Glasgow's Healthier Future Forum 10

Inequalities and mental health: Debating the issues

Event Report
Thursday 2 December 2010

This report is a summary of the presentations and discussions from the GHFF10 event and does not necessarily represent the views of the GCPH

Overview

The 10th Glasgow's Healthier Future Forum took place at the Radisson Blu Hotel on Thursday 2 December 2010. This was organised by Glasgow Centre for Population Health (GCPH) in collaboration with Mental Health Foundation Scotland (MHFS) – with the theme of mental health and inequalities. The event was chaired by Dr Rosie Ilett, Deputy Director of the (GCPH). (For a copy of the event programme see Appendix 1).

The event brought together strategists, policy-makers and commissioners to consider key policy and planning issues and to think differently from a strategic perspective about a subject and approach that is highly topical and cross-cutting. The event engaged participants in commenting upon and shaping a briefing paper on mental health and inequalities for the Scottish Government currently being planned by GCPH and MHFS. The briefing paper will be referred to in more detail in this report in Isabella Goldie's presentation.

The forum attracted much interest and 75 participants attended (despite poor weather causing problems to many journeys including one of the presenters who was unable to attend). Appendix 2 contains the list of attendees, with 22 attending a Healthier Future Forum for the first time. Participants came from a range of disciplines and work settings, mainly located in Glasgow and the Central Belt. A number were from projects working to a specific population group focus, with others attempting to introduce inequalities thinking into mainstream mental health services.

The format of the event was mainly short presentations and group discussion but it began with a showing of the film *Sanctuary: Inside Stories* (directed and produced by Abigail Howkins, Diversity Films) which recently received the award for 'Highly Commended Best Documentary' in the Scottish Mental Health Arts and Film Festival 2010. The film gives moving insights into the impact of asylum on mental health through the experiences of a number of new Glaswegians who are asylum seekers or refugees, and was introduced by Neil Quinn from Positive Mental Attitudes. The film was followed by a presentation of mental health indicators for Glasgow by Dr Deborah Shipton (GCPH) that drew on a number of data sets to illustrate the effects of inequalities on mental health.

The joint keynote presentation by Isabella Goldie (MHFS) and Dr Pauline Craig (GCPH) then set out some of the frameworks in which to think about mental health and inequalities, the current policy context, and potential opportunities for change. Although the Scottish Government was unable to attend the event, Ms Goldie and Dr Craig covered the planned refresh of *Towards a Mentally Flourishing Scotland* and the opportunities for enhancing the inequalities focus.

A series of case studies followed from practitioners and researchers in the field. Chris O'Sullivan, Senior Project Manager from the Scottish Development Centre for Mental Health, talked about Mainstreaming Mental Health in Glasgow City Council Services through staff training and awareness raising; Dr Michael Killoran Ross, Clinical Psychologist from the STEPS team in Glasgow described the challenges in addressing inequalities in mental health issues at a local level and innovative ways of increasing accessibility to services, and Neil Quinn from Positive Mental Attitudes, Glasgow set out ways to implement systematic approaches to inequalities in East Glasgow. Due to the weather, Sheila McMahon, the Equally Well Lead Officer in Dundee on the StobsWELLbeing: Equally Test Site for Mental Wellbeing, could not attend.

The audience then worked in small groups to consider new ways to address mental health and inequalities issues within their own setting and how to effect change, then shared this with the wider group. There was much interest in continuing these discussions and in linking to the planned briefing paper, and the group feedback as noted below will help inform its development.

Presentations and key discussion points

Dr Rosie Ilett: Welcome and introduction

Dr Ilett welcomed everyone to the forum, noting that even in the current bad weather a still very impressive number of attendees had come along, although inevitably there had been some cancellations, including one of the planned speakers. She noted the importance of the topic and that this was a joint event organised by the Glasgow Centre for Population Health (GCPH) in collaboration with Mental Health Foundation (MHF). It was also noted that one of the intentions of the event was to bring people from across agencies and different specialist and interest areas to cross-fertilise thinking and action on mental health and inequalities.

Dr Ilett explained that there would be presentations from a number of agencies, with data and evidence, examples of good practice, and reflection on policy and interventions being shared. There would be an opportunity to work together in small groups to reflect on the presentations and to debate individual work experiences and insights. Dr Ilett then handed over to Neill Quinn from Positive Mental Attitudes, Scotland (standing in for Anne Hawkins, NHS Greater Glasgow and Clyde, who was unable to attend because of the weather) to introduce the first part of the day.

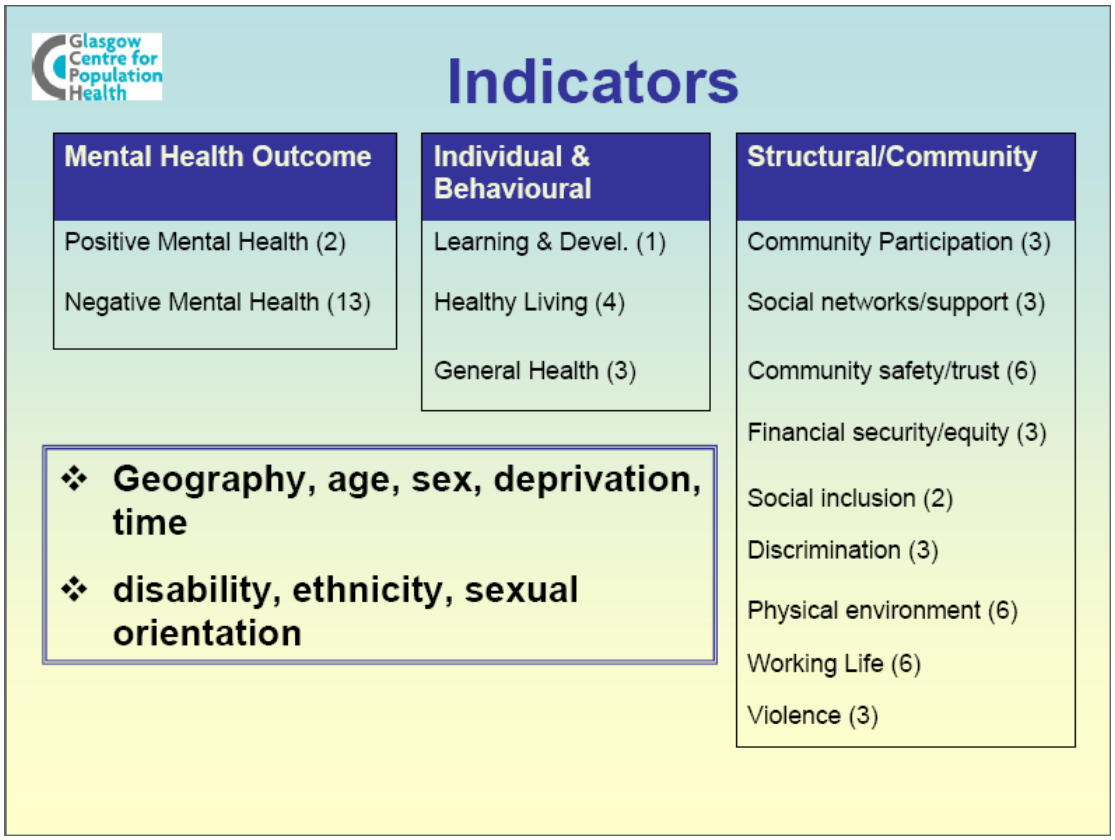
Sanctuary: Inside Stories

Neil Quinn introduced the film *Sanctuary: Inside Stories* (directed and produced by Abigail Howkins for Diversity Film) which was recently awarded 'Highly Commended Best Documentary' at the Scottish Mental Health Arts and Film Festival 2010. Mr Quinn pointed out that the film captures the experiences of asylum-seekers and refugees who have come to Glasgow in the last few years through their own voices, with the reflections of staff from mental health services that have worked with them. It demonstrates the pressures that people experience when leaving their home country and coming to Scotland, often as the result of very extreme circumstances, alongside trying to deal with the complexities of gaining status. More information about the film is available at http://www.positivementalattitudes.org.uk/programmes/sanctuary-training-and-film/.

Dr Ilett then introduced the first presenter of the morning, Dr Deborah Shipton (GCPH), who discussed evidence concerning the incidence of mental health, based on indicators being developed by herself and Bruce Whyte, also from GCPH.

