Mental Health is Important

This chapter provides an overview of the report's main themes. It considers how mental health should be defined, highlighting important differences between positive and negative aspects of mental health. It goes on to explain why mental health is important at many levels - to individuals, to whole communities and to wider society. As well as noting the continuing challenges to mental health in NHS Greater Glasgow and Clyde (NHSGGC), it points to promising activities to improve mental health and wellbeing, which are further developed in each of the chapters that follow.
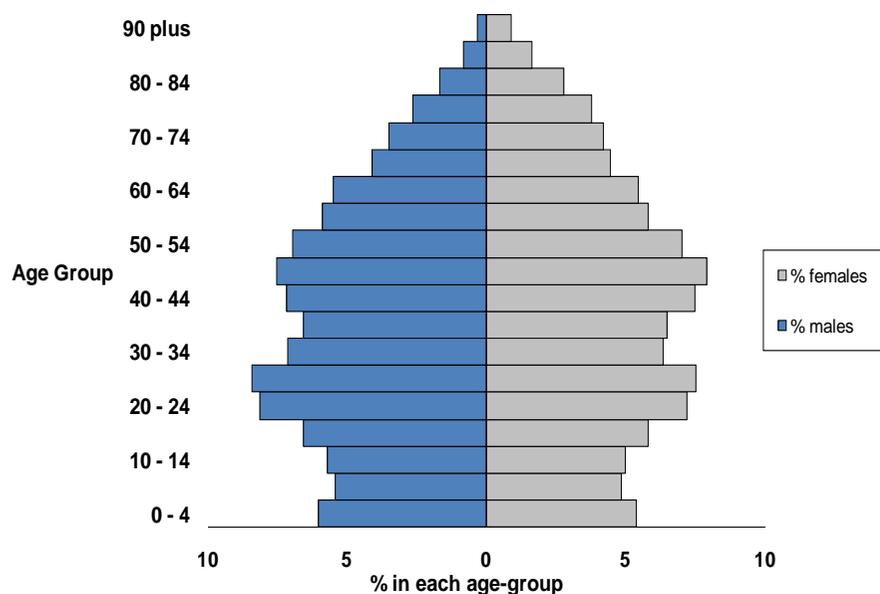
Evidence within this chapter highlights clear social inequalities in mental health, which suggests a need for more focused debate on how services should respond. UK Foresight's *Mental Capital and Wellbeing Project* (2008) emphasised the importance of considering mental health and wellbeing across the entire lifecourse, because human experience and interventions at one stage of life so powerfully affect an individual's mental capital and wellbeing for decades to come.[7] For very similar reasons, we have adopted a lifecourse perspective in considering mental health within the NHSGGC context.

Section 1:   The people of the NHSGGC area

1.1   NHSGGC serves a population of approximately 1.2 million people. The age and sex distribution of the population is described in Figure 2.1.

1.2   The estimated mid-2010 NHSGGC total population was 1,203,870. Of those, 194,562 (16%) were children and young people, aged under 20 years, with just over one third of these being under five. Adults (aged 20-64 years) represented the majority of the population (823,087; 62%) and a further 186,221 older adults accounted for the remaining 16%. Just over half of the total NHSGGC population is female (624,390; 52%).

Figure 2.1: Population pyramid for residents of NHSGGC Source: 2010 MYE (NRS (formerly GRO(S))

