Thrive Edinburgh is a city where every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to her or his community[1]. Our ability to thrive as human beings and as a city is closely tied to our mental health.

[1]Adapted from the World Health Organisation

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"Never forget that justice is what love looks like in public."

Cornel West

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Understanding the challenge

We need to think big and think differently. We should have big ambitions and long-term strategic aims when it comes to mental health. We have made it our goal to promote mental health and protect our citizens' resiliency, self-esteem, family strength and joy and reduce the toll of mental illness on individuals, our communities and our city.

Contents

Understanding the challenge

The primary causes of health inequalities are rooted in the political and social decisions that result in an unequal distribution of income, power and wealth. This leads to poverty and marginalisation of individuals and groups. These fundamental causes also influence the distribution of wider social determinants of health, such as the availability of good-quality housing, green space, work, education and learning opportunities, access to services and social and cultural opportunities. These determinants all have strong links to mental health. By focusing on these factors we can begin to systemically address health inequalities at a structural, community and individual level.

Social determinants of health

Health inequalities are the unfair and avoidable differences in people's health across social groups and between different population groups. They represent thousands of unnecessary premature deaths every year in Scotland, and for men in the most deprived areas nearly 25 fewer years spent in *'good health'* and 22 years for women.

Low and insecure income and problem debt are associated with an increase in the risk of mental health problems. The relationship between problem debt and mental health problems is likely to be two-way; around one-quarter of people with mental health problems report being in serious debt. Having a mental health problem can affect the ability to manage financial commitments and trigger problem debt, as well as affect the ability to regain financial control, thus contributing to a cycle of deprivation.

Unemployment has consistently been associated with an increased risk of common mental health problems. This is of particular concern for young people with few qualifications who find it difficult to enter the labour market and those with mental health problems who are often excluded from the workforce. It is important to support people to move into sustainable paid employment which lifts them out of poverty and protects their mental wellbeing. Equally, poor-quality employment which doesn't protect against poverty and offers limited control is associated with an increased risk to mental wellbeing. Jobs need to be sustainable and offer a minimum level of quality. Getting people off benefits and into low-paid, insecure and health-damaging work is not a desirable action. Many people with long-term mental health problems actively want to and can engage with work, training or education. This is important for recovery. Lack of work has significant implications in terms of income, daily routines and choices as well as contributing to social isolation and exclusion.

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There is a strong link between experiencing violence or domestic abuse and mental health problems. Women and girls are often at increased risk of violence, and women living in poverty are disproportionately affected by violence and abuse. The impact of intimate partner violence and abuse can be far-reaching. It can affect the next generation and have a negative impact on a broad range of infant and child health and wellbeing outcomes.

Poor-quality housing is one example of the physical environment having a negative effect on mental health. Fuel poverty in particular is associated with poor mental health both in childhood and adulthood. While the mechanism that links aspects of poor housing to mental health is unclear, it is possible that either poor-quality housing acts as a direct source of stress or that poor-quality housing is a risk factor that is related to poverty and is therefore associated with other physical and social risk factors.

The lack of availability of and access to green space is associated with high levels of mental distress. Current thinking suggests that green space might offer psychological benefits for those experiencing stress. However, green space is unevenly distributed in urban areas. Those living in areas of the greatest socioeconomic deprivation are less likely to live within walking distance of green space and are less likely to be satisfied with that green space.

Poor mental health and its associated inequalities are related to loneliness and social isolation. Social networks have an important role in maintaining and improving health and wellbeing, and impact across a person's life course.

Research suggests that the link between social status and mental health problems is the level, frequency and duration of stressful experiences and the extent to which these are buffered by social and individual resources and sources of support. These stressful experiences which include poverty, family conflict, poor parenting, childhood adversity, unemployment, chronic health problems and poor housing) occur across the life course and contribute to a greater risk of mental health problems if they are multiple in nature and if there are no protective factors to mitigate against their negative impact.

