



# Aberdeen City Population Mental Health Action Plan 2026-2027

Working together as a whole city to improve mental health and wellbeing

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# Introduction

Mental health and wellbeing matters to everyone. It shapes how we feel, cope with everyday life, relate to others and participate in our communities. Good mental wellbeing supports learning, work, relationships, caring and enjoyment of life, while poor mental health can affect health, education, employment and life chances.

The Aberdeen City Population Mental Health Action Plan sets out how partners will work together to strengthen mental wellbeing and prevent mental health conditions across the whole city. It focuses on creating the conditions for good mental health, not only on responding when people are already experiencing difficulties.

The plan recognises that mental health is shaped by more than health services alone. Where we live, grow up, learn, work and age all influence mental health and wellbeing. Families, communities, schools, workplaces, housing, income, safety and social connection play a central role. Improving population mental health therefore requires a whole city approach.

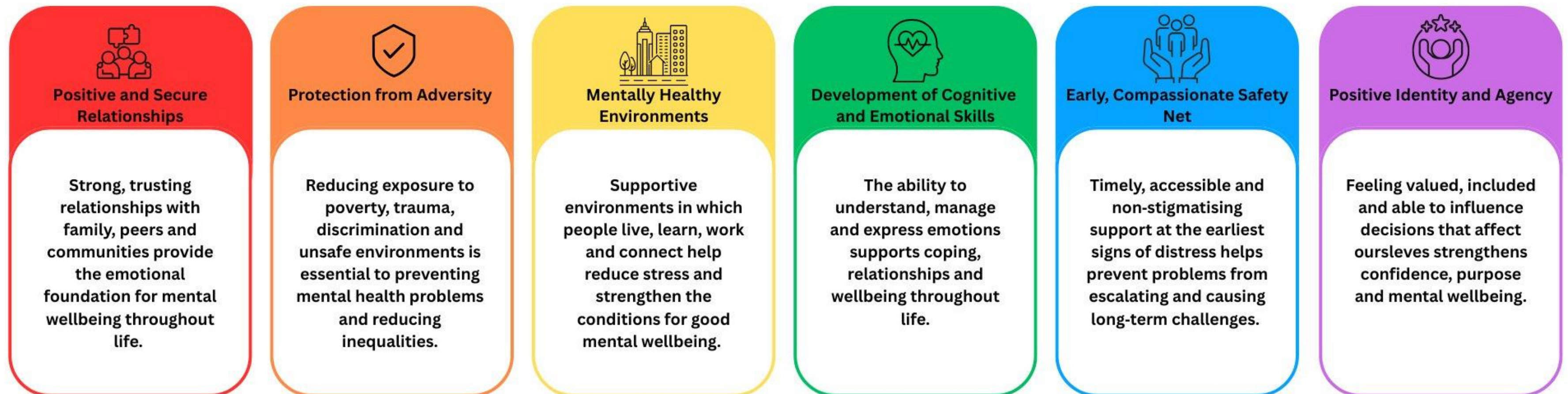
This action plan provides a shared framework for action, organised around key stages of life from infancy through to older age, alongside cross-cutting priorities that support city wide change. It brings together existing activity in Aberdeen and sets out the priority actions partners will take together to improve mental health and reduce inequalities.

The plan forms part of a longer term programme of work to improve population mental health in Aberdeen. While this action plan focuses on priorities and activity for 2026–2027, it sits within a wider multi-year programme. In its first year, this plan focuses on building strong foundations for mental wellbeing, putting the right building blocks in place so lasting change can grow over time. Learning from year one will inform and shape future actions.

# The Building Blocks of Mental Health and Wellbeing

Improving population mental health requires action on the conditions that enable people and communities to flourish. The Building Blocks of Mental Health and Wellbeing describe these core foundations and are drawn from the [NIHR Conceptual Framework for Public Mental Health](#) and wider evidence.

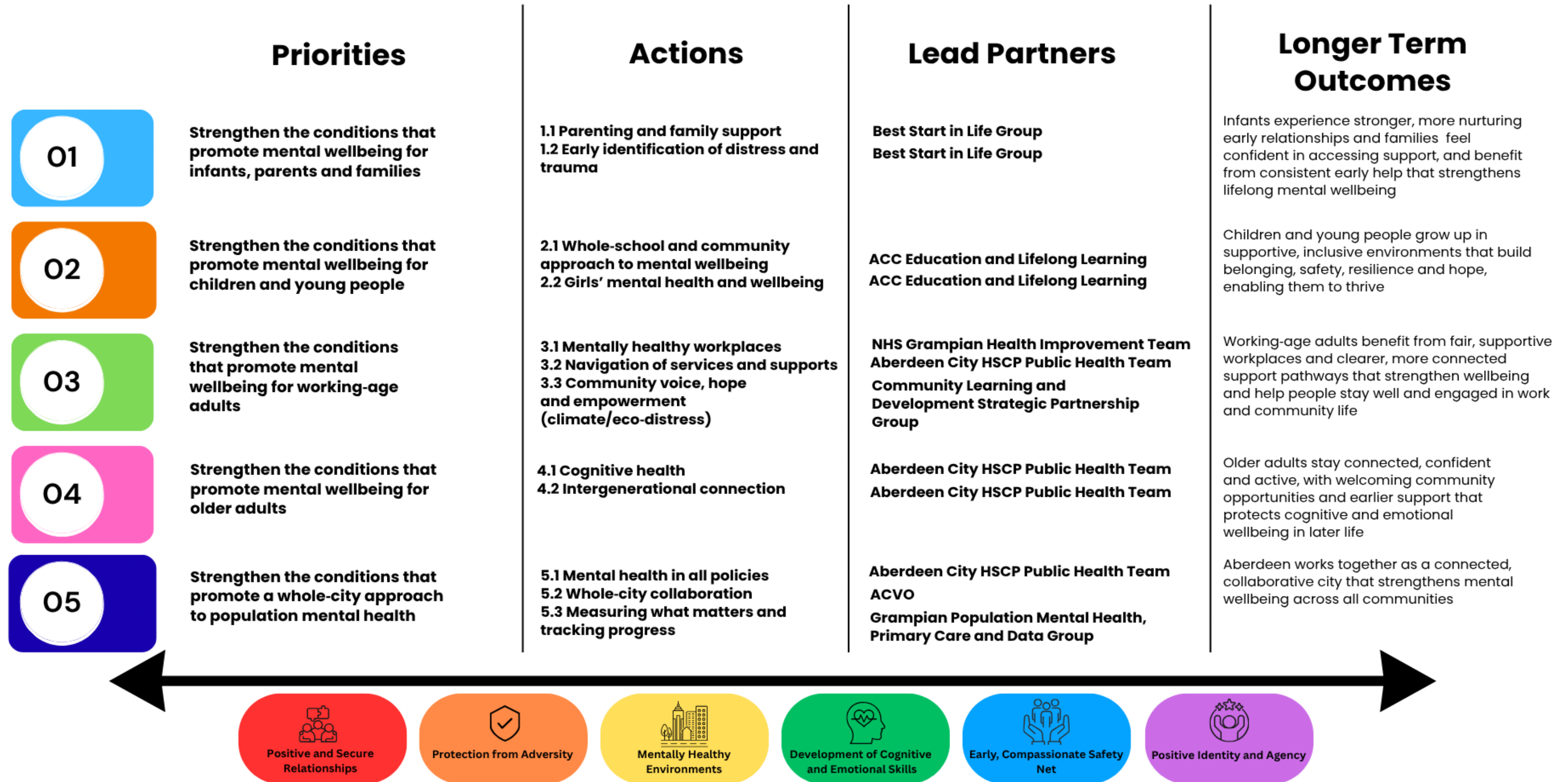
These 'Building Blocks' provide a shared way of understanding how mental health is shaped and a practical framework for taking action across different stages of life. The 'Building Blocks' are:



The 'Building Blocks' run through every part of this action plan, helping to focus activity on prevention, reducing inequalities and strengthening the foundations of mental health and wellbeing for the whole city. While these 'Building Blocks' are presented separately, they are closely connected and interdependent.

# Action plan on a page

This year one action plan is organised around a life-course approach to population mental health, supported by a set of cross-cutting actions. This structure reflects the evidence that mental health is shaped by experiences and conditions across life, while also recognising the need for coordinated action at a city level.