picture masks considerable internal variation within NHSGGC; the difference in average male life expectancy between the areas with the most and least favourable health status (East Dunbartonshire and Glasgow City respectively) amounts to 7.2 years, with average male life expectancy at birth in East Dunbartonshire exceeding the Scottish average by three years, whereas men in Glasgow City can, on average, expect to live four years less than the Scottish average.
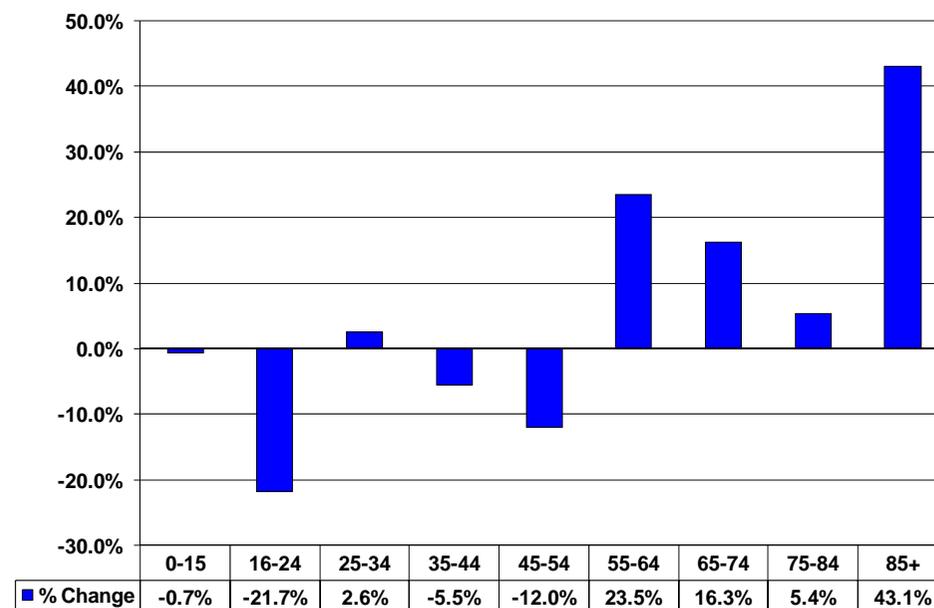
1.3   Population health status varies enormously between different geographical locations. For example, average life expectancy at birth in NHSGGC overall is 73.1 and 78.9 years for men and women respectively, well below the Scottish average (Table 2.1). However, this overall

Table 2.1: Life expectancy at birth by gender, 2007 to 2009
Source: NRS (formerly GRO(S))

CH(C)P	Male	Female
Glasgow City	71.1	77.5
East Dunbartonshire	78.3	83.1
East Renfrewshire	77.8	82
Renfrewshire	73.7	79.2
Inverclyde	73.1	79
West Dunbartonshire	72.5	78.4
NHSGGC	**73.1**	**78.9**
Scotland	**75.4**	**80.1**

Figure 2.2: Population projections for NHSGGC population: %Change 2008- 2021 Source: NRS (formerly GRO(S))

	0-15	16-24	25-34	35-44	45-54	55-64	65-74	75-84	85+
■ % Change	-0.7%	-21.7%	2.6%	-5.5%	-12.0%	23.5%	16.3%	5.4%	43.1%

1.4   Over the next ten years, our population demographics are predicted to change significantly (see Figure 2.2). By 2021, it is expected that the number of adults will fall overall, most notably in the 16-24 age group, followed by the 45-54 year olds. The most dramatic change will be in the ageing population, with the proportion of those over 85 years old expected to rise by over 40%.

Section 2:   Mental health: its nature and consequences

2.1   Mental health is defined by the World Health Organisation as:

"a state of wellbeing in which every individual realizes 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."[8]

2.2   Mental, physical and social wellbeing are virtually inseparable. Good mental health is a vital asset for individuals, families and society. It enhances healthy lifestyles, physical health and functional abilities and promotes recovery from illness. It also has important social benefits on educational attainment, economic productivity, social and family relationships, social cohesion and overall quality of life across the entire population.

