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Tomorrows World Today: New Frontiers in Mental Health

Key Messages

Introduction

Held on 14th June 2018 in Stirling, this conference explored what good mental health might look like 10, 20 or even 50 years from now. It posed questions looking at how a technologically enabled, globalised and digital society could change our understanding of mental health and wellbeing and what we need to do to continue to improve mental health and wellbeing. The event was attended by over 100 delegates drawn from the third and community sectors, NHS, Police Scotland, Scottish Prison Service and Scottish universities, contributing to a dynamic discussion. The event was a collaboration between VHS, the Open University in Scotland and Support in Mind Scotland.

This report aims to give a snapshot of the conference presentations and capture some of the discussions held. Speaker and workshop presentations are available in full on our website.

Session 1: "Arrival"

Conference Chair's opening welcome: Martyn Evans, CEO, Carnegie UK Trust

Martyn briefly welcomed everyone and introduced the day's theme.

Presentation 1: Philip Wilson, Professor of Primary Care and Rural Health, Centre for Rural Health, University of Aberdeen

Topic: early childhood experience, its contribution to lifelong mental (and physical) health and how to re-orientate services to focus on childhood experience.

- As a GP working closely with patients with heroin addiction in the 1990s, he found that his patients had had:
  - terrible childhood experiences
  - a difficult time at school, were often bullied, had educational difficulties and did not understand the social norms in school
  - negative parenting experiences when children: "no one paid this much attention to me".
- Early childhood experiences are a good predictor of adult mortality and mental health. Positive parenting behaviour results in positive psychiatric diagnosis. Positive parenting behaviours towards one year old children are strongly associated with a reduced risk of disruptive behaviour disorders at age seven.

- The mental health of children living in deprived areas is more likely to be poorer than those children living in more affluent areas. Children in Shettleston may display behaviours in a widely 'abnormal' range [see slides for this technical term]. The mental health of children from more affluent areas improves when they enter school; for other children it often gets worse.
- Adult mental health services need to be alert to the childhood origins of poor mental health. Child and adult mental health services need to be better connected.

Presentation 2: Dr Stuart Ritchie, Postdoctoral Fellow in Cognitive Ageing, University of Edinburgh

Topic: cognitive ability and cognitive ageing.

- Cognitive ability is measured through a range of tests that determine your IQ:
    - Defining words (Crystallised Intelligence test)
    - Reasoning tests (fluid intelligence test)
    - Memory (speed tests)
- There is a correlation between low IQ, poor educational attainment and poor mental health outcomes, including a very strong correlation with schizophrenia in later life, and high mortality.
- Cognitive ability declines from age twenty-five onwards. However, those with high IQs at age eleven also have better cognitive ability in later life.
- There are a number of factors that protect against cognitive decline. These include: not smoking, having a complex job, being bilingual, and having access to education.

Audience questions and comments and presenters' responses

Q. What role does genetics play in determining outcomes in later life and what social or medical interventions (such as the abortion of a foetus with 'poor' genes) do you think will be happening in the future?

Phil: If you have poor genes and negative life circumstances then you will have poor life outcomes. However, if you have poor genes but grow up in an affluent family you will probably end up a chief executive. The world of mathematics, science, music and sport all rely on there being people with ADHD genes. We need to take a person centred approach, ie look at individual predispositions before working out what kind of support and social interventions people may need.

Stuart: There needs to be a proper debate about the dystopian idea of aborting a foetus with 'poor' genes, as the technology to do this is very close to being developed. Gene selection and choosing attributes of our children are very close to being a reality.

Comment: We need to stop using terminology such as 'abnormal' and 'normal' when in reality for some areas such as Shettleston the so called abnormal behaviour

would be deemed normal – it is not black and white. It is heartening to hear that people with poor genes can also progress.

Q. What type of support is needed for parents?

Phil: Parenting programmes vary and some are very good in some circumstances and not in others. The Family Nurse Partnership Programme has worked really well in the US but not so much in the UK. What we need is flexible support that can meet the needs of parents in various circumstances.

Q. Do circumstances exist where people have little or no education but are nonetheless exceptionally intelligent?

Stuart: Those with no education would not do well in a Crystallised Intelligence test but could in a fluid test. If we correct our studies for education then poor outcomes do reduce a little; however, we cannot ignore the strong correlation between intelligence and better educational attainment.

