Public Health Annual Report 2016-17

Mental Wellbeing in Shetland

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FOREWORD

Welcome to the Director of Public Health’s Annual report. This year we focus on mental wellbeing. Positive mental health is more than the absence of mental illness. It has been defined as an individual being able to realise their own abilities, cope with normal stresses of life, work productively and fruitfully and able to make a contribution to the community in which they live.

Why mental health and why now? Positive mental health is associated with a wide range of improved outcomes in health, increased educational attainment, safer communities with less crime, reduced sickness absence, lower use of health care services and reduced levels of mental illness and distress. It is therefore central to our collective efforts to improve health in Shetland. Mental health and wellbeing are much more widely spoken about now than in the past, but there is still more that we could be doing to make sure that people in Shetland have the optimum levels of mental wellbeing.

In our report we set out what we know about mental wellbeing in Shetland, the relationships between mental wellbeing and the environment we live in, and other risks to health through behaviours such as alcohol misuse. We also look at prevention and early intervention programmes, tips on improving our mental wellbeing and where to go if we need help.

Our programme aims to support everyone to improve their mental health, to target those who may be at increased risk of experiencing a mental health problem and to improve wellbeing for those living with a mental illness. Opportunities for positive mental health start with conception (to improve early child development) until old age (prevention of social isolation).

Mental health problems in Scotland cost the economy £10.7 billion per annum; this includes human costs, social and care costs and economic outputs. Three-quarters of mental health problems emerge by the age of 20, so childhood needs to be a focus for any mental wellbeing strategy. The good news is that many wellbeing interventions result in economic savings in the short as well as long term. These savings are accrued across the Community Planning Partnership.

Moving the mental health agenda forwards means being prepared to engage at a personal as well as a professional level.

It means becoming exemplars in mental health improvement and role models for when we face challenges.

And it means working together to create improved mental wellbeing in our communities.

Why not think about trying the ‘Five ways to wellbeing’ developed by the New Economics Foundation:

- Connect
  - with people around you. Family, friends, colleagues and neighbours. Building these connections will support and enrich you every day.

- Be active
  - exercising makes you feel good. Do an activity which you enjoy and that suits your level of fitness and mobility.

- Take notice
  - be aware of the world around you and what you are feeling. Reflecting on your experiences will help you to appreciate what matters to you.

- Keep Learning
  - Try something new. Learning new things will make you more confident as well as being fun.

- Give
  - Do something nice for a friend or a stranger, thank someone, smile, volunteer your time.

Susan Webb, Director of Public Health
What is mental wellbeing?

Sarah Stewart-Brown, Professor of Public Health at the University of Warwick and a wellbeing expert, says: "Feeling happy is a part of mental wellbeing. But it’s far from the whole. Feelings of contentment, enjoyment, confidence and engagement with the world are all a part of mental wellbeing. **Self-esteem** and self-confidence are, too.

"So is a feeling that you can do the things you want to do. And so are good relationships, which bring joy to you and those around you. "Of course, good mental wellbeing does not mean that you never experience feelings or situations that you find difficult,” says Professor Stewart-Brown. "But it does mean that you feel you have the resilience to cope when times are tougher than usual."

It can help to think about "being well" as something you do, rather than something you are. The more you put in, the more you are likely to get out. The examples given by Dr Stewart-Brown exemplify the range of factors that contribute to mental health and wellbeing and how these are at an individual level (resilience and coping), social level (good relationships) and at an environmental level (engagement with the world). NHS Health Scotland’s paper *Mental Health for All* reinforces this message, and provides an illustrative list (presented opposite) of protective and risk factors that determine our mental health and wellbeing. Within the list the wider political, economic, cultural and political influences are also accounted for.

These factors can either be protective, enhancing mental health, or have a negative impact, contributing to poorer mental health. They interact to influence a person’s overall mental health.

