

**Agenda Item 6f.
Scotland's Mental Health: Children and Young People 2013**

1 SUMMARY

- 1.1 Mental health is a national public health priority. On request by the Scottish Government, NHS Health Scotland have developed a set of mental health indicators for children and young people. The first report using these indicators was published in 2013.
- 1.2 This paper gives details of the indicators, the wider outcomes which underpin the report and the links with the Single Outcome Agreement. Furthermore, it outlines the local and national statistics and gives recommendations regarding areas of concern to focus upon as well as a guide to where to focus effort and resources.
- 1.3 A partnership approach is vital in addressing the local areas of concern.

2 RECOMMENDATION

- 2.1
 - 1 Partners recognise the "Scotland's mental health: children & young people 2013" as relevant to the single outcome agreement in Argyll and Bute.
 - 2 Partners recognise the role that wider contextual factors have in positive mental health and actively support activities which prevent mental ill health and support positive wellbeing.
 - 3 Partners recognise the role that it has to play in achieving improvement in the mental health of children and young people in Argyll and Bute.
 - 4 Partners consider whether services they offer actively reduce inequalities in mental health in children and young people and consider adopting opportunities to address using techniques such as proportionate universalism.

3 DETAIL

- 3.1 Mental health is a national public health priority for Scotland¹. Scottish

Government commissioned NHS Health Scotland to develop a set of mental health indicators for children and young people (C&YP MHI) which were published in 2011. "Scotland's mental health: children & young people 2013"² is the first report using these indicators. This will be referred to as "the report".

- 3.2 The national C&YP MHI are classified according to whether they relate to **Mental Health outcomes** or wider **contextual factors** associated with mental health. Mental health outcomes indicators are further divided into those relating to mental wellbeing and those relating to mental health problems. Indicators relating to contextual factors associated with mental health are divided into indicators relating to the individual, the family, the learning environment, community factors and structural factors (Appendix II). The inclusion of these contextual factors reflects the cross-cutting nature of mental health and wellbeing; our mental health and wellbeing are affected by many factors and, conversely, positive mental health and wellbeing enables people to lead healthy lives and to effectively contribute to their communities.
- 3.3 The report provides national data on 73 (out of 108) identified indicators. (Data were not available for 35 indicators.) Some indicators had more than one measure available and all measures were reported on where available. The report provides a comprehensive baseline picture of the mental health of C & YP in Scotland.

The report had four aims:

- 1) examine C&YP MHI at a single, most recent, time point
- 2) looks at trends over time in the indicators over the past decade
- 3) examine inequalities by age, gender, deprivation and urban-rural classification for mental health outcomes indicators
- 4) provide a descriptive account of contextual indicators by gender and age

3.4 **Links with single outcome agreement:**

The main aim of the SOA is "Argyll and Bute's economic success is built on a growing population"³. That mental health in children is important to this overall aim is clear; health is listed as one of the key challenges in Argyll and Bute and the SOA quotes the WHO statement that, "there can be no health without mental health". Children and young people are more likely to contribute to (or to grow up to contribute to) the overall aim of the SOA if they are happy, healthy and enjoy living in Argyll and Bute.

Three of the six long-term outcomes (LTO), and their associated short-term outcomes (STO), are particularly relevant to mental health in children and young people:

- LTO 3) Education, skills and training maximises opportunities for all
e.g. STO 3.5) *To support our children and young people to be more confident, resilient and better enabled to manage the key transitional stages in their life*

LTO 4) Children and young people have the best possible start
e.g. STO 4.5) Children and young people feel secure and cared for
LTO 5) People live active, healthier and independent lives.
e.g. STO 5.4) Mental health and wellbeing is improved.

The performance indicators included in SOA delivery plans relate to contextual factors for mental health and to mental health outcomes identified in the report (see Appendix III). There are also obvious links between the report and the Integrated Children's Service Plan.

- 3.5 The report recommends that action is taken for indicators that are shown to be deteriorating over time and for those that are of concern despite remaining stable over time.

Over time there was:

For mental health outcomes: Broad improvement for 11/24 measures and general stability for most other measures. One measure showed a statistically significant decline over time:

- *the emotional symptoms scale of the SDQ questionnaire in S4 pupils*

For contextual indicators: Broad improvement for over half of measures, mainly in individual and structural domains. Deterioration for approximately a fifth of measures including:

- *Obesity*
- *Alcohol – number of units consumed*
- *Parental mental health problems*
- *S2 and S4 students eating a meal with one or both parents*
- *Ability to talk to best friend*
- *Social support*
- *Community cohesion*
- *Reading ability in S2*
- *Numbers of looked after children*
- *Numbers with additional support needs*
- *Perception of looks in S4*
- *Perception of house condition*

Indicators noted as of particular concern despite not showing a decline over time:

