welcome to the day

Jenny Hutton
Interim Public Mental Health & Wellbeing Development Manager

South Lanarkshire Health and Social Care Partnership

Working together to improve health and wellbeing in the community – with the community

#gmhfaSouthLan

https://www.facebook.com/elamentlrn/

@elamenttweet

There is no health without good mental health

Dr Linda Findlay

Consultant Psychiatrist/AMD South Lanarkshire Health and Social Care Partnership

No Health Without Good Mental Health

Mental health is an integral and essential component of health. The WHO constitution states: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." An important implication of this definition is that mental health is more than just the absence of mental disorders or disabilities

No Health Without Good Mental Health

- Depression is 3x more likely in those with coronary heart disease
- 2-3 x more likely in people with diabetes
- 3x more common in people with Chronic Obstructive Pulmonary Disease
- Common in those suffering from arthritis

No Health Without Good mental Health

- Someone with depression is 3.5 x more likely to die after a heart attack
- Someone with depression is likely to have poor outcomes in diabetes
- Someone with depression has 50% more exacerbations in Chronic Obstructive Pulmonary Disease

World Health Organisation

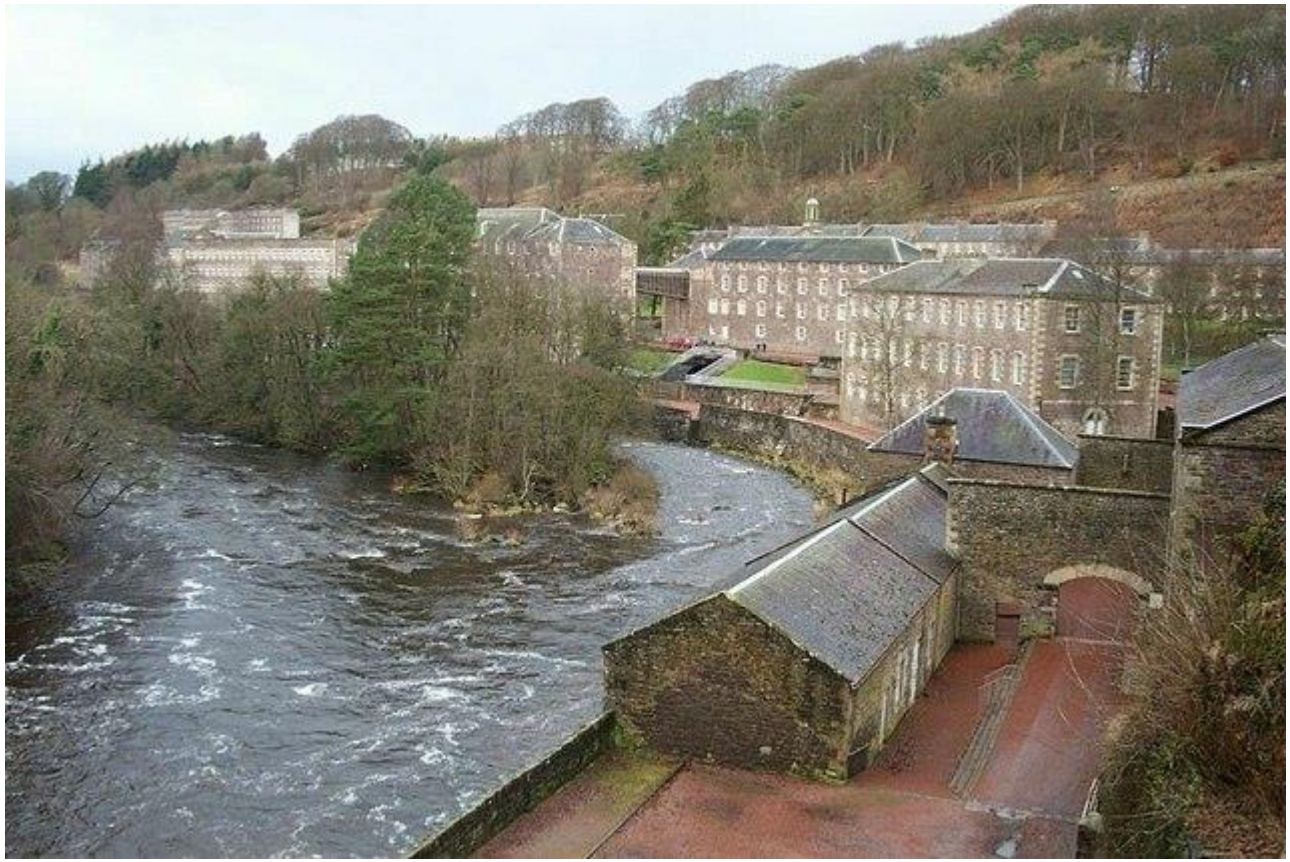
Key facts

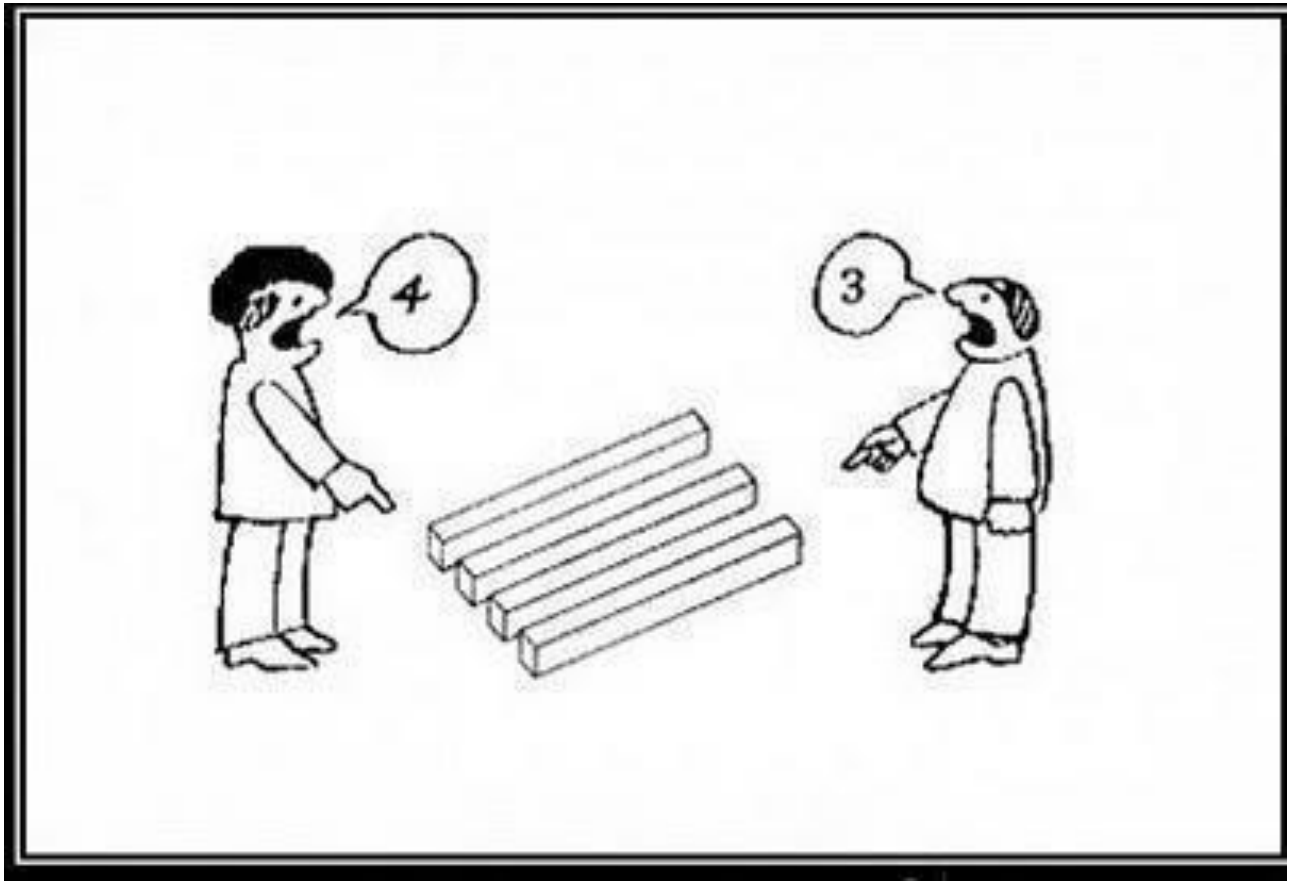
- Mental health is more than the absence of mental disorders.
- Mental health is an integral part of health; indeed, there is no health without mental health.
- Mental health is determined by a range of socioeconomic, biological and environmental factors.
- Cost-effective public health and intersectoral strategies and interventions exist to promote, protect and restore mental health.