Mental health problems are not equally distributed across the population. Those who are socially disadvantaged are at increased risk.10 In 2010/2011, there were twice as many GP consultations for anxiety in areas of deprivation than in more affluent areas in Scotland.[2]

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[2] 62 consultations vs. 28 per 1,000 patients

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Rates of physical ill health among those with long-term mental health problems are much higher than the general population. Life expectancy for men with a diagnosis of schizophrenia is 20 years less than the general population and for women is 15 years less. Approximately one-fifth of premature deaths are due to suicide and accidental death; however, a large proportion is due to physical illness.

The prevalence and type of mental health problems also vary by sex and age. For example, recent surveys have identified that young women (16–24 years) are at increased risk of common mental health problems and self-harm. Suicide rates however are differently distributed by gender. In 2017, there were 680 probable deaths by suicide in Scotland. Within this figure, the number of males (522) is three times that of females. Every one of those deaths is a tragedy.

For so long, our city has not done enough to support the emotional wellbeing of its residents. Too many Edinburgh citizens have not gotten the help they needed for any number of reasons. Perhaps they were afraid to reveal their pain, the help they needed was hard to access, they couldn't find someone who understood their culture, they didn't think it would help, or they simply didn't know what was happening to them. Clearly, mental illness isn't just disrupting the lives of individuals — it is exacting a terrible social, financial, and emotional cost on our city.

What is needed — is a major commitment to mental health, one that is backed up by resources that are commensurate to the challenge. Tackling a problem that directly affects so many of our citizens requires a population-wide response. And to be successful, that response must assertively support and promote mental health in addition to addressing mental illness.

The World Health Organisation defines mental health as *"a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community".* **In other words, our ability to thrive — as human beings and as a city — is closely tied to our mental health.**

At the most basic level, this new commitment is about thinking big and thinking differently. A public health solution must include all the following elements:
• prevention of illness
• promotion of mental health
• early detection of problems
• treatment

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By themselves, mental health professionals cannot stem the tide of one of our society's most difficult and pervasive health challenge. To achieve lasting success, we must treat not only the individual, but also the conditions in our society that threaten mental health.

We must identify when people are at greater risk and why, while paying close attention to the range of factors — both individual and social — that can either make us more vulnerable or prevent the onset or worsening of mental illness.

Getting to where we need to go requires a broad campaign that engages every sector of society. Public health strategies take time to learn what will lead to population-level improvements. In the same way we have public health responses to smoking so we must for mental health.

We can and should have equally big ambitions and long-term strategies when it comes to mental health. Over the next ten years we will:

- Lay the foundation for lifelong emotional health for all children.
- Protect new mothers from depression.
- Prevent suicides and reduce harmful consequences of substance misuse.
- Cl0se gaps in access to mental health services.
- Help more people with chronic and disabling mental illness lead active lives.
- Provide people who have previously cycled in and out of the system with the comprehensive and compassionate network of care they need.

We can make it our goal to not only reduce the toll of mental illness, but also promote mental health and protect Edinburgh citizens resilience, self-esteem, family strength, and joy.

Thrive Edinburgh has 4 pillars:

Change the Conversation. Change the Culture - mental health is everybody's business. *Citizens of Edinburgh* are engaged in an open conversation about mental health. It's infused into our society's core functions including housing, education, culture, health and justice, and when people need help or support there is recognition of the importance of relationships between people receiving health and social care services and the staff delivering them. We will take a whole system approach to maximise independence and choice and provide people with networks of compassionate support that provide easy access rather than crisis having to happen to access support.

Partnering with Communities - listening and learning from each other, making the invisible visible, focusing on social networks, connectivity and relationships with kindness respect and love through active co-production.

Act Early - focus on how we capitalise on our opportunities to build resilience and protective factors at all life stages in a range of settings

Using and creating evidence and data to drive change - this involves listening and working with all stakeholders, including our academic institutions, to identify and address gaps, improve programmes and create a truly equitable and responsive mental health system, by drawing on a wide range of evidence and creating an inquiring culture which builds evidence from practice.

Thrive Edinburgh has 4 objectives:

Identify and address root causes – threats to mental health includes lots of things that we can act on – from enhancing early developmental experience, resilience, and ongoing social supports to addressing issues such as stigma, discrimination, poverty, inadequate housing, social isolation, violence and economic instability.