2.3   Poor mental health is both a consequence and cause of inequalities and social exclusion; people with mental health issues experience many barriers to full participation in society, including overt stigma and discrimination.
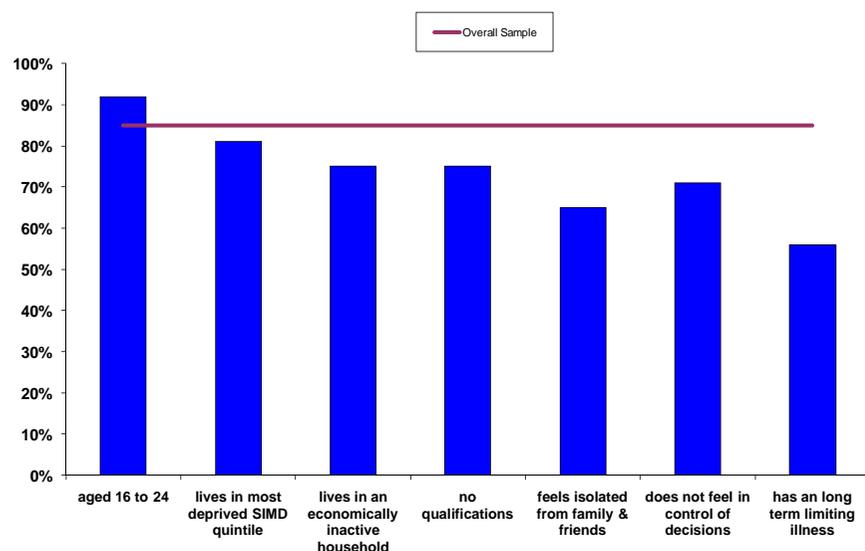
2.4   Mental health problems are one of our most pervasive public health challenges, estimated to contribute to a third of all illness and disability in Scotland. In Europe as a whole, the World Health Organization has calculated that neuropsychiatric conditions are the second largest cause of all poor health, accounting for one fifth of our total disease burden, exceeded only by heart disease. Depression and anxiety are the most common causes of mental ill-health and are important contributors to sickness absence from employment. Nine per cent of the Scottish population (age 15 and over) is estimated to take antidepressant drugs on a daily basis.[9]

2.5 Substance misuse and addiction problems are integrally linked with mental health. They embrace a broad spectrum across prescribed, legal and illegal substances, from people who use legal substances such as alcohol, tobacco or prescribed drugs at levels which impair their health; to those who use illegal drugs only once or rarely; to regular recreational drug users; and finally to people who are highly dependent on illegal drugs or alcohol. Problem drug and alcohol use exert a ripple effect across the population. In addition to their direct effects on the brain in those who consume substances, in whom it affects neural networks responsible for thinking, learning, attention, memory and behaviour, it has multiple secondary effects on the mental wellbeing of others, damaging social relationships, families and the lives of dependant children, who are critically dependent on nurturing relationships for a mentally healthy start in life.

Section 3:   The social determinants of mental health

3.1 The NHSGGC Health and Wellbeing Survey 2008 recorded the proportion of people with a positive perception of mental and emotional wellbeing across a range of profiles (Figure 2.3). Overall, 85% had a positive perception of mental health and wellbeing. The subgroup most likely to report a positive perception were those aged 16 to 24 years old (92%); in contrast, those least likely to do so were those who felt isolated from family and friends (65%) and those with long-term limiting illness (56%).

Figure 2.3: **Positive Perception of Mental and Emotional Wellbeing - % of Respondents by Selected Indicators, adults aged 16+**
Source: NHSGGC Health & Wellbeing Survey 2008

even relatively small levels of inequality can have significant effects on health. Several reports have described patterns and trends in mental health across NHSGGC and in smaller neighbourhoods, further described below.

3.3   Until recently, there was no systematic assessment of the mental health profile of the Scottish population, making it difficult to measure improvement or to track progress. However, NHS Health Scotland has now developed indicators to address this at a national level and work by Glasgow Centre for Population Health (GCPH) has developed this further at a local level.[10] These data are discussed further in Chapter 5.

3.2   Growing social and economic inequalities contribute to levels of anxiety, depression and stress. It is therefore unsurprising that mental health patterns in NHSGGC are very closely aligned with other social inequalities. Societies with greater inequality have a greater prevalence of a range of mental health problems and

3.4   GCPH's 'Turning the tap off', report described trends in incapacity benefit claimants in Glasgow between 2000 and 2005 recent years.[11] One of its main findings is that over 50% of claimants in Glasgow had a mental health diagnosis.

3.5 GCHP's [The Shape of Primary Care](#) report predicted that patients attending practices serving predominantly deprived areas were more than twice as likely to present with mental health problems as those from one of the least deprived areas.[12] Depression was also documented more frequently as a co-morbid condition among patients with coronary heart disease in more deprived practices. There are profound socioeconomic and geographic variations in mental health problems across NHSGGC, for example, in rates of suicide (Figure 2.4) and psychiatric admissions to hospital (Figure 2.5).

