3.1 ‘See me’ Mental Health Campaign in North West Unit – Growing Community Action to Reduce Stigma

Introduction

Stigma and discrimination is a significant barrier to achieving a mentally flourishing Scotland and Lanarkshire for all. Reducing stigma has remained a key commitment since the formation of the ‘see me’ programme in Scotland in 2002. The multi-agency Lanarkshire Recovery Network works to effect first-level change which supports individual recovery, and second-level change aimed at creating the conditions within communities that maintain recovery and promote wellbeing.

Involving community assets

Involving people, organisations and communities in anti-stigma activities across Lanarkshire is supported via the ‘see me’ pledge signatory programme. This enables mainstream organisations and voluntary community groups to use their assets to become part of a movement which is combining community action to create the conditions for wellbeing and recovery. To date, 410 organisations have signed the pledge and a specific action plan in Lanarkshire has more than 70% of all pledge signatories in Scotland.

Community development

In Lanarkshire, the North West Health Improvement Team are focused on addressing the social determinants of mental health. The ‘see me’ pledge has been used by the Health Improvement Team to facilitate community ownership through joint working with their Community Forums (representative of residents, voluntary and religious organisations) and town centre activities. A total of 24 local agencies, organisations and employers have signed the ‘see me’ pledge and an individual action plan against which progress can be measured. Key to the success of the
Public Health 2013/14

Programme has been the local co-ordination of action matched to each pledge signatory taking responsibility for embedding mental health within their day-to-day work.

Examples of ‘see me’ contributions include:

- Many local gala days had ‘see me’ and wellbeing as a key theme during the summer of 2013, facilitating local engagement, transferring the key messages in a fun and interactive way to families.
- The exhibition space at Airdrie Community Health Centre focused around ‘see me’ from October to December 2013 and highlighted the 2013 Scottish Mental Health and Arts Film Festival.
- The Scottish Community Choir of the Year, Soundsational, who are based within the North West Unit, signed the pledge and have been embedding mental health and wellbeing messages within their workshops and performances, making the choir more accessible.
- National recognition for this community asset-based approach has seen an Abronhill High School band called Falconhoof perform a local ‘see me’ song they had written and produced as part of the refounding of the national ‘see me’ campaign within the Scottish Parliament in January 2014.
- Links have been established with local libraries (pledge signatories) to set up information stands to display information and highlight where people can get assistance/help.

Newsletters and information stands have been produced and distributed within various community settings.

Key Points

- The ‘see me’ pledge facilitates an asset-based approach.
- Everyone has a part to play in reducing stigma so that individuals can feel connected and valued in their community.

Priorities for Action

- To continue to grow the local ‘see me’ movement for change.
- To evaluate the impact of the ‘see me’ campaign.

References


Sharon Gusman, Health Improvement Practitioner, North Locality
Email: sharon.gusman@lanarkshire.scot.nhs.uk, Telephone: 01236 794630

Wendy Kennedy, Health Improvement Practitioner, Airdrie Locality
Email: wendy.kennedy@lanarkshire.scot.nhs.uk, Telephone: 01236 772037
Kevin O’Neill, Public Mental Health and Wellbeing Development Manager
Email: kevin.oneill@lanarkshire.scot.nhs.uk, Telephone: 01698 366750

Susan McMorrin, Senior Health Promotion Officer – Mental Health
Email: susan.mcmorrin@lanarkshire.scot.nhs.uk, Telephone: 01698 377626
### Introduction
The rapid increase in obesity is a major public health challenge. Obesity is complex and influenced by a range of factors. In Lanarkshire, 65% of adults are overweight (body mass index (BMI) of 25 kg/m² or above) and 28.3% are obese (BMI of 30 kg/m² or above). Obesity increases the risk of developing a range of chronic conditions and can lead to premature death. 

