Mental Health Foundation Response to the National Outcomes Call for Evidence 2023

About the Mental Health Foundation

Our vision is for a world with good mental health for all. The Mental Health Foundation works to prevent mental health problems. We drive change towards a mentally healthy society for all, and support communities, families, and individuals to live mentally healthier lives, with a particular focus on those at greatest risk. The Foundation is the home of Mental Health Awareness Week.

1. **Are there any changes to the current set of 11 National Outcomes that you would propose? If so, in summary, what would these be?**

Yes, there are a number of areas where we believe the National Outcomes can and should be strengthened. We have outlined these proposed changes by Outcome theme below.

Health: We are healthy and active
Our NHS is pivotal to our health and happiness as a nation and we are dedicated to supporting and equipping it to face the challenges it has now and in future. We also understand that our health is dependent on a wide variety of factors and actors and we therefore need to take a whole system approach to promoting good health and activity.

In its current form the National Performance Framework fails to adequately recognise and integrate mental health and wellbeing into its vision for Scotland.

Neither the current wording of the Health Outcome nor the longer accompanying description mentions mental health or wellbeing. In its current form, this Outcome fails to

recognise the growing awareness of how closely mental and physical health are linked and undermines recent efforts to create parity in the understanding of and support for mental and physical health.

This should be addressed through the creation of a dedicated National Outcome focussed on mental health and wellbeing, that will sit alongside and complement an Outcome relating to physical health and wellbeing.

This Mental Health & Wellbeing Outcome should align with the vision of Scotland's next Mental Health & Wellbeing Strategy:

"Our Vision is of a Scotland, free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible."

This Mental Health & Wellbeing Outcome should act as a catalyst for a cross-sector approach to transforming mental health and wellbeing, with underpinning actions to reduce mental health inequalities and challenge and reduce stigma, to prevent mental ill-health and to improve support and services.

If a dedicated mental health and wellbeing Outcome is not developed, at the very least mental health and wellbeing must be explicitly referenced in the title and fully integrated into the content of the existing overall 'health' Outcome. In this case, we would propose new wording to reflect the parity and inter-related nature of mental and physical health and to centre the importance of reducing health inequalities. The 'Health' Outcome should be re-named 'Mental and Physical Health', and the description of this Outcome should reflect this parity, for example:

"We all experience the best possible mental and physical health and health inequalities are reduced."

This would also align with the UN Sustainable Development Goal 3 – Ensure healthy lives and promote wellbeing at all ages, which encompasses both mental and physical health.

Either the creation of a new dedicated Outcome or the updating of the existing Outcome to fully integrate mental health and wellbeing into the National Performance Framework must be supported by indicators which reflect the importance of mental health as crucial to the overall health and wellbeing of Scotland and which instigate action to reduce health inequalities.

The current 'Health' Outcome lacks any mention of prevention of ill health. Prevention of mental ill health is possible[1] and is a necessary shift in the orientation of Scotland's efforts to achieve its 'Health' Outcome and reduce the prevalence of mental health problems. Alongside mental health promotion, achieving the best possible mental and physical health outcomes for all requires far-reaching, preventative action to address the socio-economic determinants of health and to reduce deeply-entrenched inequalities.

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[1] Mental Health Foundation (2019) Prevention and mental health. Available at:
https://www.mentalhealth.org.uk/sites/default/files/2022-06/MHF-Prevention-report-2019.pdf

The importance of taking preventative action to address inequality and improve mental health cannot be over-stated. Our research found that mental health problems cost the Scottish economy £8.8 billion annually in lost productivity, income and the cost of caring and treatment.[2] This is a conservative estimate and no figure can fully reflect the wider impact of poor mental health for individuals, families and communities across Scotland.