<table>
<thead>
<tr>
<th>Environmental</th>
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<tbody>
<tr>
<td><strong>Protective factors</strong></td>
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<tr>
<td>- Social protection and active labour market programmes against economic downturn</td>
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<td>- Equality of access to services</td>
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<td>- Safe, secure employment</td>
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<td>- Positive physical environment including housing, neighbourhoods and green space</td>
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<td><strong>Risk factors</strong></td>
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<tr>
<td>- High unemployment rates</td>
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<td>- Economic recession</td>
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<tr>
<td>- Socio-economic deprivation and inequality</td>
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<tr>
<td>- Population alcohol consumption</td>
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<td>- Exposure to trauma</td>
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<tr>
<th>Social Circumstances</th>
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<tbody>
<tr>
<td><strong>Protective factors</strong></td>
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<tr>
<td>- Social capital and community cohesion</td>
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<tr>
<td>- Physical safety and security</td>
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<tr>
<td>- Good nurturing parental/care relationships</td>
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<tr>
<td>- Close and supportive partnership/family interaction</td>
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<td>- Educational achievement</td>
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<tr>
<td><strong>Risk factors</strong></td>
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<tr>
<td>- Social fragmentation and poor social connections</td>
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<tr>
<td>- Social exclusion</td>
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<tr>
<td>- Isolation</td>
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<td>- Childhood adversity (neglect, abuse, bullying)</td>
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<td>- (Gender-based) violence and abuse</td>
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<tr>
<td>- Family conflict</td>
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<td>- Low income/poverty</td>
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<tr>
<th>Individual factors</th>
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<tbody>
<tr>
<td><strong>Protective factors</strong></td>
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<tr>
<td>- Problem-solving skills</td>
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<tr>
<td>- Ability to manage stress or adversity</td>
</tr>
<tr>
<td>- Communication skills</td>
</tr>
<tr>
<td>- Good physical health and healthy living</td>
</tr>
<tr>
<td>- Spirituality</td>
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<tr>
<td><strong>Risk factors</strong></td>
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<tr>
<td>- Low self-esteem</td>
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<tr>
<td>- Loneliness</td>
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<tr>
<td>- Difficulty in communicating</td>
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<tr>
<td>- Substance misuse</td>
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<tr>
<td>- Physical ill health and impairment</td>
</tr>
<tr>
<td>- Work stress</td>
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<tr>
<td>- Unemployment</td>
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<tr>
<td>- Debt</td>
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The recently launched National Mental Health Strategy (Scottish Government 2017) also puts prevention and early intervention at its centre and acknowledges the impact of the wider determinants of health and the need for a cross sector response. There is also an emphasis on tackling mental health inequalities that are apparent throughout Scotland.

In turn we can then realise the benefits of good mental health and wellbeing:

- Improved recovery from illness and fewer limitations in daily living
- Healthier lifestyle, improved physical health, increased quality of life and increased life expectancy
- Reduced reliance on services with greater use of self-help and self-management approaches
- Reduction in workplace absence, greater performance and productivity, higher employment and higher earnings
- Higher educational achievement
- Individuals empowered to take action to bring about change in their lives or within their community
- Enhanced mental wellbeing within neighbourhoods and communities through increased participation in community life
- Improved relationships, pro-social attitudes and behaviours, increased social cohesion and engagement, and reduction in crime.

This report provides an overview of the contribution that the Public Health and Health improvement Teams make towards improving the mental health and wellbeing of the Shetland population. It sets out what we know about mental health and wellbeing locally from the data that is available to us. Each chapter then focuses on individual work streams, giving a rationale for why action is required, actions which illustrate the range of work that we are involved in, and a summary of what we have achieved in each over the last 12 months.

Work streams focus on:

- Influencing the determinants of mental health in order to tackling inequalities
- Children and Families
- Alcohol and Mental Wellbeing
- Physical Activity and Mental Wellbeing
- Nutrition and Mental Wellbeing
- Suicide Prevention
- Self Care and Mental Wellbeing
What do we know about mental wellbeing in Shetland?

Adults

Mental health and wellbeing can be really hard to measure. In an attempt to do this, Scotland has developed a set of national indicators; these range from analysis of contextual data, such as environmental and social factors, to self-reported mental well-being status. Unfortunately, very little of the data can be broken down to Shetland level, and so we often have to on combined island data, or assume we are the same as the rest of Scotland. One exception to this is the data available through the Scottish Health Survey – see below:

The Scottish Health Survey (2012 – 2015)

The Scottish Health survey uses a sample of 125 people in Shetland over 3 years. Within this survey the Warwick-Edinburgh Mental Health and Wellbeing Scale (WEMWBS) is used to measure wellbeing of the adult population, which ranges from lowest level with a score of 14 to highest with a score of 70. The results for 2012-2015 show that the mean score for Scotland was 50.0, whilst Shetland was 50.7, Orkney was 50.8 and Western Isles and Highlands were the highest in Scotland at 51.1. This means that (based on this sample) people in Shetland have a similar level of mental wellbeing compared to the other parts of the Highlands and Islands, and slightly higher than Scotland as a whole.

