cross-sector early intervention and prevention in rural mental health

an interim report by change mental health

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Cross-sector Early Intervention and Prevention in Rural Mental Health – an interim report

overview

Living with poor mental health and wellbeing in rural Scotland has many challenges: access to services, transport, lack of anonymity, isolation and low wage economies.

Early intervention and prevention has a vital role in keeping people mentally well, reducing pressure on services, lessening the impact of a person's mental illness and improving life chances.

Change Mental Health's review of the research evidence base informs us that early intervention and prevention can have a positive effect at every age and stage of life.

Additionally, evidence from people with lived experience, and those who care for them and work in support of them, demonstrates the benefits experienced by individuals, families, workplaces and communities.

What works well in urban environments, where people benefit from better access to transport, greater anonymity and greater opportunities to engage directly with support services, often needs to be adapted for rural residents and communities. It is important for us to ask: what is best practice for the one million people who live in rural Scotland, and how can we improve early intervention and prevention through cross-sector working?

Change Mental Health is exploring and researching the answers to these questions, with support from the Scottish Government's Mental Health Division and assistance from experts in mental health research, delivery partners and stakeholders.

As part of this process, a hybrid **Ages & Stages event** brought together expert presentations and workshop consultations. The outcome of this event, service evaluation outcomes, one-to-one interviews, and early intervention and prevention research, have all informed this interim report.

project scope & status

Change Mental Health is creating a developing evidence base to share emerging best practice and develop recommendations to help inform and shape whole system approaches to early intervention & prevention (EI&P) in mental health.

Harnessing the best of Scottish and global examples of best practice of cross-sector collaboration in rural settings, this interim report is a milestone on the path to a full report on best practice in rural EI&P.

This final report will be published in Spring 2025 and made available to Scottish Government, stakeholders, communities and delivery partners.

The final report will expand upon this interim report to provide further evidence of:

1. Experiences of best practice 'whole systems' approaches to EI&P in rural environments and communities.
2. An understanding of the cultural, social, structural and financial barriers people face when trying to access mental health support.
3. An understanding of how people are accessing local services and support and what more can be done to extend the reach and connections of services.

For the final report, Change Mental Health will also deliver:

- An expanded evidence base of the importance of whole system, cross-sector early intervention and prevention support for mental health and wellbeing in rural communities, to inform thinking around mental health collaborative approaches in Scotland.
- A more detailed analysis and cross-comparison of different interventions to support the development of best practice and greater collaboration between providers.
- Additional recommendations to increase the effectiveness of early intervention and prevention mental health supports in rural Scotland.

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levels of prevention

There are three levels of preventative activity in mental health. These are described as primary, secondary and tertiary.

- **Primary prevention** focuses on a whole population, or population groups, to improve mental wellbeing and prevent problems before they occur, e.g., promotion of bonding between infants and parents; school-based groupwork aimed at achieving and maintaining mental health.
- **Secondary prevention** focuses on people at higher risk of developing mental health problems or illnesses, e.g., early intervention with people experiencing anxiety or Seasonal Affective Disorder (SAD) such as the Distress Brief Intervention (DBI) and Wintering Well programmes.
- **Tertiary prevention** is distinct from pharmacological treatment and focuses on people who have experienced or are experiencing mental illness, e.g., art groups, movement or somatic therapies, support groups, self-care, CBT, counselling, and targeted support such as the Suicide Bereavement Support Service and Hearing Voices services.

"Long-term funding is needed to make the difference. Pilot programmes that work are not championed and rolled out across Scotland. We need to embed what works and make early intervention and prevention a priority for the future of mental health."

Summarised by a group at our Ages & Stages event

our interim

findings & recommendations

1 Across Scottish Public Policy there exists strong institutional buy-in to the principles of early intervention and prevention

This is particularly true for infants, children and young people. Effective synergies between Scottish Government departments, COSLA and initiatives, such as school-based counsellors and mental health groupwork, and policy frameworks such as Getting it Right for Every Child (GIRFEC) and The Promise, have created a solid policy base from which to expand primary early intervention and prevention initiatives.

Existing prevention activities include Partnership for Children's Skills for Life programme and Change Mental Health's Me & Money programme, which variously support children, young adults, teachers, parents, carers and statutory benefit providers.

recommendation

Build on partnership working from primary early intervention and prevention (EI&P) projects and extend to secondary and tertiary prevention to embed EI&P ways of working across Scotland's public and third sectors.

