

Cross Party Group on Health Inequalities

Draft Minutes of AGM and the Ninth Meeting

(Parliamentary session 2016-2021)

Tuesday 30th October 2018

The Scottish Parliament

MSPs present: Anas Sarwar MSP (chairing), Richard Lyle MSP, Alison Johnstone MSP, Clare Haughey MSP (guest speaker)

Other CPG members present:

Jillian	Adie	Salvesen Mindroom Centre
Ijeoma	Azodo	University of Edinburgh
Giancarlo	Bell	The Peoples Health Movement Scotland
Lauren	Blair	Voluntary Health Scotland
Nancy	Bond	University of Edinburgh
Monique	Campbell	Shelter Scotland
Christine	Carlin	Salvesen Mindroom Centre
Jess	Davidson	RCN
Eva	Gallova	The Peoples Health Movement Scotland
Scott	Granger	Individual Member
Blanca	Kao	University of Edinburgh
Gillian	McNicoll	Rowan Alba
Justina	Murray	Scottish Families Affected By Alcohol & Drugs
Rob	Murray	Changing Faces
Anas	Sarwar MSP	Co-Convenor of CPG
Mary	Sinclair	Senscot MRC/CSO Social and Public Health Sciences Unit, University of Glasgow
Kathryn	Skivington	University of Glasgow
Paul	Southworth	NHS Health Scotland
Claire	Stevens	Voluntary Health Scotland
Mairi	Tulbure	Criminal Justice Voluntary Sector Forum (CJVSF)
Ritta	Valkama	Rowan Alba
John	Watson	ASH Scotland
Pete	White	Positive Prison? Positive Futures
Tom	Wightman	Pasda
Eleanor	Wilson	The Peoples Health Movement Scotland
Kiren	Zubairi	Voluntary Health Scotland

Non-members present:

Linda	Alexander	Children's Health Scotland
David	Banks	Queen Margaret University
Catherine	Bromley	Office for Statistics Regulation
Elaine	Carnegie	Edinburgh Napier University
Sarah	Curtis	University of Durham & University of Edinburgh
Katie	Dee	NHS Lothian
John	Fellows	Royal College of Physicians and Surgeons of Glasgow
Nicola	Gilroy	Scottish Government
Cllr Ashley	Graczyk	Edinburgh Council
Clare	Haughey MSP	Minister for Mental Health
Jim	Hume	Support in Mind Scotland
	Jassemi	
Eunis	Zargani	Scottish Parliament
Nancy	Loucks	Families Outside
Morag	McFadyen	Soroptimist International
Wendy	McDougall	Healthcare Improvement Scotland
Karen	O'Hanlon	Scottish Rural Health Partnership
Neil	Quinn	Strathclyde University
Keith	Robson	MS Society Scotland
Sally	Shaw	Ideas for Ears/ Deaf Scotland
Frances	Simpson	Support in Mind Scotland
Louise	Slorance	Royal College of Paediatrics and Child Health Scotland

Annual General Meeting

1. To welcome members to the AGM and receive any apologies

Anas Sarwar MSP welcomed attendees and noted apologies.

2. To approve the minutes of the previous AGM

Noted that this is the second AGM since the CPG was re-established in October 2016. The draft minutes of the AGM held on 26th October 2017 were proposed by Rob Murray, seconded by Claire Stevens and duly approved.

3. To consider any matters arising

No matters arising.

3. To elect Convenors for the next 12 months

Noted that Clare Haughey MSP had stepped down as Co-Convenor during the year due to her promotion to Minister for Mental Health. Donald Cameron MSP and Anas Sarwar MSP were proposed to continue as Co-Convenors. Richard Lyle MSP was

proposed as a new Co-Convenor. Proposed by Pete White, seconded by Morag McFadyen and duly approved.

4. To appoint the Secretary for the next 12 months

Voluntary Health Scotland (VHS) was proposed to continue as Secretary to the CPG. Proposed by Rob Murray, seconded by Christine Carlin and duly approved.

5. Annual Review October 2017 to September 2018

Noted that VHS had produced and circulated a short report summarising the CPG's meetings, topics and discussions over the previous 12 months. Anas Sarwar thanked VHS for compiling the report.

6. Annual Return

Noted that VHS is preparing the formal Annual Return and in due course this will be posted on the Scottish Parliament's website

7. Any other competent business

There being no other competent business the business of the AGM was concluded.