Not just about Health Services

Working to improve mental health care is not just the preserve of the NHS or the health portfolio. We will be working not only across the Scottish Government, but also across the wider public services to harness the broadest range of opportunities to improve the population's mental health. This work is broad and far-reaching, for example:

- **Poverty**
- **Education**
- **Justice**
- **Social Security**
- **Employment**

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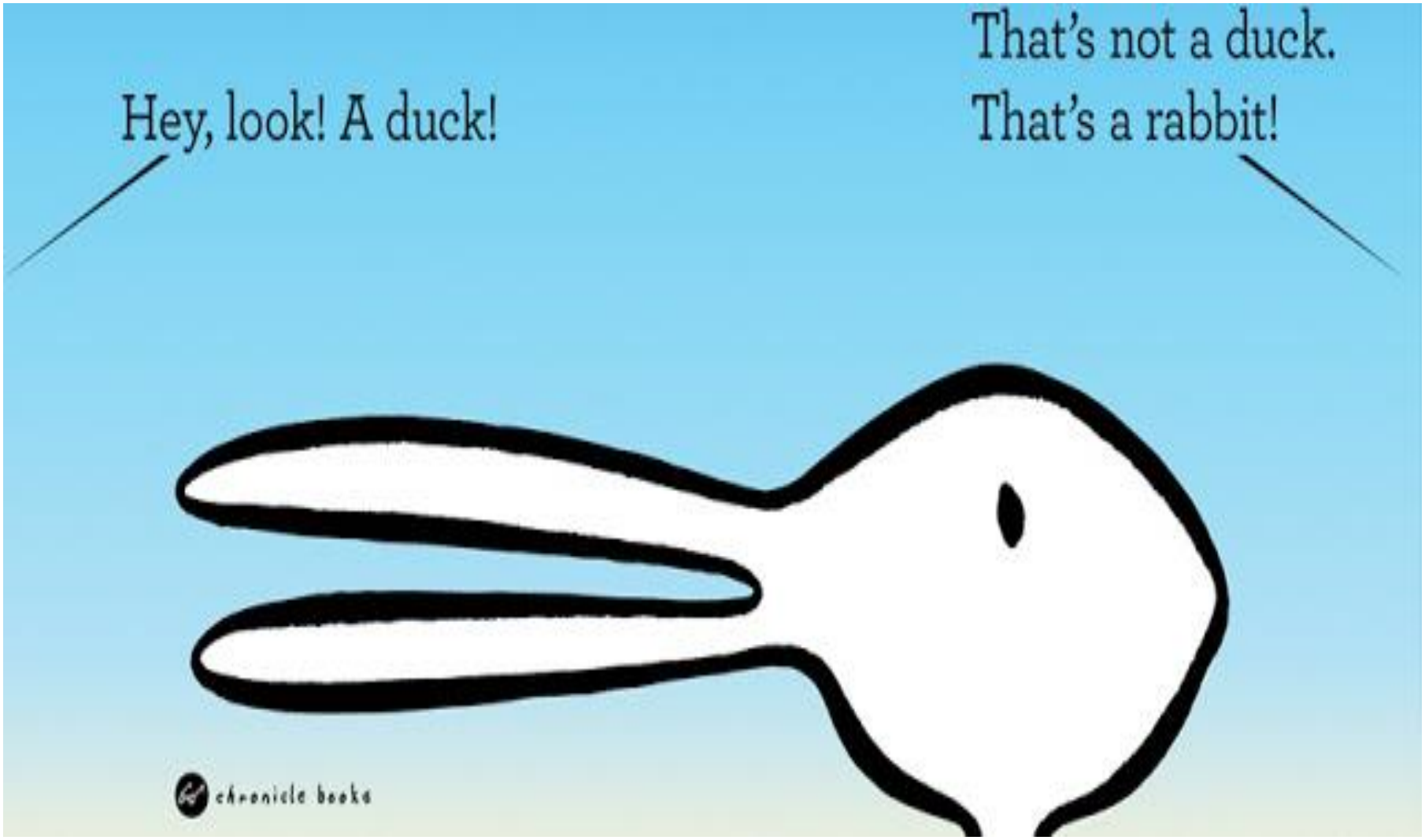

Hey, look! A duck!
That's not a duck.
That's a rabbit!
chronicle books

There is none of us as smart as all of us.

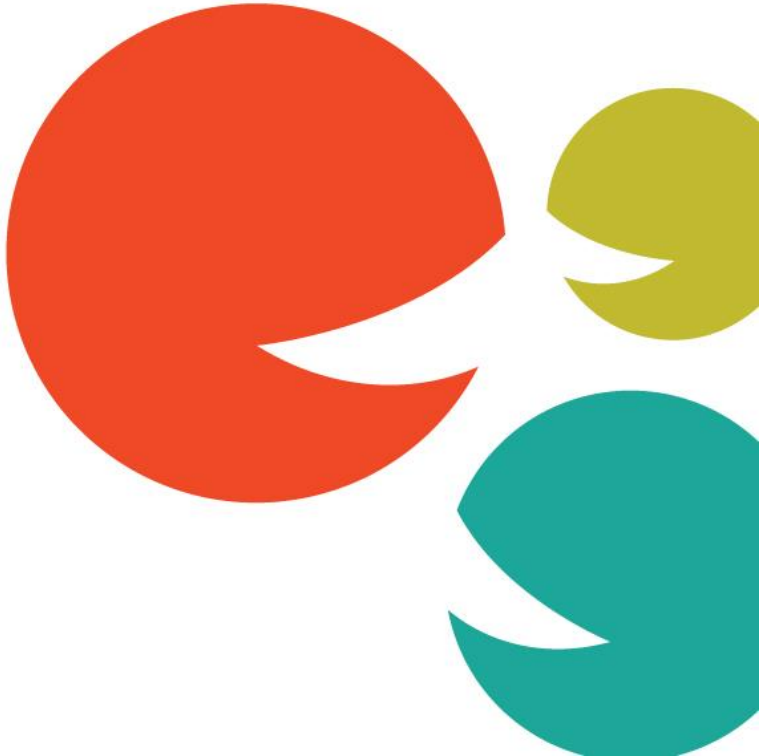
Lets put our collective heads together to ensure Good Mental Health for South Lanarkshire

Enjoy your day

See Me
End mental health discrimination

Toward Mental Health Inclusion: Ending Stigma and Discrimination in Lanarkshire

Calum Irving, See Me



Why we need action to end mental health stigma

- We all have mental health: it changes
- Between 1 in 3 and 1 in 4 of us have a mental health problem*
- 9 out of 10 with MH problems experience stigma and discrimination
- Reaction of others often more damaging than diagnosis

Stigmatising attitudes

- Almost half of people feel that they would not want people knowing about their mental health if they were experiencing a problem
- 17% of people report they would find it difficult to speak to someone with a mental health problem.
- Almost a quarter of people believe people with mental health problems are often dangerous and 28% believe the public should be better protected from them.

Impact of stigma

People that experience mental health problems:

- Face unacceptably high levels of stigma and discrimination.
- Can have their rights legally limited as a consequence of poor mental health. Laws designed to protect their rights are often ignored with impunity.
- Are often excluded from decision making processed that affect their lives.
- Are often denied access to timely acceptable, quality care and support

This applies across life stages

- Affects individuals, their families, friends carers,
- Prevents people from seeking help
- Prevents people achieving their full potential – placing them, at risk of poorer social, educational, employment and health outcomes.
- People with severe mental illness die on average 15-20 years earlier than those without, often from preventable causes

People with lived experience tell us they experience greatest stigma and discrimination in:

- Workplace
- Health and social care settings
- Education
- Their communities

About See Me

- Scotland's programme to end MH stigma and discrimination
- Changing Minds, Changing Policy and Changing Practice > to achieve **behaviour change**
- Potential for significant benefit from MH inclusion
- Encouraging response so far

Stigma free Lanarks
Activism and Change i
Lanarkshire

Opportunities for working together

SFL - Shared Outcomes

People will live in a society where they don't need to feel ashamed of a mental health problem

People with lived experience are valued and enabled to contribute fully to society and their rights are realised

Stigma & discrimination will be reduced among communities and organisations to have a positive impact on the lives of people with mental health problems and support recovery.

People who have experienced mental health problems will live more fulfilled lives.

Our shared approach

- A public mental health approach
- Mental health inclusion
- Creating and managing opportunities for contact between those who experience mental health stigma and discrimination and those who perpetrate it

A partnership approach

- Working with those with lived experience across development and delivery
- Shift of emphasis from changing attitudes to changing behaviour, what are you doing within your team and work. What could you do?
- Focus on priority areas - opportunities to work together around these?
- Embedding a focus on reducing stigma and discrimination as core business.

Opportunities

- System wide approach
- Leadership and culture
- Personalisation and person-centred approaches
- Prevention
- Early intervention
- Workforce development and learning
- Mental health and wellbeing of staff

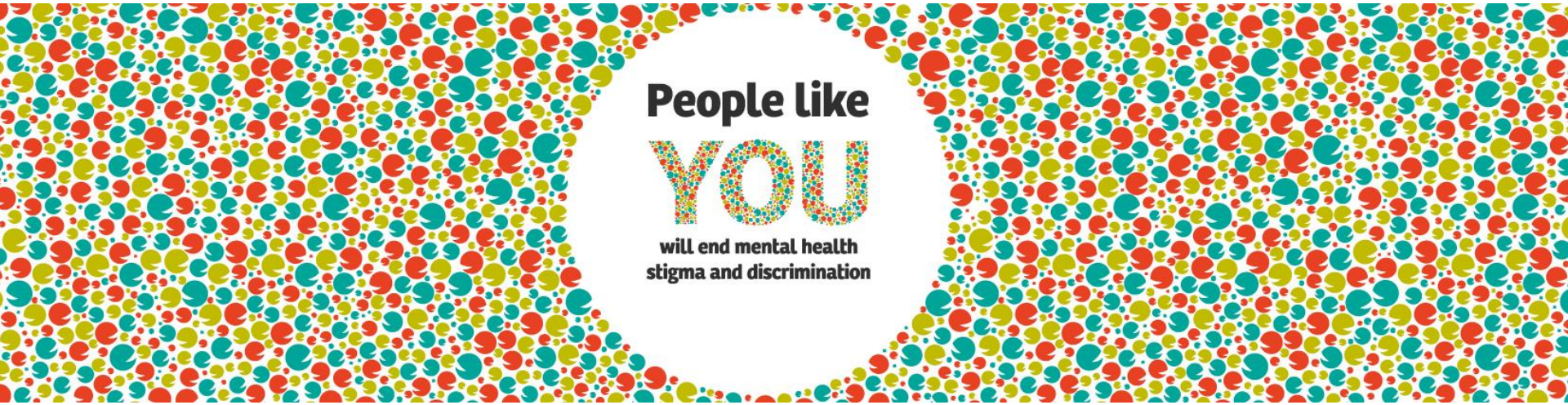
What can help?

Speaking Out

See Me
End mental health discrimination

Your role – our request to you

- **Today**: help inform our joint approach
- **Tomorrow**: to work with us to deliver changes in culture, systems and practice
- **Always**: to challenge mental health stigma and discrimination and champion inclusion.