Evidence – mental health indicators: Dr Deborah Shipton, Public Health Research Specialist, GCPH

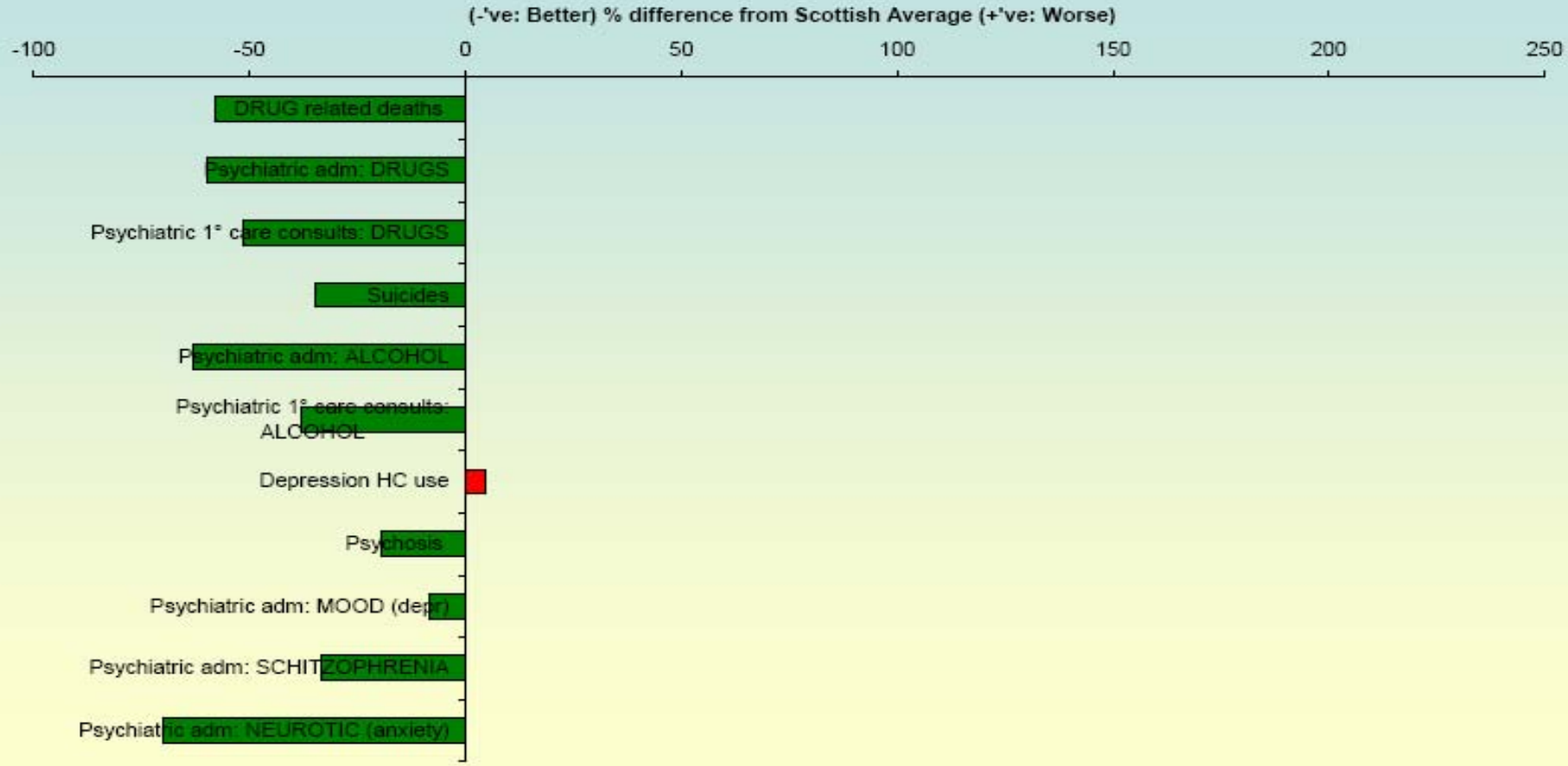
Dr Shipton began by contextualising the work in terms of earlier attempts by the NHS and others to chart patterns of mental health and ill-health within Glasgow and Scotland. She described the work that the GCPH is undertaking to develop a new set of mental health indicators for Glasgow by bringing together data from a range of sources that can help illustrate the links between poor mental health and social inequalities through generating new insights.



Dr Shipton said that for this presentation she would focus on data that demonstrated the links between poor mental health and geographical inequality, inequality by deprivation, inequality by age and sex and inequalities associated with increasing harm. She first discussed geographical inequality and mental health, drawing on data from admissions to NHS settings, mortality figures for drug deaths, and the issuing of prescriptions for diagnosed mental health conditions, and relating it to various areas of Glasgow that have different socio-economic profiles, as well as looking at comparisons across the NHS Greater Glasgow and Clyde area. As the next slides indicate, bringing different data sets together demonstrates the much higher incidence of mental ill health in areas of deprivation. East Dunbartonshire, one of the wealthy neighbourhoods in the Clyde area contrasts markedly with Glasgow City, for example.

