

## The Director of Public Health says .....

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”.<sup>1</sup> 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”.<sup>2</sup> 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 recently suggested we should adopt “the ability to adapt and self manage” in the face of social, physical

and emotional challenges as a definition.<sup>3</sup> 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 that Scotland has with alcohol needs to be challenged. In his recent book about Scotland, *Alcohol Nation*, Sigman highlighted the issue of teenage drinking.<sup>4</sup> 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 of 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”.<sup>1</sup>

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”.<sup>5</sup> 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.<sup>6</sup> 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.

“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**

“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**

“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 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.” **Carol Craig, Director, Centre for Confidence and Wellbeing**

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“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 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**

“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 wellbeing 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**

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.