2 The evidence base into the impact of Early Intervention and Prevention programmes should be expanded and deepened

By prioritising investment into the evaluation of EI&P programmes through both quantitative and qualitative evidence collection and further research, policymakers can reinforce best practice and learning, as well as ensure value for money.

Examples of good practice include the evaluation of Distress Brief Intervention and the Distress Brief Intervention Impact Evaluation on Suicide (DIMES) evaluation by Public Health Scotland and the Scottish Centre for Social Research.

recommendation

The Scottish Government and healthcare partners should look at new measures to review programme impact and ensure data collection methods can robustly support Early Intervention and Prevention analysis. This may include involvement of the Health Economics Research Unit (HERU). It should be considered if the impact of different interventions can be publicly published to enable providers to identify and learn from best practice.

3 Where effective best practice is identified, begin preparations for extended nationwide rollout of pilots and services

Where effective interventions are in place, and can demonstrate reductions in instances, episodes and/or severity of mental illness, support should be continued and plans made for wider implementation across Scotland through either the use of successful models like that seen in the rollout of DBI and the sharing and publication of best practice guides.

Examples of best practice in secondary prevention include the Mental Health Foundation's Angus-based Together to Thrive programme and the Snowdrop Centre in Lochgilphead.

Together to Thrive is succeeding in relieving pressure on Child and Adolescent Mental Health Services (CAMHS) by triaging and supporting individuals on the CAMHS waiting list. This frees up the CAMHS service to focus on those young people with the most severe and enduring mental health concerns while making sure responses are appropriate and timely. Together to Thrive assists each individual with person-centred support and extends this to the entire family and educational setting to reduce the likelihood of a child or young person's mental health problems recurring.

The Snowdrop Centre is a rural community hub where mental health services and support are offered in the same space as a range of other community and health-focused activities. This has resulted in a stigma-free environment where all feel welcome and can be catered for in a person-centred way. The reach of The Snowdrop Centre has been extended with an outreach service to two of the Inner Hebridean islands. This regular presence of a member of the Snowdrop Centre's team on the islands, combined with weekly online groups for support, resilience building and overcoming loss, has created a visionary and progressive blend of in-person and virtual relational and therapeutic support.

recommendation

Work with third sector, public sector, workplaces and communities to identify best practice, assess impact evidence and provide financial support to maintain and rollout the most effective interventions. Particular consideration should be given to the dissemination of best practice and how providers can learn and develop from each other.

4 Champion success stories and pilots, especially those which emphasise cross-sector/departmental working, place-based partnerships and collaboration

Impactful and innovative projects which blur the traditional lines of organisational structures, or which serve to extend and compliment traditional referral methods, are making a clear difference to EI&P.

An example of this is the effective partnership work between Kingdom Housing Association and Change Mental Health to support people with mental health problems who are struggling to maintain their tenancies. The progressive nature of this partnership has led to the secondment of an experienced Mental Health Support Worker (MHSW) into the Tenancy Support Service of Kingdom Housing Association.

Approximately 70% of the tenants struggling to maintain their tenancy are experiencing co-occurring mental health problems, or illness, along with substance use issues. The MHSW brings a holistic approach to setting goals and building resilience, motivating each individual tenant to make positive changes to their lives and keep their tenancy.

recommendation

Consideration should be given to creating 'Beacon Projects' or equivalent status for effective, ground-breaking pilots to accelerate funding streams, evidence and impact collection, and effective partnership working. This can include best practice knowledge exchanges via networks such as the National Rural Mental Health Forum.

5

Evidence suggests task sharing or task shifting initiatives using community practitioners can ease pressure on frontline acute services

The international evidence base around task sharing / task shifting is robust. This approach works to equip staff teams with the skills and knowledge to support mental health within each community.

Community Link Worker roles, Distress Brief Intervention initiatives and similar task sharing / task shifting relieves pressure upon GPs and Social Workers, freeing up time to focus on physical health diagnoses and care and protection services. This form of task sharing / task shifting provides early intervention and prevention at secondary and tertiary levels from rapidly responding services, particularly appropriate in rural settings due to the virtual support offered.

recommendation

Further evaluation studies of effective EI&P task sharing initiatives and exploration of how budget 'saved' can be frontloaded from the assisted services.

6

Where individuals are collectively failed by services, co-design utilising lived experience can help overcome barriers and institutional inertia to problem solving

The principle of placing the individual at the heart of decision-making and treatment processes enjoys clear consensus from policymakers, but delivery of this aspiration must be supported.

