

# NHS Ayrshire & Arran

<b>Meeting:</b>	<b>Ayrshire and Arran NHS Board</b>
<b>Meeting date:</b>	<b>Monday 9 October 2023</b>
<b>Title:</b>	<b>Director of Public Health Report - Public Mental Health: A Life-course Approach to Understanding Mental Health</b>
<b>Responsible Director:</b>	<b>Lynne McNiven, Director of Public Health</b>
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## 1. Purpose

This is presented to the Board for:

- Discussion

This paper relates to:

- Annual Operational Plan
- Government Policy/Directive
- Local Policy
- NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person-centred

## 2. Report summary

### 2.1 Situation

There are high levels of mental health need and mental illness/disorder within the communities of NHS Ayrshire & Arran. This is reflected in high levels of demand for child and adolescent mental health services [[Section 6.1.1, pg29](#)], high rates of prescribing for anti-depressants, anti-anxiety and anti-psychotic medications for adults [[Section 6.7, pg42](#)] and high numbers of drug [[Section 6.3, pg35](#)] and alcohol-related deaths [[Section 6.4, pg37](#)] and high suicide rates [[Section 6.5, pg39](#)].

This is impactful for individuals, families and communities, challenging for services involved in responding to needs and risks and through the provision of treatment and care services and compounded by poverty and disadvantaged community experiences. [[Section 5.1, pg17](#)]

By understanding the mediating and mitigating role of relationships from the earliest moments of life and across the life-course, alongside the intergenerational transmission of distress, trauma and adversity [Section 3.2, pg8] there are opportunities to mitigate risk and better support mental health as a resource for life that allows for flourishing even when times are hard.

The director of Public Health is presenting a series of chapters to the NHS Board in place of an annual report. This chapter, Director of Public Health - A Life-Course Approach to Understanding Mental Health Report, September 2023 details a public mental health, life-course approach to mental health and proposes that mental health can be helpfully understood as a resource for life that can ebb and flow and be supported when times are tough.

This paper is presented to provide Board members as an overview of the Director of Public Health A Life-Course Approach to Understanding Mental Health Report, August 2023 (DPH Report).

## 2.2 Background

‘Dramatic advances in neuroscience, molecular biology, genomics, and the behavioural and social sciences are deepening our understanding of how healthy development happens, how it can be derailed, and what societies can do to keep it on track.’<sup>1</sup>

More is now understood than at any other point in time over the interplay of different factors from conception to adolescence, early adulthood and on through life and how a range of experiences shape individuals’ and families’ experience of health and wellbeing through the dynamic interaction of cellular, physiological and psychological processes in the moment, and over time. [Section 5, pg17]

Recognising the joins and connections between these processes creates fresh opportunities for leaders, senior managers, services, clinicians and practitioners to understand the importance of service design and service cultures and practice. This can usefully inform the focus of current activity that in turn offsets the increased risk of poor experiences of mental health and the exacerbation of mental illness/disorder.

The recently published Scottish Government Mental Health and Wellbeing Strategy highlights key themes explored within the DPH report:

- The need for a stronger focus on prevention and early intervention.
- The importance of tackling poverty and inequality.
- Supporting person-centred and whole family approaches.
- Placing mental health and wellbeing on an equal footing with physical health.
- A need for increased community-based support and services.
- Increased and longer-term funding for mental health and wellbeing services, including for the third sector.
- Growing the workforce: developing a skilled and diverse mental health and wellbeing workforce which can operate at safe levels, and addressing talent attraction, recruitment and retention challenges.

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<sup>1</sup> [Scotland's Mental Health and Wellbeing: Strategy \(www.gov.scot\)](http://www.gov.scot)

The imperative for making real and tangible the opportunities for preventive approaches across a range of need and building the pace of change is more vital across Ayrshire and Arran given the high levels of both urban and rural deprivation and disadvantage that so many families and communities have to navigate day to day.