This impact of poor mental and physical health are not evenly distributed across the population. In 2019, there was a 24-year gap in the time spent in good health between people living in the most and least socioeconomically deprived 10% of local areas in Scotland. This gap has been widening since 2016[3]. Studies suggest, compared to those living in affluent areas, adults living in Scotland's most deprived areas are twice as likely to experience anxiety or depression; are three times more likely to die from suicide; and are 18 times more likely to have a drug-related death[4]. Research by Public Health Scotland has also identified that children in the lowest income households are four times more likely to experience mental health problems[5], with consequences extending into adulthood.

In the report "Leave No-one Behind" the Health Foundation highlights the potential of the National Performance Framework to implement a cross-societal approach to reducing health inequalities, but warns: "stakeholders felt there was a disconnect between the high-level aims to achieve greater wellbeing in Scotland, and the specific indicators that underly them and are targeted by policies, reducing its effectiveness."[6]

We recommend that any and all 'Health' Outcomes incorporate specific mention of prevention, i.e. that the nation puts in place action to prevent ill health. Prevention should be included in the creation of a dedicated Mental Health Outcome and in any updated over-arching Health Outcome.

Communities: We live in communities that are inclusive, empowered, resilient and safe
Our communities are shaped by the quality and character of the places we live in and the people we live among. In this Outcome we recognise that to be healthy and happy as a nation we must nurture and protect our local resources, environments and all who live in them. (Further information)

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[2] Mental Health Foundation. (2022). The economic case for investing in the prevention of mental health conditions in the UK. Retrieved from: https://www.mentalhealth.org.uk/sites/default/files/2022-06/MHFInvesting-in-Prevention-Full-Report.pdf
[3] The Health Foundation. (2023). Leave no-one behind: The state of health and health inequalities in Scotland. Retrieved from: https://www.health.org.uk/publications/leave-no-one-behind
[4] Public Health Scotland. (2021). Overview of mental health and wellbeing. Retrieved from: http://www.healthscotland.scot/health-topics/mental-health-and-wellbeing/overview-of-mental-health-andwellbeing
[5] Public Health Scotland. (2018). Child poverty in Scotland: health impact and health inequalities. Retrieved from: http://www.healthscotland.scot/media/2186/child-poverty-impact-inequalities-2018.pdf
[6] The Health Foundation. (2023). Leave no-one behind: The state of health and health inequalities in Scotland. Retrieved from: https://www.health.org.uk/publications/leave-no-one-behind

We welcome the recognition within the Communities Outcome that communities are crucial for the happiness and health of the nation. We suggest this Outcome could be strengthened by:

> 1) explicit reference to connectedness, reflecting the centrality of social connections to individual and community wellbeing

> 2) inclusion of the words 'for all', recognising the aspiration to ensure that people from all demographic and equalities groups can share in a positive experience of community, free from discrimination or stigma.

For example:

"We live in communities that are connected, inclusive, empowered, resilient and safe for all."

In the accompanying vision and indicators for this Outcome, we recommend a stronger focus on the role of community in supporting individual and population wide mental-health and wellbeing.

The Mental Health Foundation and Faculty for Public Health's report, *Better Mental Health for All*, states:

"Mental wellbeing is a universal asset that we all share, enabling us to reach our potential not just as individuals but as members of our communities. Conversely, poor mental health can lead to a cycle of disadvantage that can impact negatively on the community by causing higher levels of physical morbidity and mortality, lower levels of educational and work performance, offending behaviour and poor community cohesion[7]."

Marmot acknowledges the important role of communities in supporting 'physical and mental health' stating that the 'physical and social characteristics of communities and the degree to which they enable and promote healthy behaviours all make a contribution to social inequalities in health'[8].

The coronavirus pandemic underlined the crucial role community plays in supporting mental and physical health and wellbeing – at an individual and population-wide level. As we have witnessed during the coronavirus pandemic, communities that have safe and green environments, good quality, accessible public services and well-developed social networks are better able to cope with significant shocks and challenges like the pandemic.

Tackling loneliness and promoting connectedness in communities plays a crucial role in supporting the prevention of poor mental and physical health.

