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Utilising community engagement approaches to influence public mental health policy in a rural setting.

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Abstract 250 words

Purpose: Drawing on the notion of 'mental health policy participation', this paper describes and reflects on a regional case study of a community engagement approach that explored community perspectives on mental health and the factors that influence it. It established 3 expectations, that: the development of the Dumfries and Galloway Public Mental Health Strategy is informed by project outputs; services and innovations are based on what people want; active involvement of local people in decision making vis-a-vis mental health services and strategy is achieved.

Design/methodology/approach: A 'participatory appraisal' (community engagement) approach was used to engage with local communities. A 3-day 'Training of Trainers' exercise was undertaken (43 trainees). These individuals then accessed a number of community groups and local events. Data collection was based on 5 key questions. A total of 443 people were engaged with as part of the process. Insights were subsequently reviewed by 20 stakeholders from a range of services and perspectives.

Findings: Community factors of resilience, support of families and friends, social inclusion, access to social and leisure opportunities were the most important factors for the participants. This was followed by structural factors such as fear of judgment, lack of transport, discrimination and financial support. Finally individual factors (sleep, meaningful hobbies, health and diet, support with long term condition) were highlighted.

Originality/value: This approach sought to go beyond the traditional focus of such work on improving access to existing mental health services to explore broader community perspectives on mental health and the factors that influence it.

Keywords: public mental health, community, policy participation

Article Classification: Case study (2000-4000 words)

Background

Enhancing mental health and reducing the prevalence of mental illness has become a major public health priority for Scotland (Scottish Government/COSLA, 2018). This is seen to be significant in its own right and is also considered to be associated with a range of other issues such as physical health and various health lifestyles such as physical activity, smoking and alcohol use (ScotPHO, 2017). Furthermore, the association between poor mental health and broader health inequalities is also noted, particularly that arising from the social disconnectedness that can be both the cause and consequence of poor mental health (Mental Health Foundation, 2018). Finally, in the context of this case study, the particular impact that living in rural areas has on mental health is noted, for example, the potential stigma that comes with the visibility of living in small communities hindering people from accessing help and support as well as access to services in respect of distance required for travel (SAMH, 2012).

These themes have provided a foundation upon which a 'global mental health' orientation (Cohen, Patel, & Minas, 2014) has emerged that locates mental health in a social context and seeks to offer the opportunity for a critique of dominant 'expert', 'clinical' or 'professional' constructions of mental health. Rather, alternative community and lay perspectives (Ecks, 2016) are foregrounded and approaches are adopted that emphasise promoting mental health, building resilience and preventing mental health problems (NHS Health Scotland, 2015). In a policy context, this ground has been defined by a series of related notions such as: 'critical mental health literacy' (Knibbe, de Vries, & Horstman, 2016); 'mental health policy participation' (Hayward & Cutler, 2007); and 'mental health advocacy' (Funk et al, 2005).

In this context and based on the perception of the significant health benefits arising from active involvement in community empowerment and engagement initiatives (Copain et al, 2011) and the value of an 'asset' based approach (Foot & Hopkins, 2010), this case study reports on a case study project within the region of Dumfries and Galloway, Scotland. This region is predominantly rural, with a high proportion of the population living in settlements of fewer than 2000 inhabitants (NHS

Dumfries and Galloway, 2014). The work utilised a particular community engagement approach ('participatory appraisal') to engage with local communities to understand the community's understanding of mental health, the issues that affect it and to identify areas for action and change. This approach sought to go beyond the traditional focus of such work on improving access to existing mental health services (Gee, McGarty & Banfield, 2016) to explore broader community perspectives on mental health and the factors that influence it. It set three key expectations:

1. That the development of the Dumfries and Galloway Public Mental Health Strategy is informed by the Project Outputs;
2. That services and innovations are based on what people want;
3. That active involvement of local people in decision making vis-a-vis mental health services and strategy is achieved.