# What is mental health and wellbeing?

Mental health and mental wellbeing are words we sometimes use to mean the same thing. Mental health is often used when talking about diagnosable mental health conditions such as anxiety or depression. A widely used definition of mental health comes from the [World Health Organization](#):

**“A state of well-being in which an individual realises their abilities, can cope with the normal stresses of life, can work productively and is able to contribute to their community.”**

Mental wellbeing on the other hand is usually used to describe how we feel on a daily basis. The [UK Government Office for Science](#) defines mental wellbeing as:

**“A dynamic state in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships, and contribute to their community... achieving a sense of purpose in society.”**

## What we mean in this plan

In this action plan, we use mental health and wellbeing to describe the full spectrum of how we think, feel and participate in daily life. This includes how we see ourselves and relate to others, how we cope with life transitions, and also our sense of purpose, belonging, hope and connection. It is important to state that people can experience positive mental wellbeing at the same time as living with mental illness, just as someone with a long-term physical condition can still experience good overall health and quality of life.

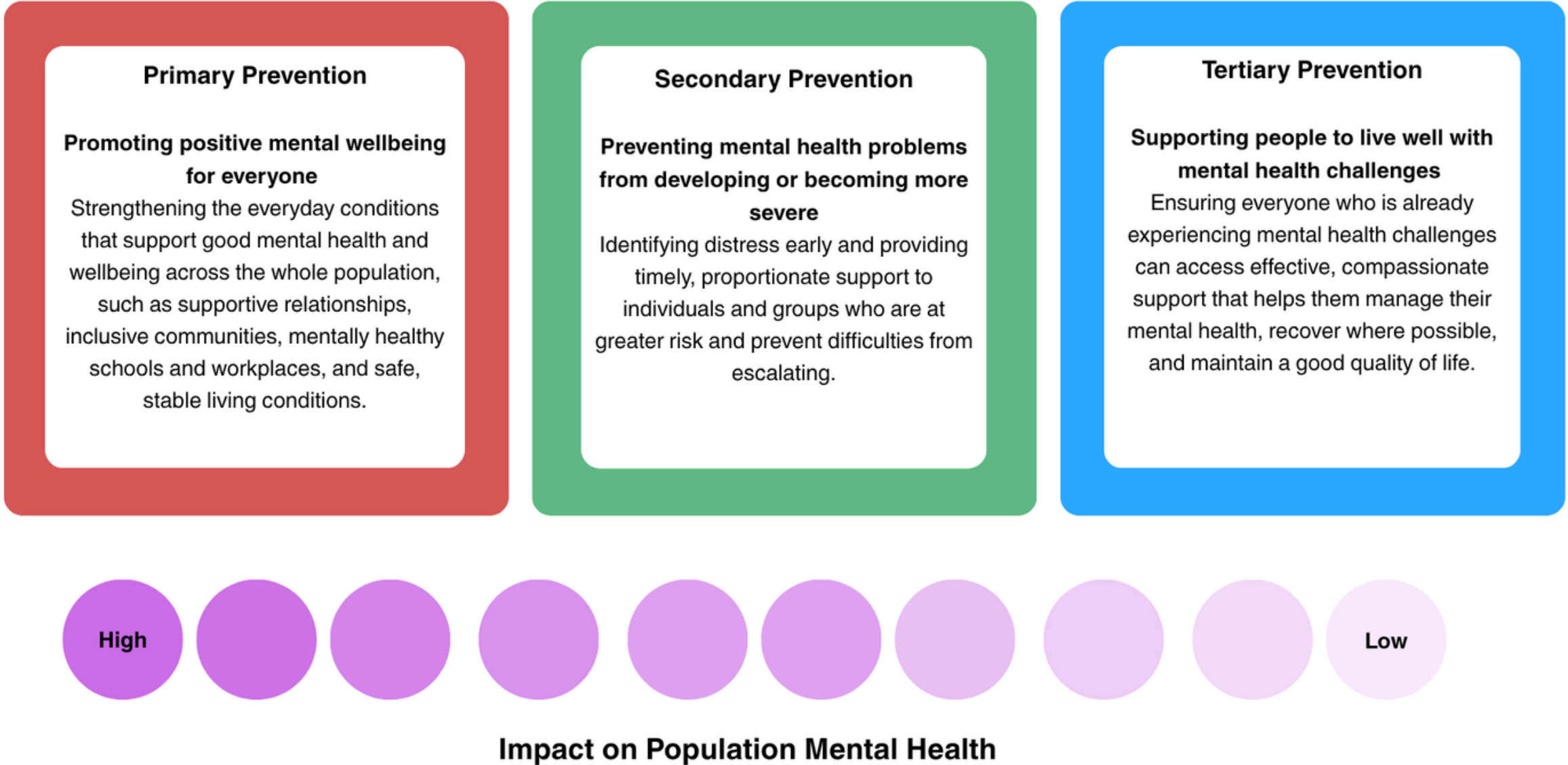
## Wider determinants of health

Many factors combine to affect health outcomes for individuals and communities. Often referred to as the [wider determinants of health](#), things such as poverty, employment and education have a significant impact on health outcomes. The biggest contribution to population health (including mental health) often lies outside the health sector. Addressing these wider determinants of health effectively is therefore essential for improving population mental health and reducing longstanding inequalities.

# What is population mental health?

Mental health and wellbeing is shaped throughout our lives, as we build skills, relationships and resilience in response to changing circumstances. Early life experiences lay important emotional foundations.

Adolescence and young adulthood are key periods for developing identity, confidence and coping skills, though this can also be a time of heightened pressure and uncertainty. In adulthood, mental wellbeing is influenced by everyday factors such as work, income and caring responsibilities, while in later life, maintaining social connection, physical health and independence become increasingly important for sustaining wellbeing. [A population mental health approach](#) focuses on prevention across the whole population:



This means shifting the balance towards prevention and early action, while continuing to support people who are already experiencing mental health challenges.

# Mental health and wellbeing in Aberdeen

Two reports, [Mental Health of Children and Young People in Aberdeen](#) and [Mental Health of Adults in Aberdeen](#) were commissioned in 2025 to provide a better understanding of mental health and wellbeing across the city.

## Findings

Mental health and wellbeing in Aberdeen reflects a picture of strengths, challenges and widening inequalities. While many people report good mental wellbeing, a significant proportion of people experience mental distress, with clear links to poverty, life stage and exposure to adversity. Across all ages, people living in communities experiencing more disadvantage have poorer mental health outcomes.

## Infants, children and young people

Among infants, children and young people, concerns about emotional wellbeing have increased, with rising levels of distress, anxiety and low mood, particularly among girls, LBGTQ+ young people and children and young people affected by poverty. Demand for specialist services has grown, indicating increasing pressure and unmet need.

- Developmental concerns identified at the 27–30 month review have increased since 2021, with higher prevalence among boys and children living in SIMD Quintiles 1 and 2.
- 22% of primary aged children (P6–7) in Aberdeen show evidence of low mood, with 6% at risk of depression, rising to around 10% among children from lower affluence households.
- 34% of secondary school girls (S1-S6) in Aberdeen report low mental wellbeing, compared with 24% of boys, showing a clear gender gap in emotional wellbeing.

# Mental health and wellbeing in Aberdeen

## Adults and older adults

Among adults, common mental health problems are widespread and closely linked to physical health, employment, income and housing. Mental health and wellbeing has declined over time, and mental health conditions remain a major contributor to health loss and reduced quality of life.

- 18% of adults in Aberdeen show signs of common mental health problems, representing a substantial level of mental distress within the adult population
- Average adult mental wellbeing (WEMWBS) in Aberdeen is 49.5 and has declined compared with earlier periods (50.3 in 2015–2018) indicating reduced population wellbeing over time.
- Depression is one of the top five leading causes of health loss in Aberdeen City, particularly among working-age adults (25–64) making mental health a major contributor to reduced quality of life.
- Suicide rates in Aberdeen are lower than the Scottish average (14.4 per 100,000 compared with 16.8 per 100,000 nationally). While rates in Aberdeen are lower than the Scottish average, suicide remains a significant cause of premature death, particularly among people living in communities experiencing greater disadvantage.

Taken together, the evidence shows that improving mental health in Aberdeen requires more than expanding services alone. It requires strengthening the foundations of mental wellbeing, reducing exposure to adversity and creating supportive environments that enable people and communities to flourish.

