VIVE, recover from and prevent mental th problems. We do this by learning what makes and os people mentally well, communicating findings to a wide range of people, and turning arch into **practical solutions** that make a

Isabella Goldie - Head of Mental Health Programmes - Scotland, Mental Health Foundation igoldie@mhf.org.uk

### Mental Health Foundation

#### Policy Briefing – Aims of the day

- To bring together a range of expertise to explore mental health and inequalities
- To consider what can be achieved at a local level
- To create a practice informed policy briefing for Scottish election and beyond to influence future prioritisation of public mental health
- To provide a rationale for ensuring that mental health improvement programmes are inequalities sensitive

## Why invest in public mental health?

- How does it relate to public health and why invest in mental health specifically?
- Is it not more ethical to invest [contracted] resources on mental health care and treatment?
- What is the hard evidence that you can improve public mental health – what is the equivalent of fresh air and clean water?
- Given the determinants of mental health (eg. Poverty, lifestyle) Is it not just good social policy?
- What are the recommendations for action?

#### The Business Case

Why Public Mental Health should be a priority for Scottish Ministers

# The case for a mental health focus

- Poor mental health can be a consequence and also a cause of socio-economic and health inequalities.
- Mental Health is intrinsic to good health and quality of life
- As such mental health needs to be considered central to the broader public health and health improvement agendas -"There is no health without mental health"
- This extends responsibility for mental health improvement beyond traditional MH services and has workforce development issues for a wide range of staff.

#### Why population mental health?

- Policies which focus on preventing or treatment of mental health problems whilst vital, will not deliver on improved population mental health.
- The absence of mental health problems does not equate to positive mental health.
- As a positive resource mental health contributes to the social, human and economic capital of society.

#### Impact of Poor Mental Health

- Contributes to wider socio-economic and health problems such as higher levels of physical morbidity and mortality.
- Lower levels of educational achievement.
- Poorer work performance and productivity.
- Greater incidence of addictions.
- Higher crime rates
- Contributes to poorer community and societal cohesion.

- Early childhood interventions such as parenting programmes and pre school education programmes can be effective and especially evident for the most vulnerable families. These can lead to reduced behavioural problems, improved social functioning, academic and general work performance and health behaviours.
- Substantial evidence that mental health promotion programmes in schools can produce long-term improvement in social emotional functioning and academic performance.

 Comprehensive approaches to mental health in the workplace can be effective if they combine individual and organisational level interventions and address modifying factors such as support from staff, enhanced job control, workload assessment, increases staff involvement, role clarity, effort-reward balance, and policies to tackle bullying, harrassment and discrimination.

- Mental health stigma and discrimination are major public health issues and campaigns can have an impact on public attitudes and behavioural intent, where public media campaigns are combined with community action (eg. See me, Scottish Mental Health Arts and Film Festival)
- Growing evidence base on the relationship between mental health and physical health and role of MH promotion in healthcare.



SCOTTISH MENTAL HEALTH ARTS & FILM FESTIVAL

- There is some emerging evidence that policy interventions aimed at communities can be effective (eg. improved neighbourhood, housing, social cohesion, anti discrimination and social participation)
- Growing evidence base on how people from minority ethnic communities conceptualise mental health and on interventions that are meaningful to them, however much more needs to be done.
- Gaps remain around later life.

(Barry et al., 2010; Quinn, Shulman, Knifton and Byrne, 2010; Newbigging, Bola and Shah, 2008)

# Good Social Policy - Determinants of Mental Health

Society	Community	Family	Individual
Equality versus discrimination	Personal Safety	Family Structure	Lifestyle factors (diet, exercise, alcohol intake)
Unemployment Levels	Housing and access to open space	Family dynamics (eg. High/low expressed emotion)	Attributional style (ie. How events are understood)
Social Coherence	Economic status of the community	Genetic Makeup	Debt versus financial security
Education	Isolation	Intergenerational Contact	Physical Health
Health Care Provision	Neighbourliness	Parenting	Individual relationships and responses to these

### **Social Policy**

- Not a definitive list and very difficult to weight determinants.
- They are interrelated and accumulate over the life course.
- However, parenting, genetics, life events and how these are interpreted play a strong role.
- Inequality and poverty are major determinants.
- Good social policy and already supported by some existing policy drivers TAMFS and Equally Well, which give a specific focus to mental health.

#### Recommendations for Action

This will form the basis of the policy briefing:

- Needs to be inequalities sensitive and practice informed.
- Should not just focus on what needs to happen at a policy level: a policy framework will provide a mandate for action but in itself will not guarantee translation into practice.
- Should call for development of an effective plan for effecting translation at a local level.

### Suggested Guiding Principles

(Barry & Jenkins, 2007; Barry, 2007)

- A socio-ecological approach to programme conceptualisation in order that interventions will seek to bring about positive change at the level of the individual, the family, social group or community and broader society.
- Competence enhancement approach emphasising the promotion of resourcefulness, generic coping skills and life competence.
- Theory-based interventions grounded on established theories of human functioning and social organisation

- Comprehensive and sustained interventions that are not once-off but are designed to produce long-term effects.
- High quality programme delivery that is transferable to real life situations across a range of diverse cultural and economic settings; based on supportive implementation systems.
- Systematic evaluation of methods of programme process, impact, outcomes and costs, that will contribute to the ongoing improvement and sustainability of effective interventions.

"Disadvantage has many forms and may be absolute or relative. It can include having few family assets, having a poorer education during adolescence, having insecure employment, becoming stuck in a hazardous or dead-end job, living in poor housing, trying to bring up a family in difficult circumstances and living on an inadequate retirement pension. These disadvantages tend to concentrate among the same people, and their effects on health accumulate during life.....If policy fails to address these facts, it not only ignores the most powerful determinants of health standards in modern societies, it also ignores one of the most important social justice issues facing modern societies."

(Wilkinson & Marmot, 2003)

#### Some relevant references

- **1. Barry MM** (2007) Generic principles of effective mental health promotion. *International Journal of Mental Health Promotion* **9** (2) 4-16.
- 2. **Barry MM & Jenkins R** (2007) *Implementing Mental Health Promotion.* Oxford: Churchill Livingstone Elsevier.
- 3. Goldie I (ed) (2010). Public Mental Health Today. Brighton: Pavilion Publishing
- 4. Knifton L, Gervais M, Newbigging K, Mirza N, Quinn N, Wilson N & Hunkins-Hutchison E (2010) Community Conversation: addressing mental health stigma with ethnic minority communities. Social Psychiatry and Psychiatric Epidemiology 45 (4) 497-504.
- 5. **Newbigging K, Bola M & Shah A** (2008) *Scoping exercise with black and minority ethnic groups on perceptions of mental wellbeing in Scotland* [online]. Scotland: NHS Health Scotland. Available at: http://www.healthscotland.com/uploads/documents/7977-REO26FinalReport0708.pdf.
- 6. **Quinn N, Shulman A, Knifton L and Byrne P** (2010) The Impact of a National Mental Health Arts and Film Festival on Stigma and Recovery. *Acta Psychiatrica Scandinavica*.
- 7. Wilkinson R & Marmot M (eds)(2003) Social determinants of health: The solid facts. (2<sup>nd</sup> ed). Copenhagen: WHO.

VIVE, recover from and prevent mental th problems. We do this by learning what makes and os people mentally well, communicating findings to a wide range of people, and turning arch into **practical solutions** that make a

Isabella Goldie - Head of Mental Health Programmes - Scotland, Mental Health Foundation igoldie@mhf.org.uk

### Mental Health Foundation