



East Ayrshire CHP Committee – 22<sup>nd</sup> March

<b>Subject</b>	<b>Towards a Mentally Flourishing Ayrshire &amp; Arran – NHS Ayrshire &amp; Arran’s strategy to promote mental health and reduce mental health problems</b>
<b>Purpose</b>	<b>To discuss ‘Towards a Mentally Flourishing Ayrshire &amp; Arran’ and agree implementation process</b>
<b>Recommendation</b>	<b>It is recommended that CHP Committee</b> <ul style="list-style-type: none"><li><b>i) agrees through the OLGs a set of partnership actions for mental well- being</b></li><li><b>ii) agrees to ensure its implementation with Community Planning partners through a presentation to the Joint Officers Group</b></li><li><b>iii) considers progress updates in relation to the implementation of the strategy</b></li><li><b>iv) otherwise notes the content of this report</b></li></ul>

---

**1 Background**

- 1.1 The national policy document *Towards a Mentally Flourishing Scotland* (TAMFS) was published in May 2009. To ensure local alignment with the national policy direction the final version of *Towards A Mentally Flourishing Ayrshire & Arran* (TAMFA&A), was delayed and the draft version amended slightly to demonstrate congruence.
- 1.2 The amended and summarised strategy was approved by the NHS Board in October 2009.

**2 Current situation**

2.1 *Towards A Mentally Flourishing Ayrshire & Arran* is a population approach to mental well-being. It affects the whole population of Ayrshire & Arran and consequently requires action on many levels by many different partnerships and agencies. Draft action plans are being developed in each locality to help focus on which partnership or agency can support work on which area. There will be a lot of commonality in some of the universal areas of the strategy e.g. schools and workplaces and there is likely to be some benefit from taking a pan-Ayrshire approach to other parts of it e.g. capacity building. However, some areas of activity will be very specific to a local area and these can be further discussed at an event planned for 25<sup>th</sup> March.

### **3 Proposals**

3.1 That the CHP committee agrees a range of actions from the strategy for implementation through the OLGs and the Mental Health Partnership

That the CHP committee ensures that the wider partners in the CPP supports identified activity to improve mental well-being

That the CHP considers and agrees local indicators for mental wellbeing

### **4 Executive Summary of Strategy**

#### **4.1 Vision**

‘The healthiest life possible for the people of Ayrshire and Arran through mental health promotion and prevention of mental illness.’

#### **4.2 Aims**

- To improve the mental health and wellbeing of the local population.
- To support and maintain good mental health in the local population by addressing the range of issues that affect mental wellbeing.
- To prevent mental illness by reducing risk factors and increasing protective factors especially for people already vulnerable.
- To improve the quality of life for people living in Ayrshire and Arran who already experience mental health problems.

#### **4.3 Background**

There are many factors that influence our mental health, including where we live, economic circumstances, whether or not there is satisfying employment or opportunity to contribute in an unpaid capacity, the local environment and how safe people feel in their communities and homes. It is also important that people feel “connected” to their localities, communities, friends and families. Social cohesion and a sense of purpose are crucial to mental well-being.

‘Towards a Mentally Flourishing Ayrshire & Arran’ focuses on the promotion of mental health and wellbeing and the prevention of mental health problems. It ensures that people in the population who have good mental health are able to maintain it and improve it (population mental health). Population mental health is also about creating supportive environments for those who are more vulnerable to mental health problems due to their life circumstances. This requires an integrated approach to improving mental health in partnerships between statutory and voluntary agencies.

The strategy aims to make explicit how NHS Ayrshire & Arran and its partner agencies can support the improvement and maintenance of good mental health in the local population by addressing issues that affect our mental wellbeing.

#### **4.4 Policy context**

There is a strong evidence base for the benefits and the effectiveness of promoting mental health. There is a commitment by the Scottish Government to improve the mental health and wellbeing of the population, supported by the focus on addressing inequalities and supporting vulnerable groups. Mental health and wellbeing forms one of the four main priorities for public health in Ayrshire & Arran, alongside alcohol, tobacco and obesity. Taking action on any of these issues assumes that people have the confidence and sense of self-worth to make positive choices about their health.

