

Cross Party Group on Health Inequalities
Minutes of the Third Meeting (Parliamentary session 2016 -2021)
Thursday 30th March 2017
Committee Room 5, The Scottish Parliament

MSPs present: MSPs: Brian Whittle MSP, Monica Lennon MSP, Donald Cameron MSP

MSP apologies: Murdo Fraser MSP, Richard Lyle MSP, Anas Sarwar MSP, Clare Haughey MSP, Alison Johnstone MSP, Claudia Beamish MSP

Other CPG members present:

Nicola Merrin, Alcohol Focus Scotland
Jenn Ruddick, Alcohol Focus Scotland
Eric Samuel, Big Lottery Fund
Rob Murray, Changing Faces
Bernadette Monaghan, Criminal Justice Voluntary Sector Forum (CJVVSF)
Jennifer Fingland, Cycling Scotland
Christine Carlin, Mindroom
Kat Hasler, NHS Health Scotland
Nick Hay, NHS Health Scotland
Dr Colwyn Jones, NHS Health Scotland
Louise Rennick, NHS Health Scotland
Ian McCall, Paths for All
Naya Koulocheri, People's Health Movement Scotland
Pete White, Positive Prison? Positive Future
Rob Mackie, Queen's Nursing Institute Scotland
Gozie Joe Adigwe, RNIB
David Webster, Royal College of General Practitioners
Sara Collier, Royal College of Physicians of Edinburgh
James Jopling, Samaritans
John Holleran, Scottish Families Affected by Alcohol & Drugs
Lisa Glass, Shelter Scotland
Blanca Kao, University of Edinburgh
Jamie Pearce, University of Edinburgh
Arshiya Merchant, University of Edinburgh
Wala Salman, University of Edinburgh
Dr Jon Olsen, University of Glasgow
Lauren Blair, Voluntary Health Scotland
Claire Stevens, Voluntary Health Scotland
Kiren Zubairi, Voluntary Health Scotland
Mahmud Al-Gailani, VOX Voices of Experience

Non- Members present:

Tom Wightman, Autism Rights
Sandra Brown, Befriending Networks
Susan Fitton, Inclusion Scotland

Beth Brown, Joshua Nolan Foundation
Tony Mitchell, Meditexts
Elaine Carnegie, Napier University
Grace Crisp, Office of Brian Whittle MSP
Kirsty Louise Hunt, Office of Monica Lennon MSP

Welcome, introductions and apologies

The Cross Party Group meeting was chaired by Brian Whittle MSP who welcomed the group and noted apologies from Murdo Fraser MSP, Richard Lyle MSP, Anas Sarwar MSP, Clare Haughey MSP, Alison Johnstone MSP, Claudia Beamish MSP

1. Minutes of previous CPG held on 19 January 2017 and any matters arising.

It was noted that the draft minutes for the second meeting are available and on the Parliament website and were circulated electronically, before the meeting, to all members alongside the agenda. The minutes were proposed by Rob Murray, seconded by Colwyn Jones and duly approved without amendment.

2. Matters Arising

There were no matters arising.

3. Proposed new members

Eight applications to join the CPG were approved for membership as follows:

Paths for All
British Dental Association Scotland
Alcohol Focus Scotland
Ingeus
Voluntary Action Scotland
Cycling Scotland
VOX Scotland
Positive Prison? Positive Futures

4. Professor Jamie Pearce, School of GeoSciences, University of Edinburgh

Jamie Pearce presented research looking at how the characteristics of place and the environment during children's formative years impact on physical and mental health in later life. Two studies were highlighted.

The first was: 'The role of public and private natural space in children's social, emotional and behavioural development in Scotland: a longitudinal study'.

The aim of this research was to try to identify if the social, emotional and behavioural development of children is affected by access to natural space. The study looked at different types of natural spaces to identify if some were more important than others as well as looking at the differences between boys and girls and factors such as family educational status.

The findings showed that there was a social patterning in greenspace availability, for example, a lack of garden access was significantly more common for most deprived

neighbourhoods. Neither parks nor total natural space available around children's homes were associated with social, behavioural or emotional difficulties. However, a lack of access to garden space was related with hyperactivity problems, peer problems and conduct problems. The study also highlighted differences between genders, for example, boys were sensitive to a lack of park access whereas girls were not.

When these findings are supplemented with Lothian Birth Cohort (LBC) data the correlation between access to green space and mental health in later life is more apparent, especially amongst the most socially disadvantaged. The data from the LBC also showed that people access to green space during their childhood were more resilient to cognitive decline in older age.

The second study was: 'Tobacco and alcohol environment: smoking and drinking during adolescence'. This research looked at how the Scottish Government could achieve the 'Tobacco End Game' (a tobacco free Scotland) without increasing inequalities and in an environment where tobacco is normalised amongst young people.