- *Hyperactivity/inattention*
- *Numbers reporting to be happy – 50% at P7 and less with increasing age*
- *Proportion with emotional and behavioural problems*
- *Proportion with conduct problems*
- *Alcohol consumption*

- *Parental alcohol dependency*
- *Poorer numeracy in older age groups*

3.6 Published alongside the report was a guide to sub-national data availability. We used this to compile data for mental health indicators for children and young people for Argyll and Bute (<http://goo.gl/QwwT9E>). At a local level the following can be identified as worse than Scotland as a whole:

- *Obesity in primary 1 children*
- *Indicators of mental health problems in older (S4) children*
- *Alcohol consumption*
- *Maternal smoking at booking*
- *Liking of school in S4 children*

3.7 ***Links with single outcome agreement - inequalities***

One of the national policy priorities underlying SOAs in Scotland is to address health inequalities. The report finds a strong patterning of C&YP MHI by age, gender and SIMD.

For mental health outcomes:

Gender had an association with 87.5% of mental health measures. For some outcomes girls fare better and for some boys fare better.

e.g. girls score higher on pro-social behaviour but boys are more likely to consider themselves happy.

Age had an association with 77.8% of mental health measures. Conduct problems show improvement with age – most other indicators show deterioration with increasing age.

SIMD had an association with 91.3% of mental health measures. There was deterioration in almost all indicators with increasing deprivation.

Urban-rural had an association with 45.5% of mental health measures but the patterns observed were usually not simple.

For Contextual indicators:

Age was generally associated with deterioration in indicators for Individual, family, learning environment and community.

Pattern by **gender** was more mixed but showed strong patterning in many indicators

e.g. girls are more likely to like school, boys were more likely to be physically active.

The report recommends that,

“The extensive inequalities across a wide range of mental health outcome indicators demonstrates the need for both targeted and population-wide strategies, to ensure more equal opportunities and outcomes between genders, ages and socio-economic groups.”⁴

“Particular attention should be paid to the regularly occurring pattern of deterioration in many contextual measures as children get older and in the strong patterning of mental health outcomes by gender and socioeconomic deprivation in particular.”⁴

3.8 Tackling inequalities – linking to community partnership planning:

Equally Well identified four primary areas for action to tackle inequalities

- 1) children’s very early years;
- 2) mental health and wellbeing;
- 3) the harm associated with violence, drug and alcohol abuse;
- 4) and the big killer diseases (heart disease and cancer), together with their risk factors, such as smoking.

The most recent review of *Equally Well* (2013)⁵ identifies a drift towards work addressing lifestyles rather than tackling the underlying causes of inequalities. The authors identified priority areas for future work, to tackle the causes of inequalities, and highlight the role of community planning partnerships. CPPs are considered best placed to build “social-capital” and to use “co-production” and “asset-building” methods⁵ (Appendix IV). *Mental health and inequalities in mental health are not areas that the NHS alone can address.*

4 CONCLUSION

- 4.1 A partnership approach is required to effectively address the areas of concern highlighted in the report. Evidence supports undertaking a proportionate universalism approach with action and resources targeted at early years and resources shifted towards prevention and early intervention.

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ATTACHMENTS

Additional material data on local indicators are available at

<http://goo.gl/QwwT9E>

Appendix I: References

Appendix II: *Framework for Mental Health Indicators for Children and Young People*

Appendix III: *SOA short-term outcomes particularly relevant to mental health in children and young people*

Appendix IV: Definitions

Scotland's Mental Health: Children and Young People 2013

Appendix I - References:

1)

Supporting continued investment in mental health improvement in Scotland in an economic downturn. A briefing paper prepared for the National Mental Improvement Network. NHS Health Scotland 2011

<http://www.healthscotland.com/documents/4936.aspx>

2)

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<http://www.scotpho.org.uk/publications/reports-and-papers/1159-Scotlands-mental-health-children-and-young-people-2013>

3)

Argyll and Bute Single Outcome agreement:

<http://www.argyll-bute.gov.uk/council-and-government/community-plan-and-single-outcome-agreement>

and delivery plans:

<http://www.argyll-bute.gov.uk/moderngov/documents/s89847/Appendix%201%20-%20All%20Delivery%20Plans.pdf>

4)

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<http://www.scotpho.org.uk/publications/reports-and-papers/1159-Scotlands-mental-health-children-and-young-people-2013>

5) Report of the Ministerial Task Force on Health Inequalities (2013)

Thursday, March 13, 2014

<http://www.scotland.gov.uk/Publications/2014/03/2561>

Scotland's Mental Health: Children and Young People 2013
Appendix II – Framework for Mental Health Indicators for Children and Young People

Table 1. Framework for the indicators (number of indicators shown in brackets)

