Community Planning Group Paper

Submitted 21st November 2014

Mental Wellbeing in Argyll and Bute

1 BACKGROUND AND SUMMARY

1.1 This paper will give a general update regarding local and National mental health and wellbeing issues.

1.2 The current local mental health and wellbeing strategic framework is due to come to a conclusion in December. Progress to date on the current local strategic framework has been collated and an extension of this strategic framework was agreed by the Programme Board in August 2014. The supplement is now available to download and will conclude in December 2016. Currently the National Mental Health Strategy is due to finish in 2015 and we expect the new National Strategy to be published in 2016. This explains why we have added a supplement to the current local strategy in order to bring it in line with the release of the new National Strategy. In the meantime, partners should make themselves aware of the content of the local strategy and undertake, monitor and report any actions which contribute to achieving the outcomes within the framework.

1.3 A scoping exercise to identify the availability of mental health and wellbeing training provision in Argyll and Bute has been undertaken. Subsequent streams of work have been established to focus in on how training could be provided, delivered and financed in the future. Partners should take note of the difficulties and get involved in finding solutions.

2 RECOMMENDATION

2.1 1 Partners are encouraged to read the current Strategic Framework for Mental Wellbeing in Argyll and Bute and the additional supplement (which will be available on NHS Highlands website in Dec 2014), and undertake activities which contribute to achieving the outcomes stated in these documents.

2 Partners should recognise the importance of mental wellbeing in the Single Outcome Agreement and how support to build healthy communities results in healthy people. Every one of us has mental wellbeing and a wide range of stakeholders have a contribution to make in improving it.

3 Partners are encouraged to recognise the impact of preventative approaches in mental wellbeing.

4 Partners should recognise the value of training as a means of supporting staff and communities to prevent mental ill health and support wellbeing. They can support training availability and delivery by providing financial support to partners and staff and by working together to share resources which will enable training to be delivered regularly, locally and cheaply.

3 DETAIL

3.1 **Strategic Framework for Mental Health and Wellbeing in Argyll and Bute 2012-14**

The local strategy was written in response to a request by the Mental Health Redesign Implementation Group in 2011. At that time the new National Strategy (Mental Health Strategy for Scotland 2012-15) was in development and the previous Policy and Action Plan Towards a Mentally Flourishing Scotland (TAMFS) had come to the end of its period.

3.2 Sam Campbell the Health Improvement Specialist was tasked with leading on this work and pulled together a small working group of partners to develop the local strategy. For various reasons this piece of work fell off the agenda of the Modernisations Operational Meetings. A significant amount of work has taken place under all five of the adult and later life related areas. There are still opportunities for activities to take place in support of improved mental health and wellbeing with partners support and the supplement to the current strategy will be available on the NHS Highland website in December.

Extending the life of the current strategy will allow work to take place to implement activities within the strategy and provide a stable framework to work towards in a period of transition from the current National Strategy to the next and further as we move towards integration of the Council and NHS. Some amendments will be required as for example, the Choose Life Project funding may not be continued which would result in section 5 'Reducing Suicide and Self Harm' activities being allocated to other partners to take forward.

3.3 "People with mental illnesses represent nearly one half of all the health-related suffering in this country. Within the NHS they represent the greatest areas of unmet need both among adults and children." (How mental health loses out in the NHS. A report by The Centre for Economic Performance's Mental Health Policy Group, June 2012).

Significant evidence shows that mental health influences a broad range of outcomes for individuals and communities (Mental Health, Resilience and Inequalities. Friedli 2010). Mental health problems have increasingly been shown to precede, and be important in the recovery from, physical health problems. For example, the Whitehall Study showed that emotional health, especially negative affect – a general tendency to report 'distress, discomfort, dissatisfaction, and feelings of hopelessness' – predicts the onset of heart disease and poorer recovery from infarcts independently of other risk factors. (1)

Psychological distress is also a risk factor for stroke. (2) For people with a diagnosis of severe mental illness such as depression, the risk of physical illness is high: 46% of people with a mental health problem have a long-term physical health problem such as coronary heart disease or COPD. (3)

Mental illness also increases the risk of cancer, (4) musculoskeletal problems like back pain (5) and psychosomatic problems like irritable bowel

(6) and possibly a range of other diseases. (7) Death rates are also higher in people with mental illness compared to people without mental illness, especially deaths from cardiovascular, respiratory and infectious diseases. (8).