Preventing Overweight and Obesity in Scotland outlined actions primarily for central and local government across four key priority areas: energy consumption, energy expenditure, early years and healthy working lives. Action on obesity must be taken on a number of fronts and in partnership. A Lanarkshire Healthy Weight Strategy to facilitate the achievement of healthy weight is being developed by a range of community planning partners and will present evidence-informed actions.

### Physical activity and the environment
Sedentary behaviour can be compounded by the obesogenic environment, that is an environment which encourages people to become overweight. The strategy will:
- promote and create opportunities for active travel and recreational activities
- encourage families, groups and individuals to take part in active play
- further develop and promote physical activity opportunities for older people
- maintain and develop open/greenspace/gap sites within and between communities.

### Promoting and supporting healthier food choices
Encouraging a healthier food environment across the private sector is a priority for action. The strategy will also:
- promote action across the early years
- ensure employees have the opportunity to make healthy food choices in the workplace
- support the third sector to improve access to healthier food in low income communities
- ensure consumers are able to make informed food choices.

### Weight management interventions
Weigh to go is a community weight management programme for adults. The programme offers advice and support on nutrition, physical activity and behaviour change. Weigh to go – new mum is a similar programme for postnatal women to attend following pregnancy.

Weigh to go workplace champions have been introduced to NHS Lanarkshire. This, and the revised Healthy Eating Policy for staff and visitors, is important support for staff who want to improve diet and activity levels.

### Surgical intervention
A common approach to planning weight management services and surgical intervention for the treatment of severe and complex obesity was agreed by the National Planning Forum. As a priority, national...
care pathways are needed for patients with a recent onset of type 2 diabetes, aged 18–44 years and a BMI of 35–40 kg/m². NHS Lanarkshire will work with primary care and acute colleagues to develop an appropriate and equitable pathway to bariatric surgery.

### Key Points

- Obesity is a major public health challenge.
- Action on obesity must be taken jointly by all community planning partners.
- The Lanarkshire Healthy Weight Strategy will support action across all levels.

### Priorities for Action

- Ensure the Lanarkshire Healthy Weight Strategy is communicated widely.
- Continue to engage key community planning partners in the implementation of the strategy.
- Support individuals and groups to achieve a healthy weight.

### References


Karen McGuigan, Health Improvement Co-ordinator
Email: karen.mcguigan@lanarkshire.scot.nhs.uk, Telephone: 01698 377644

Ashley Goodfellow, Public Health Specialist
Email: ashley.goodfellow@lanarkshire.scot.nhs.uk, Telephone: 01698 858222
Improving Uptake of Cervical Screening – The Smear Amnesty

Despite the considerable benefits offered by cervical screening, which can identify changes which, if left alone, may become cancerous, one out of every four women does not take part. Women from the most deprived communities are least likely to attend for cervical screening, yet, significantly, more are likely to be diagnosed with and die from the disease compared with women from the least deprived areas. The peak incidence of cervical cancer is in women aged 30–35 years, therefore the impact for them, and their families, can be significant. Efforts to target non-attenders are worthwhile but often need innovative and flexible approaches.

To help tackle low uptake of the programme locally, NHS Lanarkshire developed an award-winning (Jo’s Cervical Cancer Trust Highly Commended Award, 2012) Cervical Screening Toolkit which contains evidence-based, cost-neutral, cost-effective interventions to improve cervical screening uptake, including the innovative smear amnesty.

What is a smear amnesty?
The smear amnesty offers a personalised approach to the invitation and engagement with non-attenders for cervical screening. Women in GP practices with the lowest levels of cervical screening uptake were targeted using a personalised smear invitation, teaser letter and information in an eye-catching pink envelope. Women were reassured that the smear taker would be female and that they could bring a buddy.

Amnesties were organised within GP practices and allowed longer appointments to facilitate engagement. Attention was paid to the environment itself (lighting, music, candles and massage) and amnesties were held in the evenings.