Details of the approach

The holistic approach was based on a series of progressive elements undertaken over a two year period, summarised below.

Table1: Key stages in the approach

Event	Purpose	Key findings
<i>Proposal agreed by Senior Management</i>	Gain high level strategic support	Positive feedback and agreement ascertained
Summer 2014 <i>Development of key statistical indicator set</i>	Provides a baseline of data to demonstrate current regional mental health status as well as a tool to measure change and impacts. Includes prevalence at mental health including measurements of wellbeing, life satisfaction, common mental health problems and suicide rates as well as contextual factors	Similar to patterns of national data. Two main differences to that of national averages - lower reported scores of common mental health problems and there a higher number of people self-reporting within the weekly guidelines than the national average in terms of alcohol consumption.
Summer 2014 <i>Community Engagement Exercise across Dumfries & Galloway</i>	Engagement with community members to understand perceptions and experiences relating to mental wellbeing to influence future prioritisation of actions	443 people took part in the community engagement exercise through a range of focus groups and engagement events Key themes identified included addressing stigma and discrimination, building Resilience,

		the issue of GPs as gatekeepers to enhance mental health and wellbeing was addressed several times and promotion of social connections
October 2014 <i>Workshop for key stakeholders</i>	Presentations from national stakeholders to provide an understanding of Public Mental Health, Findings from statistical exercise and community engagement exercise presented Round table discussions based around mental health outcome themes and current practice	Attendance by a wide range of representation including community planning, strategic commissioning, social work, mental health services, employment services, Human Resources, public health Mapping of projects across region to understand current practice & identify gaps Stimulated discussion led to participants expressing a wish to form a regional forum to develop a shared action plan
January – March 2015 <i>Mental health forum convened</i>	Presentations recapping key highlights from workshop as well as an overview of key evidence base documents Consideration of Health Scotland's Outcome Model and adaption for local modelling Draft Action Plan and recommended actions	12 representatives from a range of perspectives mental health, social work, public health, commissioning, LGBT services and HR services Participants identified the following key outcome areas - Increased social support and social networks for all, Improved access to interventions to improve mental wellbeing (confidence, self-esteem), Increased awareness of positive mentally healthy behaviours and Increased participation in decision making processes Recommended areas for action identified included actions around Time banking, extending social prescribing practices, buddying/peer support model, perinatal pathways, stigma and discrimination, mental health literacy and promotion generic behaviour change
April 2015 <i>Community Focus Group</i>	Ensure community perceptions were captured in regards to recommended action areas	Agreement from the community that views and experiences represented
May -Nov 2015 <i>Attendance at Mental Health Service Management Team, Public Health Committee & Primary Care & Community Care Management Team Meetings</i>	Opportunity to share views and perceptions of the community Gain high level agreement to the development of the Public Mental Health Strategy	Adoption of Public Mental Health Strategy at a strategic level Identification of opportunities to embed actions within other strategic policy areas
February 2016 <i>Participatory Appraisal Network</i>	Feedback to network how information had been utilised to	Positive feedback from network that approach was an example of

<i>Event</i>	shape policy	good practice of utilising community engagement to shape developments.
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In preparatory and foundational terms, senior management support was gained at the beginning of the process through a proposal that was supported by the Director of Public Health within NHS D&G. The proposal highlighted the need to develop an approach that was based on evidence, as well as being in line with needs expressed within the region. This was felt to be the most powerful and appropriate catalyst to influence any policy developments within the public mental health field. The developments were led by the Mental Health Improvement Lead within the department of Public Health, alongside a small working group of key selected stakeholders.