Comment: We need to think of people in a social context and should look at how people's mental health is being impacted by their environments. What if schools were better equipped to support children and young people's mental health?

Comment: There seems to be an inherent bias towards middle class and smarter children. Education needs to be more person centred.

Stuart: It is important to note that the correlation between social class and intelligence as a child is strong but not so much in adults. These tests provide information about how children from deprived backgrounds are developing.

Phil: I am advocating a person centred approach: we need services that look at the individual's needs and match them. The return on investment is in education and support for under-five year olds.

Session 2: "To Infinity and Beyond"

Delegates attended one of three parallel workshops.

Parallel Workshop 1: Disrupting the future

Dr Valerie Carr of Snook presented this workshop on a variety of digital approaches designed to support wellbeing in older people and other vulnerable groups. Donald MacIntyre of NHS 24 chaired.

Digital solutions will not solve the intractable challenges of the health economy alone and cannot be developed in a vacuum. We must fundamentally understand the problems, meet user needs and design services that work, that have digital technology as a core component, while recognising that there is a whole multi-channel service system that wraps around the technology.

- RITA is a project that seeks to optimise quality of life and personal autonomy by creating an innovative model of personalised care, built around a package of supportive technologies. The service model provides not just a safety net, but a support framework that enables the person with dementia to set key parameters in their advance planning, maximising choice and control. This mediates the stress associated with loss of control over tasks, decisions, resources and the physical environment.
- Another project Snook was involved in explored how technology can support young people in care to stay safe, recognise and manage their emotions and behaviour, and communicate with practitioners. Six ideas were developed to various levels of functional prototype that were tested and refined with the young people in the co-design sessions. Some prototypes remained low fidelity mock-ups, others were developed further through use cases with the young people.
- A commission for Grapevine Coventry focused on thirty families and young people with learning disabilities. Some were in residential care because of safeguarding concerns, or because overwhelmed parents couldn't continue caring. Expectations were low, and there was service dependency and institutionalisation. From the research Snook created a set of personas, user journeys and experience maps that were refined to focus on 'possible futures' through further co-design workshops, leading to the design of a new service model for Grapevine Coventry.

Parallel Workshop 2: One Giant Leap

Dr Trevor Lakey of NHS Greater Glasgow and Clyde presented this workshop on how *Aye Mind* is enabling young people to create their own mental wellbeing, through digital literacy and wider citizenship approaches. Frances Simpson of Support in Mind Scotland chaired.

- Risk – the discussion quickly turned to issues of risk and the challenges we face in terms of involving young people whilst also maintaining internet security; how we address irresponsible media and the impact of social media. However, we observed that this is very much an 'adult' perspective and if we had a room full of young people then this conversation would not be uppermost. We agreed that in the end this is the world that young people know so there is no point in just saying 'don't do it'…we need to work with young people where they are.
- Toolkits/learning/resources – to work with young people around digital technology we needed to consider how we educate not just young people but their parents and the adults who support them and live with them. We talked about how we created these resources and also how we connected them with the people who needed them – digital libraries. We discussed how social media can bring people together with shared experiences and with shared need for learning together.
- Co-production – critical was the issue of working with young people from the start – this would help us to overcome the issues in points 1 and 2 – young people do need support to be able to work in 'safe' spaces where they can take some risks; we need to be aware of young people who do not have access to digital resources and work out how we work with them. And the main point was about 'digital citizenship' – do we assume young people are

digitally ‘savvy’ – do we need a sophisticated conversation with young people about how they can lead this in a way that takes responsibility for the issues we raise.
- Creativity – the workshop was presenting the amazing things that can happen when you allow co-production to happen: creative solutions that adults would never have come up with. Peer to peer support encourages this kind of open thinking and generates ideas that can really relate to young people where they are in their lives.

Parallel Workshop 3: Mindful Inside

Professor Stewart Mercer and Dr Sharon Simpson from the University of Glasgow presented this workshop about the development and evaluation of a two year mindfulness based intervention for young men in HMYOI Polmont, designed to help manage emotional difficulties including anger and impulsive behaviour. Pete White of Postive Prison? Positive Futures chaired.