WEMWBS mean scores by NHS Board
All adults, 2012-2015 combined

I see taking care of my emotional and mental health in the same way that I see taking care of a garment: After it’s been through wear and tear, it needs attention.
Gina Barreca
Shetland Place Standard Consultation (2016)

In 2016 members of the Shetland Islands Council asked members of the public to take part in the Place Standard consultation. This is a nationally developed approach, where people are asked to rate the place they live against 14 different themes. The Place Standard breaks new ground by focussing on the all important connections between the physical and social environments and the extent to which these affect our health and sense of well-being. There were 939 responses, from across Shetland and a range of ages, with a 64% / 36% female / male split. The results of the Place Standard are summarised in the diagram below left; the closer the line is to the centre the more improvements are felt to be needed. Most areas were rated in the middle range or better. The consultation results are being used to inform priority actions within Shetland Local Outcome Improvement Plan. Compared to other areas of Scotland, these figures are very positive and help to confirm the findings of both the Scottish Health Survey and the estimates of personal wellbeing presented below from the Office of National Statistics.

![Average Rating Shetland Diagram](image)

### Headline estimates of personal wellbeing, in Shetland, from Office of National Statistics

<table>
<thead>
<tr>
<th>Average (mean) ratings</th>
<th>2011/12</th>
<th>2012/13</th>
<th>2013/14</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Satisfaction</td>
<td>8.12</td>
<td>8.12</td>
<td>7.82</td>
<td>7.92</td>
<td>8.03</td>
</tr>
<tr>
<td>Worthwhile</td>
<td>8.29</td>
<td>8.12</td>
<td>8.06</td>
<td>8.13</td>
<td>8.14</td>
</tr>
<tr>
<td>Happy</td>
<td>8.03</td>
<td>7.83</td>
<td>7.82</td>
<td>7.76</td>
<td>7.60</td>
</tr>
<tr>
<td>Anxiety</td>
<td>2.33</td>
<td>2.36</td>
<td>2.22</td>
<td>2.32</td>
<td>2.56</td>
</tr>
</tbody>
</table>

Each of these elements is measured in ‘marks out of 10’, so the people surveyed in 2015/16 felt that their levels of satisfaction with life averaged 8.03 on a scale of 1 to 10. They felt that their anxiety levels measured, on average, 2.56 out of 10, demonstrating high levels of wellbeing of Shetland.

Further interpretation of the Place Standard is available here: [http://www.shetland.gov.uk/placestandard.asp](http://www.shetland.gov.uk/placestandard.asp)
Children and young people

The HBSC research network is an international group of researchers that collaborate on the cross-national survey of school students: Health Behaviour in School-aged Children (HBSC). The network collects data every four years on 11-, 13- and 15-year-old boys' and girls' health and well-being, social environments and health behaviours.

HBSC is a school-based survey with data collected through self-completion questionnaires administered in the classroom.

In 2014, NHS Shetland funded a larger than usual sample (known as a boosted sample) for the Shetland element of the survey, in order to give us a better understanding of health behaviours within these age groups locally. 58 school classes were asked to participate in the NHS Shetland survey and 48 (83%) took part. 75% of pupils completed the questionnaire which gave a final sample of 625. Without the boosted sample we would have had only two classes included, with a total of around 30 pupils participating.

The survey provided a holistic account of young people’s health and well-being, covering a wide breadth of topics including: family life, the school environment, peer relations, neighbourhood environment, eating habits, physical activity, weight control behaviour, body image and Body Mass Index, tooth brushing, well-being, substance use, sexual health, bullying and fighting and injuries. The boosted sample has given the local statistics much more precision and reliability.

The survey showed that Shetland pupils were significantly worse than Scotland as a whole in:
1. Being able to talk to their mother
2. Being able to talk to their father
3. High family support
4. Perceived well off
5. Bullied via electronic media
6. Active travel to school

The first five of these have a direct link to mental health and wellbeing. Young people who are not able to discuss issues that worry them with a parent may have lower levels of mental wellbeing. In addition, a young person’s family structure is associated with emotional and behavioural problems and mental wellbeing.

And we know that physical activity increases mental wellbeing...a good argument for encouraging young people to walk to school!
SALSUS

The Scottish Adolescent Lifestyle and Substance Use Survey (SALSUS) is undertaken every two years using a sample of 15 year olds from across Scotland. This survey includes a section on mental health and wellbeing where emotional and behavioural problems are measured using the Goodman Strengths and Difficulties questionnaire (SDQ). The questionnaire comprises 25 items that are grouped into five scales, with each scale including five questions.