The See Me launch event - Glasgow

NHS Health Scotland

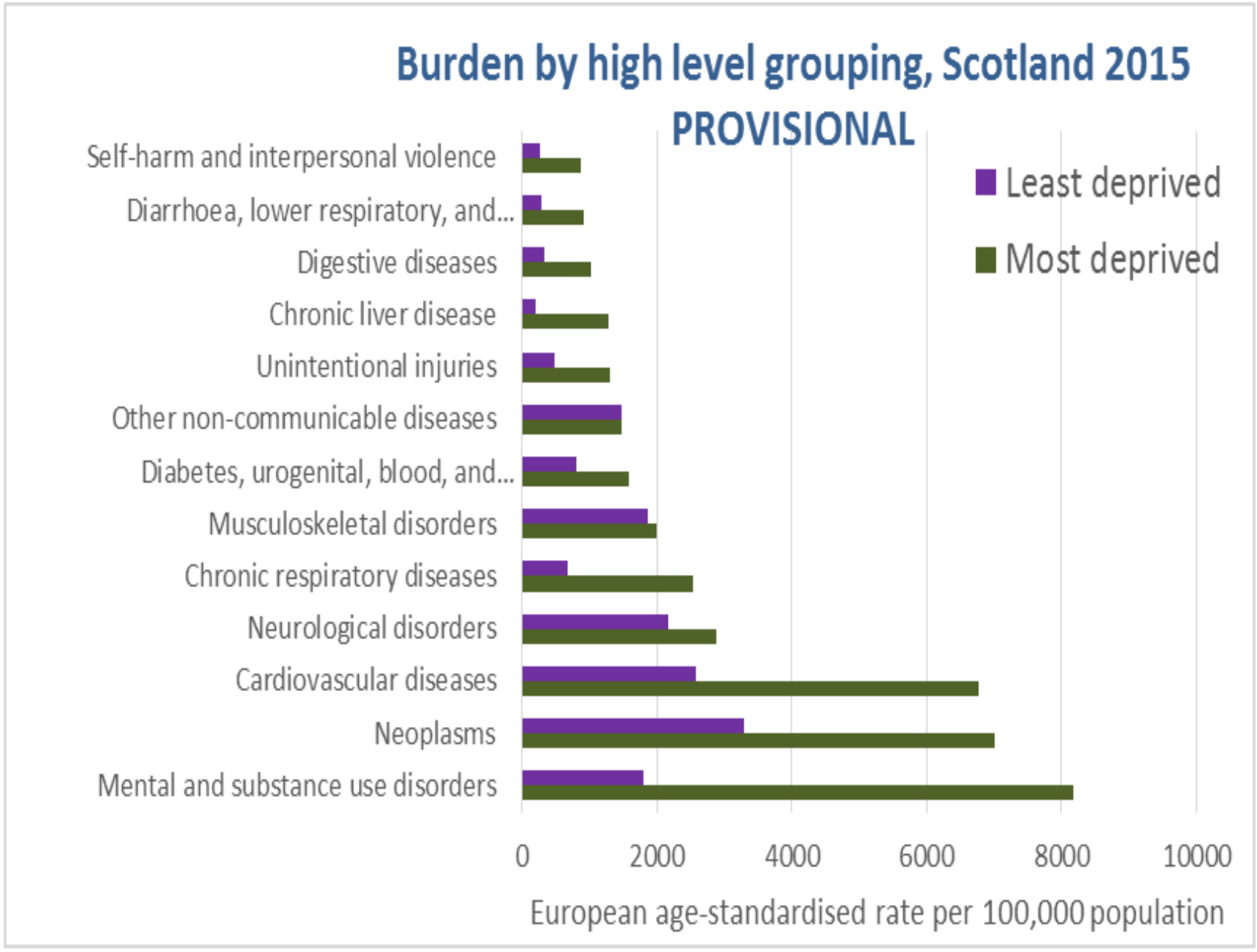
Collective Assets: Mental Health Improvement in Scotland

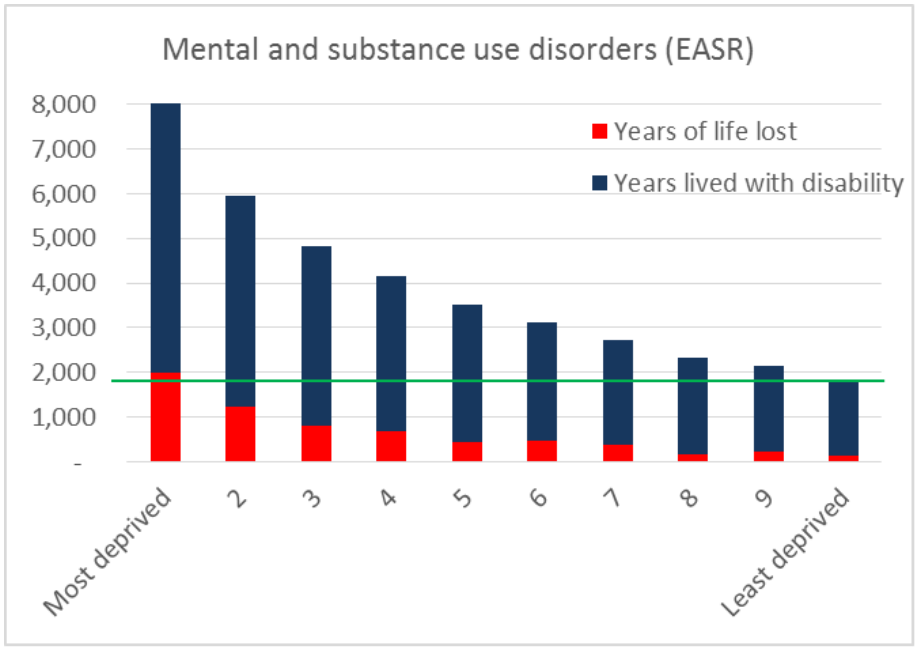
Addressing Mental health and wellbeing

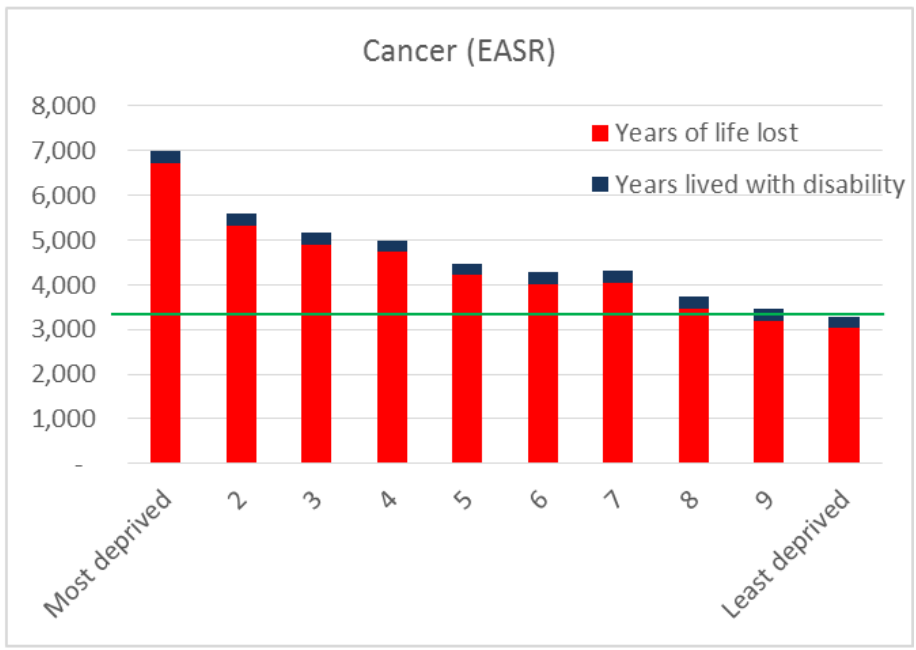
- Scotland's mental health
- The Mental Health Strategy as one policy driver
- Addressing mental health inequalities
- Maximising our collaborative assets

Why tackling is mental health is important

- Approx 1 in 6 adults in Scotland experience a common mental health problem
- But only 1 in 3 access treatment
- 1 in 10 children and young people with diagnosable mental health problem
- Risk factor for suicidal behaviour
- Economic cost est at £10.8 billion
- Significant burden on quality of life


Burden by high level grouping, Scotland 2015
PROVISIONAL
Least deprived
Most deprived
Self-harm and interpersonal violence
Diarrhoea, lower respiratory, and...
Digestive diseases
Chronic liver disease
Unintentional injuries
Other non-communicable diseases
Diabetes, urogenital, blood, and...
Musculoskeletal disorders
Chronic respiratory diseases
Neurological disorders
Cardiovascular diseases
Neoplasms
Mental and substance use disorders
0
2000
4000
6000
8000
10000
European age-standardised rate per 100,000 population


Mental and substance use disorders (EASR)
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
-
Years of life lost
Years lived with disability
Most deprived
2
3
4
5
6
7
8
9
Least deprived


Cancer (EASR)
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
-
Years of life lost
Years lived with disability
Most deprived
2
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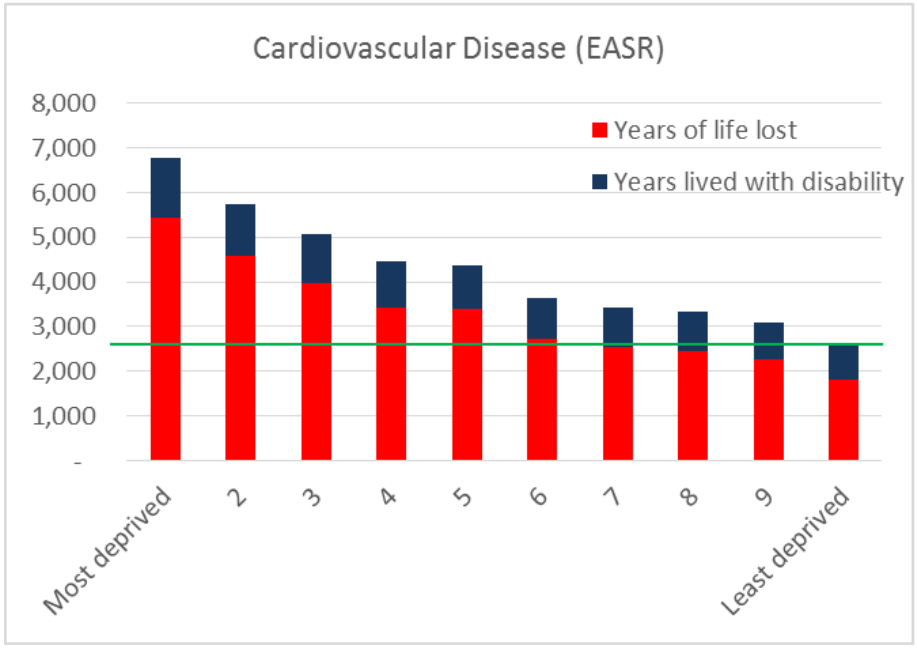
Least deprived