At its simplest, this can be understood as service and cultural transition from 'What is wrong with you?' with a narrow focus on medical diagnosis and labelling that can limit access to services, to a more discerning 'What happened to you?' with related consideration of 'When was this?' alongside, 'Who was there for you?' and 'Who is there for you now?' and 'What support would benefit you most?'

Alongside diagnosing a child with anxiety might be exploration of family relationships and pressures within the home or school and the influence of adult relationships on how a child experiences relational safety and certainty: rather than expecting a child to learn techniques to deal with the experience of anxiety while the contributory factors are not acknowledged or explored.

Rather than focusing on problematic drug use/addiction and prescribing measures/urine testing for drugs in isolation, consideration of cumulative life experiences from early adversity to subsequent traumatic experiences and current experiences of homelessness, violence, coercion and, or, experience of prison might give different insights and opportunities to ensure that prescribing support is offered and experienced with greater effect.

This benefits from greater attention to the relationships that inform the service and care experience. One of the challenges can be how professionals and clinicians themselves are confident in their own experiences of relationships and how these have shaped the way they understand and deliver their professional and clinical roles.

Shifts in culture at scale can be impactful when systems and services work in a coordinated manner: as demonstrated in reductions in smoking in primary care that were achieved when all people who smoked were offered advice and information on stopping with related legislative and control measures. While relatively small numbers of people took the advice at a practice level, across all practices the impact was more significant in contributing to the reduction in smoking across the whole population while changes were facilitated by related control measures.

The journey has undoubtedly started with work in progress to develop awareness of trauma informed practices in the workforce, Medication and Treatment (MAT) Standards to address drug deaths and a focus on compassionate approaches and responses to suicide risk and suicide events. The challenges for the population of NHS Ayrshire & Arran are evident in the recent National Records of Scotland (NRS) reports on drug, alcohol and suicide rates.

The Director of Public Health: A Life-Course Approach to Understanding Mental Health Report, August 2023 explores:

- what we know about mental health needs and risks;
- what helps and what hinders;
- what the challenges are to doing things better; and
- what better might look like

These are explored for each life stage as follows [Appendices, pg46]:

- The first 1001 days (pregnancy/0-3)
- Childhood (4-11)
- Adolescence (12-18)
- Young adult (19-24)
- Adulthood( 25-49)
- Middle age (50-69)
- Older adults (70-89)
- Elderly (90 plus)

With related consideration of examples of current practice for each life stage.

## 2.3 Assessment

The full report details the critical role of relationships in mediating both the positive and negative experiences across life that in turn, inform the experience of mental health.

Using this knowledge to best effect will create greater opportunities for preventive activity with individuals, parents, children, families and communities to create and sustain the experience of good mental health, even as there are challenges. It brings a related 'ask' of systems and services to meet people at their point of need, and to create the cultures and practice that help people engage with services and support to facilitate them in achieving their potential for good mental health

The Report aligns to a wider range of Scottish Government policies including:

- Tacking Health Inequalities<sup>2</sup>
- Realistic Medicine<sup>3</sup>
- A Trauma-informed Workforce<sup>4</sup>
- Human Rights<sup>5</sup>
- The Promise<sup>6</sup>
- Violence Prevention<sup>7</sup>
- Mental Health and Wellbeing Strategy<sup>8</sup>

In addition, the Report contributes to the NHS Ayrshire & Arran Board work streams, Delivering Value for People: A Culture of Stewardship and Caring for Ayrshire.