Mental health outcomes				
Mental wellbeing (4)			Mental health problems (11)	
Contextual factors associated with mental health				
Individual	Family	Learning Environment	Community	Structural
Learning and development (2)	Family relations (7)	Engagement with learning (3)	Participation (4)	Equality (4)
Healthy living (7)	Family structure (4)	Peer and friend relationships (7)	Social networks (1)	Social inclusion (8)
General health (3)	Parental healthy living (5)	Educational environment (5)	Social support (1)	Discrimination (3)
Spirituality (1)	Parental health (5)	Pressure and expectations (5)	Trust (3)	Physical environment (5)
Emotional Intelligence (1)			Safety (1)	Violence (3)
Life events (2)				Culture (3)

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Examples of measures within some of the indicators:

Mental health outcomes:

Mental wellbeing:

e.g. % who feel very happy with their life at the moment

Mental Health problems:

e.g. % with abnormal or borderline score on the emotional symptoms scale of the SDQ

Contextual factors:

Individual:

e.g. % met recommended level of physical activity in previous week

e.g. health perceived to be good or very good

Family:

e.g. felt their parents treated them fairly often/always in the past week

e.g. % of mothers who smoked during pregnancy in the past year

Learning Environment:

e.g. % school attendance in the past year

e.g. % feel they have more school work than they can handle

Community:

e.g. agree they can ask for help from neighbours in the area where they live

e.g. generally feel safe in the area they live

Structural:

e.g. living in absolute poverty

e.g. cases assessed as homeless or potentially homeless in the past week

Scotland's Mental Health: Children and Young People 2013
Appendix III – SOA short-term outcomes particularly relevant to mental health in children and young people

The report and the included indicators and measures recognise that there are many contextual factors which can affect mental health. Short-term outcomes included in SOA delivery plans relate to these contextual factors and to mental health outcomes:

- 3.1 Our children and young people in Argyll and Bute are supported to be ambitious and realise their full potential
- 3.2 To ensure education and skills training opportunities are aligned to economic development opportunities both within Argyll and Bute and nationally
- 3.4 To promote volunteering opportunities to young people within Argyll and Bute
- 3.5 To support our children and young people to be more confident, resilient and better enabled to manage the key transitional stages in their life
- 4.1 All our children and young people should be protected from abuse, neglect and harm.
- 4.2 Children and young people should enjoy the highest possible attainable standards of physical and mental health
- 4.3 Children and young people should have access to positive learning environments and opportunities to develop their skills.
- 4.4 Children and young people are valued and supported to be the best they can be.
- 4.5 Children and young people feel secure and cared for.
- 4.6 All our children have increased opportunities and are encouraged to participate in play, recreation and sport.
- 4.7 Children and young people have their voices heard and are encouraged to play an active and responsible role in their communities.
- 5.2 Individuals are more physically active
- 5.3 Individuals make healthier/positive lifestyle choices.
- 5.4 Mental health and wellbeing is improved.
- 5.5 We have accessible high quality services which improve quality of life and wellbeing
- 5.6 Our partners work together to ensure that we mitigate against the effects of poverty across Argyll and Bute

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Appendix IV - Definitions

Social capital

“Social capital describes the pattern and intensity of networks among people and the shared values which arise from those networks. Greater interaction between people generates a greater sense of community spirit. Definitions of social capital vary, but the main aspects include citizenship, 'neighbourliness', social networks and civic participation. The definition used by ONS, taken from the Office for Economic Co-operation and Development (OECD), is 'networks together with shared norms, values and understandings that facilitate co-operation within or among groups'.”

Source: Office for National Statistics. Crown Copyright.

<http://www.ons.gov.uk/ons/guide-method/user-guidance/social-capital-guide/the-social-capital-project/guide-to-social-capital.html>

Co-production

“The New Economics Foundation has developed a work stream focusing on the theory and practice of co-production which provides the following useful definition:

“Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change”.”

Source: Scottish Co-Production Network

<http://www.coproductionscotland.org.uk/about/what-is-co-production/>

Asset-building

“• Asset based approaches emphasise the need to redress the balance between meeting needs and nurturing the strengths and resources of people and communities.

• Asset based approaches are concerned with identifying the protective factors that support health and wellbeing. They offer the potential to enhance both the quality and longevity of life through focusing on the resources that promote the self-esteem and coping abilities of individuals and communities.”

Source: Glasgow Centre for Population Health

http://www.gcph.co.uk/assets/0000/2627/GCPH_Briefing_Paper_CS9web.pdf

Proportionate universalism

“Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism.”

Key message 4 of “Fair Society, Healthy Lives: A Strategic Review of Health Inequalities in England Post-2010. February 2012. The Marmot Review”

<http://www.instituteofhealthequity.org/Content/FileManager/pdf/key-messages-fshl.pdf>