Focus on those who are at highest risk – groups of people who are at higher risk of illness face greater threats to their mental health and would benefit from early intervention or prevention.

Provide treatment that is easy to access and makes difference – high quality services in places where people can easily access them.

Building resilience and enhancing support for people to live well and meet their potential - enhance the social, mental and emotional wellbeing of the city.

We will work with people in partnership and trust.

We will demonstrate and embrace kindness, respect and love.

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This Roadmap sets out how the City will lead on Thrive and details a number of new initiatives and events which will provide robust infrastructure and partnership support.

There will also be a **Thrive Edinburgh Commissioning Plan** for one of the city's key partnerships – the *Health and Social Care Partnership.* The commissioning plan has 6 workstreams underpinned by the guiding principles and objectives, informed by the Thrive Edinburgh vision.

Building Resilient Communities Get Help When Needed Rights in Mind	A Place to Live Closing the Inequalities Gap Meeting Treatment Gaps

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Change the conversation: Change the culture

Working with People
in Partnership
with Transparency
and Trust

To improve
the mental health
and wellbeing
of people in Edinburgh

Kindness
Respect
Love

Act early

Partnering with communities

4 objectives

Identify and address root causes – enhance early developmental experience: resilience and social support

Building resilience and enhancing support for people to live well and meet their potential

Provide treatment that is easy to access and makes a difference – place based responses

Focus on those who are highest risk – higher risk of illness; greater threats to their mental health

6 workstreams

Build resilient communities

A place to live

Help when needed

Close inequalities gap

Rights in Mind

Meet the treatment gaps

Data, Evidence, Audit and Research

Change the conversation, change the culture

It's time for Edinburgh Citizens to have an open conversation about mental health. Changing the culture around mental health is a foundational building block of this strategy.

Far too many of us still think of "depression" and "addiction" as shameful things that happen to other people and must be hidden at all costs. And far too many of us still don't think about mental wellness the same way we think about physical wellness - as something that can be actively improved and strengthened as part of an everyday commitment to overall health.

Change the conversation, change the culture

The most obvious strategy for changing the way our society thinks about mental health is through a broad public media campaign designed to educate our citizens on steps they can take to improve their mental well-being and better understand mental illness. Our campaign will make the most of the City government's unmatched ability to reach citizens to ensure that every community hears our message.

But messaging alone will not change the culture. We must also begin to infuse mental health work into civil society's core functions, including education, health, and justice. No single effort will achieve this goal, but it is possible to create a snowball effect by launching a comprehensive array of initiatives that together showcase the value of investing in mental wellness.

Affirm City of Edinburgh Partnership's responsibility to coordinate an unprecedented effort to support the mental health of all Edinburgh citizens.

How we will deliver on this.

The New Assembly

Every day city agencies work with stakeholders from the public, private, and non-profit sectors on policies with the potential to improve the lives of communities throughout our four localities. In order to achieve our goal of protecting the mental health of all citizens and lead on this issue, Community Planning partners must consider mental health when approaching their work. The City already devotes a significant amount of resources to mental health efforts, but the sum of these efforts is not yet greater than the whole, and that is because they are not yet aligned around a single shared strategy. In order to achieve our ambitious goals and create long-term systems change, we are undertaking an unprecedented effort to bring the City Council, NHS, City agencies, community partners, and other branches of government together in pursuit of our shared objectives through the establishment of *Edinburgh's Mental Health and Wellbeing Assembly.*

This will comprise of more than 20 City agencies from every sector of government, including health, employment, law enforcement, education, youth development, employment relations, academia and culture. The Assembly will serve as a key vehicle for managing mental health initiatives, policy-making, and problem-solving. It will also ensure that the City is effectively implementing these initiatives, especially those that involve multiple agencies, by tracking their progress and engaging in collaborative problem solving.

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The Assembly will be chaired by the Lord Provost ensuring that mental health remains at the forefront of City policy. A central element of the Assembly's work will be developing new ways for public sector employees to play a key role in the delivery of Thrive Edinburgh.