# Purpose and progression of the action plan

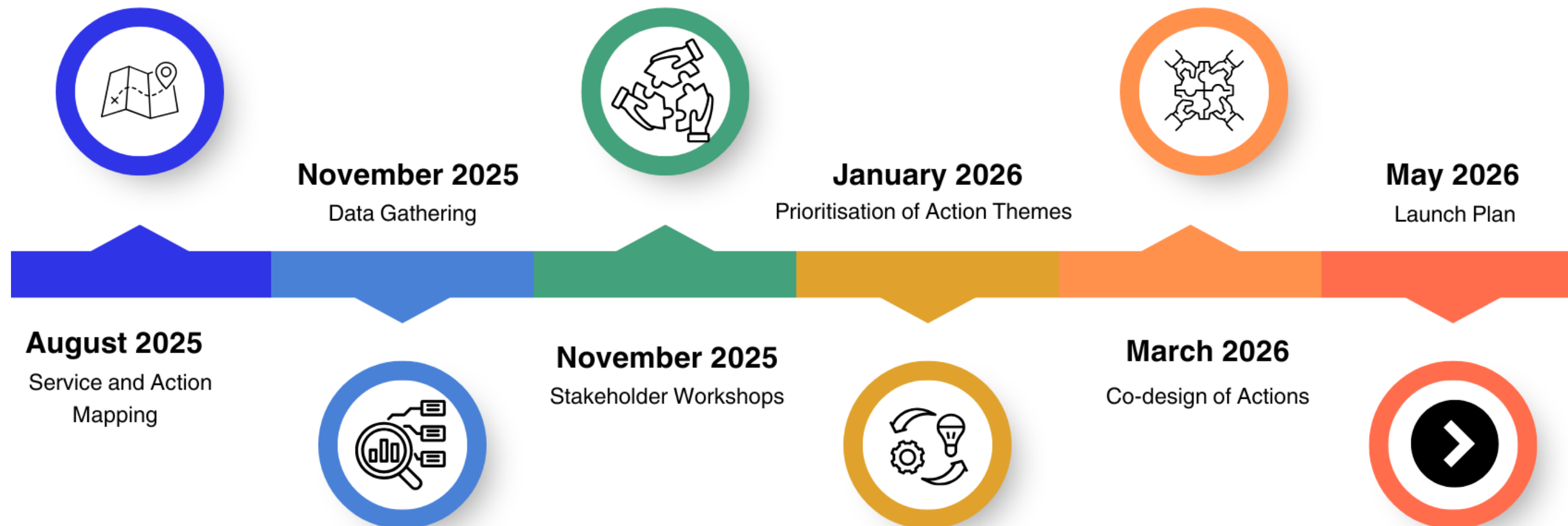
This action plan brings together evidence and local knowledge to provide a clear structure for joint action on population mental health in Aberdeen. It will support collaboration, guide annual delivery planning and help ensure that mental wellbeing is considered in decisions across the city.

## The plan is designed to progress over four years:

- Year one (this plan) focuses on alignment, partnership-building and enabling conditions.
- Year two focuses on delivery and scaling effective approaches.
- Year three and four focuses on embedding what works.

## How this plan has been developed

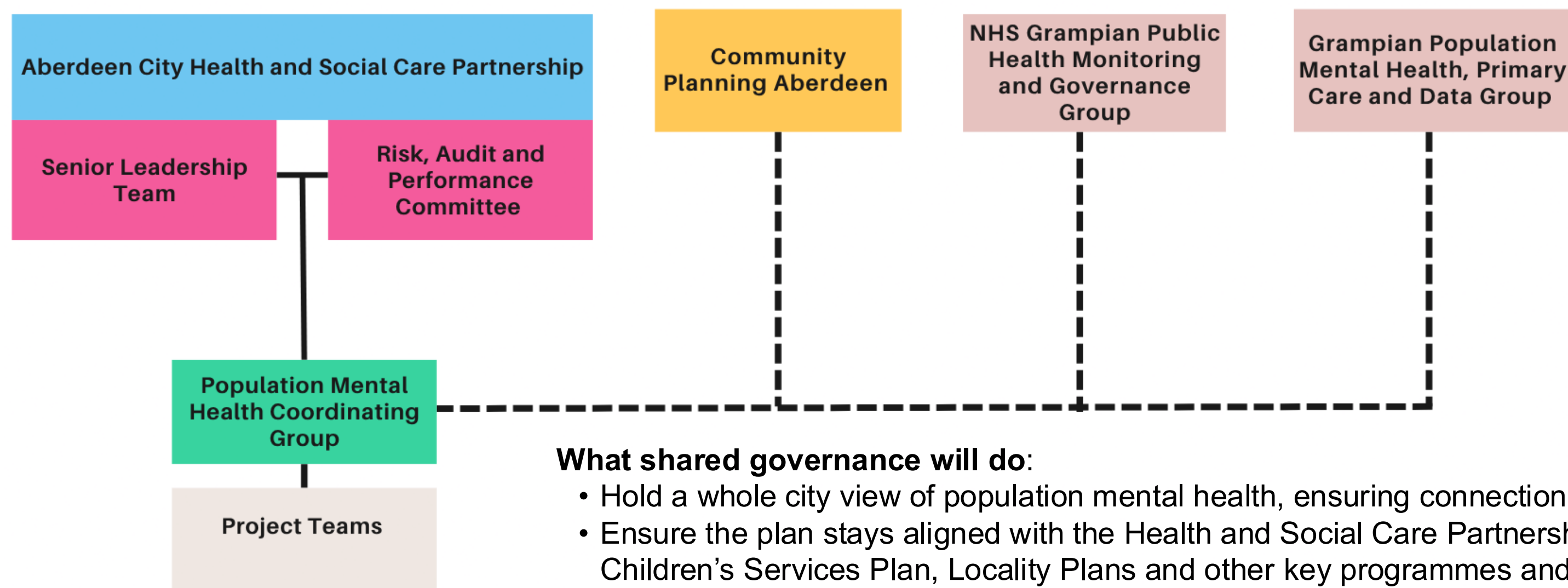
This plan has been developed through a collaborative, evidence-informed process between June 2025 and March 2026. It brings together insights from people, services and communities across Aberdeen, alongside national and local data. In total, approximately 180 stakeholders from across the city have helped develop the plan.



# Shared governance

A shared governance approach is needed to support a whole city effort on population mental health. Because many of the factors that shape mental wellbeing sit outside any single service, governance must bring together partners from across the city.

In year one, interim governance arrangements will be put in place to support delivery of this action plan while wider Local Outcome Improvement Plan (LOIP) structures are finalised. This will involve establishing a focused coordinating group to oversee progress, support alignment and enable decision making across priorities.



## What shared governance will do:

- Hold a whole city view of population mental health, ensuring connection across all five priorities.
- Ensure the plan stays aligned with the Health and Social Care Partnership Strategic Plan, LOIP, Children's Services Plan, Locality Plans and other key programmes and projects.
- Support shared ownership of outcomes, rather than responsibility sitting with one service or team.
- Enable collective decision making, particularly where actions cut across sectors (schools, workplaces, communities, health, social care and third sector).
- Oversee learning, improvement and adaptation as new insights, data and lived experience emerge.
- Provide a route for regular reporting and monitoring.

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# Strengthen the conditions that promote mental wellbeing for infants, parents and families

This priority focuses on pregnancy, infancy and early childhood, recognising the foundational importance of secure attachment, nurturing relationships and supportive early environments for lifelong mental health and wellbeing.

## Why this matters

Pregnancy, infancy and early childhood are critical for lifelong mental health and wellbeing. By strengthening early support and responding sooner to distress, this priority aims to prevent escalation and reduce inequalities over time.

## What does the evidence say about infant and parenting mental health?

- Secure [attachment](#) and responsive [caregiving](#) in infancy are foundational to emotional wellbeing, cognitive development and later mental health.
- [Parental mental health](#), particularly during pregnancy and the postnatal period, strongly influences infant development and early relationships.
- [Exposure to adversity](#) in early life is associated with poorer mental health outcomes later in life.
- [Early developmental concerns](#), if not identified and addressed, increase the likelihood of later emotional and behavioural difficulties.

## What is the data telling us?

[Local data](#) shows that:

- Developmental concerns at the 27–30 month review have increased since 2021, with higher prevalence among boys and children living in SIMD 1 and 2.
- 67.4% of eligible children received a 27–30 month review in 2022/23, down from 78% the previous year.
- 43% of babies were exclusively breastfed at 6–8 weeks, higher than the Scottish average of 32.3%, but with wide variation between neighbourhoods (16.5%–73.6%).
- Infant mortality in Aberdeen rose to 4.2 per 1,000 live births (2019–2023), higher than the Scottish rate of 3.5 per 1,000.
- 25% of pregnant women in Aberdeen are recorded as obese, rising to 32.7% in SIMD 1 areas.
- Smoking during pregnancy remains above 20% in SIMD 1 communities.
- Drug misuse during pregnancy is 20.2 per 1,000 maternities, higher than the Scottish average.



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# Strengthen the conditions that promote mental wellbeing for infants, parents and families

## What does the evidence say about best approaches?

The [strongest evidence](#) supports approaches that:

- Start early, during pregnancy and infancy.
- Focus on relationships and environments, not just individual behaviour.
- Promote parental wellbeing alongside infant development.
- Combine universal support with targeted action based on need.
- Are trauma-informed, non-stigmatising and culturally responsive.
- Build on community strengths, peer support and trusted services.

