

Good mental health for all

Healthy Shetland

Phase 1 Report:
Evidence Base and Recommendations
December 2023

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1.0 Executive Summary

This report describes the work undertaken to produce an evidence base for the development of a 'Good Mental Health for All' Strategy for Shetland. This builds on previous local work to develop a Mental Health and Wellbeing Strategy for Shetland, which was halted by the Covid-19 pandemic. Priorities for the strategy will include prevention, early intervention, community led support, population wellbeing, equity and equalities.

Improving the mental health of the population in Scotland is a national priority, particularly in the wake of the pandemic. Data suggests that the pandemic has led to more people experiencing distress, depression, anxiety and loneliness, further compounded by the subsequent cost of living crisis. Referral rates to services and staff mental health related absences have also been affected. In June 2023 the Scottish Government published a Mental Health and Wellbeing Strategy with the vision of "a Scotland, free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible."

Locally, mental health as a priority is reflected in both the NHS Shetland Clinical and Care Strategy and Shetland's Health and Social Care Partnership's remobilisation plan. Both strategic documents refer to the significant need to improve mental wellbeing, tackle inequalities associated with mental health and to taking a whole systems approach to create meaningful change.

The local evidence gathering has been approached in four ways: community engagement; a desk review; workforce engagement and analysis of a mental health and wellbeing dataset. The general aim for the engagement work was to get a response from 1% of the affected population. In total there were 456 responses - 373 from the community engagement, 58 from the staff survey and 25 from the manager's survey, giving a total response rate of 2%. In addition there were 3497 respondents to the range of surveys that were analysed as part of the desk review - although the same individuals may have contributed to several surveys.

The community engagement work involved asking three key questions: How do you look after your mental health? What can make looking after your mental health difficult? When times are tough, what else would help you to stay mentally well? These questions were asked in four main formats – public displays, group (and individual) workshop sessions, an online questionnaire, and individual worksheets. Many communities and groups across Shetland were involved in the engagement, both children and adults.

Nine main themes were identified and explored: leisure, behaviours, self-care, work and education, support, external factors, relationships, experiences and personal issues. Of these, leisure, support, behaviours and self-care were prevalent across all ages and genders. The main challenges identified were: cost of living well; impact of poor weather; accessibility in rural and remote settings (for example

lack of options, transport, childcare provision); stigma and discrimination; education and literacy; lack of a trusted personal connection; life expectations; time and pressure; and relationship with self.

There are challenges particularly associated with living in Shetland: the cost of living is higher in Shetland, so the current economic climate is having a significant effect. As well as concerns around affording basic needs of food and fuel, people also struggle with the cost of activities and cost of travelling off-island to see friends and family. Poor weather has a negative impact on mental health. This includes not being able to spend time as much time outside, levels of darkness affecting mood and not being able to access groups or supports due to poor weather. Rurality can be challenging; higher proportions of people need to travel further afield to access mental health support than in other areas of the Highlands and Islands, and travelling brings high levels of stress to people who are struggling to manage their mental health. Generally, people would like support, services and wellbeing activities to be available within their own areas.

The main areas where people identified the need for change and /or more support included:

- help with cost of living well - including food/fuel, leisure activities, off-island travel and advice
- help with the impact of poor weather - more connection, support, activities and advice
- more things being available and accessible locally - mental health support and services, wellbeing activities, transport and childcare provision
- less stigma and discrimination - more understanding, equality and acceptance at school, work and in community
- finding a trusted personal connection -less loneliness, someone to talk to, peer support, early intervention
- more education and literacy - more information, more training, more knowledge around signposting and referral
- a change in life expectations - better work/life balance, more time for self-care, more energy, less pressure, less focus and drive toward academic achievement
- better relationship with self - more self-confidence, self-worth, better body image, better relationship with food

Groups who were identified through this work as being the most in need of help or support were teenagers and young people (particularly females); people living in the most rural areas; people with more than one factor affecting them e.g. mental health issues and substance misuse; people who are more socioeconomically deprived. However, more work is needed to better understand men's mental health needs; the needs of people who identify with a gender other than male or female; young people and the challenges they are facing; our relationships with food; our relationships with social media; and other cross-over areas with mental health

The next stage of this work is to use this evidence to develop an outcomes based Good Mental Health for All Strategy. This document provides a reliable evidence base from which outcomes can be developed with a priority focus on higher prevalence areas, early intervention, health inequalities, and mental health through the life course.

Susan Laidlaw

Director of Public Health

2.0 Background

Improving the mental health of the population in Scotland is a national priority, central to the [Public Health Priorities for Scotland](#) (Scottish Government, 2018) and [Covid-19 Recovery Plans](#) (Scottish Government, 2020).

By December 2020 it was clear that Covid-19 has had a profound [negative effect on mental health](#) (Scottish Government, 2020b) throughout Scotland, both directly and indirectly. Data suggests that the pandemic has led to more people experiencing distress, depression, anxiety and loneliness. The annual report for the 2020/21 [Shetland Protection Committee annual report](#) highlighted that there were 98 referrals related to self-harm, which was up from 43 in the previous year and there were 18 referrals linked to self-neglect, compared to eight in 2019/20. Overall there were 267 types of harm linked to referrals, which was a rise from 225 in 2019/20. The quality assurance subcommittee assessed 'that this is related to the stresses concerned to adults during the pandemic and is indicative of the increased need being experienced by mental health services' (SPPC, 2021).

Further, there is well documented evidence of the bi-directional relationship between inequalities and mental health, whereby inequality negatively impacts on mental health and poor mental health increases inequality ([Riches et al, 2021](#); [Clark & Wenham, 2022](#)). In addition, services across Scotland have been impacted. Referral rates to services and staff mental health related absences are affected. This indicates a greater need than ever for professionals to work closely together to ensure the mental health needs of the whole population are effectively and efficiently met.

A priority focus on mental health is reflected in both the [NHS Shetland Clinical and Care Strategy \(2021\)](#) and the Shetland's [Health and Social Care Partnership's remobilisation plan](#) (Robinson, 2019). Both strategic documents refer to the significant need to improve mental wellbeing, tackle inequalities associated with mental health and to taking a whole systems approach to create meaningful change. Currently there is no mental health partnership, with the previous partnership and forum being disbanded in 2019.

In November 2021 a business case was submitted to the IJB by the Health Improvement Team, for a 'Good Mental Health for All' project. The main purpose is a refresh of the Shetland Mental Health and Wellbeing Strategy, and to enable the formation of a sustainable community mental health partnership to take forward future actions. Priorities for the refreshed Mental Health Strategy include prevention, early intervention, community led support, population wellbeing, equity and equalities. The local project is underpinned by NHS Health Scotland's [Good Mental Health for All paper \(2016\)](#).

A multi-agency steering group was formed in July 2022 to lead the initial phase of the project, with representation from:

- Lived Experience
- Public Health
- Primary Care

- Children and Young People’s Mental Health and Wellbeing Group
- Voluntary Action Shetland
- Community Hubs and Community Ethos Group
- Community Development
- Health Improvement

The three main objectives for the steering group are:

1. To develop a reliable evidence base
2. To produce a refreshed mental health and wellbeing strategy
3. To enable the formation of a community based partnership

In June this year Scotland’s [Mental Health and Wellbeing Strategy](#) (Scottish Government, 2023b) was published. The strategy sets out outcomes to achieve the vision of “a Scotland, free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible”. The strategy takes a whole systems, life-course approach embedded in prevention, akin to the ambitions of the Shetland Good Mental Health for All project. The national strategy provides a solid backbone for the development of the local strategy.

Through the project much work has been achieved through 2022-2023 to develop a timely, locally informed evidence base. The evidence gathering has been approached in four ways:



- **Community engagement**
- **Desk review**
- **Workforce engagement**
- **Mental health and wellbeing dataset**

Each of the four approaches and their findings are presented throughout this report.

When carrying out engagement work the general aim is to get a response from 1% of the affected population. In this instance, the whole population of the Shetland Islands (22,870) is affected. Therefore the desired response rate (based on National Records of Scotland, 2021 mid-year population estimates) was 229 responses.

Funding for the Good Mental Health for All project ends April 2024.

COMMUNITY ENGAGEMENT

3.0 Community Engagement Approach

A Stakeholder Analysis and Communication Plan were both completed prior to planning the community engagement approach. These were developed into an Engagement Brief, and Engagement Plan. During this time relationships with key stakeholders were developed. The community engagement exercise was undertaken from July to September 2023.

The public engagement toolkit was designed in-house. The basic design (Fig.1) enabled an adaptable approach, which could be easily altered to suit different age groups and audiences. The design also enabled one to one work, group work and broader public engagement. The format enabled an analysis of both gender identity and age, and allowed for anonymity and confidentiality. The engagement toolkit was designed to make use of qualitative methods, to complement existing quantitative evidence. It was embedded in a strengths-based, empowering approach and aligned with the [National Standards for Community Engagement](#) (Scottish Government, SCDC & What Works Scotland, 2016). The tools were based on Scottish Recovery Network's [Conversation Cafe Toolkit](#) (SRN, 2021). The aspiration of the community engagement is that it will be the beginning of an ongoing conversation and relationship that enables co-production.

Three standards questions were asked:

Q1 (Petals): How do you look after your mental health?

Q2 (Pests): What can make looking after your mental health difficult?

Q3 (Nutrients): When times are tough, what else would help you to stay mentally well?

(For question variations see Appendix 1)

Questions were presented in four main formats – public displays, group (and individual) workshop sessions, an online questionnaire, and individual worksheets.

3.1 Public Displays

Large (1500x1100mm) interactive posters (Fig.1) were left in situ for 6-8 weeks. Participants were invited to write answers on paper shapes, which they then attached to the poster to grow the picture. Organisations who agreed to host the poster received a display pack with instructions and materials (Appendix 2). Locations for the displays were:

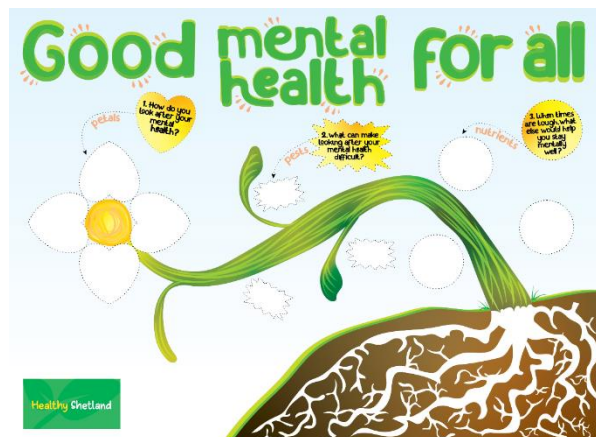


Fig.1 Engagement tool: The plant and its environment act as metaphors for mental health and wellbeing.

- Shetland Library (Fig.2)
- Islesburgh Community Centre
- Market House
- Brae Living Well Hub
- Scalloway Living Well Hub
- Bressay Living Well Hub

Additional displays were set up on request at:

- Shetland Link Up
- Community Mental Health Support Service, Annsbrae
- Community Mental Health Team, NHS Shetland



Fig.2 Display at Shetland Library

One-to-one worksheets were made available, with simplified questions (Appendix 3). A one-day event display was also facilitated at the Shetland Pride event.

3.2 Online Questionnaire

An online questionnaire (Appendix 4) was hosted on www.healthyshetland.com for an 8 week period. The questionnaire was promoted via email and social media channels, and distributed and promoted by partners and stakeholders.

Postcards with a QR code were also made available in a wide range of community settings (Fig.3).

3.3 Workshop Sessions

Using an existing research base (Mental Health Foundation, 2021; Kousoulis, 2019; Clarke, 2017), communities and groups of people were identified that are more likely to have a higher prevalence of difficulties with mental health:

- | | |
|-------------------------|-------------------------------------|
| • Experience of poverty | • Carers |
| • Substance misuse | • Learning disability |
| • Domestic violence | • Ethnic minorities |
| • Long term conditions | • Parent involved in the law |
| • Homelessness | • LGBTQIA+ |
| • Discrimination | • Experience of loss: death/divorce |

Local support groups and communities were identified, and directly offered one-hour facilitated workshop sessions (Appendix 5). Large (1500x1100mm) interactive posters (Fig.1) were used and participants were guided through the questions with support to discuss experiences. Similarly to displays, answers were written on paper shapes and attached to the poster to grow the picture to create a collective voice. General discussion notes were also taken by hosts.



Fig.3 Back and front of promotional postcard

For safeguarding, groups were supported by staff/trained volunteers from their organisations. Facilitators also had previous training, conducted welfare checks, provided signposting and sought feedback prior to leaving the groups. Each participant was given a self-care resource, provided by local charity Mind Your Head.

Group sessions were undertaken with local groups:

- Aith Junior High School Pupil Council
- Ability Shetland (3 groups)
- Tingwall Youth Club
- The Bridges Project
- FAST, Sandveien Neighbourhood Centre
- Shetland Recovery Hub & Community Network
- Open Project



Fig.4 Ability Shetland, Mossbank group participants

Some services and groups opted for internal one-to-ones, mainly making use of the online survey:

- Mind Your Head
- Criminal Justice Social Work Service
- Anchor for Families
- Shetland Family Centre
- Adult Learning Shetland



Fig.5 Open Project participants

Facilitated group work and the online questionnaire were also offered to:

- Shetland Women's Aid
- Shetland Carers
- Scalloway Primary School
- CLAN
- Eric Gray Resource Centre
- Children and Adolescents Mental Health Services, NHS
- Community Mental Health Team, NHS
- Food for the Way
- Shetland Bereavement Support Service
- Community Mental Health Support Service, Annsbrae
- Shetland Link Up
- Whalefirth's Men's Shed
- Cedar Centre

A selection of responses, categorised by age group can be found in Appendix 6.

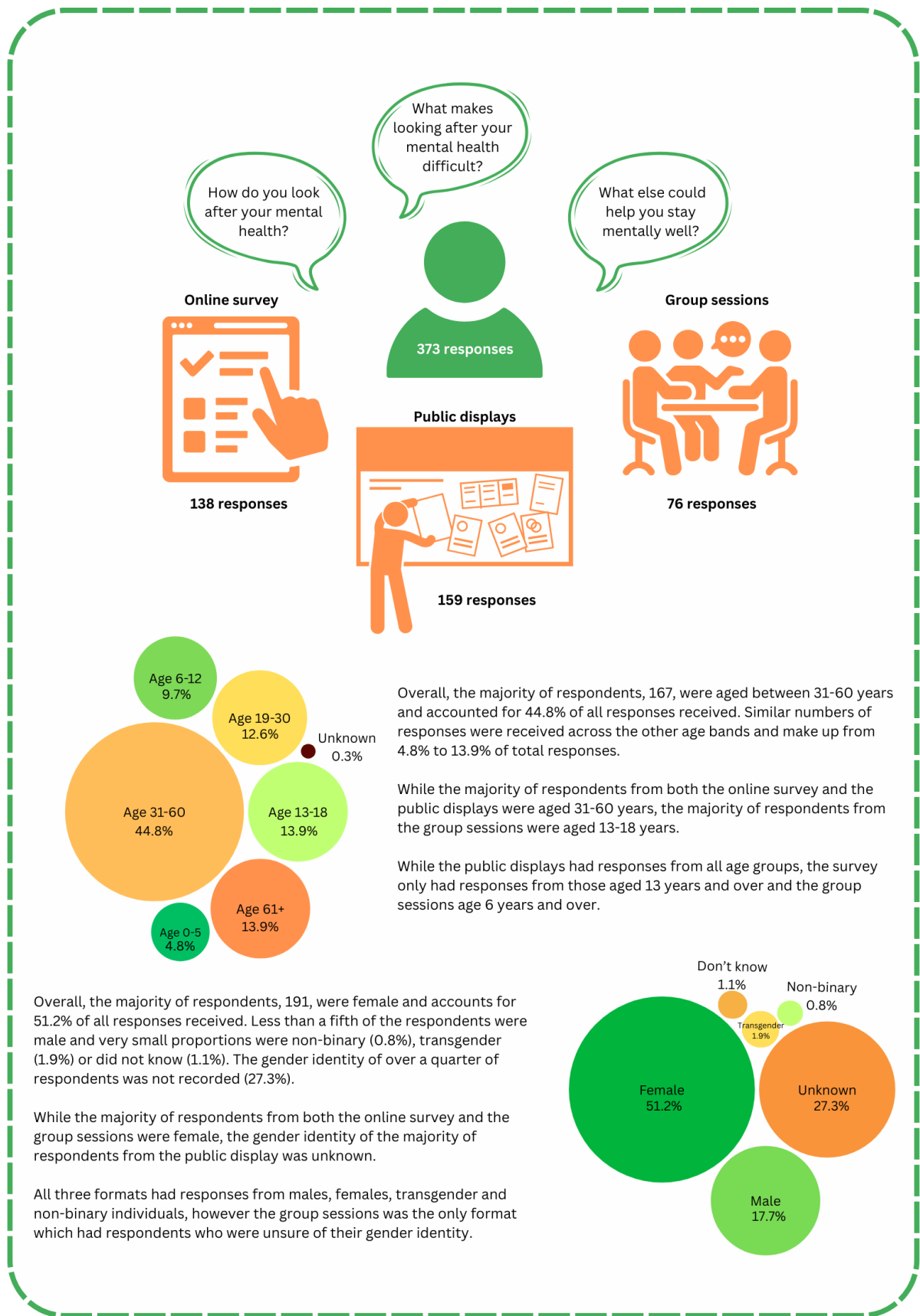
A downloadable self-facilitated toolkit was also made available via www.healthyshetland.com for any other group to use (Appendix 7).

3.4 **Method of Analysis**

Once responses were gathered, analysis was undertaken using thematic analysis. Thematic analysis is a method for identifying, analysing and reporting patterns within qualitative data. It allows us to identify commonalities and differences across the dataset, and to draw conclusions about the underlying meanings and experiences that are captured in the data. These patterns, or themes, are then used to organise and describe the data.

Thematic analysis involves familiarising yourself with the data a number of times and taking note of any patterns that emerge throughout the dataset. Once themes had been identified and established the data was then analysed as a whole, across genders and across age bands. This type of analysis allows us to gain rich insights into the experiences and perspectives of the participants.

4.0 Community Engagement Findings



4.1 Main themes across all questions

A number of themes emerged across the responses to the questions that were asked during the engagement process. However there were three themes which occurred across all of the questions. **These themes were leisure, behaviours and support.**

Leisure was identified as an important factor when considering how respondents currently look after their mental health and ranged from taking part in physical activity, engaging in hobbies and travelling or going on holiday.



The lack of, and cost of activities was highlighted as one of the factors which can make looking after their mental health difficult.

Many respondents said that going outside and for a walk or taking part in some form of exercise could help them stay mentally well. Having a wider range of activities, not just sporting activities, was mentioned as a way which could also help respondents stay mentally well, while ensuring that they are accessible and affordable for all.

Respondents reported that behaviours, both their own and that of others, has an impact on their mental health. Healthy living (eating healthy, staying hydrated, reducing alcohol consumption) and avoiding excessive phone/social media use were approaches used by the respondents to look after their own mental health as well as behaviours that could be adopted to help them stay mentally well.



Conversely, not practicing healthy living and excessive phone/social media use were identified as two of the main drivers that makes looking after their mental health difficult. The behaviours of others, particularly negative behaviours and the demands and expectations of others, was highlighted as another cause of difficulty in looking after their mental health.



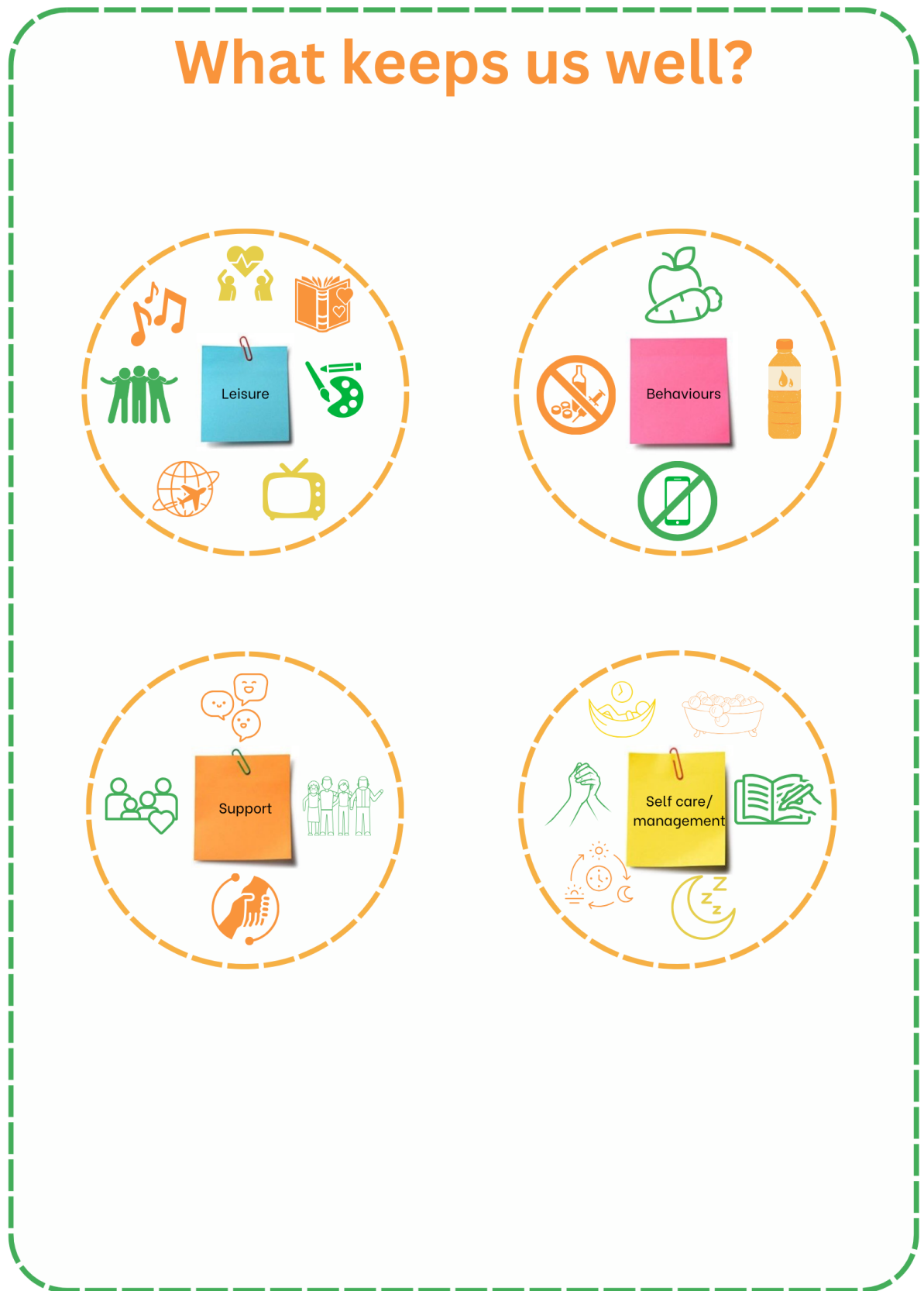
Support, in many forms, emerged as a common means to looking after mental health. The ways in which respondents found support include through groups, family, services and social interactions.

However, the lack of, and cost of support was also mentioned as factors which can make looking after their mental health difficult. Additionally long waiting lists may result in people losing the motivation to seek help.

In order to stay mentally well, an overwhelming majority of respondents reported they would like to make connections and have someone to talk to, this may be family

or friends, or for others someone who they can trust and will understand their needs. As well as easier access to support or therapy, for some they identified a need for this to be out of hours or out-with the local setting. This support needs to be person-centred and trauma informed.

4.2 Thematic Analysis of Question 1: *How do you look after your mental health?*




What keeps us well?



Leisure

- Taking part in exercise
- Hobbies - music, reading, art , watching T.V.
- Travelling and going on holiday
- Socialising




Behaviours

- Eating healthily
- Staying hydrated
- Reducing alcohol consumption and drug use
- Avoiding excessive phone/social media use



Support

- Support from family
- Social interactions
- Formal services
- Attending groups



Self care/ management

- Mindfulness, journaling, positive affirmations
- Getting enough sleep/rest
- Taking care of their body
- Having a routine
- Relaxing and taking time for themselves
- Faith

While leisure, behaviours and support were identified as common themes throughout all three questions, **self-care/management** was also identified as a theme when respondents were asked 'How do you look after your mental health?'



A number of types of self-care/management were mentioned by respondents, specifically mental, emotional, physical, environmental and spiritual.

Mental self-care came in the form of things like mindfulness, journaling and positive affirmations.

Developing coping mechanisms, setting boundaries and spending time with animals were examples of emotional self-care practices that respondents took part in.

Another important aspect was physical self-care which included getting enough rest/sleep, taking care of their body, relaxing and taking time for themselves.

Being in a positive and organised environment was important in terms of environmental self-care, as was having a belief and attending faith groups for spiritual self-care.

4.3 Thematic Analysis of Question 2: *What can make looking after your mental health difficult?*



What makes it hard?

Leisure

- Lack of options
- Cost of activities
- Own motivation

Behaviours

- Unhealthy eating
- Alcohol and drug use
- Excessive phone and social media use
- Behaviours of others
- Demands on time and expectations of others

Support

- Lack of support
- Cost of support
- Motivation
- Long waiting lists
- Loneliness

Work/ education

- Excessive workload
- Stress over work/exams
- Trying to strike a work/life balance
- Unsupportive employers, colleagues and school staff

External factors

- Weather and dark nights
- Money worries and cost of living
- Housing problems
- Cost of off island travel

Relationships

- Problems within relationships
- Caring for children
- Caring for those who are ill

Experiences

- Trauma and stigma
- Discrimination
- Inequality
- Grief
- Past experiences

Personal issues

- Pressures from every day life
- Health problems
- Busy lives
- Not enough sleep/rest
- Low self-confidence

While leisure, behaviours and support were identified as common themes throughout all three questions, a number of additional themes were also identified when respondents were asked 'What can make looking after your mental health difficult?' These themes were **work/education, external factors, relationships, experiences** and **personal issues**.



Respondents reported that work/education stress and pressures can make looking after their mental health difficult – this included things like excessive workload, stress over exams/tests and a focus on academic achievements only.

Respondents reported that they found it hard to strike a work/life balance which in turn makes it difficult to look after their mental health.

The working environment also impacts on mental health including unsupportive and challenging employers, colleagues and school staff.

There were a large number of external factors which were identified as impacting on mental health, however the main ones were weather, money and travel costs.

The weather, including dark nights, were highlighted as a prevalent issue with regards to looking after mental health. The weather impacted on respondent's ability to take part in leisure activities such as walking but also affects overall mood.

Respondents also found looking after their mental health difficult due to money worries and the current cost of living. Also prolonged periods of time away from family and friends due to the cost of travelling off-island makes it difficult to look after their mental health.



Other external factors included the small island setting, housing and the environment.



Respondents stated that relationships can also make looking after their mental health difficult. There were two aspects of relationship that were particularly highlighted. Firstly, problems and difficulties within relationships – both within and out-with the family.

The second aspect that was highlighted was caring responsibilities, predominantly within the family. This was caring for children or caring for family members who had ill health.

Life experiences emerged as another aspect which can make looking after your mental health difficult. The experiences which respondents mentioned included trauma, stigma, discrimination, inequality, and grief as well as general life experiences.

Many respondents reported that past experiences had not been dealt with and therefore current experience stir up feelings and emotions that then affects their mental health.



A range of personal issues were identified by respondents as factors which can make looking after their mental health difficult.