The proposal also asserted that the development of the approach would bring together a range of partners from a variety of sectors, backgrounds and interests to take into consideration the evidence base and advice of key public bodies. This group would:

- consider the wide ranging social, cultural, economic, psychological factors at every stage of the life course;
- develop a data set of indicators to monitor the mental wellbeing of Dumfries and Galloway utilising the national mental health indicators set for Children & Young People and Adults;
- utilise a participatory appraisal approach to gain an understanding of the main influences on the local populations wellbeing;
- provide an opportunity to consider, develop and agree local actions to address the key determinants of mental wellbeing, which will utilise and enhance the evidence base;
- provide a link between national policy and the delivery of local policy;
- embed mental health improvement into other service delivery approaches;
- support a two-way process of influence between individuals, services and the development of local and national actions and policy.

As the public mental health strategy focused on enhancing mental wellbeing in community settings, it was felt crucial that the experiences and views of community members were central to all developments going forward. Community empowerment, in itself, has the capacity to enhance community mental wellbeing (Adamson & Bromiley, 2013). Participatory appraisal, as an empowerment approach is considered as a particularly robust form of action research (White and

Taket, 1997). It is felt that it ensures the participation of local people within development work through use of a number of core principles, tools and techniques. It ensures that local people are at the heart of any planning processes. Therefore, participatory appraisal was recognised as a valid and valued tool to engage local people to inform developments.

A 'participatory appraisal' (community engagement) approach (Scottish Community Development Centre, 2018) was used to engage with local communities to understand their understanding of mental health and the issues affecting it and to identify areas for action and change. This complemented an initial exercise comparing local statistical intelligence against the national mental health indicator set (Parkinson 2007), which includes a suite of indicators at an individual, community and structural level to provide a profile of mental health.

At this time, a community participatory appraisal network was being developed and the exercise was incorporated into its training programme. A 3-day participatory appraisal training and 'Training of Trainers' exercise was undertaken with four cohorts of trainees (43 trainees, 33 women and 10 men) from across the region. This focussed on three sets of tools; area (e.g. community mapping, community walks), time (e.g. activity calendars, timelines), and prioritising choices (e.g. ranking, nominal voting) and emphasised the action focus of the work. These individuals then accessed a number of community groups and local events. It was important that people not in touch within traditional health services were included in the exercise, so the network linked into a wider range of groups and community projects, including LGBT support groups, men's sheds, walking groups, art groups as well as participation at local community events. Data collection was based on 5 key questions:

1. What does 'mental health and wellbeing' mean to you?
2. On the one hand, people cope well when ...; On the other hand, people tend not to cope well when ...
3. What makes you happy / not happy ...

4. If you had a magic wand and could change ONE thing that would improve your personal happiness – what would it be?

5. If you had a magic wand and could change ONE thing that would improve people's mental health and wellbeing in your community – what would it be?

Utilising the core questions, a range of participatory appraisal tools such as h-diagrams, spider diagrams and hand diagrams were utilised through the process of engagement. This allowed a methodology of gaining perspectives from the community in an accessible, informal and non-threatening approach.

Over a six week period, a total of 443 people were engaged within the participatory appraisal process. The demographic break down included almost twice as many females as males, almost half of these were aged over 60, approximately 20% under 25. Although there was engagement with the LGBT community, it was recognised that not all protected characteristics groups were reflected within the exercise and it was noted that further work would be required to ensure higher levels of inclusivity.

Findings

Individuals expressed a range of views in regards to mental wellbeing including "looking after yourself and your family", "being happy, being able to function well" as well as responses such as "not being able to cope with life" or "have no idea doesn't affect me or my kids". Generally, people felt that coping well was linked to having a good support network and having someone who listens, whilst not coping well ranged from influencing factors such as financial problems and bereavement through to having no support or feeling judged.

Change at an individual level included feeling safe, more personal time and better health; whilst at a community level perceptions included the need for more acceptance, awareness of mental health as a significant issue as well as friendliness and helpfulness of neighbours.

A word frequency exercise was undertaken to identify and confirm the key constructs and determinants that mattered to people. This was compared to the areas of contextual constructs that cover risk and protective factors that impact on mental health, which may be at an individual, community or structural level.