The Scottish Government document *Towards a Mentally Flourishing Scotland Policy and Action Plan* sets out the way forward for mental health and wellbeing and contains six strategic priorities:

- Mentally healthy infants, children and young people
- Mentally healthy later life
- Mentally healthy communities
- Mentally healthy employment and working life
- Reducing the prevalence of suicide, self-harm and common mental health problems
- Improving the quality of life of those experiencing mental health problems and mental illness.

The local strategy is set out in seven sections with key recommendations. These sections are:

- universal approaches
- vulnerable groups – targeted support
- health services
- capacity building
- addressing stigma
- user and carer involvement
- monitoring and evaluation.

It is intended that the strategy will be progressed in localities through the Community Health Partnerships and Community Planning partnerships.

#### **4.5 Section 1 – Universal approaches**

This section outlines the approach that will be taken to address population mental health and wellbeing, and describes the links that need to be made to ensure that population mental health is addressed at strategic levels.

Poor mental health is consistently associated with indicators of inequalities such as unemployment, less education, low income or material standards of living. Thus efforts made both nationally and locally to reduce inequalities, of all types, can have particular significance for the mental wellbeing agenda. The Single Outcome Agreement (SOA) already explicitly addresses mental wellbeing.

## Recommendations

1. Mental health and wellbeing is explicitly integrated across NHS Ayrshire & Arran Directorates and Community Health Partnerships and also incorporated throughout all strands of the Public Health Work Programme, Community Planning Priorities and Single Outcome Agreements (SOA).
2. Mental health indicators developed by NHS Health Scotland that measure positive mental health are adopted locally by planning partnerships as a way of monitoring and supporting SOAs.
3. Mental health and wellbeing is included in all plans which are targeted at specific population groups such as the Child Health Strategy, Children's Services Plans, Older People's Plans and other appropriate plans.
4. Early years parenting programmes (provided by any of the statutory agencies) have an explicit section on attachment and infant mental health
5. In working towards being Health Promoting Establishments, nurseries, primary schools and secondary schools ensure that the emotional wellbeing component is adequately addressed. This will be delivered through the Health and Wellbeing Outcomes and Experiences within *A Curriculum for Excellence*
6. The Officer Locality Groups for children ensure that universal services, including education, meet the guidelines for mental wellbeing described in the *Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care (FPPC)*.
7. Workplaces take up opportunities provided by Ayrshire and Arran's Healthy Working Lives team to improve mental health and wellbeing within their organisation.
8. Build on existing good practice to develop community cohesion further including the implementation of new projects where there are identified gaps. Promote the use of NHS Health Scotland's population mental health indicators to assess impact on mental health and wellbeing within these initiatives.

### 4.6 Section 2 - Vulnerable groups – targeted support

The universal approaches outlined in Section 1 are the platform upon which all other more targeted work regarding mental health will take place. Specific support to help vulnerable groups is much more effective if there is a positive, mentally healthy environment already in place. However, because there are fewer of the protective factors for some groups, it is important to have additional targeted early interventions for vulnerable groups.

There are many groups of vulnerable people who require support such as people who are long-term unemployed and people with addiction problems.

The strategy will focus on seven priority groups for early intervention that have an increased risk of mental health problems:

- vulnerable children and young people including those who are Looked After and Accommodated (LAAC)
- carers and young carers
- prisoners
- vulnerable older people
- people with long term conditions (including chronic and mental illness)
- homeless people
- children with learning difficulties and adults with learning disabilities.

### **Recommendations**

9. In conjunction with the population approach, action should be taken to target the specific mental health needs of the vulnerable groups identified within this section of the strategy. It is recommended that, in the first two years of the strategy implementation that **two** vulnerable groups only are identified as a focus for activity. These two target groups can be identified at the event on 25<sup>th</sup> March
10. Through the use of existing resources consideration should be given to the support required by both statutory and voluntary agencies to deliver early interventions which will be reflected in the action plan.
11. Local volunteering strategies recognise the importance of the link between volunteering and improving mental health and wellbeing particularly among vulnerable groups.

#### **4.7 Section 3 - Health Services**

The NHS is an organisation that traditionally comes into contact with people at a time when they need diagnosis, treatment and care. However, increasingly the NHS is working with people to consider how they might prevent illness, or enable people to cope better when they are ill or have long-term conditions.

