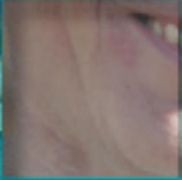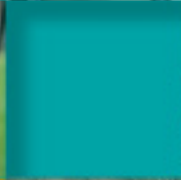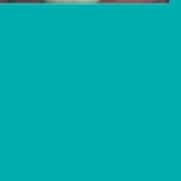NHS
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Ministerial foreword

In Scotland we have been admired internationally for our ongoing commitment to improving mental health and wellbeing. We are proud of the achievements made in delivering commitments in *Towards a Mentally Flourishing Scotland*, *Choose Life* and the current *Mental Health Strategy 2012–15*; however, there is more work to do.

As our population's general health has been steadily improving in Scotland, health inequalities have been growing. We know that poor mental health is more common in some populations, such as some socio-economically deprived groups. For those experiencing inequality, *Good Mental Health for All* provides us with principles and guidance on how we can take action to influence this change.

I endorse the vision underpinning *Good Mental Health for All*; it complements the ambitions of our *Mental Health Strategy* and the priorities identified within the recently introduced Mental Health Innovation fund 2015–18. It sets out a population-wide approach, combining the benefits of universal support and service with focused and targeted action to improve the mental health of particular groups and communities.

We know from our experience so far that in order to improve mental health and wellbeing for all a partnership approach is required, involving NHS, local authorities, third and private sectors; in addition, communities themselves play an important role in enhancing mental health and wellbeing.

This paper emphasises the cross-cutting nature of mental health and how our mental wellbeing can be protected, or put at risk, by a range of factors. It asks us to consider how different policymakers, planners, commissioners, groups and local partners can contribute to a mentally healthy Scotland. It also makes the links to a range of other outcomes including the National Outcomes and 2020 Vision. The paper has been developed in partnership with a network of mental health improvement practitioners from across Scotland and demonstrates the passion and commitment to this agenda. It also reinforces the key message that our aim of good mental health for all can only be achieved by a wide range of effective policy and practice, not only in public health but in other sectors too.

I am delighted to support NHS Health Scotland in the publication of this paper; I look forward to seeing how this contributes to the commitments in the *Mental Health Strategy 2012–2015* and beyond.

Jamie Hepburn MSP
Minister for Sport, Health Improvement and Mental Health

NHS Health Scotland foreword

This paper has been developed to reinforce the role that achieving good mental health for all has in creating a fairer, healthier Scotland. It focuses on the value of a coordinated, collaborative approach to improving the mental health of our communities and creating a Scotland where mental health and physical health are valued equally.

Improving our mental health and wellbeing, and the inequalities associated with poor mental health, requires action throughout the life course from before birth and into older age. We have an opportunity to improve population mental health and reduce the risk to mental health posed by the varied inequalities that individuals and families in Scotland experience.

This paper outlines actions that local authorities, NHS Boards, CPPs, and other local partnerships and communities can take to improve mental health. It evidences the value of good mental health for all and how action taken can contribute to reducing health inequalities.

We would encourage you to use this paper to inform local planning and to share with colleagues, partners, and anyone you think should be aware of the impact they can have on the mental health of our population.

NHS Health Scotland is delighted to see the publication of this paper and hope that it acts as a catalyst for continued investment and prioritisation of mental health and wellbeing in local and national planning.

Margaret Burns CBE
NHS Health Scotland Chair

COSLA foreword

It has long been acknowledged that mental health is affected by a wide range of factors, including employment, housing, social connections, civic participation and poverty. All too often our communities' experience of these factors is underpinned by an unequal distribution of income, power and wealth, which result in the stark inequalities in health that Scotland still faces today. COSLA is united with the Scottish Government and other partners in our belief that this is unacceptable, and that we want to see a more equal, mentally healthy Scotland.

In order to achieve this, we need to take action to prevent mental health problems, protect and improve mental health and tackle inequalities in mental health. In short, we need to create the best social circumstances we can and improve the conditions in which people are born, grow, live, work and age.