The scales are:
- emotional symptoms;
- conduct problems;
- hyperactivity/inattention;
- peer relationship problems;
- pro-social behaviour.

A total score for 'difficulties' is calculated by adding up the scores for the four sets of symptoms and problems. It does not include 'pro-social' behaviour because that is the scale that measures strengths rather than difficulties.

The data (above right) suggests that, in Shetland, pro-social behaviour (which contributes to better mental wellbeing) has decreased since 2006. Conduct, emotional, hyperactivity and peer problems were also decreasing but have started to increase again since 2010. This shows that as pupils appear to score lower on strengths, then they score higher on difficulties.

Core attributes seen in mentally healthy children and young people:

- The capacity to build and sustain positive personal relationships
- A healthy progression of psychological development
- An ability to engage in and learn through age appropriate play
- Moral development, a growing sense of right and wrong
- The resilience to cope with everyday disappointments, loss and change
- A sense of identity and self worth and value
Tackling Inequalities in Mental Health

Poor mental health is both a cause and a consequence of social, economic and environmental inequalities. Mental health problems are more common in areas of deprivation, and poor mental health is consistently associated with unemployment, less education and low income or material standard of living, in addition to poor physical health.

It isn’t poverty alone that contributes to mental ill health; often it is more to do with the gap between the people living in good socio-economic circumstances and poor socio-economic circumstances that leads to poor mental health. And we are starting to see suggestions from research that, as countries get richer, their rates of mental illness increase.

Although we are living longer, healthier lives in Shetland, and Shetland often scores very highly in terms of quality of life, we also know that 1 in 3 adults per year (about 5000 per year) experience some form of mental ill health or distress.

Public Health and Health Improvement have worked with colleagues across NHS, SIC and third sector to re-launch the Shetland Mental Health Partnership, which aims to deliver on the Ten Year Mental Health Strategy for Shetland. The partnership has become more strategic, broadened its membership and revised its function.

The Shetland Mental Health Forum aims to support and inform the work of the Shetland Mental Health Partnership both in terms of the promotion of mental wellbeing and the delivery of mental health related services. The Forum meets regularly and works to collect, co-ordinate and express the views of service providers, service users, carers and the wider community and where appropriate undertakes specific actions and projects.

Good Mental Health for ALL – NHS Health Scotland 2016

This paper recommends actions that local authorities, NHS Boards, CPPs, and other local partnerships and communities can take to improve mental health, including:

- Integration of mental health into all policies at a national and local level
- Reducing risk factors and increasing protective factors whilst reducing not exacerbating mental health inequalities.
- Taking co-ordinated action through a strategic partnership using a public mental health approach involving:
  - Strong leadership
  - champions for public mental health, across organisations,
  - strategic and managerial buy-in
  - integrated strategy for mental health balancing promotion, prevention, treatment and care
  - quality of services both universal and targeted to need,
  - outcomes focused linking to LOIPs, partnership working, Local need and context based
  - Robust information systems, & evidence base
  - effective communication
Shetland Mental Health Strategy

The current Mental Health Strategy for Shetland was launched in 2013. It takes a public mental health approach, highlighting the need for partnership working and action across a range of services and sectors, and has an outcomes focused action plan, which links with the Local Outcomes Improvement Plan. The strategy recognises that mental health reaches far beyond individuals themselves and is heavily dependent on the wider determinants of health.

The strategy is due for review, so a Mental Health and Wellbeing Needs Assessment is now being undertaken. The purpose of this is to gain an understanding of the mental health and wellbeing needs of the population of Shetland and then use this information to improve our service provision. It also enables us to map out robust information systems for measuring performance and cost effectiveness.

The needs assessment involved pulling together local information on mental health and wellbeing. This includes numbers and statistics alongside information from mental health services, services users and carers. We have also identified where there are gaps in the data, and so some more work is needed to gather that information.

The 2017 Shetland Integrated Children’s Services Plan places emotional wellbeing and resilience at the centre of its focus. Emotional wellbeing and mental health affects every aspect of a child’s development including their cognitive (thinking and learning) abilities, and social skills, as well their emotional wellbeing. Building emotional resilience is crucial. Members of the Health Improvement Team are actively involved in the groups which have been established to implement the Plan.

There is no health without mental health; mental health is too important to be left to the professionals alone, and mental health is everyone’s business.

