

Greater Glasgow and Clyde NHS Board

Board



Director of Public Health

Board Paper No. 11/56

Report of the Director of Public Health: Keeping Health in Mind: A Report on the health of the population of NHS Greater Glasgow and Clyde 2011-2013

RECOMMENDATIONS:

The NHS Board is asked to receive and endorse the draft report of the Director of Public Health on the mental health of the population of NHSGGC 2011-13 and to:

1. Note the key messages of the report and recommendations from each chapter of the report.
2. Note the event planned for January 23rd to continue the civic conversation on the recommendations in the report and the invitation to attend this event.

Background

The biennial report of the Director of Public Health 2011-13 focuses on mental health because it is crucial to improving health and well-being. The report also includes a description progress made from the previous report by the Director of Public Health 'An Unequal Struggle : for Health'.

From the outset of development conversations were held with people of influence across NHSGGC to generate a vision of good mental health.

Key themes emerged from these conversations

- The importance of supporting parents in their vital role of bringing up healthy, confident children
- Inspiring hope, respect and aspiration in our population
- Releasing and fostering a person's capacity to heal and care for him or herself

- Radical and effective action on alcohol and drug misuse in our population
- Developing and nurturing integrated service provision
- Giving more control to communities to create healthier environments in which to live

The report aims to put mental health into perspective and takes a life course approach from early years to older people. It highlights the work of NHSGGC and its partners in promoting mental health and emphasises early intervention, resilience and assets approaches to support the promotion of positive mental health.

Format of the report

In previous years we have published the report in hard copy but this year the report is only available electronically. The reasons for this include feedback from previous reports, the way the report is disseminated and used and cost. The DPH will present the report at a range of local events to CH(C)P and local authority staff and to community groups as part of the dissemination of the report. We can use printed excerpts of the report for specific purposes as required. We would welcome feedback on the format for future reports.

Intended Audience

The intended audiences for this report are all public agencies and community planning partners who are urged to reflect carefully about the impact on mental health when they make decisions about services and priorities in a time of reducing public sector budgets. NHS Greater Glasgow and Clyde with our partners will continue to work with the Scottish Government to influence future policy on these issues.

It is intended that the report be used as a focus for discussion on mental health and wellbeing issues and that all public agencies and community-planning partners use the priorities for action to inform the joint planning that is being undertaken to improve mental health & well being of the population with a continued focus in addressing inequalities.

The draft report is available on line at www.nhsggc.org.uk/dphreport

Attached is the DPH's personal introduction and the full set of recommendations.

The Director of Public Health will continue the civic debate at a morning event on 23 January 2012, in Glasgow City Parish Halls to which all Board members are cordially invited. Please reserve this date in your diaries.

[Keeping health in mind]

Report of the Director of Public Health into the health
of the Population of Greater Glasgow and Clyde and
Recommendations for Action 2011 - 2013

Summary consisting of report introduction and recommendations

Introduction

This is my third report on the health of the population of NHS Greater Glasgow and Clyde. As Director of Public Health, my role is to help improve the health and wellbeing of people across the area. I look to advocate for policies and actions which I think can make a positive difference to health and to encourage a wide debate about health. In particular, I have a strong focus on the need to tackle inequalities in health across our area.

Part of my role is to report publicly and independently on what I see as the main health issues and to make recommendations for addressing them. For this report, I have decided to focus on mental health because it is key to improving health and wellbeing and reducing health inequalities.

Before focusing on mental health this report will describe the substantial progress that has been made on the priorities for action in my previous report “An Unequal Struggle for Health”. The report will then go on to define what we mean by mental health and wellbeing and illustrate how this encompasses being able to cope with life, realise your potential, have high self-esteem and have positive emotions and relationships. It shows how mental health is about more than the absence of mental illness. The chapters, which follow it, cover the stages of our lives from pre-conception through youth and adulthood and into old age. All of the chapters recommend priorities for action around individual level and community level actions as well as structural changes required.