The main aim of progressing a life-course approach to mental health will involve maximising the many opportunities to promote mental health and wellbeing across all of the life stages, through preventative approaches and timely access and intervention/support for people where a mental health need and mental illness/disorder presents. A preventive approach to public mental health seeks to maximise the benefits from a whole population level, and whole system approach, to creating the family and community experiences where all can thrive and where services

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<sup>2</sup> <https://www.healthscotland.scot/health-inequalities>

<sup>3</sup> <https://www.realisticmedicine.scot/>

<sup>4</sup> <https://www.gov.scot/publications/adverse-childhood-experiences-aces/pages/trauma-informed-workforce/>

<sup>5</sup> <https://www.gov.scot/news/new-human-rights-bill/>

<sup>6</sup> [Home - The Promise](#)

<sup>7</sup> <https://www.gov.scot/publications/violence-prevention-framework-scotland/>

<sup>8</sup> [Scotland's Mental Health and Wellbeing: Strategy \(www.gov.scot\)](#)

are accessible and culturally-aligned, where mental illness/disorder presents. Such an approach will reflect the core values of human rights-based approaches. It will present opportunities to further develop cultures and practices in organisational life that are trauma-informed and responsive and aligned to the needs of communities, individuals and families while reflecting the ambition of realistic medicine.

The evidence of early years and life-course experiences influence on mental wellbeing is increasingly clear. The challenge lies in the reorientation of system and service cultures and practice to allow for changes in financial decision-making. This is required to realise the preventive spend potential of a life-course approach. However, finance and budget constraints may not allow improvement to be realised within current planning cycles.

Key points from the report for Members consideration:

- A public mental health, life-course approach creates opportunities for supporting mental health as a resource for life.
- The most effective preventive mental health spend is within the first 1001 days and involves ongoing support for parent, infant, child, young person interactions and relationships.
- People experiencing insecurity of income, housing and food may struggle to meet their own or their families' basic needs. This can bring further distress in family and community life.
- While health and social care systems face resource challenges with investment and preventive spend decisions, the approach detailed in this paper will, over time, reduce the burden of mental health need and illness/disorder.

### **2.3.1 Quality/Patient Care**

The motivation to detail a life-course approach to mental health need and risks is predicated on a recognition of the value that will be added to the experience of mental health needs being understood and met. There will be a related improvement in access to care for the populations of NHS Ayrshire & Arran.

### **2.3.2 Workforce**

The opportunities presented in this paper for the workforce to better understand how life experiences shape mental health need and risk and can be understood as validating the workforce, where these drivers are already recognised. It also presents opportunities to motivate others where the knowledge is not fully recognised or has yet to be fully translated into cultures and practice and the delivery of care.

### **2.3.3 Financial**

There are many opportunities to work within existing budgets to reflect a life-course approach to mental health and better realise the possibilities to improve mental health outcomes. There are also related expectations from the Scottish Government to increase the resource for mental health treatment services so that there is parity with physical health spend. The approach detailed in this report presents opportunities to understand where additional spend may be used to best effect, influencing partner spend on mental health and collective responses to mental illness/disorder for individuals, families and communities.

### **2.3.4 Risk Assessment/Management**

There are higher levels of mental health need than in previous times and reduced levels of wellbeing. There are a number of challenges in both Scottish, UK and

internationally that may be influencing population mental health need and wellbeing. This presents opportunities to consider preventative approaches that reduce need and risk as well as seeking to promote mental wellbeing for all.

### **2.3.5 Equality and Diversity, including Health inequalities**

The content of this report adds weight to the priority of addressing inequalities of outcome due to socio-economic disadvantage and related consideration of human rights and the need to uphold duties with regard to protected characteristics.

An impact assessment has not been completed and will be undertaken as this work progresses.

### **2.3.6 Other impacts**

The paper is congruent with and reflects the principles of best value as detailed below:

- Vision and Leadership.
- Effective Partnerships.
- Governance and Accountability.
- Use of Resources.
- Performance Management.
- Compliance with Corporate Objectives.
- Local outcomes improvement plans, community planning, etc.

### **2.3.7 Communication, Involvement, Engagement and Consultation**

The paper has been developed within the emergent Inclusive Health approach within the Public Health Department.