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[7] Faculty of Public Health and Mental Health Foundation (2016) Better Mental Health for All: A Public Health Approach to Mental Health Improvement. Retrieved from: https://www.fph.org.uk/media/1644/better-mental-health-for-all-final-low-res.pdf
[8] Faculty of Public Health and Mental Health Foundation (2016) Better Mental Health for All: A Public Health Approach to Mental Health Improvement. Retrieved from: https://www.fph.org.uk/media/1644/better-mental-health-for-all-final-low-res.pdf

Loneliness is now widely understood to be a determinant of poor mental and physical health and a public health priority[9]. Levels of loneliness increased during the coronavirus pandemic, with people who were already at greater risk of loneliness such as some minority ethnic communities and people with long-term health conditions the worst affected. Pro-longed experiences of loneliness can lead to a 'loneliness loop', re-enforcing negative thoughts and feelings and making it harder for people to seek out social connections and support. Loneliness doesn't only have implications for individuals; evidence shows that the mental and physical health implications of loneliness in turn create additional pressure on public services, undermining community resilience.

Communities that are still recovering from the long-term impact of the disruption caused by the pandemic now face additional pressures due to the cost of living crisis, threatening the sustainable delivery of high-quality public services and investment in initiatives focussed on fostering wellbeing, resilience and connectedness.

Both the pandemic and cost of living crisis are likely to further entrench inequalities between and within communities. Assets are not shared equally across communities. Not all people feel safe and included within their communities. Experiences of inequality, disadvantage, discrimination – which are often inter-related and cumulative - all increase the risk of mental health problems. The community Outcome includes a specific commitment to decreasing inequality between and within communities so that all demographic and equality groups are able to experience the benefits of connected, inclusive, empowered, resilient and safe community and this is welcome.

In this context, we recommend that the Communities Outcome makes explicit reference to the importance of connectedness, and that the accompanying indicators provide actionable data and insight to inform decision-making and investment to increase connectedness within communities. In particular, indicators should provide insight on the experiences of people and groups within communities who are at increased risk of loneliness and isolation, and support targeted action to address these inequalities and support connection.

Education: We are well-educated, skilled and able to contribute to society.
We learn throughout our lives and find knowledge in varied and sometimes surprising places. Through learning we grow as individuals and as a nation, and as such, we must recognise and support excellence in teaching, research and innovation for all learners in all educational contexts.

The 'Education' Outcome lacks recognition of the health function of education and in this respect is out of alignment with Scotland's Curriculum for Excellence (CfE). While the 'Education' Outcome focuses on preparing children and young people to make a contribution to society, the Curriculum for Excellence recognises that education also

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[9] Mental Health Foundation: *All the Lonely People* May 2022 available at
https://www.mentalhealth.org.uk/sites/default/files/2022-06/MHAW22-Loneliness-UK-Report.pdf

contributes to preparing children for life in general in the 21st century. The CfE includes 'confident learners' as one of its four fundamental capacities.

Educational attainment is a protective factor for the mental health of children through their parents' education level and through their own educational attainment.[10] Social and emotional problems such as anxiety and depression negatively predict later academic achievement. It is therefore vital that children are educated in mental health and emotional literacy and are supported within the school context to have good mental health and wellbeing, and this core function of education should be reflected in the 'Education' Outcome.

The 'Education' Outcome should be amended to incorporate a mental and emotional wellbeing aspect of the Outcome, recognising the role that education plays in developing children and adults who can thrive. To support this Outcome, specific indicators should be included under that relate to children's emotional literacy and wellbeing, which in turn can drive action on and measurement of children's wellbeing in schools.