All staff working in the NHS, including medical, nursing and AHP staff, might incorporate the promotion of mental health and the prevention of mental health problems better into their work when people are ill. It is important that efforts focus on enabling NHS Ayrshire & Arran to be a Health Promoting Health Service rather than illness driven, and that systems are in place to ensure equal importance is placed on both mental wellbeing and physical wellbeing. A component of the Health Promoting Health Service concept is that 'every healthcare contact is a health improvement opportunity'.

In addition to the health of the wider population, NHS Ayrshire & Arran needs to ensure that it exercises its responsibility towards its own staff by implementing the staff policy on mental health & well-being. It is not anticipated that the CHP would be responsible for delivery of this section of the strategy

## **Recommendations**

12. The recommendations in *Infant Mental Health: A Guide for Practitioners* should be fully implemented to ensure emphasis is placed on the development of infant emotional wellbeing and mental health.
13. Primary care staff should have adequate support from, and effective referral pathways to the Primary Care Mental Health Teams to ensure appropriate help and a range of support systems are provided for people with mild to moderate mental health problems
14. Primary care staff should have ready access to information on resources available in local areas to signpost people with mild to moderate mental health problems, for example, debt counselling, relationship counselling, lifestyle counselling and independent advocacy and welfare rights.
15. Staff working with people who have chronic conditions should have access to advice from skilled mental health staff, to allow them to develop a level of competence in supporting their patient's mental health needs.
16. Staff working in mental health services should continue to be supported to increase – and further develop – their skills in promoting mental health and wellbeing.
17. Specific programmes that ensure that patients in long-term care access services and opportunities to improve their physical wellbeing should be encouraged, supported and further developed.

### **4.8 Section 4 – Capacity building**

Within the context of mental health improvement, capacity building is about developing a better understanding of what mental health and wellbeing means and a shared understanding of specific roles in the process of promotion and prevention. Everyone has a role to play in promoting good mental health on a day to day basis regardless of where an individual works or volunteers, or whichever sector is the employer. Capacity building should therefore be considered as an approach to development that builds independence. Attention to capacity building increases the range of people, organisations and communities who are able to address problems. This is particularly relevant for dealing with problems that arise out of social inequity and social exclusion.

Every worker who provides services, whatever those services, has some contribution to make to improving overall population mental health - to promoting a positive state of wellbeing or feeling good. Examples include teachers, nursery staff, social services staff and staff in environmental services, leisure services or planning.

Consideration needs to be given to health literacy and training needs in relation to capacity building. Mental health literacy is about helping people to be comfortable using language about mental wellbeing. It helps people to be able to recognise, label and deal with feelings and emotions.

Through delivery of, and making accessible, a variety of training programmes and materials, barriers can be broken down. Training requires to be flexible and adaptable, using the most appropriate methods. Examples of training include:

- use of CPD and in-service days for education, social services and NHS staff
- protected learning time for community pharmacists, GPs and other community NHS staff
- availability of training sessions in evening and at weekends for volunteer staff
- use of on-line training.

Staff should have access to the opportunity to participate in mental health awareness training and encouragement should be given to having a pool of trainers from all sectors which encourages shared understanding of – and responsibility for – the agenda.

### **Recommendations**

18. All training in relation to mental health and wellbeing whether in relation to prevention, promotion, awareness raising or suicide prevention requires being organised, co-ordinated, available and accessible to the NHS, partner organisations and the wider population.
19. An action plan should be developed which describes how this will be effected, including the identification of required resources to implement an integrated approach to capacity development. The action plan should:
  - Define the range of target population for capacity development
  - Identify their specific requirements
  - Define how an appropriate pool of expertise to deliver these requirements will be developed and maintained
  - Define how quality and consistency will be maintained including audit and evaluation.
20. The action plan needs to be specific about feasibility and delivery methods for capacity building and requires to be agreed by relevant partners.

## **4.9 Section 5 – Addressing stigma**

Stigma is pernicious and can take many forms ranging from being ignored and excluded to verbal and physical harassment and abuse. Although times have changed and there is generally a much better understanding of mental health problems and mental illness, stigma remains a live issue.

