

With Health in Mind

Improving mental health and
wellbeing in Scotland



A document to support
discussion and action

The Scottish Public Mental Health Alliance

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- Scottish Development Centre for Mental Health
- Scottish Council Foundation
- The Research Unit in Health, Behaviour and Change, University of Edinburgh
- Mental Health Foundation, Scotland Office

A brief outline about each organisation is provided in Appendix 1.

The Alliance was established in 2000 to support thinking and action on public mental health and wellbeing in Scotland and to contribute to debates within the UK and internationally.



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Introduction

The challenge

Across the industrialised world the pattern of disease is changing. Increasingly, people are suffering more mental ill-health. This is seen most obviously in children, where physical health problems are now less common than behavioural and emotional problems. Moreover, as we learn more about the body, we find the distinctions made between physical and mental health are becoming less relevant. Thus we face a major challenge (see Box 1). How do we build a society which protects and improves mental health and wellbeing? How do we sustain and build on the improvements in health which were achieved in the 20th century in a 21st century world? This is the challenge of public mental health.

Purpose

This document and the process of discussion that follows from its publication are designed to aid further reflection and debate on the meaning and importance of mental health and wellbeing in society. A major intended outcome is the development of a shared understanding among a wide range of individuals, groups and organisations, leading to greater support for measures which will improve mental health and wellbeing in Scotland. It is also hoped that this discussion document will contribute to debate and action at UK and international levels.

Rationale

Members of the Alliance believe that there is increasing urgency to develop new thinking and improved action on mental health, given:

- the central role of mental health and wellbeing in individual, community and societal development
- the increasing levels of mental distress, mental health problems and illness in Scotland, the UK and globally

Box 1: The mental health challenge in Scotland

- Each year nearly 3 in 10 employees experience mental health problems
- Stress related absence accounts for half of all sickness from work at an estimated cost to UK industry of £4 billion
- Only 15% of long-term mental health service users are in work
- Just over a third of mental health service users report being dismissed or forced to resign from their jobs as a result of their mental health status
- In Scotland, rates of suicide in young men have increased by 50% over the last 10 years and fourfold over the last 25
- Rates of hospital admission for self-harm have doubled in the last 10 years
- Scotland has one of the highest rates of imprisonment in Europe: only Portugal and England & Wales have higher rates
- Scotland has high levels of violence against women and violence between men
- Just under one in 10 children aged 5-15 years has a mental health disorder, i.e. a problem which is so severe and persistent that the child's functioning or relationships are significantly affected
- Early retirement due to stress and burn out is increasing, particularly in the public sector
- Scotland has high binge drinking patterns compared to Europe
- Poverty and long-term unemployment generate continuous stress in people's lives depleting capacity for coping with life events
- 72% of people with mental health problems are unemployed in the UK
- 117,000 people in Scotland with mental health problems want to work, but are currently unemployed

- Large numbers of older men are on incapacity benefits which prevent them from engaging in meaningful work, leaving them feeling helpless and hopeless
- Scotland has double the level of intravenous drug use compared to England. Dependency on illegal drugs damages individuals and the communities where they live
- Anxiety and depression are among the commonest reasons for a GP consultation. Together they equate to one quarter of all registered patients per year and the proportion attending their GPs for this reason is increasing
- Depression in young women (aged 15 and up) is increasing
- Young people are not being taught emotional literacy (the ability to express emotion and communicate feelings)
- 70 – 80% of people with a diagnosis of a severe mental illness recover
- Less than half of Scots say they would feel comfortable living next door to someone taking medication for mental illness and needing someone to check on them twice a day

Development of the discussion document

Members of the Alliance have prepared this document with reference to:

- their own experience and understanding of mental health and wellbeing
- literature on theory and practice with respect to mental health and wellbeing in the UK
- debate with a range of people at a number of seminars organised by members of the Alliance during 2000/2001

A summary document was published in October 2001. This full report was launched in October 2002 as a means of promoting continuing discussion and debate on mental health and wellbeing.

The document includes discussion points throughout to guide reflection by the individual reader and to support discussion within groups and networks.

The Alliance is interested in your views on mental health and wellbeing and the issues raised in this discussion document. **Please e-mail your comments to the Scottish Development Centre for Mental Health (sdcmh@sdcmh.org.uk), marking your email "With Health in Mind".** The Alliance will continue to promote discussion and networking on mental health and wellbeing.

Members of the Alliance are involved in a wide range of activities related to the content of this document. For more information go to their websites:

- Scottish Development Centre for Mental Health: www.sdcmh.org.uk

- Mental Health Foundation: www.mhf.org.uk
- Scottish Council Foundation: www.scottishcouncilfoundation.org

Outcomes

The Alliance hopes that as a result of the publication of this document and ensuing discussions it will be possible to:

- generate increased understanding of mental health and wellbeing among key groups in Scotland
- build wider commitment to take action which will improve mental health and wellbeing across Scotland
- contribute to debates on mental health and wellbeing across the UK and more widely

National programme to improve the mental health and wellbeing of the Scottish population

During the period that the Scottish Public Mental Health Alliance has been working to produce this discussion document, the Scottish Executive has established a national programme to improve the mental health and wellbeing of the population of Scotland. This is a significant development which the Scottish Public Mental Health Alliance welcomes strongly. It is hoped that the ideas and challenges highlighted in *With Health in Mind* will be a useful and timely contribution to the national programme.

1 Understanding public mental health

1.1 Introduction

In the UK and more widely, debate and action on mental health continues to be dominated by an emphasis upon mental health problems or illness. This is understandable given the burden of mental ill-health and the resulting challenges for individuals, families and friends and society as a whole. However, the tendency to use mental health as a euphemism for mental health problems or illness has served to bias discussion and action on mental health in the same way as that on health generally – that is, towards treatment and care, with relative neglect of promotion and prevention. Of course treatment and care for people with mental health problems are of vital importance and need considerable improvement – a challenge with which many organisations are involved. **However, the focus of this discussion document is how we can promote ‘positive’ mental health across the whole population, given that this is a fundamental resource for everyday life and the basis of physical, mental and social wellbeing for everyone.**

It seems that our failure to consider mental health in the round, wellbeing as well as problems, has contributed to several linked problems:

- defining mental health negatively, rather than positively
- stigmatising the language and ideas surrounding mental health as a whole, as well as people with mental health problems
- a reluctance to believe that elements of mental wellbeing and mental health problems can be present at the same time and are related experiences
- inadequate effort to promote mental health and wellbeing

The Scottish Public Mental Health Alliance believes that a fundamental shift is required in the way in which we think about mental health if we are successfully to promote mental health and wellbeing. We therefore think it is important to:

- define mental health positively, that is as a dimension of wellbeing and not merely as the absence of a mental health problem
- link mental health to individual, community and societal wellbeing

The rest of this chapter explores some key conceptual issues relating to health generally, mental health and wellbeing. This is important for several reasons:

- to provide a conceptual framework which informs the structure and content of the rest of the discussion document
- to encourage readers and participants in the discussion process to reflect on their understanding and approach to mental health and engage in discussion with others

1.2 Understanding health and wellbeing

The origins of the word health in the English language relate to wellness and ‘wholeness’. From this perspective, health concerns physical, mental, spiritual and social wellbeing, rather than illness. Investment in the promotion of physical and mental health and prevention of disease is generally inadequate relative to the health challenges facing us and compared to the investment in treatment and care services.

The meaning of the word ‘wellbeing’ has not been distorted in the same way as the word ‘health’. It retains largely positive connotations which encompass

individuals’ physical, mental and social wellbeing as well as the collective wellbeing of communities. Wellbeing tends to have a stronger resonance with the way lay people think about themselves and their lives and can be used to describe qualities held both by individuals and communities. It is a term which may be used outwith the health sector, for example in the areas of economic development, community regeneration and education, all of which have an influence on health and wellbeing.

Discussion points

- What are your views about the different meanings and definitions of health and wellbeing?
- What term(s) do you think would be most helpful in promoting a wider understanding of positive aspects of mental health?

1.3 Understanding mental health and wellbeing

Mental health is a contested term: definitions of mental health vary significantly from culture to culture and may vary even from person to person. However, there are a number of attributes which provide the foundation for positive mental health and wellbeing inasmuch as they relate to the essence of what it is to be human – that is, to have the capacity for conscious thought, feeling and action.

Mental health can be defined as a person’s potential to:

- learn ... how to communicate and how to do things
- express him/herself ... emotionally and intellectually
- feel at ease ... and a sense of autonomy to cope with change and uncertainty
- form and maintain relationships with other people

These attributes enable a person to interact with the natural and social world in a way that supports their survival and wellbeing throughout life. In addition, there are a number of psychological qualities that are critical for mental health and wellbeing irrespective of culture – notably self-esteem and empathy for others.

Mental health and wellbeing is therefore a quality which is possessed by individuals but which is created through dynamic interaction between their mind, body and environment. Moreover, mind and body are intimately linked and mutually interdependent. Mental health is

fundamental to physical health as it effects bodily functioning through a variety of physiological processes. For example, excessive stress can cause anxiety, leading to adverse effects on respiration, blood quality and the immune system, which in turn can increase vulnerability to physical illness. Physical illness, particularly severe and chronic conditions, can cause distress, anxiety or depression, and can hamper recovery.