The Assembly will lead an effort to identify partnership opportunities, share best practices, and provide City agencies with the tools they need to help their employees and their programs contribute to our mental health effort.

If we want to make a real difference on mental health, we cannot shy away from addressing big issues like income inequality, racial discrimination, use of public space, and housing instability. The *Thrive Assembly* will be an entity to analyse these efforts through a mental health lens and determine where additional work is required. The Assembly will take on this role and work with member agencies to create new shared policies to advance Edinburgh Thrive.

Our Annual Edinburgh Thrive Mental Health and Wellbeing Conference

We are committed to inspiring others to take a public health approach to mental health. In September 2015, the United Nations hosted a meeting of heads of state from around the world that endorsed a new global blueprint for social and economic policy called the *Sustainable Development Goals (SDGs)*. The blueprint named mental health as a goal of international development for the very first time. Building on this effort, the Lord Provost hosted the **first *Thrive Edinburgh Conference for Mental Health* in 2019**. The Conference brought citizens and cities together to share new ideas and promising mental health initiatives, including our own.

The initiatives outlined below will help both individuals and organisations think more broadly about the role they can play in a shared effort to make mental health everyone's business.

Re:D Collaborative

Working with a rage of partners our goal is to further strengthen and demonstrate how public health solutions can really make an impact and represent a win for everyone:

• People working in justice settings will have a broader array of options from which to choose

• Communities will be safer.

Education

Too many schools lack the resources necessary to provide students with a healthy and supportive environment. Using research-based restorative approaches that do a better job of addressing the root causes of misbehaviour are being implemented. We are also investing in an effort to improve the climate in our schools, so all of our students feel comfortable speaking honestly with their teachers and staff about any issue that might hinder not just their intellectual development, but also their emotional development. This will improve academic achievement and, ultimately, positive destinations. We will also work with our colleges and universities to improve the mental health and wellbeing of students, staff and the learning environment.

Public Awareness Campaign

A culture of stigma currently inhibits many people from seeking help. In addition to closing treatment gaps, we must take the lead on reframing the way people think and talk about mental health. We must also provide our Edinburgh citizens with clear and useful information on how to access services.

The City will launch a culturally competent public awareness campaign built around two overarching objectives:

- Reshaping the conversation around mental health, focusing on mental health promotion and early intervention focusing at a community level, partnering with experts, community groups, cultural groups, health service providers, and elected officials in high-need neighbourhoods to amplify our messages.

- Helping Edinburgh citizens to understand how to access services if they or someone they know are experiencing mental health issues.

On an individual level, that could mean encouraging citizens to work with their employers to adopt strategies for improving mental well-being in the workplace, sign up for a mental health first aid class, or simply take the time to talk to a neighbour who is going through a tough time. The bottom line is that we all have a role to play in changing the way we think and respond to our own and other people's mental health.

Technology

Harnessing technology can also close treatment gaps. Web developers and health professionals have created promising mobile applications that provide self-administered mental health screening, monitoring of symptoms, and coaching on self-care. While still evolving, these mobile and other web-based applications have opened up a wide variety of readily available ways for people to get help for illness, and gain skills and support for maintaining their mental health. These applications include:

• Social networks that provide supportive feedback

• New ways to access therapists and care, including through text messaging

• Internet-supported educational and self-care guides for anxiety and depression

The development of **iThrive** with partner agency *Health in Mind* will be a key component to our digital mental health response.

We will also work with our NHS partners to develop **resource referral and appointment scheduling** which will provide proactive follow-up in the form of reminders and encouragement in the days before their first scheduled appointment, which can markedly reduce no-show rates for service appointments and hand-offs. We will also use this to check in with clients via phone, web, or text messaging.

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Partner with Communities

Embrace the wisdom and strength of local communities by collaborating with them to create effective and culturally competent solutions. The success of any public health campaign hinges on sharing leadership with communities, and that is especially true of our mental health effort.

Share leadership with community members and organisations

Mental health is a deeply personal issue, and when people are ready to seek help they often turn to the people with whom they are closest, both emotionally and geographically. This could include family members, friends, faith leaders, neighbourhood elders, or a friendly staff member at a local civic organisation. These are the same people who are often our most important sources of support, well-being, and mental health.