Pressures from everyday life emerged as a considerable issue for many respondents. They reported having busy lives with too many commitments which in turn causes stress and worry. Many report not having enough time for themselves and all of this impacts on their ability to look after their mental health.

A number of respondents also reported that other health problems, both physical and mental, and the worry that comes along with that made it difficult for them to look after their mental health.

4.4 Thematic Analysis of Question 3: *When times are tough, what else would help you to stay mentally well?*



What are our wishes and aspirations?

Leisure

- More options - not just sports
- Activities being more affordable
- Getting outdoors
- Taking part in exercise

Behaviours

- Eat healthily
- Stay hydrated
- Reduce alcohol consumption and drug use
- Avoid excessive phone/social media use

Support

- Have someone to talk to - family, friends or someone who they can trust
- Easier access to support or therapy
- Out of hours
- Person-centred and trauma informed support

Work/ education

- Support from those around them
- A better work/life balance
- Less stress/pressure
- More flexibility

External factors

- Cheaper off-island travel
- More money
- Better housing
- Better transport

Relationships

- Having relationships with friends and family
- Having time to spend with friends and family

Experiences

- Acceptance
- Equality
- Understanding and awareness

Self care/ management

- Having time for themselves
- Being able to relax
- Develop coping mechanisms
- Having a routine

While leisure, behaviours and support were identified as common themes throughout all three questions, a number of additional themes were also identified when respondents were asked 'What else could help you stay mentally well?' These themes were **work/education, external factors, relationships, experiences** and **self-care/management**.



Support from those around them at work and school was one way which respondents identified would help them stay mentally well. As previously mentioned having a better work/life balance was also reported as a way in which they could stay mentally well, as well as more flexibility within the work place around absence and exercise.

There were two main external factors which were identified as things which could help respondents stay mentally well. The first was having more money and the second was more affordable off-island travel which would allow them to spend more time with friends/family.



In order to stay mentally well, an overwhelming majority of respondents reported that having relationships with family and friends and having the time to spend with them would help.

There were a number of experiences which respondents identified as helping them stay mentally well. These experiences include acceptance, understanding/awareness and reduction in stigma.

LGBTQIA+, neurodiversity and disability acceptance were specifically highlighted, as was reducing the stigma of mental health issues in general but also among men. Respondents emphasised the need for more understanding and awareness of mental health, alcohol and drug abuse, and trauma.





A range of types of emotional and physical self-care/management were mentioned by respondents as ways of helping them stay mentally well.

In particular having time for themselves, relaxing and developing coping mechanisms to deal with stress and busy lives, were identified.

4.5 Gender differences



It was found that responses varied between genders. However, gender was not recorded among a quarter of respondents and therefore some of analysis may be skewed. There was a very small proportion of responses from individuals who are transgender, non-binary or are unsure of their gender identity, therefore it is not possible to give a detailed analysis of their responses.

Responses have also been coded at different domains: **individual**, **community** & **structural** level. This is indicated by illustration colour.

Support, **leisure** and **self-care/management** were the most common factors identified by all genders as what could help them stay mentally well.

4.5.1 Leisure

When considering how you look after your mental health, similar proportions of males and females reported leisure as an important factor. However, the types of leisure activities varied between genders. Both mentioned exercise as the most common leisure activity that they take part in, however males also reported leisure activities such as art, music and gaming, while females mentioned music, reading and generally being outdoors. Leisure was also an important factor among people who are transgender, non-binary or are unsure of their gender identity. However these were predominantly non-sporting activities such as music and art.



Finally, a very small proportion of males and females said that leisure was an issue in relation to looking after their mental health. Issues included the lack of available leisure options and their own lack of exercise.

All genders reported looking for the same; a wider range of activities, more sports/exercise options and also have more community activities/groups available to them.



4.5.2 Behaviours



A higher proportion of males reported that they practice certain behaviours in order to look after their own mental health. Most commonly this included healthy living (healthy eating, staying hydrated) but both also abstaining from substances and avoiding their phone/social media.

The behaviour of others was highlighted as an issue that makes looking after mental health difficult for all genders. However, females also reported that their own behaviour also made it difficult for them to look after their mental health. This included things like unhealthy eating habits and isolating themselves. Excessive use of phone/social media was reported by both males and females.



Very few reported that their own behaviours could be a way of helping them stay mentally well, with a small number noting that healthier lifestyle and less social media/ phone use would help.

4.5.3 Self Care/Management



Self-care/management as a way of looking after mental health was frequently reported among females. Females mentions various types of self-care – mental, emotional, environment, spiritual and physical, whereas males were more inclined to take part in mental, emotional and physical self-care/management only.

Physical self-care/management was also mentioned frequently by those who are transgender, non-binary and who are unsure of their identity.

4.5.4 Work and Education

The most commonly identified cause of difficulty in looking after mental health among both males and females was work, personal issues and external factors.

Both males and females said that school/work stress and pressure made it difficult for them to look after their mental health. However females also reported that trying to have a work/life balance and also their work environment (including those that they work with and for) were also factors in making it difficult to look after their mental health.



A better work/life balance was reported both among males and females as a way in which they could stay mentally well. This was however more widely reported among males. Whereas among females having more support and extra flexibility within the workplace was more widely reported among females.

4.5.5 Support

The use of support as a method of looking after their mental health was more widely reported among females. Males predominantly mentioned spending time with family/friends, with little mention of more formal support. Whereas among females it was reported that talking to others and formal support was used to look after their mental health, as well as spending time with family/friends.



Transgender and non-binary individuals reported using a mixture of formal and non-formal support, while those who are unsure of their gender identity did not mention formal support.



While a larger proportion of women said that issues relating to support made it difficult for them to look after their mental health, both males and females did report the same issues. These issues were lack of support and difficulty in access, and also loneliness.

Lack of, and bad experiences with support services was identified by transgender individuals as a cause of difficulty in looking after their mental health, whereas support was not mentioned by non-binary individuals and those who are unsure of their gender identity.



While both males and females reported that support could help them stay mentally well, a larger proportion of females reported it. There was little difference in the types of support required with males and females reporting that the desire to having social connections and someone to talk to, with possible access to peer support. Additionally, they reported that better access to formal services would help, with specific mention of men's support and a men's shed by a small number of males.

When considering what could help them look after their mental health transgender individuals, non-binary individuals and those who are unsure of their gender identity all said that better access to better formal support would help.

4.5.6 External Factors

Similar proportions of males and females reported that external factors make it difficult for them to look after their mental health. The weather was highlighted as the most prominent of these factors, followed by money and the cost of living. Island life and the cost of off-island travel was also commonly mentioned by males and females as having an impact of their ability to look after their mental health.



External factors as a consideration of what could help keep you mentally well was mainly identified among females. This included having more money and more affordable off-island travel costs as well as improvements to island setting.



4.5.7 Relationships

Females reported that relationships contributed to difficulties in managing their mental health, this consisted of family worries, caring responsibilities and other relationships. While a smaller proportion of males reported this as an issue, there was no one specific issue highlighted.



Similar proportions of males and females reported that relationships would help keep them mentally well. For males it was entirely about friends and family – spending time with them, having support and talking to them. Although this was also reported among females, there was also mention of relationships and support out-with friends and family – with someone they had a connection with and could trust. Non-binary individuals and those who are unsure of their gender identity also mentioned that having someone – friends, family or a trusted adults – to talk to would help.

4.5.8 Experiences

Experiences was more widely reported among females as a cause of difficulty in looking after their mental health. They referred to life experiences, trauma and grief, while males commented on general life experiences and grief. A small proportion of males and females reported that stigma can make it difficult for them to look after their mental health



Better experiences was reported by a small proportion of individuals as a way of staying mentally well, particularly females. This included reducing stigma, there being more understanding and awareness of issues and also more acceptance and inclusion.

Transgender individuals and those who are unsure of their gender identity reported that more acceptance, inclusion and equality would help them look after their mental health, and that experiences of discrimination, stigma and prejudice impacted negatively.

4.5.9 Personal Issues



While both males and females reported that personal issues contributed to difficulties in managing their mental health, a much larger proportion of females reported it. The personal issues identified by both males and females included health problems, being busy and having no time, being overwhelmed and feeling pressure. However males reported also having a lack of motivation, while females reported low self-confidence and a poor self-image.

A large proportion of other gender groups also reported that personal issues contributed to difficulties in managing their mental health. Among transgender individuals this was predominantly issues around self-image, while among non-binary individuals and individuals who are unsure of their gender identity mention was issues of dysphoria and low self-confidence.

4.6 Age Differences



Responses have also been coded at different domains: **individual**, **community** & **structural** level. This is indicated by illustration colour.

While there was some variation between age groups it was found that on the whole the topics identified were largely similar across all ages. The number of responses among those aged 0-5 year and 6-12 years was low, therefore for the purpose of this analysis they have been combined.

When considering how they currently look after their mental health, respondents from all age bands reported **leisure**, **support** and **self-care/management** as important factors. However behaviours was only reported among those aged 13+ years.

All age bands reported that support, behaviours, work/education, relationships, personal issues and experiences are causes of difficulty in looking after mental health. Whereas leisure was reported as a cause only among those aged 13-60 years and external factors among those aged 13+ years.

4.6.1 Leisure

Reported types of leisure was similar across all age bands – exercise, being outdoors, music, art etc. However two activities mentioned only by those age 13-18 years as a way to look after their mental health was vaping and volunteering.



All those who reported that leisure made it difficult for them to look after their mental health said that it was the lack of options, or them not taking part in any leisure activities/exercise that affected their mental health.



All age groups reported that leisure would help them keep mentally well, with particular reference to doing more exercise and spending more time outdoors. They also reported that having more options that were not just sports, would help. Those aged 19-60 reported having events/activities that were not focussed around alcohol would help them keep mentally well.

4.6.2 Behaviours



Practicing certain behaviours was predominantly reported by those aged 19+ years, with them all reporting the same types of behaviours – healthy living, avoiding excessive phone/social media use and avoiding substances.



Behaviours of others is mentioned across all age bands as a reason respondents find it difficult to look after their mental health. Excess phone/social media use and substance use was also reported among respondents aged 13+ years. Those age 13-18 years and 31-60 years reported unhealthy habits, however the types of habits they mentioned varied. Teenagers talked about not eating and how this made it difficult to look after their mental health, while adults (31-60 years) mentioned over eating/unhealthy eating and not exercising. Some respondents reported that their own behaviours made it difficult for them to look after their mental health – such as, self-sabotage, not having a routine and isolating themselves, and this was predominantly reported among those aged 13+ year (excluding those age 19-30).

Very few reported that behaviours could be a way of helping them stay mentally well. Of those who did, having a healthier lifestyle was reported as a specific behaviour mentioned among respondents aged 13+ years which would help them look after their mental health. Excess social media/phone use was reported by a small proportion of those aged 13-18 years and 31-60 years.

4.6.3 Self Care/Management

A number of forms of self-care/management was mentioned by all respondents with getting enough sleep/rest and time for self being mentioned by all age groups. All age groups also mentioned that spending time with animals helped them look after their mental health.



Physical self-care/management was common among those aged 13-30 years, while coping mechanisms (setting boundaries, having a routine, writing lists) was reported by adults only (aged 19+ years)

Self-care/management was identified across all age groups as a way in which could help respondents keep mentally well. All age groups identified types of emotional self-



care/management which would help them keep mentally well – in particularly developing coping mechanisms. Physical self-care was another common aspect throughout, with all age groups mentioning that having time for self/relaxing would help them keep mentally well. Those aged 13-60 years reported that getting enough sleep/rest was another important type of self-

care/management which could help keep them mentally well. Mental and environment self-care/management such as having more self-worth/confidence and having a tidy environment was prevalent among those aged 31-60 years.

4.6.4 Work and Education

School in general and unsupportive staff/teachers was reported by those age 0-18 years as a factor in making it difficult to look after their mental health, with too much pressure and focus on academic achievements impacting their mental health. Similarly those age 19+ years reported that work, the stress it brings and an unsupportive workplace has similar impacts. Additionally, those age 19-60 reported that not having a work/life balance made it hard too.



Less school work/pressure and more support in school was reported by those age 0-18 years as a way to help them keep mentally well. Similarly those age 19+ years report that support and flexibility in the workplace would help. Respondents report a better work/life balance would help those aged 19-60 years look after their mental health.



4.6.5 Support



Friends and family are common source of support throughout all the age bands. Those in the youngest age band (0-12 years) also get support from trusted adults, while those aged 13+ years mention formal support. Although formal support is mentioned among those aged 13+ years, it is only reported by a small proportion of those age 19-30 years and 61+ years. Social connections is a prevalent form of support among those aged 13+ years.

Respondents from each age band identified that the lack of/difficulty in accessing support made it difficult for them to look after their mental health. Loneliness and having no one to talk to was frequently reported among those age 13+ years. Those aged 13-18 years also reported that having unsupportive family/adults in their lives made it difficult for them to look after their mental health. A lack of non-formal support, including childcare, was highlighted by those aged 31-60 years.



While support was reported across all age bands, it was particularly prevalent among those age 13-30 years and 61+ years. However there was little difference in the types of support required, with all age bands reporting the desire to have time with and support from family and friends. Those in the younger age bands (0-18 years) reported that support from school staff or a trusted adult would help them to understand their own mental health, as would a safe space to talk to others with no judgement. While those in the older age bands (age 19+ years) were looking for social connections and someone to talk to, with possible access to peer support. Again, respondents from all age bands identified a need for formal support, in particular having better access to a range of support services including out of hours and having continuity of care within these services.



Respondents report a need for services where they can be involved in the decision making and have their voices heard. Specific supported was mentioned in the 31-60 year age band in terms of carer/childcare support and also among those age 31+ in terms of support for men.

4.6.6 External Factors



The weather, money and the island setting were identified by all age bands age 13+ years as an external factor which makes it difficult to look after their mental health. Although money was mentioned by some respondents aged 61+ years, it did not appear to be as prevalent an issue as it is for the younger age groups. Respondents aged 13-18 years reported that unexpected change can make it difficult for them to look after their mental health, while those age 19+ years said that the cost of off-island travel has an impact for them.



Those in the younger age group, 13-18 years, and those in the older age group, 61+ years reported that having a better community facilities/environment and better transport would help them look after their mental health. Whereas more money and better housing was highlighted by those aged 19-60 years. Those aged 19+ years said that cheaper off-island travel would also help them.

4.6.7 Relationships

Problems with family or friends is reported by respondents in all age groups while unsupportive adults was only reported among those aged 13-18 years. Similarly, caring was mentioned as a factor, but only by some age groups – 0-18 years and 31-60 years.



Relationships with family and friends was reported across all age groups as a means of looking after their mental health, while having a trusted adult was also referred to by those aged 13-18 years. Those aged 31-60 years also mentioned that the sharing of their caring responsibilities would help them.

4.6.8 Experiences

All age groups referred to some type of experience which made it difficult for them to look after their mental health. The most prominent experience referred to among all age groups



was death. Life experiences and trauma was referred to by respondents aged 13-60 years, however there were a particularly large number of references to these experiences among those aged 31-60 years.

Stigma was also reported as a factor that can make it difficult for them to look after their mental health – this was reported among those aged 13-18 years and 31+ years. Racial and gender discrimination was prevalent among those age 13-18 years.

Better experiences in terms of acceptance and understanding of issues was a common topic that came up throughout all age bands. There was a focus on reducing stigma, inequality and

increasing inclusions among those age 13-18 years. Reducing stigma and the use of discriminatory language was highlighted by those age 31-60 years, and more inclusion by those aged 61+ years.

4.6.9 Personal issues

While respondents from all age bands reported that personal issues contributed to difficulties in managing their mental health, a larger proportion of those aged 13-18 years and 61+ years reported this. Ill health and lack of sleep/rest was a significant factor within most age groups. Low confidence/poor self-image and having a busy life was reported among those aged 13+ years, especially among those aged 31-60 years. Other factors that were mentioned among those age 13-60 years was low motivation, overthinking/worrying and dysphoria.



4.7 **Community Engagement Summary**

There are a number of limitations with the information drawn from the public engagement exercise. It is important that these are considered alongside the findings before any conclusions can be drawn.

Firstly, over half of the responses received were from females, with a low number of responses from males, transgender individuals, non-binary individuals and those who are unsure of their gender identity. Therefore this may skew the results and add bias into the findings.

Furthermore, the gender identity of over a quarter of respondents is unknown. Additionally, a large proportion of the responses were from those aged 31-60 years and again, this could skew the results and add bias into the findings.

Having some peer support and someone to talk to, was highlighted across all groups as what they are in need of and is what could help them look after their mental health. Respondents reported that busy lives and pressures from everyday life made it difficult to look after their mental health, and that having time for themselves, relaxing and developing coping mechanisms to deal with stress and their busy lives would help. Work/education was a source of stress for a lot of respondents with the expectations and pressures they were under causing difficulty in looking after their mental health as well as difficulty in striking a work/life balance. Another prevalent issue and cause of difficulty in looking after their mental health was the cost of living and a lack of money.

Fewer males reported currently using self-care/management as a way to look after their mental health, however a larger proportion of them did identify that this would in fact help them stay mentally well. A larger proportion of females currently use support to look after their mental health, however a large proportion of them also reported that they needed more support to stay mentally well. Work/education was reported similarly among males and females as a cause of difficulty in looking after their mental health, however a larger proportion of males reported that a better work/life balance would help them stay mentally well.

Older respondents use both coping mechanisms and behaviours to look after their mental health, however this is not something that was commonly reported among young respondents. The lack of support and having someone to talk to was reported across all age bands as was problems with family and friends and personal issues. The pressure from school was a prevalent issue among younger age bands, while work brought similar problems for those in the older age bands. Support was identified across all age bands as what could help them stay mentally well, with little difference in the types of support required. Those in the younger age bands reported that support from school staff or a trusted adult would help. While those in the older age bands were looking for social connections and someone to talk to.

DESK REVIEW

5.0 Desk Review Approach and Findings

Findings from the following 13 key documents (2017-2023) have been reviewed and main findings are described under themes identified through the community engagement process. Across included surveys, there are a total of 3497 participants.

- National Rural Mental Health Survey: Report of Key Findings, 2017 (22 local respondents, 343 respondents overall)
- Shetland Our Place Standard Report, 2017 (939 local respondents)
- Mental Health and Wellbeing of the People of Shetland: Needs Assessment, 2018
- Emotional Wellbeing and Resilience Survey, 2021 (117 local respondents)
- Clinical and Care Strategy, 2021 (215 local respondents)
- Child Poverty Action Report – Year 4, 2022
- Shetland Population Health Survey, 2022 (588 local respondents)
- Perinatal Mental Health: Survey of Lived Experience in Shetland, 2022 (247 local respondents)
- Mental Health and Wellbeing Support for Children and Young People in Shetland, 2022
- My Life in the Highlands and Islands Research – Shetland summary, 2022 (365 local respondents)
- Family Support for Everyone: Anchor for Families Survey, 2023 (256 local respondents)
- Health And Wellbeing Census Scotland, 2023 (748 local respondents)
- Shetland Partnership Annual Report, 2023

5.1 Leisure

Overall findings from NHS Shetland's Clinical and Care Strategy (Carolan & Brightwell, 2021) consultation showed that in order to be healthy, local young people want to be supported to thrive. Being able to access recreational facilities and Shetland's culture (e.g. music, social events) are important aspects of that.

Having social contact and access to groups is identified as an important aspect of maintaining good mental health for most females in the perinatal (during pregnancy and after birth) phase of life (Perinatal Development Group, 2021). Enjoying the outdoors was another major theme for this group. Accessing the outdoors and the environment was identified in another local consultation as a positive contributor to good mental health (Clark, 2017). This consultation also identified that there are many groups and clubs in Shetland, but taking the first step to attend can be challenging; some people have a need for support around this.

The Shetland Population Health Survey (Public Health, 2022) revealed that the most popular sporting activity by a large majority is walking. Other sporting activities regularly undertaken include physical workouts, body weight exercises, running/jogging and swimming.

5.2 Behaviours, including self-care

A survey conducted by Emotional Wellbeing and Resilience Workers (EW&RW, 2020) found that young people (12-25) identified physical self-care (e.g. sleep, diet, exercise) as a top

priority for maintaining emotional wellbeing. Relaxation and self-care activities, and prioritising time for this, was another top priority for this age group. The local breakdown of responses within the National Rural Mental Health Survey (Skerratt, Meader & Spencer, 2017) noted that Shetland respondents felt that there is too much reliance on self, to access online and phone supports.

A Health and Wellbeing Census was conducted via local authorities' schools across Scotland in 2021/22. This showed that problematic social media (for young people between S2 and S6) decreases as pupils get older. It also demonstrated that online bullying increases between P5 and S3. Statistics for the census are averaged nationally (Scottish Government, 2023).

The number of people engaging in physical activity has increased since 2016, from 77% to 85% in 2021 (Shetland Partnership, 2023). The Shetland Population Health Survey showed that less than 10% of people reported they had not been physically active on any day of the last week; 34.5% reported they were physically active 7 days of the last week. 63% of people were interested in becoming more physically active (Public Health, 2022).

5.3 **Work and Education**

Childhood and adolescence were marked as priority age groups for action within a local Mental Health and Wellbeing Needs Assessment (Clark, 2017). Recommended actions for schools and local authorities were included in the report. The recommendations were broad, for example: developing a broad education curriculum which promotes wellbeing, creating safe environments which nurture and encourage young people's sense of self-worth, ensuring teachers and other staff are trained to identify signs of anxiety and/or social and emotional problems. A mapping exercise conducted in 2022 by a multi-agency Children and Young People's Mental Health and Wellbeing Group (2022) details services and supports available to children and young people in Shetland. Many of these services and supports have developed in recent years and were not in place in 2017 at the time of the Needs Assessment. A 2022/2023 service map can be found at Appendix 8.

Recent feedback from local young people shows they would like more mental health in-school support. They would like more information on available support, more awareness raising and more learning e.g. recognising the signs of mental ill-health early (Skerratt et al, 2017; EW&RW, 2020).

Employment was also marked as a priority area for action in a local Mental Health and Wellbeing Needs Assessment (Clark, 2017). Areas for action included health and social services promoting the benefits of appropriate work for achieving good mental health and wellbeing, and building vocational aspects into treatment and support plans. For their overall health and wellbeing, young people want supported to have a career (Carolan & Brightwell,

2021). Upholding fair employment laws and creating healthy and inclusive working environments was also recognised, and developing strategies to reduce long-term unemployment. An identified gap was around supported work placements that enable a person to keep benefits and undertake employment at the same time. The importance of in-work support in order to prevent loss of jobs, is also noted (Clark, 2017). The Child Poverty Action Report (NHS & SIC 2022) and Shetland Partnership (2023) provide examples of recent multi-agency work to increase employability opportunities.

5.4 **Support: Parenting and Childcare**

Early years are marked as a priority for action (Clark, 2017). Identified actions include early detection and support for perinatal mental health; early years support and coaching for parents; early identification and intervention for emotional, behavioural and learning problems; targeted early childhood education and childcare for vulnerable children; access to specialist services for children and families with multiple needs.

A recent survey by Anchor for Families (2023) found that 65% of respondents would like to access to a parenting programme, and 57% wanted support to be local to them and their family. 20% said a lack of parenting support was a concern, and 23% noted childcare issues as a concern. This reflects a finding in Shetland's Child Poverty Action Report (NHS Shetland & SIC, 2021) which notes that 52% of parents/carers feel that access to school-aged childcare is not sufficient to meet their family needs, and can be a barrier to employment. Anchor for Families (2023) also found that 40% of respondents felt that time constraints (finding time without children) is a barrier to attending a parenting programme.

The Perinatal Development Group (2021) noted that support during pregnancy and after birth is negatively affected by a lack of continuity in staff.

5.5 **Support: Mental Health Services**

The National Rural Mental Health Survey (Skerratt et al, 2017) states that across rural Scotland there must be an increased focus on the needs of children and young people, and a reduction in waiting times, particularly in relation to self-harming. Local respondents to the survey identify a need for more meetings points and drop-ins for young people, and more support and awareness of mental health for young people within their communities. Young people want support with their mental health and wellbeing (Carolan & Brighwell, 2021). Encouragingly, 85-90% of respondents (age 12-25) to the Emotional Wellbeing and Resilience Survey could identify appropriate support for mental health. However they also responded that they wanted signposting and awareness of how to access a range of services. They also said they wanted 'waiting support' while on waiting list for services, and clear communication about waiting times (EW&RW, 2020).

Across rural Scotland, services need to be close to the place of need and should include mobile services and outreach. It is known that travelling to appointments causes even more stress for people with mental ill health (Skerratt et al, 2017). Within Shetland, higher proportions of people need to travel further afield to access mental health services and support than in other regions of the Highlands and Islands. Ipsos and HIE (2022) research found that 33% of people interviewed in Shetland could not access mental health services online or within a 20 minute drive, while the region's average was 20%. Furthermore, 24% didn't know whether they could or not. The Clinical and Care Strategy identifies that local people want improved and easier access to mental health support and services – this has been a negative experience for many. Shetland people also want support to maintain a healthy lifestyle, more support to be independent and to stay at home, and better continuity in services (Carolan & Brightwell, 2021).

When asked about preferred change in mental health services in rural Scotland, females focused on place based/outreach approaches, the importance of talking, and recognising alternative treatments and approaches. Males focused on awareness raising and education, speed of access to support and the value of online support. Young people (age 16-24) also focused on place based approaches and outreach, while older respondents (age 45-54) focused on the need for tailored care. Young people (age 25-34) highlighted the need to not over-medicalise mental ill health, and instead increase understanding, training and development (Skerratt et al, 2017).

Across rural Scotland, there is a strong need and desire to create ways for people to connect with one another before their personal crises occur. Low level, non-clinical information along with trusted people and supportive networks are identified as a need. Shetland respondents to the National Rural Mental Health Survey want more money to be given to the voluntary sector and independent centres, and to see more investment in resources, practises, and local groups (Skerratt et al, 2017).

Locally, it is recognised that a multi-agency approach to mental health care is essential. It is also recognised that an out-of-hours service (including national support systems such as NHS24) is a local need (Clark, 2017). Local feedback also raised a need for shorter waiting times, more outreach support, facilities in remote areas that are equal with less remote areas, and an improvement in discharge and follow-up after in-patient stays on the Scottish mainland (Skerratt et al, 2017).

Across rural Scotland, mental health care must be mainstreamed within NHS and not treated as a bolt-on. There must be parity between mental and physical health care (Skerratt et al, 2017). Carolan & Brightwell (2021) proposes a future multi-agency model for mental health care in primary care. Advice, support and some level of treatment would be available within areas, with

teams providing timely support and treatment. The ambition is that the medical team would work together with the wider community teams from the area, engaging in and with community assets and other supports in the locality.

5.6 External Factors

Geography of place has an impact on mental health and wellbeing. A key point from respondents across Scotland is that mental health is an invisible illness, made more invisible by being rural and remote (Skerratt et al, 2017). Poor weather was recognised as a negative contributor to mental ill health among 14% of female respondents to a Perinatal Survey (Perinatal Development Group, 2021).

The risk of anxiety, depression and self-harm is double for people who are the most socioeconomically deprived. The risk of attempted suicide is more than four times more than those who are most affluent (Potts and Southworth, 2022). Consideration of mental health and wellbeing must be integrated into plans that consider unequal life circumstances and physical environments (Clark, 2017). Shetland's Place Standard report (SIC, Zetrans & NHS Shetland, 2017) identifies areas for improvement as: public transport, work and local economy, housing and community, facilities and amenities. Similarly, recent research identifies areas for improvement to enable communities to thrive. The top five are: housing for local families; improved broadband; more job opportunities; transport connection to mainland Scotland; improved mobile coverage (Ipsos & HIE, 2022). Creating equality of opportunity in such areas positively supports the mental health and wellbeing of individuals and communities.