From this perspective, it can truly be said, “there is no health without mental health.”

Discussion point

- What are your views of the perspective on mental health and wellbeing set out above?

1.4 The challenge of public mental health

For 150 years people’s physical health in Scotland and the rest of the UK has been improving. There is now general consensus that good housing, clean air, wholesome food and clean water are vitally important for health. In the last century we have seen dramatic reductions in deaths in infancy and childbirth in advanced industrialised societies. More recently, death rates from heart disease and cancer have begun to decline. In the 21st century the main burden of ill-health is likely to be psychological, rather than physical. The next challenge therefore is to make similar improvements in mental health and wellbeing.

Public mental health is a new field of endeavour which seeks to meet that challenge. Crucially, public mental health requires a whole-population approach alongside targeted action for high risk groups. Measures to protect and promote mental health and wellbeing – just as health generally – can and should be taken at a variety of levels from the individual, to communities, through to society as a whole.

Discussion point

- Do you agree that the main future health challenge for developed countries is the protection and promotion of mental health and wellbeing?

Table 1 provides a suggested “map” of key protective and risk factors for mental health and wellbeing. It provides a framework for public mental health with respect to different levels of influence and action. It also provides a template for the remaining chapters in this document.

Discussion points

- Is this framework useful?
- Are there any omissions with respect to levels of influence/action and/or protective and risk factors?

Table 1.1 Key protective and risk factors for mental health and wellbeing

| Level of influence and action | Protective factors | Risk factors |
|-------------------------------|---|---|
| Individual | <ul style="list-style-type: none"> • Meaningful role in society • Self esteem and confidence • Resilience • Adequate income, warm home, wholesome food, regular exercise | <ul style="list-style-type: none"> • Living in poverty • Inadequate social support • Low self-esteem and poor inter-personal and social skills |
| Family | <ul style="list-style-type: none"> • Planned parenthood • Loving, supportive relationships • Adequate income | <ul style="list-style-type: none"> • Living in poverty • Teenage parents • Abusive/neglectful parenting • Parental substance misuse |
| Work | <ul style="list-style-type: none"> • Respectful and trusting work environment • Clear expectations of role and accountability • Balance between effort and reward perceived to be fair | <ul style="list-style-type: none"> • Lack of autonomy • Lack of security • Low pay • Discrimination |
| Community | <ul style="list-style-type: none"> • High levels of interaction and good social support • High levels of participation in community activity • Influence over decisions which affect community • Physically pleasant surroundings | <ul style="list-style-type: none"> • Poor housing • High crime rates • Poor transport • Poor local services • Lack of trust between people |
| Society | <ul style="list-style-type: none"> • Inclusive and participative • Tolerant and caring • Equitable | <ul style="list-style-type: none"> • Exclusive and intolerant (e.g. racism, ageism, sexism, homophobia, sectarianism) • Inequitable |

The perspective on public mental health presented here presents fundamental challenges to much of our current thinking about mental health and wellbeing. It also has significant implications for all aspects of our national life, spanning public policy and public services and as well as activity in the business and voluntary sectors. But we are not starting from scratch.

- There are already significant developments with respect to individual and community initiatives which seek to promote mental health and wellbeing – we need to extend and improve these
- Many current government social, economic and environmental policies will affect mental health and wellbeing, irrespective of intent – but we need to identify and encourage government policies that protect and avoid those that increase risk
- The activities of a wide range of business, voluntary and community organisations will also affect mental health and wellbeing: here again, we need to identify and encourage activities that protect and avoid those that cause harm

But we can go further by:

- greater recognition of the fundamental importance of mental health and wellbeing to all aspects of health and life - that it is both an individual and societal resource, providing the basis for personal, social and economic development
- better understanding of key protective and risk factors through all stages of life and a willingness to tackle problems at source, recognising that some benefits may only be evident in future generations
- a commitment to promotive and preventive action at all levels – societal, organisational, community, family and individual – and involvement by a wide range of ‘stakeholders’, including government, the business sector, voluntary agencies, community groups and the public

Discussion points

- What are your views about the approach to public mental health set out above?
- What are your views about the nature and scale of the challenge set out?

2 Influences on mental health and wellbeing

This chapter outlines major influences on mental health and wellbeing at key stages in the lifecourse and then considers aspects of life, such as family and home life, working life and community life, which affect both individual and community wellbeing in more detail.

2.1 Individuals

2.1.1 Children and Young People

Capacity for mental health and wellbeing and resilience to mental health problems are accumulated throughout life. These influences start even before birth, as the health of expectant mothers has a significant impact on the mental health and wellbeing of their children. The first few years of life are particularly vital. A baby that is planned for and welcomed into the world at birth, is breast-fed and nourished with warmth by its parents and other care givers, is more likely to develop self-esteem, self-confidence and other important emotional qualities.

Breast-feeding provides an important medium for mothers to bond with and respond to the non-verbal communication of their babies. Scotland has the second lowest breast-feeding rate in Europe (after Ireland).

Although the early years are critical, the whole of childhood and youth is also important, as this is the time when people acquire essential life-skills and when their sense of self is most strongly developed. Social factors and living conditions influence mental health and wellbeing during childhood and youth, and also lay the foundation for wellbeing throughout life. Social relationships, which offer opportunities for stimulation, learning and expression, reflect the quality

of parental and other social support and of the wider social and physical environment. For children experiencing adversity, resilience is strengthened where there is a person who is constantly available and with whom they can have a trusting and confiding relationship.

When children do not receive the affirmation and care from others that they require, they are more likely to experience a lack of self-regard, which can range from insecurity to self-hate. Consequences of this include projection of feelings of inferiority on to other groups in society (prejudice and discrimination) and acting out self-hate through violence against the self and others. A sense of insecurity can lead to dependence on fundamentalism or other extremist views (e.g. neo-Nazism).

Many children and young people in Scotland are fortunate to have good parenting and stimulation – but many others do not. Family poverty is the single largest obstacle in this respect, since lack of economic resources can place parents under considerable strain, with consequent impact on their capacity to provide adequate parenting.

Some other children and young people can also be particularly vulnerable and may need special support, particularly those:

- with special needs, such as enduring physical ill-health, epilepsy or learning disability
- with experience of physical or sexual abuse
- who have witnessed domestic violence
- whose parents have a serious mental health problem
- who are looked after by the local authority
- who are separated from their parents, for example homeless young people and children at boarding school

2.1.2 Adults of working age

Social relationships, living circumstances and personal competencies exert an independent influence on mental health and wellbeing during adult life. Key factors include:

- the quality of social support
- income level and consequent standard of living

- the balance between working and home life
- emotional intelligence
- personal and inter-personal skills

A wide and supportive network of friends, family and neighbours enhances health and wellbeing. Having a stable and close relationship with an adult in childhood can protect against depression in adult life. In one study, depression in women who had experienced abusive childhoods was evident among 42% of those who had no support of this kind compared to 19% of those who had received support.

2.1.3 Adults in later life

People in Scotland and the UK are generally living longer and have more active years without disability or disease. Despite this positive trend, there remain significant inequalities in life expectancy and health experience in old age between social groups. Those who have had lower income throughout life still die younger and experience worse health than those with average or higher incomes.

While many people in later life remain active, contribute to their communities and offer wisdom gained from life experience, it is nonetheless a challenging stage of life. Maintaining family ties can be difficult for many older adults due to family mobility; bereavement becomes a regular experience as friends and family die; and many older adults experience poorer physical health. All these factors can significantly undermine mental health and wellbeing.

The key factors which help adults in later life to

maintain their mental health and wellbeing are very similar to those for adults of working age and include quality of relationships and social support, income and standard of living. Unlike adults of working age, however, older adults can rarely rely on paid work for stimulation and so opportunities for mentally stimulating leisure activity are particularly important.

2.1.4 Personal capacity and resilience throughout life

Although many social factors are central to mental health and wellbeing throughout life, there are several personal qualities which also seem to be critical to people's ability to secure the best they can from life and for coping with life's challenges. These include qualities such as:

- self-esteem
- confidence and an optimistic outlook
- empathy and trust of others

- ability to reflect on and understand life events
- ability to reflect on and express emotions, where appropriate
- ability to exert self-control over behaviour and expression, where appropriate

These qualities are sometimes referred to as "emotional intelligence". Where these qualities are well developed, people have greater capacity for achieving more from their life and are better able to cope with stressful life situations – that is they are more resilient.

Research in Finland suggests that self-reported optimism for the future exerts an independent effect on longevity among men five years after developing heart disease. This must be relevant to Scotland as well. Hopeful families and communities are more resilient - along with social trust, these are resources for healthier living.

Discussion points

- Have the major influences on the mental health and wellbeing of individuals been fully captured?
- Are there key stages of the lifecourse, when mental health and wellbeing come under special threat, that have been omitted?

2.2 Family and home life

2.2.1 Living conditions

The quality of people's living situation is fundamental to mental health and wellbeing. Key factors include:

- the quality of the home – whether it is safe, affordable, warm and dry and provides adequate space
- the availability of a home - homeless people are particularly vulnerable
- having sufficient income to pay for one's home, food and other needs

Interestingly, many studies have focused more on the effect of adverse living conditions on physical health than on mental health and wellbeing. However, poor living conditions can cause stress, anxiety and depression. Physical ill-health may also result from poor living conditions, either directly or through the effect on mental health.