This exercise demonstrated that individuals across the Dumfries & Galloway population identified social community factors for mental wellbeing as important, above structural factors such as finance, transport and then less important were individual lifestyle factors. In turn, this helped prioritise key areas for action. These specific themes are summarised in the table below.

Table 2: Examples of key word frequency from community engagement feedback.

Word	Length	Count	Weight %
people	6	209	1.91
health	6	181	1.65
community	9	171	1.56
family	6	118	1.08
money	5	62	0.57
time	4	48	0.44
service	7	33	0.30
work	4	32	0.29
transport	9	22	0.20
exercise	8	18	0.16
food	4	14	0.13
sleep	5	9	0.08
alcohol	7	4	0.04

These were compared to the areas of contextual constructs that cover risk and protective factors that impact on mental health, which may be at an individual, community or structural level. This exercise demonstrated that individuals across the Dumfries & Galloway population identified social community factors for mental wellbeing as important, above structural factors such as finance, transport and then less important were individual lifestyle factors. In turn, this helped prioritise key areas for action.

Further comparison of the data gathered against a series of contextual factors – a mental health indicator set (Parkinson, 2007) showed that community factors of resilience, support of families and friends, social inclusion, access to social and leisure opportunities were the most important factors for local people. This was followed by structural factors such as fear of judgment, lack of transport, discrimination and financial support. Finally individual factors (sleep, meaningful hobbies, health and diet, support with long term condition) were highlighted. Interestingly, this replicates the bottom three layers of Maslow's Hierarchy of needs (Maslow, 1943) - the lower levels of safety and physiological need that are essential pre-requisites of the achievement of higher level of needs such as esteem, love and belonging.

From this, a number of broader issues were identified that need to be considered at a local level, including addressing stigma and discrimination, building resilience, improving access to services and promoting social connections. Stigma and discrimination were identified as a major issue amongst local communities, having huge impacts on individuals including further impacts on mental health, isolation and individuals not accessing the supports and services available. Poor mental health and diagnosed mental illness can be difficult for anyone to cope with, however stigma and discrimination can have further impacts in terms of poorer mental health and ability to access support. 'see me...' (Scotland's national campaign for tackling the stigma and discrimination of mental ill health) estimate that 9 out of 10 people who experience mental health problems have experienced stigma and discrimination through work, education, by health professionals or from family members (see me, 2018). This complements the issues that were faced by the local community. This suggests a need for awareness-raising to ensure better understanding of the needs of people who suffer from poor mental health and the factors that can positively or negatively affect the mental health of individually or as communities.

Members of the community identified that there was a need to balance between control and support; for example, the need to have resilience and be in control over one's life, whilst seeking support from friends, family, professionals and wider social support (especially GPs, and carers).

Control and resilience are two factors that are important to help people deal with day to day issues. This includes the ability to have good resilience, self-control, control over one's life, and control/lack of control over threatening external events, such as redundancy, bereavement, prolonged bad weather and major social or political events. This suggests that there is need for action at an individual level in terms of building the resilience, confidence and self-esteem within individuals. Interventions that build capacity, resilience and confidence will support individuals to cope with life events and balance control within their lives will support this.

Community members identified the issue of GPs as gatekeepers to enhance mental health. The community identified the need for culture change within GP practice to take a holistic approach and not just focus on the issue of physical health needs. This is in keeping with social prescribing practice where social needs are taken into consideration with physical health needs to ensure holistic practice that promotes health and wellbeing.

Being connected to friends, families and communities was highlighted as being important to people. Evidence shows that good relationships are important for mental health, it can help with people's happiness, self-worth, feel secure and provide a sense of purpose (Aked et al, 2008). There is a growing understanding that connected communities, supported through interventions designed to promote social inclusion and strengthen social networks, have the potential to make an important contribution to mental health within the community (Faculty of Public Health and Mental Health Foundation, 2016). Investments in initiatives that promote social connections are important in respect of the rurality of Dumfries & Galloway where loneliness and isolation can be paramount and access to services problematic.