Poverty: We tackle poverty by sharing opportunities, wealth and power more equally.
Scotland is a wealthy country and we have the resources, ability and commitment to provide a decent life for all our people. Through this Outcome we will work together across political parties and sectors to identify and address the root causes of disadvantage and set in place the actions to eradicate poverty for good. (Further information)

Poverty is a significant barrier to the full realisation of all National Outcomes. Without ambitious action to reduce and eradicate poverty, progress across all policy areas – and particularly those relating to health and wellbeing - are likely to be hampered. Given its centrality to success, we would suggest that this Outcome should reflect greater ambition and urgency with a focus on reduction and eradication of poverty. For example, instead of 'we tackle poverty', to state:

"We live free from poverty and share more equally in wealth, opportunities and power."

Similarly, we recommend greater ambition in relation to quality of life which could be reflected by updating wording to focus on 'good quality' or 'high quality' of life, compared to the current commitment to a 'decent life'.

More than 1 million people and almost a quarter of all children in Scotland live in poverty[11].

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[10] Kousoulis, A. & McDaid, S. (2020) 'Tackling Social Inequalities to Reduce Mental Health Problems: How everyone can flourish equally, London: Mental Health Foundation. Retrieved from: https://www.mentalhealth.org.uk/explore-mental-health/publications/tackling-social-inequalities-reduce-mental-health-problems
[11] Scottish Government. (2022). Poverty and income inequality statistics. Retrieved from: https://www.gov.scot/collections/poverty-and-income-inequality-statistics

The connection between experience of poverty and poor mental health is well-established. Persistent poverty has not been significantly reduced in the last decade, with 10% of adults and 18% of children remaining in poverty in three out of the last four years.

Studies suggest, compared to those living in affluent areas, adults living in Scotland's most deprived areas are twice as likely to experience anxiety or depression; are three times more likely to die from suicide and are 18 times more likely to have a drug-related death[12]. Research by Public Health Scotland has also identified children in the lowest income households are four times more likely to experience mental health problems[13], with consequences extending into adulthood. Levels of poverty and financial stress are likely to increase in the coming years due to the ongoing impact of the cost-of-living crisis, exacerbating existing mental health inequalities[14].

Poverty stigma also acts as a barrier to people accessing benefits which they are eligible for, leading people to miss out on crucial support.[8] Emerging evidence suggests poverty stigma is associated with worse mental health Outcomes. Experiences of poverty stigma were found to be associated with specific aspects of mental health and wellbeing, including: negative self-evaluations; diminished social wellbeing; and mental ill health.[9] By adopting an actively anti-stigma approach frontline services can both ensure their support is reaching all who need it and mitigate the negative mental health impact of stigma.

We also recommend that the text of this Outcome incorporates a reference to respect and that the description refers to treating people experiencing poverty with respect and taking action to reduce the stigma associated with poverty. It is important that measures to reduce poverty and increase income inequality are carried out in non-stigmatising ways. Experiences of poverty stigma were found to be associated with specific aspects of mental health and wellbeing, including: negative self-evaluations; diminished social wellbeing; and mental ill health.[15] This underlines the importance of ensuring that all policies and services engaged in reducing poverty and income inequality are designed and delivered to be non-stigmatising.

Against this backdrop, it is crucial that the National Outcome on Poverty, its vision and indicators support and mobilise ambitious action to reduce and ultimately eradicate poverty. Crucially, the Poverty Outcome of poverty extends beyond a single policy remit and requires coordinated action across portfolios including social security, housing, employment, education, health as well as coordination between UK, Scotland and local governments.

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[12] Public Health Scotland. (2021). Overview of mental health and wellbeing. Retrieved from: http://www.healthscotland.scot/health-topics/mental-health-and-wellbeing/overview-of-mental-health-andwellbeing.