The Health Impact Assessment of the North Edinburgh Area Renewal (NEAR) Housing Strategy has shown the potential for promoting mental health and wellbeing by improving housing and living conditions. Aspects that were found to have a particular benefit to mental health, were:

- **central heating, allowing all parts of the home to be warm which increased living space and reduced overcrowding**
- **double glazing to reduce noise**
- **security entry and window locks to reduce fear of crime**
- **a suitably sized home, reducing overcrowding**
- **having a sense of control by participating in renewal programmes**
- **reducing stigma of living in the area, creating a 'feel good' factor, increasing self-esteem and hope for the future**

2.2.2 Income

Income has a major influence on mental health and wellbeing across the lifecourse since it provides the primary means through which people can buy what they need to secure an adequate standard of living for themselves and their families. Research shows that many people and families living in poverty experience high levels of chronic stress. This can erode confidence, which reduces people's belief in their capacity to influence their lives for the better, and lead to a sense of hopelessness. People living in poverty also experience a higher number of stressful life events, such as family separation and loss due to imprisonment, divorce and premature death.

2.2.3 Time

There is growing evidence that family life in Scotland and the UK is under major strain as a result of time pressures related to tensions between working and home life.

- There is a growth of multiple earner households
- 60% of male employees and 45% of female employees usually or sometimes work on Sundays
- 28% of men work more than 48 hours a week

- Most children aged 11-15 do not eat a family meal each day but 'graze' during the course of the day. Over a week, 15% of children do not eat a single meal together with other members of the family and a further 27% only eat one or two family meals each week

There does not appear to be time in people's lives for a full family life. A comfortable work/home balance is becoming increasingly difficult to manage. Few couples are able to achieve equity in housework and childcare responsibilities despite a high proportion of women now in paid work.

2.2.4 Family and personal relationships

Good family and personal relationships provide emotional and social support, especially during common life events and transitions, such as bereavement, divorce, redundancy, starting or leaving school, leaving home and retirement. People are more vulnerable to mental health problems if they do not have adequate social and emotional support during such transitions.

Some family and social trends within Scotland and the UK seem to be making it harder for people to accomplish fulfilling and stable relationships.

- Domestic violence, mostly perpetrated by men against their female partners, affects up to one in three women over the course of their lives
- In 1998, there were over 12,000 divorces in Scotland. Marriage is in decline and, of all marriages, 30% are re-marriages.

About half of divorcing couples have children under the age of 16

- Over 30% of households in Scotland comprise a single person. While living alone does not necessarily generate feelings of loneliness, some, especially older people who live alone, may find it more difficult to secure sufficient social support

While divorce and separation between unmarried partners may be a positive choice for the adults involved, evidence shows that it frequently places children at increased risk of developing mental health problems. Many adults also find divorce and separation traumatic and, if they do not have good personal coping skills or social support from friends and family during these times, they are at increased risk of mental distress.

Discussion point

- Are there other aspects of family and home life, with implications for mental health and well-being, which should be considered? If so, what are they?

2.3 Working life

Work takes up the largest proportion of adults' waking hours and can have a major impact on their mental health and wellbeing. There are, of course, many different types of work, each presenting different benefits, challenges and risks to mental health and wellbeing. The broad benefits of both paid and unpaid work are associated with self-esteem and satisfaction achieved through meaningful activity and social interaction. The challenges and risks are mainly associated with stress, where the demands of the work exceed a person's capacity and where inter-personal relationships are poor.

The main focus of discussion here will be on paid work, both in terms of participation and exclusion.

2.3.1 Paid work

Paid work is a vital part of most people's lives, providing both material and psychological benefits. The key material benefit is the ability to earn an income above benefits levels, thus increasing the opportunity to secure an adequate standard of living. The key psychological benefits, when paid work goes well, include self confidence and self-esteem, status and a feeling of being part of mainstream society.

Over the last 20 years there has been a number of significant trends relating to paid work, with considerable implications for mental health and wellbeing.

- More women combine paid work with domestic and care commitments (both child care and care for dependent adults). The 1999-2000 Family Resources Survey found that 30% of women were in full-time employment and 21% of women were in part-time paid employment. This compares to 61% of men in full-time employment and only 5% of men in part-time employment
- The type of employment has changed (more jobs in the service sector and fewer in manufacturing), with implications for men who have been traditionally employed in manufacturing
- Job insecurity has spread across all types of employment and income groups, including professional workers who in the past had more stable employment. People feel insecure even when they are not at high risk of losing their jobs
- The British Household Panel Survey shows that those aged 45-54 in employment have experienced the greatest rise in stress levels in the last decade
- A significant percentage of the workforce earns the minimum wage or low pay, and qualifies for welfare benefits
- Income differentials between lower and higher income groups have grown over the last 20 years
- Despite over 25 years of equal pay legislation, many women are still paid less than men for doing equivalent work
- Unemployment amongst black and ethnic groups, young and middle-aged men, remains relatively high, especially in deprived areas

Contrary to market theory, after a certain minimum income is achieved, self-esteem is not closely related to level of income but it is closely related to the level of control, choice and challenge at work.

A study of British civil servants has indicated that the more control, variety and pace in one's job, the higher the level of job satisfaction. Another important insight from this work is the balance between contribution and reward, 'real' and perceived. Men in the lowest grade in this study had six times the absence rate of men in the highest grade for both short (less than seven days) and long (equal to or greater than seven days) spells of absence. Women showed a similar, though slightly less marked, pattern. When work characteristics were examined in more detail, the study found that low variety and limited use of skills, as well as low support from colleagues and supervisors, were associated with higher rates of short spells of sickness absence for psychiatric reasons. These differences were also strongly linked to the risk of developing coronary heart disease and premature death.

A post devolution (1999) survey of civil servants in the Scottish Executive showed that, while they feel their jobs have improved since devolution and have more job satisfaction, one in three experienced *regular* work related stress in the last year and many said they did not feel as valued as they might. The survey also showed there had been a level of unpaid overtime equivalent to 60 full-time personnel.

Working hours, work volume and job security are particularly significant in terms of mental health and wellbeing. Longer working hours appear to be especially stressful.

2.3.2 Unemployment

Despite improving employment opportunities in the last few years in Scotland and across the UK, unemployment remains relatively high in deprived areas, especially amongst young men.

Unemployment affects men disproportionately. Research on young and middle-aged unemployed men has shown that length of unemployment is associated with a greater deterioration in the sense of mental health and wellbeing. Long-term unemployment is linked to increased levels of anxiety and depression, decreased self esteem, inability to concentrate and general nervousness.

- The risk of suicide is almost double in people who lose their jobs and have then been unable to get back to work for over a year
- There is evidence that men who become unemployed suffer deterioration in mental health, but that re-employment leads to improvement
- Unemployment puts a great strain on relationships: unemployed men are twice as likely to get divorced as employed men
- The loss of income is a major cause of stress and can affect the mental health and wellbeing of the person, their family and the wider community if significant numbers of households in a local area are affected

The most important factors in protecting unemployed people from mental health problems, other than return to paid work, are the presence of social support and participation in leisure activities involving other people.

Sick leave and early retirement, often due to ill-health, are also major causes of unemployment, particularly amongst middle-aged and older men. In areas of high deprivation, there are more people 'on the sick' than 'on the dole'. Men aged 45-64 living in Clydeside, for example, have a high risk of moving from work or unemployment to long-term/permanent sickness and never getting another job. Leaving work for the last time is a major life transition, making this a vulnerable time for psychological problems. Yet there appear to be more people than ever being forced to leave work early in Scotland. There is a rise in early retirement on grounds of sickness in Scotland, particularly in the public sector. This started among male manual workers, and then spread to the emergency services (police, fire), followed by the typically female services (National Health Service, teaching and social work).

Discussion point

- Are there other aspects of working life, with implications for mental health and wellbeing, which should be considered? If so, what are they?

2.4 Community life

The key characteristics of community life which support mental health and wellbeing, both for geographical communities and communities of interest appear to be:

- a sense of safety, so people feel free from the fear of crime or other threats such as hazardous traffic
- a sense of connectedness and belonging, which is fostered by contact with others outside the home through social opportunities and the absence of discrimination or prejudice
- a sense of being listened to and being involved, feeling able to influence local decisions
- opportunities to give and receive social support from friends, neighbours and acquaintances
- good social and leisure amenities, such as shops, parks, places to meet
- good public transport links, enabling access to employment, family, friends and social activities

The extent to which people feel part of their geographical community or relate to a community of interest will vary considerably. Research shows that wellbeing among people who feel part of and contribute to their community is generally higher than among people who feel disconnected from their community. This seems to be associated with sense of identity and belonging as well as participation in

community activities, decision-making and the giving and receiving of social support. Interestingly, strong, cohesive communities can be very supportive to those who are seen as part of the community, but it may not always be easy for newcomers to join in or for people who are seen as “very different” to be accepted.

The Building Better Communities work undertaken by the Scottish Council Foundation shows how the *process* of involvement is critical in increasing people's sense of influence over their lives. The evidence from the North Edinburgh Area Renewal health impact assessment indicates that participation in community decision-making directly enhances people's mental health.