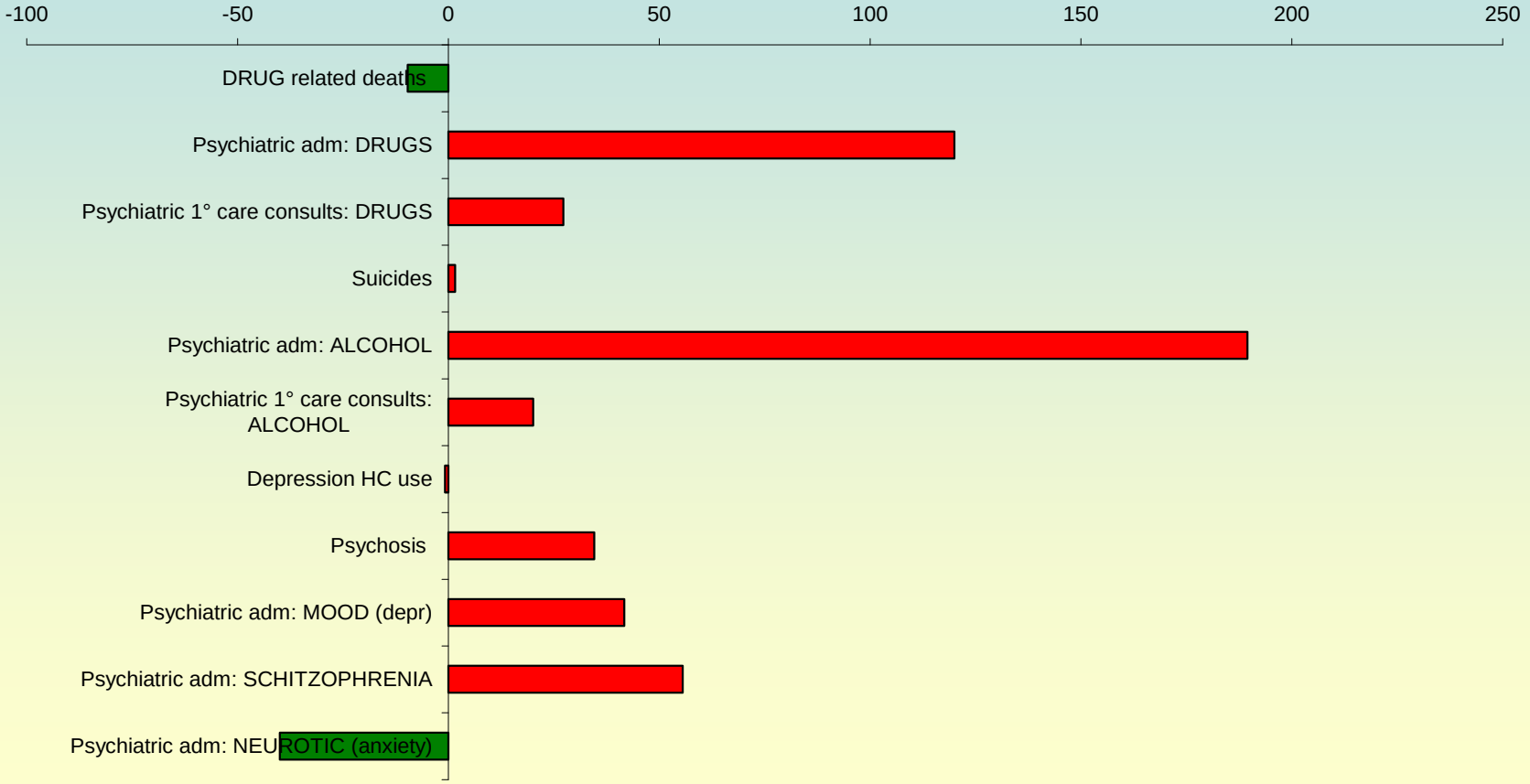
Glasgow Centre for Population Health

EAST DUNBARTONSHIRE

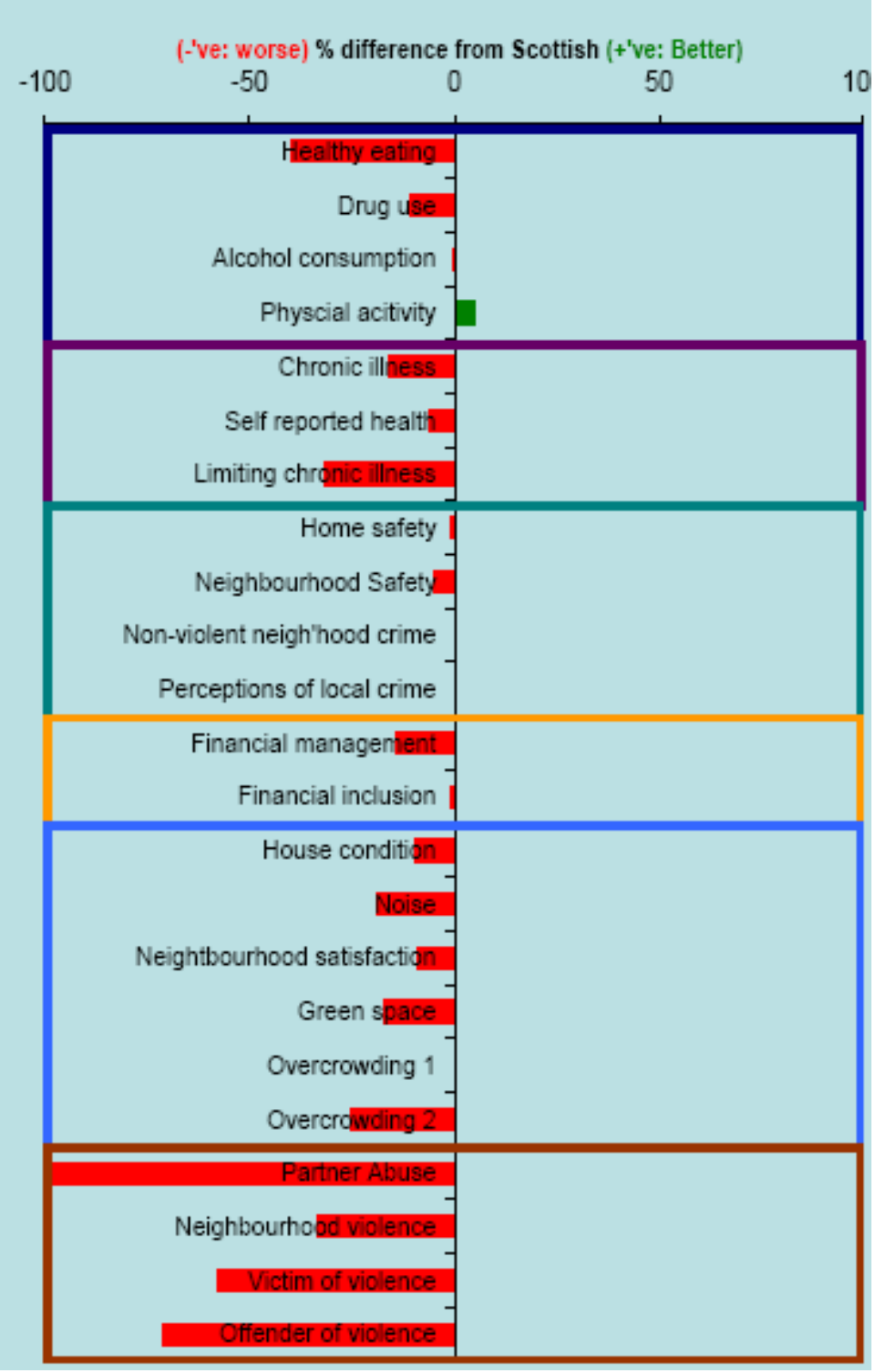


INVERCLYDE

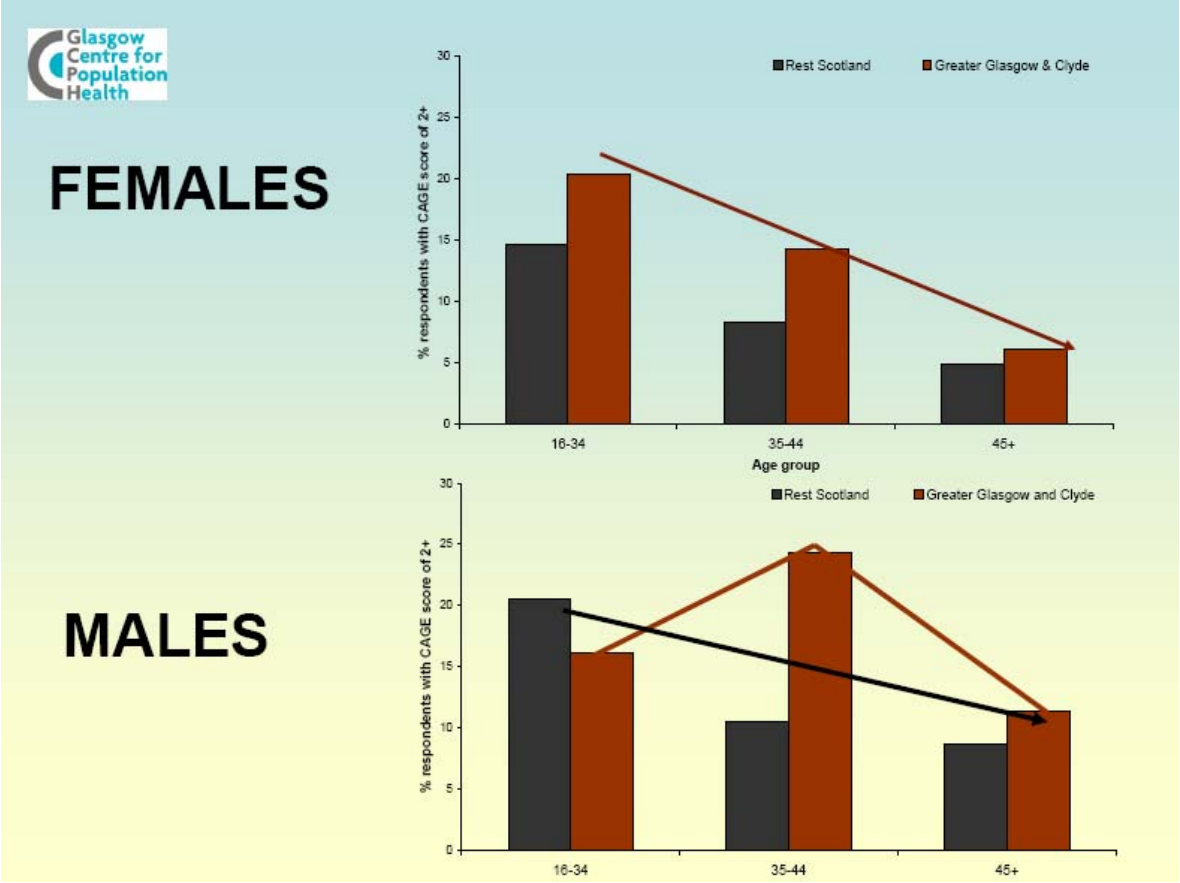
(-'ve: Better) % difference from Scottish Average (+'ve: Worse)



Dr Shipton used the slide below to demonstrate how the most deprived quintile performs in relation to Scotland. Strong gradients were seen for violence, but very little variation seen by area deprivation for physical activity or moderate alcohol consumption.



Dr Shipton then moved on to discuss patterns of alcohol dependency by age and sex in the Greater Glasgow and Clyde area compared to the rest of Scotland. As expected levels of alcohol dependency were higher in Greater Glasgow and Clyde. However, unlike the rest of Scotland where alcohol dependency reduced with age, levels of alcohol dependency in males in Greater Glasgow and Clyde did not reduce with age. Similar findings were seen in alcohol-related admissions to hospital – where the level of alcohol-related admissions did not reduce with age in males from Greater Glasgow and Clyde, but did for males in the rest of Scotland.



Dr Ilett then thanked Dr Shipton for her presentation that helped set the scene for the discussions to follow, and introduced Isabella Goldie and Dr Pauline Craig.

Research: current thinking on inequalities in mental health: Isabella Goldie, Head of Mental Health Programmes Scotland, Mental Health Foundation and Dr Pauline Craig, Public Health Programme Manager, GCPH

This input was presented by two of the event's organisers. It set out arguments for embedding awareness about inequalities into policy making and service delivery concerning mental health, and for ensuring that thinking about mainstreaming inequalities considers mental health and the impact of social determinants. Ms Goldie began by reiterating that the aims of the morning were:

1. To bring together a range of expertise to explore mental health and inequalities
2. To consider what can be achieved at a local level
3. To create a practice informed policy briefing for the Scottish election and beyond to influence future prioritisation of public mental health

4. To provide a rationale for ensuring that mental health improvement programmes are inequalities sensitive

Ms Goldie suggested that there is still widespread resistance to the notion of public mental health, including a lack of clarity about how mental health relates to public health, and why there might be a need to invest in mental health specifically. Some may consider that the priority is care and treatment, partly because of the lack of evidence of the outcomes of public mental health improvement. She added that those committed to a public health approach may also feel that, as the determinants of mental health include poverty and lifestyles, is this not just good social policy?

Ms Goldie put forward what she termed a business case for Scottish Government Ministers. As poor mental health can be a consequence and also a cause of socio-economic and health inequalities, it is intrinsic to good health and quality of life, and therefore needs to be central to the public health and health improvement agenda. Responsibility for mental health extends then beyond traditional mental health services and involves a wider range of staff. Ms Goldie argued for a population mental health approach, commenting that policies which focus on preventing or treatment of mental health problems whilst vital, will not deliver on improved population mental health.

The implications of poor mental health for individuals and society are extensive and Ms Goldie recommended investment in interventions like parenting programmes, mental health promotion within schools and comprehensive approaches to mental health in the workplace that combine individual and organisational level interventions and address modifying factors such as support from staff, enhanced job control, workload assessment, staff involvement, role clarity, effort-reward balance as well as policies to tackle bullying, harassment and discrimination. Ms Goldie cited recent evidence of the advantages of addressing public mental health in terms of the outcomes of community interventions, referring to the slide below that sets out the links between social policy and the determinants of mental health.