**Figure 2.4: NHSGGC Suicides 2006–2009 Rates per 100,000 population aged 16+
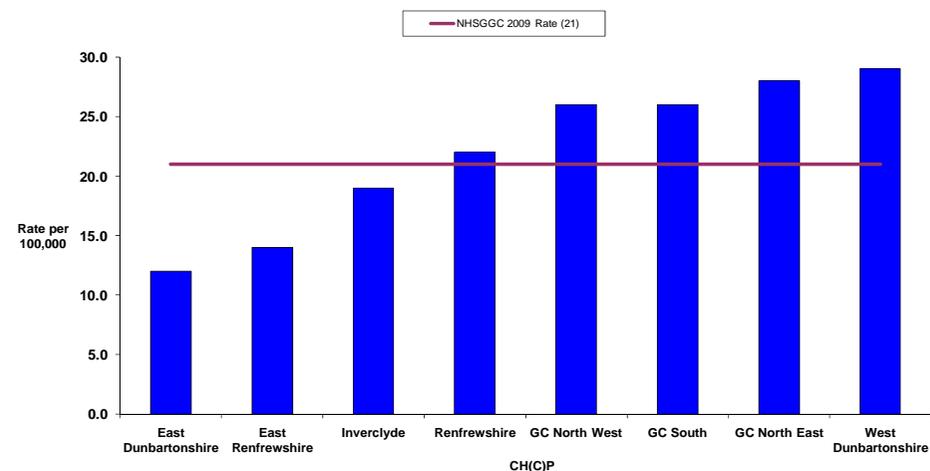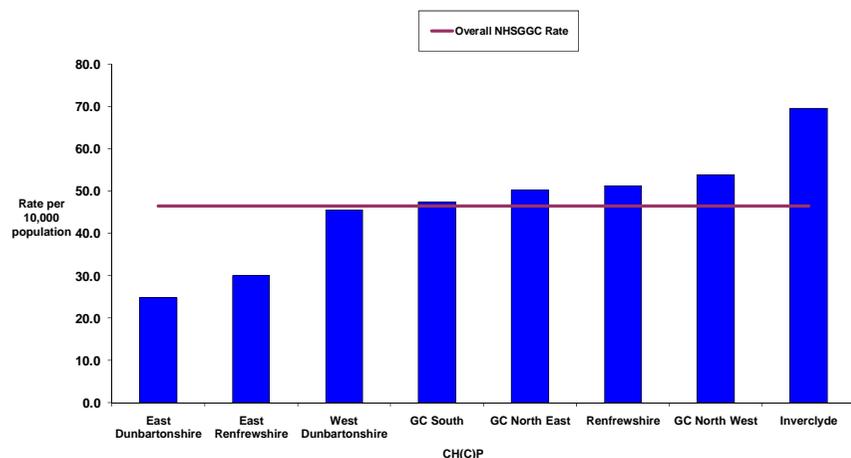Source: GCPH Mental Health Profiles**

Figure 2.5: NHSGGC Psychiatric inpatient admissions April 2008 to March 2011

3.6   East Dunbartonshire and East Renfrewshire have the lowest rates of suicide and psychiatric admissions in NHSGGC. These are well below the average of 46.4 per 10,000 population for NHSGGC as a whole. In contrast, Inverclyde have significantly higher than average rates of admission for psychiatric inpatients 69.5 per 10,000 population.

Section 4: Influences on positive and negative mental health

4.1   Several inter-related factors influence and determine our mental health status (Table 2.2).[13] Many of these influences start before birth and continue throughout the life course.