[13] Public Health Scotland. (2018). Child poverty in Scotland: health impact and health inequalities. Retrieved from: http://www.healthscotland.scot/media/2186/child-poverty-impact-inequalities-2018.pdf

[14] Mental Health Foundation (2023) Mental Health and the Cost-of-Living Crisis: Another pandemic in the making? Retrieved from: https://www.mentalhealth.org.uk/sites/default/files/2023-01/MHF-cost-of-living-crisis-report-2023-01-12.pdf

[15] Inglis, G., et al. (2022) 'Poverty stigma, mental health and well-being: a rapid review and synthesis of quantitative and qualitative research', Journal of Community & Applied Social Psychology

Human rights: We respect, protect and fulfil human rights and live free from discrimination
We recognise and protect the intrinsic value of all people and are a society founded on fairness, dignity, equality and respect. We demonstrate our commitment to these principles through the way we behave with and treat each other, in the rights, freedoms and protections we provide, and in the democratic, institutional and legal frameworks through which we exercise power. (Further information)

This Outcome should be reviewed in light of the publication of Scotland's second National Action Plan for Human Rights (SNAP 2), to ensure that the wording of this Outcome, its vision and indicators align to the principles and aims outlined by SNAP 2. This alignment should support effective delivery and monitoring of policies to fulfil human rights across all sectors and services in Scotland.

In particular, we note the centrality of the principles of participation, accountability, anti-discrimination, and legality to SNAP 2 and suggest these could become a stronger focus of the current Outcome and vision. We would welcome increased focus within this Outcome on the crucial role of participation as a route to addressing entrenched inequalities and improving health outcomes.

The World Health Organisation identifies 'community empowerment' as the first track for health promotion, stating that it "refers to the process of enabling communities to increase control over their lives"; one which "necessarily addresses the social, cultural, political and economic determinants that underpin health, and seeks to build partnerships with other sectors in finding solutions."[16]

The Mental Health Foundation's work over the last ten years with refugees and asylum seekers in Scotland is built on the recognition that dignity, fairness and human rights is not experienced equally in society. The community empowerment model is implemented by working alongside these communities to strengthen their skills, knowledge and confidence as well as remove barriers to civic participation and decision-making. Our Voices and Visibility and Elevate Projects, which aims to **increase the representation of people from refugee backgrounds on civic forums** such as Parent Councils and Health and Social Care Partnerships, demonstrate how initiatives to embed participation deliver benefits for mental health and wellbeing at an individual level by fostering belonging, agency, and self-worth. At the same time, this project delivers benefits at a community and systems level by ensuring that decision-making is informed by and responsive often marginalised communities[17].

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[16] World Health Organisation: 7th Global Conference on Health Promotion: Track themes 2009. Retrieved from: https://www.who.int/teams/health-promotion/enhanced-wellbeing/seventh-global-conference/community-empowerment

[17] Mental Health Foundation (2022) Voices and Visibility: The inclusion of refugees and asylum seekers in decision-making processes. Retrieved from: https://www.mentalhealth.org.uk/sites/default/files/2022-07/MHF-Scotland-Voices-and-Visibility-Report.pdf

2. Are there new National Outcomes that should be included in the National Performance Framework, if so why should they be included?

As stated in Question One, we would welcome the development of a dedicated Outcome focussed on Mental Health and Wellbeing to galvanise action across government, services and sectors to improve population mental health and reduce mental health inequalities. This Outcome should align with the vision of Scotland's next Mental Health & Wellbeing Strategy:

"Our Vision is of a Scotland, free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible."

This new Outcome should be underpinned by a robust set of indicators to measure mental health and wellbeing – these should not be focussed purely on mental health through the clinical lens of diagnosis, but incorporate broader measures of wellbeing. For example, the ONS Indicators of National Wellbeing, would provide a comprehensive picture of mental wellbeing and allow for cross-UK comparisons, compared to relying on the WEMWEBS alone. Indicators should also support measurement of and progress towards achieving parity of resourcing and treatment of physical mental health, prevention of mental health problems, the eradication of mental health stigma and discrimination and reducing and eliminating mental health inequalities.

3. Are there any changes you would propose to the wider National Performance Framework on set of National Indicators?

Health indicators

A new, dedicated Outcome for Mental Health and Wellbeing or an updated Health Outcome should be supported by indicators which reflect the importance of mental health as crucial to the overall health and wellbeing of Scotland and which instigate action to reduce health inequalities.