Vikram Patel: World Health Organisation
**Strengthening Families**

One section of Shetland Integrated Children Services Plan is focused on strengthening families. Through our Integrated Children and Young Peoples Partnerships, Shetland successfully applied to become a Psychology of Parenting Project (PoPP) site earlier this year. This is the second phase of a national project delivered by NHS Education Scotland (NES), and funded by the Scottish Government.

The project has enabled ten practitioners, from a variety of professional backgrounds, including Health Improvement, to receive training to deliver the ‘Incredible Years programme’ which is a high quality evidence based programme, which runs over 14 weeks. The first groups started in August this year and are being run from the Bruce Family Centre in Lerwick.

The aim is to run two groups a year in Shetland in a variety of sites throughout Shetland, with the target group for the project being children aged 3-6 years who display significant behavioural difficulties. To identify these children, the practitioners are using the Strengths and Difficulties Questionnaire with parents to measure behaviours before, and at the end of the programme.

Sometimes it can be difficult for families to think about parenting programmes. To help identify and encourage families to take part, local staff who are in frequent contact with families (such as early years workers and health workers) will be able to attend a ‘Connecting with Parent Motivators’ course. This course will help staff have the skills to be able to talk with parents about their children’s needs and support them to consider taking part in the Incredible years groups.

PoPP is funded through the Mental Health Division of the Scottish Government and is hosted within NHS Education for Scotland. Evaluation has shown it to be very effective and cost effective.

The Parenting Pyramid (above right) is used to describe the programme to the parents attending the group.

The Programme is divided into four topics:

1) Play  
2) Praise and Rewards  
3) Positive Discipline  
4) Handling Misbehaviour

The pyramid diagram is a useful way of showing that there are lots of different parenting skills and strategies that can be used before involving discipline techniques. The Incredible Years programme is designed to equip parents with these skills in a safe and structured way.
Alcohol and mental wellbeing

Alcohol remains a major concern in Shetland, and causes a significant amount of harm to individuals, families and the community. And there is a strong link to mental health and wellbeing. Put very simply, a major reason for drinking alcohol is to change our mood – or our mental state. Alcohol can temporarily alleviate feelings of anxiety and depression and people often use it a form of ‘self-medication’ in an attempt to cheer themselves up or sometimes help with sleep.

Alcohol can make existing mental health problems worse, and can also be used as a form of coping for severe mental illness. Evidence also shows that people who consume high amounts of alcohol have an increased risk of developing mental health problems. Drinking alcohol can contribute to the development of some mental illnesses or disorders such as depression.

In their report, ‘Cheers: Understanding the relationship between alcohol and mental health’, the Mental Health Foundation (2006), makes the above, deliberately provocative statement.

This year, we worked with the Shetland Area Licensing Partnership and Licensing Board, to consider whether there was more that they could do to reduce the harm from alcohol in Shetland.
The Licensing Board and Mental Wellbeing

Every five years, the Shetland Area Licensing Board is required to review its Licensing Policy. Licensing Boards are required to develop policies which contribute to:

- preventing crime and disorder.
- securing public safety.
- preventing public nuisance.
- promoting and improving public health.
- protecting children and young persons from harm.

Historically Licensing Boards have looked at these responsibilities in terms of reducing crime, violence, unrest etc, but we are trying to encourage a wider understanding of the responsibilities. People who drink too much alcohol don’t necessarily cause unrest, but can be in very real need of help, particularly around their mental health, and increasing the availability of alcohol is not helpful if people are trying to cut down on what they are drinking.

Drink Better

Drink Better is an ongoing initiative, aimed at the whole Shetland population. Drink Better aims to encourage people to drink in moderation, not to get drunk. The message is:

- Drink less on each occasion
- Sometimes don’t drink at all
- Drink for the right reason: not to drown your problems
- Drink in the right context: not as the main activity
- Drink better quality products
- Respect those who choose not to drink.

As part of Drink Better, Health Improvement asked the Shetland public to take part in a series of focus groups to discuss alcohol and culture in Shetland.

Focus Group Feedback

Six groups and two individual interviews were held with nearly 40 participants ranging from mid teens to late 60s, representing a variety of backgrounds, experiences, drinking habits and opinions.