Table 2.2: The social determinants of mental health

Society	Community	Family	Individual
Equality of opportunity	Safety and social order	Family structures and networks	Lifestyle (e.g. food, exercise, alcohol intake)
Employment opportunities	Housing and amenities	Family dynamics (e.g. high/low expressed emotion)	Attributional style (i.e. how events are understood) and self efficacy
Social cohesion	Quality of physical environment and green space	Genetic characteristics	Financial security
Educational opportunities	Social connections and networks	Inter-generational relationships	Physical health
Health care provision	External influence and control	Parenting skills and resources	Individual relationships

4.2 The physical and social environment in which people live and work exert powerful effects on their wellbeing, mediated through the houses they inhabit; the neighbourhood's cultural and social patterns; the quality of its local facilities; and how easy it is to move from one place to another. People feel better and more positive in places that provide comfort, stimulation, as well as opportunities to learn, share experiences and form connections.

4.3 There is a very strong body of evidence demonstrating that certain fundamental human needs, particularly the ability to undertake personally meaningful activity and to sustain reciprocity in relationships with others, are vital for sustaining good mental health.

Section 5: The natural environment as a determinant of mental health

5.1 The importance of natural environment in preserving and promoting human health is now being increasingly recognised. Research indicates that green spaces improve mental health and overall quality of life.

Opportunities to be outdoors, in fresh air and to be in contact with plants and animals have a profound impact on wellbeing. Green spaces provide a place to exercise. The more time people spend in outdoor green spaces, the less stressed they feel. This is true regardless of their age, gender, and socio-economic status.

5.2   There is growing evidence that the positive effects of high quality green space and the natural environment may be further enhanced by outdoor physical activity, which also exerts an independent effect on mental health in its own right, as discussed in the next section.

Section 6:   Impact of physical activity on mental health

6.1   Physical activity benefits mental as well as physical health. The new UK physical activity guidelines recommend a renewed focus on being active every day. Minimum levels of activity for adults are as follows[14]:

Adults (19-64 years old) and older people (65 plus): should aim to be active daily. Over a week, activity should add up to at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more. Muscle strengthening activity should also be included twice a week.

6.2   Most people are aware of the physical and mental benefits of physical activity and recent surveys show that population attitudes towards physical activity are generally positive.[15] An understanding of the benefits, however, does not necessarily lead to increased levels of physical activity among the population. Elderly people often find environmental barriers particularly problematic.

6.3   Younger people and those in less deprived areas are more likely to report higher levels of physical activity. However, those in more disadvantaged areas are less likely to exercise and are less convinced of its benefits, citing barriers such as lack of motivation and accessibility, availability and quality of facilities. Overall,

those in most disadvantaged situations due to poor life circumstances or poor health, are less likely to undertake physical activity and hold stronger views that external factors, such as social and environmental, inhibit them.

6.4   Research suggests that levels of physical activity may be linked to perceived degree of control over issues such as body size and metabolism; those who feel less in control are less likely to be active. Thus, better transport links and improved facilities may not be enough to encourage more people to undertake more physical activity.

Section 7:   Arts, culture and mental health

7.1   Art, dance, and music therapy are well established in mental healthcare. They are also widely advocated for promotion of positive mental health. However, the evidence base for any measurable benefits on health status *per se* is currently inadequate and needs to be improved. There is some limited observational research conducted in Sweden over 15 years ago which suggests that, after controlling for all other variables, involvement in cultural events, reading and music is related positively to longevity and health.[16] There is also a plethora of descriptive reports of wide-ranging positive health and social outcomes attributed to participation in creative arts. However, these contrast with a dearth of well designed controlled interventional studies. Cited benefits for arts participation suggest that they may:

- Contribute to effective health education
- Contribute to a more relaxed atmosphere in health centres
- Help improve the quality of life of people with poor health
- Provide a unique and deep source of enjoyment
- Help people develop their creativity
- Satisfy needs relating to health, education, community development and happiness
- Encourage people to accept risk positively

- Help community groups to raise their vision beyond the immediate

- Raise expectations about what is possible and desirable.[17]

7.2　In summary, the anecdotal health and wellbeing benefits so consistently attributed to involvement in artistic and cultural activities suggest that there may be a plausible link to mental health outcomes, but this requires to be tested much more rigorously in order to generate the critical mass of evidence needed before investment in this area should be extended.