Business Meeting

1. Minutes of meeting held on 3rd May 2018

The draft minutes were approved without amendment. Noted that these include for information only, as an Appendix, the unofficial minutes of 25th January meeting. That meeting was well attended but was not quorate due to only one MSP attending. Noted that at least two MSP members of the CPG have to attend for a meeting to be quorate.

2. Matters Arising

Noted that a very well attended joint meeting with the *CPG on Improving Scotland's Health: 2020 and Beyond* had been held on 22nd May. The draft minutes were circulated but cannot be formally approved as it was not quorate in terms of MSPs; noted that joint meetings require at least four MSPs (two from each CPG) to attend for it to be quorate.

3. Topic for discussion: Mental Health and Inequalities

First presentation: Clare Haughey MSP, Minister for Mental Health

The Minister outlined the causes of mental health inequalities, set out what the Scottish Government is currently doing and highlighted future plans. The full

transcript of her presentation is available here: <https://vhscotland.org.uk/minister-for-mental-health-meets-health-inequalities-cpg/>

Following her presentation, the Minister heard and addressed the following questions and discussion points:

Q. Can we match aspirations for mental health with the Safer Staffing Bill? Is it possible to push for therapeutic staffing for mental health patients under parity of esteem?

A. There is a push for Allied Health Professionals to be covered by the Safer Staffing Bill.

Q. The social and environmental determinants of health include employment and this has an impact on people with mental health issues, not only those affected by unemployment and a lack of employment opportunities but also precarious work circumstances such as zero hour contracts and poor working practices.

A. There needs to be safer mental health in work. Employers have a duty and responsibility under health and safety for our mental and physical health.

Q. People with autism are not properly supported: early intervention would be cheaper in the long run.

A. Early intervention is key in all areas of tackling mental health distress and stress. Not just healthier mental health support but a more compassionate society.

Q. Where are the gaps in in mental health data?

A. I am working with ISD to improve data and make sure that the data we collect is important and relevant to frontline staff.

Q. There needs to be an emphasis on the social determinants of mental health, including good employment opportunities and practices. In children's mental health, especially for girls, the solutions are always based on nursing and counselling instead of trying to tackle underlying issues.

A. We are looking at children and young people's mental health services and are looking wider than just clinical services; for example, into the effects of social media. We are tapping into the voices of young people and not trying to assume things on their behalf.

Q. I have experience of rough sleeping and I think it is important that you speak to people with lived experience.

A. We are working to listen to all voices.

Second presentation: Jim Hume, Manager of the National Rural Mental Health Forum at Support in Mind Scotland

The Rural Mental Health Forum is run by Support in Mind Scotland and supported by the Scottish Government. The Forum was set up 16 months ago and has over 60 members including government departments, mental health organisations, third sector organisations, Police Scotland and NHS 24. The forum works to raise

awareness of rural mental health issues on a range of platforms and works in partnership with a range of organisations.

Rural areas in Scotland face a number of issues, such as a decline in traditional industries as well as a reduction in services such as banking, post offices, health services and transport is a big issue. There is also a strong correlation between mental health and income levels, with people who have good mental health earning 50% more than those suffering from poor mental health.

Living in rural areas has a number of disadvantages such as geographical and social isolation, a lack of anonymity which can result in stigma, and reduced access to services. People need to travel long distances to get to services, some people are travelling 160 miles to get to their nearest service. There is a lack of public transport and low levels of community support for people with mental health conditions. There are high suicide rates: 1 in 20 people living in rural areas have made an attempt at their lives and services such as Samaritans are under-utilised due to stigma.

The Rural Mental Health Forum conducted a survey asking participants what one thing they would change about mental health services in rural Scotland. Participants said the role of physical communities and communities of interest was important. They said there was a need to raise awareness and understanding of mental health in rural areas and to provide access to specialist services as well as co-ordinated, tailored and holistic services that are accessible, confidential and have secure funding.

Third presentation: Karen O'Hanlon, Business Development Manager of the Scottish Rural Health Partnership

The Scottish Rural Health Partnership sits in the School of Rural and Remote Healthcare, University of Highlands and Islands. The University is dispersed from Perth to Shetland and covers most of rural and remote Scotland and as such they have knowledge of living, working and delivering services in remote areas. The two top issues that the Scottish Rural Health Partnership will focus on in 2018/19 are healthcare workforce recruitment and retention, and rural mental health.