### **2.3.8 Route to the meeting**

As a public health discussion paper, this report has been widely discussed and socialised within the Public Health Department Teams and Senior Leadership Team, prior to coming to the NHS Board. It has also been explored and discussed with the Public Mental Health Special Interest Group, Public Health Scotland that reports to the National Directors of Public Health.

## **2.4 Recommendation**

For Discussion – the Board is asked to discuss and comment on the Director of Public Health, A Life-Course Approach to Understanding Mental Health Report, August 2023

## **3. List of appendices**

Appendix 1 – Summary leaflet - Life-course Approach to Mental Health

The full report [Director of Public Health, A Life-Course Approach to Understanding Mental Health Report, August 2023](#) is available to Members

# Life-course Approach to Mental Health

## What do we mean by a life course approach?

Life-course approaches focus on population health while drawing attention to the consequences of a range of opportunities and risks as experienced by individuals and families over the lifespan. Through a life-course approach there is a recognition of the values required within civil, family and community life that support and underpin the creation and nurturing of mental health and wellbeing of both current and future generations.

**Key goals of a life-course approach to mental health** involves maximising the many opportunities to support mental health across life, along with the timely identification and support for people where there is poor mental health, illness/disorder.

**Investment in** preconception, pregnancy and childbirth care, early childhood, child and adolescent health and development can yield a 10-to-1 benefit to cost ratio in health, social and economic benefits. It can also reduce rates of mental health illness/disorders in later life.

## A Life-course approach recognises:

Mental Health and Wellbeing is more than the absence of mental illness or disorder and one can experience mental wellbeing while having a formal diagnosis.

There are a wide range of protective influences and risk factors that interplay in mental wellbeing and mental illness/disorder over the life span.

There are a range of preventive contributions that underpin good mental health across the life span as well as opportunities to reduce the risk and severity of mental illness and disorder.

By altering policies, environments, and societal norms, inequalities affecting the life-course trajectory can be reduced, which can benefit the whole population across life, as well as future generations.

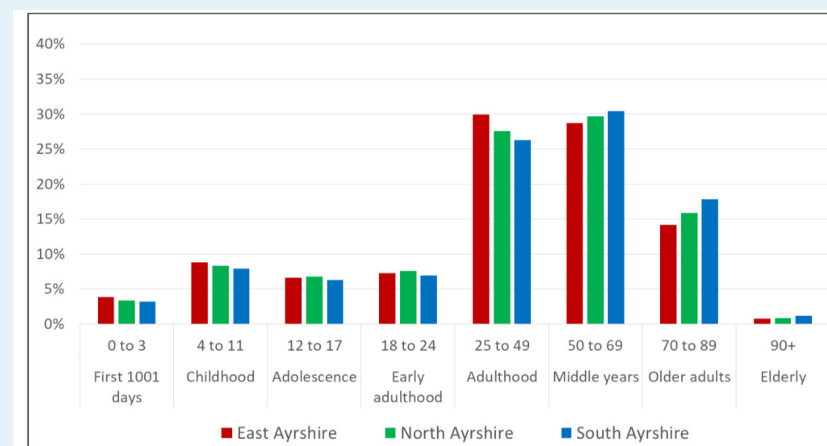
A focus on mental health over the life course presents opportunities to align different Scottish Government policy priorities to a shared and common goal:

- Reducing the burden of mental health need and complexity
- Tackling health inequalities
- Realistic Medicine
- A Trauma Informed Workforce
- Human Rights
- Violence Prevention

