of discrimination, prejudice, low income or poor housing has a significant impact on our life and health outcomes.

Inequalities have a significant impact on mental health, with adverse life circumstances increasing the risk of lower levels of mental wellbeing and developing mental health problems.

People with mental health problems are particularly vulnerable to other inequalities; they are at increased risk of unemployment, debt and poverty as well as social exclusion and discrimination. Individuals experiencing personal prejudice, collective discrimination, and structural exclusion are also particularly vulnerable. (19)

**Action to improve mental health for all**

Achieving good mental health for all requires systematic change. Achieving that relies on the representation of mental health in all policies, taken on by the whole of government and across all sectors (1). We need to reduce those factors that contribute to poor mental health (risk factors) and promote factors that enhance good mental health (protective factors). As these determinants cut across a range of sectors, this involves co-ordinated action at a range of levels. Further, these actions should not act to exacerbate mental health inequalities but reduce the gradient. This cannot be achieved solely by the NHS. Local strategic partnerships have an important contribution to make in terms of co-ordinating action, and influence.

The UK Faculty of Public Health recommend strategic partnerships adopt a public mental health approach which we have adapted to apply in Scotland. This forms the following principles that if implemented we believe can contribute to good mental health for all.

***Principles for Scotland***

Evidence informed actions

Action must be based on evidence of need and what is most likely to work, and delivered through partnerships and ways of working that are based on sound principles.

Improving population mental health

*Promoting mental wellbeing*

There is growing acknowledgement of the value of positive mental health to individuals. They have increased capacity and resources, heightened self-esteem, optimism, and sense of mastery and coherence, they are more confident, assertive and able to:

* develop emotionally, creatively, intellectually and spiritually
* face problems, resolve and learn from them
* cope with adversities (i.e. show resilience)
* initiate, develop and sustain mutually satisfying personal relationships
* contribute to family and other social networks, local community and society
* empathise with others
* use and enjoy solitude
* play and have fun.

*Preventing mental health problems*

* Strengthen the role and impact of preventative activity
* promotes action at a number of levels

Addressing inequalities in mental health

We know that poor mental health is more common in particular populations. This situation is not inevitable and local strategic partnerships can play a significant role by working together to take action reduce mental health inequalities and in doing so improve mental health within the local population. Through adopting a public mental health approach local strategic partnerships can support system wide improvement consistent with the Health Inequalities Policy Review for the Scottish Ministerial Task Force on Health Inequalities (7).

Whilst actions to improve mental health need to address the wider environmental causes, such as the availability of quality work, housing and education; and individual experiences, risks and lifestyles, this alone will not solve the problem of mental health inequalities. The fundamental causes (upstream) of mental health inequalities such as lack of power and money also need to be addressed through, for example, fiscal policies including changes in the tax and benefits system and initiatives to address democratic deficits. However all actions will need to balance the goals of improving overall population health as well as reducing health inequalities.

To effectively tackle inequalities, resources should be allocated based on need rather than demand and should be equitable rather than equal (20). This is in essence the ‘proportionate universalism’ advocated by Marmot in ‘Fair Society Healthy Lives’ (21, 1).To effectively achieve a public mental health approach actions and interventions should be universal yet calibrated to the level of disadvantage. A focus solely on the most disadvantaged or vulnerable will fail to reduce the gradient. Proportionate universalism can overcome the limitations of targeted programmes while providing action which is proportionate to the level of need across the gradient.

Promoting good mental health across the life span

Experiences and circumstances contribute to mental health across the life span and therefore actions we need to consider actions to promote good mental health need at all stages across the life course (15)

Address the needs of people with mental health problems

There is a need to focus on improving the life circumstances and opportunities for people with mental health problems.

Care, treatment and support should embed the principles of the recovery approach, which emphasises the importance of good relationships, education, employment and purpose alongside reductions in clinical symptoms. (22)

Adults with both physical and mental health problems are much less likely to be in employment. Fewer people with mental health problems should die prematurely. Care and support should be appropriate for the age and developmental stage of children and young people, adults of all ages.

Focus on outcomes

Although at times challenging to partnerships, focusing on outcomes e.g. the mental health outcomes framework (23), has made it possible to identify interventions where there is evidence to support disinvestment in care and treatment and shift this towards investment in promotion and preventative activity; consistent with the ambitions of The Christie Report (2011).

Progressing a public mental health approach can contribute directly to achieving the outcomes and priorities identified in the Single Outcome Agreement guidance (24) (focus on place, prevention and policy priorities) and in the Integrated Health and Social Care Outcomes (25) (Healthier and independent living, positive experiences and outcomes, safe services, engaged workforce, effective use of resources).

This approach also satisfies the requirements of the integration planning principles of the Public Bodies (Joint Working) Bill Scotland which outlines the main purpose of the pursuance of integration as the achievement of improved wellbeing.

