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**Your Ref:**

**My ref:** CN/PG

**Date:** 07.03.2008

Dear Mr Huggins,

**Towards a Mentally Flourishing Scotland: the future of mental health improvement in Scotland 2008-11**

I refer to your letter of the 12<sup>th</sup> November 2008 launching the above discussion document and inviting local areas to respond. This letter constitutes the formal corporate response from the City of Edinburgh Council which has taken account of views from across all relevant Council Departments, as well as wider discussion with partner agencies, including key agencies such as Capital City Partnership, Voluntary Organisations, Edinburgh CHP.

The City of Edinburgh Council fully acknowledges the significant work that has been developed in Scotland over the last 6 years through the National Programme for Mental Health and Wellbeing and welcomes the Scottish Government's commitment to build and advance this work. The connection to health and social inequalities is particularly welcomed as this accords well with established Council priorities and is consistent with our approach to service development and delivery.

The stated intention to extend the reach of mental health improvement beyond the healthcare system is welcomed. This should be coupled with an acknowledgement and improved understanding of the existing substantial contribution of non healthcare (alongside healthcare) responses to public wellbeing, especially those provided by local authorities as part of local delivery of a whole range of personal, social, educational, cultural and civic services that are available to local citizens.

Edinburgh is a city with a population of just under 450,000. It has an enviable physical and natural environment and has witnessed considerable development and growth throughout its history. In considering overall social, economic, educational, cultural, health and other trends, the city offers unparalleled opportunities. However, it is fully understood that the general level of prosperity and high quality of life is not shared equally by all areas of the city or by all of its citizens. A particular focus and challenge for the City of Edinburgh Council and its partners has been and continues to be, to identify and close the gap between those who are excluded from the benefits of prosperity, or the many opportunities on offer and the rest of the community.

Considerable work has been undertaken in the City in identifying those communities and individuals experiencing social exclusion, for instance, in relation to levels of mortality, which highlight a much greater rate in areas of the city identified for regeneration. The link between inequalities, deprivation and exclusion is well understood and endorsed by the City Council and many measures have been deployed over the years to attempt to ameliorate the effects that these can have on individuals, families and community wellbeing. There are many causes of social exclusion and not all of these are related to deprivation or lack of prosperity therefore a wider net has to be cast to ensure that recognition is given to issues that affect people from particular groups such as people from minority ethnic communities, people from the lesbian, gay, bisexual or transsexual communities, or people with disabilities, including people with mental health problems. It is vitally important that the work on mental health improvement sits within this general context and recognition is given to the complex set of factors that may support or diminish the mental health and wellbeing of local citizens.

We suggest that the proposed actions and the development of support and evaluation tools could be taken forward in the context of the NHS Health Scotland paper of 22/1/08 “Managing for Shared Outcomes Towards Achieving a Healthier Scotland” which sets out an outcome framework for health improvement with long term, intermediate and short term goals. Our hope would be that objectives and actions for local delivery of Towards a Mentally Flourishing Scotland would follow this approach and reflect the high level indicators of population health and wellbeing, the intermediate level determinants of health and wellbeing and short term outcomes focused on service delivery.

It is very encouraging to see mental wellbeing included as one of the Government’s six priorities for health improvement and to see consistency beginning to emerge in terms of the areas of activity proposed. It is also useful to have clarity on concepts and definitions and the Council endorses and supports the definitions offered in the document of mental wellbeing and of mental illness.

The discussion paper poses three key questions and responses to each of these are laid out below

*Q1. What shared objectives and actions for local delivery should be made for 2008-11 that would be deliverable, measurable and valuable?*

- Develop consistent approaches to strengthening protective factors across service areas;
- The inclusion of mental wellbeing actions in all City of Edinburgh Council departmental service plans and other key strategic documents;
- Ongoing, multi disciplinary staff training programmes to build confidence and understanding of what impacts positively on good mental health and wellbeing and identify clearly what impacts negatively. Such training would also usefully be undertaken on an interagency basis;
- Higher profile for mental wellbeing and emotional health during mental health week to help improve understanding and promote these concepts;
- Linking mental health and wellbeing explicitly to other health agendas to embed the concepts of universality and transferability of impact (physical activity and mental wellbeing, food and emotional health, )
- Recognising the importance and value of developing social capital in terms of strengthening protective factors – possibility of introducing a toolkit to assist with measuring impact

- Identification of specific target groups for positive mental health *promotion* and *preventive* actions based on local analysis of the support needs of those who experience mental illness;
- Implementation of a matched care approach that extends beyond clinical and psychological services to embrace social supports, employment and social inclusion;
- The target groups proposed for local and national action are supported however ‘People without access to key assets or resources’ does not describe a target population that is explicit. This needs to be clearly linked to the recently published Scottish Government discussion paper “ *Taking Forward The Government Economic Strategy: A Discussion Paper on Tackling Poverty, Inequality and Deprivation in Scotland*” (February 2008).

*Q2. What national supports would help you to meet these objectives and actions?*

- Ongoing work on anti stigma and anti discrimination is vital to underpin work on mental health promotion;
- Ongoing development of shared language and improved understanding of contributions of non healthcare sector to mental health improvement is required;
- The continued focus on suicide prevention is welcomed as is the proposal to link the work to other programmes;
- Improved cross ownership is required across the Scottish Government of the mental health improvement agenda with a clear linkage between existing and developing policies and strategies e.g. see comments re discussion paper on poverty, inequality and deprivation;
- Emphasis should be given to the importance of sustainable employment as one major element of mental well-being for working age adults. This requires proper co-ordination and integration of strategies and services across health, social care and employability/employment. National programmes in this area can be disjointed, lack effective targeting and follow through;
- Development of a national good practice databank that promotes evidence of what works and supports implementation of best practice locally;
- Production nationally of good quality promotional materials which explain and promote protective factors and which are based on a programme of quality research;


*Q3. How can progress be tracked and performance assessed?*

- Continued work to develop indicators to assess and measure mental wellbeing in local populations. This must be more clearly linked to an assessment of the impact of specific actions or interventions as well as a general assessment of population trends;
- Agreement on required local and national targets/outcomes followed up by consistent gathering of data from local authority/health board areas to map progress;
- Through the inclusion of a mental health indicator/target in the Single Outcome Agreement;
- Maximise data from existing performance information reported nationally by Local Authorities and Health Boards and ascertain additional focussed requirements;
- Built-in evaluation to all activities relating to mental health improvement, including benchmarking;
- Expectation that local plans will contribute to national agendas – and monitoring to support this;

- It would be useful if data on mental well-being was available at local authority level as health board information can be too broad and non specific to local areas. This would also help local areas with assessing performance and progress.

I trust this information will be helpful to you. Should you require further information or clarification please contact Christina Naismith, Joint Programme Manager for Mental Health (0131 537 6254) who is the nominated key local contact person in relation to this work.

Yours sincerely



**MR PETER GABBITAS**  
**DIRECTOR OF HEALTH AND SOCIAL CARE**