Scottish councils and their partners are uniquely positioned to help achieve this. Councils play a major role through their provision of a wide range of services which influence the determinants of mental health. These include housing, welfare advice, economic development, strategies to protect green space and raise levels of physical activity, partnership work to improve community safety and civic participation. These, and other protective services, can work to promote mental wellbeing and prevent mental health problems, easing the pressure on other parts of the system, such as social work services and NHS acute care. With the advent of health and social care integration, mental health services are increasingly coming under the auspices of Integration Authorities, presenting significant opportunities for developing a more joined-up approach.

COSLA endorses the vision set out in *Good Mental Health for All*, which recognises the importance of partnership action by our communities, the third sector, local authorities, NHS Boards, Integration Authorities, Community Planning Partnerships and others. It recognises the role that democratic engagement and representation play in protecting and improving our communities' mental health and sets out principles and guidance which councils and their partners can use to inform strategic action at the local level.

Good Mental Health for All is also clear that all public services have a role to play in improving mental health outcomes and tackling inequalities in mental health – I hope it will serve as a framework for action by all the relevant players across Scotland and send a clear message that there is no health without mental health.

Councillor Peter Johnston

COSLA Health and Wellbeing Spokesperson

Overview

Good mental health is essential in 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]

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 coordinated, 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 good mental health for all.

Key messages

- There is no health without mental health.

- Good mental health is vital in supporting positive outcomes for individuals, families, communities and society.

- Good mental health for all can be achieved by a wide range of effective policy and interventions.

- Our 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.

- A climate that respects and protects basic civil, political, economic, social and cultural rights is fundamental to the promotion of mental health.

- Inter-sectoral links are key to improving mental health.

- Action is required at national and local level and all public services have a role to play in working with communities, families and individuals.

- Action should be taken throughout the life stages.

Introduction

Background

Improving the mental health of the population in Scotland is a national priority.[2] To achieve this, we are advocating that local strategic partnerships promote the importance of population mental health and the need to reduce inequalities in mental health and take a coordinated, systematic approach to prevention and promotion across sectors. Based on future projections on the prevalence of mental health problems it is debatable whether current treatment and care arrangements will continue to be affordable.[3] The constraints in resource make the case for investment in prevention and promotion, consistent with the recommendations from The Christie Commission report (2011).

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 through the 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
- reduce the health inequalities of those experiencing mental health problems.

About this paper

Good Mental Health for All 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, 2009–11.

In 2012, the *Mental Health Strategy for Scotland* followed TAMFS and highlighted the importance of good mental health in supporting delivery of the Scottish Government's aim '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',[2] central to taking forward mental health policy in Scotland. *Good Mental Health for All* 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.

This paper focuses on tackling some of the key issues which affect our mental health in Scotland today. It has been developed in partnership with mental health improvement leads from across Scotland and is primarily for use by local strategic partnerships, though it will be relevant to a wide range of services and sectors. It endorses the beginning of coordinated action in Scotland, and we hope that it will provide local and national partners with direction and support for continued investment in mental health across the population.

What do we mean by local strategic partnerships?

This document outlines the breadth of factors that impact on our mental health and wellbeing. These include access to the outside and green spaces; family and relationships; the home that we live in and our ability to find a job. The range of factors reinforces the need for a cross-sector response. The information in this paper will help anyone involved in planning locally and nationally to see their role in improving, and reducing inequalities in, mental health. By that we mean anyone involved in strategic and service planning and delivery across health, local government, third sector and communities.

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 contribute to improving mental health, reducing inequalities in mental health and reducing the health inequalities of those experiencing mental health problems. Our experience in supporting the delivery of TAMFS highlighted that the responsibility for improving mental health lies with different people in different departments, and often in different locations. 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.

While the NHS has an important role to play in achieving good mental health for all, it cannot do this alone. There is a role for everyone.

Section 1
What do we know about mental health?

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.