The lack of co-ordinated service provision for people with co-occurring mental illness and problematic substance use is an example of a long-standing problem which leaves people unsupported. The First Minister recently talked about a person-centred approach but too often individuals are denied access to services.

Seeking a progressive solution to this problem, Health Improvement Scotland (HIS) has worked with people with lived experience and third sector partners to create a protocol for use by NHS services. This protocol's implementation is an important part of tackling Scotland's record drug-related deaths but could also be a model for supporting those with complex mental health needs.

recommendation

A clearer directive to all public services to work in collaboration alongside an individual seeking support from services, and further exploration as to how this can be accounted for across organisational aims and budget lines.

The five service specific recommendations for early intervention and prevention services are as follows:

a. Creation of an anti-stigma campaign specifically targeted at overcoming mental illness stigma in rural areas.
b. Embedding of the Seasonal Affective Disorder programme 'Wintering Well' (Universities of Glasgow and Edinburgh) within the practice of all social prescribers, including Community Link Workers; introduction of the programme to Paths for All, RSABI, Farmstrong, and all rural and west coast Local Authorities and transport providers.
c. Roll-out of StressLess Primary School initiative supporting pupils, teachers and parents (Mental Health Foundation and Aberlour).
d. Partnership with the Scottish Housing Association to co-ordinate the expansion of the Kingdom Housing Association and Change Mental Health Partnership model to all rural housing association providers.
e. Expansion of referral routes to Distress Brief Intervention (DBI):

    i. GP Surgeries, Scottish Ambulance Service and Police Scotland all mandated and trained to refer to DBI services.
    ii. Support expansion of DBI Pilot with 14 and 15 year olds in secondary schools to support early identification of vulnerable children and rapid access to interventions.
    iii. Increase funding to meet increased referrals.
    iv. Ensure that as funding is mainlined into Health Boards and Integrated Joint Boards, that there remains a duty and requirement to provide a DBI service in all localities.

project background

Early Intervention and Prevention and the Mental Health Continuum

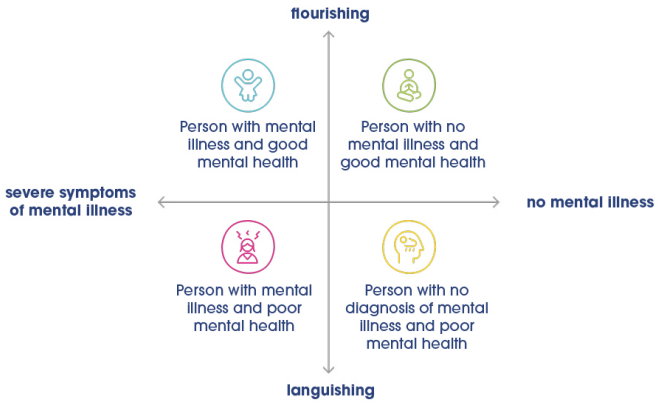
Evidence, collated over many decades, confirms for us what factors affect a person's mental health. Many events and circumstances increase the likelihood of a person experiencing a lack of mental wellbeing or an instance, or instances, of mental illness.

There is a continuum of mental wellbeing, with high positive self-regard and connection to purposeful and positive relationships and activities at one end of the continuum, and a lack of these positive protective factors and lack of mental wellbeing at the other end. No one remains static on this continuum throughout their lives. Many factors influence each of our positions on this continuum, along with how this will change for us over our lifetimes.

The factors associated with where we find ourselves on the mental health continuum:

- Our genes and biology, physical health conditions
- Our environment: prenatal environment, housing, workplace
- Our life experiences: socio-economic disadvantage and poverty, immigration, social isolation, trauma (e.g. parental neglect, physical, emotional, and sexual abuse, bullying, racism), lack of stimulation, general adversity and stressful life events, and substance use (alcohol, smoking, drugs), caring responsibilities, loss of a significant person, life-changing events.

People experiencing mental illness can flourish, even when coping with severe symptoms over a prolonged period of time. Equally, people without a diagnosis of mental illness can languish, unable to thrive because of the challenges they are struggling to cope with.