It takes individual and collective time and resources for community identity and participation to develop, but a number of factors can make this difficult:

- deprivation and socio-economic inequalities
- crime and fear of crime
- long working hours
- physical distance and poor public transport
- high population turnover

For example, socio-economic differences often determine where people live, which has its own independent impact on wellbeing and compounds disadvantage. People's experience of the place where

they live has profound significance for the practicalities of everyday life and mental health and wellbeing. It is common for people in deprived areas to have very negative views about where they live. Many experience a lack of community spirit, find it hard to trust others, feel unsafe walking the streets or visiting parks, and report a pervasive feeling of hopelessness.

‘Social capital’ is a term which is often used to refer to the collective resources of a community and includes general levels of trust and hope for the future, the extent and quality of community networks, activities and amenities and participation in decision-making.

Safety and mobility are critical factors with respect to community social capital.

A sense of safety within a community encourages people to walk about and mix more readily, while good public transport allows people to travel without reliance on the private car. Unfortunately, current transport policy still gives greater emphasis to the car and allows generous speed limits - even in residential areas, creating considerable risk for pedestrians and cyclists. Public transport provision is excellent for some communities, but very poor for others, especially in rural areas.

Discussion point

- *Are there other aspects of community life, with implications for mental health and wellbeing, which should be considered? If so, what are they?*

2.5 Society and culture

2.5.1 Values

While personal, family and community environments have a profound influence on people’s mental health and wellbeing, these are influenced by the wider society and culture, which in turn can affect mental health and wellbeing.

Accepted social values and norms, which vary through time, from culture to culture, and community to community, can influence how people see themselves and others. For example, levels of acceptance and tolerance of specific groups or behaviour can vary enormously. Consider, for example attitudes towards:

- black and ethnic groups

- people with mental health problems
- gay men and women
- asylum seekers

There is considerable evidence to show that the experience of discrimination and intolerance can have a negative effect on individual and community mental health and wellbeing. On the other hand, societies which promote values of tolerance, equality, and empowerment are more conducive to individual and collective wellbeing.

2.5.2 Social justice and inclusion

Research within Scotland, the UK and internationally shows that more inclusive, equal societies have better overall health and fewer health inequalities. Wilkinson argues that the more unequal a society, the less healthy it is. He believes that this is partly due to lower levels of wellbeing in societies that are more heavily polarised between rich and poor. Trends within Scotland and the UK over the last 25 years therefore give cause for concern.

- Income differentials have widened in the UK since 1980. We have the greatest differentials in income and the largest percentage of children living in poverty in any country of the European Union
- Recent evidence from UK birth cohort studies has shown how socio-economic differences at birth pave the way for a lifetime of inequality in health and wellbeing. At 33 years old, 19% of women in unskilled manual social classes rated their health as poor compared with 9% in professional and managerial classes. The relative risks accumulate from birth onwards

More recent research suggests that vertical interactions within societies, better known as 'solidarity', appears to be important in explaining differences in health status. For example, countries which have greater trade

union membership and political representation by women have better child mortality profiles.

2.5.3 The media

The media both reflect and contribute to societal awareness and attitudes to mental health. Within the news-orientated media, much coverage focuses on mental illness and unusual, but dramatic, incidents, often involving violence. Within feature-orientated media, coverage may be more positive, exploring how people deal with life and its emotional challenges. This is most common in women's magazines, dramas and 'soap operas' on television and in documentaries on television and radio.

In addition to the media's direct coverage of mental health issues, there is also the issue of how media programmes support or hinder mental health. Educational programmes of all kinds can help people improve their mental agility, whilst comedy can help people feel good. Conversely, there is some evidence that programmes with high levels of violence can be harmful, especially amongst young people, desensitising them to the nature of violence in real life. In addition, overexposure to electronic media more generally can affect children's behaviour. Beauty magazines and fashion that portrays thinness as the norm can affect self-esteem and dieting behaviour, especially in girls and young women.

Discussion point

- Are there other aspects of society and culture, associated with mental health and wellbeing, which should be considered? If so, what are they?

3 Can we measure mental health and wellbeing in Scotland?

Chapter 1 explored the concepts and values surrounding mental health and wellbeing. Chapter 2 explored key influences on life that support or threaten mental health and wellbeing throughout life. This chapter seeks to assess what we know about mental health and wellbeing in Scotland.

There is not as much information about mental health and wellbeing compared to that available on problem behaviours and mental health problems or illness. This is due to the dominance of a “pathological” model of mental health, with the focus on problems and illness and relative neglect of wellbeing. Much less information is collected on wellbeing. However,

indicators are available which either directly measure aspects of wellbeing or provide good proxy measures.

One important point to note about indicators of wellbeing is that they need to be positive. Often negative indicators, such as poverty and illness, are used to provide an indication of people who may be vulnerable to mental health problems or who may experience reduced mental health and wellbeing but they do not measure wellbeing itself.

Table 3.1 overleaf provides some potential indicators of mental health and wellbeing for Scotland.

Table 3.1 Potential indicators of mental health and wellbeing

| Source | Indicator | Comment |
|---|--------------------------------------|--|
| Scottish Health Survey 1998 | Self-reported "overall health" | Three quarters of men and women aged 16-74 report that their general health is "good" or "very good." As this measure encompasses both physical and mental aspects of health, mental health dimensions are not specifically indicated but implied. |
| Health Education Population Survey 1998 | General Health Questionnaire (GHQ12) | 32% of women and 23% of men scored over 2 on GHQ12 indicating psychological distress. This indicator does not measure positive wellbeing. |
| Health Education Population Survey 2000, report forthcoming | Range of indicators | Indicators will include sense of coherence, stress, views on one's local neighbourhood, civic engagement and voting. |
| Scottish House Conditions Survey | Quality of their neighbourhood | In the 1996 survey, 88% of respondents were "very" or "fairly satisfied", with lower levels of satisfaction (72%) in single parent households. |
| Scotland Index (proposed by Scottish Council Foundation) | Proposed range of indicators | Indicators should include the extent of trust people have with their neighbours and decision makers; the level of optimism people have for the future and the proportion of children and young people who enjoy school. |
| British Household Panel Survey | General Health Questionnaire | Measures ill-health rather than wellbeing, but new indicators are under consideration for further surveys. Has the advantage of tracking the same population over time. |

If we are to get a better idea of the levels of mental health and wellbeing in Scotland, and whether these are improving or deteriorating, we need to:

- incorporate more and/or better indicators of mental health and wellbeing into existing national and local health and social surveys
- possibly develop specialist mental health and wellbeing surveys for use at national and local levels
- ensure survey samples include adequate representation from key population groups (men/women; children/young people/adults of working age/adults in later life; people from different ethnic groups; people with chronic health problems and/or disability (both physical and mental); people on different income levels; people living in urban/rural areas etc.)
- using above sources, identify a baseline of measures for a given year which can provide the basis for monitoring trends over time
- use this information to guide policy and action to enhance mental health and wellbeing and address particular problems

Discussion points

- Do you/does your organisation currently collect and/or collate information about mental health and wellbeing in Scotland? If so, what information?
- Do you think there is a need to devote more effort to the collection and collation of mental health data in Scotland?
- If so, which indicators do you think would be useful and how do you think this information should be collected?

4 High risk behaviours

4.1 Introduction

The increasing prevalence of certain behaviours, in particular substance misuse, aggression and violence, is likely to reflect declining levels of mental health and wellbeing at individual, family and community levels. The association between problem health and social behaviours and individual and community mental health and wellbeing is complex.

- People with mental ill-health may develop problem health and social behaviours; for example, someone who is depressed may use alcohol more and someone who is under stress may become more aggressive
- Conversely, someone who misuses alcohol or other drugs may develop mental health problems associated with this misuse
- In addition, many other people can be seriously affected by the problem behaviour of others – bullying can be particularly damaging to the mental health of victims

4.2 Substance misuse

Alcohol and illegal drugs have significant negative impact on the mental health and wellbeing of individuals, families and communities (see below). However, it should also be noted that even medicines that are used as indicated could also have side-effects, which adversely affect mental health and wellbeing, including medicines prescribed for mental health problems. Some people misuse prescribed and over-the-counter medicines, which can have serious

consequences – for example even a small overdose of paracetamol can cause fatal liver damage.

4.2.1 Alcohol

Alcohol has been used by humans for millennia as refreshment, as a mind-altering substance and in the course of social events. It is deeply embedded in the social fabric of most societies worldwide, although there are a few societies (mostly Islamic) that promote abstinence.

While a moderate intake of alcohol is known to protect against coronary heart disease (CHD), binge drinkers have higher rates of CHD. Studies show that binge drinkers have a high risk of cardiovascular death, especially sudden death. Binge drinking could in part be an explanation for Scotland's high rate of CHD compared to other countries where alcohol intake is more regular.

Most people drink in moderation most of the time, but there are still significant numbers of people in Scotland and the UK who drink too much and are considered to have an alcohol problem. In Scotland (1998), 33% of men and 14% of women aged 16-64 drink above the safe limit (21 units per week). Of those men aged 16-74 who drank alcohol in the previous week, 44% consumed 8 units or more on their heaviest drinking day, rising to 62% in men aged 16-24. Latest figures for Great Britain as a whole show that 27% of men aged 16+ and 14% of women (1996) drank

above the safe limit. Alcohol is a factor in 40% of domestic violence incidents, a third of child abuse cases and a major factor in suicidal behaviour. In the UK, drink related traffic crime costs £50 million a year and up to 14 million working days are lost each year due to alcohol problems. Alcohol Concern estimates that British business loses £2 billion a year due to alcohol related absenteeism and poor work performance.