In 1948, the World Health Organisation defined health as “a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity”. Public health professionals welcomed this definition because it had breadth beyond a medical model. There is, however, a growing concern that the definition is now inadequate, particularly given the increasing older population coping with chronic disease. Huber et al (BMJ June 2011) recently suggested we should adopt “the ability to adapt and self manage” in the face of social, physical and emotional challenges as a definition. This would fit well with the aspirations in this report.

In an area with the health challenges of Greater Glasgow and Clyde, many of which have their roots in poor mental health, it is easy to feel overwhelmed by the difficulty of achieving change. However, I have been encouraged by the results that have been achieved by motivated colleagues who have made use of the best evidence of what works and by the actions of communities and individuals who have taken control of their own health.

The key things, which are good for mental health, can be summed up by the expression 'activity'. They are about:

- Physical activity – keeping our weight down and keeping active by getting out and about and doing a bit of exercise
- Labour market activity – having meaningful work and a daily routine
- Social activity – being connected to our families and communities and making a contribution. Meaningful activity that improves mental health also includes volunteering and involvement in clubs, choirs, churches and other group activities.

These activities are good for mental health throughout our life and discussion of them occurs in each chapter of this report. Recommendations are made which look to encourage partners to support these activities and to think more about how they can contribute to good mental health.

I want to emphasise two other things, which come up again and again in my reports. The first is alcohol and its adverse effects on mental health. The unhealthy relationship which Scotland has with alcohol, needs to be challenged. In his recent book about Scotland, *Alcohol Nation*, Sigman highlighted the issue of teenage drinking. He points out that, although Scotland has much to be proud of, when it comes to alcohol, we should be ashamed of ourselves. Parents must be better role models. Restoring the stigma of drunkenness and recognising the role of parents would help create a healthier nation. It would prevent a generation of young people from being harmed by the substance their parents adore.

The second is the value and vital importance of a good start in life. Good parenting makes an important contribution to the mental health of the child and the adult they will become. One of the most important public mental health interventions is the strengthening the parent-child bond and supporting good parenting. Having a safe, stable, nurturing child-parent relationship is a vital protective factor against stresses throughout life. It is one of the best public health investments a society can make. However, it is more difficult to develop a safe, stable and nurturing relationship between parent and child when the parent is highly stressed, socially isolated, living in poverty or suffering abuse. Mental wellbeing of everyone including parents is highly dependent on the distribution of social, economic and environmental resources, with high levels of inequality being damaging to communities and society as a whole as discussed in my previous report “An Unequal Struggle for Health”.

Alain Gregoire recently wrote in the BMJ that “Far from breaking intergenerational cycles of disadvantage we have low and falling levels of social mobility coupled with inequitable education and health. Our poorest most vulnerable and most disadvantaged children are the first to become parents themselves”. Gregoire also quotes work from Action for Children showing that the lowest rates of child maltreatment are found not in countries with the strongest emphasis on child protection services but in those countries that invest in families and prevention. We must therefore invest in cost effective early and pre-birth interventions and support that is targeted at the most vulnerable families.

Recent research has studied the associations between common mental disorders and obesity as part of the Whitehall II study of Civil Servants. These findings suggest that the direction of association between common mental disorders and obesity is from common mental disorder to increased future risk of obesity. Although my report does not focus on mental health services for people with severe and enduring mental illness, the need to improve the quality of life and improve physical health of people with mental illness is discussed.

As well as working with partners in government and local authorities to address the determinants of poor mental health, NHS Greater Glasgow and Clyde has undertaken a great deal of work to promote individual mental health and wellbeing. Examples of these individual actions are given within each chapter.

The content of the report is based on the best available evidence and, in many cases, on good practice developed within the Greater Glasgow and Clyde area. Interested readers can follow up on the references if they want to look further at this evidence. On the whole, however, I have tried to present this report in an accessible manner for the general reader as well as for fellow professionals and partner agencies so that it can inform a wide debate about what we can all do to support mental health in challenging times.