As expected there were a number of common themes across the groups. One that came up in every group was Mental Health. Broadly, people reported:

- Drinking to cope with anxiety, worry, stress, social anxiety, difficult feelings or situations
- Feeling unable to discuss problems with friends (particularly men) unless have had a drink, or will drink instead of discussing problems
- Drinking to have social contact, or because they feel lonely (often mentioned alongside lack of alternative or alcohol-free ways to socialise)
- Drinking because of low self-esteem or confidence
- Worries about change in personality or behaviour when drinking
- Feeling uncomfortable asking others about their drinking

“I think that’s how men try and deal with something – rather than speak about it and I think men just rather turn to a bottle”

“I’ve only come to the realisation years down the line that I’m quite an anxious person [...] and I think that was behind a lot of my drinking”

“It’s never something that is in public, that’s why I never got help. I never got anyone asking me ‘is there a problem at home?’, ‘cos it didn’t look like there was.” [speaking about parents’ historic drinking of a few glasses of wine per night]
Suicide prevention

On average, two people die by suicide every day in Scotland; suicide is one of the main causes of death among young people in Scotland today.

Behind these statistics are the individual stories of those who have, for many different reasons, questioned the value of their own lives. Each one of the individuals is part of a community. Some may be well linked in to this community, and have a network of family, friends and work colleagues or school mates. Others may be less well connected, and some may be quite isolated. Regardless of the circumstances, communities have an important role to play in supporting those who are vulnerable.

This sentiment was reflected in the theme of this year’s World Suicide Prevention Day: ‘Take a minute, change a life.’ As members of communities, it is our responsibility to look out for those who may be struggling, check in with them, and encourage them to tell their story in their own way and at their own pace. Offering a gentle word of support and listening in a non-judgemental way can make all the difference.

For many years Shetland had the highest male suicide rate in Scotland. Across Scotland the most common age for suicide and undetermined deaths is for males aged 40 – 49 years; whereas in Shetland males tend to be aged 30 – 39 years. Females in Scotland tend to be aged 30 – 39 years, whilst for Shetland females tend to be a bit older, at 40 – 49 years.

The latest 5 year rolling average now shows that the rate in Shetland has reduced. There is no single reason for this. However, public campaigns to reduce the stigma of talking about suicide play a big part in encouraging people to seek help earlier.

Suicide Prevention Awareness Week (SPAW) is a Scotland wide initiative that always runs alongside World Suicide Prevention Day (10th September). All local areas are invited to participate in a week’s worth of activities that are unique to their area. In Shetland we undertook a roadshow to promote the message ‘stop saying I’m fine if you’re not’. The Roadshow travelled all across Shetland to try and encourage people to speak up when they are having difficulties. It aims to encourage everyone to be alert to the warning signs of suicide in people close to them. The message is that if you’re worried about someone, such as a friend, family member or workmate, asking them directly about their feelings can help to save their life. The message is also saying: it’s ok to ‘not be ok’ - sometimes people need to look for help. In Shetland, for men in particular, this can feel difficult and they don’t often ask for help. ‘Stop saying I’m fine if you’re not’ aims to challenge perceptions, provide an opportunity for men to speak and to highlight support services that are available in Shetland.
Physical Activity

The links between physical activity and positive mental wellbeing are well reported. Adults who take part in daily physical activity can expect a 20-30% lower risk of suffering depression and a 20-30% lower risk of experiencing distress. (DoH 2011)

Studies have shown that even small bursts of moderate intensity activity, between 10 to 15 minutes, can have a beneficial effect on mental wellbeing. (Ekkekakis et al 2000)

The positive effects of physical activity on mental health are thought to occur when the activity is ‘moderately intense’. This is where the heart is beating a little faster and body temperature is increased a little.

In 2016 ..... 63% of Shetland adults meet recommended levels of physical activity for health

18% of Shetland adults achieve very low levels of physical activity

46% of S3 pupils in Shetland are physically active for 1 hour on 4-5 days per week

50% of S3 pupils want to be more active

12% of S3 pupils are meeting the physical activity guidelines.

Physical activity is not just about sport, as the idea of sport can be off putting to some folk. We want people to become more active, and simple steps can make all the difference. The new Physical Activity and Sport Strategy for the whole of Shetland – Active Shetland - recognises the important link between physical activity and mental health and will act as a working document to ensure physical activity remains a priority in Shetland.

One example of collaborative work is Shetland RSPB’s ‘Nature Prescription’ scheme. This encourages GPs to ‘prescribe’ nature to patients with low mood. There is a growing body of evidence to suggest that nature has huge benefits to mental as well as physical health.
Walking is a great way to get active and provides many physical and mental benefits. This year, partly due to a successful funding application to “Paths for All,” we have increased the number of health walks in Shetland. Health walks are inclusive to all, even complete beginners. Paths for All accredited training has been delivered twice so far in Shetland with plans in place to roll it out further to ensure that every area has a health walk leader and that walks are being offered on a regular basis in all localities.