A significant number of people with alcohol problems are found by their GPs to have depression or anxiety. People often abuse alcohol to blot out feelings of emotional distress. These feelings may be the consequence of relationship difficulties, social isolation, financial worries or pressures at work.

In 2002, the Scottish Executive launched its Plan for Action on Alcohol which has two key aims: to reduce binge drinking and to reduce harmful drinking by children and young people.

4.2.2 Illegal drugs

Frequently used illegal drugs include cannabis, amphetamines, ecstasy, LSD, tranquillisers (off prescription) and heroin. Over the last 20 years, use of such illegal drugs has increased significantly throughout Scotland and the UK. In Scotland 39% of the population aged 16-74 have reported using these drugs, with 17% using them in the previous year. There is a strong age bias, with higher levels of reported use in younger age groups. Among young people aged 16-24 in England and Wales 29% have used illegal drugs in the last year and 19% in the last month. As in Scotland, the commonest drugs used are cannabis and amphetamines, with heroin being used much less frequently.

There are a number of trends which have contributed to this increased use, including:

- the distress and sense of hopelessness felt by many people experiencing unemployment and poverty
- increased social acceptability and peer pressure, especially amongst young people
- the addictive nature of some drugs
- increased availability through an extensive network of illegal drug suppliers

While there has been an increase in illegal drug use by all income groups, the health and social impact of illegal drug use is especially marked in areas of high deprivation. More people using illegal drugs in deprived areas experience health problems and early death associated with their drug use and many are unemployed and resort to crime to pay for their drug use. This often leads to a prison term and a cycle of health and social problems from which it becomes very difficult for individuals to escape.

A study in Glasgow showed a 30-fold difference in emergency admission rates to hospital for drug-related health problems between areas of low deprivation and high deprivation.

In addition to its impact on the user, illegal drug use, as alcohol misuse, has significant impact on the lives of users' families and their wider community. For example, illegal drug users who are parents, often struggle to care for their children adequately, which can place their children's health and wellbeing in jeopardy. Crime associated with illegal drug use contributes significantly to its negative social impact on the wider community – causing fear, mistrust and social dislocation.

“Half the problems in Govanhill lead into drugs and the other half result from using drugs”. This comment comes from the study “Building Better Communities”, conducted by the Scottish Council Foundation, which explored with residents of three diverse communities how they could become better places to grow up, live and work, raise a family and grow old. All three communities identified drugs and crime as a top cause for concern.

4.3 Violence and aggression

In his profound and honest account of violence, James Gilligan argues that there are two types of violence: behavioural and structural. We are all familiar with the behavioural type – it is what we read about in the news, stories of “mindless violence”, “gratuitous acts”, “senseless murders”. These behaviours are not rational, but they do have meaning if one is prepared to search for it.

Through 25 years of working as a psychiatrist in the Massachusetts prison system, Gilligan has worked with hundreds of violent men. While each has a different story to tell, there are many common features:

- a history of childhood abuse, neglect, rejection, exploitation and violation of an extreme nature
- a deeply held sense of shame at wanting to be loved and cared for, but lacking the self-love to love others
- desensitisation so that they feel empty, lacking in feeling, imagine that they are already dead
- a deep-seated rage, that makes death seem like a promise of peace
- extreme poverty and discrimination in their lives
- experiences that are so emotionally painful as to be overwhelming provoke an automatic, unconscious reflex self-anaesthetisation, a self-deadening

Gilligan writes:

“The soul needs love as vitally and urgently as the lungs need oxygen ... Without love (by which I mean here love for oneself), the self collapses, the soul dies ... And a soul empty of love fills with hate instead”.

The spread of behavioural violence in society is like an infectious disease, only the pathogen is not biological, but psychological, and its spread is primarily through social, economic and cultural channels.

Structural violence refers to the increased death rates and disability suffered by those who occupy the bottom rungs of society. These are a function of class structure, which is itself a product of society's human choices about how to distribute its collective wealth. It is less easy to see this violence: it is not understood as criminal and it is hard to care for something one cannot see. Yet structural violence causes far more deaths than behavioural violence. Worldwide, many more people die from poverty than are killed in warfare. Unlike behavioural violence of this kind, which is sporadic, structural violence is continuous.

Both forms of violence, behavioural and structural, are inextricably related to each other. People feel ashamed, unloved and uncared for by society when they are marginalised through class, race or poverty. The difference between rich and poor is not just material but profoundly psychological; the bigger the gap, the more acute the feelings of inferiority.

If we wish to prevent violence, therefore, our agenda has to be political and economic reform. This means taking better care of each other, especially the most needy, beginning in childhood, when the needs for

love and care are most intense. To quote Dostoevsky, we would then recognise that "all are responsible for all".

In a UK-wide survey over 90% of mothers and fathers reported physically punishing their children at some time. Recent studies have demonstrated beyond reasonable doubt that physical punishment by parents causes increased aggressive behaviour in their children. Hitting children also increases the chances of delinquency, criminal behaviour and lower IQ.

There is well-documented evidence of the impact of violence against women by partners and ex-partners. Apart from the obvious physical injuries that occur, women feel a loss of self-esteem and self-confidence. They can live in perpetual fear and experience symptoms of traumatic stress disorder.

The experience of being an aggressor may also adversely affect the mental health of the perpetrator as well as the victim. For example, both being a bully or a victim of bullying is a predictor for later problems, including conduct disorders, crime and alcohol abuse (bullies) and depression, anxiety and suicidal behaviour (victims).

Discussion points

- What are your views about the links between high risk behaviours and mental health and wellbeing?
- Do you believe that promotion of mental health and wellbeing could contribute to a reduction in high risk behaviours? If so, what kind of action should be taken?

5 Public mental health: promoting mental health and wellbeing

5.1 Introduction

The Scottish Public Mental Health Alliance believes that increased commitment and investment in promoting mental health and wellbeing is not an extravagance or optional extra, but would, as demonstrated by UK and international experience and research, provide a vital investment in the future of our society. It is our belief that such investment would strengthen social and economic development, enabling better quality of life for communities, families and individuals, and reducing the incidence of crime, drug misuse and other social problems. It is also likely that it would lower the prevalence of some mental health problems, especially anxiety and depressive disorders, reducing the personal, family and social distress caused by these conditions.

This chapter explores some of the approaches which can be, and are being, taken to promote mental health and wellbeing and points out where we could go further. Approaches are grouped according to the level of intervention:

- society
- workplace
- community
- family
- individuals across the lifecourse

5.2 Society

We have seen how inclusion and participation protect and enhance mental health and wellbeing at a population level. Whitehead describes this as vertical interaction or “solidarity”. For example, policies and legislation to protect minority groups and to promote representation of women in public office appear to benefit the health and wellbeing of societies.

A fundamental prerequisite for people’s health and wellbeing is living in peace. We need to understand the underlying meaning of behavioural violence in our society and develop a firm but empathetic approach to dealing with it. Gilligan suggests that polarisation between the genders contributes to a culture of violence, with increased aggression between men and increased aggression by men towards women. We need to challenge these stereotypes of gender.

Ensuring people have an adequate income, food and shelter are also essential for mental health and wellbeing. Those who lack these resources experience high levels of mental distress made worse in rich countries by living cheek by jowl with people who are comfortable and affluent. Thus tackling inequality is an essential element in creating a mentally healthy society. Table 5.1 highlights areas of public policy at global, European and national levels that have an impact on mental health and wellbeing. The examples show how improving mental health and wellbeing is a cross-cutting issue that requires system-level shifts in policy and action to achieve lasting gains.

Table 5.1 International and UK examples of government policy and legislation which supports mental health and wellbeing

| | |
|--------------------------------|--|
| United Nations | <ul style="list-style-type: none"> Agenda 21: an international framework for global sustainable economic development; that is economic development, which sustains ecologic and equitable social systems, which in turn support human life and wellbeing. The UK is a signatory |
| World Health Organisation | <ul style="list-style-type: none"> Health 21: an international framework to guide action on health, wellbeing and social justice, including mental health. The UK is a signatory World Health Report 2001: provides a focus on mental health to inform and encourage action |
| European Court of Human Rights | <ul style="list-style-type: none"> European Convention on Human Rights: defines individuals' civil rights that are enforceable by law. This is now part of legal systems within the UK, including Scottish law |
| European Union | <ul style="list-style-type: none"> Working Time Directive: controls the total number of hours employees are able to work within European members states, including the UK Social Charter: sets out employee rights to be implemented by member states |
| UK | <ul style="list-style-type: none"> Social Inclusion policy and initiatives: support inclusion of deprived communities and vulnerable groups, through employment, education and anti-poverty measures Parental leave policy: allows enhanced paid and unpaid leave for mothers and fathers with children under five |
| Scotland | <ul style="list-style-type: none"> Repeal of Section 28 of Education (Scotland) Act, which restricted schools' ability to provide information about gay and lesbian sexuality New Community Schools initiatives: support a range of health and welfare initiatives for pupils, parents and the wider community Social justice initiatives: inclusion measures through housing and regeneration policy, Social Inclusion Partnerships (area-based and thematic) and youth training (e.g. Skillseekers, Modern Apprenticeships) |

5.2.1 Opportunities for government

Government policy in all areas (social, economic and environmental) contributes to mental health and wellbeing across society. In other words, improving mental health and wellbeing is a cross-cutting issue for government. We need a vision for the future which encompasses mental health and wellbeing, if this is to become a reality. This paper and the subsequent discussion are part of the process that is required to articulate this collective vision.