In rural areas there are issues with communication, access to services, transport, broadband and connectivity, and rising fuel costs. There is also a push to centralise services that makes it difficult for people living in remote areas to access these services. There is limited access to staff who are trained to deal with mental health issues: many are healthcare professionals but do not have mental health training.

Rural areas also have an ageing population who are vulnerable to loneliness and social isolation and those receiving care at home are further isolated as they do not have much contact with people. Those suffering from multi-morbidities in rural areas are also affected by poor mental health. There are high rates of suicide in rural areas of Scotland and there is a lack of high quality accessible support services. Some services have reported a normalisation of suicide as a way out for people in rural areas who suffer from deprivation. People working long hours in remote locations, sometimes largely on their own require extra help.

What is needed is improved access to services, not just mental health but all services, at the right time with appropriately trained staff. This includes face-to-face as well as utilising technology. Need to tackle stigma, many people do not want to access services as they may know the people providing the service.

The Scottish Rural Health Partnership is establishing an 'Ecosystem' for the Highlands and Islands that will bring together a range of organisations and stakeholders to deliver a joint agenda around rural mental health and active healthy ageing. The impact of the partnership will be realised over the next 2 to 3 years.

Following the two presentations, Jim and Karen responded to the following questions and discussion points:

Q. Talking about the role of community, what types of projects and activities have worked – do they involve online projects and/or is it interventions with family members?

A. For example: the Rural Mental Health Forum has a partnership with Royal Mail and provide mental health first aid training, information about where to signpost people to as well as training on how to listen and understand mental health issues.

Q. People who are deaf or hard of hearing face a lot of barriers that can result in mental health issues as well as loneliness and social isolation. How do you overcome this?

A. There is a need for face to face contact to tackle communication barriers. Men's Sheds are a good example to highlight as they are not overtly about mental health services but provide meaningful contact and a space to speak and be heard. Existing networks and groups can make sure they are aware of mental health issues and how to support people, including their communication needs.

Q. You mentioned the normalisation of suicide for young people in rural areas – is there any further information about this?

A. Samaritans have undertaken some research (gap analysis and needs assessment) that included feedback from young people in rural areas saying there is a normalisation of suicide within their communities.

A. HIVE Inverness is a drop in service for young people suffering from distress – they report hotspots of suicide and a general perception of normalisation. However, this is quite anecdotal and there is no data to show how widespread this is.

Q. Physical spaces have an impact on people with disabilities and can be a barrier to accessing services.

A. It is important to match people to services and make use of the facilities and spaces that are out there. People do not know what support exists and it is important to ensure up-to-date information about the range of services, activities and projects available and who they cater to.

Q. What workforce pressures do rural third sector organisations face?

A. It is hard to get volunteers for Samaritans evidently. There is a perception that you might know the volunteer at the other end of the phone. In general, the retention of

volunteers is difficult and staff training and upskilling is hard because there are usually very high costs attached to accessing these as well as transport and other costs on top.

Anas Sarwar thanked Jim and Karen for their inputs and drew the discussion to a close.

5. Proposed new members

Four applications to join the CPG were received from Royal College of Physicians of Glasgow, Scotland Versus Arthritis, Edinburgh Voluntary Organisations Council (EVOC) and Eden Project Communities, which were all approved.

Scott Granger, attending his first meeting, expressed an interest in membership as an individual able to contribute lived experience relevant to health inequalities. He was proposed for membership by Anas Sarwar and seconded by Richard Lyle.

6. Any other business

- a. Noted that VHS is organising a Garden Lobby Parliamentary reception to celebrate the work of the CPG, to be held on Tuesday 11th December, 17.30 to 20.00. Sponsored by Co-Convenor Donald Cameron MSP with Joe Fitzpatrick MSP, Minister for Public Health, Sport and Wellbeing speaking. Invitations will be issued shortly.
- b. Noted that VHS welcomes suggestions for topics and speakers for the 2019 programme of meetings.

7. Date of Next Meetings

Tuesday 11 December, 17:30 to 20:00, Parliamentary Reception (Garden Lobby)/

Thursday 31st January 2019, 13:00 to 14:30, business meeting, Committee Room 2.