Mental Health Foundation Consultation Response

The Scottish Government

'How the Scottish Government can Prevent Mental Health Problems: Our recommendations for the Mental Health and Wellbeing Strategy.'

01/09/2022

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.

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Introduction

The Mental Health Foundation (the 'Foundation') welcomes this opportunity to contribute to the consultation on Scotland's Mental Health and Wellbeing Strategy. This submission complements our separate submission through the public consultation form.

A radical approach to improving people's mental health in Scotland is long overdue. We can't treat our way out of the mental health crisis. The Scottish Government can and should be doing much more to prevent mental health problems from arising in the first place. Our mental health is shaped by our environments and experiences. This includes things that we may have little control over such as job security, housing, financial wellbeing, and the facilities and services available to us in our communities. We need our governments to take action to give people the best opportunity to thrive and live mentally healthy lives.

The impact of the pandemic on Scotland's mental health has been severe. Some groups of people living in Scotland have been particularly hard hit by successive lockdowns and restrictions on day-to-day life. The current cost of living crisis is putting additional pressure on people and creating new mental health risks.

If we want to make sure everybody has the opportunity to enjoy good mental health, not just some, then bold new action is needed from the Scottish Government to ensure everybody has the resources and support needed to thrive.

This document details our recommendations for the actions the Scottish Government can take to prevent mental health problems. It draws on the Foundation's research, programmes and policy knowledge and experience, our contact with partner organisations, and the Diverse Experiences Advisory Panel, as well as direct engagement with organisations working with high-risk groups. The submission is structured around a set of themes. By adopting these actions, we believe the Scottish Government can make significant progress towards good mental health for all

Cross-cutting issues

Cross-departmental action

Recommendation 1: The new Mental Health and Wellbeing Strategy should contain commitments from departments across Scottish Government.
The new Mental Health and Wellbeing Strategy presents an invaluable opportunity to provide a statutory basis for a 'mental health in all policies' approach to cross-departmental policy development, implementation, and evaluation which draws from international expert guidance.

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As recommended by the then UN Special Rapporteur on Health, Dainius Pūras, in 2017[1], as well as by the EU Joint Action on Mental Health[2], the World Health Organization[3] and Sir Michael Marmot[4], all sectors of government must be involved in improving the social and economic circumstances of people's lives that affect their mental health.[5]

Therefore, the new strategy should contain explicit actions from Government departments beyond health.

Recommendation 2: A cross-departmental 'mental health in all policies' forum should be established to monitor and implement the strategy.

Instilling a government-wide culture which prioritises the prevention of mental health problems will require new formal channels for sharing best practice and monitoring cross-departmental progress.

We suggest that the new Forum be established under the remit of the Office of the First Minister of Scotland to provide the high-level leadership needed on mental health in this nation. It should bring together senior officials from each of the Government's ministerial and civil service departments at regular intervals over each parliamentary year.

This is an approach already in-place in the Republic of Ireland where a cross-departmental implementation and monitoring committee oversees the implementation of the 'Sharing the Vision – A Mental Health Policy for Everyone' strategy[6].

Short of the First Minister, an official from the Office should be tasked with chairing proceedings. Representatives from each team should be required to provide an update of the work their department is doing to prevent mental health problems. Formal minutes, updates and next steps should be made publicly available and shared to all ministerial and civil service

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[1] United Nations. (2017). Statement by Dainius Pūras, Special Rapporteur on the Right of everyone to the enjoyment of the highest attainable standard of physical and mental health at the 72nd session of the General Assembly. Retrieved from: https://www.ohchr.org/en/press-releases/2017/11/statement-dainius-puras-special-rapporteur-right-everyone-enjoyment-highest,

[2] Europa. (2017). Joint Action on Mental Health and Well-being. Retrieved from: https://health.ec.europa.eu/system/files/2017-07/2017_mh_allpolicies_en_0.pdf.

[3] World Health Organisation. (2022). World mental health report. Retrieved from: https://www.who.int/publications/i/item/9789240049338.

[4] Marmot, M. et al. (2008). Fair Society Healthy Lives. Retrieved from: https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review.

[5] Mental Health Foundation (2020) Tackling Social Inequalities to Reduce Mental Health Problems: How everyone can flourish equally: In-depth report, available at www.mentalhealth.org.uk.

[6] HSE. (2020). Sharing the Vision - A Mental Health Policy for Everyone. Retrieved from: https://www.hse.ie/eng/about/who/mentalhealth/sharing-the-vision/sharing-the-vision.html?gclid=EAIaIQobChMIxMeYyMzh-AIVRu3tCh2u9glEEAAYASAAEgKy0_D_BwE&gclsrc=aw.ds.

staffers. Where possible, the Minister for Mental Wellbeing should provide an update of proceedings to Parliament at regular intervals.

Investing in the prevention of mental health problems

Research is clear that mental health is affected by a range of social and environmental factors that interact with our own biological susceptibility and family circumstances. Mental health problems of all kinds are preventable. The causes of poor mental health should therefore be front and centre in our efforts to reduce the prevalence of emotional and psychological distress.

Research conducted by the Mental Health Foundation in collaboration with the London School of Economics (LSE) found that poor mental health costs Scotland a staggering £8.8Bn per year. The authors conclude that action to prevent a proportion of these costs potentially could be highly cost-effective, as well as reducing the levels of mental distress in our society. The report also describes a set of cost-effective programmes that can prevent poor mental health across the life course[7].

Rather than waiting for people to become unwell and trying to get treatment, governments and decision-makers should invest in measures and community programmes that empower everyone, especially people at higher risk, to live well.

Recommendation 3: The Scottish Government should improve the transparency of funding allocated to preventing mental health problems on a cross-departmental basis at both national and level levels.