Subsequent strategies for improving mental health and wellbeing require sustained investment in targeted interventions within different settings – workplace and communities and for different groups – families, individuals.

In addition, we need media and educational initiatives on mental health awareness, to help the public understand mental health and wellbeing and to challenge stigma associated with mental health problems. Table 5.2 opposite shows examples of government action in these areas.

Table 5.2 International and UK examples of governmental mental health promotion policy and strategies

| Government | Action |
|------------------|--|
| European Union | <ul style="list-style-type: none"> • Since 1999, the European Union has been developing policy and action guidance on mental health promotion to inform both EU policy and that of member states • An international institute for public mental health has been established in Finland which will report on European policy development and the use of indicators for mental health and wellbeing |
| Canada | <ul style="list-style-type: none"> • The Canadian government has developed a national framework for mental health promotion which is based on the principles of empowerment, meaningful participation, holistic approach to health, cultural sensitivity and responsiveness, personal dignity, life context, individual and community capacity building and partnerships |
| Australia | <ul style="list-style-type: none"> • The Australian Government launched its first five year mental health strategy in 1992 and its second Mental Health Promotion and Prevention National Action Plan in 1999 • In terms of prevention, it has targeted 12-17 year olds because it is during these years that symptoms of major mental illness begin to manifest. It is also the age where early intervention can prevent long-term mental health problems |
| Northern Ireland | <p>The Department of Health and Social Services has agreed three key areas for action with respect to mental health promotion.</p> <ul style="list-style-type: none"> • Promoting good social relationships, for example, through social skills and assertiveness training, as well as communication and relationship skills • Developing effective coping skills, including problem solving skills, cognitive skills and parenting skills • Providing social support and making social changes (e.g. supporting families, home visits, changing attitudes, helplines) |
| England | <ul style="list-style-type: none"> • The Department of Health for England has developed a National Service Framework for Mental Health (Services) which includes the following Standard: "Health and social services should promote mental health for all, working with individuals and communities, combat discrimination against individuals and groups with mental health problems and promote their social inclusion." |
| Scotland | <ul style="list-style-type: none"> • The Scottish Executive has identified mental health as a priority in both its public health plan "Towards a Healthier Scotland" (1999) and its more recent Scottish NHS Plan (2001). This includes a commitment to improve mental health services, challenge stigma, reduce suicide and improve mental health and wellbeing. A national programme to improve mental health and wellbeing is being implemented. Elements include: development of a framework for the reduction of suicide and deliberate self-harm, a national survey on public attitudes to mental health, capacity building for mental health improvement and an anti-stigma campaign |

Discussion points

- How do you think government economic, social and environmental policy could be strengthened so as to support improved mental health and wellbeing?
- What targeted interventions do you think government should support to promote the mental health and wellbeing of key and vulnerable groups?
- What kind of mental health awareness and anti-stigma initiatives do you think the government should champion?
- Do you think it would be useful to have a national action framework for mental health and wellbeing to complement the Framework for Mental Health Services?

5.2.2 Media

The media is already regulated extensively in the UK to encourage balanced programming and to provide guidance on the coverage of sensitive issues, such as sex and violence. But while there appears to be considerable awareness within the media about issues relating to gender, ethnicity and physical disability, more needs to be done to develop awareness around mental health and wellbeing.

For example, within Scotland and England there are media awards for good coverage of mental health

issues by the media, especially that which challenges stigma against people with mental health problems. In England, the Health Department launched its MINDOUT media campaign in 2001, to educate the public about mental health and to challenge stigma against people with mental health problems. Mental Health Media, based in London, provide a range of educational and information materials about mental health and also provide mental health awareness training. Campaigns that aim to reduce direct screen watching to less than seven hours a week have been shown to improve the behaviour of children at school.

Discussion points

- How do you think the media affects public attitudes to mental health and wellbeing?
- Do you think the media could do more to promote mental health and wellbeing and reduce the stigma associated with mental health problems? If so, how?

5.2.3 Workplace

As indicated in Chapter 2, trends with respect to work in the UK have mixed implications for mental health and wellbeing. The minimum wage makes a positive contribution, while the long hours worked by many people is undermining. There remains a considerable challenge for employers in all sectors, public, voluntary and private, to support improved mental health and wellbeing through appropriate measures in the

workplace. The benefits will be felt not only by employees, but also by families and communities.

Workplace design and policies can contribute to better mental health and wellbeing by paying attention to:

- terms and conditions, especially pay and hours of work
- job design, that is how the pace and

demands of a post relate to an employee's skills, whilst providing sufficient challenge

- management practice, in particular the balance between control, support and autonomy
- organisational culture with respect to employee participation in decision making; the extent of shared goals and values between employees and employer; the sociability of colleagues and the level of bullying
- personnel policy with respect to mental health awareness and stress management; support for employees experiencing problems; anti-bullying measures; support for employees with caring responsibilities

Government policy and legislation guides and regulates many of the above aspects of employment practice, and some employers voluntarily do more, reflecting commitment to employee welfare whilst also finding it supports productivity.

- **Scotland's Health At Work initiative supports employers in all sectors to improve employee health, including mental health, through a range of workplace measures.**
- **An Employee Assistance Programme can produce organisational benefits by identifying and resolving employees personal and work-related concerns.**
- **Statistics from the CBI indicate that access to a telephone support service reduces sickness absence by 2.6 days per employee per year.**
- **A term-time project at the Scottish Executive is being developed to allow employees to negotiate reduced hours of work during school holidays so they can be with their children.**
- **The "Doctor of DNA" at Claydon Heeley Jones Mason, a marketing communications agency in London, has the task of keeping staff happy by supporting a range of measures, including assigning a buddy to all new staff, training and performance appraisals and "duvet days" when once a year staff can just say they don't feel like coming in.**

Discussion points

- How do you think the workplace affects mental health and wellbeing?
- Do you think employers could do more to protect and promote the mental health and wellbeing of their employees? If so, what kind of measures should be introduced or further developed?

5.3 Community

In Chapter 2 we have argued that having autonomy and a sense of control in one's life is important for mental health and wellbeing. Involving people requires reworking of decisions, but can improve policies and services in at least four ways.

First, involving populations in the decision making process has been shown to lead to more appropriate services. Potential service users can work together to define problems, suggest solutions, and define the strengths and weaknesses of a given program.

Second, public involvement is one way of confronting traditions that may be damaging or dysfunctional. Community empowerment challenges established power and is a driver of innovation and change.

Third, if policies or services are based on people's self-identified needs, they are unlikely to fall into neat policy areas, as defined by policy makers. Starting from the expressed needs of people is more likely to lead to the development of holistic solutions.

Finally, participation can increase the skills and capacities of individuals and communities, foster social cohesion, and contribute to the creation of active, informed citizens. Being involved in a community can increase self-esteem, give purpose to life, and improve the mental health and wellbeing of the individual and community. In addition, participation can increase the

awareness of members of the public of their responsibilities as well as of their rights: a key aspect of citizenship.

HomeZones are an innovative development taking place in a few places in Scotland and the UK (but with much more extensive coverage in Europe), whereby traffic calming and traffic restriction measures have returned the streets to residents. As a result, residents enjoy a safer neighbourhood, especially children who are able to play more freely. In addition to reduced injury and death from road traffic accidents and reduced air and noise pollution, HomeZones help to foster a stronger sense of community wellbeing.

Communities are also vital in providing social support to vulnerable people. Health and social services need to think how they can work more closely using the existing support structures within communities rather than inventing their own.

Promising examples of services reorienting to need come from the National Strategy on Learning Disabilities (in both England and Scotland) where the emphasis is on ensuring people with learning disabilities access mainstream services. Day centres should no longer "warehouse". Rather, day services are there to enable people to attend local leisure facilities, join clubs that suit their interests and obtain training and support for paid work.

Discussion points

- Do you agree that involving people in local communities offers considerable potential for improving mental health and wellbeing?
- How do you think the contribution of community initiatives to promoting mental health and wellbeing could be enhanced?

5.4 Family

Given the central role played by family groups in supporting individuals and raising future generations, the quality of family life is critical in terms of mental health and wellbeing. Families need to be supported through adequate income, housing, food and services. These are covered in previous sections of this chapter under society, government, workplace and community.

In addition, parenting education and family support can make a particular contribution to supporting families, thereby enhancing mental health and wellbeing.

The current government has recently increased support to family programmes such as Sure Start, a UK-wide initiative, which offers considerable potential for improving mental health and wellbeing.

More needs to be done to support **all** parents, as well as vulnerable families. Investment in universally available parenting education for young people in schools and for adults in the community, which helps people learn about both practical and emotional aspects of parenting, would make a major contribution to mental health and wellbeing. The Norwegian government is undertaking a national parenting development programme that provides universal access to parenting support – we could too.