If we want to improve the mental health of the citizens of Edinburgh, then we must help both community organisations and individual community members connect with each other. We must provide them with the options and information they need to be of service when one of their neighbours is dealing with a mental illness, and recognize that strengthening social ties and creating vibrant communities is the foundation for mental health. We must speak their language, in every sense. And we must respect and enhance the central — and often driving — role they can play when it comes to designing, targeting, prioritizing, testing, and implementing mental health solutions.

We have a long tradition in Edinburgh of partnering with community stakeholders and organisations to provide the resources, training, and planning methods they need to both help individuals and also engage entire communities. This work recognizes that the stigma of mental health is real, and if we want to expand the range of treatment and promotion options, promotion options, then we must also broaden the range of people who are able to act.

Our success in this work will be judged according to two factors:

Community resilience characterizes the extent to which a community as a whole can respond to the emotional challenges, traumas, or burdens it faces. A community's resilience is linked to its schools, organisations, economic fabric, social places, and physical space.

Collective efficacy is the mutual support and social cohesion that exists among people living in a community.

Both factors shape, but can also be shaped by, the presence of social supports, securely bonded families, and the value placed on emotional self-care in communities — all of which can be purposefully supported and nurtured. In this interaction community resilience and collective efficacy protect community members from threats to mental health, and are themselves bolstered by efforts that improve and promote the mental health of individuals. Mental health specialists can therefore play a crucial role in supporting this virtuous cycle by helping communities promote mental health activities and government can also support policies that address income inequality and insecurity, discrimination, and social instability.

We need to also look at neighbourhood differences in many other factors: economic opportunity, urban design, neighbourhood effects, and public safety. This variation also reflects differences in access to care, untreated or poorly treated illness, population distress, and opportunities for prevention or promotion. A public health response will address these multi-layered and interacting realities.

The initiatives outlined below will help build community resilience and collective efficacy.

Virtual Learning Centre

The City will develop a free, universally available web-based Learning Centre for community organisations. The website will provide a skills training library that offers non-clinicians effective and executable task-shifting and prevention strategies. It will include videos, tools that test your skills, handouts of tips and information summaries, patient assessments, and links to other resources. The website will also be a forum to facilitate partnerships between community groups and providers.

"Friendly Visiting" to Combat Social Isolation Among Older People

Social isolation among the elderly is associated with a dramatically higher incidence of a variety of physical and mental health issues. Friendly Visiting is a light-touch approach for reaching substantial numbers of older people. We will work with agencies to identify homebound clients who are suffering from the ill effects of social isolation, including high rates of depression and anxiety, and connect them to trained volunteers. The volunteers will make regular home visits and telephone calls, where they will provide meaningful social contact and be on the lookout for possible issues requiring follow up.

Communities That Care (CTC)

Is a strategy for reducing youth violence, substance use, and crime. Community members come together to select evidence-based solutions to their most pressing mental health issues. The community then implements the solutions and uses an ongoing evaluation process to fine-tune them. We are keen to explore how we can link with our partner cities on this.

A Sense of Belonging Arts Programme

Edinburgh is a city of festivals and has participated in the National Mental Arts Festival for 12 years. Two years ago the *Sense of Belonging Arts Programme* was established to ensure a yearlong focus on the power of the arts to challenge stigma, promote participation and social connections, This will continue with an added focus on public and participatory art which will function both as an expression of community resilience and also as a vehicle for personal and community healing.

Greening Up

When you strengthen the social and physical connections among neighbourhoods, you also strengthen their collective mental health. We will maximise opportunities across the city to create green places where people can connect, relax, grow food and simply be.

Place making - The Edinburgh Thrive Line

The *Thrive Line* will connect places and spaces across the city which can promote and improve mental health and wellbeing.

Mental Health Weekend for Faith-Based Communities

We will work with clergy members of different faiths to organize a citywide *Faith-Based Mental Health Weekend*. On the designated weekend, faith leaders across the City will be invited to discus and share ideas on mental health and wellbeing.