Many people in Scotland enjoy good mental health. There have been no significant changes to levels of wellbeing, for men or women, since 2008. However, in spite of this, around one in ten adults (9%) had two or more symptoms of depression.[4] Furthermore, although we have made excellent progress in reducing the rates of suicide in Scotland, it continues to be a leading cause of death among people aged 15–34 years.[5]

The total cost of mental health problems in Scotland is estimated at £10.7 billion, taking account of social and care costs, economic outputs and human costs.[6]

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 has a significant impact on both physical and mental health.[7] Examples of inequalities in mental health include the following:

- 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 socio-economic inequalities, experiencing the poorest mental health.[8]

- 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 the greatest deprivation than in areas of the least deprivation. Rates of suicide increase as the level of deprivation increases,[10] with rates in the most deprived 30% of areas significantly higher than the rate for Scotland generally.

Those who experience mental ill health often have poor physical health, lower life expectancy, inequitable access to services and increased risk of social deprivation. Examples of specific inequalities for those with mental health problems include:

- Those with severe and enduring mental health problems die on average 15–20 years younger than the population as a whole.[11]

- People with mental health problems report experiencing stigma, disadvantage and discrimination when accessing services.[12]

- People experiencing mental health problems are at increased risk of poorer social, educational, health and employment outcomes.[13]

- 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 and substance misuse.[14]

The relationship between physical and mental health is well documented and some examples of the inequalities experienced include:

- People who are living with both long-term conditions and mental health problems disproportionately live in deprived areas and have access to fewer resources of all kinds.[15]

- Mental health affects, and is affected by, physical health problems; for example, those with depression are at greater risk of cardiovascular disease and diabetes, and 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 gradient between those who have the best and worst mental health and reduce the disproportionate burden of physical health problems experienced by those with mental health problems.

Section 2
Achieving good mental health for all

The benefits of good mental health

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 are a number of associated positive health and social outcomes for individuals and the broader community. Outcomes associated with improved mental health include:[16]

- 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

- reduction in workplace absence, greater performance and productivity, higher employment and higher 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, increased social cohesion and engagement, and reduction in crime.

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 circumstances and broader social and physical environment in which we live, as well as our individual attributes and characteristics. These determinants can either be protective, enhancing mental health, or have a negative impact, contributing to poorer mental health, and they interact to influence a person's overall mental health. Understanding the determinants helps direct our actions to promote better mental health and reduce inequalities in mental health. You will see from the determinants (Figure 1) that this requires agencies across all sectors to work together.

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.

Figure 1: An illustrative list of things that determine our mental health[17,18]

Environmental factors

Protective factors

- Social protection and active labour market programmes against economic downturn
- Equality of access to services
- Safe, secure employment
- Positive physical environment including housing, neighbourhoods and green space

Risk factors

- High unemployment rates
- Economic recession
- Socio-economic deprivation and inequality
- Population alcohol consumption
- Exposure to trauma

Social circumstances

Protective factors

- Social capital and community cohesion
- Physical safety and security
- Good, nurturing parental/care relationships
- Close and supportive partnership/family interaction
- Educational achievement

Risk factors

- Social fragmentation and poor social connections
- Social exclusion
- Isolation
- Childhood adversity (neglect, abuse, bullying)
- (Gender-based) violence and abuse
- Family conflict
- Low income/poverty

Individual factors

Protective factors

- Problem-solving skills
- Ability to manage stress or adversity
- Communication skills
- Good physical health and healthy living
- Spirituality