She pointed out that this is not a definitive list and does not weight different determinants which are inter-related and accumulate over the life course (although parenting, genetics, life events and how these are dealt with have a strong role). Inequality and poverty are major determinants of poor mental health. She said that there is some good social policy supported by existing policy drivers such as the Scottish Government's *Towards a Mentally Flourishing Scotland* and *Equally Well,* which give a specific focus to mental health, but there is a need for other forms of action and this is the aim of the policy briefing.

Ms Goldie suggested that such a briefing needs to be inequalities sensitive and practice informed and should go beyond policy. She noted that a policy framework will not guarantee translation into practice, and there is therefore a need to recommend the development of an effective plan for implementation at a local level. She described that such action would need to be underpinned by guiding principles about taking a socio-ecological approach so that interventions will seek to bring about positive change at the level of the individual, the family, social group or community and broader society; by a competence enhancement approach that emphasised the promotion of resourcefulness, generic coping skills and life competence; theory-based interventions grounded on established theories of human functioning and social organisation and by prioritising comprehensive and sustained interventions that are not one-off but are designed to produce long-term effects.

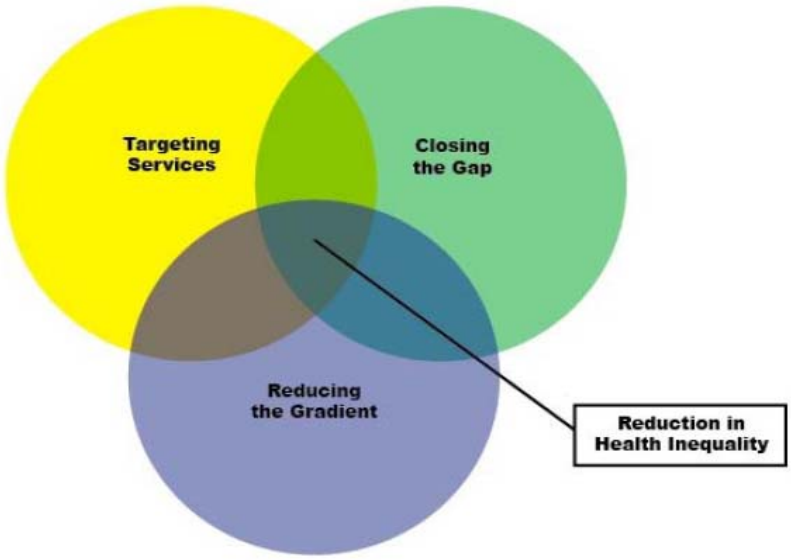
Ms Goldie added that any strategy needs to be able to transfer to real life situations across a range of diverse cultural and economic settings and based on supportive implementation systems. Any such programme would also need a systematic evaluation of its methods and process, impact, outcomes and costs, which will contribute to the ongoing improvement and sustainability of effective interventions. Ms Goldie concluded her presentation, and handed over to Dr Pauline Craig.

Dr Craig commented that the title of her input - *What might we do about inequalities in mental health?* - was not a rhetorical question. Inequalities in mental health is a societal issue, but for this event the perspective would be specifically around service provision for people with mental health problems. She commented that there is strengthening evidence of the link between mental health problems and disadvantage and associated issues of reduced opportunities and discrimination, and that principles underpinning any policies for action on mental health and inequalities are able to draw from 40 years of inequalities research. In this presentation she planned to draw on these principles as a stimulus for thinking about practice.

As Dr Craig pointed out, any policy or strategy concerning mental health and inequalities needs to be clear about the intended end point and focus. Is it aiming for population mental health improvement (promotion, prevention, service delivery), or to reduce inequalities, and if the latter, between which groups, and in relation to whom? She commented that research suggests that population programmes that rely on buy-in might increase inequalities as some people will not be able to participate for a range of reasons. When thinking about action to reduce inequalities, there is a need to consider whether the approach aims to:

- Target the worst off (by which measurement?)
- Close the gap (between who and who?)
- Reduce the gradient (input proportionate to need?)

These are interlinked but can have different interventions, policy streams, research questions and outcomes as the slide below shows, adapted by Dr Craig from work by Hilary Graham.



P Craig adapted from H Graham 2010

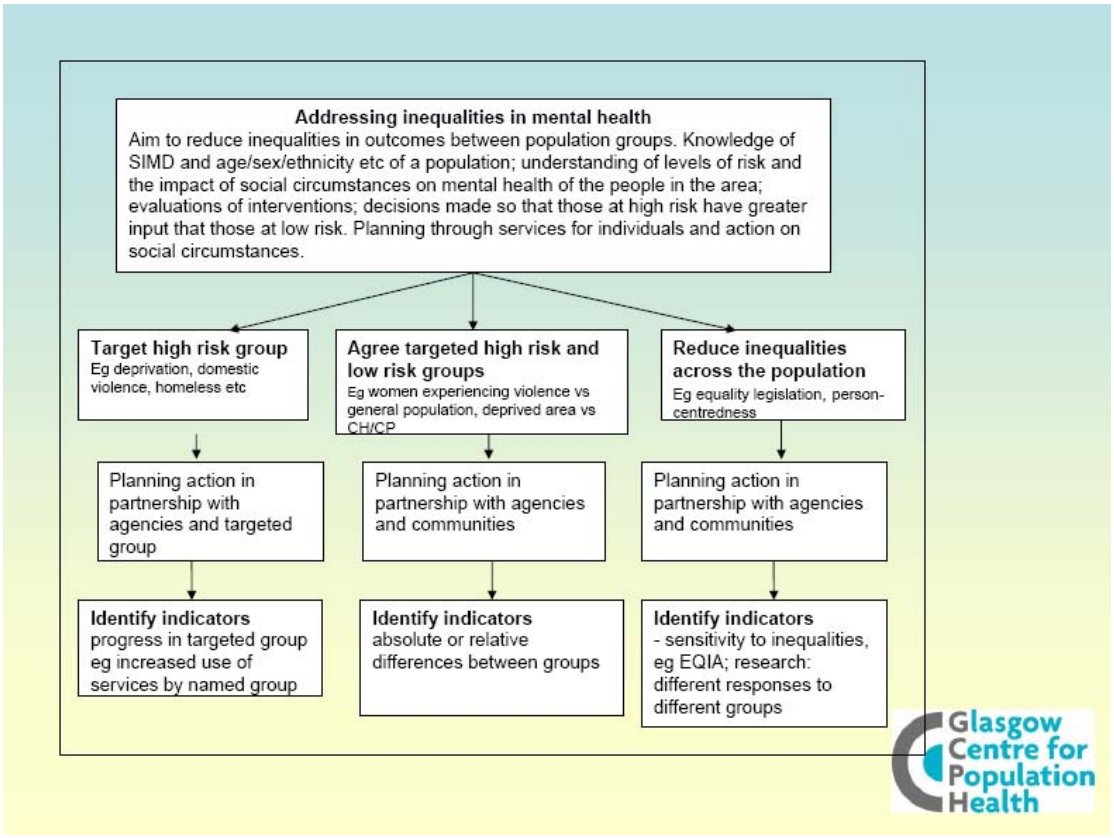
Dr Craig then described that once the intended approach is decided, there is a need to define the type of intervention. Issues here involve the lack of an evidence base and the availability of tried and tested interventions. She suggested that there are two ways of thinking about developing practice – at the individual or collective level:

1. How can one-to-one consultations reduce inequalities in mental health? (sensitivity, intensity etc), e.g. Keep Well, STEPS, East Glasgow mental health work

2. What specific actions can services take (usually in partnership) to reduce inequalities? For example on social determinants such as access to high quality services and facilities, poverty, financial inclusion, and employability

In developing and implementing an intervention, Dr Craig pointed out the need to make sure that outcomes are measured to assess their impact on mental health improvement and to plan this into the process. This needs to consider applying any resulting evidence and what can be drawn from it about cause and effect, and making sure that the right questions are asked concerning effects on populations or on inequalities. Measurement needs to be accurate in terms of the aims and the approach being taken to mental health and inequalities, e.g. is it about targeting or closing the gap. User data and satisfaction need to be accounted for and can be measured in terms of access and how needs are met, and all these principles need to be built into planning.

Dr Craig concluded by describing the inequalities framework that she devised (as in the following slide), drawing on concepts from Dahlgren and Whitehead and that she has used with health and social care planners and practitioners in Greater Glasgow and Clyde to support the planning of interventions to address inequalities, in this case mental health. As the slide shows, this sets out the steps needed to identify the aim and the approach to be followed, and then the different steps and outcomes that emerge, depending on what is agreed.



Dr Ilett thanked Dr Craig for her input and informed the meeting that having heard presentations on data and the range of possible approaches that could be adopted to address mental health and inequalities, the next part of the morning would involve a number of case studies and practice examples from Glasgow and beyond that would demonstrate the reality of implementing such approaches. She first introduced Chris O'Sullivan from the Scottish Development Centre for Mental Health.