The current cost of living crisis has shown to be impacting negatively on individuals, families and communities. Average household energy bills in Shetland are double the UK average and the cost of living is 20-65% more than UK average. An estimated 44% of the population are in fuel poverty, the joint fourth highest rate in Scotland (Shetland Partnership, 2023). Ipsos and HIE (2022) found that 63% of people interviewed feel that their home is expensive, and 23% find their home difficult to heat. A recent survey among families found that 41% of respondents said that cost of living is a concern. 27% of respondents either answered 'no', 'not sure' or left the answer blank when asked if they were accessing the right benefits (Anchor for Families, 2023). Shetland also saw a 31% increase in food bank use in 2022-23, and 47% of households are considered as not earning enough to live well (Shetland Partnership, 2023).

The Child Poverty Action Report – Year 4 (NHS & SIC 2022) and Shetland Partnership (2023) highlight much of the multi-agency work underway to mitigate against the cost of living crisis.

5.7 Relationships

Across Scotland the feeling of often or always feeling lonely is prevalent issue for secondary school aged young people; this increases with age stage and is most prevalent in females. As pupils get older they are less likely to agree that adults are good at listening to what they say, and that adults are good at taking into account what they say (Scottish Government, 2023). Local young people (aged 12-25) identified 'speaking with someone you trust' and 'spending time with friends and family' as top priorities for emotional wellbeing (EW&RW, 2020). A recent Shetland Population Health Survey found that while overall 17.3% of people surveyed had felt lonely in the last 2 weeks, however this increased to around 50% for those in the 18-29 age group. Overall many people (86%) said they can rely on friends or relatives for help, however those in the 18-24 age group are least likely to (Public Health, 2022).

The importance of good relationships with family, friends and professionals and social contact/groups was seen as one of the most important factors for good mental health within the perinatal phase of life. A significant number of factors impacting negatively on perinatal mental health were related to issues of loneliness and isolation. Other negative aspects included the impact of social media standards, and stigma and fear of gossip (Perinatal Development Group, 2021).

Clark (2017) touches on the complex issue of rural relationships – strong community relationships and support is seen as a positive influence on mental health, but conversely people can also find small relationships within communities intrusive, stigmatising and isolating. Interestingly, Skerratt et al (2017) found that only females mentioned the importance of talking, this was not a strategy or need raised by male counterparts.

5.8 Experiences

Young people (age 16-24) were asked what their key messages to policy makers are. Based on young people's personal experiences these were: mental ill health is a serious issue; mental health illness can lead to death; mental health needs must be prioritised; service users with experience need to be listened to (Skerratt et al, 2017).

A long term plan to tackle stigma and discrimination is a recommended action in NHS Shetland's Mental Health and Wellbeing Needs Assessment. Direct and indirect discrimination impacts on people's ability to live well, and recovery approaches should be promoted. Enhancing individual experience is also marked as a recommended action, for example promoting person-centred services, active citizenship, and supporting inclusion (Clark, 2017).

Stigma and discrimination is a topic raised in the Perinatal Survey. Parents have had some negative experience support around mental health, with experiences of feeling judged, not being asked about mental health or not being listened to by professionals (Perinatal Development Group, 2021). Families also experience stigma around accessing support – 43%

of respondents answered 'yes' 'unsure' or left the box blank when asked if they felt judged when accessing family support (Anchor for Families, 2023).

5.9 Personal issues

Findings show that adolescence is a particularly challenging time. Scotland's Health and Wellbeing Census found that mental wellbeing declines from S1-S4, but then increases again in S5 and S6. During this period of decline there are typically decreases in life satisfaction, confidence, loneliness, perception that adults listen, self-love, pride in own ability, perception that they are trying their hardest, cheerfulness/good mood, and feeling ok when life is difficult. Conversely, there are typically increases in worry, time spent on devices (3+ hours), the feeling of wanting a different life, always/often feeling lonely, and a sense that body perception is affecting feelings. Similarly, positive perceptions decrease with pupil stage, particularly up to S4. This is particularly prevalent among girls, and children from deprived areas. The findings are averaged nationally, however by assessing Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) scores, it can be seen the local findings are in line with the national pattern. However it should be noted that Shetland pupils had highest WEMWBS score in Scotland across S2 and S3 (Scottish Government, 2023).

Young people (age 12-25) identified having a positive attitude as a top priority for emotional wellbeing (EW&RW, 2020). Young people (age 16-24) identified having a sense of influence and sense of control as a top priority for themselves (SIC, Zetrans & NHS Shetland, 2017).

Population mental wellbeing scores were assessed (age 18+) through the recent Shetland Population Health Survey using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). Respondents in higher age bands (50-80+) typically had higher wellbeing scores than younger age groups (18-49). The age group with the lowest wellbeing score was age 25-29, and the highest was age 70-74. Typically female WEMWBS scores were lower than males (Public Health, 2022).

Within this 41% said they had often or always been feeling optimistic about the future in last 2 weeks (Public Health, 2022). This suggests that more 59% did not resonate with this feeling. However Ipsos and HIE (2022) found that a higher rate of 51% felt optimistic about their community.

Similarly, the Population Health Survey participants were asked about always or often feeling relaxed, feeling good about myself, and feeling confident within the last two weeks. For all three questions, positive responses were between 40% and 50%, suggesting the majority did not resonate with these experiences. When asked if people felt they had energy to spare often/all the time in the last two weeks, only 21.9% responded positively, suggesting 78% did not feel as if they had energy to spare (Public Health, 2022).

5.10 Desk Review Summary

More families would like support early on with better mental health care at perinatal stage and as children grow, more parenting support and accessible childcare provision. Presently some people find there are a number of barriers to this and that support at early stages could have positive effects on family mental health and wellbeing.

Young people would like more in-school support around mental health. As well as more available support, they would like more awareness raising, signposting and learning opportunities. Local people have said they would like more meeting points and drop-ins for young people, to enable support. Shetland pupils in S2 and S3 have the highest WEMWBS score in Scotland, however follow the national pattern of a period of mental decline between S1 and S4, improving in S5 and S6. Typically, online bullying increases in young teens, however problematic social media use usually decreases as they become older.

Good relationships are a protective factor for mental health and loneliness a prevalent concern. Loneliness is a particular concern for local people aged 18-29. This age group also appears to be the most unlikely to seek support from friends or relatives. Locally, people age 25-29 have the lowest WEMWBS score across the population. Measures indicate that females in this age group are more at risk than males. These factors combined create a particular concern.

Many local people feel they have no energy to spare, and do not resonate with the positive states of feeling relaxed, feeling good about self, or confident. Many people do not feel particularly optimistic about the future. Strong community support and relationships can impact positively on mental health, but stigma and fear of gossip within communities can impact negatively. People experience stigma and discrimination around mental health and also when accessing services within their communities.

Having a wider range of recreational and leisure opportunities is important to all, as well as opportunities to enjoy Shetland's culture and environment. At times there are barriers to access, such as cost and transport availability. People are more physically active than before, and are keen for further opportunities. Mostly people enjoy walking as an activity. Poor weather and the current cost of living are particular challenges to achieving good mental health. Adults also feel that social media standards add pressure to their lives.

Proportionally, more people have to travel further in Shetland to access mental health support than anywhere else across the Highlands and Islands. Services need to be located close to the place of need, and should include mobile and outreach options. People have also expressed that low level, trusted, non-clinical information and connections at an early stage is vital, and would also like more continuity of care. People feel mental health should not be over-medicalised, both social and medical approaches are required. The consequences of mental ill-

health are great; it is essential that mental health is taken seriously, and not treated as a bolt-on to physical health.

WORKPLACE ENGAGEMENT



6.0 Workplace Engagement Approach

Staff working in local Helping Professions (e.g. Social Care, Nursing, Private Therapists, Voluntary Sector) were invited to participate in an online survey (Appendix 9). A separate survey was made available for Managers in Helping Professions (Appendix 10).

Surveys were circulated by email, with a printable poster containing a QR code for any staff groups without email access.

Questions were largely multi-choice, with one open question in each. Comments and open questions have been analysed using thematic analysis.

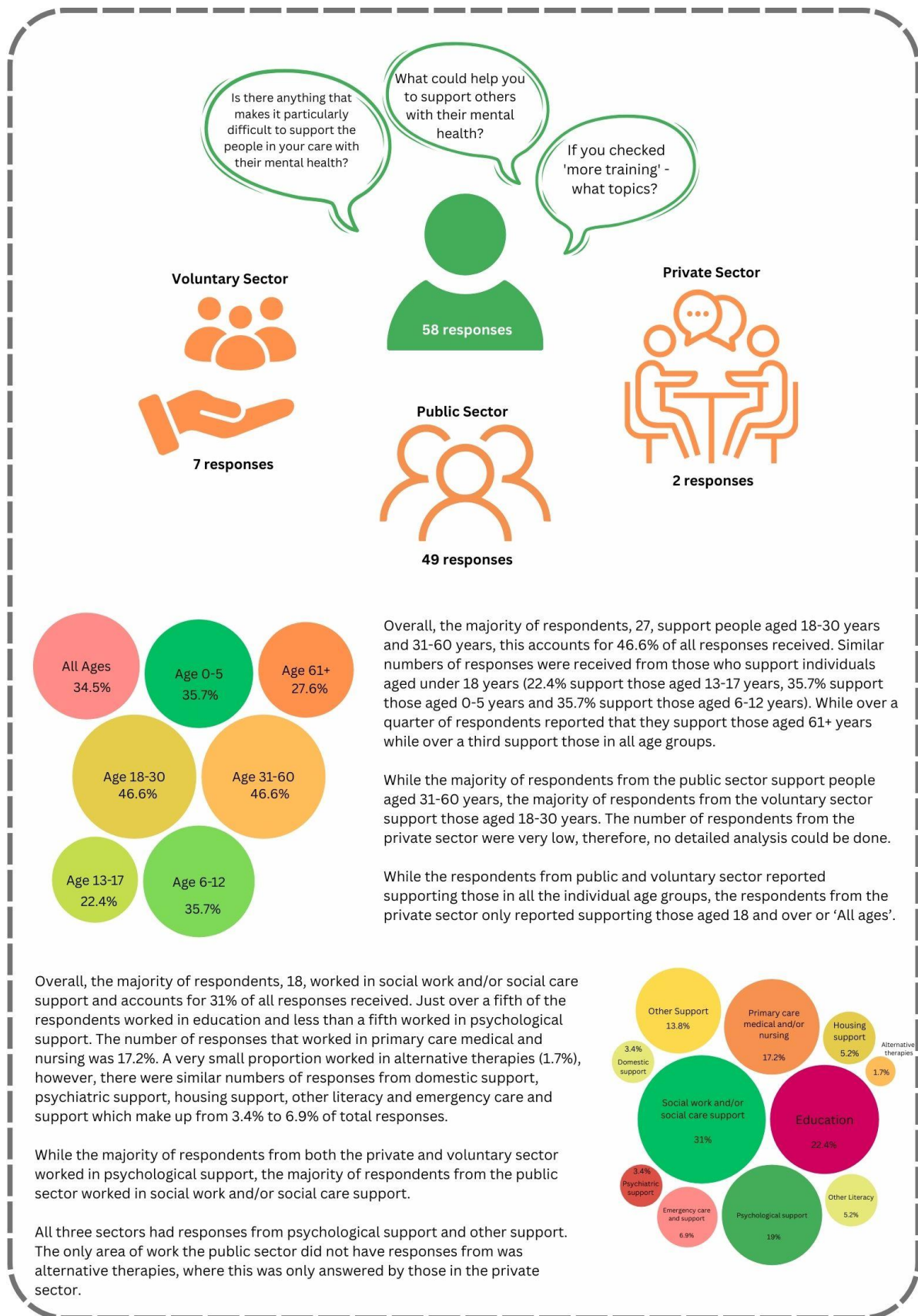
Quantitative methods have also been used throughout.

The surveys were circulated to a wide range of Helping Professions within the public, private, voluntary sectors.



Fig.6 Workplace online surveys

7.0 Workplace Engagement: Staff Survey Findings



7.1 **Thematic Analysis of Question 4: *Is there anything that makes it particularly difficult to support people with their mental health?***

The **needs of the individual** and **staff welfare** were identified as themes when respondents were asked 'Is there anything that makes it particularly difficult to support the people in your care with their mental health?'



Respondents reported that individuals differing needs can make it more challenging when supporting someone with their mental health; not everyone responds to an approach in the same way. The range of specific and differing needs can make providing support to people more time-consuming, and difficult to keep up with.

Another factor is how different lifestyles can affect a person's ability to engage in support provided. A number of factors can impact on whether someone attends a service, one such example is for children or young people who require an adult to be available to attend an appointment with them. Respondents noted that when supporting individuals with a disability such as a learning difficulty, it can be difficult to understand how the person is feeling or how much they are engaging. More time is needed with the individual, to understand and to provide the best care. This is significantly reported by respondents.

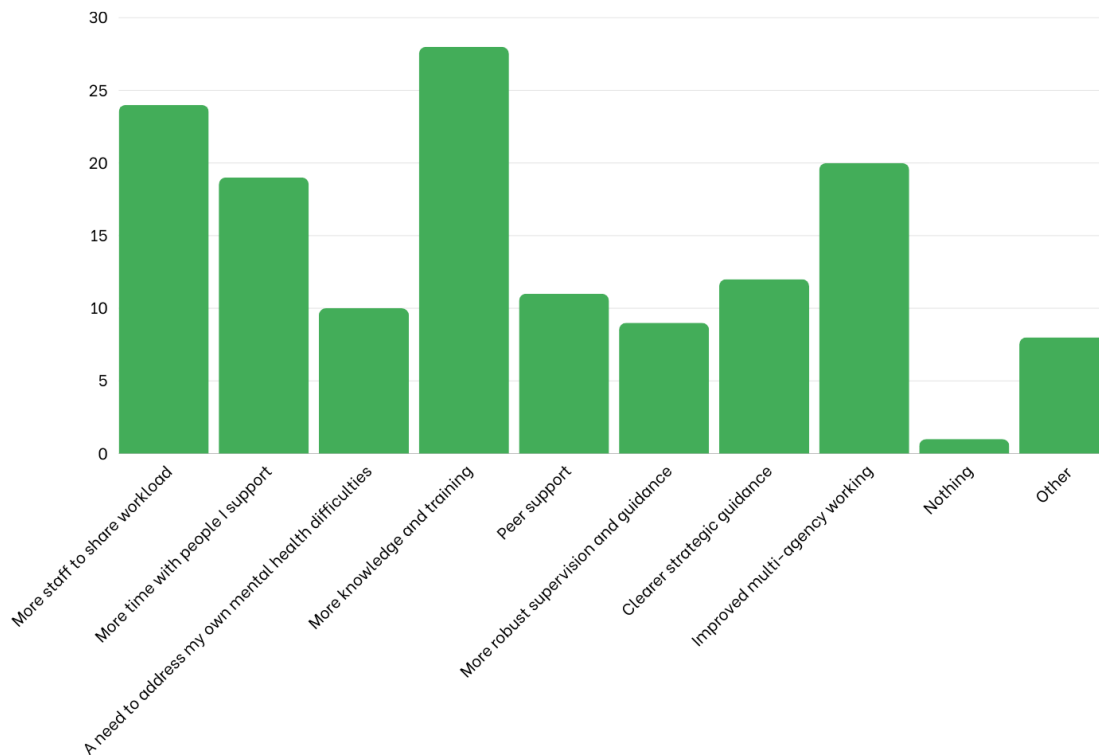
The welfare of staff was noted as an issue when supporting others with their mental health. A few respondents reported that they felt their needs are not being met. For example, some reported they would benefit from reduced hours to help relieve the personal impact of workload pressure. A few staff felt that the lack of societal understanding and education around mental health increases the pressure and prejudicial constraints.



Employees working in education reported the people they support find comfort in the staff that support them with their mental health. However staff feel they do not have the time to effectively provide this support, which in turn causes staff distress. Employees would like to provide more care, but that services are working beyond capacity and struggling to meet demand. Respondents noted that overworking and picking up other roles within their job can take a toll on their own mental health.

7.2 Analysis of Question 5: *What could help you to support others with their mental health?*

Almost half (48%) of respondents reported they would like more knowledge and training to help them support others in their care with their mental health. A slightly smaller proportion (41%) reported that having more staff to share the workload would help.

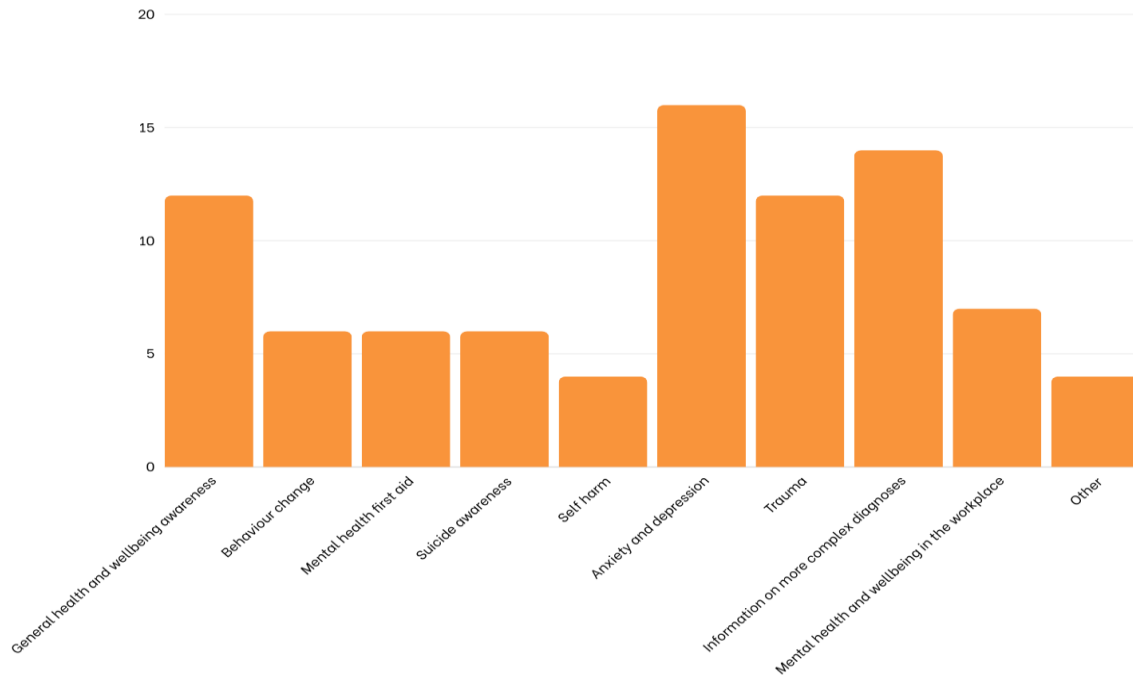


Other most common responses were improved multi-agency working (34%) and more time with the people they support (33%).

Additionally, 14% of respondents reported 'other' factors would help them to support others with their mental health. The types of help specified included funding, service and structural improvements, and recruitment.

7.3 Analysis of Question 6: *If you checked 'more training' - what topics?*

Respondents who reported that they would like more knowledge and training were asked to state which topics they required more training in.



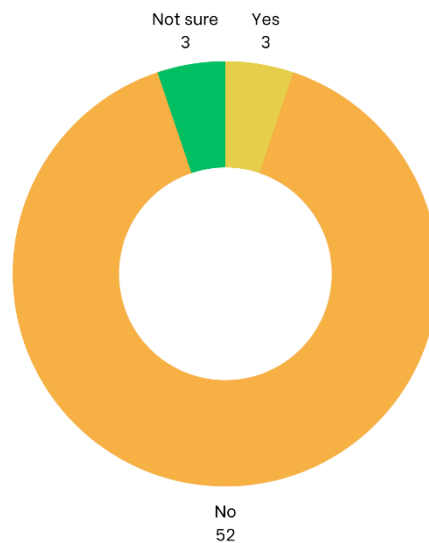
Topics most common across all respondents were anxiety and depression (47%), information on more complex diagnoses (41%), general mental health and wellbeing awareness (35%), and trauma (35%).

Respondents across education, social work and/or social care and psychological support selected training in all topics. However the majority working in social work and/or social care selected 'information on more complex diagnoses'. The majority of respondents who work in psychological support selected 'anxiety and depression' and 'general mental health and wellbeing awareness'.

Among primary care medical and nursing, education and 'other' staff, the majority respondents selected 'anxiety and depression'. Among those working in education, equal proportions selected 'suicide awareness', 'anxiety and depression', 'trauma' and 'information on more complex diagnoses'.

Additionally, 12% of respondents reported that they would like 'other' type of training. The types identified included specialist specific training, debriefing and training on assessment tools.

7.4 Analysis of Question 7: *Do you work for a specialist mental health workplace?*



When asked if they worked for a specialist mental health workplace, the majority (90%) reported that they did not, a small proportion (5%) reported that they did and the same proportion reported that they were unsure. Within this survey 90% of respondents provide mental health support from generalised services.

7.5 Summary of staff survey findings

The staff survey gives a snapshot of current issues within the workplace. However caution should be taken due to the relatively low response rate, particularly from voluntary and private work sectors.

A number of themes emerged across the responses to the questions that were asked during the online survey. However there were three themes which occurred across all of the questions. These themes were **resources**, **training** and **capacity**.



The lack of resources was highlighted as a factor which makes it particularly difficult to support people with their mental health. Many respondents said there is a lack of staff, time and funding available to support people to stay mentally well. Not having enough funding for more staff can increase the pressure on current staff and add to their workload. Respondents noted that the pressure can have an impact on their own mental health. Respondents noted that they would like to

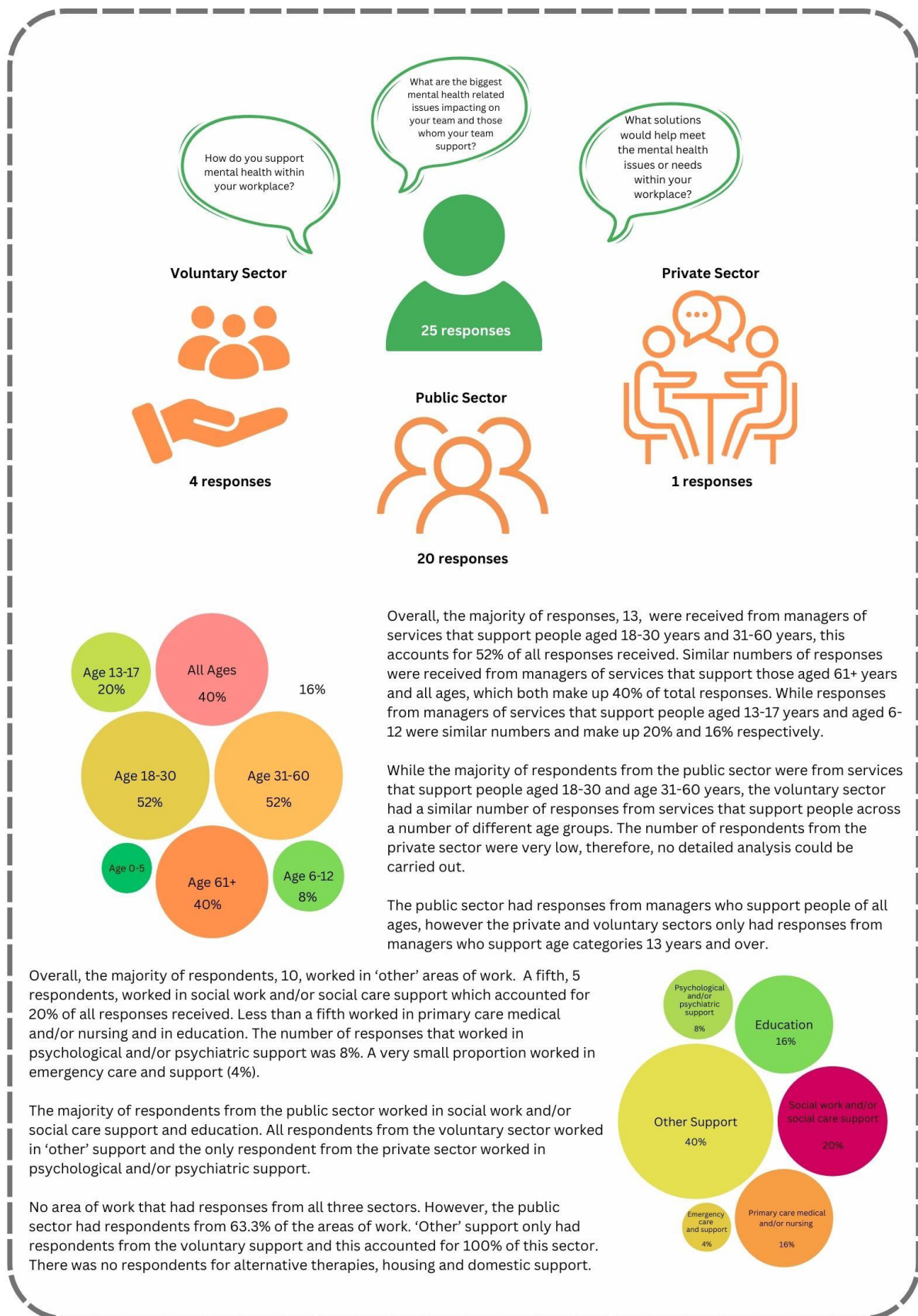
offer more, but due to the lack of resources people are not getting the mental health treatment they need when they need it.

Respondents reported that the lack of training, both awareness training and other training opportunities, has an impact on how they support people with their mental health. Staff reported that they need mental health training to provide the right care to those that might be struggling with their mental health. Some respondents reported that they have not been given any mental health training when starting their job and feel they do not have vital information on how to deal with a mental health situation.

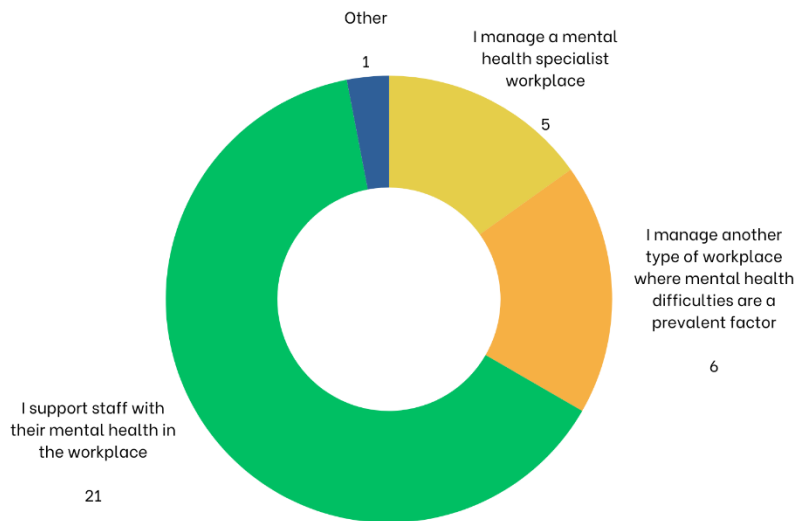


The capacity of services was highlighted as a factor that can make it difficult to support people with their mental health. Many respondents reported that waiting lists for mental health services is a common barrier to accessing the service when it is needed most. Staff highlight the need for more mental health support services. Not having enough services to refer people to, or knowing what services there is, can make it difficult to support people's mental well-being. Capacity can also impact on multi-agency working.