Smear amnesty findings
• To date, 31 smear amnesties across 13 practices, have attracted 212 women who had not attended screening for between four and 30 years.
• Practices which took part had higher uptake rates in the subsequent quarter following amnesties than control practices (range 0.5% to 2.9% higher).

A survey of attendees highlighted the following reasons for participating:
• Evening appointment (69.0%).
• Personalised invitation (61.5%) – “The pink envelope sealed the deal”.
• Information on risks of cervical cancer and benefits of screening (53.8%).

Unexpected benefits of the smear amnesty
• Highlighted cervical screening as an important issue in general practice.
• Motivated practices to ‘tidy up’ practice lists.
• Raised awareness of cervical screening information in other languages and formats.
• Practices proactively approached Health Improvement Teams to arrange smear amnesties.
Key Points

• Women from the most deprived areas are least likely to attend screening and are more likely to be diagnosed with cervical cancer.
• The smear amnesty offers a personalised approach which can encourage defaulters to attend for cervical screening.
• Smear amnesties have been popular and effective within Lanarkshire.

Priorities for Action

• To consider how attendance at smear amnesties influences subsequent screening participation.
• Compare the burden of disease picked up by amnesties with control practices.

References


Christine Reid, Health Improvement Senior, Bellshill Locality
Email: christine.reid@lanarkshire.scot.nhs.uk, Telephone: 01698 242649

Dr Jennifer Darnborough, Consultant in Public Health Medicine
Email: jennifer.darnborough@lanarkshire.scot.nhs.uk, Telephone: 01698 858232

Wendy Kennedy, Health Improvement Practitioner, Airdrie Locality
Email: wendy.kennedy@lanarkshire.scot.nhs.uk, Telephone: 01236 772037
Improving Prisoner Health in Lanarkshire

The prison population reveals strong evidence of health inequalities and many prisoners have had little or no contact with health services prior to imprisonment. Prison enables access to vulnerable groups who would normally be hard to reach and therefore offers a key opportunity to address inequalities in health.

Documents have informed the development of a three-year Health Improvement Strategy for HMP Shotts (2013–2016).

Aims and outcomes

The aim of the strategy is to improve the health and wellbeing of prisoners, their families and staff working within HMP Shotts. A number of outcomes have been developed to assist the achievement of our vision including:

- health behaviour change
- creation of a healthy working, living and learning environment
- integration of health improvement into core business
- healthy prison strategies, regimes and policy.

Development of HMP Shotts Health Improvement Strategy 2013–2016

With the transfer of health care in November 2011, NHS Lanarkshire Health Improvement was tasked with transforming recommendations from the key drivers into a health improvement strategy for HMP Shotts. A multi-agency and multidisciplinary Health Improvement Steering Group was established to progress the strategy. Two approaches have been applied to improving health through the strategy. First, a whole prison setting approach involves work on all aspects of prison life which impact the wider determinants of health, such as education and life-skills. This approach works well in a prison setting as, uniquely, prisoners work, live, learn and play in the same environment. Second, topic specific actions aim to make health improvements across a range of health topics including diet, sexual health and tobacco use. A logic model and evaluation framework has been developed in order to evaluate the effectiveness of the strategy.

Health improvement in prisons

Health improvement in prisons has been part of government policy since 2005 with the publication of An Action Plan for Improving Oral Health and Modernising NHS Dental Services, the Equally Well Implementation Plan, the transfer of health care from Scottish Prison Service (SPS) to NHS Scotland (November 2011), and the publication of Better Health, Better Lives for Prisoners, the national health improvement framework for prisons. The latter developments aim to provide a framework and vision towards supporting health and health improvement within prisons. These

1–3 The latter developments aim to provide a framework and vision towards supporting health and health improvement within prisons. These
Key Points

- A three-year Health Improvement Strategy for HMP Shotts (2013–2016) has been developed to improve the health status of prisoners, their families and staff.
- A Health Improvement Steering Group has been formed to enable multi-agency and multidisciplinary involvement in the delivery of this strategy.
- Good progress has been made in delivering all planned activity for 2013/14.