Cardiovascular Disease (EASR)
8,000
7,000
6,000
5,000
4,000
3,000
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Years of life lost
Years lived with disability
Most deprived
2
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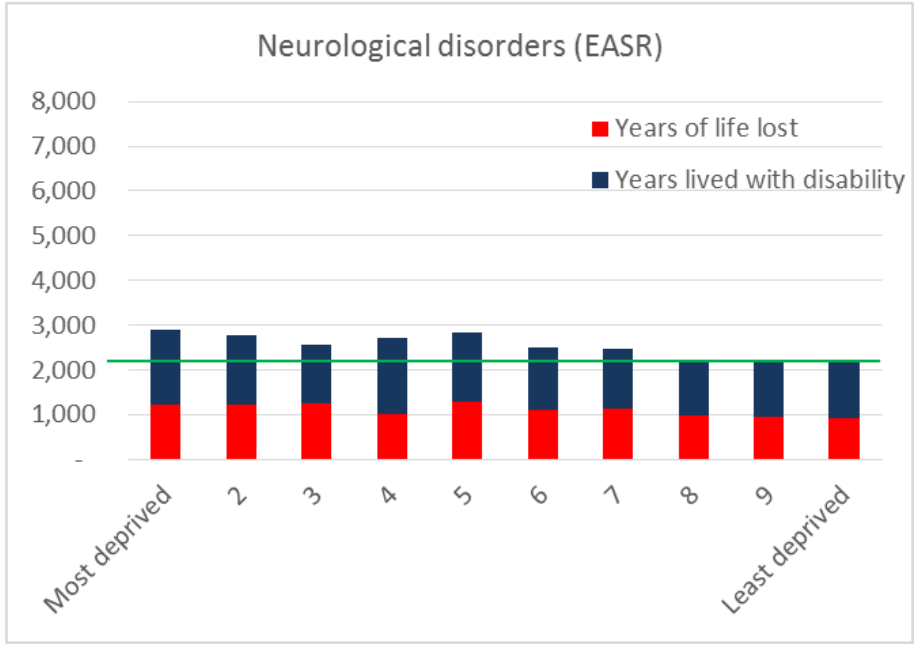
Least deprived


Neurological disorders (EASR)
8,000
7,000
6,000
5,000
4,000
3,000
2,000
1,000
-
Years of life lost
Years lived with disability
Most deprived
2
3
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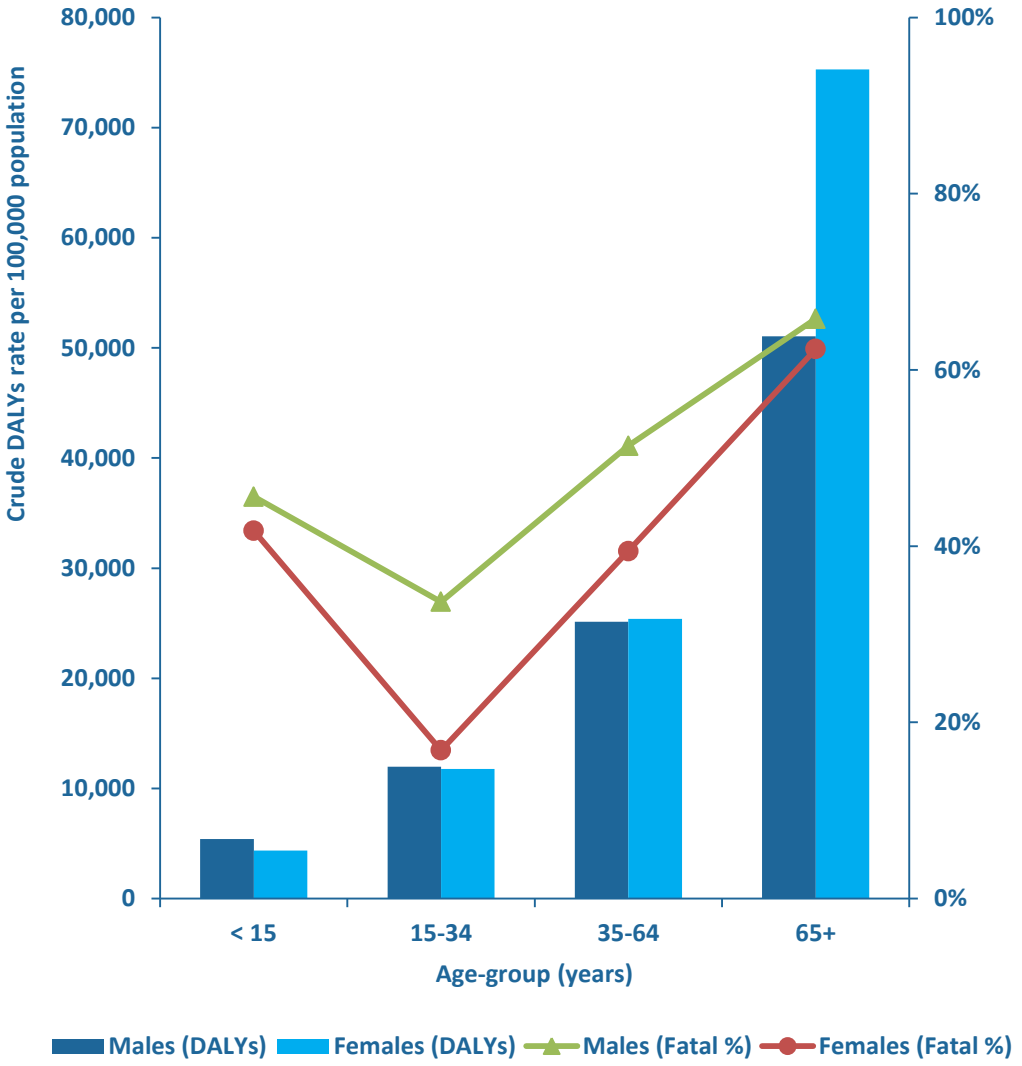
9
Least deprived

Burden by age and gender



0 to 14 years

Congenital anomolies

Neonatal and pre-term birth complications

15 to 34 years

(Both) Drug use disorders, depression, neck/lower back pain

(Males) Suicide and self-harm, alcohol dependence

(Females) Migraine, anxiety disorders

35 to 64 years

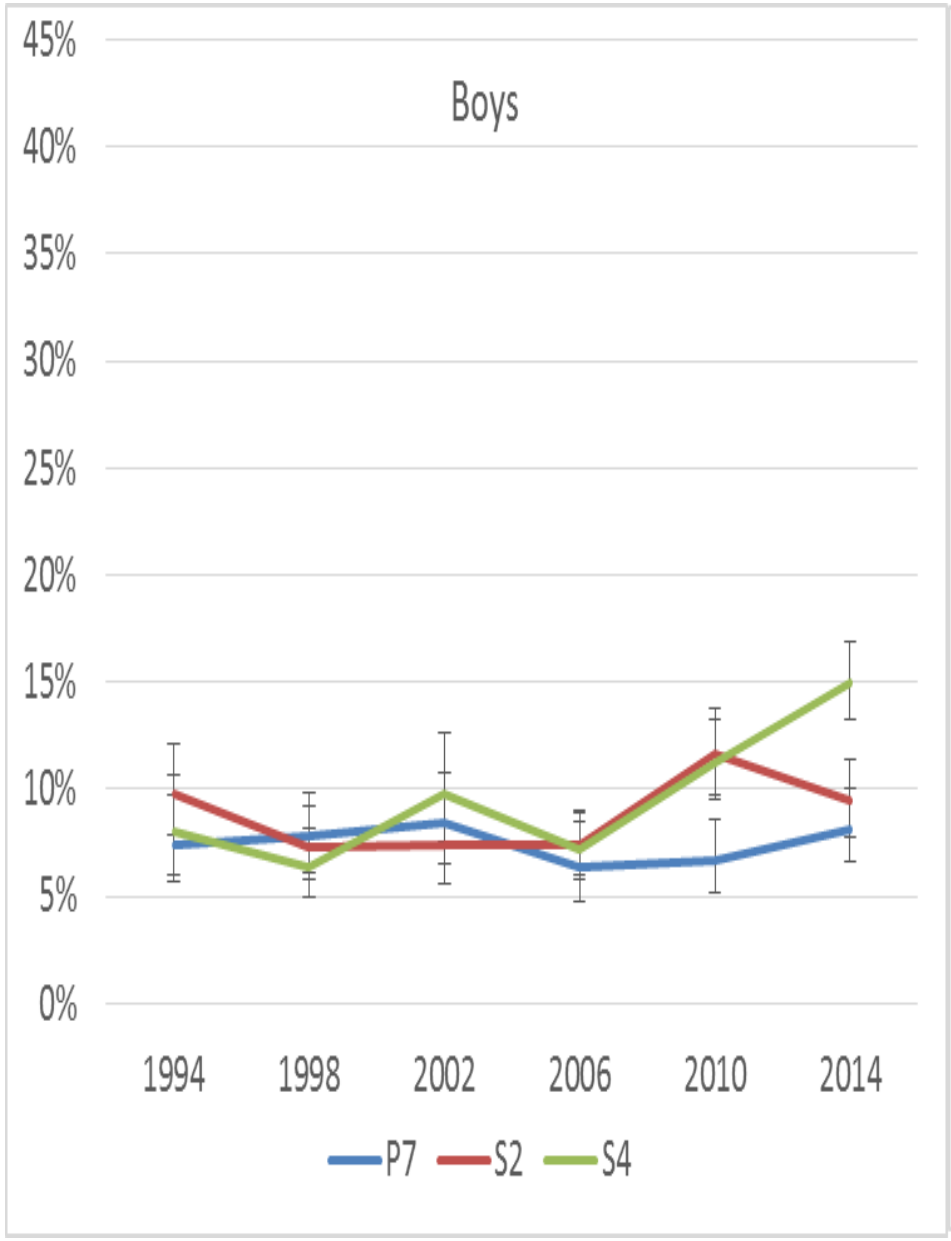
(Both) Depression, neck and lower back pain