I look forward to discussing the recommendations, which follow with our partners in local government, housing and economic development. The key message of this report for those partners is simple: if we work together, we can do better. In that light, I decided to ask a range of influential people working in Greater Glasgow and Clyde what was their vision of a mentally healthy Greater Glasgow and Clyde. Excerpts of these views are shown below and expanded within chapters of the report.

“Our education system is relatively successful in supporting children and young people in difficult circumstances but we need to be more successful in including the parents in this process”.

Robert Naylor, Director of Education, Renfrewshire Council

“My vision for a mentally healthy Greater Glasgow and Clyde would be one in which the relationship with alcohol had been transformed and a healthier culture of drinking brought about.”

Stephen House, Chief Constable, Strathclyde Police

“The perspective of primary care should shift away from the traditional paternalistic view of people living in deprivation to one in which patients were encouraged to value their own lives and develop their potential.” **Georgina Brown, Glasgow GP with lead role for Deprivation**

All of the resources of this council will be brought to bear on mitigating the harmful effects of the current financial crisis and ensuring the financial success of this city. In doing so we hope to contribute not only to protecting jobs locally but also to encourage growth and economic opportunities for our citizens and will be a key partner in promoting good mental health and well-being in Glasgow.” **Gordon Matheson, Leader of Glasgow City Council**

“We have to speak, act and reflect on our actions as men. Develop a language, which breaks the silences, and omissions, which characterise so much of our society. We can take steps as individuals, but we need to come together as men and say that disrespect and hurting women, children, other men and ourselves is wrong. We have to navigate a way in which in our public and private lives we learn to respect ourselves and others”. **Gerry Hassan, political commentator**

To improve the quality of people's lives and to make a positive impact on the health and wellbeing of the community as a whole, we believe the community controlled governance model should be extended to include further fiscal responsibility for health and employment as well as housing. **Anne Lear, Director, Govanhill Housing Association**

"My vision for a healthy Glasgow is one where people have a common sense of hope and purpose in their lives" **Neil Hunter, Chief Reporter to the Children's Panel**

Carol Craig, Director, Centre for Confidence and Wellbeing:

"My vision for a mentally flourishing Greater Glasgow and Clyde is one where people spend less time watching television and more on activities, which support them socially and emotionally."

From the varied visions and aspirations I have collected, some themes can be distilled:

- The importance of supporting parents in their vital role of bringing up healthy, confident children
- Inspiring hope, respect and aspiration in our population
- Releasing and fostering a person's capacity to heal and care for him or herself
- Radical and effective action on alcohol and drug misuse in our population
- Developing and nurturing integrated service provision
- Giving more control to communities to create healthier environments in which to live

This report emphasises the importance of a range of partners working together on those themes, which we know can help to create and sustain good mental health. Equally, we all need to be aware of the things that can have adverse effects on mental health. The current difficult economic climate is likely to impact disproportionately on the mental health of the population compared to other causes of poor health. Previous recessions indicate that it is the most vulnerable who suffer the most and who bear the longest lasting effects. We will need a strong resolve to ensure this does not happen over the next 5 years. I urge all public agencies and community planning partners to reflect carefully about the impact on mental health when they make decisions about services and priorities in a time of reducing public sector budgets.

I hope that the report provides useful information and generates discussion on how to take forward the aspirations for a mentally healthy Greater Glasgow and Clyde. I commend this report to you and look forward to telling you about our successes in my next report.