Public mental health approach can contribute to local partnerships work in achieving commitments from:

* Single Outcome Agreements
* Public Bodies (Joint Working) Bill Scotland
* Community Empowerment Bill

**Section 3**

**What does this mean for local strategic partnerships?**

Given the direct influence of societal, community, environmental and individual factors on mental health local strategic partnerships have a key role to play, working with individuals, families, communities and partners to:

* Strengthen effective leadership and governance for mental health.
* Provide comprehensive, integrated and responsive mental health and social care services in community-based settings
* Design and implement strategies for promotion and prevention in mental health.
* Strengthen information systems, evidence and research for mental health (26)

Local strategic partnerships are well placed to provide leadership for a coordinated approach to achieving good mental health for all. There is a role for local partnerships to have a vision of the mental health gains across a range of local policy and service provision, a key plank for Single Outcome Agreements and central to preventative spend.

There is evidence to support ongoing investment in improving mental health in Scotland. This investment can positively impact on individuals, families and communities. There is also growing evidence of economic gains through partnerships collaborating and combining resources to take forward interventions to improve mental health. Often these interventions seek to achieve common outcomes, to improve social, economic and environmental outcomes, not belonging to one specific service but shared across services. Investment in these can result in improvement to the community and savings across services overall (27). E.g. early childhood intervention approaches to support parenting in most disadvantaged families, improving health and social outcomes and reducing impact costs in the system later on.

**What should local strategic partnerships focus on?**

We’re asking local strategic partnerships to consider thepotential for improving mental health through their work. Considering the principles outlined in the previous section can help with planning but also when reviewing current plans and commitments.

Principles:

* Evidence informed action
* Improving population mental health
* Addressing inequalities in mental health
* Promoting good mental health across the life span
* Address the needs of people with mental health problems
* Focus on Outcomes

Reviewing existing plans can help to gain an understanding of what is within the reach of the partnership. It can also help to improve the progress and monitoring of existing approaches and integrate a mental health measure into this.

In reviewing any intervention or taking on anything new strategic partnerships are encouraged to consider the following two questions:

• Does the planned intervention work to improve mental health, either directly or indirectly?

• And does it work to reduce mental health inequalities?

Focusing on an individual’s health behaviour change alone will not reduce health inequalities. The situation in which that individual is living needs to be considered also. Policies that consider society as a whole are most likely to be effective in reducing health inequalities (28).

**Areas for Action**

Evidence informed areas for action are described here. This is not an exhaustive list but provides some ideas, based on what we currently know.

In summary, actions that avoid reliance on opt-in, that maximise income and provide for those with the greatest need within a universal service are likely to be the most effective in reducing health inequalities. These are also relevant to reducing mental health inequalities.

We hope that this document provides a common purpose to bring together coordinated action in Scotland. We would like to see a community of interest and collaboration through [Well Scotland](http://www.wellscotland.info/), social media and the National Mental Health Improvement Network. NHS Health Scotland will work with the Scottish Government and other national partners to provide leadership for this agenda. Through this collaborative approach we will work to produce further guidance and support as necessary, support a partnership approach at national and local levels and advocate for continued investment in public mental health.

Table 1:

|  |
| --- |
| **Examples of effective action/areas for action/options for implementation**  |
|  Tackle unequal life circumstances (7, 29) | To tackle unequal life circumstances action should focus on economic inequalities and policies which use legislation or taxation. These are likely to be the most effective however we understand that local partnerships may have limited influence in these areas. Actions to ensure sufficient income for all, including those who can’t earn can help; for example ensuring there are local actions in place to provide financial inclusion services; providing accessible services and support for debt advice and mitigating the impact of welfare reform. Local action to encourage an active labour market.It is unlikely that health inequalities will decline if substantial progress on reducing economic and democratic inequalities is not achieved but local action may help to mitigate or undo the impact.  |
| Environment (15, 30, 31, 32) | We know that the environment in which we live can have a significant impact on our mental health. Communities that are healthy, safe and sustainable are better for our mental health. There’s a range of things in the physical environment that may have an impact on mental health and wellbeing such as: * Access to local high quality and open green space
* Access to active travel
* Opportunities for play

Local partnerships should share knowledge and understanding of how physical environment impacts on mental health and wellbeing across a range of partners. Good quality, affordable, safe housing underpins our mental and physical wellbeing. Standards of living should be healthy and stable. Housing should have adequate ventilation and energy efficiency measures.  |
| Early years (33, 34,35) | Interventions in the early years can have a significant impact on future mental health and wellbeing. Interventions should support good maternal mental health through effective targeting, promoting good family parent –child relationships.Other evidence informed interventions include: Early years support and coaching for parents, particularly from disadvantaged groups.Early intervention with childhood emotional, behavioural and learning problems.Post-natal care (including post natal depression) care.Children and families with multiple needs have access to specialist services, including child safeguarding and mental health services. |
| Childhood (36, 37, 38) | Schools and local authorities should:* ensure teachers and other staff are trained to identify when children at school show signs of anxiety or social and emotional problems
* have a programme to help develop all children’s emotional and social wellbeing. It should be integrated it into all aspects of the curriculum and staff should be trained to deliver it effectively
* should provide a safe environment which nurtures and encourages young people’s sense of self-worth, reduces the threat of bullying and violence and promotes positive behaviour