We note that current indicators include only the WEMWBS scale to measure mental wellbeing and that all indicators include data on differences between most and least deprived areas. However, we would welcome a composite indicator that explicitly measures mental health inequalities, providing an immediate picture of whether mental health inequalities are widening, narrowing or maintaining.

We would also welcome consideration of wider indicators for measuring mental health and wellbeing. For example, the ONS Indicators of National Wellbeing, would provide a comprehensive picture of mental wellbeing and allow for cross-UK comparisons, compared to relying on the WEMWBS alone.

These indicators should go beyond a narrow diagnostic or clinical framing of mental health to consider and capture the impact of social factors such as stigma and discrimination and

protective factors such as help-seeking behaviours. Development of new indicators to measure stigma and discrimination should draw on the growing body of evidence and good practice including the Self-stigma of Mental Illness Scale which incorporates structural stigma, public attitudes, self-stigma, and perceptions of public stigma, which has been used in both the Scottish Health Survey and the recent Scottish Mental Illness Stigma Survey carried out by See Me.

Other models which may help to inform a stigma indicator include the Scottish Social Attitudes Reported and Intended Behaviour Scale and self / perceptions of seeking health scales. Any work to develop new indicators measuring stigma should link to existing work by Public Health Scotland and measures being developed to support delivery and evaluation of the new Mental Health and Wellbeing Strategy.

Communities indicators

An updated communities Outcome should be supported by indicators which facilitate effective measurement and progress towards increasing connectedness and ensuring all equalities groups and demographics can share equally in the positive benefits of community.

We welcome the inclusion of a loneliness indicator but note that loneliness – though clearly related – is not the same as a measure of connectedness. Other indicators, including the Social Capital indicator, do include measures of social networks, community cohesion, participation and empowerment, which is welcome.

We would recommend reviewing existing the social capital indicator to ensure that this is providing meaningful and actionable data and insights around connectedness within communities and whether additional models or scales may provide added value. It should also consider how data from the social capital indicator can be utilised and communicated to inform local and national decision-making and investment around supporting and promoting connections. Indicators covering 'places to interact' and 'access to green and blue spaces' should be reviewed to ensure they are fully capturing the range of community services and resources available and how accessible these are to different groups, recognising that inequalities exist not only in how these assets are distributed across communities but also in who faces additional barriers to accessing them. This should include consideration of a range of models for measuring connectedness to nature, which may enrich existing data.

Current indicators should be reviewed to ensure they effectively capture the varying experiences of different demographic and equalities groups – recognising the intersectional nature of these experiences – and whether new indicators should be developed to capture experiences and perceptions of discrimination, safety and belonging, incorporating learning from models such as the Coping Self Efficacy Scale.

Poverty indicators

An updated poverty Outcome should be supported by indicators which support the monitoring and measurement of actions and progress towards the eradication of poverty.

In addition to measuring poverty in economic terms, indicators should capture the wider societal impact of poverty at an individual, community and population wide level.

We recommend that the poverty indicators include development of indicators to measure the incidence and impact of poverty stigma and the impact of poverty on mental and emotional wellbeing. Indicators should also capture the access to and uptake of income supports and whether income support is delivered in line with non-stigmatising, human-rights-based approaches that include the removal of barriers such as conditionality.

Education indicators

In order to monitor progress on the Education sector's contribution to the mental health of the population, we recommend that an indicator be added measuring population mental health and emotional literacy. This could be measured among children and adults in order to provide a basis for determining the knowledge level of the population on how to foster good mental health and emotional wellbeing.

Human Rights indicators

We note that the indicators underpinning the current Human Rights Outcome feel under-developed in comparison to other outcomes, with several of these indicators listed as 'under development' or 'progress to be confirmed'.