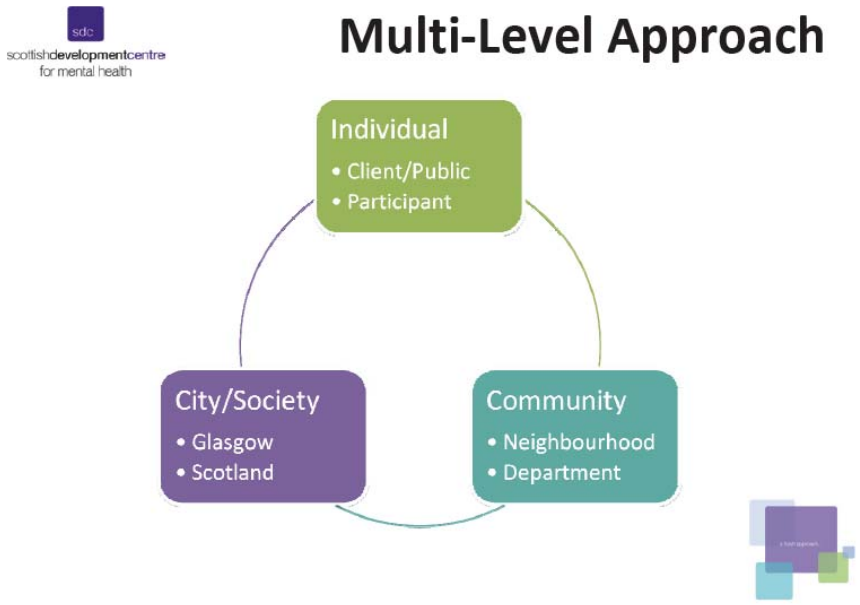
Mainstreaming Mental Health in Glasgow City Council Services: Chris O'Sullivan, Senior Project Manager, Scottish Development Centre for Mental Health

Mr O'Sullivan described training carried out by the Scottish Development Centre for Mental Health with staff from Glasgow City Council and some of the Arms Length External Organisations (ALEOs). The aim is to support staff from a range of settings to respond appropriately through having a more in-depth understanding of mental health issues. He pointed out that this was a partnership piece of work, involving the Council, which has legal obligations under the Mental Health (Care and Treatment) Act (2003) and who are keen to work towards its legislative obligations to those subject to the Act. Mr O'Sullivan noted that the Council also wanted to work towards reducing health inequalities and improving mental health, and also recognised that good mental health is critical to addressing the social determinants of health.

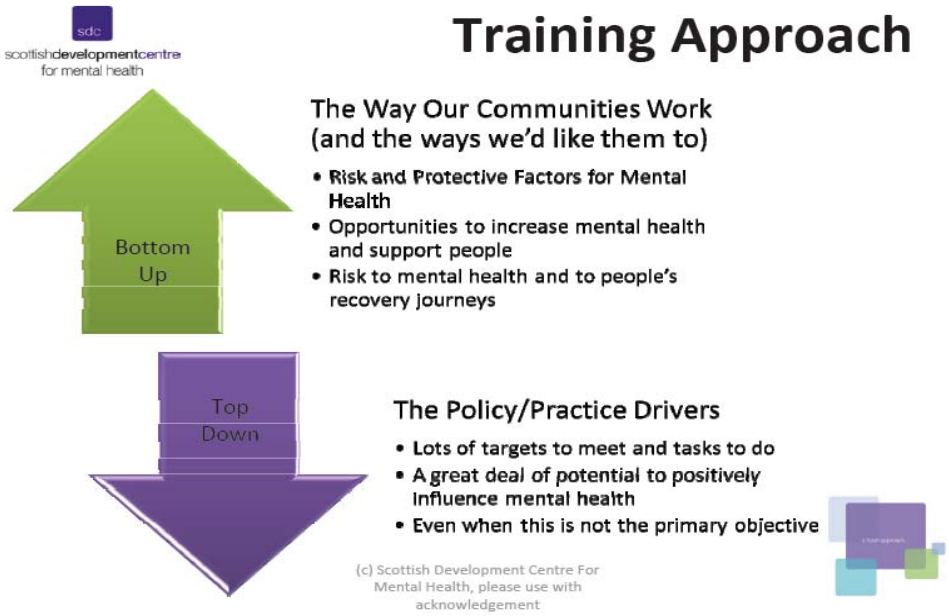
Mr O'Sullivan described that the first part of the work involved research with staff and members of the public with personal experience of mental health issues, to inform the content of the training. This included undertaking interviews with senior staff and holding focus groups with the Mental Health Network. Some common themes came out from both groups concerning the need for information on mental illness; the importance of promoting the recovery of people experiencing mental illness;

appreciating the mental health impact of policy; plans; services; individual and team actions; and identified the need to make existing services more mental health promoting. Service users saw priority areas as leisure services, libraries, community centres, parks and green spaces that everybody could access. Service users perceived council services as safe spaces and environments, which would be welcoming, positive and clean, and which were as barrier-free as possible and where information was easily available, and where services could be accessed out of hours.

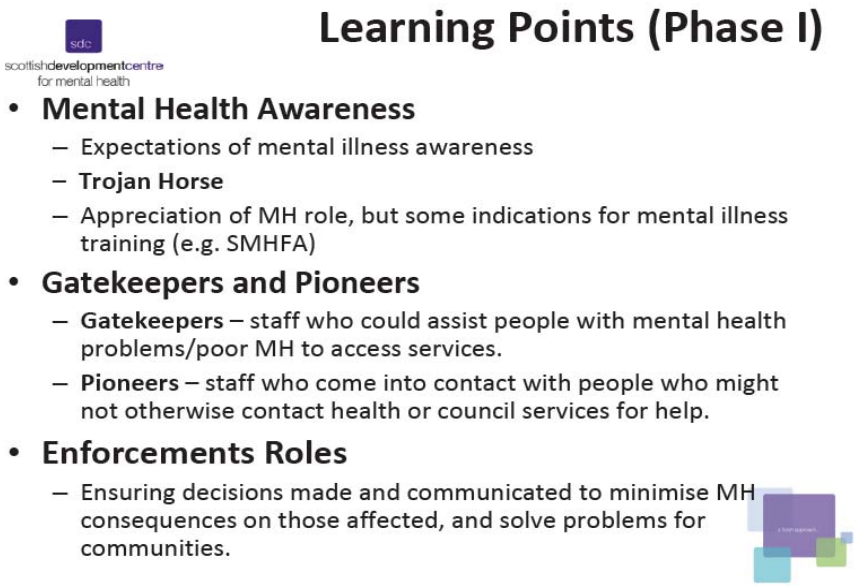
As the slide below demonstrates, this work takes a multi-level approach that recognises the links between the individual and society and relationships to services of the Council and others, and services.

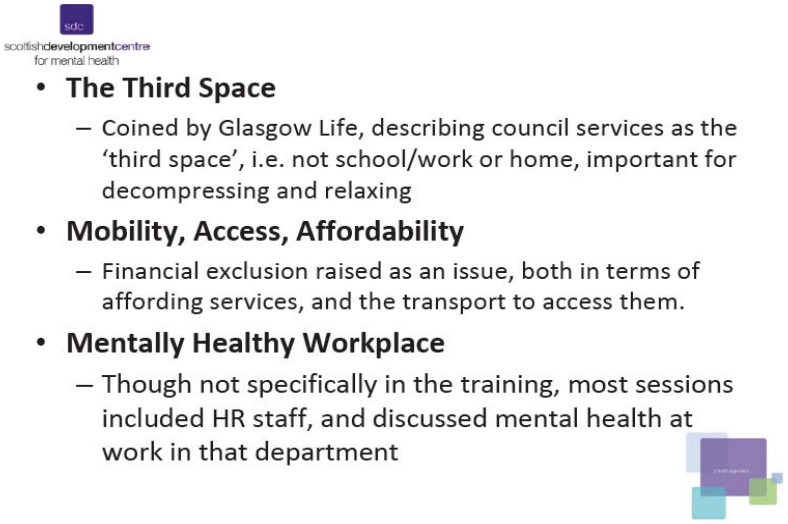


Mr O'Sullivan described how this training approach was planned to both bottom-up and top-down, as it recognised the drivers coming from, and the needs of, communities alongside the role of the Council and other organisations that have opportunities to make changes to improve experiences for members of the public and to positively affect mental health, even when it is not their primary role.



The overall objectives of the training were to understand the determinants of mental health and mental ill-health, to connect services and activities in departments to mental health and recovery objectives, to collect good practice and identify actions on a departmental and council level. Each training session was tailored to meet the needs of the specific department and the Phase 1 covered Glasgow City Council Development and Regeneration Services and Land and Environmental Services, Glasgow Community Safety Services and Glasgow Life (formerly Culture and Sport Glasgow). The two slides below demonstrate the learning points within Phase 1, and then some of the issues that arose during the sessions.