- Mindfulness has its roots in Buddhism and there is significant international evidence to suggest its value in mitigating stress and depression. There is more limited evidence that it may be useful in the management of substance abuse and in dealing with trauma.
- The small multi-disciplinary development/research team had significant challenges to overcome in working in a prison environment. The young men recruited were initially suspicious about the programme. Their behaviour was characterised by lack of concentration and agitation; some were very disruptive. Much work had to be done to get institutional engagement at all levels, ie SPS staff. Sex offenders and prisoners who were high suicide risk or had complex mental health needs (e.g. schizophrenia or psychosis) were excluded.
- The revised ‘sell’ to the young men was that this was training/exercise to help your mind’s ‘fitness’, just as physical exercise keeps your body fit. They developed an understanding that they had a softer side and didn’t need to be defined by aggressiveness. One prisoner posted the material to his wife as she was experiencing a lot of stress and he thought it would help her too.

In discussion, it was noted that it would hard to evaluate the longer term impact of the programme, ie post-release, as there is no way for the research team to keep track of participants. All of the young men who completed the programme said they would find it hard to keep up mindfulness practice on release. There may be a lack of appropriate community based provision, and ex-prisoners tend to want to blend back into the community, not go to special provision. Resources in the community include the charity Youth Mindfulness, Phoenix Prisoners Trust and Men’s Sheds. Noted that physical activity/gym officers are often very engaged with prisoner welfare and this could be a future ‘way in’. The value of Men’s Sheds was explored: physical, task driven activity by men working ‘shoulder to shoulder’ as a precursor to relaxing and opening up to each other “face to face”.

Session 3: “The Force Awakens”

This was a panel discussion session that took as its theme: a public health approach to good mental health for all. Chaired and introduced by Shirley Windsor, her four panel members made short opening statements, before the session opened up to questions and discussion with delegates.

Shirley Windsor, Organisational Lead (Public Mental Health), NHS Health Scotland

- We need to have a public mental health approach, which means looking at mental health and wellbeing from a whole person perspective, including the environment in which we exist.
- The National Public Health Priorities launched today by the Scottish Government and COSLA include mental health and wellbeing which is very encouraging.

Calum Irving, Director, See Me

- Tackling stigma and discrimination is a pro-public mental health approach that is preventative, but we also need to tackle other causal factors.
- We need a reduction in health inequalities, an education system that is not focused on exam crunching, an end to zero hour contracts, and a social security system that is truly human rights based.
- We need to look at the wider environment and its effects on mental health and not just focus on developing individual resilience.

Allyson McCollam, Associate Joint Director of Public Health, NHS Borders and Vice Chair of the Public Mental Health Group

- The inclusion of mental health in the public health priorities is a landmark. Mental health came out as a top population issue during the engagement to develop these priorities and that is a really important point in itself.
- A collaborative, cross-portfolio and cross-sectoral response to improving mental health and wellbeing is required.
- It is interesting to hear that job complexity is a protective factor in our cognitive decline as we age, yet our job market is filled with mundane jobs that offer no job satisfaction.

Dr Jonathan Leach, Faculty of Health and Social Care, Open University

- I got into mental health through horticulture, and just as our understanding of plant health has improved to recognise that it is reliant on the wider ecosystem, our understanding of mental health should also acknowledge the interconnectedness with the environment in which we exist.
- Loneliness and social isolation and depression shorten people’s lives. Our challenge for the next thirty years will be to look at how we maintain connectedness in an increasingly individualised modern world.

James Jopling, Executive Director of Scotland, The Samaritans

- Suicide and mental health are very closely related. There are around 800,000 deaths globally by suicide, and around 728 deaths by suicide in Scotland last year. This is not genetic or a condition but is very much down to our environment.
- The poorest men in the poorest communities are ten times more at risk of suicide then men in affluent areas.
- We need more than a clinical response to suicide: a more cross portfolio approach is required. We need to develop communities and connection and create a caring and empathetic Scotland with compassionate services. We not only need to tackle health inequalities and poverty but also the poverty of aspiration.

Questions, comments and discussion

Q. What can be done in schools to improve mental health?

Allyson: We need to be careful that we do not just focus on building resilience but create an environment that fosters positive mental health. In schools we should step away from just tackling bad behaviour towards adapting the environment to improve behaviour.