It has been estimated that the Social and economic cost of mental health problems in Scotland amounts to £8.6 billon – 9% of Scotland's Gross Domestic Product. (Audit Scotland, 2009). Research indicates that in times of economic hardship people's mental health and wellbeing suffers and suicide rates increase. (NHS Health Scotland, 2011).

"The evidenced 'poverty-ill health-poverty cycle makes clear that over the individual life-course, poverty is associated with higher prevalence of mental health issues, addictions and early onset of chronic disease as well as impaired early years development and reduced educational attainment. These factors significantly compromise both entry into and sustained participation in the labour market, thus perpetuating the susceptibility to poverty over the life-course and for potentially the next generation". (The rise of in-work poverty and the changing nature of poverty and work in Scotland: what are the implications for population health? Glasgow Centre for Population Health, Oct 2013).

Community Development for Health Improvement
Mental health is a strategic priority in the Joint Health Improvement Plan and is taken forward in Argyll and Bute in a number of ways, in many cases utilising an assets based approach to community development. This approach is taken forward by the seven Health and Wellbeing Networks who deliver activities which contribute to healthy communities.

3.4 **Mental Health Training Provision on Argyll and Bute**
Mental health awareness can form part of a preventative approach to improving mental health and wellbeing in Argyll and Bute as awareness can result in early intervention, which in turn can reduce the likelihood of people going into crisis. Utilising a preventative approach has considerable support. "A cycle of deprivation and low aspiration has been allowed to persist because preventative measures have not been prioritised. It is estimated that as much as 40 per cent of all spending on public services is accounted for by interventions that could have been avoided by prioritising a preventative approach." (Commission on the Future Delivery of Public Services, Christie 2011).

Both the Scottish Government and Health Scotland promote a preventative approach to Mental Health Policy in Scotland in response to the evidence base. "A small improvement in population wide levels of wellbeing will reduce the prevalence of mental illness, as well as bringing the benefits associated with positive mental health" (Mental Health, Resilience and Inequalities. Friedli 2010).

3.5 Areas of concern identified by the scoping project covered issues such as places on training available, booked and then not used; significant staff

changes resulting in a lack of trainers being available resulting in reduced availability of many courses. There are gaps in the types of courses available to some groups such as young people and dementia training. Finally, funding for Choose Life is under review with the current funding stream due to finish in March 2015. Discontinuation of this will result and all suicide prevention training ceasing from March 2015.

These issues will have a significant impact upon staff in the NHS, Council and Third sector as some of this training is mandatory for NHS and Council staff. Tightening budgets put availability and delivery of training at risk. For example, courses such as Scotland's Mental Health First Aid are predominantly utilised by the Third Sector with 50% of places going to Third Sector Staff. This course is currently funded entirely by NHS Highlands Public Health budget. Information gathered by the Third Sector work stream identified issues for Voluntary Organisations in funding training courses for staff as most funders including Argyll and Bute Council do not fund training costs within Service Level Agreements thus, making it difficult for organisations to finance their staffs continual professional development and could result in staff lacking important skills and knowledge to support mental health and wellbeing in the communities they work with.

4 CONCLUSION

4.1 Partners are encouraged to undertake actions and activities identified in the Strategic Framework for Mental Wellbeing in Argyll and Bute and familiarise themselves with the supplement which will be available in December 2014.

4.2 As part of a preventative measure to improve mental health and wellbeing in Argyll and Bute it is important that training is available to people and staff living and working in the area. This outcome is specified within the current local Mental Health Strategy, the National Mental Health Strategy and the current Single Outcome Agreement (5.4.2-5.4.4) and should be made explicit in Local Area Plans. Ongoing work by Sam Campbell will help to inform the 'best buys' with regards to mental health and wellbeing training courses.

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ATTACHMENTS
Strategic Framework for Mental Wellbeing in Argyll and Bute 2012-2014.

REFRENCES

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