Create Employment Opportunities for Individuals with mental health difficulties

We will work with *City Deal, Edinburgh Capital City Partnership* and public sector agencies to promote and enhance programmes and opportunities across the city to increase the number of individuals with who have good jobs.

New Supportive Housing for Vulnerable Citizens

For decades, Edinburgh has collaborated to provide supportive housing to vulnerable citizens including homeless adults with serious mental illness and young people exiting the foster care system. Supportive housing is a combination of affordable housing and support services designed to help individuals and families use housing as a platform for health and recovery. It has been found to reduce the use of costly services such as shelters, hospitals, and jails. The City of Edinburgh Council is committed to deliver 10,000 new affordable and low cost homes by 2022/23, expand services that help reduce living costs for tenants, bring existing homes and neighbourhoods up to the same quality standard as new build homes, improve energy efficiency of homes, work with Health and Social Care partners to help meet the housing and support needs of a changing population and review the use of temporary accommodation and explore different ways of supporting homeless households.

Every Life Matters

Enhance education and training programmes and community capacity building to increase awareness of the risk factors for suicide, encourage people to talk about suicidal feelings and provide more tailored responses for people in crisis.

Lights On Programme

Working with our city partners to maximise the use of business and corporate assets to benefit communities.

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Give Edinburgh citizens more tools to weather challenges and capitalize on opportunities by investing in prevention and early intervention.

Act early

Prevention and promotion must be at the core of any public health campaign and strategy. Broadly speaking, promotion efforts focus on helping people develop resilience, strong attachments and protective factors, and mindfulness. Prevention efforts are designed to help people avoid illness before they get sick, or to treat problems early. Acting early is about helping our citizens to promote their emotional fitness and resilience — which means that more of us will develop positive coping skills, fewer of us will develop mental illness, and those who do will recover more quickly and completely.

We will focus on two key areas:

• Early childhood support

• Early diagnosis and linkages to care for vulnerable populations.

Early Childhood Support

If we want to stem the tide of mental illness, we must focus on childhood for the simple reason that half of all mental health conditions and substance use disorders start before the age of 14 and some conditions that appear in childhood — such as conduct disorder — are associated with the development of other risks later in life — such as substance misuse. It is therefore imperative that we identify challenges and intervene as early as possible, before small problems become large problems that inflict major damage on an individual and the people in her life.

A first step is helping caregivers and children build strong bonds with each other. The degree to which a young child feels safe seeking comfort from a parent and exploring the world freely, which is known as *"secure attachment,"* is a strong predictor of lifetime mental health, especially when the child has been exposed to adverse events. When children have strong relationships with their parents, they are often more resilient in the face of adversity.

However, building this type of secure attachment is especially challenging when parents or caregivers are stressed, have mental health or substance misuse issues themselves, grew up in poorly attached relationships, are teenage or single parents with limited support, or live in demanding and stressful environments.

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One proven response to this challenge is helping new and first time parents develop parenting styles that enhance attachment. Many studies, have shown that providing parents with peer coaching and other socio-emotional interventions can have a positive impact on outcomes and can be incorporated into familiar settings like community centres, schools, and primary care centres. There are many other methods that can be used to promote socio-emotional health in children to help them achieve lifelong mental health. A public health response, however, also recognizes that offering direct support will ideally occur alongside broader efforts to improve things like neighbourhood public safety, access to childcare and family planning, and job security.

Early diagnosis and linkages to care for vulnerable populations

Prompt recognition of the warning signs for a first episode of psychosis, mood disorder, and other illnesses can reduce their severity or odds of recurrence. Yet on average, treatment begins late, as much as a decade after the first symptoms appear. Greater investment in prevention and early detection is essential. Greater vulnerability to poor mental health outcomes can be signalled by high absenteeism from school, violent behaviour, or experiencing violence or bullying; recent unemployment; harmful patterns of substance use; living in areas with high unemployment or violence; any experience of trauma; early psychosis; and social isolation, which afflicts many elderly people.

We must increase the availability of screening and early support that promotes mental health, especially among those with heightened risks. Positive change is possible when all partners commit to launching and sustaining initiatives that have been proven to work.