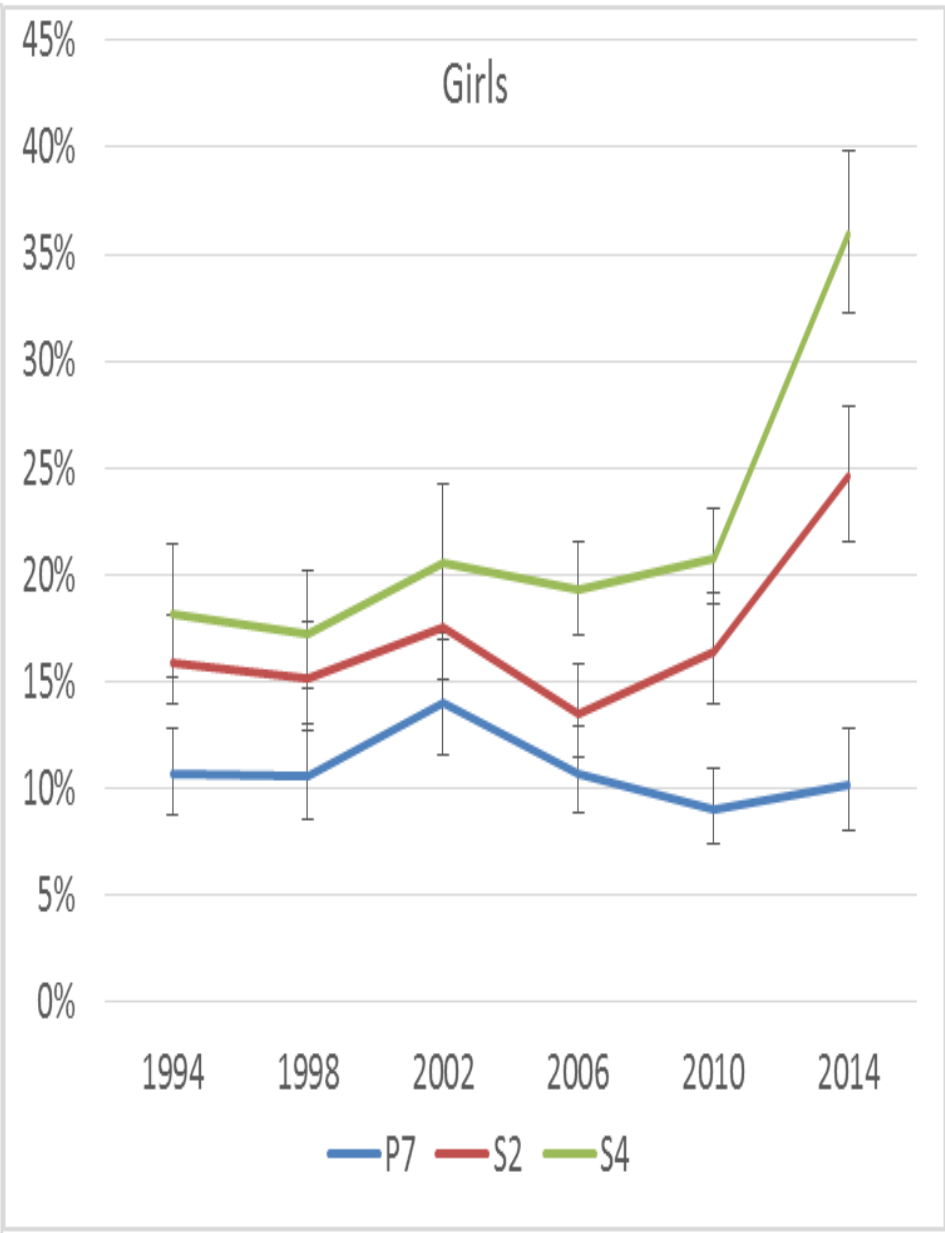
(Males) IHD, cirrhosis, drug use disorders

(Females) Migraine, anxiety disorders, COPD

65 years and above

(Both) IHD, lung cancer, Alzheimer's, COPD, stroke

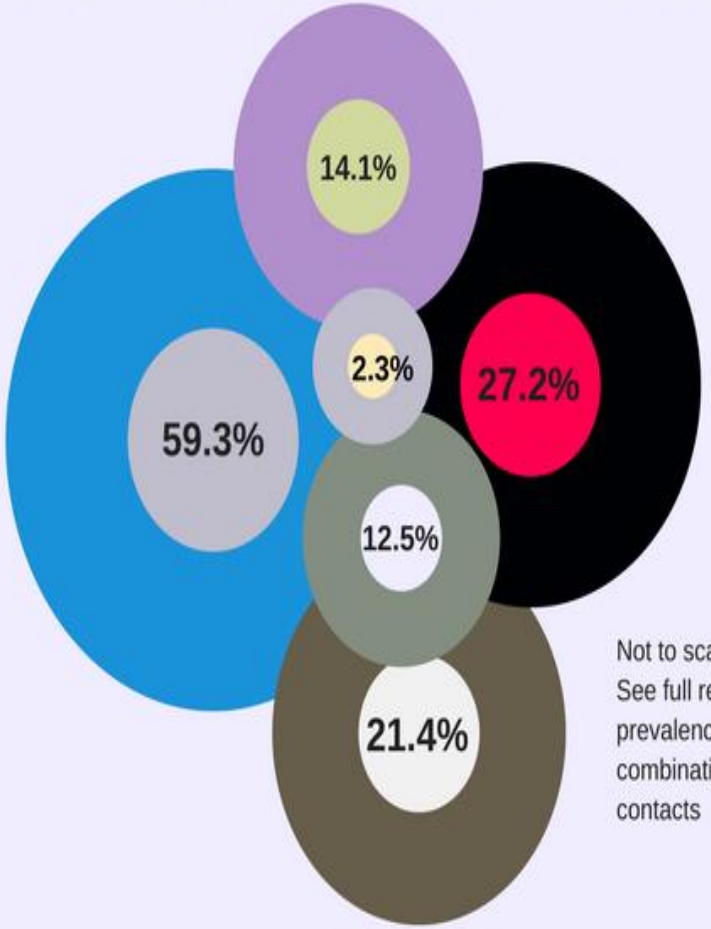

Boys
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
1994
1998
2002
2006
2010
2014
P7
S2
S4


Girls
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
1994
1998
2002
2006
2010
2014
P7
S2
S4


Probable suicides in Scotland 2009 - 2015*
rates per 100,000
16.8
5.4
28.9
9.0
36.3
12.3
32.1
11.8
22.6
8.5
13.6
5.1
14.7
4.1
15 - 24
25 - 34
35 - 44
45 - 54
55 - 64
65 - 74
75 +
* 5 - 14 are not included due to small numbers

Probable suicides in Scotland 2010 - 2015

Health service contact

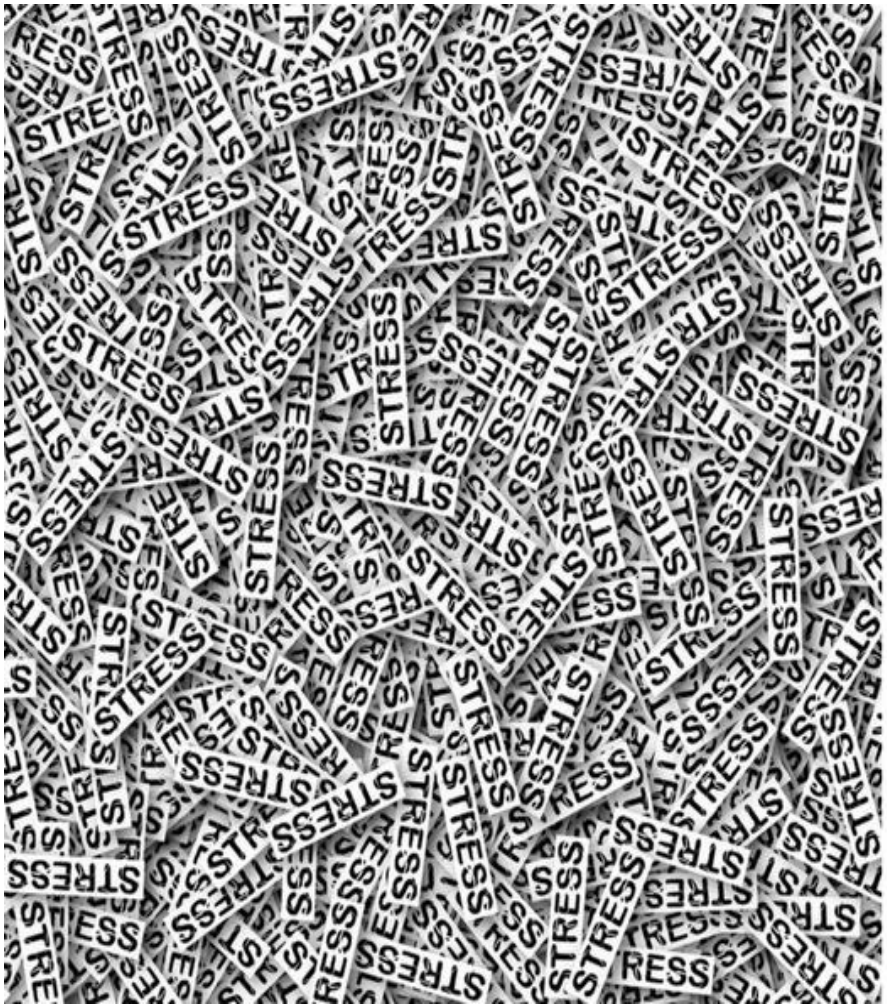


Not to scale.
See full report for prevalence of combination contacts

- **Mental Health Drug Prescription**
- **A&E Attendance**
- **Psychiatric Outpatient Appointment**
- **Acute Inpatient Stay**
  selected diagnoses, primary position
- **Psychiatric Inpatient Stay**
- **Specialist Drug Treatment Initial Assessment**