8.0 Workplace Engagement: Manager Survey Findings

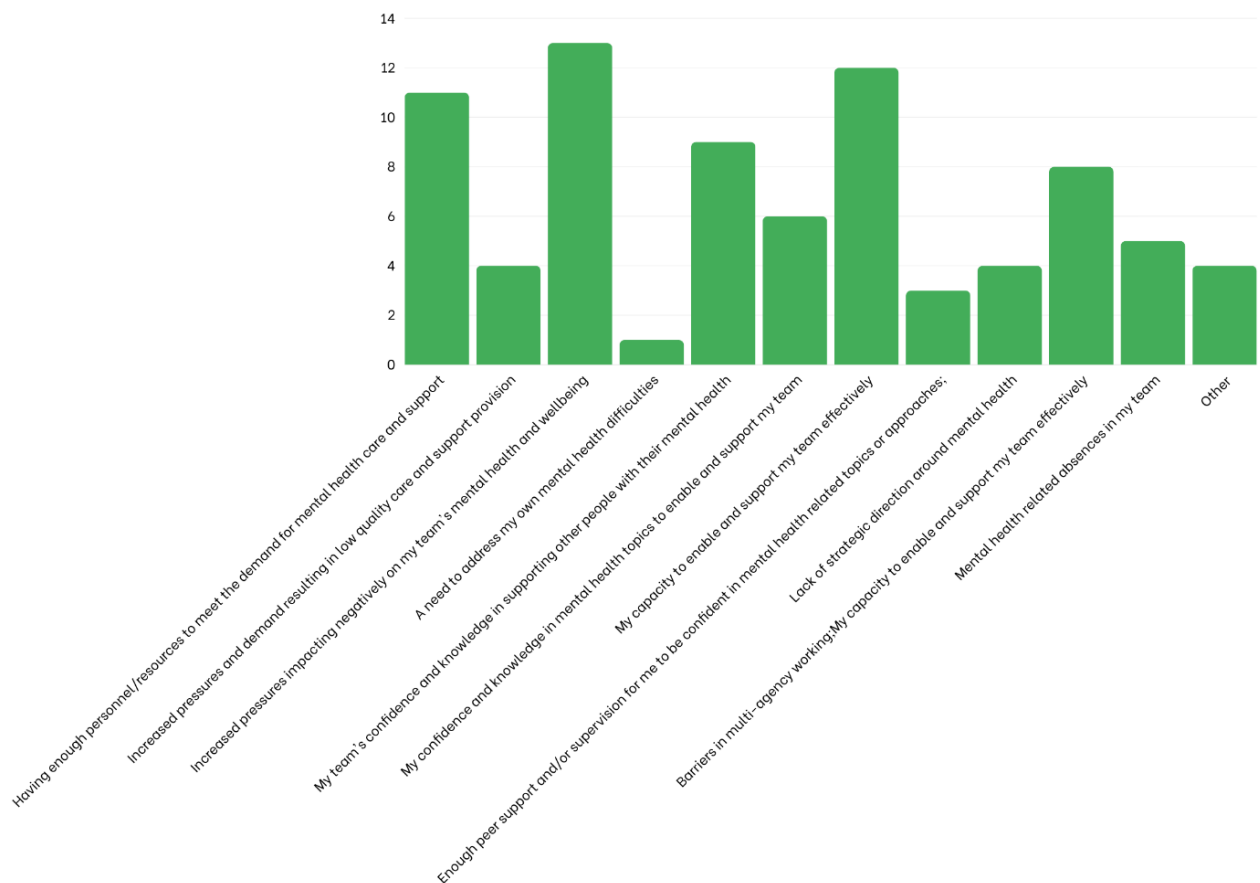


8.1 **Analysis of Question 1: *How do you support mental health within your workplace?***



The majority (84%) of the respondents reported that they support staff with their mental health in the workplace. Similar proportions reported that they manage a mental health specialist workplace (25%) or that they manage another type of workplace where mental health difficulties are a prevalent factor (24%). Only 4% reported that they support mental health in their workplace in another way.

8.2 **Analysis of Question 5: *What are the biggest mental health related issues impacting on your team and those whom your team support?***



Over half (52%) of respondents reported that increased pressure impacting negatively on their teams mental health and wellbeing was the biggest mental health related issue that they face. This was followed by their capacity to enable and support their team effectively, with 48% reporting this.

Having enough personnel/resources to meet the demand for mental health care and support, the team's confidence and knowledge in supporting other people with their mental health and barriers in multi-agency working were also highlighted as prevalent issues within teams with 44%, 36% and 32% of respondents reporting this respectively.

Response across the other issues ranged from 4% reporting that a need to address their own mental health difficulties was the biggest issue to 24% reporting that their own confidence and knowledge in mental health topics to enable and support their team.

Top 3 biggest mental health related issues impacting on workforce teams:

1. Increased pressures impacting on my team's mental health and wellbeing (52%)
2. My capacity to enable and support my team effectively (48%)
3. Having enough personnel/resource to meet demand for mental health care and support (44%)

8.3 **Thematic Analysis of Question 6: *What solutions would help meet the mental health issues or needs within your workplace?***

Funding and **support** were identified as themes when respondents were asked 'What solutions would help meet the mental health issues or needs within your workplace?'



In order to meet the mental health issues and needs within the workplace, respondents reported that sustainable funding across services would help. Through better funding, management teams could increase their own capacity to provide adequate support within their workplace. Respondents highlighted that managers do not have the capacity to communicate with other management teams to share knowledge and learning. More funding could also help services increase their staffing levels which could help prevent staff from overworking.

Some respondents identified that better support for both managers and staff could help meet mental health needs within the workplace. Some managers noted that staff need more time and space to focus on self-care and look after their own mental health, as well as helping others. Managers reported that having more support options would help staff stay mentally well and provide a better quality of care to others.



Respondents reported that by having more training and guidance on personal well-being, and the time to execute the recommendations from such guidance, would help meet the needs of their staff. Respondents would like to support their staff when things become overwhelming and difficult with 'headspace' days but need more time/staff to enable this.

8.4 Summary of Manager Survey Findings

The Manager Survey gives a snapshot of current issues within the workplace. However caution should be taken due to the low response rate, particularly from voluntary and private work sectors.

A number of themes emerged across the responses to the questions that were asked during the online survey. However there were four themes which occurred across all of the questions: **staff welfare, resources, multi-agency working, and training/guidance.**



The welfare of staff was raised as an area in the workplace that has an impact on the team and the people they support. Respondents reported the need for an approach that tackles a number of different factors that have an effect on staff's wellbeing. The areas reported that need to be addressed were: healthy living/work balance, poverty, wages, working hours, medical support, education and supportive government.

Many respondents noted that a lack of resources impacts on the mental health issue of teams. The lack of staff, funding and capacity to meet the demands of the services is having a negative impact on staff's mental health. Respondents reported that current funding models does not recognise the importance of adequate core resources for staff and services.





Multi-agency Working

Respondents reported a lack of effective partnership working between managers and other services, which makes sharing experiences and learning more difficult. This in turn impacts on the mental health of staff teams, and those who are supported by the staff. A lack of multi-agency working results in staff not knowing what other services there are available, and therefore has a negative impact on their confidence and knowledge in supporting others. Respondents also reported that not knowing where to signpost their own staff for mental health support can have a

negative impact.

Lack of training on personal well-being, and not taking early action when staff are feeling low has been highlighted as an issue that impacts teams within the workplace. Respondents reported that more training and guidance around 'personal wellbeing' is a core need to improve mental health support within the workplace. A lack of guidance on the criteria for accessing mental health support for both staff and clients is reported as having a negative impact on the team and the support provided to others.



Training/guidance



Capacity

A lack of capacity to support staff, and to take an early intervention and prevention approach, makes it difficult to maintain a high quality of care to staff and the service. Managers reported that services do not prioritise allocated team breaks, leading to staff over-working and burning out. Respondents reported there is a need for more staff, which would help support the service and take the pressure off their team.

DATASET

9.0 Mental Health and Wellbeing Dataset Approach

Public Health Scotland (2022) developed a framework and set of [Mental Health Indicators](#) for both Adult (Fig.7) and for Children and Young People (Fig.8). The purpose of the indicators is to support action and improvement in public mental health. The two indicator sets help to identify national information about mental health outcomes and their determinants.

Through the project, and using the Public Health Scotland indicators as its basis, a set of 55 local indicators have been formed in a dataset. Data has been taken from recurrent nationally published data to give an overview of mental health outcomes and the determinants of mental health within Shetland. A full overview of the indicators is provided in Appendix 11. This quantitative data will complement the qualitative data gained through the community engagement work.

The data comes from a range of sources and covers the whole life span from perinatal to retirement age. The indicators have been split into four domains and within each domain are a number of sub-categories.

There are certain gaps highlighted within the dataset where no suitable data source could be identified to demonstrate spirituality, emotional intelligence or working life.

As well as national data sources, a number of local data sources have been identified from local services that could support and supplement national data. At present, these indicators are not available on a recurrent basis. To achieve this, a procedure is required than enables the annual collation of data. A full list of potential local sources is available in Appendix 12.

The aspiration is to strengthen the national data with local data, and to build up a time series trend.

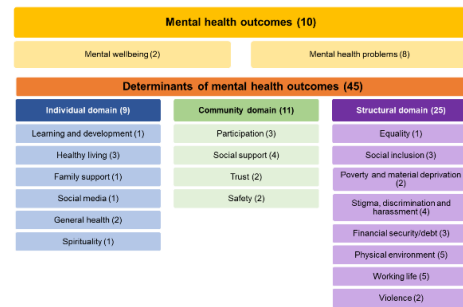


Fig.7 Public Health Scotland (2022) Framework and indicators for adult mental health

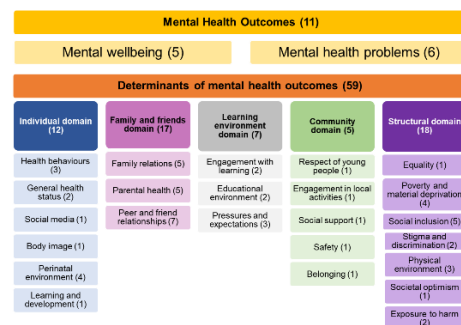


Fig.8 Public Health Scotland (2022) Framework and indicators for children and young people's mental health

Domain	Sub-category
Population	Mental wellbeing
	Mental health problems
Individual	Learning and development
	Healthy living
	General health
Community	Participation
	Social Networks
	Social support
	Trust
	Safety
Structural	Equality
	Social inclusion
	Discrimination
	Financial security/debt
	Physical environment

Fig.9 NHS Shetland 'Good Mental Health for All' indicators

10.0 Mental Health and Wellbeing Dataset: Dashboard Findings

Trends and information are presented in a dashboard format (Appendix 13), and are themed to relate to the main findings drawn from the community engagement exercise.

It is important to note that for some of the indicators within the dataset, the numbers are small. Therefore caution must be exercised when interpreting the data. Small changes can result in large percentage increases/decreases. The dataset is best used in conjunction with other types of evidence.

While on the whole the data shows that Shetland is doing comparatively well compared to the Scottish averages there are a number of areas where there are opportunities to improve.

Behaviours such as alcohol dependency and alcohol consumption appears to have decreased and stabilised respectively. There appears to be an increase in drug related deaths and suicides, however this may be an example of how small numbers can create large data fluctuations. The proportions of individuals reporting healthy eating has also decreased.

In terms of experiences, reported levels of discrimination and harassment have increased in the most recent period, while reported neighbourhood violence has fallen.

There has been little change in indicators relating external factors affecting communities and neighbourhoods. Other than the obvious increase in those reporting that they are managing very or fairly well financially. However it is important to note that this indicator relates to a time period prior to the cost of living crisis.

Personal issues such as reported life satisfaction saw a decrease, while a decrease was also reported in the proportion of individuals who have symptoms of depression. However, developmental concerns among children aged 27-30 months increased in the most recent period.

With regards to relationships, there has been a decrease in the percentage of child protection case conferences where parental substance misuse is the main concern. However, this is widely impacted by small numbers. The proportion providing regular care did increase in the most recent period.

There has been a small change in indicators relating to support, with a decrease in mental health inpatient activity and a slight increase in alcohol hospital admissions.

In terms of work and education there has been little change with the exception of an increase in the percentage of adults with at least one qualification and a decrease in the rate of school exclusions.

OVERALL FINDINGS

11.0 Overall Findings

The general aim for the Good Mental Health for All engagement work was to get a response from 1% of the affected population. In total there were 456 responses - 373 from the community engagement, 58 from the staff survey and 25 from the manager's survey. This gives a total response rate of 2%, which verifies the robust nature of the results. In addition there were 3497 respondents to the range of surveys that were analysed as part of the desk review – this does not mean 3497 people; the same individuals may have contributed to several surveys.

Nine main themes have been identified and explored:

- Leisure
- Behaviours
- Self-care
- Work and Education
- Support
- External factors
- Relationships
- Experiences
- Personal issues

Four themes were universal across all ages and all genders of people; Leisure, Support, Behaviours, Self-care. Other themes were also highly prevalent. A more detailed breakdown of overview findings can be found in Appendix 14.

Both national and local mental health surveys are female biased, and there are gender differences. Any proposals developed from this evidence base must consider gender differences – alternative approaches may be needed for male and other genders. Likewise, age differences exist and should be considered at planning stage.

The community engagement exercise showed that people are good at finding ways to support their mental health and can readily identify opportunities. People are generally good at pin-pointing their needs. Individuals appreciate support when it is received, wherever it comes from. Communities can be supportive and inclusive; something that can be further developed. People try to live healthy lifestyles. Even when motivation is low, people understand what it is they need to do to be healthy and the impact on mental health. People understand that mental health and ill-health involves physical, emotional, psychological, environment, social and spiritual aspects. People appreciate getting outside and enjoying Shetland's environment. Participation in physical activity is increasing, and there is an appetite for doing more.

From the overall evidence base, stand out challenges for people experiencing a decline in mental health are:

- Cost of living well
- Impact of poor weather
- Accessibility in rural and remote settings, for example lack of options, transport, childcare provision
- Stigma and discrimination
- Education and literacy
- Lack of a trusted personal connection
- Life expectations; time and pressure
- Relationship with self

The current cost of living is providing a particular challenge. As well as concerns around affording basic needs of food and fuel, people also struggle with the cost of activities and cost of travelling off-island to see friends and family.

Poor weather has a negative impact on mental health. This includes not being able to spend time as much time outside, levels of darkness affecting mood and not being able to access groups or supports due to poor weather.

Rurality can be challenging; higher proportions of people need to travel further afield to access mental health support than in other areas of the Highlands and Islands, and travelling brings high levels of stress to people who are struggling to manage their mental health. Generally, people would like support, services and wellbeing activities to be available within their own areas.

People with mental health difficulties often experience stigma, however when combined with another life challenge e.g. addiction, disability or poverty, there is even more discrimination and stigma to endure and overcome, and the more difficult it becomes to have needs met or addressed. Generally, there appears to be an increase in racial and gender harassment and discrimination, particularly among young people.

Loneliness is another concern among young people, as well as for the older generation. Young people and men would like more information on available mental health supports, more awareness raising and more learning e.g. recognising the signs of mental ill-health early. Across the population, people want someone to talk to. The values required are: someone that can be trusted, is trauma-informed, safe and non-judgemental. Many people would prefer this to be available within their community, but not from their community. This should be an early intervention, and not necessarily via medical services.

Across the population the constant pressure and busyness of life causes huge levels of stress and distress, with limited time for self-care or to learn coping mechanisms, leaving no energy to spare. For young people, the focused drive and pressure to achieve academically can impact negatively on their mental health, wellbeing and sense of self.

Many people, particularly females and young people, have difficulties with their sense of self – with difficulties around self-confidence, self-worth and body image; a poor relationship with food, both under eating and over eating, is a repeated concern.

There are some particularly wicked problems to resolve; the islands setting and service demand. As well as geographical challenges for a remote islands setting, there are also challenges within small communities around seeking help and support. People would like to access help and support within their own areas and via mobile and outreach services, but also struggle with the lack of anonymity, fear of gossip and coping with other people's behaviours. The stigma of accessing services or support from within communities is a particularly difficult barrier to break down.

Meanwhile services across helping professions are under significant pressure with limited finances and a difficulty in attracting and maintaining staff, which impacts on continuity of care and multi-agency working. Staff feel the pressure on services can result in overworking, which impacts on their own mental health. Staff often feel they are unable to do their best for the people they support due to their service being overstretched. Services are asked to provide person-centred support and do so to their best abilities, within existing resources. However this type of support can require more time and resource than is available. Managers feel they cannot effectively support their staff, due to the pressures they themselves are under.

It is clear that solutions need to be simultaneously balanced across individual, community and structural levels. Often, situations that impact the worst on individuals are factors out-with their control, at structural level. This can be factors like costs, weather, connectivity and geography. Add to this the conundrum of mental health being an invisible illness, made more invisible by being in a rural and remote setting. Solutions require co-production with communities, joined up working between services and mental health being embedded in all policies, and across risk and impact assessments.

A population at particular risk are teenagers from S1-S4, coping with loneliness, school pressures, family issues, vaping, self-image, food issues and social media standards, and an increase in racial and gender discrimination. Some also have caring roles, and are coping with experiences of loss and grief. Teenagers want and need more help and education around mental health. However it is not just mental health literacy that is required, but education around issues that crossover with mental health e.g. addiction, poverty, trauma, disability, LGBTQIA+. Learning and literacy around all of these topics also appears to be a need for adult populations, particularly for males.

Another population age at particular risk are young people in the 20s. Loneliness is a particular concern for local people aged 18-29. This age group also appears to be the most unlikely to seek support from friends or relatives. Locally, people age 25-29 have the lowest WEMWBS score across the population. Measures indicate that females in this age group are more at risk than males. These factors combined create a particular concern.

There are areas of potential concern that would benefit from further enquiry. Both nationally and locally, men under-report in surveys regarding mental health yet it is clear there are gender differences in experience and needs. Similarly there are gender differences for people who do not

identify as male or female; while views are represented in this report, a focused line of enquiry would help strengthen existing evidence. Our positive and negative relationships with both food and social media are complex and are topics that re-occur throughout this report; both topics would benefit from further focused enquiry. There are many other areas that cross-over with mental health, for example substance use, neurodiversity, poverty. These are areas that can bring additional value to the main themes identified here.

This report demonstrates there are many positives and assets, as well as challenges around achieving good mental health for all. Mental health is a social issue as well as a medical issue, and approaches from both perspectives are required to achieve effective solutions. While some issues are large and cumbersome to progress, other are small; often a small change can make a big difference to individuals and communities. Clear achievable outcomes are now required, along with identified core funding, leadership and governance to progress and develop the vision of good mental health for all.

RECOMMEND

12.0 Recommendations

The following recommendations relate to the findings within this report and the wider aims of the Good Mental Health for All project, articulated in the 2022 Project Initiation Document and Terms of Reference.

12.1 Recommendation 1: Develop an outcomes based strategy

Target date: 29th February 2024

Owner: GMHFA Steering Group

This document provides a reliable evidence base from which outcomes can be developed by the steering group. Outcomes should be clear, achievable, and grounded in evidence. Developed outcomes are to be adopted as the basis of a new Mental Health and Wellbeing Strategy for Shetland. As per the evidence base there should be a priority focus on higher prevalence areas, early intervention, health inequalities, and mental health through the life course. A balance should also be sought between prevention, promotion, and providing care and treatment.

12.2 Recommendation 2: Identify personnel and resource to complete procedure and manage upkeep and development of dataset and dashboard.

Target date: 29th February 2024

Owner: GMHFA Steering Group

One of the ambitions of the project is to maintain timely data, and build up a time series trend. However for this to be achieved a multi-agency agreement and procedure must be established.

National data sources can be readily accessed, however a number of local data sources have been identified from local services that could support and supplement national data. At present, this data is not available on a recurrent basis. To achieve this a procedure is required to enable the annual collation of data. Additionally, there are certain gaps highlighted within the dataset; work should continue to identify new/other data sources to keep the data set fresh and reliable.

12.3 Recommendation 3: Identify and agree personnel/resource to build on coproduction approach

Target date: 29th February 2024

Owner: GMHFA Steering Group

An ambition of the project is co-production, when professionals and citizens share power to design, plan and deliver support together. It recognises that everyone has an important contribution to make to improve quality of life for people and communities. This involves developing two-way reciprocal relationships, and the blurring of boundaries between delivering

and receiving services. Co-production is hard work and can require working out-with the established ways of doing things. It requires commitment, time and resources. The benefits are great – a sense of shared identity and purpose, improved outcomes, increased participation, and a better fit for people.

Through the project engagement work, the beginnings of relationships have been established. For co-production to be achieved, these relationships should be protected and continued in order to build on existing trust and to enable a shared contribution to outcomes and leadership.

12.4 **Recommendation 4: Identify and establish leadership and governance**

Target date: 31st May 2024

Owner: GMHFA Steering Group

The totality of the evidence should be used to identify appropriate leadership. Leadership, governance and partnership structures must be the right fit to deliver on local and national Mental Health and Wellbeing strategy outcomes. Leadership and membership must have agency and knowledge to influence identified priority areas.

Terms of reference should be established for any leadership and partnership group, along with a learning and mentorship programme to support partnership leaders, where required, with learning opportunities around mental health and wellbeing; early intervention and prevention; health inequalities. Once leadership and governance is in place, the steering group should disband.

12.5 **Recommendation 5: Identify and agree funding and personnel to coordinate programme of work and support ongoing strategy activity.**

Target date: 31st May 2024

Owner: GMHFA Steering Group and New Leadership Group

Decisions must be made around the potential re-allocation of existing funding and from where to seek additional funding in order to deliver on strategy outcomes. While the strategy and evidence base can provide information and guidance to any/all groups or organisations working within the sphere of mental health and wellbeing, a focused and committed approach is required to meet strategy outcomes, avoid dissipation of the mental health agenda, to coordinate multi-agency activity.

12.6 **Recommendation 6: Identify and agree personnel/resource to progress areas for further enquiry**

Target date: 31st May 2024

Owner: GMHFA Steering Group and New Leadership Group

As noted previously, there are areas of potential concern and cross-over that are touched on within this report that would benefit from more focused enquiry. Enquiry is required to ensure future work has ongoing relevance and impact. Any future directions should be based on up-to-date evidence and public mental health best practice and guidance.

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APPENDICES

Appendix 1: Question Variations

Question variations

Groups, age 0-5 and parents/guardians

For parents/guardians

Q1 How do you support your child/children's mental health?

Q2 What can make it difficult for you to support your child/children's mental health?

Q3 What else could help your child/children stay mentally well?

For children

Q1 What can we do to look after our mind and how we're feeling?

3 things that help me relax and feel good (petals)

2 things that make me feel sad or unhappy (pests)

1 special thing that would make me happy when I'm sad (nutrients)

Groups, age 5-11 and parents/guardians

For parents/guardians

Q1 How do you and your child/children support their mental health?

Q2 What can make it difficult for you and your child/children to support their mental health?

Q3 What else could help your child/children stay mentally well?

For children

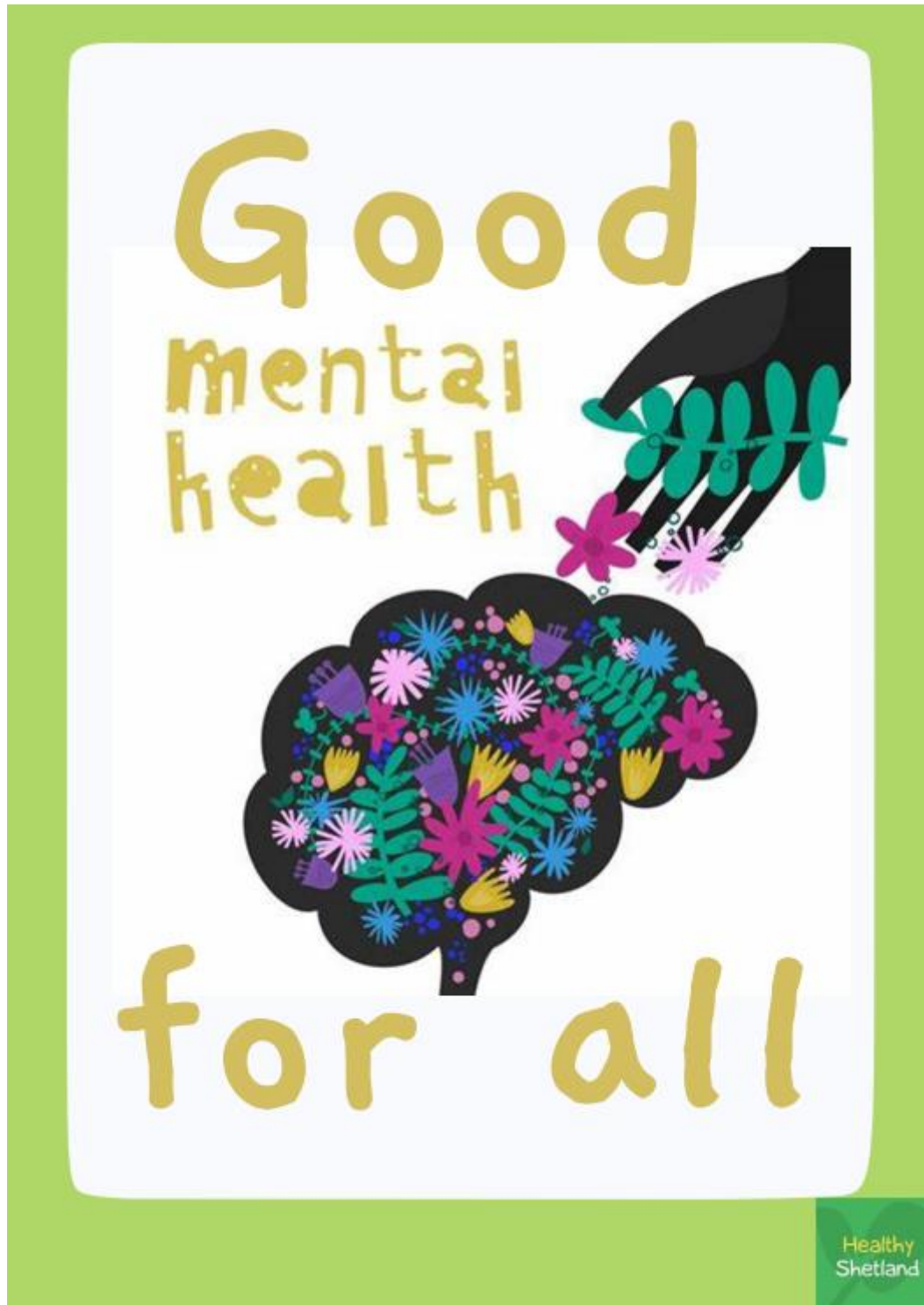
Q1 What can we do to look after our mind and how we're feeling?

3 things that help me relax and feel good (petals)

2 things that make me feel sad or unhappy (pests)

1 special thing that would make me happy when I'm sad (nutrients)

Appendix 2: Display Pack



Display Pack

General Public Displays - 2023

In your pack you will find

1. Project Overview and Guide for Staff
2. Set Up Guide
1. Big poster
2. Selection of paper shapes for writing answers (colour coded by age group)
3. 2x A3 posters
4. A3 worksheets for children (can be photocopied)
5. Pens
6. Blu-tack

Project Overview

Everyone has 'mental health', just as we all have 'physical health'. And like our physical health, there are times when our mental health is better than others.

NHS Shetland Health Improvement team are currently leading on a project called Good Mental Health for All. This project is focused on working to refresh the mental health strategy for Shetland which will be focused on prevention, early intervention, communities and population wellbeing.