## What this priority focuses on

- Supporting parents and carers early and consistently.
- Strengthening secure attachment and nurturing relationships.
- Improving how services and communities notice and respond to early distress and trauma in infants and young children.
- Reducing inequalities through proportionate, preventative support.

## Year 1 focus

Year 1 focuses on building a shared picture of what already supports families, strengthening alignment across partners and agreeing practical priorities to grow and embed early support.

## Aligned plans and programmes

This priority supports and strengthens delivery of:

- Children's Services Plan 2026-2031
- Local Outcome Improvement Plan (LOIP) 2026-2036
- Locality Plans 2026-2036
- Aberdeen City Health and Social Care Partnership Strategic Plan 2025-2029
- NHS Grampian Perinatal and Infant Mental Health Service
- Early Learning and Childcare (ELC)
- Parenting and Family Support Programmes, including PEEP
- Community Learning and Development (CLD) Plan 2025-2030 including the Family Learning Network
- Third Sector and Community Provision including 3<sup>rd</sup> Sector Forum (The Promise)
- Best Start in Life Group
- Fairer Futures Partnership

## How to read the action plan tables

- Longer term outcomes describe the conditions this plan aims to strengthen over several years.
- Indicators help us understand longer term population trends and are not expected to show noticeable change in the first year.
- Year 1 outcomes focus on early changes such as alignment, shared understanding and improved ways of working.
- Year 1 measures track whether these foundations have been put in place.

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## Strengthen the conditions that promote mental wellbeing for infants, parents and families

Action	Lead partners	Target Population and Prevention Level	Year 1 Outcomes	Year 1 measures	Longer Term Outcomes	Indicators
<p><b>1.1 Parenting and Family Support</b> Strengthen and align a clear, city wide parenting and family support offer so families can easily find early help, supporting good mental wellbeing through stronger relationships, confidence and early support.</p>	<p><b>Best Start in Life Group</b></p>	<p>Parents and families from pregnancy through infancy and early childhood</p> <p>SIMD 1 and 2</p> <p>Primary Prevention</p>	<p>Shared understanding across partners of what parenting and family support exists, where it is delivered, and where gaps remain.</p> <p>Improved alignment between key partners around parenting support.</p> <p>Clearer picture of population need and inequalities, using data and lived experience.</p> <p>Partners test and learn small improvements to the parenting and family support offer, improving how easy it is for families to find and access early help.</p> <p>Agreed priorities for strengthening and scaling existing provision (including PEEP) for years 2-3.</p>	<p>Parenting and family support offer mapped across partner organisations (Yes/No).</p> <p>At least one parenting and family support test and learn improvement trialed (Yes/No).</p> <p>Shared year 2-3 priorities agreed by partners (Yes/No).</p>	<p>Infants experience stronger, more nurturing early relationships and families feel confident in accessing support, and benefit from consistent early help that strengthens lifelong mental wellbeing.</p>	<p>Percentage (%) of children with one or more developmental concerns recorded at the 27–30 month review</p> <p>Percentage (%) uptake of the 27–30 month review (% of eligible children receiving a review)</p> <p>Percentage of women (%) who smoke during pregnancy</p> <p>Percentage (%) of babies exclusively breastfed at 6–8 weeks</p>

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# Strengthen the conditions that promote mental wellbeing for infants, parents and families

Action	Lead partners	Target Population and Prevention Level	Year 1 Outcomes	Year 1 Measures	Longer Term Outcomes	Indicators
<p><b>1.2 Early Identification of Distress and Trauma</b></p> <p>Strengthen how services and communities recognise, respond to and act early on signs of distress and trauma in infants and young children, ensuring concerns are identified early and addressed before difficulties escalate.</p>	<p><b>Best Start in Life Group</b></p>	<p>Infants and young children from pregnancy through early childhood.</p> <p>SIMD 1 and 2</p> <p>Secondary Prevention</p>	<p>Shared understanding across partners of how infant and child distress is currently identified, and where this varies.</p> <p>Improved alignment between universal services and specialist perinatal and infant mental health support.</p> <p>Increased workforce capacity and confidence through shared learning, reflective spaces and peer support.</p> <p>Partners test a shared early identification approach in selected settings, improving confidence and consistency in noticing and responding to early distress.</p> <p>Agreed year 2-3 priorities for strengthening early identification approaches developed.</p>	<p>Shared early identification approach agreed for key settings (Yes/No).</p> <p>At least one early identification test approach trialled (Yes/No).</p> <p>Shared year 2-3 priorities agreed by partners (Yes/No).</p>	<p>Infants experience stronger, more nurturing early relationships and families feel confident in accessing support, and benefit from consistent early help that strengthens lifelong mental wellbeing.</p>	<p>Percentage (%) of children with one or more developmental concerns recorded at the 27–30 month review</p> <p>Percentage (%) uptake of the 27–30 month review (% of eligible children receiving a review)</p> <p>Percentage of women (%) who smoke during pregnancy</p> <p>Percentage (%) of babies exclusively breastfed at 6–8 weeks</p>

# Strengthen the conditions that promote mental wellbeing for children and young people

This priority focuses on childhood and adolescence, promoting mental health and wellbeing during periods of rapid development and change, when many mental health challenges first emerge and early, preventative action can have a greater impact.

## Why this matters

Mental health is influenced by everyday conditions like relationships, school, community, safety and inclusion. When these conditions are strong, they help protect wellbeing, build resilience and prevent problems. This priority focuses on creating a more preventative and inclusive system, where schools, communities and services work together to support young people early and strengthen the conditions that help them thrive across all areas of life.

## What is the data telling us?

[Local data](#) shows that:

- 22% of P6–P7 pupils show evidence of low mood and 6% are at risk of depression, with risk highest among pupils from low family affluence households.
- 11% of S1–S6 pupils are at risk of depression, with higher risk reported by girls than boys. Risk rises to 17% among pupils who did not disclose their gender.
- 17% of S1–S6 pupils say they feel lonely all or most of the time.
- Girls are more likely than boys to report loneliness, increasing to 40% among pupils who did not disclose gender.

## What does the evidence say about children and young people?

- Most lifetime mental health problems [begin before the age of 25](#), with many emerging during adolescence.
- Mental wellbeing in childhood is shaped by [relationships](#), [identity](#), safety, [school experiences](#) and [social connection](#).
- [Poverty](#), [adverse childhood experiences](#), [bullying](#) and [discrimination](#) increase the risk of poor mental health.
- Children and young people experience [emotional distress in different ways](#), and that some groups face particular pressures that affect their mental wellbeing.
- Feeling heard, valued and hopeful about the future are strongly protective for mental wellbeing.
- Children and young people are especially vulnerable to the [mental health impacts of climate change](#).



# Strengthen the conditions that promote mental wellbeing for children and young people

## What does the evidence say about best approaches?

The [strongest evidence](#) supports approaches that:

- Start early and focus on prevention, not only crisis response.
- Are inclusive, rights-based and address inequality and discrimination.
- Strengthen voice, agency and hope, particularly for marginalised young people.
- Take a whole school approach to mental health and wellbeing.
- Recognise that children and young people experience emotional distress in different ways, and that some groups face particular pressures that affect their mental wellbeing.
- Respond to the different experiences and pressures affecting girls and boys, including differences in how distress is expressed and how likely young people are to seek help.
- Build safe, trusted spaces in schools and communities.
- Involve young people in design, delivery and evaluation of services and supports.

## What this priority focuses on

- Strengthening the everyday conditions that support children and young people's mental wellbeing.
- Supporting belonging, voice and hope.
- Reducing inequalities, including for girls, LGBTQ+ young people and care-experienced children and young people.
- Strengthening whole school and community environments that prevent distress and respond early.
- Improving how services support key transitions.
- Aligning activity across schools, youth work, families and community settings.

## Year 1 focus

Year 1 focuses on understanding what already works across schools and community settings, strengthening relationships and alignment, co-designing shared priorities with young people, parents and partners.

