

Scottish Public Mental Health Group

Response to Health and Sport Committee

1. Which areas of preventative spending/ the preventative agenda would it be most useful for the Health and Sport Committee to investigate?

The Scottish Public Mental Health Group wishes to highlight the importance of population mental health for prevention.

The Health and Social Care delivery plan notes that one of the main public health challenges for Scotland is to tackle key health harming behaviours that affect population health outcomes across age groups in Scotland (diet, physical activity, tobacco and alcohol) and that have significant implications for health and social care needs and for care costs. Many of the health-harming behaviors that characterise the health of the population in Scotland are also associated with poor mental health.

The mental health impact of living with a long term condition or disability has tended to be neglected. It is hoped that the forthcoming new mental health strategy will prioritise this important area of work. Mental health literacy is a prerequisite for the effective self management of long term conditions and disability. It is promising to see the growing interest in Realistic Medicine as context to promote health literacy in general through more effective engagement and communication between clinician and service user / patient about management of conditions and desired outcomes. We would like to see more connection between realistic medicine and mental health.

The fact that 1 in 10 children and young people experience mental health problems has a considerable personal, social and economic impact. Poor mental health in adulthood frequently starts during adolescence. Unidentified and untreated problems lead to poorer health, educational and social outcomes with significant costs to the public sector.

There is now considerable evidence on the life situations and circumstances which increase risk of poor mental health – adverse experiences in childhood, experience of loss, change, ill health, social isolation and exclusion, prolonged financial stress and insecurity. There is an important role for community and the voluntary sector in supporting families and communities and in building social connectedness and resilience. There is also a vital preventative role for public policy in reducing child poverty, promoting attainment, good employment opportunities and thriving communities. The prevention of poor mental health is an area that warrants further attention as part of a wider preventative agenda.

The issues of trauma are highly significant for prevention. We are aware of the work by Public Health Wales on the impact of adverse childhood experiences on adult health outcomes which has relevance for Scotland. It is understood that it is proposed to conduct similar research in Scotland which would further our understanding of the case for prevention.

[http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/\\$FILE/ACE%20Report%20FINAL%20\(E\).pdf](http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f490030c05a/d488a3852491bc1d80257f370038919e/$FILE/ACE%20Report%20FINAL%20(E).pdf)

There is increasing concern about the mental health of young people and a need to develop a clear direction for preventive work. This is not solely about the capacity of specialist services to assess and treat young people. There is a much larger number of young people who struggle to cope with daily functioning. Examples of good practice and effective responses from schools, youth services and primary mental health care exist in different parts of Scotland but there is work needed to share evidence and critically evaluate what can work. A key factor known to make a difference is the availability of one trusted adult that the young person can confide in. We would like to see further investigation of how that simple concept can be operationalised in local services for this age group.

There is evidence that good mental health is a prerequisite for the effective management by young people of transitions. Mental health influences how young people engage in a range of risk taking behavior that can be damaging to health in the short and longer term.

2. How can health boards and integrative authorities overcome the (financial and political) pressures that lead to reactive spending/ a focus on fulfilling only statutory duties and targets, to initiate and maintain preventative spend?

More transparency on reporting on preventative spend would be valuable.

We welcome the attention to the development of primary mental health care models and capacity, from Scottish Government in the context of the wider transformation of primary care. It would be good to see clear reporting by IJBs on mental health prevention work and expenditure associated with that.

The more recent approach to increase the discretion for local NHS Boards and their partners to make decisions about the allocation of the public health has advantages but does also lead to considerable variations across Scotland approaches.

In the short term, it is as important that existing preventative mental health services are protected – we therefore need transparency about disinvestment decisions as much as about spend.

3. How could spend that is deemed to be preventative be identified and tracked more effectively? What is required in terms of data, evidence and evaluation to test interventions for producing ‘best value for money’?

One of the challenges in mental health prevention is to monitor trends in mental health of the population and in subgroups. Available data are mainly related to clinical activity and service access and utilization, rather than to the mental health of the population. Existing data sets and data collection systems do not provide readily accessible intelligence that helps with planning and monitoring. Solid work has been done previously by Health Scotland to develop a core indicator set for both adult and child mental health but at local level data are sparse.

4. How can the shift of spending from reactive/acute services to primary/preventative services be speeded up and/or incentivised?

This requires a shift in mind set as much as in financial planning mechanisms. The Health Foundation has recently highlighted the importance of good health as societal asset necessary to generate social and economic value (Health Foundation, 2017). We consider that this applies to mental health as well as to general health. The notion of 'health capital' opens up a longer term perspective on the benefits of investing in health including mental health. If the focus becomes to maintain (mental) health and prevent problems, this may lead to potentially wider range of funding sources through cross sectoral investment in health.