Multiple combination contacts occur and are counted individually

Workplace mental Health

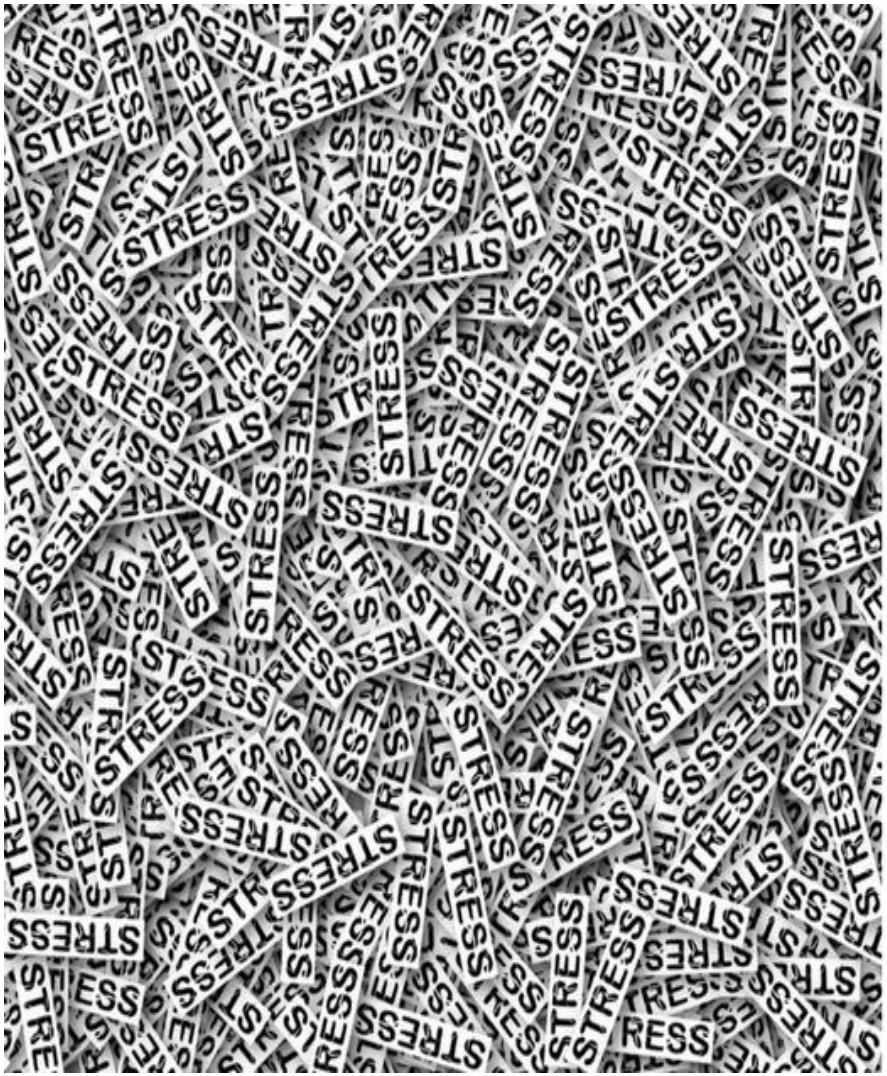


0.5 million

Workers in the UK suffer from work related stress, anxiety and depression*

*New and longstanding conditions 2015 / 2016

Source: Health & Safety Executive 2017



11.7 million

Working days lost as a result

Source: Health & Safety Executive 2017

Good **mental health** for all

Good Mental health:

"is not only the absence of mental health problems but is a state of [mental] wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community"

WHO 2007

Mental Health Strategy 2017-27

- 40 initial recommendations
- Key themes
  - Prevention, early intervention and physical health
  - Access to treatment and joined up accessible services
  - Rights, information use and planning

- Promotes parity of esteem
- Challenge stigma and discrimination
- Focus on Ask Once, Get Help Fast (services)


NHS
Health
Scotland
Good
mental health for ALL

What drives inequalities in mental health

Figure 2: Theory of causation

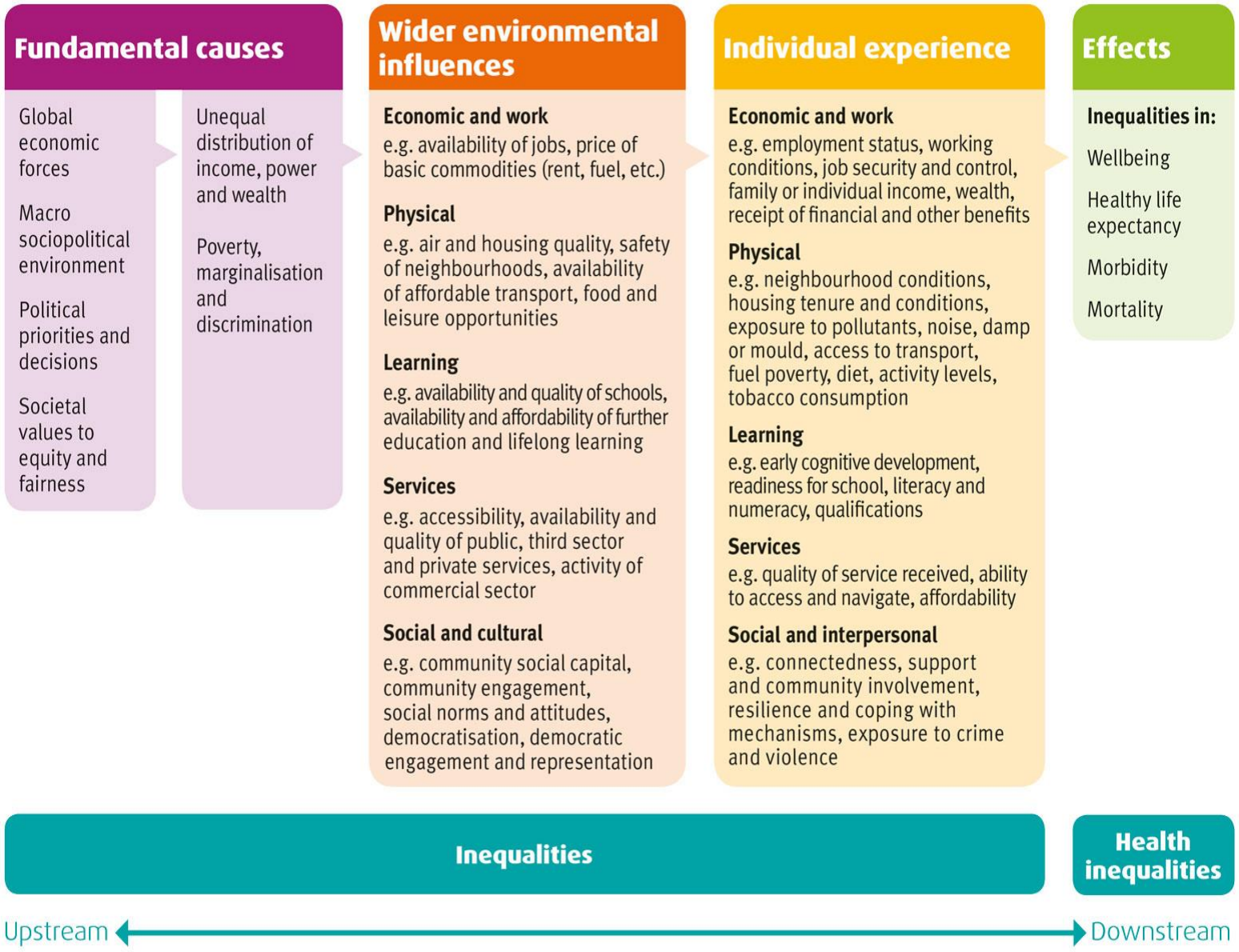


Figure 1: An illustrative list of things that determine our mental health[17,18]

Environmental factors

Protective factors

- Social protection and active labour market programmes against economic downturn
- Equality of access to services
- Safe, secure employment
- Positive physical environment including housing, neighbourhoods and green space

Risk factors

- High unemployment rates
- Economic recession
- Socio-economic deprivation and inequality
- Population alcohol consumption
- Exposure to trauma

Social circumstances

Protective factors

- Social capital and community cohesion
- Physical safety and security
- Good, nurturing parental/care relationships
- Close and supportive partnership/family interaction
- Educational achievement

Risk factors

- Social fragmentation and poor social connections
- Social exclusion
- Isolation
- Childhood adversity (neglect, abuse, bullying)
- (Gender-based) violence and abuse
- Family conflict
- Low income/poverty

Individual factors

Protective factors

- Problem-solving skills
- Ability to manage stress or adversity
- Communication skills
- Good physical health and healthy living
- Spirituality

Risk factors

- Low self-esteem
- Loneliness
- Difficulty in communicating
- Substance misuse
- Physical ill health and impairment
- Work stress
- Unemployment
- Debt

Mental Health Inequalities

- Poor mental health has significant impact on individuals and populations
- Achieving good mental health is the responsibility of all agencies and policy areas
- Where an individual “sits” in society influences their mental health & wellbeing
- Those with poor mental health are at greater risk of social exclusion and poor social and health outcomes
- Experiences in early years impact for the rest of life

Addressing mental health inequalities – key areas

- Early years
- Low income and debt
- Unemployment/poor quality employment
- Violence and abuse
- Poor physical and social environments
- Unequal: access to work; healthcare services
- Stigma and discrimination

Supporting children and young people children

- Support good maternal mental health
- Promote good parent-child relationships
- Prevent mental health and behaviour problems
- Promote readiness for school, especially vulnerable groups
- Reduce impact of child poverty

Low income and debt

- Ensure everyone who cannot earn, have sufficient income for healthy liviing:
  - Promote and deliver financial inclusion services
  - Provide accessible services and support for debt advice
  - Promote non premium rates for essential services
  - Enforce the OFT guidelines on responsible lending

Promoting Healthy Work

- Increase the quantity of work available
- Promote a “living wage” and sustainable employment
- Provide better practical support (childcare, LTC) to help people get and keep jobs
- Improve the quality of work
- Adopt a mentally healthy workplace standard

Improving Physical and Social Environments

- Ensure everyone has access to a quality home that is warm, dry and affordable
- Tackle fuel poverty through warmth and energy efficiency schemes
- Facilitate better access to good quality green space
- Use the Place Standard to engage with communities to integrate health, housing, environment, transport, community and spatial planning

Reducing Social Isolation and Loneliness

- Support improved quality and extent of social networks
- Promote a feeling of neighbourliness and belonging
- Develop wider community safety initiatives
- Sustainable and accessible transport
- Engage local communities in having a say

- Links to work around place

Improving Access to [healthcare] Services

- Develop services based on need and equity to ensure fair access
- Support appropriate training to promote parity of esteem
- Target and tailor activities that promote health and prevent ill health and provide additional support where required

Mitigating against Violence and Abuse

- Develop broad based strategies that challenge norms that lead to/sustain abuse
- Promote routine enquiry approach across all services
- Implement school based problems and early years interventions that support longer-term prevention

How do we maximise our collaborative assets?