Sure Start targets parents of very young children, aged 0-3 years, particularly those in deprived communities. It provides funding for family centres, outreach work and other forms of parenting support. The aim of the programme is to help children become healthy, confident and ready to learn when they start school.

The Scottish Executive is funding an intensive family support programme – Starting Well – in Glasgow, as a national demonstration project. The Starting Well programme is targeted at families living in poor neighbourhoods in the city. Using trained lay workers, health visitors can ensure families get the practical support they need for raising children.

Evidence from such initiatives in the UK and internationally show they can be effective in promoting health and wellbeing of parents and children, both during their childhood years and into adult life. Their impact is enhanced, however, if also supported by anti-poverty strategies and long-term community development.

Discussion points

- Do you think that universal parenting education would make a significant contribution to family mental health and wellbeing?
- If so, how do you think it could best be delivered?

5.5 Individuals

5.5.1 A lifecourse approach

Whilst societal, work, community and family focused interventions can create conditions supportive to mental health and wellbeing, individuals also need direct support, particularly at critical life stages and transitions, such as:

- 0-5 years, when the foundation for emotional, cognitive and social skills are laid down
- during adolescence and young adulthood when the transition from child to independent adulthood is being made
- in adulthood, particularly during life events
- at retirement when people need to adjust to a life without the structure of work

5.5.2 Early years

In addition to initiatives such as Sure Start and other support for parents and families, community play schemes and nursery school education provide vital support directly to young children under five. Play opportunities and nursery education are also extremely important for children's emotional and cognitive development.

The current government has made a commitment to expand provision of nursery places which will help pre-school children. This needs to be accompanied by efforts to provide safe play areas for children close to their homes.

Primary school provides great opportunities for children's emotional development. They need to learn

how to make friends, keep friends and cope with friendships breaking up. They have to deal with children from different cultures and backgrounds, resolve conflicts and learn how to work together. They also have a chance to learn from other children's experiences and develop their coping skills.

Circle times or other kinds of time and space can all help develop this emotional literacy. Such skills are critical to overall achievement in school and can predict who will become successful in later life.

In Baltimore, USA, classroom management has been shown to be highly influential in either encouraging or discouraging disruptive behaviour amongst children. In classrooms where the teacher has a poor level of control, first grade students with behavioural problems are far more likely to be disruptive and chaotic by the seventh grade, leading to school exclusion, low achievement, juvenile crime, drug and mental health problems. However, by introducing a programme which involves training teachers in managing classroom behaviour in a more pro-active way, first grade students identified as having behavioural problems continue through to seventh grade with almost the same outcomes as those without problems in first grade.

Ensuring children have exercise is also important for their mental health and wellbeing. Safe Routes to School and other such schemes help to build exercise into the day for children rather than confining it to PE classes. Children perform better at school as well as experience better self esteem when they are physically fit.

Attention also needs to be given to the diets of children that these are not too sugar-laden. The effort going into healthy eating and improving the availability of wholesome food for families will help to improve mental health and wellbeing.

Discussion points

- What other interventions to promote mental health and wellbeing in the early years should be considered?
- What are the challenges to the development of successful interventions?

5.5.3 Adolescents

Adolescents experience considerable emotional and social challenges relating to independence from parents and other adults, relationships and sexuality, smoking, alcohol and use of other drugs. Parents and adults can often struggle to understand and support adolescent children, who in turn often prefer the support of their peers. Given that young people of this age are usually in full-time education, schools provide a key opportunity to provide guidance and support prior to and during adolescence.

In addition to personal and social education as part of the core curriculum, many schools support special initiatives, including:

- health promoting schools
- community schools
- peer support

Evaluation of these initiatives shows they can be effective in supporting children through the key transition of adolescence, providing information, support and guidance and contributing to their mental health and wellbeing. Peer support initiatives appear to be particularly successful as they help children help each other. Just as the Sure Start programme aims to make children healthy, confident and ready to learn when they **enter** school, these initiatives should be ensuring that young people are healthy, confident and still ready to learn when they **leave** school.

Youth services can also be extremely helpful in raising awareness about emotional health issues and encouraging young people to come forward before they reach crisis. Counsellors and school nurses can provide additional support to young people, either on an individual basis or in groups.

The Scottish Health Plan announced the intention of ensuring all schools are health promoting schools. Currently, health promoting schools initiatives in Scotland and the UK provide support on issues such as diet, sex, drugs and elements of emotional wellbeing. There is, however, considerable potential for enhancing the elements that support mental health and wellbeing. For example, by including the emotional literacy programmes that are being advocated by the World Health Organisation (WHO) and other organisations.

Walk the Talk is also supported within the Scottish Health Plan as a way of engaging with young people and addressing their health concerns in a non-judgmental and holistic manner.

There are a number of challenges which need to be addressed if initiatives such as health promoting schools can realise their potential. They need to be valued as much as the core academic elements of the curriculum. Teachers need to be better equipped to support these initiatives, through pre- and post-qualifying training. They need to be resourced through core funding for education.

Health promoting schools can be effective at supporting most children, but sometimes special support is required for children who are already experiencing difficulties with learning and social skills. There are a number of projects across Scotland and the UK that aim to reverse the spiral of decline into which these young people fall.

Rathbone C.I. Scotland runs a programme called 'Choices', which is for socially excluded young people with a range of needs. These include:

- pupils aged 14-16 with school attendance problems, or those who have been permanently excluded from school
- young people who are 'looked after' by local authorities
- young offenders, including those leaving secure accommodation
- young people with learning difficulties or with special educational needs

The programme is tailored to their needs. It can provide an alternative vocational curriculum to those who fall out of the school system. It also provides education and work experience placements to those who need preparation for life in their own community.

For those who need it, the programme provides literacy and numeracy support, confidence building and training in independent living skills. The programme is not aimed specifically at preventing mental health problems or improving positive mental health. However, by giving this group of excluded young people something meaningful in their lives, they are creating the right conditions for better mental health.

Discussion points

- Do you agree that personal and social education at school, as well as special initiatives such as health promoting schools, can support the mental health and wellbeing of children and young people? If yes, which approaches do you think are most effective and how do you think these could be better supported?
- What measures do you think are effective in supporting vulnerable children and young people?
- How do you think schools could help prevent children and young people developing behavioural and other problems?

5.5.4 Adults

During adulthood mental health and wellbeing can be protected and enhanced through developing our personal skills and through our actions in our families, communities and workplace. For example, we can learn more about conflict resolution, we can learn good enough parenting. We can praise and support each other more in our work and become more active within our communities. Taking care of our physical health

through a good diet and regular exercise contribute to our sense of mental health and wellbeing.

There are many self-help materials available to assist in becoming more psychologically aware as well as deal with particular issues, such as eating problems, recovering from childhood abuse, alcohol dependency. More effort is needed to make these materials available to those likely to benefit.

Discussion points

- What interventions do you think are effective in supporting adults?
- Where (in what settings) should these interventions be delivered?
- How do you think such initiatives could be more widely developed across Scotland and the UK?

5.5.5 Later Life

Ageing can bring considerable challenges, including reduced income, increased risk of physical and mental illness and disability, bereavement and isolation. Many older people experience poor mental health, not just from conditions such as dementia, which are usually associated with growing older, but also depression, which is common among older people. As indicated in Chapter 2, there are several key challenges for people in later life, which are critical to mental health and wellbeing, including:

- adequate income through pensions and benefits – which needs to be addressed through fiscal policy
- providing effective social networks and support – community initiatives can help provide leisure and social support to people in later life
- opportunities for older people to participate in the life of their community and wider society
- appropriate health and social care – with as much support provided in the home or community

The value of exercise is becoming more recognised as a way of improving mental health and wellbeing in older people. A good diet can also contribute.

• The UK government has developed a programme called **Better Government for Older People** which demonstrates how good listening is an important part of improving wellbeing. The conclusions from this work included the importance of combating age discrimination, engaging better with older people and improving decision-making around issues that affect older people.

• Age Concern has run an **Ageing Well** programme across the UK for many years, which uses peer educators to encourage older people to take more exercise and eat better. The process of involving older people to support other older people encourages self-esteem and strengthens social ties. So, whilst not specifically targeting it, the programme is reported to help improve positive mental health.

Discussion points

- What initiatives do you think are effective in supporting the mental health and wellbeing of adults in later life?
- Where (in what settings) should these interventions be delivered?
- How do you think such initiatives could be more widely developed across Scotland and the UK?

6 Conclusions

We have deliberately taken a whole-population systemic approach to improving mental health and wellbeing as well as suggesting specific action that could enhance the mental health and wellbeing of vulnerable groups and individuals across the life-course.

We recognise that mental health and wellbeing for everyone, including vulnerable groups, emerge as a consequence of numerous inter-acting factors. These include basic requirements, such as adequate income, shelter and peace. Early life experiences are also particularly important as are the experience of education, work and community. Societal values underpin our experience of mental health and wellbeing and these are reflected in our media, culture and the arts.

If we are to make a substantial difference to the mental health and wellbeing of the whole population, we need to take radical and systemic action (rather than incremental and step change).