The project is led by a focused and dedicated steering group that represent the following sectors and partnerships:

- Lived Experience
- Public Health
- Primary Care
- Children and Young People's Mental Health and Wellbeing Group
- Voluntary Action Shetland
- Community Hubs and Community Ethos Group
- Community Development
- Health Improvement

The steering group are undertaking community engagement work with a wide range of stakeholders and communities in developing the refreshed strategy. Feedback from this engagement work will inform the development of a refreshed strategy as our understanding of community need develops.

For updates and more information on the project go to www.healthyshetland.com

Display Purpose

The purpose of this display is to hear how people are currently looking after their mental health, and what can make that challenging. We'd like to know what would make those challenging times easier.

Comments will be collated and a thematic analysis will be undertaken. This will help identify main themes, which will then be used in developing a mental health and wellbeing strategy.

Guide for Staff

Your responsibilities

- To set up and take down the display
- To make sure the display materials are available to the public and kept tidy at all times
- To actively encourage people to engage with the display and leave their thoughts
- To signpost to the online survey at www.healthyshetland.com as an alternative
- To let us know when refills or more materials are required
- To answer any basic queries about the display
- To signpost people to the www.healthyshetland.com website for further information
- To thank people for the contribution and involvement

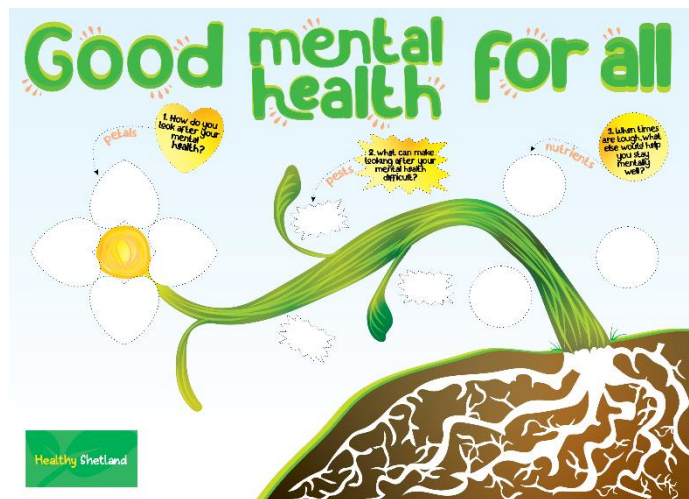
Set Up Guide

You will need:

- A wall space, or display board, with a space 150cm (width) x 110cm (height)
- A table big enough to display 2x A3 posters and 6x bags of paper shapes

Poster

- A large poster (150cmx110cm) showing a picture of a flower is provided. The flower and its environment are used as an analogy for mental health.
- The poster should be displayed where everyone can see it, preferably on a wall or display board.
- Try to ensure the poster is accessible, as people need to interact with it



Display table

A table should be set nearby the poster with related display materials. On it should be:

- 2x A3 Display Posters
- 6x bags with paper shapes (colour coded by age group)
- Pens
- Blue-tack



Worksheets

The worksheets for children are optional and can be used as required. They can either be set out alongside the display, or given to families individually.

Further questions? Please get in touch

✉ lynsey.rendall@nhs.scot

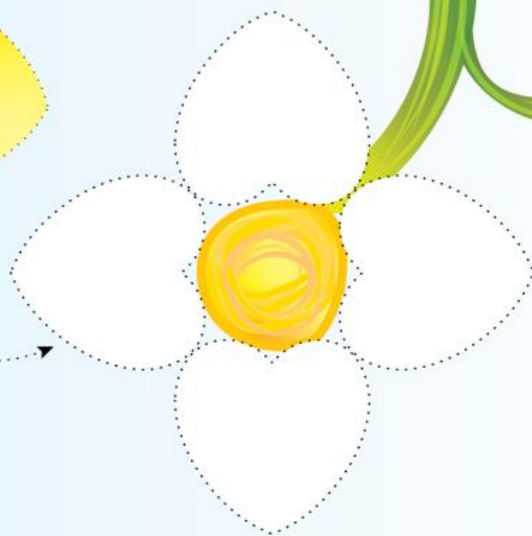
✉ laura.cheyne@nhs.scot

☎ 01595 807493 / 01595 807494

Good mental health for all

1. How do you look after your mental health?

petals



2. What can make looking after your mental health difficult?

pests



3. When times are tough, what else would help you stay mentally well?

nutrients



Good mental health



for all

Add to the Picture!

Let us know how you look after your mental health and what can make that hard. When times are tough, what else would help?

Your input will help guide a mental health and wellbeing strategy for Shetland.

Step 1: Collect a set of 3 differently shaped cards that reflect your age group

Step 2: Write your gender identity on the back of all 3 cards

Step 3: Write your response to the questions on each card. Q1 Q2 Q3

Step 4: Stick your cards on to the big picture!

Q1 How do you look after your mental health?

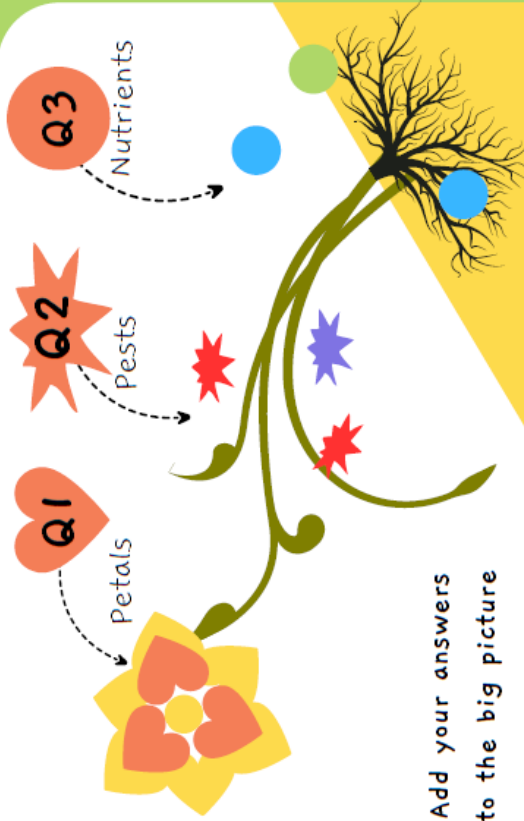
Think about:

- How does it feel when you're at your best, what contributes to that?
- What about your interests and personality?
- What do you love? What brings comfort?
- Who do you love to be with, who supports you to be well?
- Think about all you have learned about yourself

Q2 What can make it hard to look after your mental health?

Think about different things that can affect you:

- Your home and where you live
- The people around you
- Your money and wider economic factors
- The environment - geography and weather
- Your physical health and self-image
- Your life experiences



Add your answers to the big picture

Q3 When times are tough, what else would make a difference and help you stay mentally well?

Think about:

- When things haven't gone well, what would've helped?
- Is there anything you would like to be able to access in your community? Or anyone you would like to make a connection with?
- Is there any kind of support you would like that you can't get just now?
- What do you need but don't have?

Thank you for your valuable contribution!

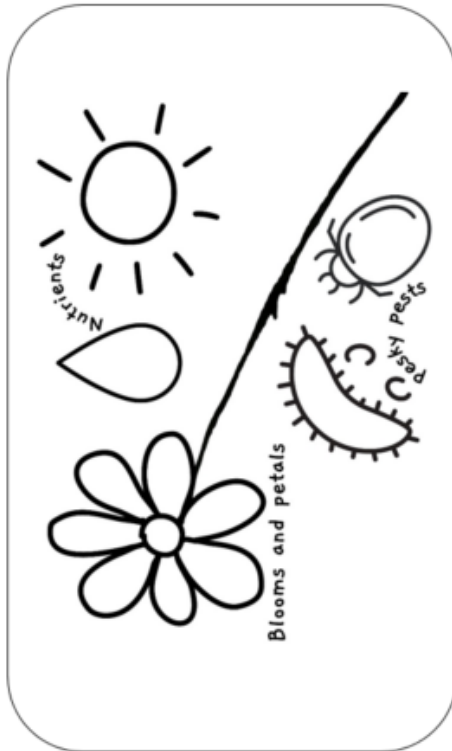
Find out more at www.healthshetland.com

Appendix 3: Worksheet

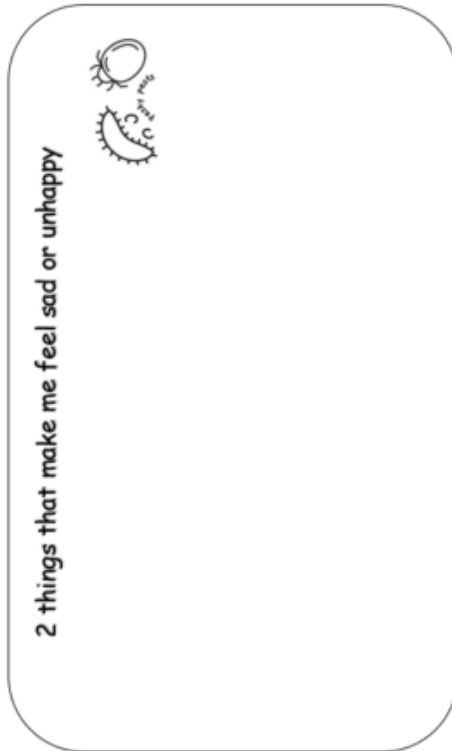


Good Mental Health for All: What can we do to look after our mind and how we're feeling?

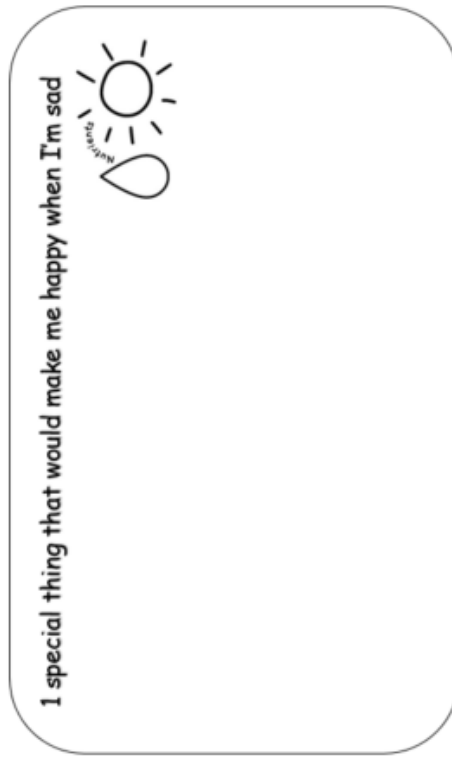
My age:



3 things that help me relax and feel good



2 things that make me feel sad or unhappy



1 special thing that would make me happy when I'm sad



Appendix 4: General Public Questionnaire



Shetland Good Mental Health for All Survey

Everyone has 'mental health', just as we all have 'physical health'.

Let us know how you look after your mental health and what can make that hard. When times are tough, what else would help? Responses will help guide a mental health strategy for Shetland.

Shetland Good Mental Health for All Survey

* Required

1. What age group are you within?

This will help us to see what is important at varying life stages. *

- Age 13-18
- Age 19-30
- Age 31-60
- Age 60+

2. To which gender identity do you most identify?

This will help us make sure we are getting a fair representation. *

- Male
- Female
- Transgender Female
- Transgender Male
- Non-binary
- Prefer not to answer
- Other

3. How do you look after your mental health?

Some things to consider:

- How does it feel when you're at your best, what contributes to that?
- What about your interests and personality?
- What do you love? What brings comfort?
- Who do you love to be with, who supports you to be well?
- Think about all you have learned about yourself

Try and limit your answer to no more than 50 words *

Enter your answer

4. What can make looking after your mental health difficult?

Think about different things that can affect you:

- Your home and where you live
- The people around you
- Your money and wider economic factors
- The environment – geography and weather
- Your physical health and self-image
- Your life experiences

Try and limit your answer to no more than 50 words *

Enter your answer

5. What else could help you stay mentally well?

Think about:

- When things haven't gone well, what would've helped?
- Is there anything you would ideally like to access within your own community?
- Is there any kind of support you would like that you can't get just now?
- Is there anyone in your local community who could maybe help?
- What do you feel you need?

Try and limit your answer to no more than 50 words *

Enter your answer

6. What is one thing you will do today to nurture your mental health?

Thank you for contributing and please take good care of yourself.

Breathing Space

Sometimes our thoughts and feelings can overwhelm us. It helps to get some Breathing Space. Pick up the phone – we're here to listen.

0800 83 85 87

Mon-Thurs 18:00-02:00

From Fri 18:00 to Mon 06:00, 24 hours

<https://breathingspace.scot/>

Samaritans

If you need someone to talk to, we listen. We won't judge or tell you what to do. Call or email us anytime day or night.

116 123 jo@samaritans.org

Livechat via website: www.samaritans.org

NHS24

Our 111 service is here to provide urgent care advice and mental health support day or night. Phone 111 if you think you need A&E, but it's not a critical emergency.

111

www.nhs24.scot

Submit

Shetland Good Mental Health for All Survey

✓ Thanks!

To find out more about the project, go to www.healthshetland.com/good-mental-health-for-all

Your response will remain anonymous to the form owner after you sign in to save and edit the response.

Save and edit later

[Submit another response](#)

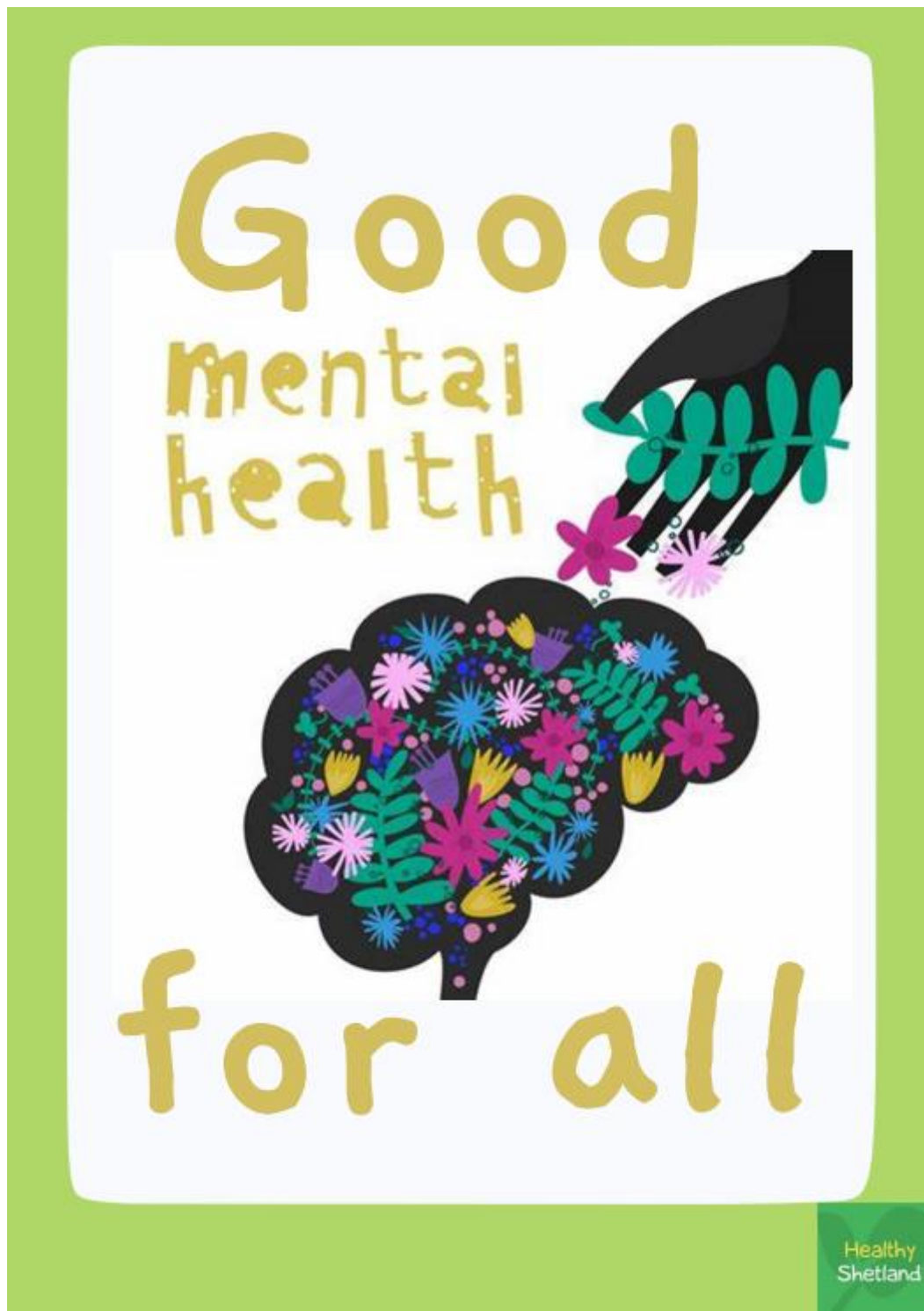
[Create my own form](#)

Powered by Microsoft Forms |

The owner of this form has not provided a privacy statement as to how they will use your response data. Do not provide personal or sensitive information.

| [Terms of use](#)

Appendix 5: Facilitators Pack



Facilitator Pack

Group Sessions - 2023

In your pack you will find

'Facilitator Pack'

3. Project Overview (1)
4. Set Up Guide (1)
5. Guide for Session Leaders (1)
6. Guide for Table Hosts (3)
7. Note taking sheet for Table Hosts (3)
8. A4 etiquette to set on tables (3)

Additional materials for the display and tables

7. Big poster (1)
8. Selection of shapes for writing answers
9. A3 question posters to set on tables (3)
10. Pens (15)
11. Blu-tack
12. Post it notes
13. Flipsheet paper (3)
14. Self-care sheets, for participants to take home (15)
15. Photo consent forms (15)

Available on request:

1. Worksheets for 1:1 activity (replacing group activity)

Project Overview

Everyone has 'mental health', just as we all have 'physical health'. And like our physical health, there are times when our mental health is better than others.

NHS Shetland Health Improvement team are currently leading on a project called Good Mental Health for All. This project is focused on working to refresh the mental health strategy for Shetland which will be focused on prevention, early intervention, communities and population wellbeing.

The project is led by a focused and dedicated steering group that represent the following sectors and partnerships:

- Lived Experience
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- Community Hubs and Community Ethos Group
- Community Development
- Health Improvement

The steering group are undertaking community engagement work with a wide range of stakeholders and communities in developing the refreshed strategy. Feedback from this engagement work will inform the development of a refreshed strategy as our understanding of community need develops.

For updates and more information on the project go to www.healthyshetland.com

Session Purpose

The purpose of this group session is to hear how people are currently looking after their mental health, and what can make that challenging. We'd like to know what would make those challenging times easier.

Set Up Guide

Consider the physical space

- Is it accessible? Does it have natural daylight?
- Create a relaxed environment with tables, with no more than 6 people per table.
- Where possible try to create break out spaces where people can sit on their own to complete the exercise if they wish.
- Make sure exits are clearly marked and that people know where the toilets are.

Staffing

- Ensure you have enough staff for your group size – one for every 5 participants. If participants have complex needs, the staff ratio may need to be higher.
- Each staff member is to act as a Table Host to support participants with discussion. If you do not have staff to support this, please let us know beforehand.

Poster

- The poster measures 150cm (width) x 110cm (height) and should be displayed where everyone can see it. This could be on a wall, a large table, the floor, or a display board.

On the tables

On each table there should be:

- An A3 Question Sheet
- An A4 Etiquette Guide
- Paper shapes (colour coded by age group)
- Pens



Refreshments

- If possible, please provide some refreshments to encourage people to take their time.
- Where possible, refreshments should have a dedicated space where people can help themselves.

Guide for Session Leader

Thank you for agreeing to be the session leader and main facilitator.

Welcome

- Welcome everyone
- Give a brief outline of the purpose of the session
- Ensure everyone knows how long the session will run for and when it will be drawn to a close.
- Discuss session etiquette (A4 print out for tables)
- Assure that all feedback will be anonymous and encourage the group to recognise this as a safe space to share thoughts and feelings.
- Check how participants feel about photographs being taken throughout the session. If people are happy, ensure photo consent forms are completed. Please take a few photographs of people working together throughout the session if they are willing.

At the tables

- Join participants at a table. It is the Table Host's job to encourage discussion, support participants and note down key points that come up during discussion. See 'Guide for Table Hosts'
- Keep aware of time and give everyone a 5 minute notice before the session is due to close.

To close

- Thank everyone for their contribution and involvement.
- Explain an online survey is also available, and public display set ups. These can be referred to if anyone has any further comment, and please encourage others to get involved.
- Explain comments from all sessions will be collated and a thematic analysis will be undertaken. This will help identify main themes, which will then be used in developing a mental health and wellbeing strategy.
- Ask people to think of one thing they will do that day that focuses on nurturing their mental wellbeing and provide everyone with a self-care sheet

Afterwards

- We would appreciate a photograph of the completed poster if possible, before you dismantle it.
- All materials should be dismantled and returned in the plastic bag - please check against the contents list at the front of this pack.

Guide for Table Hosts

Thank you for agreeing to act as a Table Host.

At the table

- Welcome everyone and encourage everyone to introduce themselves if they do not already know each other.
- Make sure everyone selects card shapes within the correct age category (colour coded) – one of each shape.
- Ask everyone to add their gender to the back of all 3 cards, if they are willing to do so.
- Table Hosts should use Note Taking sheets to write down key points from any discussion.

4 Step Process

1. Table Host to read out Question 1 and encourage discussion.
2. After discussion encourage participants to write out their 'heart' card (before moving on to the next question).
3. Gather up all the answers and attach them to the poster with blu-tack.
4. Repeat process for Question 2 (star shape) and Question 3 (circle shape).

We have 3 questions we'd like to ask

1. How do you look after your mental health?

Discussion prompts:

- How does it feel when you're at your best, what contributes to that?
- What about your interests and personality?
- What do you love? What brings comfort?
- Who do you love to be with, who supports you to be well?
- Think about all you have learned about yourself

2. What can make looking after your mental health difficult?

Discussion prompts:

Think about different things that can affect you

- Your home and where you live
- The people around you
- Your money and wider economic factors
- The environment – geography and weather
- Your physical health and self-image
- Your life experiences

Try and dig a little deeper:

- Tell me more about...
- In what way does that help you?
- What led you to this point of view?
- I notice you're passionate about this... what makes this important to you?
- This is what I heard you say... is it what you meant?
- What would happen if that were possible?

3. When times are tough, what else could make a difference and help you stay mentally well?

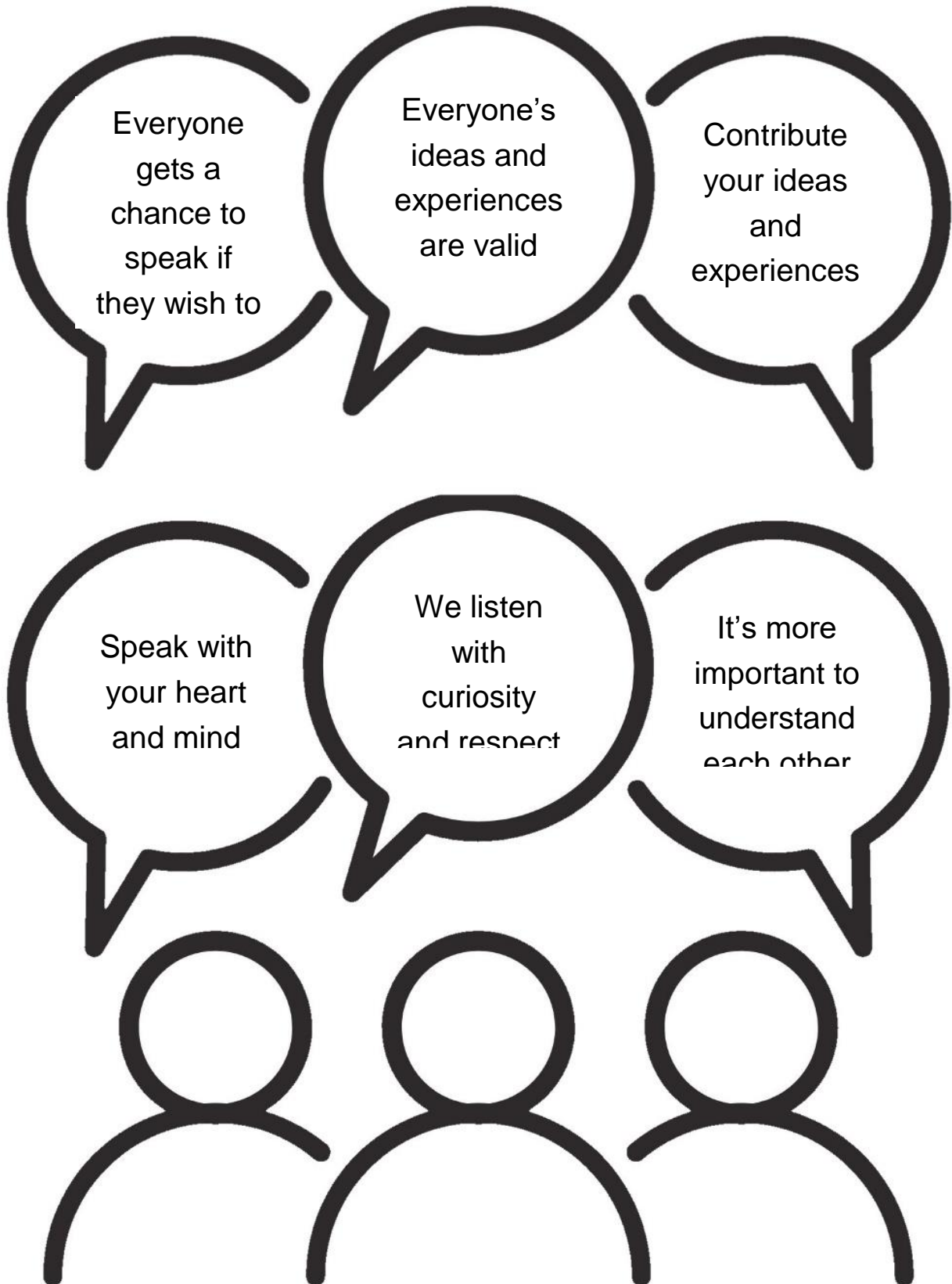
Discussion prompts:

- When things haven't gone well, what would've helped?
- Is there anything you would like to be able to access in your community?
- Is there anyone within your community you would like to make a connection with?
- Is there any kind of support you would like that you can't get just now?
- What do you need but don't have?

Evaluation exercise

After completing the exercise ask 'How have you found that exercise? How are you feeling? What are you thinking? Is there anything else you would like to say?' Record responses on post-it notes on a flipchart page.