For people who are or have been mentally unwell, stigma and discrimination can prevent them from seeking help at an early stage. It can ostracise them from family, friends, peers and society as a whole, causing isolation and create barriers to recovery making the process even more challenging

Stigma needs to be consistently challenged to break down the barriers it creates and has to be addressed at many levels from policy and legislative level to the individual level.

The Ayrshire and Arran Anti–Stigma group is a multi-agency group with core membership including the three local authorities, NHS Ayrshire & Arran, user and carers groups, voluntary sector and a representative from the ‘see me’ national anti-stigma campaign. The group aims to improve public understanding, attitudes and behaviours so that the stigma and discrimination associated with mental ill-health is eliminated. It also works to enhance the ability of people to challenge stigma and discrimination, to ensure that organisations value and include people with mental health problems and improve media reporting of mental ill-health

### **Recommendations**

21. Multi-agency commitment and support is provided to the Ayrshire and Arran Anti-Stigma Group to progress and implement its action plan.
22. Workplaces – including the NHS and its partners – encourage the development of an integrated approach to promoting equality of opportunity, equal rights and social inclusion for people with mental health problems across Ayrshire and Arran that will underpin the work of the Anti-Stigma Group.

#### **4.10 Section 6 – User and carer involvement**

Public sector agencies have a responsibility to promote participation of the population it serves in promoting good mental health and wellbeing. In particular, the views and opinions of users and carers need to be sought, considered and used to inform how mental health and wellbeing can be promoted.

The key objectives in relation to user and carer involvement are:

1. To ensure that the views of the general population and users and carers influence activities that will promote mental health and prevent mental health problems.
2. To ensure the views of people are listened to by decision makers at the local level.
3. To promote the involvement of people in services that impact on their mental health and wellbeing.

There are a number of existing structures that should be used to engage with users and carers.

The Community Health Partnership will require to ensure that an effective participation structure is in place that amongst other roles,

- ensures inclusion of the views of users and carers in the development of services and their participation in service delivery
- enables people to contribute to the development of targeted and universal services within early years, education, communities, health, housing, leisure, social services and family services and
- promotes a learning and sharing culture.

### **Recommendations**

23. An action plan for participation and involvement should be developed which is integrated with plans of the NHS and other agencies.

#### **4.11 Section 7 – Monitoring and evaluation**

In order to assess how well the strategy has delivered on its objectives, there is a need to establish systems and indicators relating to mental health and wellbeing. These provide a baseline from which to monitor change, assess future trends and needs, inform decision making for priorities for action and inform future programme development and resource allocation.

National mental health indicators for adults have been developed by a group led by NHS Health Scotland. These relate to national level data and may be used to enable local needs to be identified and addressed.

A small group within the Public Health function is currently working on selecting suggested local indicators to support the links to NHS HEAT targets and Single Outcome Agreements. It is proposed that the CHP consider these indicators so that monitoring and evaluation is in place from the outset.

#### **Recommendations**

24. As part of the action plan that will support the strategy a set of mental health and wellbeing indicators are agreed that meet and express local needs.
25. Direct links are made to the Ayrshire & Arran Performs Group, whose role it is to support the monitoring of strategies and will have included in its work the finalised mental health and wellbeing indicators.
26. Evaluation of interventions and programmes is an integral part of the outcome and should be adopted and incorporated at the planning stage. Evaluation is supported by all stakeholders/partners involved in the intervention.

### **5 Resource implications**

- 5.1 Acknowledging the strong links between health behaviours and mental health and wellbeing, existing resources for addressing alcohol, tobacco and obesity will consider mental health and well-being as part of implementation. Using such an approach, this strategy can be implemented within these and other resources that have already been allocated

### **6. Recommendations**

#### **6.1 It is recommended that CHP Committee**

- i) agrees through the OLGs a set of partnership actions for mental well-being**
- ii) agrees to ensure its implementation with Community Planning partners through a presentation to the Joint Officers Group**
- iii) considers progress updates in relation to the implementation of the strategy**
- iv) otherwise notes the content of this report**

### **7 Conclusion**

- 7.1 This paper provides a framework for partners to work together to improve the mental health of the population in Ayrshire and Arran.

Anne Clarke  
March 2010  
Paper presented in East Ayrshire by Cathy Roarty  
(Updated by CHP Facilitator 5/3/10)