Recommendations from Chapter 2: Mental health is important

1. Good mental health and wellbeing is a positive resource for individuals, communities and society. The promotion of good mental health must be a priority area for action by all public sector agencies. We need to widen awareness of mental health issues and to better understand what helps and undermines good mental health and promotes resilience in coping with life's difficulties, as well as to enable access to quality services for those that need them.
2. The determinants of mental health problems are wide-ranging and include influences at all stages and aspects of life such as early life, environment, employability, income, relationships and lifestyle. Mental health improvement needs to be included in all plans, strategies, policies and service designs, to understand and account for the needs of all age groups within the population, and to recognise the influence of inequalities.
3. We need to ensure that public policies, spending decisions and service design promote good mental health in the population and address inequalities in mental health.
4. We need to promote the value of positive environments and of activities and experiences that can promote good mental health and wellbeing, such as arts and culture and physical activity.
5. We need a much stronger focus and leadership to get our population more physically active. This will involve some high profile campaigns as well as an understanding in all services on the importance of physical activity to promote good mental health and access to services to support and motivate behaviour change. Even in times of austerity, we must continue to advocate active transport, walking groups, good signage, cycle lane schemes and cycling proficiency in schools. We should build on the positive work already commenced by the Public Health Resource Unit on

auditing green space in NHS Greater Glasgow and Clyde estates to maximize opportunities for utilizing green space in NHS grounds to promote physical activity for staff, patients and local communities. This should include utilizing space to grow healthy food. While there is limited evidence from previous Olympic or Commonwealth Games that these events deliver a legacy for physical activity, we must aspire to a different outcome for the 2014 Commonwealth Games. All public agencies and relevant organisations must actively support efforts to use the Games to motivate people to be more active and must make every effort to use their resources to plan activities, events and approaches that will encourage people to be physically active motivated by and facilitated by the facilities and culture of the Games.

Recommendations from Chapter 3: Early years

1. We must recognise the importance of preconceptional and maternal health in public health and maternity planning to ensure that every child is born in the best health possible and nurtured in early life. Integrated planning should include preconception counselling, contraception advice and provision for high-risk, vulnerable groups. This includes strengthening the role of health visitors and midwives working together to detect and support those with mental health problems in the early years. Preconception care also includes youth services that promote mental health and self-esteem as discussed in the next chapter. Staff must be aware of the implications of poverty on health and what support can be provided. We will continue to support women at risk of poverty, gender based violence or who could benefit from employability advice, by recommending sensitive enquiry in services.
2. The evidence base should be used to target services to need. We can do this with a blend of universal and targeted services for pregnant women and young children continuing the population approach to Triple P but identifying and supporting more vulnerable families to access more intensive parenting interventions. Plans are in place to strengthen routine child health surveillance with the introduction of a new universal contact at around 30 months of age. We must ensure that there are effective ways to engage families identified as requiring more support in evidence based parenting programmes and early language development.
3. We will continue to prioritise the implementation of the Triple P positive parenting programme. We will use early lessons and evaluation to make seminars as attractive and useful to parents as possible and utilize parent discussion groups on specific topics. We will work with existing parents groups and organisations to support engagement with Triple P groups.
4. We need to raise awareness amongst all staff in contact with pregnant women of the harms caused by smoking and alcohol in pregnancy and the effectiveness of cessation support to encourage women to access smoking cessation services as

early in pregnancy as possible. We endorse the national approach to giving clear messages of no alcohol in pregnancy. We will implement alcohol brief interventions in pregnancy but it will be vital to evaluate the effectiveness of this intervention, as this is unknown. We would also like to work with licensing boards to encourage clear warnings of the harms of drinking in pregnancy in licensed premises.

5. We should ensure that primary mental health services prioritise pregnant women and women with very young children in need. We must aim for fast track access to support with psychological therapies before or soon after their child is born to reduce any effect on attachment or bonding.

6. In March 2011, the Scottish Government published their Child Poverty Strategy for Scotland, which sets out how the 2020 targets laid down by the Child Poverty Act 2010 will be met. We will take action to reduce child poverty by developing local partnership strategies, which will help families, reduce their outgoings, increase their incomes and reduce the negative effects of poverty. These partnership strategies should describe clearly each agency's role in addressing child poverty.