Etiquette Guide



Appendix 6: Selection of Responses, by Age Category

Ages 0-5

Good mental health for all

1. How do you look after your mental health?

- I feel happy when I look at pictures I've drawn
- (watching television)
- Cuddles kisses + Love You's
- My family cuddles
- My "Bibi" computer
- Swimming! flowers on flowers! happy happy
- not sibe
- My "Bibi" computer

2. What can make looking after your mental health difficult?

- When my mum says I'm not good
- When I get sad

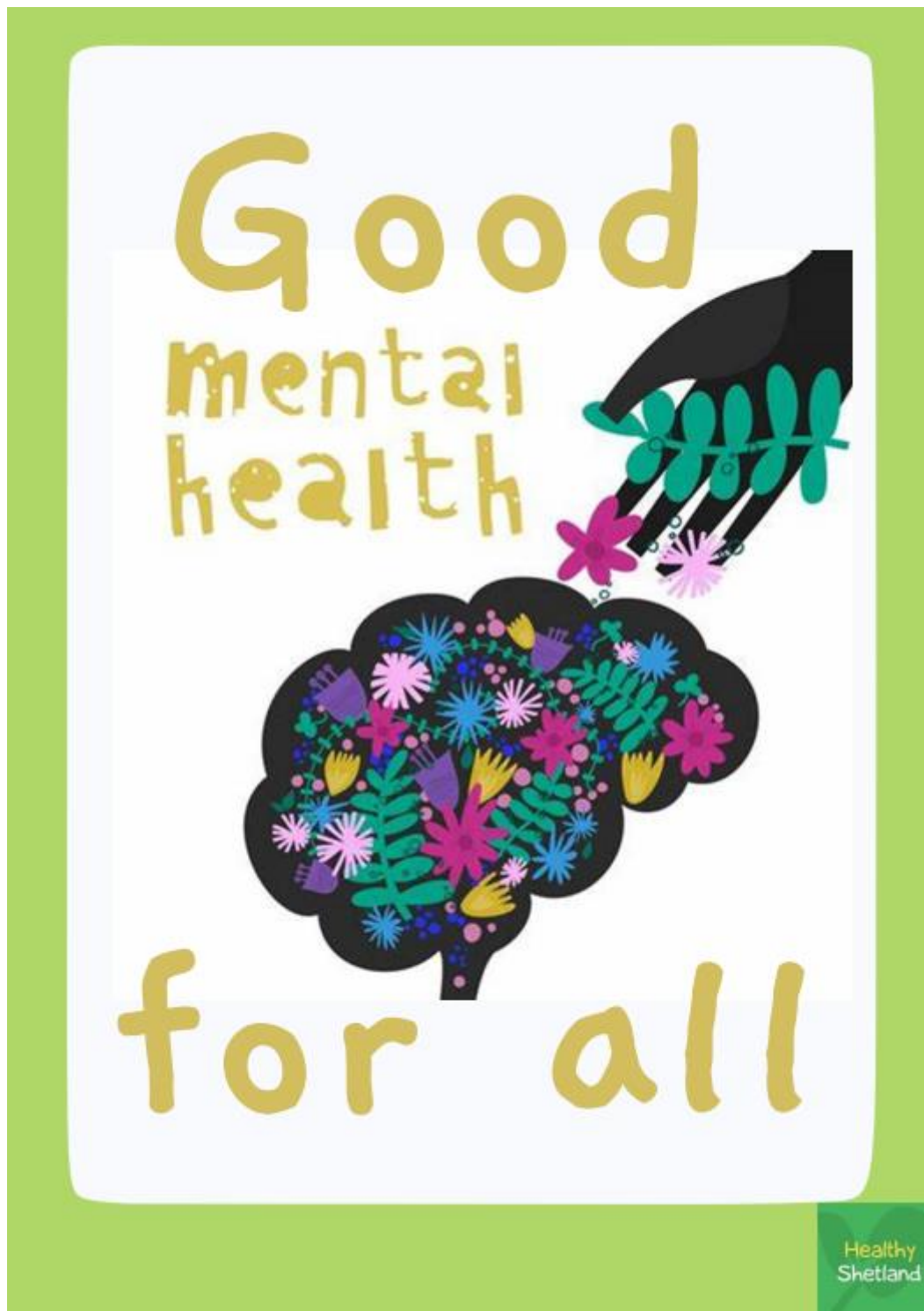
3. When times are tough, what else would help you stay mentally well?

- Doing your exercise I love them!
- More time to do things that I enjoy
- More time to do things that I enjoy

nutrients

Healthy Shetland

Appendix 7: Downloadable Pack



Facilitator Pack (Download)

Group Sessions - 2023

Materials

In this downloadable Facilitator Pack you will find:

9. Project Overview
10. Session Format
11. Set Up Guide
12. Guide for Session Leaders
13. Guide for Table Hosts (to photocopy)
14. Note taking sheet for Table Hosts (to photocopy)
15. A4 etiquette to set on tables (to photocopy)
16. Photo consent form (to photocopy)
17. Safeguarding Advice, for Session Leaders and Table Hosts
18. Creating a Trauma Informed Event - Guidance

You will also need the following materials:

16. Big poster
17. Selection of shapes for writing answers
18. A3 question posters to set on tables
19. Self-care sheets for participants to take home
20. Pens
21. Blu-tack
22. Post it notes
23. Flipsheet paper

Please request these materials via info@healthysketland.com 01595 807494

Available on request:

2. Worksheets for 1:1 activity (replacing group activity)

1. Project Overview

Everyone has 'mental health', just as we all have 'physical health'. And like our physical health, there are times when our mental health is better than others.

NHS Shetland Health Improvement team are currently leading on a project called Good Mental Health for All. This project is focused on working to refresh the mental health strategy for Shetland which will be focused on prevention, early intervention, communities and population wellbeing.

The project is led by a focused and dedicated steering group that represent the following sectors and partnerships:

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- Voluntary Action Shetland
- Community Hubs and Community Ethos Group
- Community Development
- Health Improvement

The steering group are undertaking community engagement work with a wide range of stakeholders and communities in developing the refreshed strategy. Feedback from this engagement work will inform the development of a refreshed strategy as our understanding of community need develops.

For updates and more information on the project go to www.healthyshetland.com

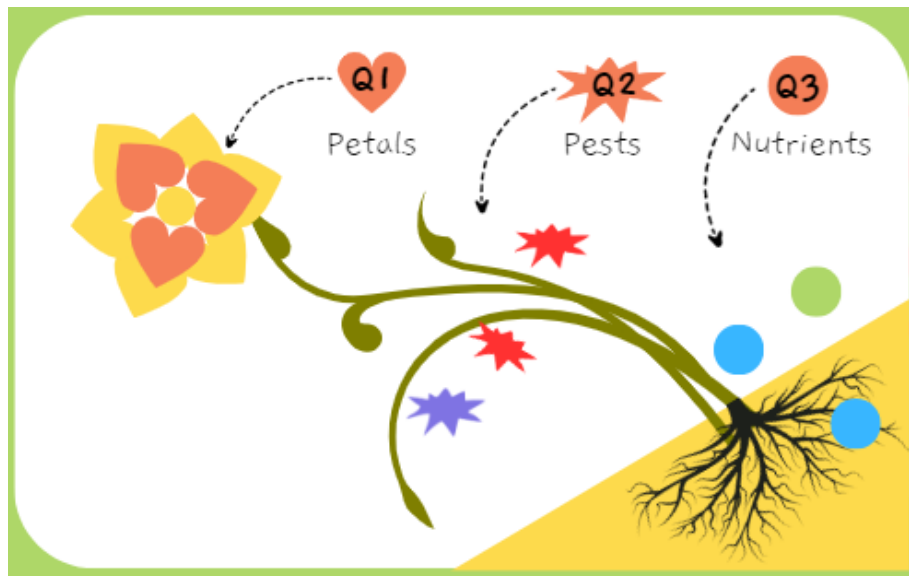
Session Purpose

The purpose of this group session is to hear how people are currently looking after their mental health, and what can make that challenging. We'd like to know what would make those challenging times easier.

Sessions will take about one hour, and will require some preparation and tidy up time.

2. Session Format

A large poster (150cmx110cm) showing a picture of a flower will be provided. The poster can be displayed on the wall, a large table, display boards or the floor. The flower and its environment are used as an analogy for mental health.



Participants are seated around tables, with no more than 5 participants per table. Each table will also have a Table Host to help support participants and guide the session.

There are 3 questions for participants to consider and discuss. Participants are invited to write or draw their answers on paper shapes.

The completed paper shapes are then added to the large poster, which transforms the picture of the flower, and visually demonstrates a collective voice.

Sessions will take about 1 hour, with 10 minutes discussion on each question.

Question 1: Petals 
How do you look after your mental health?

Question 2: Pests 
What can make it hard to look after your mental health?

Question 3: Nutrients 
When times are tough, what else would make a difference and help you stay mentally well?

3. Set Up Guide

Consider the physical space

- Is it accessible? Does it have natural daylight?
- Create a relaxed environment with tables, with no more than 6 people per table.
- Where possible try to create break out spaces where people can sit on their own to complete the exercise if they wish.
- Make sure exits are clearly marked and that people know where the toilets are.

Staffing

- Ensure you have enough staff for your group size – one for every 5 participants. If participants have complex needs, the staff ratio may need to be higher.
- Each staff member is to act as a Table Host to support participants with discussion. If you do not have staff to support this, please let us know beforehand.

Poster

- The poster measures 150cm (width) x 110cm (height) and needs to be displayed where everyone can see it. This could be on a wall, a large table, the floor, or a display board.

On the tables

On each table there should be:

- An A3 Question Sheet
- An A4 Etiquette Guide
- Paper shapes (colour coded by age group)
- Pens



Refreshments

- If possible, please provide some refreshments to encourage people to take their time.
- Where possible, refreshments should have a dedicated space where people can help themselves.

4. Guide for Session Leader

Thank you for agreeing to be the session leader and main facilitator.

You will also act as a Table Host during discussions.

Welcome (10 minutes)

- Welcome everyone
- Give a brief outline of the purpose of the session
- Ensure everyone knows how long the session will run for and when it will be drawn to a close.
- Discuss session etiquette (A5 print out for tables)
- Assure that all feedback will be anonymous and encourage the group to recognise this as a safe space to share thoughts and feelings.
- Check how participants feel about photographs being taken throughout the session. If people are happy, ensure photo consent forms are completed. Please take a few photographs of people working together throughout the session if they are willing.

At the tables (10 minutes per question, 10 minutes for evaluation)

- Join participants at a table. It is the Table Host's job to encourage discussion, support participants and note down key points that come up during discussion. See 'Guide for Table Hosts'
- Keep aware of time and give everyone a 5 minute notice before the session is due to close.

To close (10 minutes)

- Thank everyone for their contribution and involvement.
- Explain an online survey is also available, and public display set ups. These can be referred to if anyone has any further comment, and please encourage others to get involved.
- Explain comments from all sessions will be collated and a thematic analysis will be undertaken. This will help identify main themes, which will then be used in developing a mental health and wellbeing strategy.
- Ask people to think of one thing they will do that day that focuses on nurturing their mental wellbeing and provide everyone with a self-care sheet

Afterwards

- We would appreciate a photograph of the completed poster if possible, before you dismantle it.
- All materials should be dismantled and returned in the plastic bag - please check against the materials list at the front of this pack.

Return to: Health Improvement, Grantfield, Lerwick ZE1 ONT

Or contact us at info@healthyshetland.com, 01595 807494

5. Guide for Table Hosts

Thank you for agreeing to act as a Table Host.

At the table

- Welcome everyone and encourage everyone to introduce themselves if they do not already know each other.
- Make sure everyone selects card shapes within the correct age category (colour coded) – one of each shape.
- Ask everyone to add their gender to the back of all 3 cards, if they are willing to do so.
- Table Hosts should use Note Taking sheets to write down key points from any discussion.

4 Step Process

5. Table Host to read out Question 1 and encourage discussion.
6. After discussion encourage participants to write out their 'heart' card (before moving on to the next question).
7. Gather up all the answers and attach them to the poster with blu-tack.
8. Repeat process for Question 2 (star shape) and Question 3 (circle shape).

We have 3 questions we'd like to ask (10 minutes per question)

4. How do you look after your mental health?

Discussion prompts:

- How does it feel when you're at your best, what contributes to that?
- What about your interests and personality?
- What do you love? What brings comfort?
- Who do you love to be with, who supports you to be well?
- Think about all you have learned about yourself

5. What can make looking after your mental health difficult?

Discussion prompts:

Think about different things that can affect you

- Your home and where you live
- The people around you
- Your money and wider economic factors
- The environment – geography and weather
- Your physical health and self-image
- Your life experiences

Try and dig a little deeper:

- Tell me more about...
- In what way does that help you?
- What led you to this point of view?
- I notice you're passionate about this... what makes this important to you?
- This is what I heard you say... is it what you meant?
- What would happen if that were possible?

6. When times are tough, what else could make a difference and help you stay mentally well?

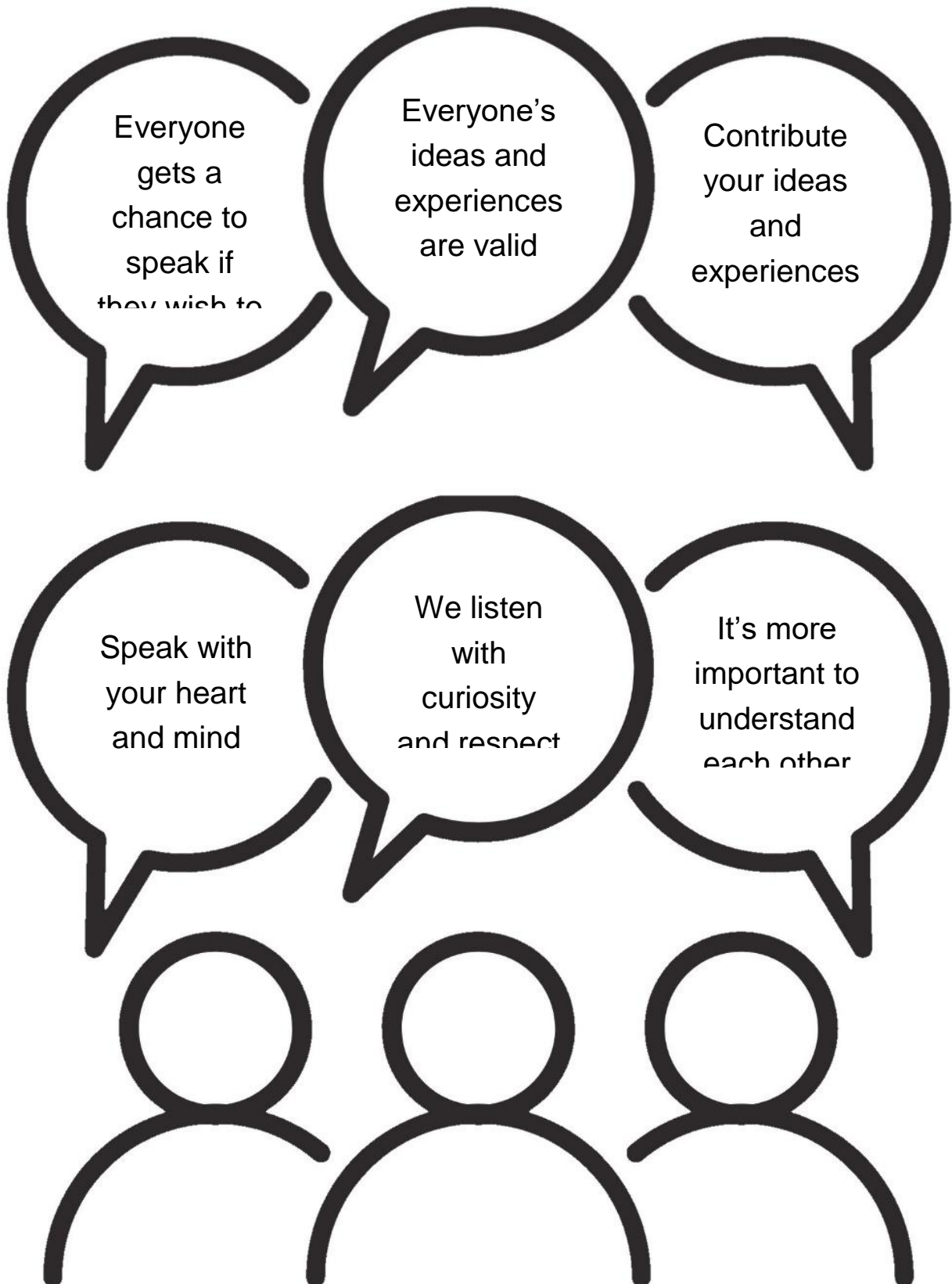
Discussion prompts:

- When things haven't gone well, what would've helped?
- Is there anything you would like to be able to access in your community?
- Is there anyone within your community you would like to make a connection with?
- Is there any kind of support you would like that you can't get just now?
- What do you need but don't have?

Evaluation exercise (10 minutes)

After completing the exercise ask 'How have you found that exercise? How are you feeling? What are you thinking? Is there anything else you would like to say?' Record responses on post-it notes on a flipchart page.

6. Etiquette Guide



8. Photo Consent Form

We love to record our activities – it helps promote our work and shows what we have been doing.

Photos may be used by:

- NHS Shetland
- Organisations who have hosted a Good Mental Health for All session

On the following platforms:

- Local news
- Print and digital publications, such as reports
- For promotion of our activities for current or future funders
- Social media and other digital channels like websites

There is no time limit on usage.

We aim to phase out or archive images after two years.

Your right to have images removed

You have the right to ask us to remove any images of you if you don't want them kept or shared. If you want images to be removed, please email info@healthyshetland.com

Contact Details

Your Name:.....

Parent/Guardian name (if you are under 18):.....

Email:

Telephone number:.....

Your signature (or parent/guardian signature if under 18:

Date:.....

9. Safeguarding Advice, for Session Leaders and Table Hosts

Safeguarding is what we do to promote the welfare of people at risk and to protect them from harm. As a professional you have a responsibility to safeguard children & vulnerable adults from harm. You must report any safeguarding allegation, concern or disclosure within 24 hours of finding out about it, or sooner if it's an emergency. If you're not sure about the concern, report it anyway.

A safeguarding concern, allegation or disclosure could be anything relating to a child's or adult's safety or welfare. Or it could be about the potential risk a person may pose to others.

If you have to deal with a safeguarding concern, it's extremely important that you understand your role, including what to say and how to behave. Remember, you should only share information with those who need to know. In the event of a disclosure follow your own organisation's safeguarding policy and procedure.

Principles of Protection

Stop

Did you notice something not quite right?

Write down the time, date and details and what you've observed.

Assess

Use the right tools and guidance available to you to help you decide if you need to do anything further. View www.safershetland.com for information.

Feel

Maintain professional curiosity. If something doesn't feel right, there's a chance it's not.

Explore

Have a conversation with a colleague or your manager, or other professionals that may have useful information.

Refer

Make a safeguarding referral. Record your actions. Follow up on your referral.

Do I need the individual's consent to make a referral?

No. However, unless it places the person at increased risk you should always explain why you are concerned & that a referral is being made to further support the individual and/or their family

Myth: I can't share information under the Data Protection Act.

Truth: The Data Protection Act allows us to share relevant personal information within a legal framework to protect vulnerable individuals.

10. Creating a Trauma Informed Event - Guidance

Safety

- Does the physical environment promote a sense of safety and protection, and create a welcoming and domestic atmosphere?
- Are your staff trauma informed and adult/child protection trained?
- Are you familiar with your local safeguarding policies and procedures?
- Have you enabled appropriate support to participants before, during and after the session?
- Have you allocated enough time at the end of the session to help people feel grounded to the present and leave the session feeling good?
- Do you know where to signpost people to if they require further support?

Trustworthiness

- Have you ensured all participants know the purpose of this session prior to attending?
- Have you ensured participants know what is being asked of them prior to attending the session?
- Have you explained who will be present, where the venue is and how long the session lasts?
- Have you explained what happens next with the information gathered?

Choice

- Have you made it clear that attendance is voluntary?
- Have you made it clear that people should only share and discuss what they themselves feel comfortable with?
- Do participants understand they can withdraw from the session at any point and have the right to withdraw their contribution?
- Have you ensured a break out space where anyone can choose to withdraw to should they wish?

Collaboration

- Have you considered encouraging informal peer support for participants before, during and after the session?
- Have you considered how to ensure a respectful and equal power balance between facilitators/staff members and participants?

Empowerment

- Have you checked if participants need any additional support or tools to enable them to contribute effectively?
- Are staff members confident to direct participants to coping strategies and additional resources if needed, that will contribute to people feeling safe and comforted and empowered?

Appendix 8: Mental health and wellbeing service map 2022/2023

Note: This map is a best estimation of services available and may not be entirely accurate. Furthermore services may sit under more than one level of prevention, but have been added only once under one heading.

MENTAL HEALTH AND WELLBEING SERVICE MAP 2023						
	0 to 5	6 to 12	13 to 18	19 to 30	30 to 59	60+
Primary Prevention (X HASN'T HAPPENED YET - CAUSES AND DETERMINANTS)						
Midwives - early intervention and support (NHS)	↔					
Health Visiting - general support (NHS)	↔	↔				
PEEP Learning Together (SIC)	↔	↔				
HENRY (SIC/NHS)	↔	↔				
Nurture in Schools (SIC Education)		↔	↔	↔		
Supporting Self Regulation (SIC Education)		↔	↔	↔		
Group and class programmes (SIC Education)		↔	↔	↔		
Resilient Kids (SIC Education)		↔	↔	↔		
PSE - general support (SIC Youth & Emp)			↔	↔		
Programmes and initiatives e.g. Mind Yer Time, Wellbeing Toolkit (SIC Youth and Emp)			↔	↔		
Shetland Arts Wellbeing programmes			↔	↔	↔	↔
Trauma training (SIC and NHS)	↔	↔	↔	↔	↔	↔
Health Improvement team initiatives e.g. Walk the Rock, Smoking Cessation, Otago	↔	↔	↔	↔	↔	↔
Living Well Hubs	↔	↔	↔	↔	↔	↔
Community Learning and Development workers - adult learning and community workers			↔	↔	↔	↔
Opportunities provided through Community Mental Health and Wellbeing Fund (see below)			↔	↔	↔	↔
Secondary Prevention (HIGHER RISK X HAS ALREADY OCCURRED - MITIGATION)						
Perinatal and Infant Mental Health Pathway (NHS)	↔					
Associate Family Well-being Support (NHS) ??	↔	↔				
Wellness 1000 (Mind Your Head)	↔	↔				
Triple P (SIC)	↔	↔	↔			
Theraplay (SIC)	↔	↔	↔	↔		
Incredible Years (SIC)	↔	↔				
Kit Bag (SIC Education)		↔	↔	↔		
Seasons for Growth (SIC Education)		↔	↔	↔		
Solihull on line course	↔	↔	↔	↔	↔	↔
School nursing e.g LIAM (SIC / NHS)		↔	↔	↔		
Well Youth (Mind Your Head)			↔	↔	↔	
School Counselling (SIC Education)			↔	↔		
Gender based violence intervention (Women's Aid)	↔	↔	↔	↔		

Other services that provide ancillary/indirect mental health support:

Mother and toddler groups
Shetland Library Book Bug
Youth Clubs
Active Schools
Outdoor play areas
Short breaks (SIC)
Family support and early intervention (SIC)
C&YP Residential services (SIC)
Open - Da Café
Saltire Volunteering
Scalloway Youth Café
Kit for All
Sandveien Neighbourhood Centre
All youth organisations
Shetland Amenity Trust
Shetland Recreational Trust
Community Care Resources services
Support Living and Outreach services
Care Home services
Shared Lives project
COPE
Ability Shetland
Safer Shetland
Employability pathway
MacMillan - improving your cancer journey
MacMillan nurses
Housing Support
Community Justice team support
Support Groups - Long term conditions, Forget me not self-help, Macular Society
Anchor for Families drop ins, food cupboards and hubs
Allied Health
Bridges
Spiritual Care (NHS)
GAADA - Art based activity

Other Community Assets that contribute to wellbeing

Development companies
Village Halls
Visitor Centres
Community groups e.g. choirs, orchestra, drama groups, music events
Exercise groups
Inclusive events e.g. Shetland Pride
Community polycrubs
Churches

Community Mental Health & Wellbeing Fund awarded to:	
Year 1 - 2021/2022	
Group	Project
Advocacy Shetland	Let my Voice be Heard
Cedar Centre	Service Longevity and equipment purchase
Cunningsburgh Village Club	Re-socialisation of isolated families
Curious Pilgrims	Reconnect
Dunrossness Community Hall	Menopause Peer Support Group
Food for the Way	Fresh Start Community Gardening
Hoswick Visitor Centre	Hoswick Yarnin Group
Mind Your Head	Keeping Well
Moving On	Activities Programme
Purple Loft Project	Creativity for All
Samaritans Shetland	Advertising
Bereavement Support Service	Waiting list support
Care Attendant Scheme	Short breaks/care
Shetland Comedy	Laughter is best medicine
Community Choir	Choral accessibility
Community Connections	Connecting people
Shetland Pride	LGBTQ Reach Out Mental Health
Womens Aid	Active Fund
Outpost	Go for Green
Year 2 - 2022-2023	
Ability Shetland	North Mainland Social Club
Autism Understanding	Autism Support for All
Bressay Development Ltd	Multi purpose development
Bressay Running Club	Bressay Parkrun
Mind Your Head	Wellness Programme
Playlist for Life	Transforming Lives: dementia
Purple Loft Project	Creative packs
Relationship Scotland, Shetland	Time to Talk
Scalloway Youth Centre	Adult Social Club
Bereavement Support Service	Post suicide training
Care Attendant Scheme	short breaks / care
Community Connections	Memories and stories group
Womens Aid	Wellbeing project
Southend Menopause	Menopause support
Sporting Memories Network	Sporting memories Shetland
Unst Partnership	Ootnaboot Club
Whalefirth Men's Shed	Picture framing project
Win Furt	Small projects

Appendix 9: Staff Survey

Shetland 'Good Mental Health for All' Staff Survey

Everyone has 'mental health' just as we all have 'physical health'

Let us know how you support others to look after their mental health and what can make that hard. What else would help you in supporting others? Responses will help guide a mental health strategy for Shetland.

1. What sector do you work within?

If you have more than one job, please complete the questionnaire separately for each job. *

- Public sector
- Private sector
- Voluntary sector
- Other

2. How do you support people with their mental health?

If you have more than one job, please complete the questionnaire separately for each job.

If you would like to elaborate on your answer, please use the 'other' option. *

Social work and/or social care support

Psychological support

Psychiatric support

Housing support

Domestic support

Primary care medical and nursing

Emergency care and support

Education

Alternative therapies

Other

3. **What age group are the people that you support?**

Select as many answers as required *

- Age 0-5
- Age 6-12
- Age 13-17
- Age 18-30
- Age 31-60
- Age 61+
- All ages

4. **Is there anything that makes it particularly difficult to support the people in your care with their mental health?**

If so, please describe in no more than 50 words *

Enter your answer

5. **What else could help you to support others in your care with their mental health? ***

Please select at most 3 options.

- More staff to share the workload
- More time with the people I support
- A need to address my own mental health difficulties
- More knowledge and training
- Peer support
- More robust supervision and guidance
- Clearer strategic guidance
- Improved multi-agency working
- Nothing
- Other

6. If you checked 'more training' - what topics?

Please select at most 3 options.

- General mental health and wellbeing awareness
- Behaviour change
- Mental health first aid
- Suicide awareness
- Self harm
- Anxiety and depression
- Trauma
- Information on more complex diagnoses
- Mental health and wellbeing in the workplace
- Other

7. Do you work for a specialist mental health workplace? *

- Yes
- No
- Not sure

Appendix 10: Managers Survey

Shetland 'Good Mental Health for All' Managers Survey

Everyone has 'mental health' just as we all have 'physical health'

Let us know how you support mental health within your workplace. What are your biggest challenges and what else would help? Responses will help guide a mental health strategy for Shetland.

