

## **TOWARDS A MENTALLY FLOURISHING SCOTLAND: CONSULTATION RESPONSE FROM PATHS TO HEALTH**

Paths to Health, which is part of the Paths for All Partnership, is funded primarily through the Scottish Government's Health and Wellbeing Directorate to deliver on physical activity strategy targets. Delivery is focused on 3 key settings; community (health walk schemes), workplace and health care.

This response is based on our own experiences of supporting mental health and wellbeing outcomes as a national body and also feedback from our network of 200+ community based health walking schemes across Scotland.

Paths to Health depends on a wide range of local delivery partners within the voluntary, public and private sectors. Key national delivery partners include the Centre for Health Working Lives. Although our primary focus is delivery of physical activity outcomes, the positive results in treating mental illness and promoting mental wellbeing are compelling.

It is clear, through our experience, that promoting physical activity depends on individuals gaining good social or wellbeing impacts from the activity. The two agendas are therefore inextricably linked. We know that the immediate impacts of the Paths to Health interventions are mental health/wellbeing with positive physical outcomes emerging longer term.

All Paths to Health interventions promote positive mental wellbeing but there are a growing number which also tackle specific mental health issues- e.g. BASA in Clackmannanshire, CHANGES in East Lothian and the State Hospital in Carstairs.

The mental health of young people and children is rightly highlighted as a priority but in order to fully engage local partners it will be necessary to highlight priorities across the life stages. An increasingly ageing population with associated risks in relation to social isolation and long term conditions is a key demographic shift that requires an appropriate response.

We have provided some specific points below in response to the 3 key questions in the consultation document.

- What shared objectives and actions for *local delivery* should be made for 2008-11 which would be deliverable, measurable and valuable?

In most respects, the targets for mental health and wellbeing at a population level match those for general health improvement in Scotland. Identifying outcomes that are not necessarily mental health focussed, such as physical activity or obesity targets may provide a method of broadening the implementation net. By measuring areas that we already know have a positive impact on mental health and wellbeing we will reduce the need to come up with additional measures. Recognising that projects delivering physical activity

outcomes in social settings are also delivering on mental health and wellbeing will also strengthen the ability of projects to compete for local funding.

Further development of Community Health Partnerships towards a more holistic approach to local health care/improvement is likely to benefit mental health/wellbeing outcomes, in particular through the expansion of social referral mechanisms. 'Better Health Better Care' encourages greater partnership with the voluntary sector. Setting local targets for CHPs for voluntary sector partnership/social prescribing would, we believe, benefit mental health/wellbeing outcomes.

- What *national supports* would help local areas meet these objectives and actions?

National leadership, guidance and research is required to provide a direction for local work.

Delivery will depend on moving implementation out with the health care system. Highlighting the linkages between mental health and wellbeing and the work of other sectors- including the wider health sector, enterprise and the environment- is required. For example, workplace settings can be influential in promoting positive well-being and also dealing positively with mental illness. Highlighting the economic/productivity results that can be gained from promoting positive wellbeing and dealing positively with mental illness will help to engage employers.

More research and collation of case studies can usefully be coordinated at a national level to provide evidence for action within a range of sectors.

There may be opportunities to link social marketing campaigns on physical activity and mental health which as well as highlighting two important messages will help linkages for local action.

Receiving acknowledgment from the national level that walking for health projects help to deliver national government objectives for mental health and well being would assist our local projects in competing for funds linked to local authority Single Outcome Agreements.

- How can *progress* (locally and nationally) be tracked and performance assessed?

Guidance on appropriate local measures that are simple and wherever possible use monitoring processes already in place would be helpful.

I hope these comments are helpful.

Yours sincerely

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