Q. What can we do now to improve the mental health of under-three year olds?

Jonathan: Create nurturing networks for parents where they can discuss issues from a peer perspective. Bring parents together when their children are at an early age so that issues can be resolved more quickly.

Allyson: People (some) spend more time planning their holidays than they do planning for a baby. We need to think more about what it *means* to be a parent rather than thinking of parenting as simply a skill. Focus on thinking about the kind of connection you want with your baby. Services need to be better equipped to support parents to build connections with their child.

James: How about *asking* parents if they are ok? This is a role we can *all* play.

Comment: It is very important to introduce emotional vocabulary from a very early age. Women find answering the simple question ‘how are you?’ easier than men do.

Calum: We work in a lot of schools to tackle stigma and discrimination. We are even working with children in primary schools to help them talk about their mental health and improving mental health literacy.

Q. What single, universal thing could improve services?

Calum: Funding streams that recognise everyone has mental health and for wellbeing interventions not just clinical interventions.

Jonathan: How about we recognise the value of a smile or the availability of a park bench?

James: Services that support people to connect and can listen and provide support without passing judgement.

Comment: The voluntary sector is propping up the system, and systems are not getting the resources they need.

Allyson: We need to use all our resources to support people and work collaboratively. The current voluntary sector is a product of public policy which needs to better recognise the issues around mental health and wellbeing and tackle these collaboratively.

Session 4: "Back to the Future"

This interactive workshop was led by Aaron Fernandez and Alyssa Faulkner, part of Young Scot's Communic18 team for the Year of Young People 2018.

The starting point was a reminder of the Scottish Government's *Creating a Healthier Scotland: What Matters to You* and the views expressed by young people as part of that report. The workshop aimed to get delegates thinking about society's (mis)conceptions about young people, to think about the internal and external influences on young people's mental health, the barriers to good mental health and and some solutions.

Delegates worked at their tables and recorded nearly 80 barriers. A representative selection of these follows:

- Realising you have a problem: admitting you have a problem
- Having to be really unwell before access to treatment is available
- Lack of good/trusted information: not knowing where to turn for help
- Fear of what will happen if speak out: not being believed
- Peer pressure and bullying
- Stigma, confidentiality, fear of being labelled ('everyone knowing')
- Lack of parental understanding or support
- Youth centres closing means less access to trusted adults
- Schools and teachers not well equipped to understand or help
- Referral criteria and waiting times for treatment
- One size fits all doesn't work (age, gender etc)
- Lack of options in remote and rural areas

Delegates identified over 132 solutions. Many of these could be considered as important for adults as for young people: e.g. "rapid assessment to get the right service", "mental health should be discussed openly like physical health", "rights based approach to mental health services", and "easy to use digital help systems". However, there was a strong grouping of solutions that focused on early years, schools and on peer support. A selection of the 132 follows:

- Mental health First Aid for all schools
- Emotional literacy training in schools for teachers and pupils
- Listening skills training for all schools
- Equal male and female teacher role models in primary schools
- Mental wellbeing/chill out place in every school with a trained person
- Greater focus and capacity to address early years policy and practice to equip all for good mental health in life
- Young people more able to access support for self and to sign post others
- A Scotland which sees the NHS working in partnership with schools, colleges and universities so referrals between them are made possible

Closing session: "Event Horizon – next steps"

Conference Chair Martyn Evans, CEO of Carnegie UK Trust

In a country with a growing GDP we nonetheless have rising inequality and poor mental health - which is itself distributed unequally. Inequality should be recognised as an economic issue that puts downwards pressure on people's health.It is heartening to see that the National Performance Framework that has been relaunched has included kindness as a core value. Three final thoughts to take away:

- We need to invest in social protection as well as individual resilience, to improve people's mental health and their outcomes in later life.
- As a society we need to encourage active and reflective associational lives. That is: things that we do together, where we must organise and work together, fostering connections.
- We need to invest in those who have the least power and who get the least sympathy.

Further information

VHS is the national network and intermediary for voluntary health organisations. For more information or to get involved in our work on mental health, contact Kiren Zubairi, Policy Engagement Officer: Kiren.zubairi@vhscotland.org.uk

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