

Update from the Special Interest Groups

Group:	Public Mental Health June 2019
Chair: Deputy/Co-chair (if applicable):	Allyson McCollam, Associate Director of Public Health, NHS Borders TBC
Member organisations:	Membership now includes all territorial health boards, as well as isd and Health Scotland and is supported by ScotPHN. Local Board representatives are a mix of those working in Public Health and Health Improvement. Officials from the SG Mental Health Directorate with a remit for Public Mental Health attend regularly.
Aims of SIG:	<ul style="list-style-type: none"> ▪ To make best use of the opportunity provided by the current focus on mental health and particularly Scottish Government's MH strategy; ▪ To take actions to ensure public health and mental health are better integrated and achieve parity with physical health; ▪ To ensure mental health is included in all policies/strategies which impact on public health; ▪ To share experience, knowledge and approaches for taking forward Public Mental Health including early stage ideas; ▪ To raise the profile of Public Mental Health as a practice – specialist and generalist ▪ To provide an informal network of those involved in public health with an interest in public mental health and act as a stakeholder group for NHS Health Scotland work programme; ▪ To facilitate cross-Board and cross-partner collaborative work as appropriate; and ▪ To provide a conduit to general advice on approaches to public mental health practice and access to public health expertise across Scotland, as appropriate
Describe the work undertaken in the last year and any impact.	<p>Advocacy and influencing: Mental health in all policies</p> <p>We have welcomed the link with the SG MH Directorate, and have been offered opportunity to advise and comment on the emerging plan of work on public mental health. SG is focusing on three main areas: developing a narrative around wellbeing ; risk and protective factors and behaviours associated with ACEs (homelessness, substance misuse, resilience); and influencing upstream factors at societal level, through dialogue with other directorates. Poverty, employment and housing / homelessness are topical current policy priorities where there is opportunity to add value by introducing a public mental health approach.</p> <p>At our April meeting we had a useful first discussion with the Chair of the National Suicide Prevention Leadership group. Rose Fitzpatrick described two themes that thread through the SPLG workplan : firstly, raising public awareness and challenging stigma to create 'a movement for change'; and secondly training to ensure that the core skills and confidence to support someone at risk are spread and sustained.</p> <p>The Public Mental Health group continues to have concerns that the expertise and capability developed over many years' investment in robust suicide prevention training programmes may be undervalued in efforts to find approaches that are more</p>

immediately accessible to frontline services. In discussion we identified common areas of interest between PMHG and the SPLG where dialogue and collaboration would be beneficial: ensuring national developments have local connectivity; that local coordination of effort should be informed by all available intelligence including suicide death reviews; and the opportunities to make more purposeful use of digital developments.

Workforce development and capacity building

The group has been advising on and supporting the testing of a PMH training course in Scotland as one of a range of training programmes that Health Scotland and NES are leading to fulfil commitments in the Mental Health Strategy and the Suicide Prevention Delivery Plan. The PMH training was modelled on a course FPH has delivered in England. A cohort of 16 participants drawn from the PMH group and from those working in PMH in a range of settings across Scotland attended a pilot of the existing FPH course in Feb over two days. This was a learning opportunity in itself, but also identified how the training might be better adapted to a Scottish policy and practice context.

One key recommendation from participants was that more focus was needed on the challenges and opportunities to implement PMH theory and evidence in the partnership structures in which people work. Consequently the PMH ran a workshop in May for over 40 participants to promote understanding of the policy, principles and practice of PMH in the context of whole system working. Overall feedback was very positive, with requests for further support for implementation, wider partnership engagement and more focus on the development of upstream interventions that address the determinants of mental health.

Developing and promoting best practice

The PMH group is beginning to focus some attention in two particular areas:

- *Digital developments* are a rich area of opportunity for public mental health. There is ample evidence that mental health offers huge potential to make more systematic use of digital technology. There is a case for us to be engaged collectively in research and development in this field, to gain a better understanding of the asset and risk dimensions, inequality and inclusion themes and dissemination and implementation aspects of digital innovation. Preliminary scoping has identified potential relevant initiatives across the current diverse landscape. There may also be the potential to work collectively on some aspects e.g. shared approaches to research and evaluation.
- *Self harm* is an emotive and topical issue that would benefit from a public health perspective, in view of the data on the scale and scope of this issue, the need to consider definitions, the associations with suicide risk and likely longer term trends and impacts. There continues to be a risk of medicalising the experience of distress and a

	tendency to focus on immediate service responses at the expense of some deeper consideration of the social and contextual factors that lie behind troubled behaviours.
How has the SIG supported the wider system and Public Health Reform?	The PMH group has a current arrangement to maintain active links with the FPH MH Special Interest Group. Joint discussions are held twice in the last 12 months, the most recent in April 19. At that we agreed to collaborate on themes of common interest as a part of a mental health in all policies approach. We identified an interest in collaborating to share information and intelligence on the impacts of austerity and the reductions in public sector services across the four nations within the UK, recognising that there are significant differences in legislative and policy frameworks in each. On a more practical note, there may be scope to trial the use of a Mental Health Impact Assessment toolkit, though the risk of impact assessment overload has to be acknowledged.
Who has the SIG engaged with in the last year?	Public Health Pharmacy group Scottish Gov. MH Directorate Suicide Prevention Leadership Group
Is the SIG represented on any other national groups?	Pharmacy group
Has the SIG held any events in the last year?	Workshops at FPH conference Nov 2018 Training course Feb 2019 as above PMH workshop May 2019 as above
What are the main issues the SIG is considering currently?	Need for active championing of public mental health as a national priority to ensure there is focus on upstream influences and on prevention, as well as on individual / group / community interventions. Risk of lack of coherence among the disparate strands of policy and strategy relating to mental health driven through local government, health, education etc Work is needed to build wider engagement across the system for PMH outcomes, not only in H&SC.
What are the SIGs objectives for 2019-20?	Continued dialogue with SG on PMH policy and the identification of clear priorities for PMH. Providing leadership in the development of the DsPH delivery plan for PHP 3 on mental health, in collaboration with others as appropriate. Offering further training and capacity building activities and seeking to understand better the support required for effective PMH implementation in key partnerships. Promoting best practice in promotion and prevention: continue to be alert to opportunities for digital developments; self harm as a public health issue; perinatal mental health; social isolation.