Priorities for Action

- Monitor and evaluate progress of the strategy with quarterly updates and annual reports from the Health Improvement Steering Group.
- Continue to work in partnership with key stakeholders from HMP Shotts and the third sector to ensure delivery of actions contained within the strategy.

References


Jennifer Hunter, Health Improvement Practitioner
Email: jennifer.hunter2@lanarkshire.scot.nhs.uk, Telephone: 01698 377843

Celia Watt, Senior Health Improvement Officer, Oral Health
Email: celia.watt@lanarkshire.scot.nhs.uk, Telephone: 01698 377625

Gillian Lindsay, Assistant Health Promotion Manager
Email: gillian.lindsay@lanarkshire.scot.nhs.uk, Telephone: 01698 377645
NHS Lanarkshire No Smoking Policy

Background
Tobacco use remains a significant preventable cause of ill health and premature death in Scotland.¹

In 2013, the Scottish Government published Creating a Tobacco-Free Generation: A Tobacco Control Strategy for Scotland which aims to achieve a tobacco-free Scotland by 2034.¹ This strategy states that NHS boards should be exemplars by implementing and enforcing smoke-free grounds by March 2015. The strategy also states that mental health services should ensure that indoor facilities are also smoke-free by 2015. These actions are monitored by the Scottish Government under the requirements of the Chief Executive Letter (CEL) Health Promoting Health Service: Action in Hospital Settings.²

Policy review
NHS Lanarkshire’s No Smoking Policy was updated in 2008 to include all NHS buildings, grounds and vehicles. An exemption was applied to designated rooms in adult care homes and psychiatric units.

Implementation of the 2008 policy was perceived to reduce the levels of smoking within hospital grounds initially. However, observations and complaints since suggest, while most smokers abide with the policy, there is a considerable minority who continue to smoke, particularly at hospital entrances.

In 2012, a review of the policy was commenced and a consultation was undertaken to elicit stakeholder’s views of the policy. The consultation elicited over 3,500 responses, 63% from staff and 37% from the public. Most positively, the consultation found 94% of respondents support smoke-free entrances and 71% of respondents stated that NHS grounds should be smoke free.

Revised No Smoking Policy 2014
Reflecting the 2013 Scottish Government Tobacco strategy ambitions and the findings from the local consultation, the NHS Lanarkshire No Smoking Policy has been updated.

The key changes are:
• Smoking will not be allowed anywhere within NHS premises and grounds including mental health facilities. This ensures an inclusive and unambiguous approach.
• The use of e-cigarettes will be prohibited within NHS premises and grounds as there is currently insufficient evidence on both their safety and efficacy.

Policy implementation
There is no one solution to achieving smoke-free grounds. Successful implementation will require strong leadership and support from staff, patients and visitors.

Drawing on evidence from other NHS boards, an action plan is now being developed to support policy compliance.
Key Points

• Smoke-free NHS grounds are an issue of significant interest and consultation suggests overwhelming support for them, particularly hospital entrances.
• The policy has been revised to include all buildings and grounds including mental health sites and to prohibit the use of e-cigarettes.
• Successful policy implementation will require leadership from management, and support from staff, patients and the public.

Priorities for Action

• The revised policy requires to be well publicised through increased signage, patient literature and local media.
• All staff should be appropriately trained to enable them to confidently raise the issue of smoking and follow the nicotine addiction integrated care pathway.
• Management of the no smoking policy should be included as part of the annual self-assessment Control Book checklist.

References

2 Directorate for Chief Medical Officer, Public Health and Sport, Scottish Government. CEL 01 (2012). Health Promoting Health Service: Action in Hospital Settings.

Elspeth Russell, Assistant Health Promotion Manager
Email: elspeth.russell@lanarkshire.scot.nhs.uk, Telephone: 01698 377652