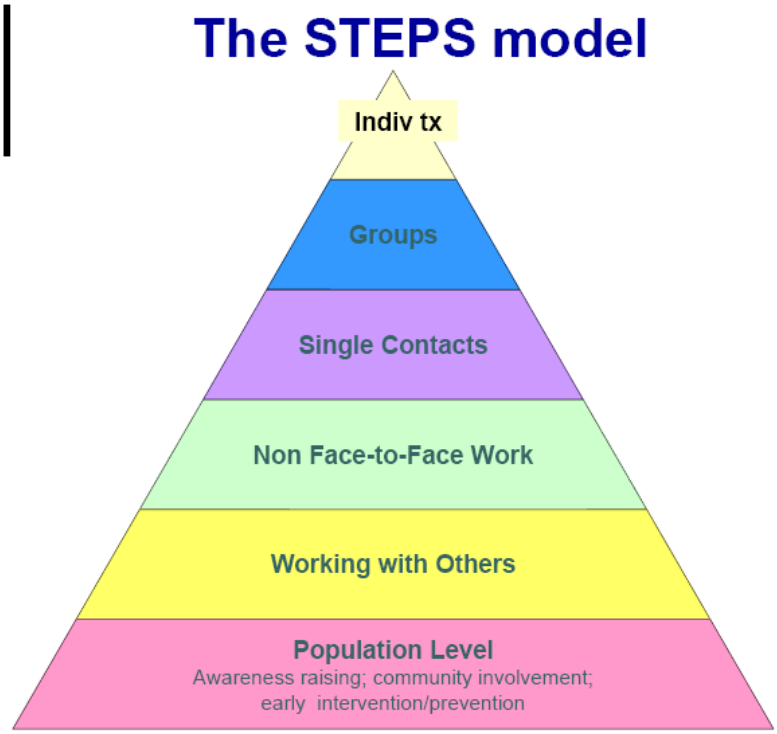


Mr O'Sullivan referred, with reference to the slide above that sets out some of the issues arising during training, that Glasgow Life have adopted the term *third space* to describe themselves as the space between the public and private world which provides opportunities for personal growth and change. Staff also highlighted the importance of financial exclusion that can prevent people from accessing services, and the importance of awareness of mental health issues amongst the workforce. He concluded by saying that the training was very well received and had a number of outcomes, including developing and reinforcing links between department colleagues that may increase outcomes concerning mental health. He confirmed that a second phase of training was now underway with Cordia, Financial Services, Education and Social Work, with the overall aim to co-ordinate plans across the Council and ALEOs to form a city-wide action plan.

Dr Ilett thanked Chris O'Sullivan for his input and handed over to Dr Michael Killoran Ross from the STEPS team to describe recent activity to enhance access to community mental health services to reduce inequalities.

STEPS to addressing inequalities in mental health: Dr Michael Killoran Ross, Clinical Psychologist, STEPS team, Glasgow

Dr Ross described new approaches taken within the STEPS mental health team in Glasgow to make services more accessible through removing waiting lists from their community based services. He described STEPS' way of working that was committed to community-based mental health responses, timely assessment and onward referral, informed choice, sharing with other professionals/voluntary organisations and recognising the role of deprivation and social adversity in people's lives and resulting mental health. The model is set out below.



Dr Ross explained that there were a number of issues that STEPS wanted to resolve. These were how to work from the inside to reach those in the community, how to improve access for/to communities who are hard to reach in terms of non-therapy and therapy services and how to get the right balance between prevention and treatment and to ensure a comprehensive planning and reflective practice strategy. He described that this work had been undertaken in collaboration with the GCPH. Its aim had been to develop a framework, taking an approach that targeted the worst off and aimed to reduce gaps between groups. It was also intended to undertake additional research including data collection and analysis, and to develop an appropriate service response. The action was therefore structural and involved a redesign of mental health services to allow individuals to receive very quick support. It took an inequalities sensitive approach and intended to be more responsive to user need. The outcomes of the redesign have been very positive and the service has been attractive to its intended users. Evidence and service use data have been collected and work is now continuing to improve collaboration with the local voluntary sector and faith leaders, who can provide links to other population groups, and also to look at using the STEPS website more effectively for mental health improvement and service access.

Dr Ilett thanked Dr Ross for his input which set out a clear demonstration of how a service responded flexibly to user need, and then introduced Neil Quinn from Positive Mental Attitudes in East Glasgow to present another example of innovative working around mental health and inequalities.

Building inequalities into mental health services: Neil Quinn, Positive Mental Attitudes (PMA), Glasgow

Mr Quinn began by outlining the history of the Positive Mental Attitudes Programme in East Glasgow – a mental health improvement and inequalities initiative with over 20 established programmes of work that has been running over the last 10 years.

PMA is based within NHS Community Health Partnership Mental Health Services and grounded in community development principles with a high degree of service user involvement. It has strong links with community planning partners, and works with key target groups and settings. The presentation described work done to tackle inequalities through a partnership led by PMA, along with the GCPH, Scottish Development Centre for Mental Health Primary Care Development Programme and Community Health Partnership Mental Health Services, which developed a programme to address inequalities within statutory mental health services, supported by the CHP Mental Health Services management. The programme aimed to deliver a series of workshops to practitioners aiming to develop awareness of inequalities in mental health amongst practitioners; identify how to address these inequalities; identify the role of mental health service in addressing these inequalities and to produce a policy for addressing inequalities in mental health services in East Glasgow

The workshops were attended by mental health practitioners, voluntary sector and service user representatives and considered inequalities in East Glasgow, change that is needed for inequalities in mental health to be addressed, and the role of practitioners in contributing to these changes. PMA also undertook a community consultation to look at how better to promote mental health and wellbeing within local communities. The workshops showed overall good understanding of the range of inequalities in mental health but a recognition that this often does not filter through to influence practice. It was agreed that addressing inequalities in mental health needs action at multiple levels, practitioners have a clear role to play in tackling inequalities and action is needed to change attitudes of front line staff and systems and policies within statutory services.

Mr Quinn noted that further workshops are being planned to address the issues identified, alongside further work with mental health and addictions around suicide prevention. There is support from the mental health management team to develop an inequalities policy for mental health services locally, and there are also plans to develop a series of initiatives to implement actions within this inequalities policy. He affirmed that the commitment from management is there, along with engagement by staff and a strong interface with community planning partners but support from national policy is needed to enable long term change to occur.

Dr Ilett thanked Neil Quinn and all the presenters for their input and informed the meeting that after the break, the audience would form into small groups to reflect on the information, examples, material and ideas that had been presented in relation to their own current and future practice.

Group work and feedback

The event was intended to generate cross-agency and cross-disciplinary discussion about mental health and inequalities. After the break, the audience worked in small groups for approximately 50 minutes with a facilitator and scribe to consider, and record, the following broad questions:

- *Given what you have heard today, will you address mental health and inequalities issues within your own work setting differently?*

- *Can you describe how you think that change could happen?*

Each group had a scribe and reporter, with the latter presenting a brief summary to the wider group at the end of the session, with the verbatim notes below.

Group 1:

The group discussed neighbourhoods and the generations of families living in an area, and the impact disruption caused by housing changes where people are displaced from homes and from schools – from areas that they are familiar with.

They also talked about the need to audit service use more closely, particularly in relation to age, gender and ethnicity.

They were also concerned about the 'inverse care law' and how that impacts on access to mental health services.

Group 2:

The group talked about influence, particularly through using a community development approach, and the issue of stigma and the opportunities the community development approach offers to reducing stigma in communities regarding mental health.

They also liked the issue of 'third space' that was raised by one of the speakers and would like to see this notion taken beyond Glasgow Life or Glasgow City Council (who are currently using the idea to talk about cultural and leisure spaces in Glasgow) and recognised as the basis of humanity – i.e. you have got school or work and you have got home – and the third space is actually just where humanity is expressed.

The group were very engaged by the film *Sanctuary* about the experience of asylum seekers in Glasgow. They perceived that there is a very effective host programme in place and perhaps that should be developed further to try and address some of the issues that were raised in the film.

They also discussed the issue of deprivation and that it is a useful measure to help describe differences in populations but does not always tell the whole story. Not everyone living in deprivation has a difficult time, so people need to be treated as individuals.

Group 3:

The group was concerned about the breadth of the issues that make up mental health and inequalities and felt a bit overwhelmed, particularly in relation to 'what do we need to do?' They resolved this in their discussion by deciding that everybody does not have to do everything but that everybody needs to do what they can within that challenge.

They felt there needed to be more emphasis on early interventions and also interfaces between services and people – and that includes the receptionists in GP surgeries.

The group felt that there is a general workforce issue where NHS staff and others need better support to enable them to speak out for help. So if they feel unable to

cope with situations or difficulties, when they see the reality of the problems that some of their patients are experiencing, they can be supported to deal with that.

In relation to evidence the group felt that we do know a lot of it already and questioned the need to keep reiterating the same evidence or spending so much time and effort on it, as there needs to be more emphasis on action.

The group felt that a lot of different programmes and activities can impact on mental health, including mainstream services and volunteering, and it does not always need to be something specific like mental health services that deal with inequalities and mental health. The group felt that all services and programmes have a responsibility to contribute to thinking about how to improve mental health.

Group 4:

The group discussed the importance of mental health and inequalities and the reality and breadth of the challenge.

One of the big issues they identified was about targeting versus universal services. They felt that more people are needed who are well informed of the debate between targeting and universalism so that we can all speak with one voice.

The group found it useful to think about inequalities in relation to the three strands of work as set out in the inequalities framework as presented by Dr Pauline Craig and some plan to go back to their own work and review their own programmes in the light of these three strands. But the group were also concerned that *'Towards a Mentally Flourishing Scotland'* does not provide enough leadership around public mental health and in influencing policy and the bigger agenda.

This group talked about the possibility of setting up a public mental health alliance in Scotland and felt that the time was right to do that. In relation to local programmes, the inequalities framework was useful and also helped them to think about the inverse care law and how their programmes might be buying into that. And it made them think about whether their own programmes actually were able to reach out to those who were most at risk.

