Cross-Party Group on Health Inequalities and Mental Health

6pm-8pm Tuesday 3 May 2022

Minute

Present

MSPs

Emma Harper
Beatrice Wishart
Brian Whittle

Invited guests

Judith Deacons, SAMH
Katherine Smith, University of Strathclyde

Non-MSP Group Members Health Inequalities

Salena Begley, Family Fund
Lauren Blair, Voluntary Health Scotland
Sara Bradley, University of Highlands and Islands
Margaret Brown, NHS Highland
Hilda Campbell, COPE Scotland
Alison Crofts,Voluntary Health Scotland
Kirsty Cumming, Community Leisure UK
Sarah Curtis,University of Edinburgh
Kirsty Dickson, LinkNet
Sarah Doyle, QNIS
Alan Eagleson, THT
Jennifer Forsyth, Obesity Action Scotland
Kate Joester,Living Streets Scotland
Colwyn Jones, The East of Scotland Branch of the British Dental Association.
Laura Jones,RNIB Scotland
Una Mac Fadyen, NHS Forth Valley
David Main, Voluntary Health Scotland
Leigh Mair, Scottish Rural Health Partnership
Maureen McAllister, Versus Arthritis
Ian McCall, Paths for All
Rebecca McColl, Scottish Families Affected by Alcohol and Drugs
Gillian McElroy, The ALLIANCE
Kirsty McNab, Scottish Sports Futures
Sarah Murray, RVS

Justina Murray, Scottish Families Affected by Alcohol and Drugs
Paul Okroj, Chest Heart and Stroke Scotland
Maureen O'Neill, Faith in Older People
Fiona Partington, The Health Agency
Fiona Pirrie, East Ayrshire Carer Centre
Alison Railton, Kidney Research UK
Kimberley Somerside, Voluntary Health Scotland
Claire Stevens, Voluntary Health Scotland
Iain Stewart
Sarah van putten, Befriending Networks
Elise Whitley, University of Glasgow
Laura Wilson, Royal Pharmaceutical Society

Non-MSP Group Members Mental Health

Hannah Brisbane, SAMH
Steve Brown
Mike Burns, Penumbra
Alison Cairns, Bipolar Scotland
Mairi Campbell-Jack, SAMH
Christine Carlin, Sure Start
Susan Chambers, PASDA
Ele Davidson, CAPS Advocacy
Judith Deacons, SAMH
Iain Gardner, SAMH
Paula Fraser, VOX Scotland
David McLaren
Charlotte Mitchell
Stephanie Morrison
Ian Muchamore
Andrew Muir, Psychiatric Rights Scotland
Oluwatoyin Opeloyeru
Aidan Reid, Royal College of Psychiatrists
Arianne Ross
Jason Schroeder, Scottish Men’s Sheds Association
Ian Skirving
David Stewart
Alex Stobart
Ije A.

1 Welcome and Apologies

Apologies

Oliver Mundell
Amish Amin

2 Minutes of last meeting

Members approved the minutes from the previous Health Inequalities CPG meeting on Tuesday 1 February. Maureen O'Neill proposed and Hilda Campbell seconded.

Members approved the minutes from the previous Mental Health CPG meeting on Tuesday 1 February. Paula Fraser proposed and members approved.

3 Applications to join the CPG

The Health Inequalities CPG members approved Children's Health Scotland's application to join the Health Inequalities CPG.

4 Mental Health and Health Inequalities

Professor Katherine Smith, Public Health Policy, University of Strathclyde: "Building public support for action on tackling health inequalities" tackling stigma, going beyond health policy and avoiding policy that worsens inequalities.

Katherine Smith reflected on why inequalities have been so persistent in Scotland and emphasised the need to build support for policies that were likely to reduce health inequalities. She provided hypothetical examples of three individuals working to reduce health inequalities and the challenges they face in doing so. Each needed to overcome barriers and work more collaboratively.

Individual in Policy: The first was an individual working for a large policy organisation which has stated its commitment to reducing health inequalities. This person faced a lack of clarity in what health inequalities meant to their organisation and so the exact policy problem seemed unclear. There was a lack of examples for the individual to learn from and limited evidence on lived experience and health inequalities. Evidence suggested the levers to tackle inequalities sat outside health and budgets were limited. Additionally, some politicians wanted to move away from talking about health inequalities given the lack of success stories.

Research Participant: The second person was someone who participated in some research on health inequalities. They had lived experience of how low pay, low control jobs and stressful living situations could impact someone's mental health and wellbeing. They found the research to be disheartening, there was stigma associated with it and they weren't offered any solutions. Participants left feeling ashamed about some of their behaviours and angry about health inequalities.