Young People expressed a number of issues that impacted on their mental health, including: a sense of Identity; issues of how peers saw them; a need for acceptance and to be listened to; and for people not to judge. Bullying, mostly verbal, was experienced from peers by approximately 50% of the group. Young people identified that there were opportunities to focus within the Curriculum for

Excellence to address the issues. Similarly, members of the LGBT Community identified a series of concerns, including: a general lack of confidence; fear of being judged; having enough free time; having access to transport; a fear of illness blocking potential; a need for acceptance; and the existence of stigma and prejudice. Interestingly, issues with service provision were noted within this community that was not within the general population. This included changes within service provision such as decentralisation as well as waiting times, use of medication (costs) and staff attitudes.

Subsequent stages

Twenty key stakeholders from a broad range of services and perspectives such as community planning, strategic commissioning, human resources, LGBT Services and public health were brought together to consider statistical intelligence and the qualitative data gathered from the community.

Prior comparisons with the mental health outcomes model developed by NHS Health Scotland (2018) show that the three key outcome areas for future focus were:

- Increasing Social Inclusion and Decreasing Inequality Discrimination
- Sustaining Inner Resources
- Increasing Social Connectedness, Relationships and Trust in Families and Communities

Discussions that took place around these three key mental health outcome areas identified a level of existing practice within Dumfries & Galloway that supported the implementation of each of the outcome areas. Generally, it was recognised that there was a need for action at both an individual level and a community level if population mental health is to be improved. These discussions also demonstrated that there was a good level of work within the region, but still areas of work that needed further consideration and development.

A consequence of the workshop was that a working group was brought together to consider all information as well as the evidence base (Knapp et al, 2011; Campion & Fitch, 2013); Aked et al, 2008) to agree an outcomes plan and a suite of recommended actions that would enhance population mental health in Dumfries & Galloway. This information has been considered in the development of all ongoing actions.

The NHS Health Scotland mental health outcomes framework was considered and adapted to align with local need:

- Increased social support and social networks for all;
- Improved access to interventions to improve mental health (confidence, self-esteem);
- Increased awareness of positive mentally healthy behaviours;
- Increased participation in decision making processes.

Related actions were identified at both individual and community levels including those building resilience and control, education and raising awareness of mental health to ensure understanding, acceptance and access to support and developing interventions that create connections such as models of social prescribing. These along with Interventions such as time banking, mindfulness and developing a generic behaviour change approach, as well as those addressing physical health needs of those with a diagnosed with a mental health condition were included within a suite of recommended actions.

In turn, further engagement with the community was held through various avenues. This included a focus group with community members to review the recommended action areas and to ensure that they reflected the information from the community and also feedback from a presentation at the launch of the Participatory Appraisal network to allow communities to see how information was being utilised. Positive feedback was gained from both the community and stakeholders in regards to both involvement and the use of information. The community valued being included in the developments and that the way that their views were being taken seriously and influencing actions.

Subsequently, areas of action arising from the initial engagement exercise have been utilised to initiate action through a local public mental health forum comprising multiagency stakeholders and also integrated into the local implementation of the Scottish national mental health strategy. A number of actions have been taken forward including reviewing information and training sources to improve access to information, the commissioning of a local Mental Health Festival to address

stigma and discrimination, but also highlight awareness of positive behaviours for mental health. Social prescribing practice has been strengthened across the region with successful funding applications to roll out and further test practice.

The physical health needs of people with mental health conditions have been addressed through two actions: the local implementation of the Health Promoting Health Service Framework actions on Mental Health; and via a successful funding application, the creation of a programme to improve access to screening programmes for people with mental health conditions that will include further community engagement approaches to identify and test ideas to support this.