Risk factors

- Low self-esteem
- Loneliness
- Difficulty in communicating
- Substance misuse
- Physical ill health and impairment
- Work stress
- Unemployment
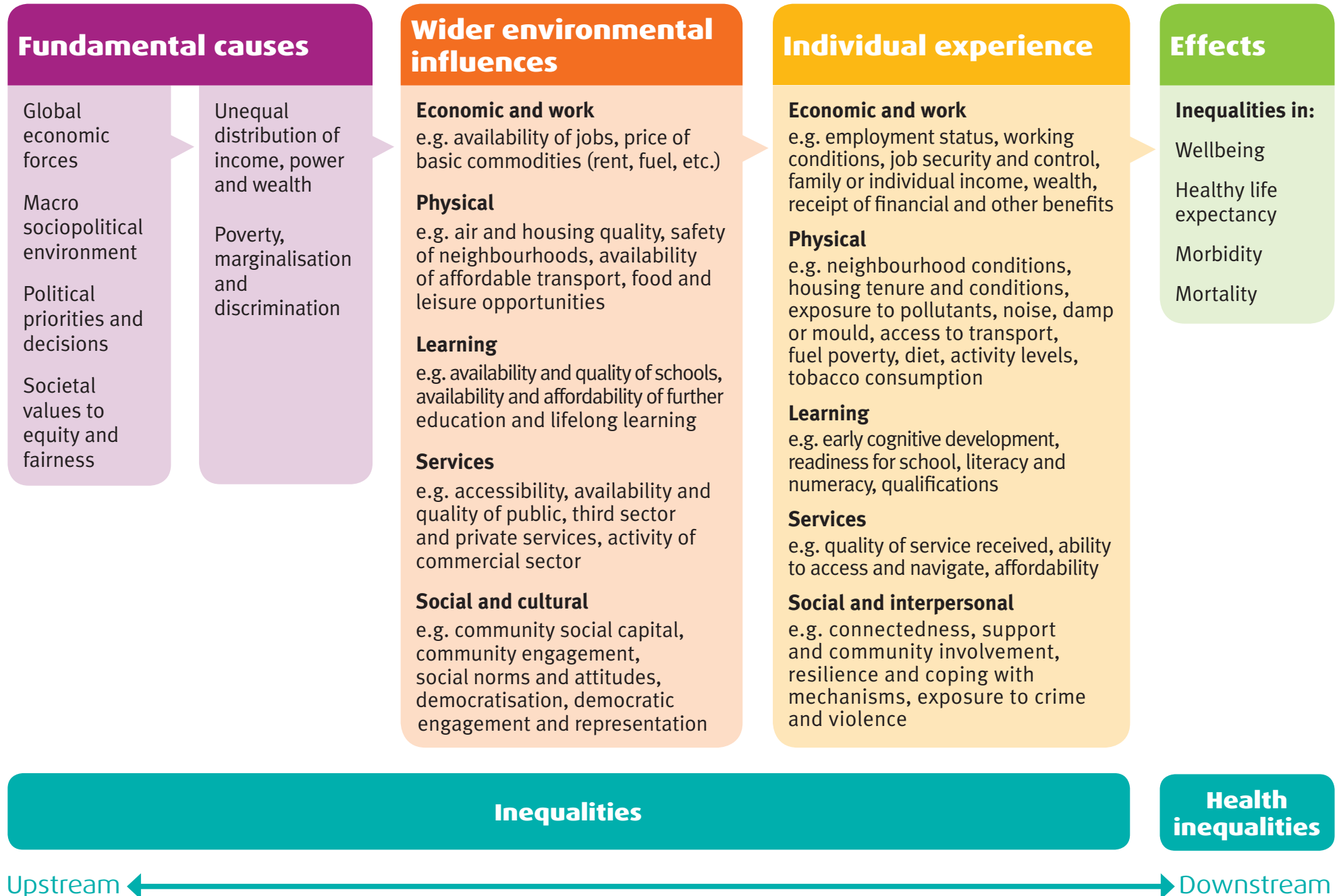- Debt

Mental health inequalities

As well as understanding what determines our mental health, we need to understand how these same determinants can cause health inequalities. To do this, NHS Health Scotland has developed a 'theory of causation' for health inequalities (see following page).

'Fundamental causes' are the starting point in the theory of causation. Health inequalities are rooted in major sociopolitical 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 discrimination, prejudice, low income or poor housing, have a major effect on our life and health outcomes.

Social 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.