A broad education curriculum that promote wellbeing, maximises educational achievement and supports those least likely to engage in formal education |
| Employment (39, 40, 41) | The availability of safe, secure and healthy working environments can have a significant impact on our mental health and wellbeing. Safe, secure work should be an aspiration for everyone. Health and social services should recognise the value of appropriate work in restoring and maintaining good mental health ensuring that vocational issues are addressed in assessments and consultations, and form part of treatment and support plans.Local areas could consider action to improve the local labour market with strategies to reduce long term employment and achieve fair employment and work for all.As employers local partnerships should strive to be exemplar employers, taking account of the 10 core components of Good Work whilst also providing support to local businesses to create healthy and inclusive working environments. Upholding fair employment laws should be central to this.  |
| Abuse and violence (42) | Many of risk factors for being a victim of violence and abuse are consistent with experiencing a range of inequalities. Experience of violence and abuse is a serious risk factor for mental illness. For those with a mental illness the negative health outcomes from experience violence are magnified. Services should sensitively identify and support survivors of abuse and violence.Reducing alcohol consumption can contribute to improved community safety.  |
| Access to services (21, 19, 43, 44) | Healthcare should be universal and accessible and promote good mental health as well as treating ill health. Resource allocation for services should be based on need rather than demand, and should be equitable rather than equal to ensure fair and equitable access to a broad range of therapeutic and support services.For people with mental health problems access to good quality physical health service provision should be maximised. Optimise mental health service provision.  |
| Other suggestions (45) | Invest in interventions to prevent suicide. |
| Stigma and discrimination (46) | Stigma and discrimination are major barriers to full participation in society; action to tackle this should be sufficiently long term and based on evidence. The use of social contact has shown to effectively change people’s view of mental illness. Supporting employers and public services to operationalise The Equality Act 2010 can help to ensure stigma and discrimination are tackled.  |
| Enhance individual experience (prevention and promotion) (47, 15, 7, 48,49, 50, 30, 51, 52) | A number of current mental health interventions aim to achieve improvement through mobilising personal and community assets, encouraging self-help and self-management and providing a range of services to address identified need. To enhance individual experience local areas can consider ways to * Provide person centred services
* Enable all to maximise their capability and have control over their lives
* Facilitate active citizen involvement in communities, public services and the political process
* Empower people to learn and fill skill shortages
* Encourage social and educational opportunities and networks
* Support financial inclusion: provide debt advice services
* Encourage work and productivity in older people
* Facilitate lifelong access to education
* Promote the New Economics Foundation 5 ways to mental wellbeing and self-help resources such as Steps for Stress

Although extremely valuable as mental health improvement interventions it is important for local strategic partnerships to balance interventions and policies aimed at the individual with action to address the social determinants and the fundamental causes. |
| Social Inclusion (CMO ref, 53, 15) | Reduce self-stigma through peer support intervention, use personal narrative focusing on resource and recovery. Designing facilities to encourage meeting and social interaction in communities could improve mental health.Reduce inequality and marginalisation.  |
| Suicide (45) | Invest in interventions to prevent suicide. |

**Supporting delivery of a public mental health approach**

The prerequisites for an effective strategic partnership approach to improve mental health at local level include:

1. Strong leadership and governance for mental health;
* Leadership for public mental health – strategic and devolved across services with committed and dedicated staff with time to lead the work
* Clarity of vision and purpose, shared language and articulation of outcomes
* Strategic and managerial buy in (organisational, across services and at strategic levels)
* Strategic champion for public mental health (at various levels).
1. Alignment of activity towards a shared vision

An integrated strategy for mental health balancing promotion, prevention, treatment and care

* Quality of services - Universal and targeted relative to need
* Outcomes focused planning linking SOA and service plans, which includes preventative actions
* Commitment to and investment in integration/partnership working - involving key partners and engaging communities.
* Prioritising and rationalising activity based on local context, needs and profiling. Community health profiling data (54) may help with this.
* Addressing ‘upstream’ and ‘downstream’ causes.
1. Robust information systems, evidence and research for mental health
* Exploration and use of national and local data. The national mental health indicators may be a helpful point of reference (55)
* Support knowledge into action
* Effective communication channels within and across services
* Cohesive and coordinated structures and support
* Clarity of roles and accountability
* Commitment to awareness raising and capacity building including developing learning and workforce development across services
* Monitor, measure and learn both in terms of cost, cost effectiveness and impact.

A great deal has been achieved through delivery of mental health policy in Scotland but more needs to be done if our population are to enjoy good, equitable mental health. Local strategic partnerships have a unique and important contribution to make towards this ambition (as single services and collectively).