A key element of our vision for a thriving Edinburgh involves expanding access to care. But availability of care is not the only gap in treatment that needs to be closed. We're also striving for care that is:

• High-quality
• High-impact
• Culturally competent
• Linguistically diverse
• Cost-effective
• Matched to the city's most pressing needs;
• Maximizing the talents and resources of service providers;
• Aligned with our promotion and prevention efforts;
• Engaging communities and expanding their capacity to be part of the solution.

Over time, by directing existing resources intelligently and purposefully we can redesign care so that it bridges all of these gaps. A key enabler for this is task sharing or task shifting.

Task-sharing and task shifting

Closing treatment gaps is not only a matter of expanding the quantity of clinical services for mental illness and substance use disorders and misuse. Because of significant mental health workforce shortages and an overall inconsistency of care even when specialists are available, we need new ways to organize those services:

Task-sharing, also known as task-shifting, is built around the idea that many types of care, prevention, and promotion initiatives can be provided, at least in part, by a range of non-specialists, including peers, family, co-workers, and neighbourhood groups that are supported by more specialised providers. Care pathways are an agreed upon set of key steps for treating a condition. The goal is to keep the work on track and keep people focused on what works. In many cases, certain steps in a pathway can be provided by non-specialists through task-shifting.

For example, non-specialists, including trained peers or community health workers could help spread access throughout the city by managing many of the steps, make care more responsive, empathic, and effective. They can help us repair gaps in accessibility, quality, and retention. They can help us reach and retain people who would otherwise cycle in and out of care and they can close the gap between treatment and prevention.

Investing in Edinburgh's Mental Health Workforce

In order to create a mental health system that is culturally competent, reaches every community, and reflects our core principles, we must invest in reshaping and growing our mental health workforce. That means making sure our health and social care workforce have what they need to implement a public health approach, while also enlarging the entire workforce by providing mental health training and financing to support non-mental health specialists. Through such efforts, we will minimise treatment gaps, reduce disparities in treatment access and quality, and incorporate public health activities into mental health care.

Our workforce planning will focus on our key areas:

- Identify strategies that help health and mental health professionals implement collaborative care models and support task-shifted roles;

- Diversify the field by creating strategies to attract and recruit a workforce that is more ethnically and socio-economically representative;

- Develop standardized workforce data that can be collected and analysed on a regular basis

- Facilitate the growth and optimized use of task-shifted roles and careers

We want to make sure these roles are being filled in every community. This effort will entail building our collective training capacity, creating certification protocols and agreeing on core competencies.

Use Data and Evidence to drive change and practice

Work with all stakeholders to address gaps, improve programs, and create a truly equitable and responsive mental health system by sharing and using information and data better.

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Use Data and Evidence to drive change and practice

Data collection and analysis are a key part of any evidence-based decision making process. When providers routinely use real-time data on individual care outcomes, it can markedly improve their ability to ensure that the patient is receiving the right care in the right order.

More broadly, there is still much that we don't know about the mental health of our citizens and the effectiveness of services. Coming up with useful answers will require the use of traditional surveillance instruments and epidemiologic studies, but also more innovative tools such as crowd-sourcing information to provide real-time data. Our goal is to expand the traditional surveillance of mental health outcomes, especially for our younger citizens and explore ways to harness technology and *"big data"* to improve mental health citywide.

We will:

- Develop new measures and methods to understand mental health needs and priorities.

- Enable others to use data to test, adopt, and improve their practices.

- Identify, evaluate, and disseminate promising mental health approaches and interventions

- Promote citizen owned data

Better data can help to guide our City's unmet mental health needs. It can enable us to visualise these needs disaggregated by geography or demographic profile, which will allow for better targeting. It can also help us track both the impact of treatment as well as gaps in coverage and quality. Investing in better surveys and research will enable providers to make meaningful comparisons of different approaches for mental health, including cost-benefit analyses.

New technologies can also help create maps to visualize inequities, focus on bottlenecks, access services in real-time, connect residents to care, and troubleshoot problems in community mental health.