1. How do you support mental health within your workplace? *

- I manage a mental health specialist workplace
- I manage another type of workplace where mental health difficulties are a prevalent factor
- I support staff with their mental health in the workplace
- Other

2. What sector do you work within? *

- Public sector
- Private sector
- Voluntary sector
- Other

3. Which area do you work within?

If you have more than one job, please complete the questionnaire separately for each job *

- Social work and/or social care
- Psychological and/or psychiatric support
- Housing support
- Domestic support
- Primary care medical and/or nursing
- Emergency care and support
- Education
- Alternative therapies
- Other

4. What age group does your workplace provide support to?

Select as many answers as required *

- Age 0-5
- Age 6-12
- Age 13-17
- Age 18-30
- Age 31-60
- Age 61+
- All ages

5. **What are the biggest mental health related issues impacting on your team and those whom your team support? ***

Please select at most 4 options.

- Having enough personnel/resources to meet the demand for mental health care and support
- Increased pressures and demand resulting in low quality care and support provision
- Increased pressures impacting negatively on my team's mental health and wellbeing
- A need to address my own mental health difficulties
- My team's confidence and knowledge in supporting other people with their mental health
- My confidence and knowledge in mental health topics to enable and support my team
- My capacity to enable and support my team effectively
- Enough peer support and/or supervision for me to be confident in mental health related topics or approaches
- Lack of strategic direction around mental health
- Barriers in multi-agency working
- Mental health related absences within my team
- Other

6. **What solutions would help meet the mental health issues or needs within your workplace?**

Try and limit your answer to no more than 50 words *

Enter your answer

Appendix 11: Indicator set - recurrent data

Population domain

Indicator	Description	Datasource	Measure	Previous				Current	Direction of travel	Benchmark
Mental Wellbeing										
Positive mental health	Mean adult score on the Warwick-Edinburgh Mental Well-being Scale (WEMWBS)	Scottish Health Survey	Average score	2013-2016 51.0	2014-2017 50.8	2016-2019 51.1	2017-2021 51		↓	2017-2021 49.5
Life satisfaction	Mean adult score of how satisfied individuals are with their life as a whole nowadays (% extremely satisfied (9-10))	Scottish Health Survey	Percentage (%)	2013-2016 45	2014-2017 43	2016-2019 38	2017-2021 37		↓	2017-2021 34
Adolescent positive mental health	Mean score on the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) among S6 pupils	Health and Wellbeing Census	Average score				2021/22 46.7			2021/22 45.1
Mental Health Problems										
Common mental health problems	Percentage of adults who score 4 or more on the General Health Questionnaire-12 (GHQ-12) (a score of 4 or more indicates a possible mental health problem over the past few weeks)	Scottish Health Survey	Percentage (%)	2013-2016 12	2014-2017 12	2016-2019 14	2017-2021 12		↓	2017-2021 19
Depression	Percentage of adults who have a symptom score of 2 or more on the depression section of the Revised Clinical Interview Schedule (CIS-R) (a score of 2 or more indicates symptoms of moderate to high severity experienced in the previous week)	Scottish Health Survey	Percentage (%)		2013-2016 6.3	2014-2017 5.2	2016-2019 2.7		↓	2018-2019 12
Anxiety	Percentage of adults who have a symptom score of 2 or more on the anxiety section of the Revised Clinical Interview Schedule (CIS-R) (a score of 2 or more indicates symptoms of moderate to high severity experienced in the previous week)	Scottish Health Survey	Percentage (%)		2013-2016 4.2	2014-2017 5.2	2016-2019 4.5		↓	2018-2019 14
Mental health inpatient activity	Rate per 100,000 of mental health related inpatient admissions	Public Health Scotland	Rate per 100,000 population	18/19 348.0	19/20 349.0	20/21 262.4	21/22 305.1		↑	
Alcohol dependency	Percentage of adults who score 2 or more on the CAGE questionnaire (a score of 2 or more indicates possible alcohol dependency in the previous 3 months)	Scottish Health Survey	Percentage (%)		2013-2016 1.1	2014-2017 1.1	2016-2019 0.7		↓	2018-2019 1
Alcohol hospital admissions	Rate per 100,000 of alcohol related hospital admissions	Public Health Scotland	Rate per 100,000 population	2018/19 507	2019/20 380.2	2020/21 472.2	2021/22 388.4		↓	2021/22 506.4
Drug related deaths	Deaths per 100,000 adults in the past year from 'mental and behavioural disorders due to psychoactive substance use	National Records of Scotland	Rate per 100,000 population	2015-2019 5.0	2016-2020 7.8	2017-2021 10.4	2018-2022 11.7		↑	2018-2022 23.4
Suicide	Deaths per 100,000 adults in the past year by intentional self-harm and by undetermined intent	National Records of Scotland	Rate per 100,000 population	2015-2019 6.93	2016-2020 7.88	2017-2021 10.2	2018-2022 11.9		↑	2018-2022 14.4
Deliberate self harm	Percentage of adults who have deliberately harmed themselves but not with the intention of killing themselves in the past year	Scottish Health Survey	Percentage (%)		2013-2016 4.9	2014-2017 3.7	2016-2019 2.7		↓	2018-2019 7

	Improving trend
	Improvement in recent period
	No change
	Worse in recent period
	Worsening trend

Individual domain

Indicator	Description	Datasource	Measure	Previous				Current	Direction of travel	Benchmark
Learning and Development										
Adult learning	Percentage of young adults (16-19 years old) participating in education, training or employment	Skills Development Scotland	Percentage (%)	2020 96.8	2021 97	2022 96	2023 97.4	↑	2023 94.3	
School attendance	Percentage school attendance by primary and secondary pupils in the past year	School attendance and absence statistics	Percentage (%)	2014/15 94.4	2016/17 94.5	2018/19 94.4	2020/21 95.5		↑	2020/21 88.2
School stress	Percentage of S6 pupils who feel a lot of pressure/stress by the schoolwork they have to do	Health and Wellbeing Census	Percentage (%)				2021/22 43.0			2021/22 44.3
Healthy Living										
Physical activity	Percentage of adults who met the recommended level of physical activity for adults (30 minutes or more moderate to vigorous physical activity on at least 5 days per week) in the previous four weeks	Scottish Health Survey	Percentage (%)	2013-2016 65	2014-2017 66	2016-2019 62	2017-2021 65	↑	2017-2021 66	
Healthy eating	Percentage of adults who ate five or more portions of fruit and vegetables in the previous day	Scottish Health Survey	Percentage (%)	2012-2015 20	2013-2016 20	2014-2017 20	2016-2019 15		↓	2016-2019 22
Alcohol consumption	Percentage of adults whose usual weekly consumption of alcohol in the past year was at or below the recommended weekly limit (21 units for men and 14 units for women)	Scottish Health Survey	Percentage (%)	2013-2016 60	2014-2017 60	2016-2019 63	2017-2021 64	↑		2017-2021 60
Smoking in pregnancy	Percentage of women reported as current smokers at booking appointment	Public Health Scotland	Percentage (%)	2018/19 8.4	2019/20 9.6	2020/21 10.3	2021/22 8.9		↓	2021/22 11.7
Parental Substance Misuse	Percentage of child protection cases conferences where parental substance abuse is main concern	Children's Social Work Statistics Scotland	Percentage (%)			2021 63	2022 36	↓		2022 41
Drug use	Percentage of adults (aged 16-59) who have taken drugs in the past year	Scottish Crime and Justice Survey								
General Health										
Development concerns - Emotional/Behavioural	Percentage of children with emotional/behavioural concerns recorded at 27-30 month review	Public Health Scotland	Percentage (%)	2018/19 3.28	2019/20 3.03	2020/21 2.36	2021/22 4.15	↑	2021/22 5.5	
Development concerns - Personal/social	Percentage of children with emotional/behavioural concerns recorded at 27-30 month review	Public Health Scotland	Percentage (%)	2018/19 3.28	2019/20 3.03	2020/21 4.72	2021/22 4.15		↓	2021/22 4.9
Self-reported health	Percentage of adults who perceive their health in general to be good or very good	Scottish Health Survey	Percentage (%)	2013-2016 76	2014-2017 76	2016-2019 75	2017-2021 74	↓		2017-2021 73
Long-standing physical condition or disability	Percentage of adults who have a long-standing physical condition or disability (non limiting long term condition)	Scottish Health Survey	Percentage (%)	2013-2016 17	2014-2017 17	2016-2019 15	2017-2021 15		=	2017-2021 13
Limiting long-standing physical condition or disability	Percentage of adults who have a long-standing physical condition or disability which limits their daily activities	Scottish Health Survey	Percentage (%)	2013-2016 29	2014-2017 29	2016-2019 32	2017-2021 34	↑		2017-2021 34
Spirituality										
Spirituality	Assessment of spirituality	No suitable data source								
Emotional Intelligence										
Emotional Intelligence	Assessment of emotional intelligence	No suitable data source								
	<div style="display: flex; justify-content: space-between; padding: 0;"> <div style="width: 20px; height: 10px; background-color: #90EE90; border: 1px solid black;"></div> Improving trend <div style="width: 20px; height: 10px; background-color: #90EE90; border: 1px solid black;"></div> Improvement in recent period <div style="width: 20px; height: 10px; background-color: #FFD700; border: 1px solid black;"></div> No change <div style="width: 20px; height: 10px; background-color: #FFD700; border: 1px solid black;"></div> Worse in recent period <div style="width: 20px; height: 10px; background-color: #FF0000; border: 1px solid black;"></div> Worsening trend </div>									

Community domain

Indicator	Description	Datasource	Measure	Previous			Current	Direction of travel	Benchmark
Participation									
Volunteering	Percentage of adults who have volunteered in the last 12 months	Scottish Household Survey	Percentage (%)	2017 55	2018 47	2019 47	2021 48	↑	2021 27
Involvement in local community	Strength of feeling of belonging to community - very strongly or fairly strongly	Scottish Household Survey	Percentage (%)	2017 90	2018 84	2019 90	2021 91		↑
Influencing local decisions	Percentage of people who agree with the statement 'I can influence decisions affecting my local area'	Scottish Household Survey	Percentage (%)	2017 32	2018 25	2019 27	2021 34	↑	2021 24
Social Networks									
Social contact	Percentage of people who meet socially with friends, relatives, neighbours or work colleagues at least once a week	Scottish Household Survey	Percentage (%)				2019 77		2019 73
Social Support									
Social Support	Percentage of adults with a primary support group of three or more to rely on for comfort and support in a personal crisis	Scottish Health Survey	Percentage (%)				2020 84		2020 87
Caring	Provide any regular help or care for any sick, disabled or frail person	Scottish Health Survey	Percentage (%)	2013-2016 15	2014-2017 14	2016-2019 14	2017-2021 18	↑	2017-2021 15
Trust									
General trust									
Neighbourhood trust	Percentage of adults who agree that this is a neighbourhood where most people can be trusted	Scottish Household Survey	Percentage (%)		2018 89	2019 97	2021 96	↓	2021 84
Safety									
Neighbourhood safety	Percentage of adults who feel very or fairly safe walking alone in their neighbourhood after dark	Scottish Household Survey	Percentage (%)	2017 99	2018 97	2019 97	2021 99	↑	2021 82
Home safety	Percentage of adults who feel very or fairly safe when at home alone at night	Scottish Household Survey	Percentage (%)	2017 100	2018 99	2019 99	2021 100	↑	2021 98
Non-violent neighbourhood crime	Rate of crimes of dishonesty	Recorded Crime in Scotland	Rate per 10,000 population	2018/19 47	2019/20 78	2020/21 32	2021/22 38	↑	2021/22 170
Perception of local crime	Percentage of adults who perceived same or less crime in local area in last two years (Highlands and Islands Police Division)	Scottish Crime and Justice Survey	Percentage (%)		2014-15 78.1	2016-18 83.7	2018-20 78.1	↓	2018-20 73
Adolescent neighbourhood safety	Percentage of S6 pupils who always or most of the time, speaking feel safe in the area where they live	Health and Wellbeing Census	Percentage (%)				2021/22 97.9		2021/22 88.2

	Improving trend
	Improvement in recent period
	No change
	Worse in recent period
	Worsening trend

Structural domain

Indicator	Description	Datasource	Measure	Previous	Current	Direction of travel	Benchmark
Equality							
Income inequality							
Equality analysis							
Child poverty	Percentage of children living in poverty	Community Planning Outcomes Profile -	Percentage (%)	2019/20 9.8%	2020/21 13.0%	2021/22 11.6%	2021/22 21%
Social inclusion							
Worklessness	Percentage of adults (women aged 16-59 and men aged 16-64), excluding students who are unemployed or economically inactive and who want to work	Annual Population Survey					
Education	Percentage of adults (women aged 16-59 and men aged 16-64) with at least one academic or vocational educational qualification	Annual Population Survey	Percentage (%)	-	2020 50%	2021 56%	2021 68%
Pupils achieving expected levels in literacy	Percentage of P1, P4 and P7 pupils achieving expected Curriculum for Excellence levels in literacy (reading, writing, listening and talking)	Achievement of Curriculum for Excellence levels	Percentage (%)	2018/19 63.7	2020/21 59.6	2021/22 66.7	2021/22 70.5
Pupils achieving expected levels in numeracy	Percentage of P1, P4 and P7 pupils achieving expected Curriculum for Excellence levels in numeracy	Achievement of Curriculum for Excellence levels	Percentage (%)	2018/19 69.7	2020/21 68.9	2021/22 73.2	2021/22 77.9
Exclusions	Exclusions (temporary and permanent) from local authority schools per 1,000 pupils in the past year	School exclusion statistics	Rate per 1,000 pupils	16/17 6.5	18/19 4.6	20/21 4.6	11.9
Discrimination							
Discrimination	Percentage of adults who reporting having been unfairly treated or discriminated against in the past year	Scottish Household Survey	Percentage (%)	2018 8	2019 3	2021 4	2021 9
Racial discrimination	Percentage of adults who think racial discrimination is a big problem in Scotland	No suitable data source					
Harrassment	Percentage of adults who have personally experienced harrassment or abuse in the past year due to discrimination	Scottish Household Survey	Percentage (%)	2018 3	2019 2	2021 5	2021 7
Bullying	Percentage of P5 children who reported having been bullied in the last year	Health and Wellbeing Census	Percentage (%)			2021/22 37	2021/22 40.7
Financial Security/Debt							
Financial management	Percentage of households managing very or quite well financially these days	Scottish Household Survey	Percentage (%)	2018 54	2019 62	2021 69	2021 64
Financial inclusion	Percentage of households with access to a bank account, building society account, credit union account, or post office card account	Scottish Household Survey	Percentage (%)	2018 98	2019 99	2021 100	2021 97
Physical environment							
Neighbourhood satisfaction	Percentage of adults who rate their neighbourhood as a very or fairly good place to live	Scottish Household Survey	Percentage (%)	2018 98	2019 98	2021 99	2021 98
Noise	Percentage of adults who are bothered by noisy neighbours/regular loud parties - Perceive as very or fairly common	Scottish Household Survey	Percentage (%)	2018 5	2019 4	2021 3	2021 11
Escape facility	Assessment of perceived availability of a valued safe place where an individual can and wants to go to 'escape' from things						
Greenspace	Percentage of adults who are very satisfied/fairly satisfied with their nearest green or blue space	Scottish Household Survey	Percentage (%)	2018 89	2019 93	2021 94	2021 81
House condition	Percentage of adults rating the condition of their house or flat or fairly good	Scottish House Condition Survey	Percentage (%)		2016-2018 6	2017-2019 7	2017-2019 6
Overcrowding	% of Dwellings which are Overcrowded (below Bedroom Standard)	Scottish House Condition Survey	Percentage (%)		2016-2018 2	2017-2019 2	2017-2019 2

Homelessness	Number of live homelessness cases	Homelessness in Scotland	Number	Mar-22	Jun-22	Sep-22	↑	
				92	88	106		
Children in temporary accommodation	Number of children living in temporary accommodation	Homelessness in Scotland	Number	Mar-22	Jun-22	Sep-22	=	
				15	15	15		
Working Life								
Stress	Percentage of adults who find their job very or extremely stressful							
Work-life balance	Mean score of how satisfied adults are with their work-life balance (paid-work)							
Demand	Percentage of adults who often or always have unrealistic time pressures at work							
Control	Percentage of adults who often or always have a choice in deciding the way they do their work							
Manager support	Percentage of adults who strongly or tend to agree that their line manager encourages them at work							
Colleague support	Percentage of adults who strongly or tend to agree that they get the help and support they need from colleagues at work							
Violence								
Partner abuse	Percentage of adults physically or emotionally abused by a partner or ex-partner in the past year							
Neighbourhood violence	Percentage of adults who have experienced Neighbour disputes - Perceive as very or fairly common	Scottish Household Survey	Percentage (%)	2018	2019	2021	↓	2021
				4	3	2		
Attitude to violence	Percentage of adults who think that violence is acceptable in some circumstances							

	Improving trend
	Improvement in recent period
	No change
	Worse in recent period
	Worsening trend

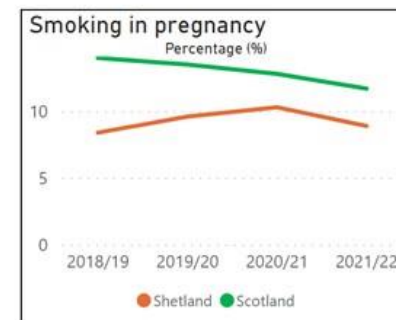
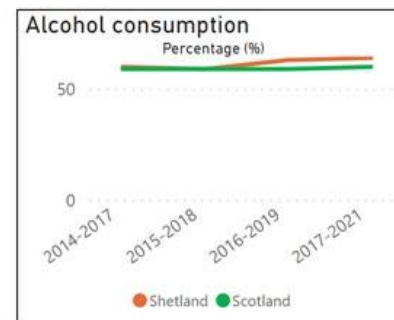
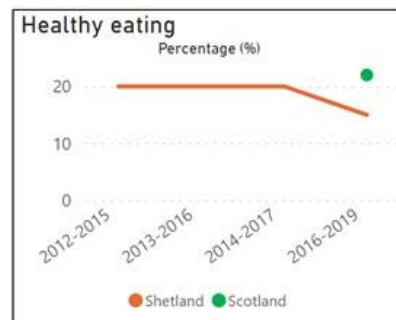
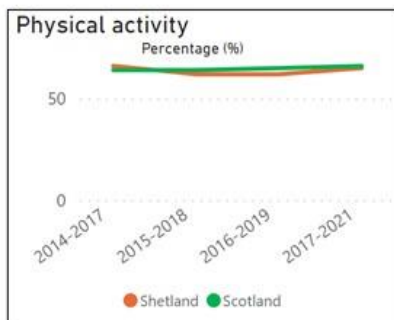
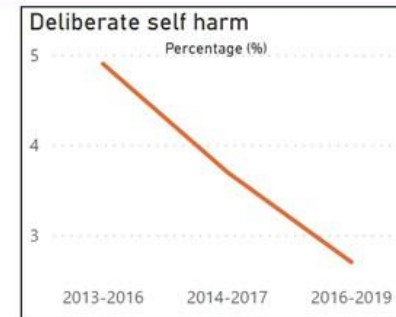
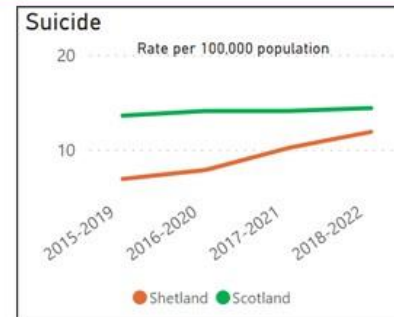
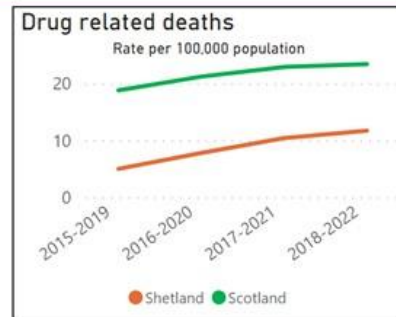
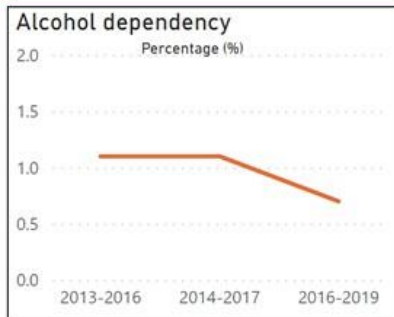
Appendix 12: Indicator set – local data

Domain	Indicator	Previous	Current	Direction	Frequency
Mental Health Problems					
Population	Adult Support and Protection - Psychological/Emotional abuse referrals	17%	11%	↓	Annual?
Population	Adult Support and Protection Repeat Referrals	38%	26%	↓	Annual?
Population	Adult Support and Protection Type of Harm - Self Harm referrals	37%	32%	↓	Annual?
Population	Adult Support and Protection Referrals	267	275	↑	Annual?
Population	Shetland Women's Aid - clients with alcohol misuse		6.20%		Annual?
Population	Shetland Women's Aid - clients with drug misuse		4%		Annual?
Population	Shetland Women's Aid - clients with mental health needs		21%		Annual?
Population	Mind Your Head referrals	163	260	↑	Annual?
Population	CMHT referrals	869	1029	↑	Annual?
Population	% of CMHT referrals which were urgent	27.3	24.0	↓	Annual?
Population	CAMHS annual data				Annual?
Learning and Development					
Individual	Educational Psychology annual data				Annual?
Individual	Education Outreach Service annual data				Annual?
Individual	School counselling annual data				Annual?
General Health					
Individual	Maternity/Health visiting annual data				Annual?
Social Support					
Community	SBSS new clients		41		Annual?
Safety					
Community	% of women and children affected by VAWG who report feeling safer - 0-15 years		87.50%		Annual?
Community	% of women and children affected by VAWG who report feeling safer - 26+ years		98%		Annual?
Community	% of women and children affected by VAWG who report feeling safer - 6-25 years		100%		Annual?
Community	% women and children affected by VAWG who report having increased levels of wellbeing - 0-15 years		80%		Annual?
Community	% women and children affected by VAWG who report having increased levels of wellbeing - 26+ years		99%		Annual?
Community	% women and children affected by VAWG who report having increased levels of wellbeing - 6-25 years		100%		Annual?
Equality					
Structural	Child poverty action report				Annual?
Structural	CAB number of clients supported	1627	1713	↑	Annual?
Structural	% of CAB clients with improved health and wellbeing	67	38	↓	Annual?
Structural	% of CAB clients with improved peace of mind	86	85	↓	Annual?
Violence					
Structural	VAWG referrals - 0-15 years		57 (24.5%)		Annual?
Structural	VAWG referrals - 26+ years		124 (53.2%)		Annual?
Structural	VAWG referrals - 6-25 years		51 (21.9%)		Annual?
Structural	VAWG Referrals to perpetrator interventions		20		Annual?

Mental health and wellbeing dataset



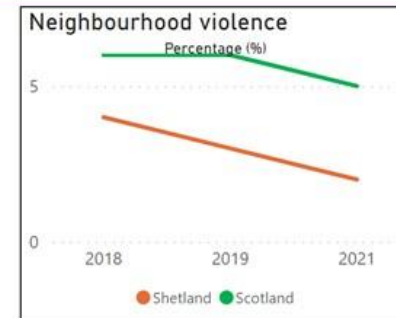
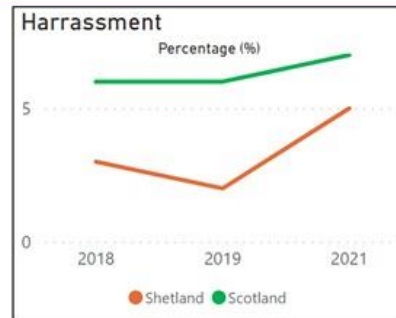
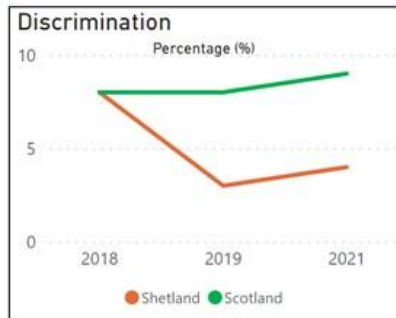
Behaviours At a glance

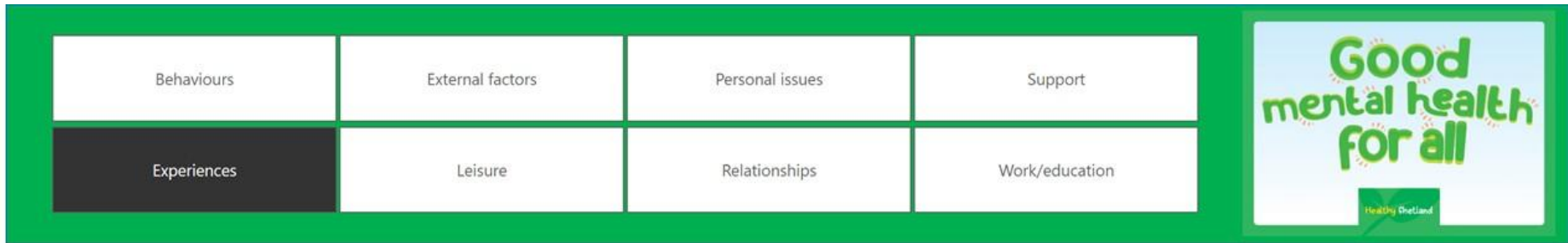




Indicator	Description	Current Shetland value	Current Scotland value	Percentage difference
Alcohol consumption	Percentage of adults whose usual weekly consumption of alcohol in the past year was at or below the recommended weekly limit (21 units for men and 14 units for women)	64.00	60.00	6.7%
Alcohol dependency	Percentage of adults who score 2 or more on the CAGE questionnaire (a score of 2 or more indicates possible alcohol dependency in the previous 3 months)	0.70	1.00	-30.0%
Deliberate self harm	Percentage of adults who have deliberately harmed themselves but not with the intention of killing themselves in the past year	2.70	7.00	-61.4%
Drug related deaths	Deaths per 100,000 adults in the past year from 'mental and behavioural disorders due to psychoactive substance use	11.70	23.40	-50.0%
Healthy eating	Percentage of adults who ate five or more portions of fruit and vegetables in the previous day	15.00	22.00	-31.8%
Physical activity	Percentage of adults who met the recommended level of physical activity for adults (30 minutes or more moderate to vigorous physical activity on at least 5 days per week) in the previous four weeks	65.00	66.00	-1.5%
Smoking in pregnancy	Percentage of women reported as current smokers at booking appointment	8.90	11.70	-23.9%
Suicide	Deaths per 100,000 adults in the past year by intentional self-harm and by undetermined intent	11.90	14.40	-17.4%