A cross-sectional analysis of the relationship between tobacco and alcohol supply and neighbourhood deprivation showed that there is a high supply of alcohol and tobacco in the most deprived areas. Adolescents in areas of high tobacco supply are more likely to have ever smoked or currently be smoking. The findings showed that regulation of tobacco supply was required in all areas not just child spaces (e.g. near schools) to reduce smoking amongst adolescents.

Question and Answers

Q. How can access to outdoor learning, an ability to get out of an urban setting and physical activity improve outcomes in later life?

A. It is difficult to track how access to outdoor spaces and activity improve outcomes in later life. However, there is a useful study on how joining the Scouts in childhood appears to impact positively on mental health in later life.

Q. Did you look at the quality of greenspaces?

A. The studies did not look at the quality of greenspace but did take into consideration the self-perceived quality of the space.

Q. Did your study look at access issues for people with sensory impairments and disabilities? Also did you consider factors such as car ownership and proximity of homes to greenspace?

A. The study was limited to gender breakdown and did not consider sensory impairments or disability. Car ownership and proximity to greenspace were looked at in the research.

Q. What practical measures can be taken to reduce alcohol and tobacco consumption?

A. The Spanish Model of Tobacco control where a business application to open a new tobacco retail outlet needs to be justified by the distance between suppliers, is a good model that can be incorporated into Scotland.

Q. Does access to greenspace and high levels of activity dissuade people from using alcohol and tobacco?

A. There is no linear transition in behaviour, you can be physically active at one point in your life and use drugs and alcohol at other points. The transition from youth to adulthood is marked by experimental behaviour.

Q. Is it not just about the availability of alcohol and tobacco but also about the marketing and promotion of these? Is there evidence that how alcohol is introduced to children affects their use of alcohol in later life?

A. The marketing and supply of alcohol as well as how young people are introduced to it are crucial points of intervention that can help lower its consumption.

Q. Should there be a tighter regulation of betting shops, pubs, payday loan shops and fast food outlets?

A. The co-location or close proximity of tobacco, alcohol and betting shops is a real issue. It is difficult to make a case for regulation of betting shops, pubs, payday loan shops and fast food outlets from a public health perspective, but you can regulate the supply such as in the case of the Spanish Model.

Q. The marketing of stopping smoking schemes can cause a lot of stigma and adversely affect people's mental health?

A. This depends on the messages within the stop smoking campaigns and you need to be careful that there is no 'victim blaming' or stigma.

5. James Jopling, Executive Director for Scotland, Samaritans

James Jopling discussed the recent Samaritans report, 'Dying from Inequality' and its findings which note the relationship between place and suicide risk. The aim of the report is to try and explain the reasons for suicidal behaviour and propose actions to reduce this risk.

Socio-economic disadvantage is a key risk factor for suicidal behaviour. This includes unemployment, where those who are unemployed are 2-3 times more likely to take their own lives. Economic recession seems to have a greater impact on suicide risks among males. Socio-economic position is significant: the lower the socio-economic position the higher the suicide risk.

Area-based socio-economic disadvantage: people living in deprived areas are two to three times more likely to exhibit suicidal behaviour than those in more affluent areas. Findings suggest that a combination of what a place is like and who lives there can help to explain why suicide risks differ between areas of high and low deprivation.

The key recommendations of the report include having a greater emphasis on suicide as an inequality issue. National suicide prevention strategies targeting efforts towards the most vulnerable people and places and an effective cross-governmental approach to suicide prevention which includes mental health, welfare, education, housing and employment policies.

Questions and Answers

Q. What causes people to commit suicide?

A. ScotSID data maps suicides with other patient data. It shows that 80-90% of people who commit suicide have a mental health issue at the point of suicide. However, there is a sizeable group who do not have mental health issue and there is a lot of data on health and socio-economic issues that increase suicide risks.

Q. Are text services available for people with disabilities?

A. Yes and Samaritans are also developing instant messaging capabilities which is the closest thing to talking.

Comment: It is important to note that prisoners go back to places of poverty and deprivation. Prisoners need to be seen as people and their issues need to be considered as they often face the most disadvantage. 'Listeners' make a huge difference to people in prisons and their families.

Response: It is also important to note the difference that Throughcare Officers make in helping people once they leave prison.

Q. What can be done to prevent suicide amongst 20-34 year old men?

A. More needs to be done to support people to build resilience, develop strong networks and reduce the stigma about speaking out about your mental health and wellbeing.

Q. What services and support needs to be available at times of crises to prevent suicide?

A. There needs to be more awareness around Talking Therapies and how they impact prevention.

6. Any other business

There was no other competent business.

7. Next Meeting

The next meeting will take place **on Thursday 15th June, 12:40pm to 2:15pm in Committee Room 3**. The proposed topic is Health Inequalities and the prison experience. Proposed speakers are Sarah Atherton from the Royal College of Nursing and Pete White from Positive Prison? Positive Futures.