

Evidence Narrative to inform the Scottish Government Mental Health and Wellbeing Strategy: Executive Summary

November 2023

Introduction

This review draws on published evidence to set out the current situation and trends regarding mental health and wellbeing in Scotland. In doing so, it sits as a companion piece alongside engagement work with people with lived experience and other stakeholders, providing context for, and guiding the development of the new Scottish Government mental health and wellbeing strategy and related delivery plan. It begins by looking at levels of population mental wellbeing, prevalence and burden of mental health conditions, trends within these and what influences mental health and wellbeing. It then reflects on some of the key challenges impacting upon population mental health and wellbeing that the strategy needs to tackle, and in response to this, considers evidence-based approaches to addressing these challenges. Lastly it highlights some of the gaps in data and evidence that need to be filled to better inform policy and practice.

Given the broad scope of population and individual mental health and wellbeing, the review does not attempt to systematically appraise the literature, but rather to identify the most relevant and robust recent literature and data to inform policy discussions. It thus covers peer reviewed research publications - focussing on systematic reviews if available, reports from NHS bodies, from government and third sector organisations, and routinely gathered statistical and administrative data from Scotland and the wider UK. This literature and data was identified through searches of bibliographic databases, websites providing collated evidence resources, searches of websites of key organisations and through discussion with the Scottish Government Mental Health Research Advisory Group and mental health policy teams.

Findings

It is important to think of mental health similarly to physical health, varying day to day and over the years. Sometimes people experience periods of being mentally unwell, and for some, as with physical health conditions, they may experience a long-lasting condition. People also experience varying levels of mental wellbeing, relating to how they are feeling and how they are managing and enjoying their life. Neither mental health nor mental wellbeing has a standard definition, yet most people understand what these mean for them. Mental health and wellbeing relate to one another and interact with individuals' physical health, all contributing to the way they feel, think and function day-to-day, and in the long term.

Published evidence illustrates the many, diverse and interacting determinants of mental health and wellbeing, with these being driven by structural factors such as unequal distribution of income, power and wealth, global, national and local economic and political forces and priorities, and societal attitudes. The impact of poverty, along with stigma and the pervasive nature of adverse childhood experiences and trauma on wellbeing and mental health in Scotland is clearly seen, and the evidence of how inequalities are being exacerbated by the ongoing effects of the pandemic and cost of living increases, continues to emerge. The wide-ranging nature of the determinants of mental health and the interrelationships

between them is widely considered to require cross policy action far beyond health to bring about change.

Both poor mental health and low levels of wellbeing have a large impact on individuals, communities and the nation, and some undesirable trends in these that have been seen over the last decade. Also of concern is that multiple datasets and publications show an unequal distribution of levels of mental health and wellbeing across population groups, and that the ability of individuals and groups to access the support, care and treatment necessary to manage their mental health and improve wellbeing varies.

Amid this picture of increasing wellbeing concerns and growing demand for mental health care and support, the need to improve population level wellbeing and to create sustainable, efficient and safe services and support to meet current and future requirements is consistently highlighted in the identified evidence. There is increasing international evidence available of what works to increase and maintain wellbeing and how to improve and better support mental health. Both population level and individual interventions are needed to bring about overall improvements.

Greater recognition of the importance of creating the conditions to prevent reduced wellbeing or mental ill health developing or worsening in the first place is considered to be essential. Strong communities, peer support, and enhancing understanding of the nature of wellbeing and mental health and its influences across society, and particularly within the workforce beyond specialist mental health professionals, all support this. Interventions which have the most evidence of effectiveness for promoting wellbeing are focussed on early life and parenting, workplace support, and supporting reduction of unhealthy behaviours. Similar interventions are also seen to be helpful in the prevention of mental ill health and taking action early when problems arise. While it is difficult to demonstrate the cost-effectiveness of preventive interventions, there have been attempts to do this using new methods and evidence is emerging.