Training is offered to staff who work directly with groups or individuals with poor mental health, so that they can run walks specifically for people in this situation. By building confidence during these walks we aim to encourage and enable people to access other walks and physical activity opportunities within their communities and throughout Shetland.

This year NHS Shetland teamed up with World Walking to offer people living in Shetland the opportunity to take part in three Big Team Challenges during 2017-18. Step count challenges have proven very popular in the past and now, with the added element of local competition, it is hoped that it will encourage people of all abilities to take part in a team to clock up their steps.

During Summer 2017,

- 94 teams including 440 individuals, walked 113,490.36 km around the world.....

“We want to increase participation through increasing access to physical activity and ensuring that we are providing equal opportunities and an inclusive programme” – Active Shetland Strategy (2017)

Physical Activity Screening

We use a national physical activity screening tool within Health Centres throughout Shetland to record patient activity levels. We have also developed a programme to support people to look at how they can build more activity into their daily routine. Together we work through issues such as low motivation, low confidence levels and low self-esteem which might affect their ability do to this. This one-to-one support for people is helping to break down some of the barriers that those with low mood may have to being more active. As a result people are able to gain the positive impact which being more active has on mental wellbeing.
**Nutrition and Mental Wellbeing**

The link between our diet and our physical health is well established. We accept that what we eat and drink influences our physical health, and that eating unhealthily can increase our risk of developing diseases such as diabetes, heart disease and some cancers. Less well understood is the link between our diet and our mental health and wellbeing.

So does what we eat and drink affect how we feel, think and behave? Recent research indicates that nutrition can have an important role in the prevention, development, management and recovery of diagnosed mental health problems such as depression, anxiety, schizophrenia, Attention Deficit Hyperactivity Disorder (ADHD) and dementia.

The relationship between our diet and our mental health is complex, what we eat and why we eat is influenced by many factors. There is also the physical effect on the brain that a lack of essential nutrients can have. The brain is a major organ and, like the heart, liver and stomach, the brain requires nutrition to remain healthy. Feeding our brain with the right amount of nutrients - complex carbohydrates, essential fats, amino acids, vitamins, minerals and water, can protect it from the effects of oxidants, which have been shown to have a negative impact on mood and our overall mental health.

The protective factors of nutrition have been evidenced at different life stages. Good nutritional intake has been linked to academic success with many studies evidencing an improvement in academic performance when children have breakfast. Studies have also shown that hungry children behave worse in school, with improvements in behaviour and absenteeism when nutritious meals are provided. A healthy balanced diet which is high in essential fatty acids and low in saturated fat slows the progression of memory loss or cognitive problems in later life.

A range of inequalities linked to diet can contribute to mental health problems. One of the best evidenced is that of low socioeconomic status, which can lead to poor mental health. Poverty is a key risk factor for both mental ill-health and diet relation conditions.
People who are wealthier tend to have higher quality diets and those who are poorer tend to have diets that are less nutritious.

We also need to consider other factors such as a lack of information and education on a healthy balanced diet and cooking skills, effective marketing of unhealthy foods by manufacturers and the availability of healthy options.

Many of these factors also contribute to the current rates of obesity. A two-way association has been found between depression and obesity; there is an increased risk of developing depression in those who are obese as well as those who experience depression being at risk of becoming obese.

The role that nutrition plays in mental health has not been fully explored at a national level; however there is good evidence of its contribution in the prevention, treatment of, and recovery from mental ill-health. Our diet is a risk factor that we can change. And compared to other ways of managing mental health problems, changing to a healthier diet is a relatively low cost option, with few side effects. These are all key messages that are core to the healthy weight programme that Health Improvement continues to deliver; 363 people took part in adult Counterweight programme over the last year and 74% of them lost weight.

The team are also involved in projects that tackle malnutrition. These include the Fair Food Project, which is trying to understand the factors that lead to local food bank usage, and implementing the Malnutrition Screening Tool (MUST) in care homes.

Tips to Eating for Wellbeing

- **Eat Regularly** – keep your blood sugar stable and choose slow release energy foods (nuts, seeds, oats, wholegrains, lean protein)

- **Water, water, water** – aim to drink two pints of water a day to stay hydrated. Include drinks like green or herbal tea and sugar free diluting juice.