Group 5:

The group reported back that some of the themes already discussed in the other groups were those that they had discussed too.

In addition they were concerned that community assets are being lost in worrying about cuts at the moment or by cuts in reality. These community assets are really important to recovery from mental health problems and prevention of mental health problems.

They also talked about the interface between people experiencing mental health problems and services, and would like to see more use of new technology to access services like the Internet, and different ways of working, for example out of hours services.

The group were keen to reflect on a rights based approach, rather than seeing people as a bundle of symptoms. They also felt that trade unions and employers had a big role to play, particularly in relation to mental health in the workplace, and

believed that these structures actually find it quite difficult to deal with mental health in workplace situations.

Group 6:

The group also confirmed that they had discussed some of the issues that other groups had highlighted. They had also focussed on the need for better use of the intelligence and data that we have. So it is about how do we take that information and translate it into practice.

They also discussed community development and in particular community psychology. They agreed that the face to face, asset based approaches were really helpful, and in particular helped people to help themselves rather than an expert professional doing things *to* people.

They felt services worked better in partnership rather than working alone in their own structures and services or practitioners should not feel that they need to do everything themselves.

The group were also worried about cuts but saw the recession as an opportunity to think more about targeting and who is most likely to benefit from services, and which communities are most likely to be disengaged with mental health services.

Group 7:

The group talked about connectiveness between people with mental health problems within communities, with the labour market as well as with relationships and life.

The group discussed the question ‘Can we recreate communities or help with relationships for people in that situation, who are disengaged and who are not connected through mental health problems?’ They felt there was a very practical contribution to be made from, for instance, housing associations connecting tenants or the way the public sector procures for example for better use of social enterprises. The group recognised that while there be some problems around European legislation, there are things that can be done at a local level which support communities and community connectedness.

Volunteering was another issue that the group discussed, and how that can be used more effectively to support people with mental health problems.

The group felt that there is a need to make a strong request for practical advice for action, framing this as ’What can we do?’ ‘We have got lots of evidence from the previous recessions and we know that previous recessions have been very injurious to mental health, so how can we start acting now to help support people to be more reliant to the recession?’

Group 8:

The group reiterated that some of the themes raised were featured in their discussions. In addition they had talked about mental health covering a very wide range of issues but job roles in structures focus in on doing very specific things.

The group also discussed the issue of making mental health policy recommendations happen. There is the possibility of creative approaches; for example some employability work sets up different streams for people with mental health problems

and there are also mainstream routes but actually a lot of the clients going down the two routes had very similar characteristics – so should we just be looking at mainstream routes that recognise mental health problems? The key in this is to provide individualised support.

There was some discussion and concern in this group about the choice agenda. It was felt that there is a lot of government support for the choice agenda, particularly from Westminster, but not a full understanding of the context of people making choices and what that means. The group commented that a very results driven culture exists and there is a need for leadership – political leadership for the longer term and cross party support to ensure an all party approach.

There is an issue about the unknown and fear of the unknown, from clients and practitioners, to do with the changes – whether it is recession or whether it is changes in political structures. The group felt that we do not yet know what impact that is going to have in relation to mental health and inequalities. They felt therefore that there needs to be a balance of national leadership and local context, with national principles but used to meet individualised needs.

Group 9:

The group highlighted their belief in the need for more crossover between mental health and inequalities services. So for example, there are services for people with mental health problems and services for people that look at inequalities (such as health improvement) but little crossover.

It was felt that some of the presentations had also demonstrated that the difficulty of crossing over between different service provisions within community health partnerships. Patient pathways are produced to try and make referral easier for patients but what they do is just narrow people down into a set of symptoms.

However, it was felt that there is good work happening but too much of it is ad hoc, disjointed, and with a lack of continuity because of restructuring within services. The group felt that there is a need for more targeting and mainstreaming approaches but recognising that resources are being cut and there is a need then to balance mental health improvement with mental health problems. Equalities strategies are really important but they should be driving service redesign and not being seen as something separate or something tagged on at the end and it was felt overall that there is a need for a long term approach to inequalities and mental health.

At the end of the feedback session, Dr Ilett thanked everyone for their contributions. Due to the event's timetable, there would not be time to do a further synthesis of key themes that morning, but she confirmed that themes from the feedback would inform the briefing paper which, besides being made available to the Scottish Government, would also appear on the websites of GCPH and MHFS.

Forum conclusion

At the end of the event, Dr Ilett commented that there was clearly much interest in continuing these discussions, as well as progressing the idea for a mental health and inequalities alliance that had emerged during group discussions. Many attendees were interested in linking to the planned briefing paper, and Dr Ilett confirmed that all the ideas and views from the day will inform the briefing paper's development. GCPH will co-ordinate the follow up work with MHFS including a dedicated area on the GCPH website and a developing Action Plan; please go to www.gcph.co.uk for

further information including copies of the presentations. Dr Ilett thanked the speakers and delegates for a productive and thought provoking morning, extending an invitation to continue the conversation during lunch.

Comments from attendees

Feedback was gathered from those who attended the Forum via the form (Appendix 3). This was overall extremely positive, with clear commitment expressed by some attending that this would have implications for their own practice. When asked for general comments about their experiences of this meeting, people said:

- *Very useful seminar (if subject matter and thinking required was sometimes overwhelming).*

- *Showing the 'Sanctuary' film with very little context or explanation was a bit risky, not sure that everyone at our table 'got it' as attitudes were very mixed. Structured reflection required for this DVD.*

- *Really stimulating, lots of ideas to take back and a good networking opportunity.*

- *Encourages provocative thinking around a difficult topic; invites creative solutions to longstanding issues. Highlighted good areas of practice and also amount of work which still requires to be done around inequalities in mental health. This created an environment for positive, constructive feedback.*

- *Mental health is only part of my job so I feel it useful to know about views, policy, examples etc on mental health. Enjoyed hearing range of perspectives at my table. Well organised, good facilitation at table.*

- *Good range of speakers including a range of theoretical and practical presentations. Convivial atmosphere which allowed an honest and friendly discussion to take place. Video was excellent in setting the scene for the day, as was presentation of data by Debs Shipton.*

- *It's been a useful session. Current work being undertaken and developed is helpful to hear about. Provides stimulus for local work. Pauline Craig's taxonomy is particularly helpful. Interesting to hear a manifesto is being developed for the Scottish Election.*

- *Enjoyable and informative. Thought provoking, will change my practice.*

- *Very useful to see the different projects going on surrounding mental health and good that progress in this area is being made. Although I found it quite difficult to have a massive input into discussions (due to my lack of experience in the area) I learnt a lot more about inequalities and mental health – I have been focusing on other areas of mental health and mental illness, and promoting mental health services available to students. I will go back and re-look at our mental health campaign, targeting specific inequality groups within the university.*

Only one person reported that they found it not helpful, saying that:

- *There was nothing to suggest any elements relating to innovation or majorly different. Duplication and regurgitation – we really do need to move away from the 'same old, same old' – where are the visionaries, the theorists, the debaters?*

When asked to identify the topics discussed at the Forum that they found most relevant, these were some of the comments, many recognising the links between life circumstances, the role of services and mental health:

- *All issues were important, as they impact on one another at sometime, with regard to mental health issues. "Connectiveness" within communities, including jobs, housing resources. Group discussion.*

- *That we link into many of our community groups and planners to do more partnership working to support the population with mental health issues.*

- *Point I considered of value was around the links between communities, housing, work, life etc and how we need to be working more closely. It still feels that we plan in our little bubble.*

- *Framework for thinking about approaches to inequalities.*

- *Some of the initiatives which are being established to provide better services (more sensitive and appropriate).*

Comments on this event and Glasgow's Healthier Future Forum events in general – as mentioned earlier, this was the first Glasgow Healthier Future Forum that nearly a third of attendees had attended, so perhaps were less able to comment more widely. In response to suggestions for improving future events, these are some of the comments made:

- *Presenters need to be better supported to provide accessible information (i.e. size of font on slides, written information available as an alternative to Powerpoint).*

- *More time for discussions and comments.*

- *Limit feedback from groups to 3 key bullet points, facilitate groups more tightly, discussion was stimulating but a bit disparate, possibly discipline-based discussion groups?*

- *Better discussion of research evidence and what is not known and where future research is required to establish what will work.*

- *Perhaps more time for discussion? Apart from that, timings were good, and holding it in the morning is useful.*

- *Good venue, good presentation, no real ideas for improvement. Perhaps more time for discussion / interaction.*

- *Move things on from usual presentational type standpoints; more audience debate (structured); more active leadership roles required; collective and sustainable impact (long-term views).*

A couple of people commented that GCPH should consider holding events outside the City Centre, like in the Pearce Institute in Govan, or Wyndford Hall in Maryhill. All these comments will be considered in planning future Healthier Future Forum events.