Social inequalities contribute to inequalities in mental health (mental health is one type of health inequality). In addition, people with mental health problems are more likely to experience physical health inequalities, as well as other social inequalities such as increased risk of unemployment, low income, stigma and social exclusion.[19]

Figure 2: Theory of causation

Fundamental causes

Global economic forces

Macro sociopolitical environment

Political priorities and decisions

Societal values to equity and fairness

Unequal distribution of income, power and wealth

Poverty, marginalisation and discrimination

Wider environmental influences

Economic and work
e.g. availability of jobs, price of basic commodities (rent, fuel, etc.)

Physical
e.g. air and housing quality, safety of neighbourhoods, availability of affordable transport, food and leisure opportunities

Learning
e.g. availability and quality of schools, availability and affordability of further education and lifelong learning

Services
e.g. accessibility, availability and quality of public, third sector and private services, activity of commercial sector

Social and cultural
e.g. community social capital, community engagement, social norms and attitudes, democratisation, democratic engagement and representation

Individual experience

Economic and work
e.g. employment status, working conditions, job security and control, family or individual income, wealth, receipt of financial and other benefits

Physical
e.g. neighbourhood conditions, housing tenure and conditions, exposure to pollutants, noise, damp or mould, access to transport, fuel poverty, diet, activity levels, tobacco consumption

Learning
e.g. early cognitive development, readiness for school, literacy and numeracy, qualifications

Services
e.g. quality of service received, ability to access and navigate, affordability

Social and interpersonal
e.g. connectedness, support and community involvement, resilience and coping with mechanisms, exposure to crime and violence

Effects

Inequalities in:

Wellbeing

Healthy life expectancy

Morbidity

Mortality

Inequalities

Health inequalities

Upstream ← → Downstream

14

What is needed for change?

Achieving good mental health for all requires systematic change, through the integration of mental health into all policies at a national and local level.[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). Furthermore, these actions should not act to exacerbate mental health inequalities, but reduce them. This cannot be achieved solely by the NHS: local strategic partnerships have an important contribution to make in terms of coordinating action and influence.

The UK Faculty of Public Health recommends that strategic partnerships adopt a public mental health approach, which we have adapted to apply in Scotland. This is based on the following principles that we believe can contribute to good mental health for all:

Evidence-informed action

Action should be informed by 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

To improve population mental health, we need to both promote mental wellbeing and prevent the development of mental health problems.

Promoting mental wellbeing

There is growing acknowledgement of the value of good mental wellbeing to individuals. It can contribute to heightened self-esteem, optimism and a sense of control and coherence. Those experiencing positive mental wellbeing are more confident, assertive and able to:

- develop emotionally, creatively, intellectually and spiritually
- face problems, resolve and learn from them
- cope with adversities, 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

Preventing the development of mental health problems is in the best interests of individuals and the wider community. By identifying the risk and protective factors illustrated in Figure 1, local strategic partners can develop and implement evidence-informed actions to prevent mental health problems by:

- developing a partnership response to the risk and protective factors
- promoting action at a number of levels
- strengthening the role and impact of preventative activity.

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 to reduce mental health inequalities. 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]

Although 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, these alone will not solve the problem of mental health inequalities. The fundamental causes (upstream) also need to be addressed through, for example, fiscal policies, such as 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 and 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 the 'proportionate universalism' advocated by Marmot in *Fair Society, Healthy Lives*.[1,21] 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 these limitations while providing action proportionate to the level of need.

Promoting good mental health across the lifespan

Experiences across the lifespan contribute to mental health; therefore we need to consider actions to promote good mental health at all stages of life, from pre-birth to older adulthood.[16]

Addressing the needs of people with mental health problems

People with mental health problems are particularly vulnerable to poor health and social outcomes and there is a need to focus on improving their life circumstances and opportunities. 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]

Focusing on outcomes

Outcomes-focused planning can help to identify what you want to achieve and how to do this. It can also endorse the identification of interventions where there is evidence to support investment in the prevention of mental health problems and the promotion of mental wellbeing. Investment in promotion and prevention activity is consistent with the ambitions of The Christie Commission Report (2011). Using tools such as the mental health outcomes framework[22] can support this planning process. An outcomes approach can also help partners clarify the outcomes they are working towards and the activities or services which will contribute to these. It can also help to identify the links between the outcomes of the services/activities being provided and the shared outcomes that partners are working together to achieve.