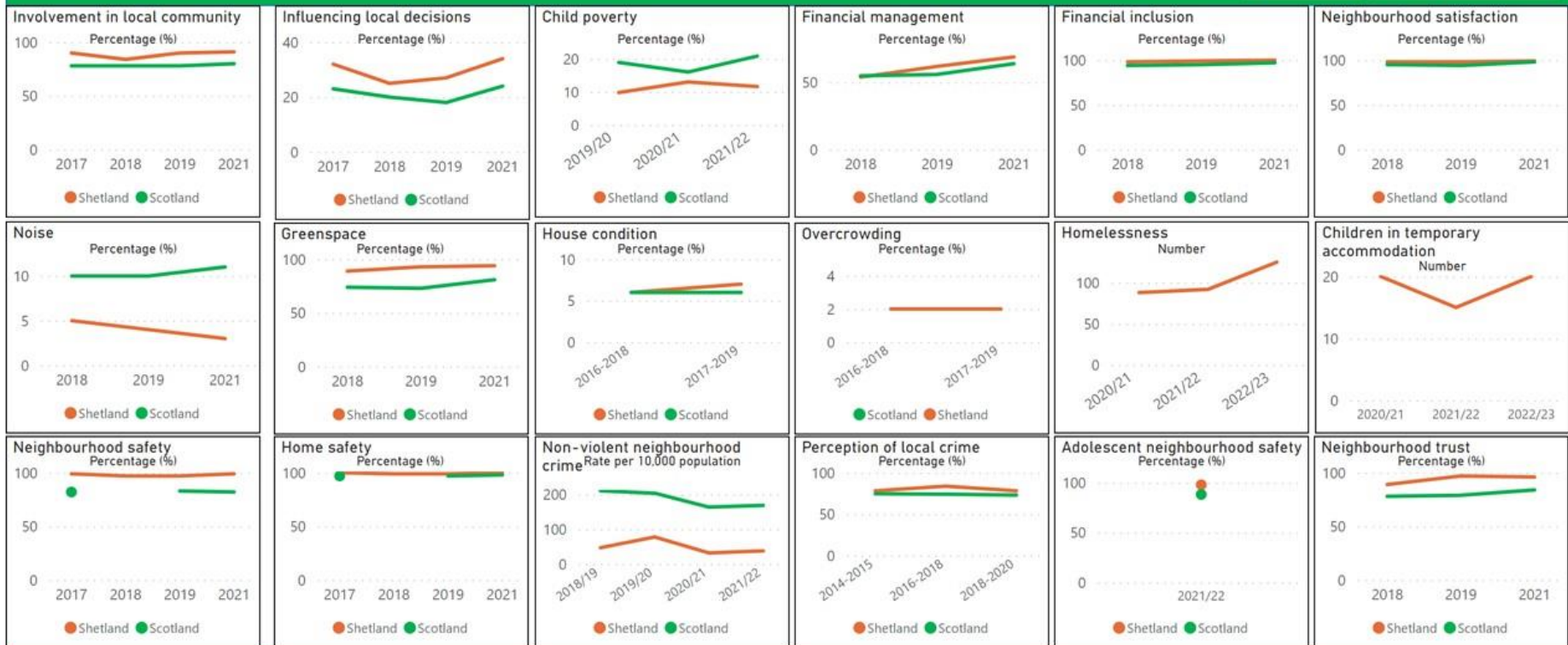
Experiences At a glance





Indicator	Description	Current Shetland value	Current Scotland value	Percentage difference
▲ Bullying	Percentage of P5 children who reported having been bullied in the last year	37.00	40.70	-9.1%
Discrimination	Percentage of adults who reporting having been unfairly treated or discriminated against in the past year	4.00	9.00	-55.6%
Harrassment	Percentage of adults who have personally experienced harrassment or abuse in the past year due to discrimination	5.00	7.00	-28.6%
Neighbourhood violence	Percentage of adults who have experienced Neighbour disputes - Perceive as very or fairly common	2.00	5.00	-60.0%

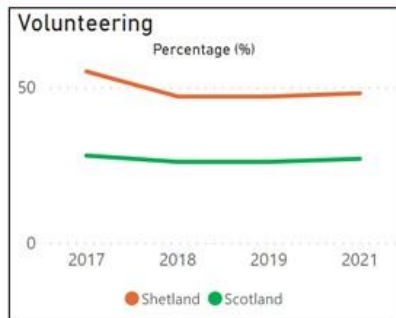
External factors At a glance





Indicator	Description	Current Shetland value	Current Scotland value	Percentage difference
Adolescent neighbourhood safety	Percentage of S6 pupils who always or most of the time, speaking feel safe in the area where they live	97.90	88.20	11.0%
Child poverty	Percentage of children living in poverty	11.60	21.00	-44.8%
Children in temporary accommodation	Number of children living in temporary accommodation	20.00		
Financial inclusion	Percentage of households with access to a bank account, building society account, credit union account, or post office card account	100.00	97.00	3.1%
Financial management	Percentage of households managing very or quite well financially these days	69.00	64.00	7.8%
Greenspace	Percentage of adults who are very satisfied/fairly satisfied with their nearest green or blue space	94.00	81.00	16.0%
Home safety	Percentage of adults who feel very or fairly safe when at home alone at night	100.00	98.00	2.0%
Homelessness	Number of live homelessness cases	125.00		
House condition	Percentage of dwellings which show evidence of extensive disrepair	7.00	6.00	16.7%
Influencing local decisions	Percentage of people who agree with the statement 'I can influence decisions affecting my local area'	34.00	24.00	41.7%
Involvement in local community	Strength of feeling of belonging to community - very strongly or fairly strongly	91.00	80.00	13.8%
Neighbourhood safety	Percentage of adults who feel very or fairly safe walking alone in their neighbourhood after dark	99.00	82.00	20.7%
Neighbourhood satisfaction	Percentage of adults who rate their neighbourhood as a very or fairly good place to live	99.00	98.00	1.0%
Neighbourhood trust	Percentage of adults who agree that this is a neighbourhood where most people can be trusted	96.00	84.00	14.3%
Noise	Percentage of adults who are bothered by noisy neighbours/regular loud parties - Perceive as very or fairly common	3.00	11.00	-72.7%
Non-violent neighbourhood crime	Rate of crimes of dishonesty	38.00	170.00	-77.6%
Overcrowding	% of Dwellings which are Overcrowded (below Bedroom Standard)	2.00	2.00	0.0%
Perception of local crime	Percentage of adults who perceived same or less crime in local area in last two years (Highlands and Islands Police Division)	78.10	73.00	7.0%

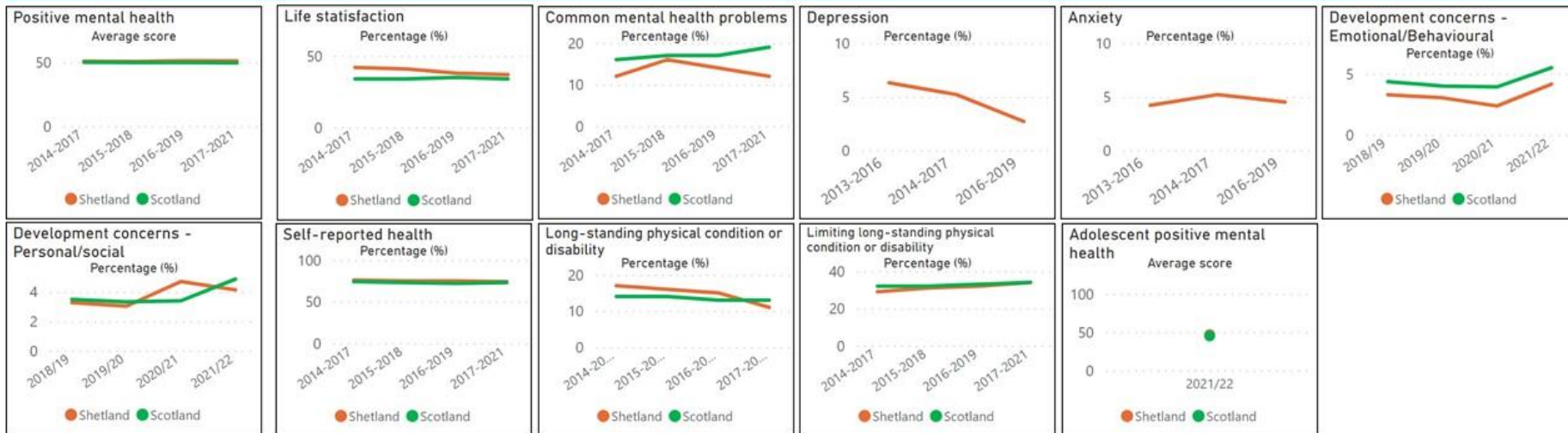
Leisure At a glance

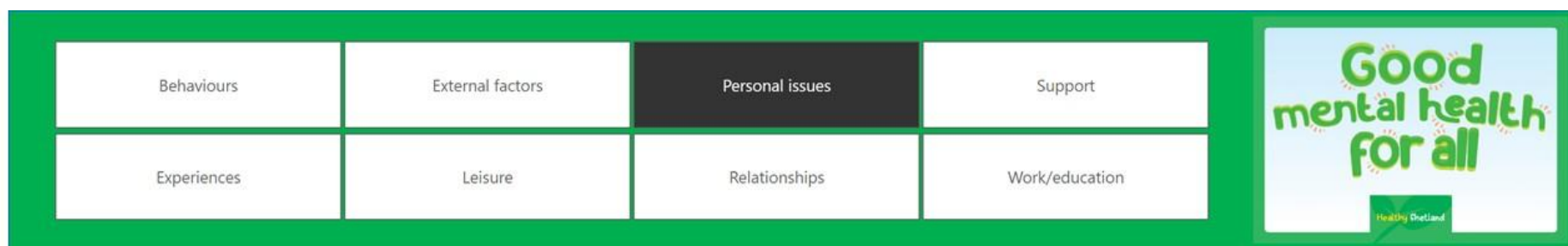




Indicator	Description	Current Shetland value	Current Scotland value	Percentage difference
▲ Volunteering	Percentage of adults who have volunteered in the last 12 months	48.00	27.00	77.8%

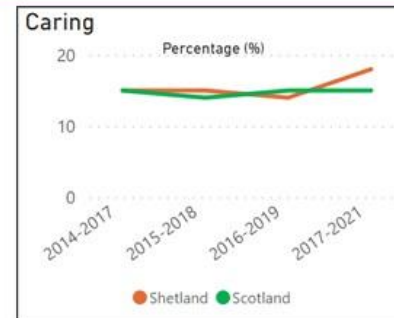
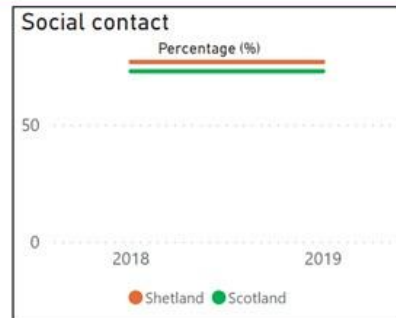
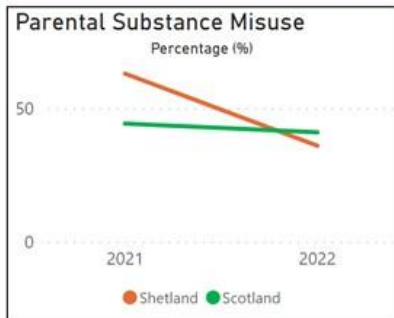
Personal issues At a glance

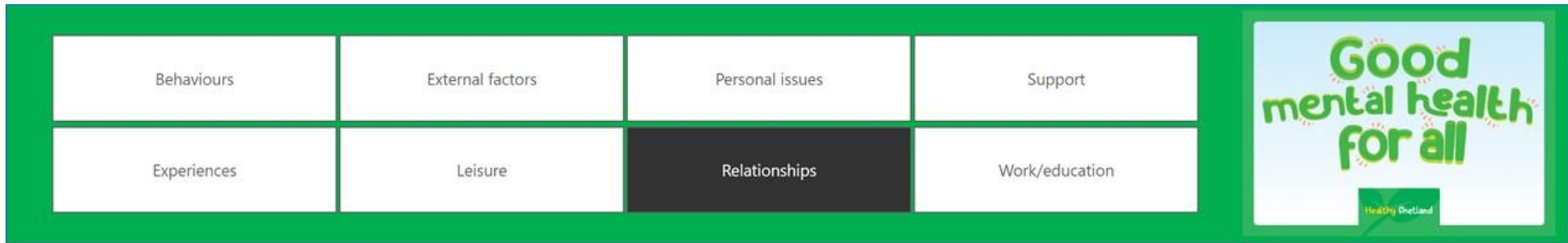




Indicator	Description	Current Shetland value	Current Scotland value	Percentage difference
Adolescent positive mental health	Mean score on the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) among S6 pupils	46.70	45.10	3.5%
Anxiety	Percentage of adults who have a symptom score of 2 or more on the anxiety section of the Revised Clinical Interview Schedule (CIS-R) (a score of 2 or more indicates symptoms of moderate to high severity experienced in the previous week)	4.50	14.00	-67.9%
Common mental health problems	Percentage of adults who score 4 or more on the General Health Questionnaire-12 (GHQ-12) (a score of 4 or more indicates a possible mental health problem over the past few weeks)	12.00	19.00	-36.8%
Depression	Percentage of adults who have a symptom score of 2 or more on the depression section of the Revised Clinical Interview Schedule (CIS-R) (a score of 2 or more indicates symptoms of moderate to high severity experienced in the previous week)	2.70	12.00	-77.5%
Development concerns - Emotional/Behavioural	Percentage of children with emotional/behavioural concerns recorded at 27-30 month review	4.15	5.50	-24.5%
Development concerns - Personal/social	Percentage of children with emotional/behavioural concerns recorded at 27-30 month review	4.15	4.90	-15.3%
Life satisfaction	Mean adult score of how satisfied individuals are with their life as a whole nowadays (% extremely satisfied (9-10))	37.00	34.00	8.8%
Limiting long-standing physical condition or disability	Percentage of adults who have a long-standing physical condition or disability which limits their daily activities	34.00	34.00	0.0%
Long-standing physical condition or disability	Percentage of adults who have a long-standing physical condition or disability (non limiting long term condition)	11.00	13.00	-15.4%
Positive mental health	Mean adult score on the Warwick-Edinburgh Mental Well-being Scale (WEMWBS)	51.00	49.50	3.0%
Self-reported health	Percentage of adults who perceive their health in general to be good or very good	74.00	73.00	1.4%

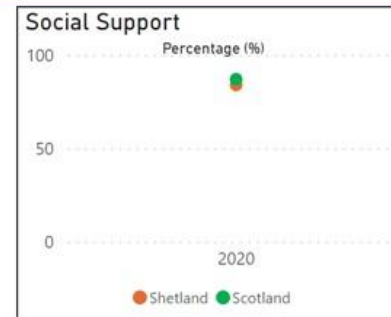
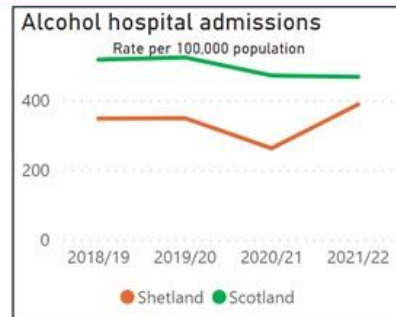
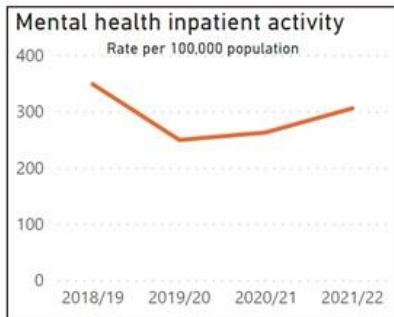
Relationships At a glance

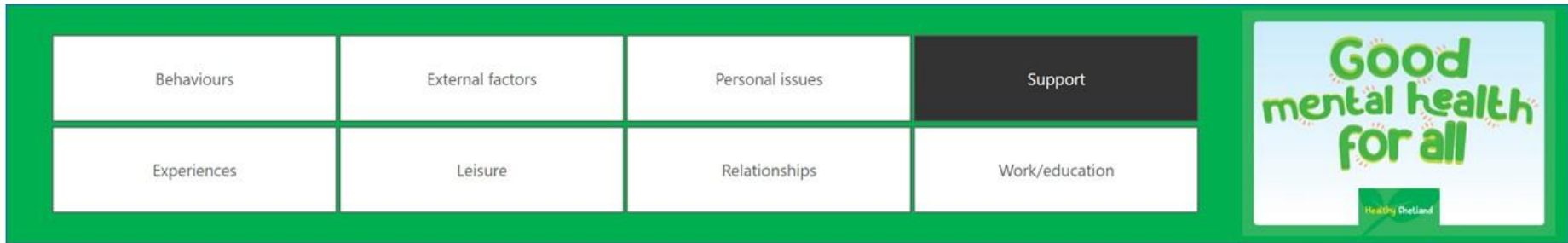




Indicator	Description	Current Shetland value	Current Scotland value	Percentage difference
▲ Caring	Provide any regular help or care for any sick, disabled or frail person	18.00	15.00	20.0%
Parental Substance Misuse	Percentage of child protection cases conferences where parental substance abuse is main concern	36.00	41.00	-12.2%
Social contact	Percentage of people who meet socially with friends, relatives, neighbours or work colleagues at least once a week	77.00	73.00	5.5%

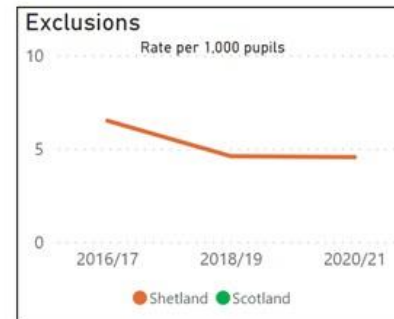
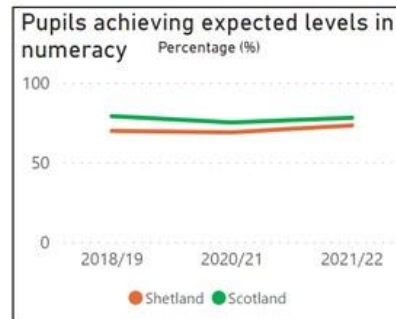
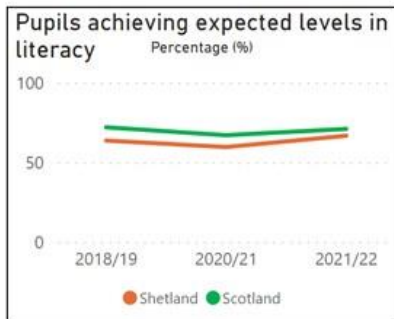
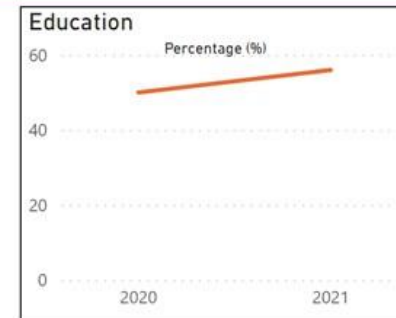
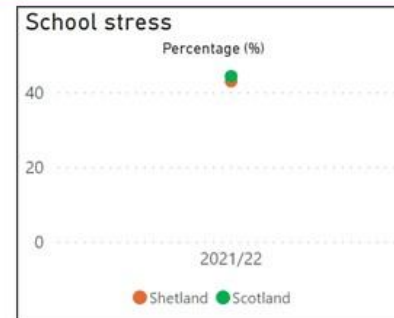
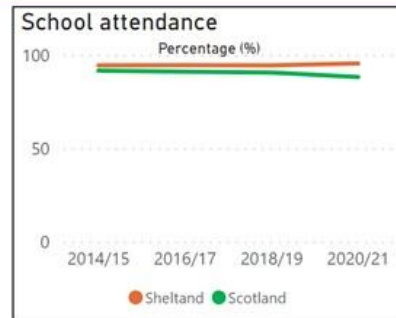
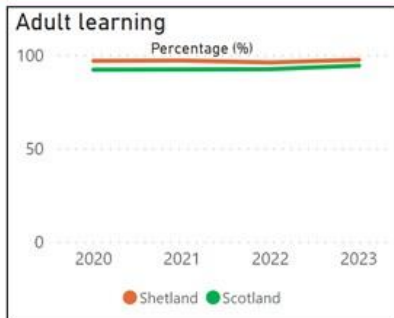
Support At a glance





Indicator	Description	Current Shetland value	Current Scotland value	Percentage difference
Alcohol hospital admissions	Rate per 100,000 of alcohol related hospital admissions	388.40	506.40	-23.3%
Mental health inpatient activity	Rate per 100,000 of mental health related inpatient admissions	305.14		
Social Support	Percentage of adults with a primary support group of three or more to rely on for comfort and support in a personal crisis	84.00	87.00	-3.4%

Work/education At a glance





Indicator	Description	Current Shetland value	Current Scotland value	Percentage difference
▲				
Adult learning	Percentage of young adults (16-19 years old) participating in education, training or employment	97.40	94.30	3.3%
Education	Percentage of adults (women aged 16-59 and men aged 16-64) with at least one academic or vocational educational qualification	56.00	68.00	-17.6%
Exclusions	Exclusions (temporary and permanent) from local authority schools per 1,000 pupils in the past year	4.55	11.90	-61.8%
Pupils achieving expected levels in literacy	Percentage of P1, P4 and P7 pupils achieving expected Curriculum for Excellence levels in literacy (reading, writing, listening and talking)	66.67	70.50	-5.4%
Pupils achieving expected levels in numeracy	Percentage of P1, P4 and P7 pupils achieving expected Curriculum for Excellence levels in numeracy	73.16	77.90	-6.1%
School attendance	Percentage school attendance by primary and secondary pupils in the past year	95.50	88.20	8.3%
School stress	Percentage of S6 pupils who feel a lot of pressure/stress by the schoolwork they have to do	43.00	44.30	-2.9%

Appendix 14: Overview of Evidence Findings

 = themes that apply to all populations.

 = other highly prevalent themes

THEME	How people currently look after their mental health (protective factors)	What makes it difficult for people to look after mental health (risk factors)	What else do people feel would be helpful? (wish list)
Leisure	<ul style="list-style-type: none"> All kinds of physical activity, particularly walking Hobbies, travelling and going on holiday Generally, men also enjoy art, music and gaming. Generally, females enjoy music, reading and the outdoors Music and art are important activities for people with other gender identities Generally, teenagers enjoy volunteering, vaping and accessing music and cultural events Social contact through groups is important 	<ul style="list-style-type: none"> Cost of activities - unaffordable Lack of activity in more rural areas – activities can be inaccessible Lack of motivation 	<ul style="list-style-type: none"> Wider range of activities – more sports/exercise options Wider range of activities - not just sport Activities that are affordable and accessible within own area and affordable. Being able to spend more time outdoors Alcohol free events Support to attend events/activities
Support	<p>Identified sources of support:</p> <ul style="list-style-type: none"> Groups Family For children and young people – a trusted adult Formal support – particularly identified by females and young people. General social interactions. 	<ul style="list-style-type: none"> Cost of support Waiting lists Lack of/difficulty in accessing support. Loneliness Transsexuals – negative experience of service support Lack of childcare Unsupportive families Time constraints to attend parenting programme and other types of support. Mental health is often a bolt on, rather than central to service support 	<ul style="list-style-type: none"> Want someone to talk to and to make connections. This should be with someone who can create safe space, no judgement, build trust and understand. Peer support (19+). Person-centred, trauma informed services Easier access to a range of formal services/therapy. Including local, out of hours support. Support while on

		<ul style="list-style-type: none"> Wicked problem – pressure on services vs need 	<p>waiting list and clearer communication about waiting times.</p> <ul style="list-style-type: none"> Men’s support, men’s sheds (30+). Continuity of care and to be involved in decision making – to be heard. More parenting programmes, local to where people live. More meeting points and drop-ins for young people. More signposting for support, particularly for young people. Mobile and outreach. Support to maintain a healthy lifestyle. Stay at home, be independent. Place based support (female) online (male) education (male). Don’t over-medicalise. Mental health core to services - allocated budget, incorporated into policies.
<p>Behaviours (not identified as a technique for under 13s)</p>	<ul style="list-style-type: none"> People try to live healthily to help their mental health – eating healthily, keeping hydrated, reducing alcohol, avoiding excessive social media/phone use. 	<ul style="list-style-type: none"> Excessive phone/social media use (more reported among older age groups). Not practicing healthy living. Others negative behaviours. Unhealthy behaviours e.g. eating and isolating self, excessive substance use. Demands and expectations from others Teenagers – not eating. Adults – over eating/unhealthy eating. Lack of routine, self-sabotage. Online bullying Healthy eating decrease. 	

		<ul style="list-style-type: none"> • Increase suicide and drug death • Discrimination and harassment increase • Developmental concerns among children 27-30 months - increase. 	
Self-care	<ul style="list-style-type: none"> • MENTAL – mindfulness, journaling, positive affirmations. • EMOTIONAL - Coping mechanisms, setting boundaries, spending time with animals and nature. • PHYSICAL – rest/sleep, taking care of body, relaxing, taking time to self. Young people on it. • ENVIRONMENT – tidy (30-60). • SPIRITUAL - belief, faith groups. • Adults 19+ setting boundaries, having a routine, writing lists. • <i>Very female response.</i> 	<ul style="list-style-type: none"> • Demands on time. • Too much reliance on self-care 	<ul style="list-style-type: none"> • Having more time for self-care – to relax and develop coping mechanisms. • More self-worth and confidence.
Work and education	<ul style="list-style-type: none"> • Benefits of work should be promoted and build vocational aspects into care and treatment. • Employability opportunities in reports. 	<ul style="list-style-type: none"> • Excessive workload, exam/test stress • Hard to achieve work life balance, particularly for females. • Working environment – unsupportive/challenging people, particularly for females. • Too much pressure and focus on academic achievement. 	<ul style="list-style-type: none"> • Support from people around you at work and school. • Better work life balance. • Flexibility in work – absence and exercise. • Less focus on academic achievement. • More support in school. • More information on available support, more awareness raising, more learning in school. • Young people want supported to have a career.
External factors		<ul style="list-style-type: none"> • Winter weather, dark nights – participation, and mood. • Money worries, cost of living (particularly for under 60). • Time away from family and friends on mainland – cost of travelling 	<ul style="list-style-type: none"> • Income maximisation. • Affordable off island travel – to see friends and family. • Improved island setting.

		<ul style="list-style-type: none"> • Small island setting, gossip in communities. • housing, environment 	<ul style="list-style-type: none"> • Better community facilities/ environment and better transport (13-18 and 61+). • Better housing. • Equality of opportunity in broadband jobs, transport to mainland, mobile coverage,
Relationships	<ul style="list-style-type: none"> • Friends and family. • Trusted adults. 	<ul style="list-style-type: none"> • Difficult relationships within and out with family. • Caring responsibilities – children, others with ill health (0-18 and 30-60). • Family worries, • Caring resp – females. • Unsupportive adults (13-18). • Care provided to others increasing. 	<ul style="list-style-type: none"> • Having more time to spend with friends and family. • Males – positive relationships with friends and family. • Other genders – having someone else to talk to. • Sharing of the caring.
Experiences	<ul style="list-style-type: none"> • Better experiences – reduced stigma, more understanding and awareness, more acceptance and inclusion. 	<ul style="list-style-type: none"> • Trauma, • stigma, • discrimination, • inequality, • Death and grief. • Unresolved issues. • Racial and gender discrimination prevalent 13-18. 	<ul style="list-style-type: none"> • Acceptance, understanding, awareness - mental health, and related addiction, poverty, seeking support from services, trauma, disability LGBTQIA+. • Reduce stigma inequality and increase inclusion – 13-18. Discriminatory language – 30-60. Inclusion for over 60s.

<p>Personal issues</p>		<ul style="list-style-type: none"> • Everyday life pressure, Busy lives-stress and worry, No time to self. • Managing other physical and mental health problems. • Males – lack of motivation. • Females – low self-confidence and poor self-image. • Trans – poor self-image. • Other genders – dysphoria and low self-confidence. • Ill health. • Lack of sleep. • Low confidence, poor self-image, busy life 13+. • Low motivation. • Overthinking worrying, dysphoria. • Teenagers S1-S4 – higher risk • Older people happier. • Males tend to score higher as well. • Lack of optimism, relaxed, good about myself, confident – low scores. No energy to spare. 	
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