There were also some comments made about the overall usefulness of the Forum, including the following:

- *Broad range of speakers and good opportunity to take time out to discuss important issues.*

- *Useful to see work in a wider context – the link to the strategic level.*

- *Good to update knowledge and catch up with colleagues, share information.*

- *It is good to gather a wide range of practitioners and other relevant people to highlight work going on. This can improve good practice and sharing of ideas to reduce redoing things.*

- *Very (useful) – although I think it is important to capitalise on thinking /discussions started and provoked. Top easy to have events and everyone return to jobs and life 'as normal'. Idea of an alliance etc good. Important with Towards a Mentally Flourishing Scotland coming to an end – need to keep national momentum going in Scotland or else mental health could again 'disappear', especially the mental health improvement and wellbeing agenda as in a time of cuts, focus may go just to services.*

A number of comments from first-time attendees, as below, indicate that they found this a useful format and experience:

- *It seems very useful, I look forward to future involvement.*

- *For specific issues, very useful stimulus.*

- *Seemed a useful morning, not sure what else it does so can't comment fully.*

Appendix 1 – Event programme

Glasgow's Healthier Future Forum 10

Inequalities and Mental Health: debating the issues

Thursday 2 December 2010

Radisson Blu Hotel Argyle Street, Glasgow

9.00 – 9.30	Registration
9.30 – 9.40	***Welcome and introduction*** **Chair – Dr Rosie Ilett** Deputy Director, GCPH
9.40 – 10.05	***Sanctuary* – a short film exploring mental health issues** **Anne Hawkins** Director, Glasgow Community Health Partnership
10.05 - 10.25	***Evidence: mental health indicators*** **Dr Deborah Shipton** Public Health Research Specialist, GCPH
10.25 - 10.45	***Research: current thinking on inequalities in mental health*** **Isabella Goldie** Head of Mental Health Programmes – Scotland, Mental Health Foundation **Dr Pauline Craig** Public Health Programme Manager, GCPH
10.45 – 11.05	Tea/Coffee
11.05 – 11.45	***Case studies: new ideas for practice*** 1. ***Mainstreaming Mental Health in Glasgow City Council Services*** Chris O'Sullivan, Senior Project Manager, Scottish Development Centre for Mental Health 2. ***StobsWELLbeing: Equally Well Test Site for Mental Wellbeing*** Sheila McMahon, Equally Well Lead Officer, Dundee 3. ***STEPS to addressing inequalities in mental health*** Dr Michael Killoran Ross, Clinical Psychologist, STEPS team, Glasgow 4. ***Building inequalities into mental health services*** Neil Quinn, Positive Mental Attitudes, Glasgow
11.45 – 12.35	***Buzz groups***
12.35 – 13.00	***Reporting back on discussion and final comments*** **Dr Rosie Ilett**
13.00	**Lunch**

Appendix 2 – List of registered delegates

First Name	Surname	Organisation
Doug	Adams	NHSGGC - Mental Health Partnership
Naghat	Ahmed	Glasgow Works
Anne-Marie	Anne-Marie Gorman	Community Development & Engagement team, Social work services
Lisa	Archibald	New Horizons, Borders
James	Arnott	Glasgow City Council
Jane	Beresford	NHS Greater Glasgow and Clyde
Christine	Biggar	South West Glasgow CHCP
Stephen	Birrell	Communities Sub-group / GCSS
Duncan	Booker	Glasgow City Council
Simon	Bradstreet	Scottish Recovery Network
Lynda	Brown	NHS Health Scotland
Liz	Brutus	Scottish Prison Service
Lisa	Buck	NHS Greater Glasgow & Clyde
Susan	Byrne	Rocket Science
Robbie	Campbell	Service User
John	Carruthers	Glasgow Caledonian University
Benny	Cheng	Glasgow Association for Mental Health
Anne	Clarke	NHS Ayrshire and Arran
Aidan	Collins	SAMH
Pauline	Craig	GCPH
Charlotte	Craig	Glasgow South West Regeneration Agency
Carol	Craig	Centre for Confidence & Wellbeing
Rona	Dougall	NHS Greater Glasgow & Clyde
Eric	Duncan	North Glasgow CHCP
Phyllis	Easton	NHS Tayside
Russell	Ecob	Ecob Consulting
Louise	Falconer	Glasgow City Council
Eleanor	Forrest	Glasgow Caledonian University
Andrew	Fraser	Scottish Prison Service
Suzanne	Glennie	North Glasgow CHCP
Isabella	Goldie	Mental Health Foundation
Anna	Grady	North Glasgow CHCP
Michael	Green	MRC: Social and Public Health Sciences Unit
Zaffir	Hakim	STUC
Wendy	Halliday	NHS Health Scotland
Sandra	Hands	Scottish Prison Service
Edward	Harkins	SURF
Tommy	Harrison	NHSGGC Forensic Mental Health Services
Anne	Hawkins	NHS Greater Glasgow and Clyde
Pauline	Healy	Glasgow Women's library
Ruth	Henry	Archway Glasgow
Michele	Hilton Boon	NHS Quality Improvement Scotland
Liz	Holms	East Renfrewshire CHCP
Isla	Hyslop	NHS Greater Glasgow and Clyde
Rosie	Ilett	GCPH
Bobby	Jones	West Dunbartonshire Community Planning and Policy
Russell	Jones	GCPH
Kahlan	Karim	University of Glasgow

Ruth	Kendall	NHS Greater Glasgow and Clyde
Emma	Kennedy	NHS Health Scotland
Rachel	King	NHS Lothian
Cath	Krawczyk	NHS Greater Glasgow and Clyde
Trevor	Lakey	NHS Greater Glasgow and Clyde
Mark	Langdon	North United Communities
Richard	Leckerman	Breathing Space NHS 24
Linda	Lee	NHS Greater Glasgow and Clyde
Kate	Lindsay	Glasgow Caledonian University
Andrew	Lowndes	Glasgow Caledonian University
Kate	Lusk	South Ayrshire Council
Michelle	Lynn	South Lanarkshire Council
Donald	Lyons	Mental Welfare Commission for Scotland
Sara	Macdonald	University of Glasgow
Wendy	Macdonald	NHS Health Scotland
Fiona	MacDonald	East Renfrewshire CHCP
Willie	Macfadyen	Hayfield Support Services with Deaf People
Daniel	Maher	South West Glasgow CHCP
Gerry	McCartney	NHS Health Scotland
Paul	McColgan	Community Renewal
Colin	McCormack	NHSGGC - Mental Health Partnership
David	McCrae	NHS Greater Glasgow and Clyde
Kay	McIntosh	South Lanarkshire Council
Fiona	McKie	GCPH
Tony	McLaren	Breathing Space and NHS Living Life
Joanne	McLean	Scottish Development Centre for Mental Health
Sheila	McMahon	Equally Well
Karen	McNiven	South Glasgow CHP
Kerri	McPherson	Glasgow Caledonian University
Anne	McVey	JCP
Kathleen	McWhirter	East Dunbartonshire Council
Dale	Meller	NHS Health Scotland
Fiona	Middler	NHS Greater Glasgow and Clyde
Linda	Morris	NHS Greater Glasgow and Clyde
George	Morris	NHS Health Scotland
Lucy	Mulvagh	Scottish Recovery Network
Gillian	Neish	Neish Training
Robert	Nisbet	mysel
Kevin	O'Neill	NHS Lanarkshire
Chris	O'Sullivan	Scottish Development Centre for Mental Health
Shaun	Oswal	Vox
Elaine	Park	Mental Health Network (Greater Glasgow)
Jane	Parkinson	NHS Health Scotland
Brian	Pringle	ASH Scotland
Neil	Quinn	East Glasgow CHCP
Sue	Rawcliffe	Community Food and Health Scotland
Mark	Richards	East Dunbartonshire CHP
Andrew	Robertson	NHS Greater Glasgow and Clyde
John	Romano	NHS Greater Glasgow and Clyde
Karen	Roome	Glasgow Caledonian University
Marion	Rooney	NHS Greater Glasgow and Clyde
Michael	Ross	STEPS Team

Jas	Sangha	Glasgow Caledonian University Students' Association
Mary	Scott	Glasgow Caledonian University
Iain	Shaw	Media Education Ltd
Deborah	Shipton	GCPH
Heather	Sloan	NHS Greater Glasgow and Clyde
Bridget	Sly	Glasgow Life
John	Speirs	Deaf Connections
Ruth	Stevenson	Research Consultant
Jennie	Stewart	Glasgow Caledonian University
Sandra	Stuart	Renfrewshire Community Health Initiative
Sofi	Taylor	NHS Greater Glasgow and Clyde
Joseph	Theodore	Glasgow Caledonian University
Nina	Torbett	Scottish Centre for Healthy Working Lives
Christine	Tracey	North Community Addiction Team
Jean	Tumilty	East Dunbartonshire Council
Suzie	Vestri	See Me
Keith	Walker	Highland Council
Eddie	Warde	Glasgow City Council
Bruce	Whyte	GCPH
Karen	Wilson	Glasgow West Regeneration Agency
Amy	Woodhouse	Scottish Development Centre for Mental Health

Appendix 3 – Delegate event evaluation form

Glasgow's Healthier Future Forum 10

Inequalities and Mental Health : debating the issues

Thursday 2 December 2010

Please provide us with general comments about your experience of this meeting of Glasgow's Healthier Future Forum:

Which of the issues discussed, or points made at this Forum, do you consider most important?

Have you attended any previous meetings of the Forum?

Yes / No

Have you attended any other Glasgow Centre for Population Health events?

Yes / No

If yes, please list details here:

What is your view on the usefulness of the Forum?

How might we improve future events?

Optional information:

Name: _____

Organisation: _____

If you wish to be added to the GCPH network of contacts and be notified of future events please leave us your email address:

_____