Progressing a public mental health approach can contribute directly to achieving the outcomes and priorities identified in the Single Outcome Agreement guidance[23] (focus on place, prevention and policy priorities) and the Integrated Health and Social Care Outcomes[24] (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.

A 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 (Scotland) Bill

Section 3 What does this mean for local strategic partnerships?

The role of 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:[25]

- 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 into mental health.

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 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 social, economic and environmental outcomes, not owned by one specific service but shared across services. Investment in these can result in improvement to the community and savings across services overall.[26] For example, using 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.

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**

   (i) leadership for public mental health, strategic and devolved across services with committed and dedicated staff with time to lead the work

   (ii) clarity of vision and purpose, shared language and articulation of outcomes

   (iii) strategic and managerial buy-in (organisational, across services and at strategic levels)

   (iv) strategic champion for public mental health (at various levels).

2. **Alignment of activity towards a shared vision – an integrated strategy for mental health balancing promotion, prevention, treatment and care**

   (i) quality of services: universal and targeted relative to need

   (ii) outcomes-focused planning linking SOA and service plans, including preventative actions

   (iii) commitment to, and investment in, integration/partnership working, involving key partners and engaging communities

   (iv) prioritising and rationalising activity based on local context, needs and profiling. Community health profiling data[26] may help with this

   (v) addressing 'upstream' and 'downstream' causes.

3. **Robust information systems, evidence and research for mental health**

   (i) exploration and use of national and local data. The national mental health indicators may be a helpful point of reference[27]

   (ii) support evidence-informed decision-making

   (iii) effective communication channels within and across services

   (iv) cohesive and coordinated structures and support

   (v) clarity of roles and accountability

   (vi) commitment to awareness-raising and capacity-building including developing learning and workforce development across services

   (vii) monitor, measure and learn in terms of cost, cost-effectiveness and impact.

What should local strategic partnerships focus on?

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

- Evidence-informed action

- Improving population mental health

- Addressing inequalities in mental health

- Promoting good mental health across the lifespan

- Addressing the needs of people with mental health problems

- Focusing on outcomes

Reviewing existing plans can help to develop 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:

1. **Does the planned intervention work to improve mental health, either directly or indirectly?**

2. **Does the planned intervention 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.[29]

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.

Areas for action

We have described some evidence-informed areas for action below. This is not an exhaustive list but provides some ideas, based on what we currently know.

Unequal life circumstances[7,21,30]

To tackle unequal life circumstances, action should focus on economic inequalities and policies which use legislation or taxation. 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.

Early years[31,32]

Interventions in the early years can have a significant impact on future mental health and wellbeing. Interventions should support good maternal mental health, promote good parent–child relationships, prevent mental health and behaviour problems and promote readiness for school, particularly among vulnerable groups.

Actions to support these outcomes include:

- early detection and support for antenatal and postnatal mental health
- early years support and coaching for parents, particularly from disadvantaged groups
- early identification of, and intervention for, childhood emotional, behavioural and learning problems
- targeted early childhood education and childcare for vulnerable children
- access to specialist services, including child safeguarding and mental health services for children and families with multiple needs.

Environment[21,33–35]

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 us. There is a range of things in the physical environment that have an impact on mental health and wellbeing, including:

- access to local green space
- access to active travel
- opportunities for play
- good-quality, affordable, safe housing

Local partnerships should share knowledge and understanding of how physical environment impacts on mental health and wellbeing across a range of partners.

Childhood and adolescence[3, 36,37]

Good social, emotional and psychological wellbeing in childhood is important and also helps to prevent social, emotional and behavioural problems in the long term. Schools and local authorities are encouraged to:

- develop a broad education curriculum that promotes wellbeing, maximises educational achievement and supports those least likely to engage in formal education
- implement comprehensive and universal programmes for all children in all settings to promote good emotional and social wellbeing. Programmes should be integrated into all aspects of the curriculum and staff should be trained to deliver it effectively
- promote safe environments which nurture and encourage young people's sense of self-worth, reduce the threat of bullying and violence and promote positive behaviour
- ensure teachers and other staff are trained to identify when children show signs of anxiety or social and emotional problems and offer effective targeted interventions to support children and their parents/families.