Recommendations from Chapter 4: Children and young people

1. Parenting programmes must continue for the parents of school age children, focusing on times of transition in their child's life, such as entry into primary one. We will ensure our approaches to parenting reach those families who could benefit most.
2. We must work together to bring about the kind of whole of school work on health and wellbeing, which is envisaged by policy documents and set out in the Curriculum for Excellence. This will require significant staff training and new ways of working across organisations and will become a focus for improving mental health, sexual health and preventative activity around alcohol, tobacco and drugs. The recession is associated with a reduction in wellbeing and a rise in mental health needs across the population. Many young people are leaving school without positive destinations for employment or training. The health impact of these needs will fall on adult health services and on other agencies. However, we will work with education colleagues to develop whole of school approaches, which improve young people's resilience and skills to face this new reality.
3. We will ensure that the work of the school nursing and health review considers how best to work with partners to identify and support the health needs of young carers.
4. We must build on our recent multi-agency planning work to create a strengthened range of preventative and early intervention services that supports the mental health, resilience and wellbeing of children and young people and better respond to distress, self-harm and risk of suicide. Such supports should be equitable, evidence-based and better connect with the existing resources of our partners.
5. We need to strengthen the links between specialist CAMHS services and wider support resources to ensure children are supported at the earliest opportunity and receive appropriate levels of support.

6. We must build the confidence and skills of key frontline workers across services to support and intervene on mental health related issues, including delivery of focused learning inputs, such as suicide prevention skills.

7. Build a comprehensive communication and engagement strategy for children, young people, their parents and carers on mental health themes. This strategy will include utilizing multi-media resources, social media approaches and using young people as partners, to ensure a well-informed population, to challenge stigma and discrimination, and to lower the barriers to seeking help and support.

Recommendations from Chapter 5: Adults

1. We must continue to develop multi-agency suicide prevention programmes in community settings combined with extension and consolidation of suicide prevention approaches within statutory sector agencies, including maintaining a high level of front line staff with suicide prevention skills; place particular focus on the connections between addictions and mental health problems.
2. Staff health strategies for the public sector should prioritise mental health and all managers should make sure that they understand their role in promoting mental health of their staff.
3. As recommended by the Royal College of Psychiatrists, there needs to be full recognition of the parenting role of people with mental health problems and they must be supported in this role for the reasons discussed in earlier chapters of this report.
4. We endorse the report of the independent enquiry into drug misuse and recommend that the NHS and local authorities consider the pilots of the Circle of Care approach and look at how this approach can be expanded and sustained.
5. The newly formed primary care Deprivation Interest Group should link to NHSGGC planning structures to develop a work plan on mental health and addictions that includes the benefits of physical activity.
6. We must do everything possible to improve throughcare services for men and women leaving prison including intensive support and addiction services and ensuring a gendered sensitive approach.
7. We must ensure that people experiencing mental ill health are given a holistic assessment to gain a better understanding of their past health and current needs.

This should include a comprehensive summary on interventions, social and family context, alcohol and drug misuse and physical problems.

8. In relation to alcohol, we must have a stronger focus on the public health objective of licensing legislation, facilitate effective over provision policies and continue to advocate for minimum pricing of alcohol.

Recommendations from Chapter 6: Older adults

1. NHSGGC's Ageing Population Planning Group should consider systematic development and mainstreaming of The World Health Organization's Global Age-friendly Cities' framework, to ensure the right physical and social environment for an ageing population.
2. Regular physical activity is the single most effective and cost-effective intervention available for enhancing physical, mental and social wellbeing in older adults. An action plan for increasing physical activity in older adults should be established across all NHSGGC localities.
3. The NHS must show leadership in encouraging the active participation of older adults in planning our services, treating all older adults as individuals and challenging negative stereotyping where it exists.
4. Given the projected increase in numbers of older people with dementia in NHSGG&C, the recommendations of the dementia convention should be supported and embedded consistently across all CH(C)Ps.