The creation of the **Thrive Exchange** will enable better use of information and best practices among partners and providers, and provide necessary technical assistance and support to local service providers, City agencies, academia and individuals with research interests. The Exchange will help drive the use of evidence-based best practices throughout the field and design better methods for getting the data we need, which will lead to more innovative and effective programmes.

**A MENTAL HEALTH
AND WELLBEING
ROAD MAP FOR ALL**
2019-2029

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The Thrive Exchange will:

Promote a Collaborative Culture

- Create Research Digest detailing research, publications and interests
- Support Leadership development
- Cultivate Learning organisations – use innovative approaches e.g master classes; town hall meetings; public debates
- Focus on Practice based evidence and evidence based practice

Through a Strategic Narrative

- Addressing Inequalities
- Demonstrating Impact
- Building more formal *Knowledge Transfer Partnerships*
- Working with other sectors and disciplines outwith *"usual health domain"*
- Permission to act
- Economic benefits

Applying Practical Application and Knowledge

- Support with writing bids and grant applications
- Consider research questions
- Sharing scarce expertise
- Understanding of different methodologies
- Services framing research questions
- Support for *Principal Investigators*

Aligning systems

- Use of honorary Contracts for volunteers; academic partners
- Caldicott: Streamlined ethics approval process
- Student placements and theses aligned with strategic priorities
- Safe haven – *Data Sharing Partnership*
- Shared accommodation
- Links to other research networks
- Scan, gather, synthesize, and disseminate knowledge of effective mental health

Supporting Dissemination

• Publications

• Celebrating Success

• Sharing what works – Scottish, UK and Worldwide

• Annual Thrive conference

• Presenting at conferences

• Building capacity and networks – communities of interest; learning sets

• Shorten time span – of putting evidence into practice

In all of our work to improve the use of data, we will be vigilant when it comes to protecting the privacy of our citizens.

Cost-benefit analyses

An essential element of closing these gaps is matching treatment to need, and optimizing its value. Cost-benefit analyses suggest that certain well delivered, evidence-based treatments can yield savings, including reducing other kinds of health care or treatment costs. Many factors go into determining the best investments and priorities for care. A cost-benefit ratio can help discern where value lies, but that's only part of the story.

Closing all these gaps — in availability, impact, and scale — is a big undertaking. It will require building additional capacity in the current system. And, it will also require a wide and coordinated array of responses, including using resources better, matching treatment to needs, implementing task sharing and new care pathways, designing care that also supports prevention, and developing new technologies. It will also mean recognizing the crucial role friends, family, and other supports play when it comes to treating illness and maintaining mental health. But mere recognition isn't enough — we must also provide friends, peers, and family with the support and skills they can use.

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Thrive Exchange

Collaborative Culture

- Create Research Digest detailing research, publications and interests
- Leadership development
- Learning organisations – use innovative approaches e.g master classes; town hall meetings; public debates
- Practice based evidence and evidence based practice

Strategic Narrative

- Addressing Inequalities
- Demonstrating Impact
- Building more formal Knowledge Transfer Partnerships
- Working with other sectors and disciplines outwith *"usual health domain"*
- Permission to act
- Economic benefits

System Alignment

- Use of honorary Contracts for volunteers; academic partners
- Caldicott: Streamlined ethics approval process
- Student placements and theses aligned with strategic priorities
- Safe haven – Data Sharing Partnership
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- Links to other research networks

Practical Application & Knowledge

- Support with writing bids and grant applications
- Consider research questions
- Sharing scarce expertise
- Understanding of different methodologies
- Services framing research questions
- Support for Principal Investigators

Dissemination

- Publications
- Celebrating Success
- Sharing what works – Scottish, UK and Worldwide
- Annual Thrive conference
- Presenting at conferences
- Building capacity and networks – communities of interest; learning sets
- Shorten time span – of putting evidence into practice

What is the Thrive Exchange:

A group of people with an interest and commitment to:

- Changing practice through evidence
- Harnessing the expertise we have in Edinburgh
- Building a sustainable research culture
- Promoting the role of research and development in securing mental health and wellbeing improvements across Edinburgh

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