## Aligned plans and programmes

This priority supports and strengthens delivery of:

- Children's Services Plan 2026-2031
- Local Outcome Improvement Plan (LOIP) 2026-2036
- Locality Plans 2026-2036
- Aberdeen City Health and Social Care Partnership Strategic Plan 2025-2029
- Aberdeen City Suicide Prevention Action Plan
- Community Learning and Development (CLD) Plan 2025-2030 including the Family Learning Network
- Third Sector and Community Provision including 3<sup>rd</sup> Sector Forum
- Best Start in Life Group
- Health and Wellbeing Collaborative
- Fairer Futures Partnership



# Strengthen the conditions that promote mental wellbeing for children and young people

Action	Lead partners	Target Population and Prevention Level	Year 1 Outcomes	Year 1 Measures	Longer Term Outcomes	Indicators
<p><b>2.1 Whole School and Community Approach to Mental Wellbeing</b></p> <p>Strengthen and align existing school and community mental wellbeing support, identify gaps and duplication, agree shared priorities across schools, youth work and community partners to improve consistency, inclusion and early response for children and young people.</p>	<p><b>ACC Education and Lifelong Learning</b></p>	<p>School age pupils</p> <p>Primary Prevention</p>	<p>A shared picture of current school, youth work and community wellbeing supports, including strengths, gaps and duplication.</p> <p>A shared understanding of how existing supports meet the needs of different groups of children and young people, including those facing additional pressures (e.g. LGBTQ+ young people).</p> <p>Improved engagement of children, young people and parents in identifying needs, shaping priorities and accessing support.</p> <p>Test a whole school or community activity.</p> <p>Agreed shared priorities for Years 2–3 to strengthen a whole school and community approach, informed by mapping, school context and lived experience.</p>	<p>Map of school, youth work and community wellbeing supports completed (Yes/No).</p> <p>Gaps and duplication identified and summarised (Yes/No).</p> <p>At least one whole school or community test and learn improvement trialled (Yes/No).</p> <p>Shared priorities for years 2-3 agreed (Yes/No).</p>	<p>Children and young people grow up in supportive, inclusive environments that build belonging, safety, resilience and hope, enabling them to thrive.</p>	<p>SHINE indicators: (WHO-5/SDQ/connectedness/loneliness etc.)</p> <p>Referrals to mental health services in Aberdeen (children and young people), rate per 100,000 population, by SIMD quintile</p> <p>Crude rate per 100,000 population Deaths from suicide in young people aged 11-25 years</p>

## Strengthen the conditions that promote mental wellbeing for children and young people

Action	Lead partners	Target Population and Prevention Level	Year 1 Outcomes	Year 1 Measures	Longer Term Outcomes	Indicators
<p><b>2.2 Girls' mental health and wellbeing</b> Strengthen and align existing support for girls' mental wellbeing, identify gaps and duplication, agree shared preventative priorities across schools, youth work and community partners.</p>	<p><b>ACC Education and Lifelong Learning</b></p>	<p>S1-S6 Girls Primary and secondary prevention</p>	<p>A shared understanding of the key pressures affecting girls' mental wellbeing, informed by SHINE data and lived experience.</p> <p>A clear map of existing supports for girls across schools, youth work and community settings, with gaps identified.</p> <p>Girls' mental health and wellbeing is supported through a small-scale preventative test activity, with learning captured.</p> <p>Girls meaningfully involved in shaping shared preventative priorities for years 2-3.</p> <p>Agreed shared priorities for years 2-3 to strengthen support for girls' mental health and wellbeing.</p>	<p>Map of school, youth work and community wellbeing supports completed (Yes/No).</p> <p>Gaps and duplication identified and summarised (Yes/No).</p> <p>At least one whole school or community test and learn improvement trialled (Yes/No).</p> <p>Shared priorities for years 2-3 agreed (Yes/No).</p>	<p>Children and young people grow up in supportive, inclusive environments that build belonging, safety, resilience and hope, enabling them to thrive.</p>	<p>SHINE indicators: (WHO-5/SDQ/connectedness/loneliness etc.)</p> <p>Referrals to mental health services in Aberdeen (children and young people), rate per 100,000 population, by SIMD quintile</p> <p>Crude rate per 100,000 population Deaths from suicide in young people aged 11-25 years</p>

# Strengthen the conditions that promote mental wellbeing for working age adults

This priority focuses on adulthood, recognising that everyday things like work, money, caring responsibilities and how easy it is to get support all play a major role in people's mental health and wellbeing. It prioritises early, preventative action to reduce mental health challenges, improve inclusion and support people to stay well and take part in work and community life.

## Why this matters

For many working age adults, mental health and wellbeing is shaped by a wide range of factors. These include things like job and financial security, caring roles, experiences of discrimination, and how easy or difficult it is to find help when things start to feel overwhelming.

## What does the evidence say about working age adults?

- [Social connection](#), safe places and a sense of belonging are strongly protective for mental wellbeing.
- [Work quality](#), job security, income and working conditions strongly influence mental wellbeing.
- Mental health conditions, particularly depression and anxiety, [are among the leading causes of health loss](#) in working-age adults.
- Poor mental health and long-term physical conditions [frequently co-exist and reinforce each other](#).
- [Poverty, housing insecurity, unsafe environments](#) and discrimination increase the risk of mental distress.
- Groups experiencing [discrimination and stigma](#), including LGBTQ+ people, face higher rates of poor mental health and barriers to support.
- Fragmented services [increase stress and delay access to support](#), particularly for people with multiple or complex needs.

## What is the data telling us?

[Local data](#) shows that:

- Average adult mental wellbeing (WEMWBS score) in Aberdeen is 49.5, slightly higher than the Scottish average (48.7), but has declined from 50.3 in 2015–2018, indicating a gradual reduction in population wellbeing.
- 18% of adults in Aberdeen show signs of common mental health problems.
- Referrals to adult mental health services in Aberdeen have steadily increased since 2020, with consistently higher referral rates in SIMD Quintiles 1 and 2 compared to less deprived areas.
- 17.4% of Aberdeen's adult population were prescribed medication for anxiety, depression, or psychosis in 2023/24, rising to 23.8% in SIMD Quintile 1, compared to 14.3% in SIMD Quintile 5.
- Suicide rates in Aberdeen are lower than the Scottish average (14.4 per 100,000 compared with 16.8 per 100,000 nationally). Despite this, suicide remains a significant cause of premature death, with rates highest among people living in areas experiencing higher levels of deprivation.
- Stress, anxiety, and depression account for over 85% of long-term sickness absence within Aberdeen City Council and NHS Grampian workforces.



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## Strengthen the conditions that promote mental wellbeing for working age adults

### What does the evidence say about best approaches?

The [strongest evidence](#) supports approaches that:

- Address work, place and social conditions, not just individual symptoms.
- Promote mentally healthy workplaces through fair work, flexibility and supportive leadership.
- Improve access to safe, inclusive and welcoming places that support connection and wellbeing.
- Simplify access to mental health and wellbeing support through joined-up, community-based navigation.
- Are inclusive and anti-discriminatory.
- Combine universal action with targeted support where risk is higher.

### What this priority focuses on

- Mentally healthy, fair and inclusive workplaces.
- Earlier, easier access to support through better coordination.
- Stronger non-medical and community-based support.
- Making existing support clearer and easier to use.
- Supporting belonging, voice and hope, with a focus on climate anxiety for year one.

### Year 1 focus

Year 1 focuses on mapping existing workplace and community support, improving alignment and visibility, and testing improvements that make it easier for adults to access support and stay well.

### Aligned plans and programmes

This priority supports and strengthens delivery of:

- Local Outcome Improvement Plan (LOIP) 2026-2036
- Locality Plans 2026-2036
- Aberdeen City Health and Social Care Partnership Strategic Plan 2025-2029
- Community Learning and Development (CLD) Plan 2025-2030
- Aberdeen City Suicide Prevention Action Plan
- Third Sector and community provision including the Community Mental Health Forum



# Strengthen the conditions that promote mental wellbeing for working age adults

Action	Lead partners	Target Population and Prevention Level	Year 1 Outcomes	Year 1 Measures	Longer Term Outcomes	Indicators
<p><b>3.1 Mentally healthy workplaces</b> Design and deliver a joined up workplace mental health and wellbeing offer, ensuring alignment with Anchor Institutions and wider workplace wellbeing activity.</p>	<p><b>NHS Grampian Health Improvement Team</b></p>	<p>Working age adults</p> <p>Primary Prevention</p>	<p>A clear, shared picture of existing workplace mental health and wellbeing support across the city, including gaps.</p> <p>A shared workplace mental health and wellbeing offer agreed with anchor institutions and employers.</p> <p>Improved visibility and signposting of workplace mental health and wellbeing support.</p> <p>Agreed shared priorities for years 2–3.</p>	<p>Workplace mental health and wellbeing activity mapped across the city (Yes/No).</p> <p>Workplace mental health and wellbeing offer agreed with anchor institutions and employers (Yes/No).</p> <p>Visibility and signposting improvements implemented (Yes/No).</p> <p>Shared priorities for years 2-3 agreed (Yes/No).</p>	<p>Working age adults benefit from fair, supportive workplaces and clearer, more connected support pathways that strengthen wellbeing and help people stay well and engaged in work and community life.</p>	<p>Adult mental wellbeing mean score (WEMWBS)</p> <p>% Adults with symptoms of common mental health problems (GHQ-12)</p> <p>Referrals to mental health services in Aberdeen (adults), rate per 100,000 population, by SIMD quintile</p> <p>Deaths from suicide (16+) Age standardised rate per 100,000</p>