For interventions relating to care and treatment, evidence highlights the need to take a life course approach, and to consider the physical health also of individuals with mental health difficulties. Attention should be paid to meeting the different needs of individuals and groups, and for care and support to be effective, it needs to be accessible in the first place. It is necessary to consider new models of service provision, with a spectrum of levels of support, differing modes of access including a greater digital offering, and more provision within communities. Vital to service provision is boosting the workforce and evidence suggests ways to address current barriers challenges to this. There needs to be a raising of awareness of mental health careers, particularly among currently under-represented groups. New roles should be created to complement current ones, and attention should focus on developing and enhancing the knowledge and understanding of wellbeing and mental health, and how to promote these within the wider workforce, beyond those in specialist mental health roles.

To inform the development of effective mental health and wellbeing policy and practice, and in turn, to monitor and evaluate the impact that this makes and learn from this, comprehensive robust data and evidence is essential. There are particular areas relating to mental health care and wellbeing in which a considerable amount of routinely collected data is available. This tends to reflect current and previous policy priorities. For example, the detailed workforce statistics for NHS Child and Adolescent Mental Health Services and psychology professionals, and activity data related to the services provided by these groups. Extensive data is also available covering inpatient bed occupancy and related lengths of stay and discharges.

Other data however that could help to guide decision making is lacking. It is difficult to establish how many people in Scotland are currently experiencing particular mental health conditions, and whether these numbers are changing. Despite the considerable detail on numbers accessing services whether inpatient or outpatient, there is a lack of research and data to determine to what extent these numbers reflect actual population need, and what is the impact of these services, support and other interventions on clinical and person-centred outcomes. Ensuring best value care and use of public money requires an understanding of the relative costs and benefits of different approaches and interventions. This is lacking and better data is needed in particular in relation to preventive interventions to enable their true value to be understood.

Data, for a variety of reasons, is often not collected in a way that allows sufficient analysis of the differences between socio-economic, geographic and/or protected characteristics groups, and this could be improved. There is room for much more detailed information gathering when it comes to intersectoral evidence, that considers interactions from belonging to different population groups. It would be helpful to see more recording of data regarding protected characteristics, socioeconomic status, experience of trauma and Adverse Childhood Experiences, and of comorbidities.

More interconnection between data across sectors and systems is also required. The recent Scottish Government Health and Care Data Strategy should help to start addressing this. To ensure greater consideration of people's overall health, it is important that data regarding physical health is better connected to mental health data. As well as directly health-related measures and outcomes, data to better understand the determinants of mental health and what acts on these, is also required.

A significant evidence gap highlighted in the narrative review is people's experiences of and perspectives on the services and support available to them. Lived experience evidence such as this contributes to creating evidence-informed policy alongside data and published research.

As the impact of COVID-19 continues to be felt, more data and evidence will be needed to understand the ongoing and longer term impacts of the pandemic on mental health. The growing impact of other global challenges such as climate change also necessitates a need to better understand their implications for mental

health and wellbeing . As time goes on, the clinical and longer term impacts of the cost of living crisis will emerge and appropriate data gathering and analysis will be required to understand and respond to this.

More explicit consideration and specification of mental health and wellbeing research requirements whether in the form of a mental health research strategy, through building and/or strengthening appropriate networks and enhancing networking, could help to direct funding and research resource towards filling the data and evidence gaps necessary for informing future policy and practice development. This research and data could contribute to evaluating the implementation and impact of the new mental health strategy.

Emphasised within the published literature around mental health is the point that greater knowledge and awareness of which approaches and interventions have the potential to make a difference is only the first step in creating change. These approaches and interventions also need to be implemented as intended, with appropriate support, and then robustly evaluated in local and national contexts to assess whether the anticipated benefits are being realised. The new mental health strategy for Scotland can help to achieve this by driving forward improvements based upon published data and evidence and also people's lived experienced. Also, a key element of the strategy will be the monitoring and evaluation of its implementation and impact, ensuring that the learning from this is taken onboard on an ongoing basis.

How to access background or source data

The data collected for this social research publication:

- are available in more detail through Scottish Neighbourhood Statistics
- are available via socialresearch@scotland.gsi.gov.uk
- may be made available on request, subject to consideration of legal and ethical factors. Please contact <email address> for further information.
- cannot be made available by Scottish Government for further analysis as Scottish Government is not the data controller.



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