Employment[21,38–40]

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 partnerships should strive to be model employers, taking account of the 10 core characteristics of good work from The Marmot Review[21] while also providing support to local businesses to create healthy and inclusive working environments. Upholding fair employment laws should be central to this.

Local areas could consider action to improve the local labour market with strategies to reduce long-term unemployment and achieve fair employment and work for all.

Abuse and violence[41]

Experience of abuse and violence is a risk factor for mental health problems and actions to reduce experiences of violence in childhood and adulthood are important. This may include parenting programmes for vulnerable children, programmes to promote positive behaviour and relationships in schools and strategies to reduce sexual exploitation.

People with mental health problems are particularly vulnerable to abuse and violence and have an increased risk of experiencing violence. Actions to address stigma and discrimination, as well as to reduce homelessness and social exclusion, may contribute to reductions in this risk. Services should also sensitively identify and support all survivors of abuse and violence.

Access to services[21,42,43]

Equitable access to services applies to a range of areas, including healthcare, housing, public services and childcare. All services have a contribution to make in improving mental health and wellbeing, whether they are a nursery, leisure centre or housing office. Healthcare should be universal and accessible, promoting 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 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.

Stigma and discrimination[15, 44, 45]

Stigma and discrimination are major barriers to full participation in society and can contribute to mental health problems themselves. Action to tackle these should be sufficiently long term and informed by evidence of effective strategies. It should be both delivered at a population level and targeted at groups of particular relevance to people with mental health problems. The use of social contact has been shown to be an effective strategy in changing adult views of mental illness.

People with mental health problems experience significant social exclusion and have more limited access to services and resources (for example financial services, healthcare, employment). Direct and indirect discrimination act as a major barrier to 'living well'. Service provision based on a recovery approach and actions to reduce stigma and discrimination will contribute to greater social inclusion.

Supporting employers and public services to implement The Equality Act 2010 can also help to address stigma and discrimination.

Enhance individual experience – prevention and promotion[7,16,46–51]

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 people to 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 and provide debt-advice services

- encourage work and productivity among older people

- facilitate lifelong access to education

- promote the New Economics Foundation Five Ways to 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 of poor mental health.

Conclusion

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

We hope that this document provides a common purpose to develop coordinated action in Scotland. We would like to see a community of interest and collaboration through 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, promote a partnership approach at national and local levels and advocate for continued investment in public mental health. We encourage you to begin, or build on, conversations locally and nationally to ensure mental health is represented across policy, planning, commissioning and delivery and into communities.

Glossary

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 problem can have good mental wellbeing, i.e. living a satisfying, meaningful, contributing life within the constraints of painful, distressing or debilitating symptoms.**'
>
> World Health Organization

Mental health problems

The term 'mental health problems' is often used interchangeably with mental health, negative mental health, mental illness, mental ill health and mental distress. Mental health problems are defined and classified as a range of symptoms that meet the criteria for clinical diagnosis; they affect the way you think, feel and behave. Examples include common mental health problems such as depression and anxiety, and severe, enduring mental health problems such as schizophrenia.

Mental wellbeing

There are a range of definitions of mental wellbeing. However, most tend to emphasise that mental wellbeing includes aspects of subjective wellbeing (effect and life satisfaction) and psychological wellbeing (which covers a wide range of cognitive aspects of mental health, 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

The unfair differences in the health of the population that occur across social classes or population groups. They are the result of social circumstances and are not inevitable.

A public mental health approach

The art and science of improving mental health and wellbeing and preventing mental illness through organised efforts and informed choices of society, organisations, the public, private communities and individuals.[52]

Social gradient

Health inequalities are often observed along a social gradient. They describe how health is related to social circumstances, such as income or education, between the wealthy and the poor. The more favourable your social circumstances, the better your chance of enjoying good health and a longer life.

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