# Strengthen the conditions that promote mental wellbeing for working age adults

Action	Lead partners	Target Population and Prevention Level	Year 1 Outcomes	Year 1 Measures	Longer Term Outcomes	Indicators
<p><b>3.2 Navigation of services and supports</b> Improve coordination and navigation of services and supports, including designing and delivering a Community Appointment Day (CAD) event in Central Locality</p>	<b>ACHSCP Public Health Team</b>	Working age adults Secondary Prevention	<p>A shared understanding of where people experience confusion, delay or repeated referrals when accessing support.</p> <p>Stronger working connections between services involved in navigation and support.</p> <p>A CAD approach tested in Central Locality, with learning captured.</p> <p>Agreed shared priorities for Years 2–3.</p>	<p>Navigation barriers mapped and summarised (Yes/No).</p> <p>CAD approach designed and delivered in Central Locality (Yes/No).</p> <p>CAD learning captured (Yes/No).</p> <p>Shared priorities for years 2-3 agreed (Yes/No).</p>	Working age adults benefit from fair, supportive workplaces and clearer, more connected support pathways that strengthen wellbeing and help people stay well and engaged in work and community life.	<p>Adult mental wellbeing mean score (WEMWBS)</p> <p>% Adults with symptoms of common mental health problems (GHQ-12)</p> <p>Referrals to mental health services in Aberdeen (adults), rate per 100,000 population, by SIMD quintile</p> <p>Deaths from suicide (16+) Age standardised rate per 100,000</p>

# Strengthen the conditions that promote mental wellbeing for working age adults

Action	Lead partners	Target Population and Prevention Level	Year 1 Outcomes	Year 1 Measures	Longer Term Outcomes	Indicators
<p><b>Action 3.3 Community Voice, Hope and Empowerment (Climate/Eco-Distress)</b></p> <p>Deliver a train the trainer model that connects NESCAN's climate-related wellbeing support with local community action across the city, enabling local organisations to build voice, belonging and hope.</p>	<p><b>Community Learning and Development Strategic Partnership Group</b></p>	<p>Working age adults</p> <p>Primary Prevention</p>	<p>A shared, city-wide approach to climate related wellbeing support agreed across key partners and settings.</p> <p>Clear participation routes agreed for people to access or be signposted to climate related wellbeing activity.</p> <p>Stronger alignment between climate, wellbeing and community partners around shared priorities.</p> <p>Increased partner capacity and confidence to support conversations and group activity around climate and eco distress.</p> <p>Agreed priorities and delivery focus for Years 2–3</p>	<p>Climate related wellbeing activity mapped across the city (Yes/No).</p> <p>Shared participation routes agreed and documented (Yes/No).</p> <p>Partner feedback summary exploring confidence and alignment (Yes/No).</p> <p>Number of partners / local leaders trained through the train the trainer model (Number).</p> <p>Shared priorities agreed for Years 2–3 (Yes/No).</p>	<p>Working age adults benefit from fair, supportive workplaces and clearer, more connected support pathways that strengthen wellbeing and help people stay well and engaged in work and community life.</p>	<p>Adult mental wellbeing mean score (WEMWBS)</p> <p>% Adults with symptoms of common mental health problems (GHQ-12)</p> <p>Referrals to mental health services in Aberdeen (adults), rate per 100,000 population, by SIMD quintile</p> <p>Deaths from suicide (16+) Age standardised rate per 100,000</p>

04

## Strengthen the conditions that promote mental wellbeing for older adults

This priority focuses on later life, recognising that things like social connection, confidence, physical health, independence and having a sense of purpose all play a major role in mental wellbeing as we get older. It prioritises early, preventative action to promote connection and reduce isolation, and to support cognitive health and emotional wellbeing.

### Why this matters

Later life can be a positive and fulfilling stage of life, but it can also bring changes that increase the risk of poor mental wellbeing. These include bereavement, long-term health conditions, caring responsibilities, reduced mobility, loss of routine, and fewer opportunities for social connection.

When people begin to lose confidence, withdraw from activities, or become isolated, this can lead to emotional distress and contribute to cognitive decline. If these changes go unnoticed, people are more likely to experience worsening mental wellbeing and increased need for health and care services.

Strengthening connections, purpose and support and noticing earlier when people start to become more isolated is a key prevention priority.

Cognitive health refers to memory, attention, learning, confidence and mental flexibility, supported through social connection, activity and participation.

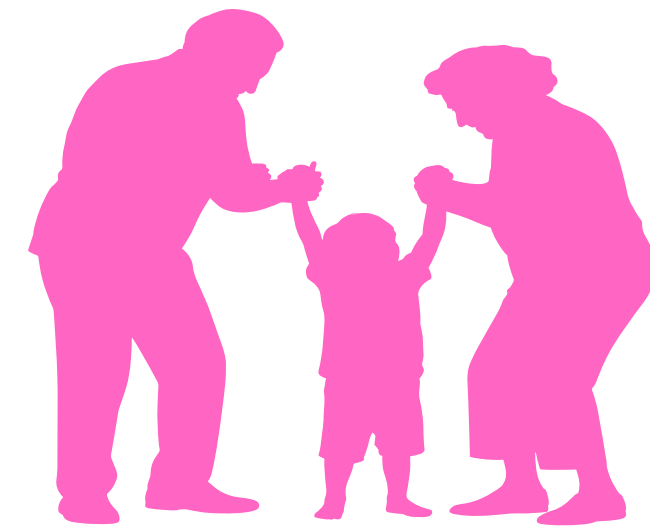
### What does the evidence say about older adults?

- [Maintaining social connection and having purpose](#) protects wellbeing.
- [Intergenerational relationships](#) are protective for wellbeing.
- [Loneliness and social isolation](#) are strongly linked to poorer mental wellbeing.
- [Inequalities in health and wellbeing](#) persist into older age.

### What is the data telling us?

[Local data](#) shows that:

- Adults aged 75+ show lower rates of mental distress (11%) compared with younger adults.
- Over a quarter of carers (28%) report their mental health as bad or very bad, rising to 36% for carers supporting someone with a mental health conditions.
- Emergency hospital admissions among adults aged 65+ remain high in deprived areas, with rates more than double between some neighbourhoods.
- Dementia is the leading cause of death for women in Aberdeen (13.4%), and the second most common cause for men.
- Loneliness and lack of social connection were identified as major concerns for older adults in LOIP engagement feedback.



04

## Strengthen the conditions that promote mental wellbeing for older adults

### What does the evidence say about best approaches?

The strongest evidence supports approaches that:

- Focus on prevention and early action, not just crisis response.
- Strengthen social connection and reduce isolation.
- Promote active ageing, participation and contribution.
- Support intergenerational connection and shared activity.
- Use trusted community settings and everyday places.
- Involve older adults in shaping and delivering activity.

### What this priority focuses on

- Supporting cognitive health as part of mental wellbeing.
- Strengthening intergenerational connection.
- Preventing distress and isolation in later life.
- Aligning population mental health and Active Ageing activity.

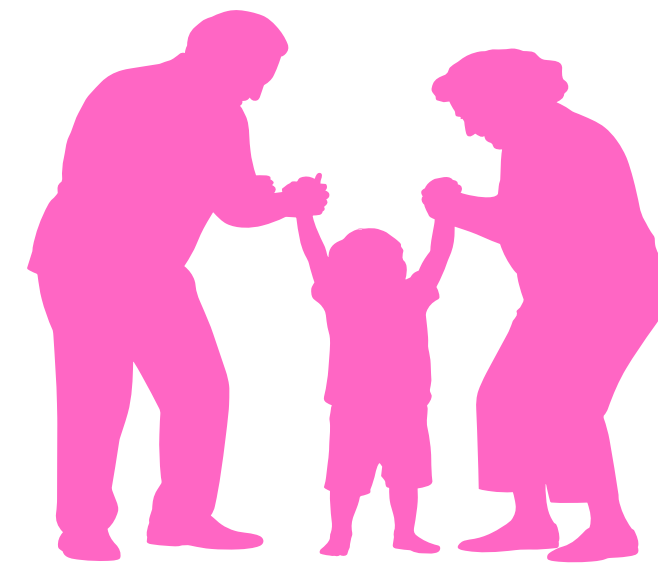
### Year 1 focus

Year 1 focuses on understanding existing cognitive health and intergenerational activity, strengthening connections across Active Ageing and community partners, and testing small improvements that support confidence, purpose and connection.