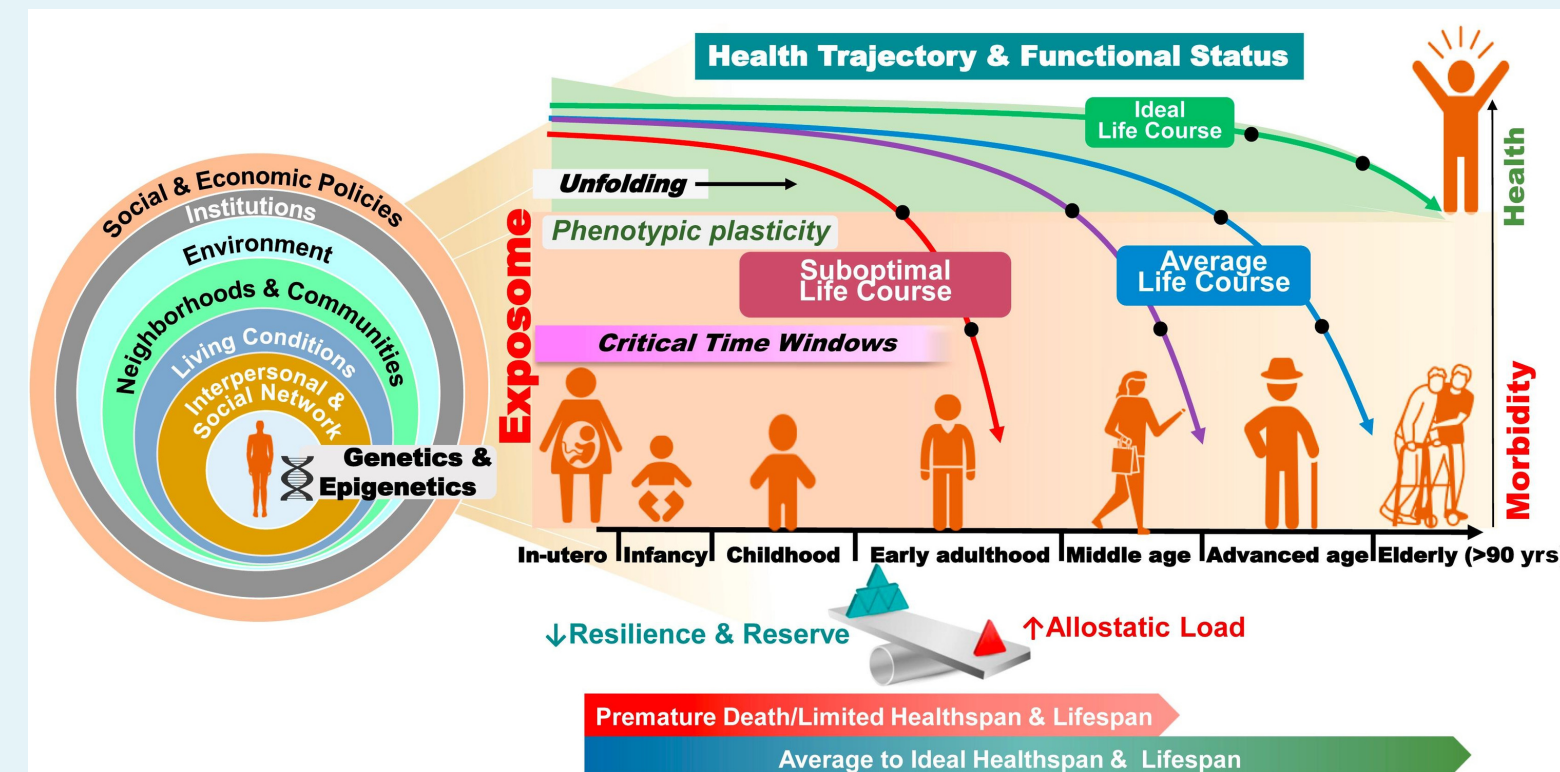
## A Life-course approach in Ayrshire:

Understanding the profile of a population, age distribution and profile over time informs an understanding of a population's needs, and related decisions required, for the allocation of resources to meet those needs.