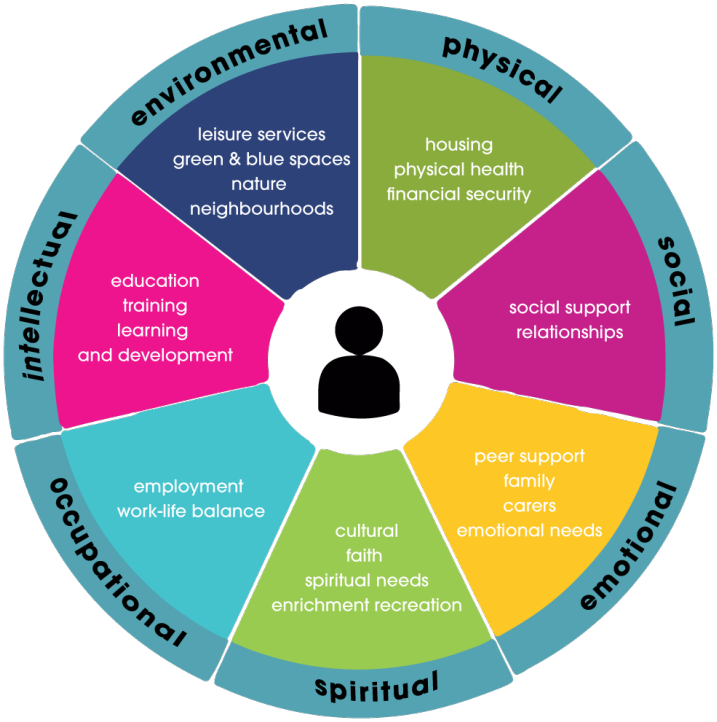
Arango (2021) Risk and protective factors for mental disorders beyond genetics: an evidence-based atlas.
Arango et al (2018) Preventive strategies for mental health.
Mental Health Foundation (2019) Prevention and mental health.

Adverse Childhood Experiences

When adversity is faced in perinatal, infancy, childhood or teenage years, it can have particularly impactful consequences for a person's life course. Adverse Childhood Experiences (ACEs) of abuse, neglect, loss and separation, care experience, and witnessing domestic abuse or violence, all increase the likelihood of a lack of mental well-being and challenge a person's mental health.

In 2019, 15% of Scottish adults reported having experienced four or more ACEs in their childhood. Four or more ACEs are directly correlated to adult experiences of significantly increased mental health problems, greater contact with the criminal justice system, and higher rates of suicide.

Western medicine is increasingly joining the dots between life events, mental health and physical conditions expressed through the body. With this approach, the best of conventional western medicine can combine with our developing understanding of the impact of primary, secondary and tertiary prevention practices, to reduce the instances and frequency of mental health problems and mental illness as part of a whole systems perspective.



Whole Systems Model: Dimensions of Mental Health and Wellbeing. Scottish Government (2023) Mental Health and Wellbeing Strategy.

Evidence

The limited hard evidence available demonstrates that prevention activities at primary, secondary and tertiary levels can prevent mental health issues from occurring or intensifying. Additionally, they can address underlying causes and mitigate against inequalities.

Greater assessment is needed with quantitative and qualitative studies to demonstrate effectiveness, with the inclusion of lived experience voices.

- Evidence does not point to any one specific approach or intervention as being most effective.
- Broadly, evidence of efficacy is of relatively low quality – in both primary research and systematic reviews – and tends to focus on reduction in symptoms of specific mental illnesses rather than prevention overall.
- Lack of evidence regarding why or how prevention works.
- Limited involvement of lived experience.
- Some evidence at review level for the effectiveness of cognitive-behavioural, resilience, mindfulness and physical activity interventions in promoting mental health and wellbeing of adult populations, and particularly in preventing depression.
- Some evidence that interventions in early life (conception to early adulthood) are cost-effective.
- Some evidence that workplace-based and parenting interventions are cost-effective.
- Qualitative evidence that prevention at all levels benefits individuals, families and communities.

Saijonkari et al (2023) Promotive and preventive interventions for mental health and well-being in adult populations: a systematic umbrella review.
Arango et al (2018) Preventive strategies for mental health.
Zechmeister et al (2008) Is it worth investing in mental health promotion and prevention of mental illness? A systematic review of the evidence from economic evaluations.
Muñoz et al (2015) Major Depression Can Be Prevented

The Role of Early Intervention and Prevention

Primary Prevention

The problems faced by children, young people and adults, influenced by Adverse Childhood Experiences or through their genetic endowment or social learning experiences, can be compounded by living in rural settings, due to factors including isolation, rural deprivation and stigma.

Primary EI&P within rural settings has the potential to mitigate against the effects of these factors. School programmes such as Together to Thrive have discovered that many children have not raised their harmful or distressing experiences before because they simply did not have the language with which to share their stories. Many did not know that what was happening or had happened to them was something adverse and they could get help with.