### Aligned plans and programmes

This priority supports and strengthens delivery of:

- Aberdeen City Active Ageing Plan
- Local Outcome Improvement Plan (LOIP) 2026-2036
- Locality Plans 2026-2036
- Aberdeen City Health and Social Care Partnership Strategic Plan 2025-2029
- Community Learning and Development (CLD) Plan 2025-2030
- Third Sector and community provision including the Community Mental Health Forum



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## Strengthen the conditions that promote mental wellbeing for older adults

Action	Lead partners	Target Population and Prevention Level	Year 1 Outcomes	Year 1 Measures	Longer Term Outcomes	Indicators
<p><b>Action 4.1 Cognitive Health</b> Build a shared understanding of current activity that supports cognitive health and identify ways to promote good cognitive health through community and connection.</p>	<p><b>ACHSCP Public Health Team</b></p> <p><b>Active Ageing Group</b></p>	<p>Older adults</p> <p>Primary and Secondary Prevention</p>	<p>A shared understanding of how cognitive health is currently supported across the city.</p> <p>One or more test-and-learn improvements identified and trialed (including a CAD-style approach where relevant).</p> <p>Agreed shared priorities for Years 2–3 with the Active Ageing Group.</p>	<p>Cognitive health activity mapped across Active Ageing and partners (Yes/No).</p> <p>Cognitive health test and learn improvements trialed (number of improvements tested).</p> <p>Shared priorities agreed for Years 2–3 (Yes/No).</p>	<p>Older adults stay connected, confident and active, with welcoming community opportunities and earlier support that protects cognitive and emotional wellbeing in later life.</p>	<p>Adult mental wellbeing mean score (WEMWBS)</p> <p>% Adults with symptoms of common mental health problems (GHQ-12)</p> <p>Referrals to mental health services in Aberdeen (adults), rate per 100,000 population, by SIMD quintile</p> <p>Deaths from suicide (16+) Age standardised rate per 100,000</p> <p>Increase older people's participation in the Stay Well Stay Connected Programme by 10%</p>

## Strengthen the conditions that promote mental wellbeing for older adults

Action	Lead partners	Target Population and Prevention Level	Year 1 Outcomes	Year 1 Measures	Longer Term Outcomes	Indicators
<p><b>Action 4.2 Intergenerational Connection</b> Strengthening meaningful relationships between older adults and younger people to reduce loneliness, support wellbeing, and reinforce purpose and contribution.</p>	<p><b>ACHSCP Public Health Team</b></p> <p><b>Active Ageing Group</b></p>	<p>Older adults and younger people</p> <p>Primary Prevention</p>	<p>A clearer picture of existing intergenerational activity, settings and provision.</p> <p>One or more intergenerational test activities delivered using existing settings.</p> <p>Agreed shared priorities for Years 2–3 with the Active Ageing Group.</p>	<p>Intergenerational activity mapped across settings (Yes/No).</p> <p>Intergenerational test activities delivered (number of tests/activities).</p> <p>Shared priorities agreed for Years 2–3 (Yes/No).</p>	<p>Older adults stay connected, confident and active, with welcoming community opportunities and earlier support that protects cognitive and emotional wellbeing in later life.</p>	<p>Adult mental wellbeing mean score (WEMWBS)</p> <p>% Adults with symptoms of common mental health problems (GHQ-12)</p> <p>Referrals to mental health services in Aberdeen (adults), rate per 100,000 population, by SIMD quintile</p> <p>Deaths from suicide (16+) Age standardised rate per 100,000</p> <p>Increase older people's participation in the Stay Well Stay Connected Programme by 10%</p>

05

## Strengthen the conditions that promote a whole city approach to population mental health

Improving population mental health in Aberdeen requires action that cuts across all stages of life, services and supports. In addition to the previous priorities within this plan, a set of cross cutting actions are needed to create the conditions for good mental wellbeing, reduce inequalities and ensure sustained, coordinated action across the city.

### Why this matters

This priority focuses on how Aberdeen works together, rather than on individual population groups. It provides the enabling framework that supports delivery of all other priorities in the action plan.

### What does the evidence say?

- [Population mental health is shaped](#) by decisions made across all areas of policy and practice, not solely by health and care services.
- Mental wellbeing is influenced by a wide range of factors including housing, education, employment, income, transport, environment, community safety and social connection.
- [Policies and decisions](#) that do not consider mental health can unintentionally widen inequalities.
- [Joined up approaches](#) are better suited than isolated interventions to addressing the factors that influence population mental health.
- [Collaboration across organisations](#) strengthens prevention and reduces duplication.
- [Clear accountability](#) and shared outcomes support more effective action.

### What is the data telling us?

Local [children and young people](#) and [adult](#) data reports show that:

- Mental health conditions, particularly depression and anxiety, are among the leading contributors to health loss across the population in Aberdeen.
- Inequalities in mental health and wellbeing persist, closely linked to poverty, long term conditions and wider social and economic factors.
- Demand for mental health support continues to increase, highlighting the limits of service led responses alone.
- Many of the key factors that influence mental wellbeing sit outside traditional health services.



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## Strengthen the conditions that promote a whole city approach to population mental health

### Year 1 focus

Year 1 focuses on aligning existing forums, decisions and data sources, building shared approaches to Mental Health in All Policies, collaboration and testing whole city ways of learning and working together.

### Aligned plans and programmes

This priority supports and strengthens delivery of:

- Children's Services Plan 2026-2031
- Local Outcome Improvement Plan (LOIP) 2026-2036
- Locality Plans 2026-2036
- Aberdeen City Health and Social Care Partnership Strategic Plan 2025-2029
- Aberdeen Health Determinants Research Collaborative

### What does the evidence say about best approaches?

The [strongest evidence](#) supports approaches that:

- Embed mental wellbeing considerations across all policies and decisions.
- Promote whole city collaboration, shared outcomes and collective accountability.
- Use data and intelligence to measure what matters to communities, inform planning, track progress and evaluate what works.



## Strengthen the conditions that promote a whole city approach to population mental health

Action	Lead partners	Target Population and Prevention Level	Year 1 Outcomes	Year 1 Measures	Longer Term Outcomes	Indicators
<p><b>5.1. Mental health in all policies (MHiAP)</b> Embed mental wellbeing considerations systematically into policy development, decision making and service design across Community Planning Aberdeen.</p>	<p><b>ACHSCP Public Health Team</b></p>	<p>Whole Population  All Levels of Prevention</p>	<p>Mental health and wellbeing considerations included in early policy and planning discussions on a test basis.</p> <p>A practical MHiAP approach (principles and tools) agreed and understood by partners.</p> <p>MHiAP tested in a small number of live decisions, with learning captured.</p> <p>Agreed shared priorities for years 2–3.</p>	<p>MHiAP approach agreed (Yes/No).</p> <p>MHiAP tested in live decisions (number of decisions).</p> <p>Learning captured from MHiAP testing (Yes/No).</p> <p>Shared priorities agreed for Years 2–3 (Yes/No).</p>	<p>Aberdeen works together as a connected, collaborative city that strengthens mental wellbeing across all communities</p>	<p>Number of live decisions using the MHiAP approach.</p>

## Strengthen the conditions that promote a whole city approach to population mental health

Action	Lead partners	Target Population and Prevention Level	Year 1 Outcomes	Year 1 Measures	Longer Term Outcomes	Indicators
<p><b>5.2 Whole city collaboration</b> Implement a city-wide community mental health forum to strengthen relationships, shared learning and information sharing across lived experience groups, partners, sectors and communities.</p>	<b>ACVO</b>	<p>Whole Population</p> <p>All Levels of Prevention</p>	<p>A city wide community mental health forum is established and functioning as a shared space for collaboration.</p> <p>Increased and more diverse participation from partners, including lived experience, third sector, wider public sector and communities.</p> <p>Stronger relationships and shared learning across partners, improving how organisations work together.</p> <p>Early evidence of collaboration influencing priorities, decisions or joint action across the city, with shared priorities agreed for Years 2–3.</p>	<p>Community mental health forum established and meetings held (Yes/No plus number of meetings).</p> <p>Attendance and diversity of participation across sectors (number and range of organisations represented, including lived experience).</p> <p>Evidence of shared learning and collaboration captured (e.g. examples or short summaries).</p> <p>Participant feedback and agreed shared priorities for Years 2–3 (Yes/No summary feedback).</p>	<p>Aberdeen works together as a connected, collaborative city that strengthens mental wellbeing across all communities</p>	<p>Evidence of shared learning and collaboration captured (e.g. examples or short summaries).</p>

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## Strengthen the conditions that promote a whole city approach to population mental health

Action	Lead partners	Target Population and Prevention Level	Year 1 Outcomes	Year 1 Measures	Longer Term Outcomes	Indicators
<p><b>5.3 Measuring what matters and tracking progress</b> Develop a shared approach to measuring and tracking population mental health</p>	<p><b>Grampian Population Mental Health, Primary Care and Data Group</b></p>	<p>Whole Population  All Levels of Prevention</p>	<p>A shared, proportionate approach to 'measuring what matters' agreed by partners.</p> <p>Agreement on priority population-level indicators.</p> <p>Early examples of insight (data, lived experience, practitioner views) being used together to inform discussion and priorities.</p> <p>Agreed shared priorities for Years 2–3.</p>	<p>Shared “measuring what matters” approach agreed (Yes/No).</p> <p>Priority indicators agreed (Yes/No).</p> <p>Examples of where insight shaped priorities or actions documented (narrative examples) Shared priorities agreed for Years 2–3 (Yes/No).</p>	<p>Aberdeen works together as a connected, collaborative city that strengthens mental wellbeing across all communities</p>	<p>A shared set of population level indicators agreed.</p>

# What happens next?

The Aberdeen City Population Mental Health Action Plan sets a shared direction for the city. Named leads will take forward the actions in the plan, working through existing groups and new spaces.