The publication of SNAP 2 provides a timely opportunity to review and renew these indicators to ensure that they support effective monitoring and delivery and are reflective of the principles of participation, accountability, anti-discrimination, and legality.

In particular, we recommend developing an indicator(s) focussed specifically on measuring participation and empowerment, recognising participation as a fundamental driver for health equity.[18] This should extend beyond the existing measure of influence over local decision-making to consider people's wider sense of engagement, representation and participation decision-making at all levels which affect their lives, both national and local.

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[18] World Health Organisation 2019: WHO 2019 Participation as a driver of health equity (who.int). Available at: https://www.who.int/europe/publications/i/item/9789289054126

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Indicators relating to the quality of public services and whether public services treat people with dignity and respect should encompass consideration of whether services are trauma-informed, compassionate, responsive to the needs of different demographic and equalities groups, and embed opportunities for meaningful participation through co-design and continuous feedback and learning.

4. What impact does the current National Outcomes have on your work?

Across all our work, we aim to find solutions and demonstrate effective preventative approaches to address the underlying causes of poor mental health and support good mental health for all. We do this through developing innovative community and peer programmes, publishing research to improve understanding of public mental health and prevention, public engagement and advocacy. Our activity contributes to a number of the Outcomes in the National Performance Framework, but particularly the Health, Communities, and Human Rights Outcomes.

Our programmes work with partners and communities to develop and test new approaches to promoting good mental health for everyone. We work with communities who face increased risk of poor mental health due to social, economic and structural inequalities. We do this through a capacity-building model, working with trusted organisations already engaged with these communities to embed a mental health lens within their activity, meaning we can reach more people and crucially, those at the highest risk.

For example, our Living Well: Emotional Support Matters' project aims to support eight charities working with people living with long-term health conditions to provide tailored, practical mental health support. Our programmes also aim to reduce mental health inequalities. Through our Small Talk project, we are working with six partner organisations to improve the mental health and emotional well-being of vulnerable, lone parents through peer support groups that will be delivered by partner organisations. Our programmes with refugees and asylum-seekers aim to enable people to empower themselves in these statuses to be involved in community decisions that affect their lives.

We see potential for our organisation, and for Scotland's wider third sector, to play a crucial role in supporting delivery of the National Outcomes. However this role could be strengthened through better communication of the National Outcomes and relevant data and insights. Third sector and community organisations – at a national and local level – should be supported to engage with the National Outcomes and to use the insights and data to inform our programmatic, research and policy work. The third sector should be viewed as key strategic partner in achieving the National Outcomes and supported to play an active role.

What are the main obstacles and barriers in the further implementation of the National Outcomes?

Regular, robust measurement of the indicators is necessary in order to track progress. Some indicators, like the one we have suggested on mental health stigma, require development. Without this development and ongoing measurement, performance against the Framework could be skewed towards the already-measured indicators. Where new Outcomes and indicators are developed these should be informed by meaningful engagement with people, communities, practitioners and services.

It is important that institutions such as Public Health Scotland are adequately resourced in order to develop and monitor indicators that contribute to mental health Outcomes.

Achieving the ambition of Scotland's National Performance Framework means that its Outcomes must be fully integrated in national and local policy and decision-making. Poor understanding and communication of these Outcomes means that there is a risk of disconnect between these ambitions and the day to day development and delivery of policy and services. It also means that crucial partners, like Scotland's third and community sector, may feel unsure of how to engage with the Outcomes and support their implementation.

The National Outcomes are inherently high-level and the data provided through the current indicators gives a valuable 'state of the nation' picture of key issues. But it is vital that we are able to go behind these headline figures and understand what is driving positive and negative change and that the Outcomes play a continuous role in informing policy development and delivery. We suggest a National Conversation about the National Outcomes, taking place every two years, would provide a valuable forum to coordinate activity and share learning across sectors, to explore what factors are contributing to positive and negative changes, and identify effective policies and interventions.