1. We have to look at how to reduce inequality in income and in opportunity. We need to challenge the spiral of disadvantage that leaves some people accumulating most of the risk of unemployment, low pay and poverty over the long-term. Would it not be better to have 10% unemployment where nobody is out of work for more than a few months than 5% unemployment where most have been jobless for years? There is no surer way of storing up future mental health problems than to experience persistent disadvantage with no prospects of improvement.

2. We need to recognise that the mental health and wellbeing of our society determines its success in

the world. For this reason, the improvement of mental health and wellbeing should become a cross-cutting objective of public policy in every arena. There are sound reasons for doing so. It costs around £30,000 to keep someone in prison for a year, yet, until recently, rehabilitation programmes usually stopped on release. So, for example, the risk of drug overdose is very high. One estimate suggests that one in three drug deaths recorded in Glasgow involve people who have just left prison. Would it not be better to use these medical and criminal justice resources to improve mental health and coping skills of offenders?

3. We need to review our equalities legislation and stand by a set of values that will protect citizens from violence and discrimination. We should look to promote the representation of minority groups in public life. This will both protect vulnerable groups and increase the level of solidarity across society, promoting cohesion and creating a safer environment for everyone. Particular areas to examine would be the rights of people in institutions: prisons, long-term care, and children in the care system.

4. Local communities need to be enabled to support themselves. Health and social services should be redesigned with communities at the centre. Rather than being 'hoovered' into services and kept dependent, people need to be supported to remain in their communities, among friends. Finding solutions to local problems requires the collective intelligence of local communities. Their involvement is crucial to developing better mental health and wellbeing.

5. Employers and workers in all walks of life need to aim for work-life harmony. This recognises the role

that workers have in their families and communities as well as the organisation where they work. Public organisations should take the lead in developing mentally healthy workplaces.

6. Emotional literacy is a key skill for the 21st century. We need to teach this to our children by providing universal parenting programmes, training teachers to provide emotional literacy in schools and supporting the wider population learning through community programmes. We need to recognise the importance of developing new models of education that are tailored to the individual learner. Often this means making the learning context more relevant to young people, such as Craigmillar IN-STEP based at Castlebrae High School or the Jump Start initiative in Easterhouse. These projects enhance self-esteem, coping skills and emotional intelligence among vulnerable teenagers. Children and young people who are experiencing particular problems need ready access to counselling and support in non-stigmatising ways.

7. We need to recognise that risk-taking behaviours are indicative of previous pain and often a future lacking in hope. Rather than deal solely with the physical consequences of such dependence (e.g. methadone prescribing), services need to help long-term recovery from the original injury. Services should be there to treat the underlying causes of problems, not just the symptoms.

8. Mental health is a national priority alongside cancer and coronary heart disease. Since it underpins the chances of survival from cancer and heart disease and there are links between heart disease and mental health, it should be seen as the over-arching priority. People need to be as familiar with the ways of keeping mentally healthy as they do about their heart health. Many activities will benefit both, for example, exercise and a healthy diet (not dependent on addictive

substances). In addition, people need to become more psychologically aware. Just as women are encouraged to examine their breasts or men their testicles, people should be familiar with their mental state and know how to express their problems openly and without shame with someone they can trust.

Achieving real improvements in public mental health will require different ways of doing things. We need to focus more on the *process* of developing policies and programmes. This means developing strategies and structures with people at the centre.

We are capable of responding to the challenge facing public mental health in Scotland. We need the courage and confidence to make it work.

Appendix 1: Members of the Scottish Mental Health Alliance

Scottish Development Centre for Mental Health

The Scottish Development Centre for Mental Health (SDC) was established in 1997 and is part of the Institute for Applied Health and Social Policy, King's College London. SDC works in partnership with other agencies and networks to promote the mental health and wellbeing of individuals, families and communities and to achieve improved quality of life for people affected by mental ill-health. SDC is able to provide support to the development of organisations, systems and services, and to use applied research as a tool to assist agencies and networks in achieving their social goals. Through its programme of locally and nationally commissioned work, SDC has acquired expertise and experience in the interface between policy development and its implementation. More information about SDC can be found at www.sdcmh.org.uk

Allyson McCollam is Director of SDC. She has a background in social policy and has worked in mental health in Scotland for nearly 20 years. She has led the research and evaluation programme of SDC since 1997. Allyson has been involved in the drafting of the Framework for Suicide Reduction in Scotland, on behalf of the Scottish Executive and is also a member of the National Advisory Group for the programme on improving Mental Health and Wellbeing. SDC is carrying out an exploratory project on capacity building for mental health improvement in four parts of Scotland within this programme.

Gregor Henderson is a Founding Director of SDC

(from August 1997) and currently on secondment to the Scottish Executive as National Programme Director for its work on Improving Mental Health and Wellbeing. He previously worked as a Development Consultant for King's College London, and was adviser to the Health Select Committee on Community Care in the early 1990s. He has a special interest in public mental health and policy development and implementation.

Scottish Council Foundation

The Scottish Council Foundation is an independent organisation which stimulates and influences social, cultural and economic change. Working with government, business and communities, we aim to make a difference by:

- understanding the dynamics and impact of change
- anticipating and activating positive change
- initiating and leading informed debate
- encouraging and applying new thinking
- promoting innovation and social justice
- energising people to find their voice and to fulfil their potential

The Foundation is building a distinctive reputation for its independent, original thinking and long-term vision on a diverse range of social, economic and governance issues. More information about the Foundation can be found at www.scottishcouncilfoundation.org

Dr. Margaret Hannah is a Consultant in Public Health at Fife NHS Board with a specialist interest in mental health and wellbeing. She provides advice on health matters to the Scottish Council Foundation in a

voluntary capacity. She has chaired a sub-group for the National Reference Group on Mental Health which drafted guidance on mental health needs assessment. She has worked on secondment at the Scottish Development Centre for Mental Health to develop the concept of public mental health. She is vice-chair of the SNAP work on Child and Adolescent Mental Health and a member of the Scottish Executive's National Advisory Group on improving Mental Health and Wellbeing.

James McCormick is Director of the Scottish Council Foundation and was Research Director from 1997-2002. His research interests include reform of policy on welfare, schools and prisons, as well as methods of public involvement in decision-making. He has been involved in running citizens' juries on learning, drugs and Incapacity Benefit and led the *Possible Scotland* project with PHIS and HEBS. He is co-author of a Joseph Rowntree Foundation study on access to insurance in low-income communities and was a member of the Treasury's Policy Action Team (PAT 14) on Access to Financial Services. Before joining the Foundation, he worked for the Institute for Public Policy Research (IPPR) in London.

Mental Health Foundation, Scotland Office

The Mental Health Foundation is a charity working across the UK to promote mental health and wellbeing and to encourage measures that improve the rights, support and care for people with mental health problems. The Foundation works to achieve these goals by trying to influence policy and practice through research, information, training and other activities. More information about the Foundation can be found at www.mentalhealth.org.uk

Maddy Halliday is the Foundation's Director for Scotland and UK Development. She has worked in the health and social care field for over 20 years, with a particular focus on public health. She is currently Scottish Chair of the UK Public Health Association and is also a member of the Scottish Executive's National Advisory Group on improving mental health and wellbeing and its new NHS Forum.

Research Unit in Health, Behaviour and Change, University of Edinburgh

The Research Unit in Health, Behaviour and Change (RUHBC), which was established in 1983, receives funding from the Chief Scientist Office, Scottish Executive Health Department and the Health Education Board for Scotland. Its mission is to improve understanding of the processes and mechanisms which influence the health and wellbeing of the Scottish population, and to enhance the contribution of knowledge to the development of policy and practice interventions for health. Research activities are organised under three programme headings: *Health Aspects of Lifecourse, Transition and Change; Health-related Risk and Lifestyle; and Health, Life Circumstances and Inequality*. More information about RUHBC can be found at www.ruhbc.ed.ac.uk

Stephen Platt is Director of RUHBC. For 25 years he has pursued a research interest in mental health, co-authoring many academic books and articles on social, epidemiological and cultural aspects of suicidal behaviour. He is a member of the planning group which developed the consultation draft of the National Framework for the Prevention of Suicide and Deliberate Self-harm in Scotland. He also serves on the National Advisory Group which is taking forward the Scottish Executive programme of work for the promotion of health and wellbeing.

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Appendix 3: Useful websites

Scottish Development Centre for Mental Health: www.sdcmh.org.uk.

Mental Health Foundation: www.mhf.org.uk

Scottish Council Foundation: www.scottishcouncilfoundation.org

Antistigma: www.seemescotland.org

Scotland's Health on the Web: www.show.scot.nhs.uk

Mentality: www.mentality.org.uk

Health Education Board for Scotland: www.hebs.scot.nhs.uk

MINDOUT: www.mindout.org.uk

Mental Health Media: www.mhmedia.com

Scottish Executive Health Department: www.show.nhs.uk/sehd/mentalwellbeing

Public Health Institute of Scotland: www.phis.org.uk

Information Services Division: www.show.scot.nhs.uk/isd/mental_health/imhip2002.htm

Health Development Agency: www.hda-online.org.uk

www.sdcmh.org.uk

www.mentalhealth.org.uk

www.ruhbc.ed.ac.uk

www.scottishcouncilfoundation.org

www.internationalfuturesforum.com

Further copies of the report can be obtained from:

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www.mentalhealth.org.uk

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