Programmes such as Bloom, Your Resilience and Me & Money are providing teenage pupils in rural settings with the self-understanding and self-supporting skills to explore and resolve their emotional and mental health concerns.

EI&P activities within rural primary and secondary schools promote early identification of mental health and wellbeing issues, with the option for signposting to specialist supports.

- Primary prevention in primary schools are equipping both pupils and teachers with tools and language to speak about their problems; finding new ways to solve problems. Some programmes include parents and carers too.
- Primary prevention in secondary schools is informing and guiding young people to a stronger understanding and self-awareness and a greater capacity to make positive changes in their lives.
- Secondary intervention is available in secondary schools in the form of pastoral care, specialist support staff and counsellors.

Secondary Prevention

Secondary prevention in rural areas can take account of the specific challenges of remote and rural environments. Some examples of effective and innovative programmes and services include:

- Seasonal Affective Disorder Wintering Well programme – The University of Glasgow and The University of Edinburgh
- Multi-purpose rural resources hub with island outreach – The Snowdrop Centre, Lochgilphead, Argyll & Bute
- Fast response services which build resilience and signpost to specific person-centred supports – Distress Brief Intervention.

Task Sharing / Task Shifting

Innovative ways of working including task sharing / task shifting increase access to a range of early intervention initiatives and services in primary and community settings, while freeing up specialists to focus on tasks only they can fulfil.

Distress Brief Intervention (DBI) is an example of innovative practice which responds rapidly to distress and crisis, removing impact upon NHS Primary Care and Social Work and bringing additional signposting assistance after the initial engagement with the service. The expansion of referral pathways to the DBI service is improving mental health by preventing people becoming so unwell that they require more intense interventions and treatments that may have a negative impact on their daily lives.

DBI, delivered within 24 hours of referral to anyone who has a phone line, ensures provision of a range of self-management approaches to promote good mental health and wellbeing, and sustains recovery.

Innovative Cross-sector Partnerships

The third sector and organisations such as Kingdom Housing Association are working in partnership to support tenants who are at risk of becoming homeless, by addressing their mental health concerns and providing resilience building support from a whole-family perspective.

For many people initial goal setting may focus on mental health self-help, budgeting, food preparation, social connections and gentle exercise. Over time, the input of the Mental Health Support Worker (MHSW) currently seconded to Kingdom Housing Association can shift to helping a tenant reach their employment or training goals.

Working with rural employers is an area of potential EI&P that will be explored in the final report in Spring 2025. Change Mental Health wishes to connect with rural employers, unions and rural and islands work settings to gain understanding of the potential role rural employers can have across all three EI&P levels.

Scotland has the highest prison population per capita in Europe (162/100,000 people). The causal links have been established between adverse childhood experience and incarceration. These factors, combined with the stigma in most rural communities around imprisonment is an additional issue for former inmates returning to rural communities. Change Mental Health will explore with the Scottish Prison Service and Criminal Justice Social Work Services the potential routes to increasing early access to all levels of EI&P for individuals currently or previously involved with the criminal justice system.

Wherever possible, stigma-reducing programmes and initiatives to increase both an individual's employability and the attractiveness of employment must work together to enhance purpose, prosperity and personal pride.

what's next?

This interim report lays out our initial observations and recommendations. In the full report we will lay out an expanded evidence base, a greater comparison of different interventions and their impact and more detailed set of recommendations and rationale.

As mentioned above, we will expand upon this interim report to provide further evidence of:

- Experiences of best practice 'whole systems' approaches to EI&P in rural environments and communities.
- An understanding of the cultural, social, structural and financial barriers people face when trying to access mental health support.
- An understanding of how people are accessing local services and support, and what more can be done to extend the reach and connections of services.

For the final report Change Mental Health will also deliver:

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- Additional recommendations to increase the effectiveness of early intervention and prevention mental health supports in rural Scotland.

Thank you for your engagement with this absolutely critical topic in supporting people with their mental health across Scotland. We'd like to offer a special thank you to Jessica Shields of the Scottish Centre for Social Research, Tim Street of the Mental Health Foundation and Martin McCoy of Public Health Scotland, and all others who contributed to the Ages & Stages event in November 2024.

If you have further examples of best practice or would like to contribute to the final report then we would welcome you to get in touch with Change Mental Health.

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Further Information

Visit our website for more information: **www.changemh.org**
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