Three extensive systematic reviews in this topic area provide further detail of the current evidence.[18-20]

Section 8:　Mental health improvement work in Glasgow

8.1　NHSGGC has made real progress in developing its strategic approach to the promotion of population mental health at Health Board, CH(C)P and Community Planning Partnership levels. A locally developed strategic framework for mental health improvement, 'No Health Without Mental Health', provides an overarching guiding approach for this work.

8.2　'No Health Without Mental Health' is a framework to guide strategic planning and actions at local level, with a particular focus on Community Health (and Care) Partnerships and Community Planning Partnerships. It connects closely with wider government policy, including Towards a Mentally Flourishing Scotland, Choose Life suicide prevention policy and wider mental health policy. It is also in tune with the preventative approaches recommended in the Christie report.[21]　This strategic framework is being actively used as a guide to inform planning and delivery across the Health Board area.　Local mental health improvement development work is also actively drawing on other development resources, such as the work of the Anti-Stigma Partnership and Choose Life Programmes.

8.3　Each chapter in this report showcases real world examples of mental health improvement initiatives that

are appropriate to each period across the lifecourse. However, there are some unifying actions that are relevant to all. The UK Foresight Project proposed five actions for individuals that can be used to promote public understanding and engagement with mental health improvement. These are:

- **Connect** with the people around you. With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you every day.

- **Be active**... Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.

- **Take notice**... Be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you appreciate what matters to you.

- **Keep learning**…Try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you enjoy achieving. Learning new things will make you more confident as well as being fun.

- **Give**… Do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out, as well as in. Seeing yourself and your happiness linked to the wider community can be incredibly rewarding and creates connections with the people around you.

8.3   Case studies

Case study 1: 'Branching Out' is a collaboration involving NHSGGC, the Glasgow Centre for Population Health, Forestry Commission Scotland and others. It promotes the health of people who use mental health services through structured environmental and conservation programmes using Forestry Commission woodlands. People develop new skills, which can lead to new interests or vocational training. Some participants have obtained the internationally recognised John Muir Conservation Award. Results from the Branching Out programme evaluation are promising. There are low dropout rates (75% completion); significant increases in physical activity levels; self reported improvements in confidence and self-esteem; and a strong appeal across age ranges and genders.

Case study 2: The Alec Finlay Home for a King/waiting room in the park project has opened up a new entrance at Springburn Park for Stobhill Hospital patients, staff and visitors. Boulders engraved with poetry, a bird box walk and benches seek to encourage people to use the green space, to walk and to wait in a natural environment.

Case study 3: The Scottish Mental Health Arts and Film Festival includes writing workshops, community theatre, exhibitions, concerts and a short film competition. International figures in music and literature feature. Local communities and service users also contribute. The festival has been successful in involving people who are less likely to attend arts events: those from areas of multiple deprivation; BME communities; and those who experience poor mental health. Those who attend events report being motivated to reconsider their conceptions of mental health and wellbeing, feel a keener understanding of the impact of stigma and heightened empathy for people who experience mental health problems.

Section 9: Recommendations

9.1 Good mental health and wellbeing is a positive resource for individuals, communities and society. The promotion of good mental health must be a priority area for action by all public sector agencies. We need to widen awareness of mental health issues and to understand better what helps and undermines good mental health and promotes resilience in coping with life's difficulties, as well as to enable access to quality services for those that need them.

9.2 The determinants of mental health problems are wide-ranging and include influences at all stages and aspects of life such as early life experiences, environment, employability, income, relationships and lifestyle. Mental health improvement needs to be included in all plans, strategies, policies and service designs, to understand and account for the needs of all age groups within the population, and to recognise the influence of inequalities.

9.3   We need to ensure that public policies, spending decisions and service design promote good mental health in the population and address inequalities in mental health.

9.4   We need to promote the value of positive environments and of activities and experiences that can promote good mental health and wellbeing, particularly physical activity. Promising interventions should be submitted to rigorous evaluation.

9.5   We need a much stronger focus and leadership to get our population more physically active. This will involve some high profile campaigns as well as an understanding in all services on the importance of physical activity to promote good mental health and access to services to support and motivate behaviour change. Even in times of austerity, we must continue to advocate active transport, cycle lanes, walking groups, good signage, cycle lane schemes and cycling proficiency in schools.