Reports on the process and recommended action areas were delivered to various committees such as the local Primary Care & Community Management Team, Public Health Committee as well as the local Mental Health Service Management Team. This provided an opportunity to ensure that the issues identified were reviewed and discussed in senior management forums. The information gathered from the community has also been used to influence other developments such as local health and social care integration developments as per the Public Bodies (Joint Working) (Scotland) Act 2015, where the qualitative information was used to inform locality action plans and the joint strategic needs assessment (NHS Dumfries & Galloway, 2015). The ability to influence national policy developments was enabled through utilising the information as part of Scottish national strategy consultations and also raising the approach and findings through a presentation at the Faculty of Public Health Conference in 2015.

Broader discussion points

The initiative was founded on seeking to achieve 3 expectations: the Dumfries and Galloway Public Mental Health Strategy would be informed by project outputs; that services and innovations would be based on what people want; and that local people would be actively involved in mental health

services and strategic decision making achieved.

These objectives were to a large extent achieved, actions identified were based on a robust foundation of information including statistical information, qualitative information and evidence-based practice. Using information from people's experiences and perceptions brought a reality to the issues faced within the context of the region and ensured that actions and developments were based on real needs. However, it is noted the limitations of engagement as a general population exercise in ensuring that views of all population groups were represented. However, the needs assessment phase, in itself, acted as a catalyst to bring people together through the mental health forum and have a joint understanding and vision for public mental health. The information gathered has been instrumental in shaping both local and national policy developments.

The use of community engagement methodology as an approach to developing public mental health approaches was both beneficial as a learning process and conducive in regards to developing local policy and practice. From a practical application, there were a number of lessons learned from conducting the participatory appraisal exercise. Reflections from the network included: knowing who your target audience is; the importance of setting the scene in regards of the context and the purpose of the PA when engaging with the general public; ensuring that it is clear what the exercise involves and how the information will be utilised. It was also felt that it was beneficial to work in small groups and to use a variety of direct and indirect questions for contrast and to help tease out the information required. Finally, it was noted that there is a need to ensure that the information gathered reflects the public's perceptions accurately, the individuals conducting the engagement remaining impartial and avoiding steering informants in a particular direction.

Mental Health is a continuum that involves both mental wellbeing and diagnosed mental health conditions. It is noted that mental Health as a construct can be viewed and have different meanings dependent on the context and the person using the term. This can often lead to confusion within the

population in regards to understanding and this was reflected by the network's feedback in regards to the engagement around the subject of mental health. Clarity of terms is essential from the outset. The feedback also highlighted the need for further education with the community and the need for a consensus of the use of terms.

Recognising that mental health is complex and multi-layered, it is clear that no singular action or agency can deliver alone on this important agenda. A suite of recommended actions alongside a collective approach involving both service and community input is essential to ensure that progress is achieved to enhancing population mental health.

Ensuring that developments are evidence based on both need and effectiveness is a key priority with any developments. This not only ensures that developments are fit for purpose, it also ensures efficiency of targeting resources effectively. The process of utilising a participatory appraisal approach in itself was highly valuable in gathering information to inform and develop local policy and practice. The level of engagement ensures that developments are informed and evidenced by local needs. It is refreshing to see that the key issues noted in the findings are in line with the evidence base in regards to the use of community centred approaches for health and wellbeing as a primary driver. It is also appreciated that engagement as a first measure would ensure that policies and interventions developed would be embraced at a later stage. However, ongoing communication is fundamental to ensure that the communities are kept informed and to ensure that they are being taken seriously.

The use of community engagement techniques is only a first stage to ensuring that community empowerment is fully achieved within policy developments. More robust systems are required to ensure participation is maximised in all stages of developments including that of decision making and developing and delivering interventions. Recognising the limitations of reaching all population groups through this particular work, it is suggested that consideration is required within the

planning stage to ensure that inclusivity within the process through specific targeted engagement. This would ensure that the information gathered is more holistic and reflective of the population within the context of the region.

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