- **Protein is essential** – it contains amino acids which are needed to help regulate thoughts and feelings – include non-meat sources too like legumes, eggs and nuts.

- **Listen to your gut** – your gut and brain use the same chemicals and communicate with each other. Maintain a healthy gut with fibre from fruit, vegetables and wholegrains. Make any changes slowly to give your gut time to get used to them.

- **Get your Fats right** – omega 3 and 6 are essential for your brain function. Good sources are oily fish, nuts, seeds, milk, avocado and eggs.

- **Cap the caffeine** – too much caffeine can make you feel anxious and depressed and disturb sleep.
Self care and Mental Wellbeing

Self care is about being able to look after yourself without the need for medical treatment. We all need a little help at some point in our lives, but often there is scope for us to do far more for ourselves before going to a health professional.

This is not a new concept. Illich (a famous ‘free thinker’ born in the 1920s) said that there appeared to be more disease because medical labels were being applied to everyday life. For example, he considered that people became less able to cope with sadness and normal psychological discomfort because they were being diagnosed with an illness – depression - which may need medical help. Foucault, a French philosopher also born in the 1920s, described the art of living and caring for oneself as fundamental to existence, and Dorothea Orem, who studied nursing theory in America, thought that professional care should only be needed when the limits of self care had been reached.

More recently, approaches such as the ‘House of Care’ have been successful in allowing healthcare services to support and enable individuals with long term conditions to care more for themselves and enjoy living as well as they can be. The Health Improvement Team is in the early stages of developing a project to look at the implementation of this model locally.

The triangle below shows different tiers of mental health and wellbeing. The largest tier is the bottom one, which is where the majority of the population will be at any one time. It involves supporting ourselves and others, sometimes making use of services and facilities in our communities that support mental health and wellbeing in the broadest sense. These include leisure facilities, housing, the natural environment as well as community level support services that can help improve or build mental health and wellbeing without the need for more intensive services.

We need to focus our attention on maintaining people at the lowest possible tier, and supporting them as far as possible from escalating through the tiers, whilst at the same time recognising that sometimes more intensive support is required.
The New Economics Foundation reviewed research into self care activities that have been shown to support mental wellbeing when implemented into day to day life. It offers the following definition of wellbeing:

“The concept of well-being comprises two main elements: feeling good and functioning well”.

The model above shows how the actions on the right can operate together to enhance wellbeing.
Local training and capacity building

The Health Improvement Team delivers a range of campaigns, training and services to support mental health and wellbeing. The emphasis is on early intervention, prevention, or both. Each year we work with partners such as Shetland Link Up, Samaritans and Mind Your Head to support Shetland Mental Health month, which runs from September to October. Each week during this period has a particular focus and complementing activities, which we promote through social media.

Secondary 3 Health Checks

On behalf of school nursing we have undertaken Secondary 3 health screening. Within this appointment each pupil is asked directly about their mental health and is given the opportunity to discuss further and offered follow up support or onward referral if required. Results are looked at on an individual and school basis which allows action to be taken where necessary; for example, stress and relaxation sessions for pupils during prelim and exam times.

Keep Well

We continued to deliver holistic Keep Well health checks in workplaces. Again people are asked directly about their mental health and given the opportunity to discuss and access further support if required.

Healthy Workplaces

We work with employers at small-medium businesses in Shetland to support them in understanding mental health and wellbeing, have confident conversations with their staff about mental health, and make appropriate adjustments to their workplaces if required.

Brief Behavioural Activation

Last year, with support from the GP with a Special Interest in Mental health (GPwSI) we were awarded funding to pilot Brief Behavioural Activation, a therapy for mild-moderate depression and low mood.

Recent research confirms that Brief Behavioural Activation also influences other health improvement outcomes such as weight loss. The programme consists of a minimum of 6 weekly sessions, where an individual is supported to look at things in their life that they are avoiding doing and help to build these back in. The programme is now up and running and a thorough evaluation of the pilot is being undertaken.
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Where to go for help...

If you, or someone you know of is concerned about their mental health and wellbeing, there are lots of sources of support and help. The website www.healthyshetland.com is a good starting point, and the column on the right lists a number of other websites or phone lines.

Web: www.mindyourhead.org.uk/contact
Phone: 01595 745035

Web: www.breathingspacescotland.co.uk
Phone: 0800 83 84 87

Web: https://www.mentalhealth.org.uk/
Email: jo@samaritans.org
Website: https://www.samaritans.org/
Phone: 116 123