Life-course Stages as a Percentage of Total Population by Partnership Area, 2021



The majority of the population are in the range 25 to 69 years (i.e., adulthood and middle years) across the three geographical areas. East Ayrshire has highest representation for age groups in the range 0-11 years old and 25-49 years old while North Ayrshire has the highest representation in the range 12-24 years old. Meanwhile South Ayrshire has the highest representation for all age groups over 50 years old. In essence, East and North Ayrshire populations are relatively younger than South.

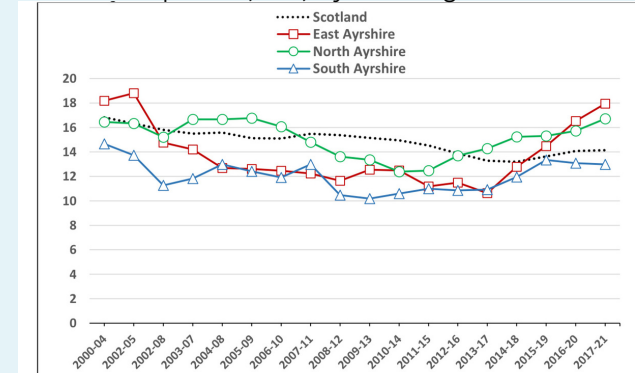


Data indicates that rates of probable suicide largely declined during the 2000s, locally and nationally. Since the early 2010s, however, rates have risen locally, while national rates have continued to gradually fall: since 2011-15 in particular, rates have increased by 18% in South, 34% in North, and 61% in East, and decreased narrowly by 3% in Scotland as a whole. Looking at suicide for younger ages (11 to 25 years) the pattern of probable suicides over the last two decades has been one of initial decline during the 2000s followed by increase since 2011-15, somewhat mirroring the trends for all persons, all ages.

Figures demonstrate that, while absolute numbers of young people completing suicide remain low, the changes over the last decade in relative terms have been more extreme for this demographic than for people of all ages. Essentially, all local area rates for age 11-25 have doubled or nearly doubled in the last decade, while the national rate has inflated much more modestly.

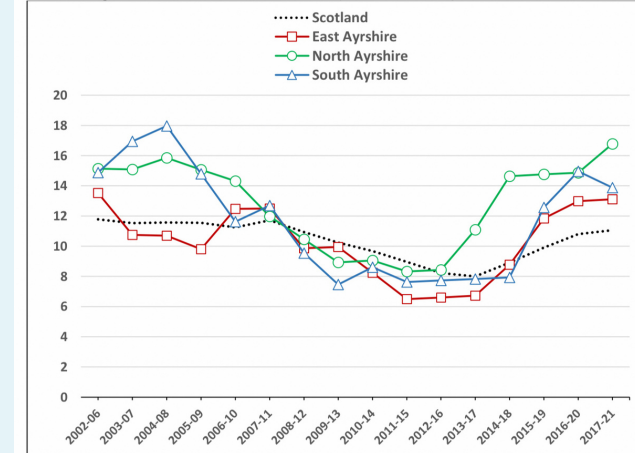
**This represents a driver to ensure the developmental and relational needs of the youngest citizens remain a priority for preventive investment and attention.**

Deaths from Suicide, All persons- Age/Sex Standardised rate per 100,000, 5 year rolling intervals



DATA SOURCE: NRS probable suicides data, accessed 22/06/23. PROVIDER: National Records of Scotland. Probable Suicides | National Records of Scotland (nrs.scotland.gov.uk)

Deaths from Suicide, Age 11 to 25- Age/Sex Standardised rate per 100,000, 5 year rolling intervals



ORIGINAL DATA SOURCE: National Records of Scotland (NRS) PROVIDER: ScotPH, accessed 22/06/23.

## Future Developments

- ➔ Arrange a Public Health learning event to discuss the Life-course approach in more detail; and identify gaps and opportunities, throughout the life-course, where local action could be focused in order to build on existing work to improve mental health and prevent suicide.
- ➔ Explore opportunities for primary, secondary and tertiary prevention with the goal of reducing suicide risk and improving population mental health.