In year one, the plan focuses on strengthening and connecting existing mental health and wellbeing activity across Aberdeen. This includes building a shared understanding of what is already happening, improving alignment between partners and agreeing priorities for future years.

Some small test and learn activity will take place to support our aim of moving towards a prevention focused city. These are designed to build insight and shape future delivery, rather than introduce new services.

If you or your organisation would like to connect into this work, you can do so by contacting [healthimprovement@aberdeencity.gov.uk](mailto:healthimprovement@aberdeencity.gov.uk)

We look forward to continuing to work together to improve mental health and wellbeing across Aberdeen.

# Indicators

## Priority 1 Infants, parents and families

Indicator	Measure	Source	Reporting Frequency
Developmental concerns at 27–30 months	Percentage (%) of children with one or more developmental concerns recorded at the 27–30 month review (by SIMD and Sex)	Child Health Systems Programme Pre-school (CHSP-PS), Public Health Scotland	Annually
Uptake of early years reviews	Percentage (%) uptake of the 27–30 month review (% of eligible children receiving a review)	Child Health Systems Programme Pre-school (CHSP-PS), Public Health Scotland	Annually
Smoking during pregnancy	Percentage of women (%) who smoke during pregnancy	Antenatal Booking Collection (ABC), Public Health Scotland	Annually
Babies who are exclusively breastfed	% of babies exclusively breastfed at 6–8 weeks	Child Health Systems Programme Pre-school (CHSP-PS), Public Health Scotland	Annually

# Indicators

## Priority 2 Children and young people

Indicator	Measure	Source	Reporting Frequency
SHINE indicators (school pressure, connectedness, confidence, loneliness)	Percentage (%) of pupils reporting each outcome	SHINE Survey's for Aberdeen Primary and Secondary Schools	Annually
WHO-5 (SHINE)	Percentage (%) below thresholds (e.g., % low mood / % at risk of depression)	SHINE Survey's for Aberdeen Primary and Secondary Schools	Annually
SDQ (SHINE)	Percentage (%) in categories (e.g., "as expected", "borderline", "difficulties")	SHINE Survey's for Aberdeen Primary and Secondary Schools	Annually
Referrals to mental health services (children & young people), in Aberdeen by SIMD	Rate per 100,000 population (by SIMD quintile)	NHS Grampian	Annually
Deaths from suicide in young people aged 11–25 years	Crude rate per 100,000 population (reported as 5-year rolling average number and crude rate)	National Records of Scotland	Annually

# Indicators

## Priority 3 Working-age adults

Indicator	Measure	Source	Reporting Frequency
Adult mental wellbeing (WEMWBS)	Mean score (WEMWBS scale)	Scottish Health Survey	Annually
Adults with symptoms of common mental health problems (GHQ-12)	Percentage (%) of adults with GHQ-12 score 4 or more	Scottish Health Survey	Annually
Referrals to mental health services (adults), in Aberdeen by SIMD	Rate per 100,000 population per annum, by SIMD quintile	NHS Grampian	Annually
Deaths from suicide (16+)	Rate per 100,000 adults (probable suicides)	National Records of Scotland	Annually

# Indicators

## Priority 4 Older adults

Indicator	Measure	Source	Reporting Frequency
Adult mental wellbeing (WEMWBS)	Mean score (WEMWBS scale)	Scottish Health Survey	Annually
Adults with symptoms of common mental health problems (GHQ-12)	Percentage (%) with GHQ-12 score 4 or more	Scottish Health Survey	Annually
Referrals to mental health services (adults), by SIMD	Rate per 100,000 population per annum, by SIMD quintile	NHS Grampian	Annually
Deaths from suicide (16+)	Rate per 100,000 adults (probable suicides)	National Records of Scotland	Annually

# Sources

- World Health Organization (WHO) (n.d.) Mental health: strengthening our response. Available at: <https://www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response> (Accessed: 15 March 2026).
- UK Government Office for Science (2008) Mental capital and wellbeing: making the most of ourselves in the 21st century. London: The Stationery Office. Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/292450/mental-capital-wellbeing-report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/292450/mental-capital-wellbeing-report.pdf) (Accessed: 15 March 2026).
- World Health Organization (WHO) (n.d.) Social determinants of health. Available at: [https://www.who.int/health-topics/social-determinants-of-health#tab=tab\\_1](https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1) (Accessed: 29 March 2026).
- NHS Grampian Public Health Research (2025) Mental health of children and young people in Aberdeen. Aberdeen: NHS Grampian. Available at <https://communityplanningaberdeen.org.uk/evidence/population-mental-health-action-plan-2026-2027/>
- NHS Grampian Public Health Research (2025) Adult mental health in Aberdeen. Aberdeen: NHS Grampian. Available at <https://communityplanningaberdeen.org.uk/evidence/population-mental-health-action-plan-2026-2027/>
- NIHR School for Public Health Research (n.d.) Conceptual framework for public mental health. Available at: <https://www.publicmentalhealth.co.uk/> (Accessed: 15 March 2026).
- Community Planning Aberdeen (2025) Aberdeen City population needs assessment. Available at [Population Needs Assessment - Community Planning Aberdeen](#) (Accessed 29 March 2026).
- Public Health Scotland (n.d.) Our approach to mental health. Available at: <https://publichealthscotland.scot/population-health/public-mental-health/our-approach-to-mental-health/> (Accessed: 15 March 2026).
- National Children's Bureau (2016) Gender and children and young people's emotional and mental health: manifestations and responses – a rapid review of the evidence. London: National Children's Bureau. Available at: <https://www.ncb.org.uk/resources-publications/resources/gender-and-childrens-mental-health-rapid-review> (Accessed: 15 March 2026).
- UK Government (2025) Climate change and mental health. London: Department for Environment, Food & Rural Affairs. Available at: <https://www.gov.uk/government/publications/climate-change-and-mental-health-report> (Accessed: 15 March 2026).

# Sources

- The Lancet Regional Health Europe (2021) Associations between physical multimorbidity patterns and common mental health disorders in middle-aged adults: a prospective analysis using UK Biobank data. Available at: <https://www.thelancet.com/journals/lanepc> (Accessed: 15 March 2026).
- The Health Foundation (n.d.) Health conditions among working-age people. Available at: <https://www.health.org.uk/publications/long-reads/health-conditions-among-working-age-people> (Accessed: 15 March 2026).
- BMJ (2021) The future of NHS primary care should focus on integration not fragmentation. BMJ, 372, m4859. Available at: <https://www.bmj.com/content/372/bmj.m4859> (Accessed: 15 March 2026).
- Emond, H. et al. (2025) 'The context, mechanisms and outcomes of intergenerational programmes involving people living with dementia in Scotland: a realist qualitative study', Dementia. Available at <https://journals.sagepub.com/doi/pdf/10.1177/14713012251317767> (Accessed: 15 March 2026)
- Long, E. et al. (2025) 'Loneliness, social support, and social networks: urban–rural variation and links to wellbeing in Scotland', Journal of Public Health. Available at <https://link.springer.com/article/10.1007/s10389-024-02236-9>
- Public Health Scotland (2026) Long-term monitoring of health inequalities in Scotland by area deprivation. Public Health Scotland. Available at: <https://publichealthscotland.scot/publications/long-term-monitoring-of-health-inequalities-in-scotland-by-area-deprivation/> (Accessed: 15 March 2026).
- Mental Health Foundation (2022) How the Scottish Government can prevent mental health problems. London: Mental Health Foundation. Available at: <https://www.mentalhealth.org.uk/sites/default/files/2022-08/MHF-Scotland-Policy-MH-Strategy-recommendations-report-2022.pdf> (Accessed: 15 March 2026).
- Scottish Government (2025) Scotland's population health framework. Edinburgh: Scottish Government. Available at: <https://www.gov.scot/publications/scotlands-population-health-framework/> (Accessed: 15 March 2026).