Partnership approach

Reduced reliance on services and agents with greater use of self-help and self-management approaches.

Healthier lifestyle, improved physical health, improved quality of life and increased life expectancy, improved recovery from illness and fewer limitations in daily living.

Higher educational achievement and attainment.

Individuals empowered to take action to bring about change in their lives or within their community.

Enhanced mental wellbeing within neighbourhoods and communities through increased participation in community life

Reduction in workplace absence and greater performance and productivity, employment and earnings.

Improved relationships, pro-social attitudes and behaviours and increased social cohesion and engagement and reduction in crime.


Curious Sloth
Photography

To access inequalities briefing paper and other mental health improvement resources, go to www.healthscotland.com/mentalhealth

Shirley.windsor@nhs.net

M: 07500 854 552

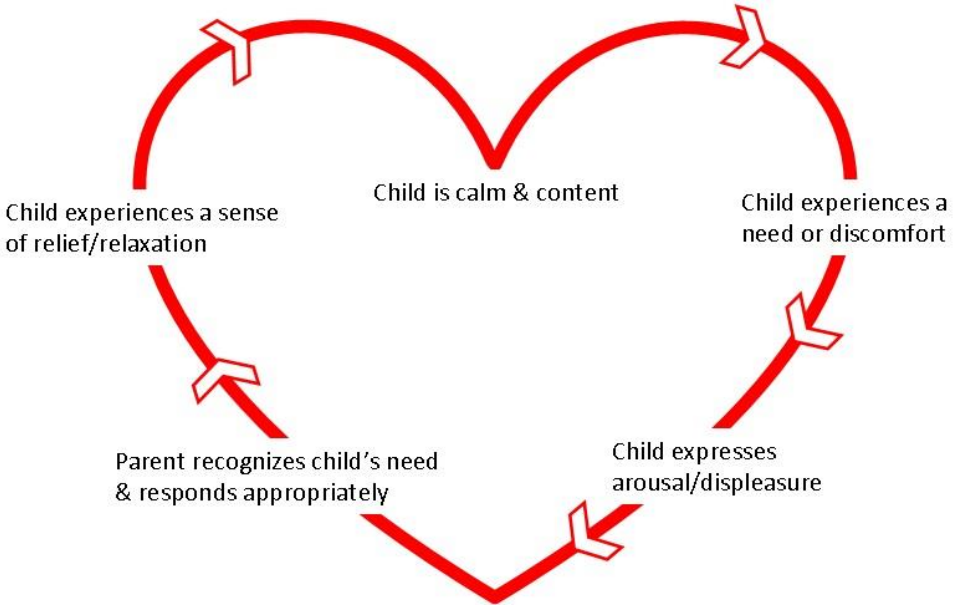
Comfort Break

10.25am to 10.40am

DOES OUR FOUNDATION IMPACT OUR PRESENT

TINA HENDRY- NOV 17

WHY ATTACHMENT MATTERS



ADVERSE CHILDHOOD EXPERIENCE (ACES)

Adverse Childhood Experiences Are Common

Household dysfunction:

Substance abuse	27%
Parental sep/divorce	23%
Mental illness	17%
Battered mother	13%
Criminal behavior	6%

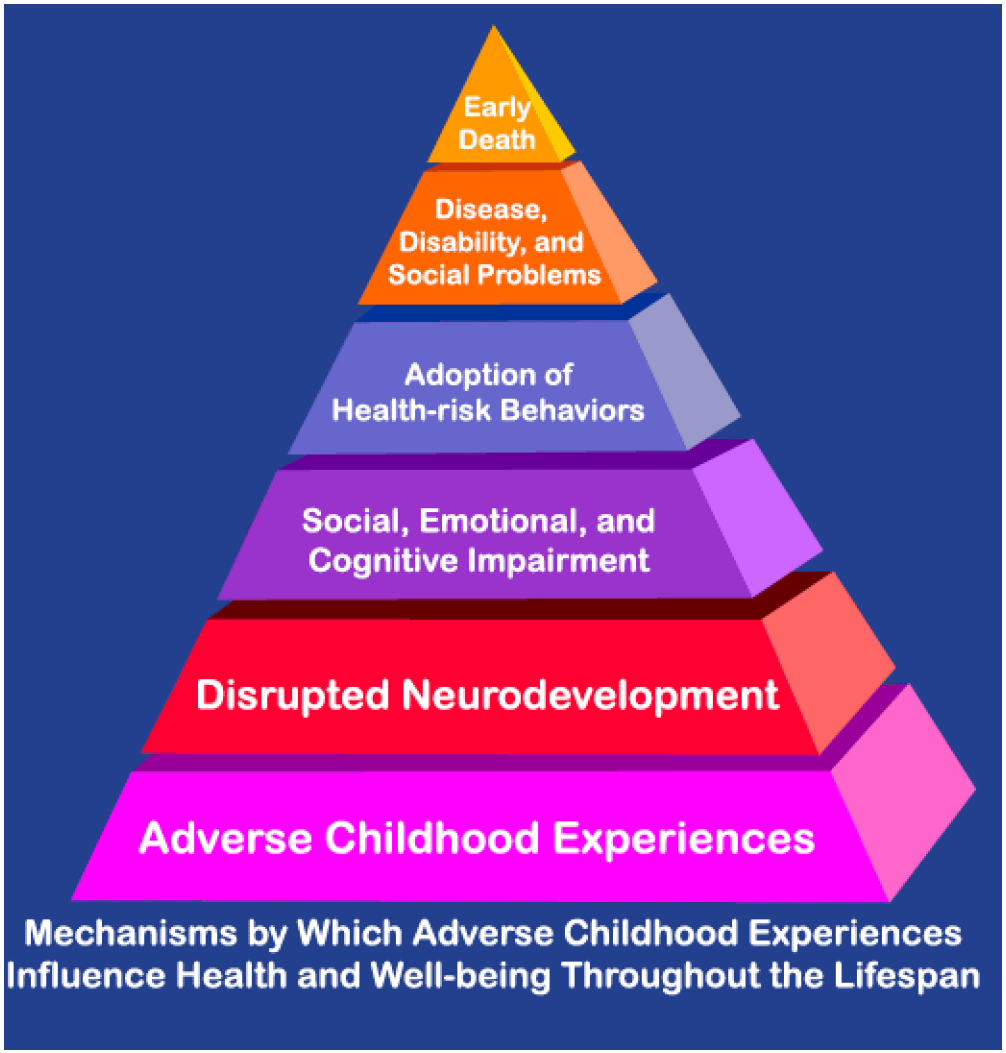
Abuse:

Psychological	11%
Physical	28%
Sexual	21%

Neglect:

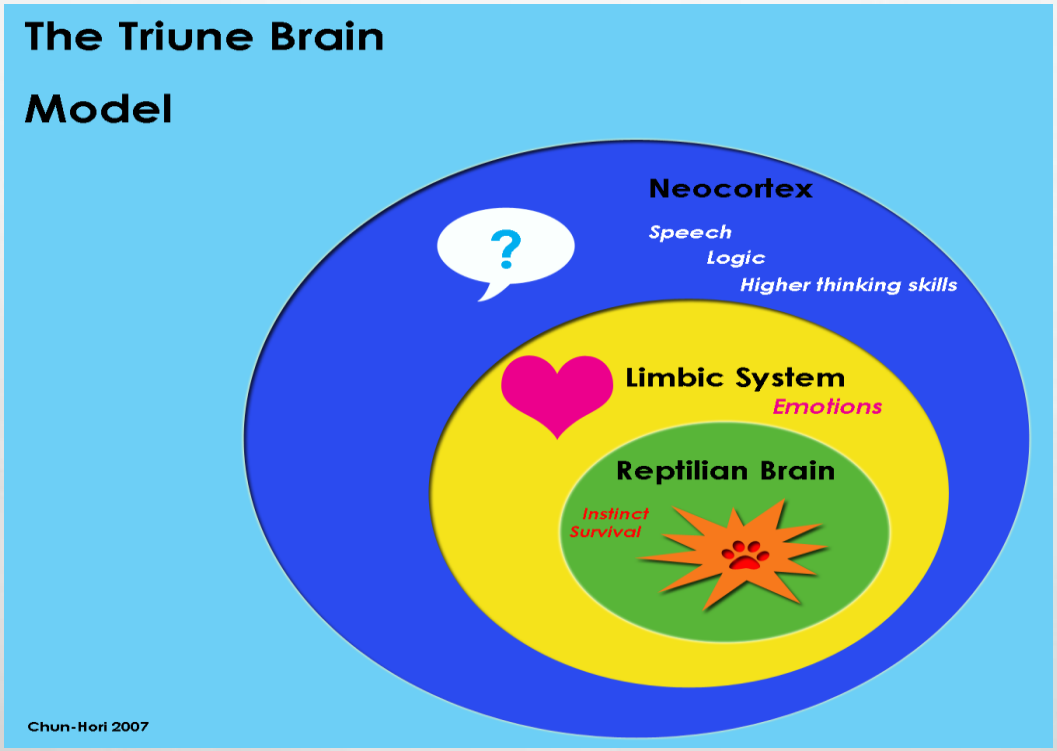
Emotional	15%
Physical	10%

ACES EVIDENCE



EMOTIONAL AVAILIBLITY

TOXIC STRESS & BRAIN DEVELOPMENT



SELF REGULATION V DEFIANCE

- 4 OR MORE ACES
- 32 TIMES MORE LIKELY TO HAVE LEARNING DISABILITIES OR BEHAVIOURAL PROBLEMS

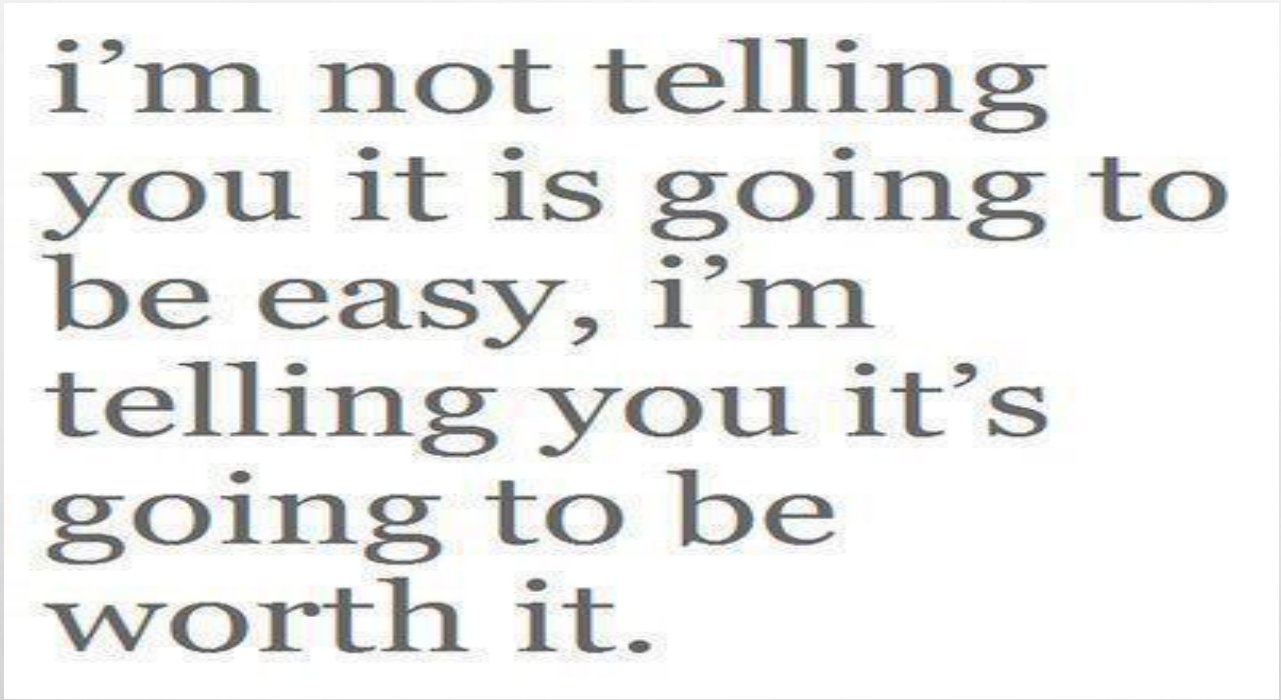
WHY WE MUST BE ATTACHMENT AWARE AND TRAUMA INFORMED IN SCOTLAND

- 80% YOUNG MALES IN PRISON FOR VIOLENT CRIME HAVE BEEN THROUGH THE CARE SYSTEM (ECHR, HOW FAIR IS BRITAIN 2010)
- 27 000 CHILDREN HAVE ONE PARENT IN PRISON (FAMILIES OUTSIDE 2016) (1 XACE)
- 65% OF BOYS WITH A CONVICTED PARENT GO ON TO OFFEND (FAMILIES OUTSIDE 2016
- THE RISK OF PSYCHOSIS IN ADULT LIFE IS INCREASED ALMOST 3 FOLD FOR THOSE WHO HAVE BEEN MALTREATED IN EARLY LIFE *VARESE ET AL 2012*

OKANOGAN & WALLA WALLA COUNTY S

- SINCE TRAINING ALL TEACHERS AND STUDENTS ABOUT ACES AND TOXIC STRESS
- YOUTH ARRESTS FOR VIOLENT CRIME ARE DOWN BY 66%
- INCREASING YOUTH SUPPORT PROGRAMS AND COMMUNITY AWARENESS OF ACES
- YOUTH SUICIDE RATES DOWN BY 59%

ACE AWARE TRAUMA SENSITIVE PRACTICE WILL MAKE A DIFFERENCE TO OUTCOMES IN SCOTLAND



SEE THE CHILD NOT THE BEHAVIOUR

- THANK YOU !
- ANY QUESTIONS ?

Grounds for Learning – Nurturing Nature Project

Alison Motion
Scotland Director
amotion@ltl.org.uk

Grounds for Learning is the operational name in Scotland of the UK charity *The Learning Through Landscapes Trust*

Background – Grounds for Learning

UK and Scottish Charity that:

- Advocates for outdoor learning and play from 0-18
- Inspires and enables the design and development of **outdoor environments to support children's development**
- Inspires and enable teachers and early years practitioners to develop confidence, ideas, and skills to **lead and foster learning and change in their setting**
- Cited in "My World Outdoors" Care Inspectorate document. Resource produced to compliment our work and others in actively promoting environmental and outdoor play.

Grounds for Learning

Background – Grounds for Learning

- Early Years – Nurturing Nature
- Scottish Natural Heritage (SNH) 100 schools project
- Polli:Nation – Heritage Lottery Funded
- Individual schools and teachers undertaking our GTCS accredited programme for professional recognition in outdoor learning.
- 3 current Erasmus+ programmes
    a) Early Years - newest teaching approaches relating to outdoor s from Scandinavia, UK and others. Handbook produced at completion.
    b) Primary Schools – inspiring, motivating and upskilling teachers to teach outdoors in their current spaces, and identifying changes to make it better
    c) Skilling up professionals to work in schools . Training the trainers.

Grounds for Learning

Background – Nurturing Nature

- Aim : increasing the well being and bond of parent and child.
- 8 local authority areas over 4 years
- Capacity building project
- Parent and child outdoor connection project
- Targeted at families who may not be particularly engaged with the nursery.

Grounds for Learning

"When I come back after our time outdoors, nothing seems as bad as before I left".

- Parent

Nurturing Nature

- 8-10 week project – SIMD areas
- Child led play outdoors
- 1 member of staff shadows our team for entire set of sessions.
- Staff member leads next set of sessions and trains another member of staff.
- Play Day for whole nursery engagement
- Funded by the Scottish Government Children and Young People's Early Intervention Fund

"When I come back after our time outdoors, nothing seems as bad as before I left".

- Parent

Grounds for Learning

Nurturing Nature

- Outdoor Play as Early Intervention
- 2-5 year olds
- Secure attachment
- Increasing staff confidence
- Separate sessions including – dens, postman's walk, rope swings, water slides, mud slides, mud painting, fire and toast making, sword fighting, going on a bear hunt, hiding, finding, decorating yourself, the wood/space, leave no trace behind, floor books for recording

Grounds for Learning

"Taking the kids out doesn't have to cost a fortune".

- Parent

Risk Benefit Assessment

Grounds for Learning

Case Study 1

- Concerns about language and confidence. Possible deferral for P1
- Week 3 – made wooden stick swords and played at sword fighting. Mum joined in.
- Confidence increases (both Mum and son), self esteem boosted
- Often reverted to sword fighting , but also climbed trees, used the rope swing, hunted for mini-beasts, and made toast.

Grounds for Learning

"He has more confidence and now can speak more freely without getting shy. He enjoys spending time with me outdoors and I now love spending time with him" - Mum

Case Study 2

- Mark, aged 4, diagnosed as on autistic spectrum
- Nervous “out and about” and held on tightly.
- 10 minutes to the entrance to local woodland
- Found the “secret door” to the area.
- With Dad, Mark explored the area building a tent together. A wee spark was lit!
- Family visited there often, Mark’s confidence grew.
- He began to speak to other parents.☺
- At the entrance to the woodland, Mark would let go of dad’s hand and a confident wee boy would run ahead excited to get to the secret door to not only his but the group’s “wee oasis”.
- Planted some fruit bushes (with permission!) for the families to continue to care for and give a real sense of belonging.

Grounds for Learning

Case Study 3 – Parental Engagement

- Family had attended nursery for almost 2 years
- **Little engagement**
- Dad brought Mikey to nursery each morning normally a little late and “in a grump”.
- Mikey was always reluctant to get up in the morning and sat with staff for his first half hour of the session as he was tired.
- The family struggled to get him to go to bed at a reasonable time.
- Dad would drop him off and be away as quickly as he could. No interaction between him and staff. He did not even make eye contact.

As sessions went on the relationship between dad and staff grew, this allowed good interaction and encouraged Mikey to see nursery in a more positive light.

Dad also became involved in nursery as a parent helper which was not only a help in nursery but a real boost in self confidence for dad.

Case Study 4 – Siblings

Two siblings - close in age . One diagnosed with ASD.

- Outings could be challenging / Going out as a family was not always easy.
- People looking when your child “kicks off”. Assuming poor behaviour.
- Outings in the local community are dreaded by the parents due to Mia’s behaviour. Ends up usually with leaving and going home with 2 children in tears and stressed out parents.
- Invited on project by nursery staff. Dad decides to give it a go bringing both children.
- First session and Mia would not wear the waterproof clothing, Peter was happy to wear them but not Mia. Reassurance by staff that this was fine helped.
- Weeks 1 and 2 were hard going for dad. He was encouraged to follow Mia’s lead rather than expect her to follow the other children’s play. This started paying off, and Mia struck up a friendship giving dad time with Peter whilst staff supported Mia in her new found friendship.
- The whole family came along for a session as mum took a day off work to attend. Things can still be challenging when on outings but small steps are at least steps forward.

Grounds for Learning

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Grounds for Learning

Wild About Lanark

Guided Outdoor Play for Families

Jane Gracie & Jane Lennox


PEEP!
PEEP!


Wild About


GAP

Wendy McInally

RegenFX
‘The Street’

Reflecting on Assets. Feeling Good.

Val De Souza
Director, Heath & Social Care, South Lanarkshire Health & Social Care Partnership

11.55am to 1.00pm

Action Planning Workshop 1

1.00pm to 2.45pm

Action Planning Workshop 2

2.45pm to 4.00pm

Summing up & Next Steps

Jenny Hutton
NHS Lanarkshire


THANK
YOU!