Qualitative Researcher: The last person was a researcher trying to better understand public perceptions and experiences of health inequalities. This researcher was reliant on funding and some of the most important questions in their research didn't get funded. This made the work a bit fragmented. The researcher felt policy colleagues were working hard but policies didn't seem to be achieving much impact. The researcher felt some people wanted quantitative answers to qualitative questions; some people want to hear direct from members of the public not the researcher; some people were more convinced by senior medics when it came to health policy; and NGOs were interested but only through their own lens.

Katherine highlighted the big things we need to be working on across the board to tackle health inequalities:

- There needs to be more dialogue between civil society, members of the public, researchers and policy actors.
- Policy organisations need to have a clearer and more consistent definition of health inequalities.
- We need more evidence that actually answers policy questions, including research that maps the impact of policy decisions on health inequalities. Katherine highlighted the SIPHER project was trying to do this.
- Policy and research work needs to integrate or understand public perspectives on policy options.
- Organisations need to be working in partnership and using their political clout.
- We need success stories such as Clare Bambra's research on East and West Germany.
- We need research to understand which policies beyond health are negatively impacting health.
- Finally, we need to reduce stigma in conversations about health inequalities, we have a lot to learn from those working in mental health on this.

Judith Deacons, Programme Manager, SAMH: "Partnerships and Communities" working with communities and local organisations to make a difference to mental health

Judith Deacons discussed SAMH's national partnership with Co-op which brings together organisations to improve wellbeing. The money raised gets used to set up partnership resilience services which support individuals to build resilience and improve mental wellbeing. SAMH recognised the important role of the community in supporting good mental wellbeing and aims to reach more vulnerable communities using the Co-op Community Wellbeing Index, which is an online tool that helps build a local wellbeing score. The partnership also has a strong focus on young people and people who are bereaved.

There are 14 services being provided in 17 local authorities, so the programme has great geographical reach including three island communities. Each service is bespoke to local needs and causes, covering things like peer support, wellbeing activities, 1-2-1 support and workshops, and co-design has been a big part of this. Judith highlighted the partners involved in these projects, such as Stagecoach who provided transport for peer support services.

Working with communities and with local organisations was at the heart of the projects. Strengthening community links, embedding services through local organisations and signposting to help build people's support network. Over 159 community connections had been made through all these projects.

The key focuses are:

- **Empowerment** by increasing people's skills to support their own mental health and wellbeing.

- **Building resilience** through social connections and supportive environments in people's communities.
- **Challenging stigma and discrimination** by creating open and supportive environments to talk about mental health and wellbeing.
- Establishing a sense of **belonging by** creating connections in communities and shaping local services.

Questions from CPG members:

- **Accessibility:** Andrew Muir highlighted the 7th World Congress in Adult Capacity was charging £450 to attend which creates a barrier to engagement. Judith agreed cost was a big problem in terms of participation. Katherine said policy and researchers needed to make space for collaboration and highlighted the benefits of paying participants in research.
- **Working Together:** On joining up across strategic planning and intersectionality in inequalities, Alan Eagleson asked what we could do to build more capacity in the system to work better together. Judith highlighted the limitations in funding. She said community consultation had been really successful in the past in establishing what services already existed. Katherine said there were tools in research to look at how a particular policy change might impact outcomes. She felt there needed to be strategic leadership in policy organisations and a Cabinet Office type department in Scottish Government. She felt everyone had to get behind one big policy then move on to the next, giving the example of tobacco control. She recognized this would require humility from organisations.
- **Good Practice:** Beatrice Wishart MSP asked for examples of good practice in tackling health inequalities. Katherine referred back to the East and West Germany study as the best example. She also highlighted there had been some limited targets set in England which were met a while back. She explained the UK and Scotland were leaders in analysing health inequalities, but not tackling them.
- **Health Inequalities:** Claire Stevens highlighted the engagement events for the Health Inequalities Inquiry being facilitated in partnership with the Parliament's Participation & Communities Team, Voluntary Health Scotland and various parliamentary committees. Claire also noted the Health Foundation's independent review of health and health inequalities in Scotland.
- **Support for Parents:** Una Mac Fadyen asked if the help provided for children and young people's mental health was also offered to their parents/carers through the Co-op Partnership. Judith confirmed support was provided to parents and adults supporting young people as SAMH recognised the need to build support around a young person. She also added the benefits of listening to the lived experience of these parents.
- **CAMHS:** Emma Harper MSP asked about alternative pathways to CAMHS and referrals if children weren't accepted. Judith explained referrals to other services did happen because even if young people weren't referred to CAMHS they still needed support. She said young people often find this referral system quite overwhelming though, and SAMH were looking at a system change on this.
- **CAMHS:** Hilda Campbell felt we needed to look at various levels of intervention and highlighted work to look at the reasons for referrals to CAMHS. She felt "going to the right door" was sometimes an issue. She outlined her work which was looking to better understand what's out there, referral pathways and where the gaps were. She suggested cross referencing with Judith on this. Emma

Harper MSP highlighted the recent Health Social Care & Sport Committee inquiry on CAMHS. The committee found there might be a need for a social prescribing commissioner.

- **Barriers to Access:** Susan Chambers, PASDA, raised significant concerns about access to mental health services for people with autism. She provided a personal example of how much she was struggling to access mental health services for her daughter. She explained parents had to phone round multiple services often just to be passed back to the service they started with. Her daughter had been on the waiting list for more than three years. She highlighted a need for training for practitioners and services about learning disabilities, mental health and autism, noting the first hurdle was getting past the GP receptionist. **Emma Harper MSP asked to link directly to Susan Chambers and engage with her MSP on this.**
- **Barriers to Access**: Ele Davidson, CAPS, highlighted independent advocacy for children and young people was not routinely provided by local authorities. She agreed GP receptionists were often a barrier to access. There needed to be an understanding that it can't always be the patient directly making the call to their GP, sometimes it's a parent or carer.
- **Older People**: Maureen O'Neill, Faith in Older People, noted we hadn't yet talked about older people. She explained that many older people lose access to services just because of their age. She said there shouldn't be a competitive edge when looking at supporting one group against another and asked why older people were missing out on diagnoses and losing services based on age. Judith highlighted SAMH's work in communities with older people and the importance of older people shaping these services to support their wellbeing. Katherine said there was a tendency to look at young people in health inequalities, but there was some research on older people. She felt trade-offs were inevitable in policy discussions, but that didn't mean groups should be prioritised over others. She said we needed to have better ways of joining up research so we can look more coherently at how different policy decisions might impact different groups. We also need to have tools that bring in a range of perspectives and less heard voices. Emma Harper MSP encouraged us to work together and noted a need to tackle the "low hanging fruit" along with the harder fixes.
- **Trusting Communities:** David Stewart, highlighted Fedcap provided employment support and health support. He felt early intervention and prevention was needed along with community support, but this didn't seem to be supported at decision making and funding level. Katherine felt asks of community organisations needed to be coupled with resources. She gave the example of the Treasury taking a lead on funding for tackling health inequalities under New Labour, money was given to communities but it was hard to track how the funding was used and if it was effective. She acknowledged that as a researcher she liked to know what works but she understood the argument that communities know what is best for them. Judith agreed short term funding hinders the ability to scale projects up, even if they were working.
- **Other CPGs**: Emma Harper MSP highlighted the Wellbeing Economy Cross Party Group and suggested we write to all the CPGs with health inequalities on the agenda to update on what we are up to.

Next Steps (actions):

- Mairi Campbell-Jack explained that due to the cyber-attack on SAMH many emails were lost after the 3rd of May. She encouraged anyone who had provided evidence to the Mental Health CPG inquiry to re-email it over just in case it was lost.
- Emma Harper MSP agreed to follow up with Susan Chambers.
- Emma Harper MSP and Claire Stevens agreed to reflect and think about other potential actions for the CPG.

5 Any other competent business

- Salena Begley highlighted Take A Break had opened to applicants. It provided grant support to carers and young people.

6 Date and topic of next meetings:

- Claire Stevens highlighted the annual reception of the health inequalities CPG on 27th September. She hoped there would be a marketplace of stalls for different members of the Health Inequalities CPG.

Key resources shared in the chat:

- **What works**: https://whatworkswellbeing.org/
- **Australia:** It could be useful to look at the two large Australian Government inquiries into the mental health system. Both concluded the current system was 'broken' and that it failed to serve many most in need and that health inequalities and disparities were endemic. Both the Victorian Government and Australian wide inquiry had dozens of submissions and evidence from those with lived experience of mental health distress and suicide. Both concluded that reform needed to place meaningful involvement of lived experience and peer work at the core of system reform.
- **'Falling Off a Cliff: Mental Health in Older Age':** This research shines a spotlight on the inequalities that people aged 65+ with serious mental health issues experience in terms of diagnosis, treatment and support. https://vhscotland.org.uk/falling-off-a-cliff-at-65-february-and-march-round-tables/
- **Wellbeing Tips:** https://www.cope-scotland.org/wellbeing-tips/entry/learning-to-hit-the-pause-button