Taking a 'Mental Health in All Policies' approach will require funded action on mental health across the Scottish Government. However, at this time, there is little transparency about funding for prevention either at national or local level. The Foundation's report on cost-effective interventions, produced in partnership with the London School of Economics, recommended that:

> "There should be national reporting not only on levels of funding allocated to public health and prevention within and beyond the NHS and local government, but also on how funding is spent, so that the level of allocated locally to public mental health is more transparent and can be better estimated."

To improve transparency and track relevant investment, all future annual budgets and spending reviews from the Cabinet Secretary for Finance and the Economy should include an appendix

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[7] 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/MHF-Investing-in-Prevention-Full-Report.pdf.

dedicated to detailing cross-departmental spending on the prevention of mental health problems.

Recommendation 4: The Scottish Government should commit to year-on-year real-terms spending increases to the 'Communities Mental Health and Wellbeing Fund' over the course of this Parliament.

We welcomed the Scottish Government's 'Communities Mental Health and Wellbeing Fund' which in Year 1, supported nearly 2,000 community projects including sport, outdoor initiatives, arts and crafts and nature, and covering groups such as older people, those with long-term conditions or disabilities, people living in rural areas and the LGBT community[8].

However, we are disappointed the level of investment to this fund decreased from a total of £21M in the 2021-22 financial year to a current total of £15M for the 2022-23 financial year.

In-line with the Scottish Government's vision for an economy which prioritises the wellbeing of current and future generations[9], pre-allocated year-on-year spending increases will give third sector Non-Governmental Organisations (NGO)s the security needed to plan for opportunities, staffing levels, and budgets.

Engaging with inequalities and lived experience groups

Recommendation 5: The Scottish Government should learn lessons from the approaches to advocacy and engagement taken by both VOX and DEAP and integrate these lessons into policy and service development and delivery under the new Strategy.

As espoused by the disability movement, there should be 'no decisions about us without us'. Governments should not be making decisions which affect people without first speaking to those directly affected about their needs and preferences.

Engaging with lived experience provides great value to developing and implementing policy and services which are impactful and relevant to people's everyday reality.

The Mental Health Foundation is the host of VOX Scotland[10]. VOX stands for **V**oices **o**f e**X**perience, and VOX was formed to ensure that the voices of people with a lived experience of 'mental illnesses can actively shape Scotland's laws, policy and services relating to mental health'.

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[8] TSI Scotland Network. (2022). Communities Mental Health & Wellbeing Fund. Retrieved from: https://tsi.scot/communities-mental-health-wellbeing-fund/.
[9] The Scottish Government. Creating a wellbeing economy. Retrieved from: https://www.gov.scot/news/creating-a-wellbeing-economy/.
[10] VOX Scotland. Retrieved from: https://voxscotland.org.uk/.

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The Mental Health Foundation has also recently established the Diverse Experiences Advisory Panel (DEAP), in partnership with The ALLIANCE. DEAP is a group of people with lived experience of mental health, inequalities, and/or discrimination. The purpose of DEAP is to inform Scottish Government's mental health policy through diverse voices, experiences, and insights to advise decision-makers, government and other organisations and services involved in mental health on how to recognise and reduce the impact of inequalities and support good mental health and wellbeing for people and communities in Scotland.

DEAP has met to consider its views on the vision and outcomes of the new Mental Health and Wellbeing strategy and many of their insights are reflected in this submission's recommendations, e.g., tackling discrimination, having access to secure housing, and reducing financial hardship.

It is important to note that these two types of lived experience (those who have lived experience of mental health and those who have experience of diverse types of inequalities) are not mutually exclusive. Clearly engaging with people with lived experience of mental health is vital to the strategy, however it is also important that the strategy engages with those who, due to their life circumstances, are at higher risk of developing poor mental health even if they have not had a mental health diagnosis. The Scottish Government should ensure that it engages with both types of lived experience in its development and implementation of the strategy.

In this regard, it will be helpful for the Scottish Government to improve the quality of their engagement with third-sector non-government organisations (NGO)s to build and maintain trusted relationships with lived experience groups on an on-going basis, i.e., by providing meaningful reimbursement and recognition to panellists for sharing their expertise and giving their time.

We also draw attention to the value of lived experience research. While co-production with lived experience should be the norm for all research related to the strategy, there is a particular need to support peer-led research. Peer-led research on mental health is vital to ensuring that the evidence base reflects lived experience priorities and perspectives. In planning for research and evidence to underpin the strategy's implementation, there should be specific support for peer-led research.

Recommendation 6: The Scottish Government should maintain and improve the transparency of the Mental Health Equalities and Human Rights Forum.
We value all opportunities to share our expertise with the Mental Health Equality and Human Rights Stakeholder Forum, particularly to highlight the mental health inequalities which exist between minority groups.

As well as maintaining the Forum as a space for evidence gathering and co-production, an annual report of the key discussions and works of the Forum should be published.

Prevention across the lifecourse

Children, young people, and perinatal mental health

We support the ambition for Scotland to be the best place in the world for all children to grow up, regardless of their background or circumstances[11].

However, the rate of children and young people experiencing mental health problems across Scotland is rising[12] with several recent large surveys showing that the happiness and confidence young people feel in their lives has fallen steeply[13]; that overall mental wellbeing among adolescents has continued to steadily decline[14] and that the number of children experiencing emotional distress has increased exponentially[15].

Moreover, the COVID-19 pandemic has created unprecedented pressures in children's lives. They have been disproportionately affected through school closures, limited access to services and systems of support, and reduced opportunities to play, take part in recreational activities, or socialise with friends[16].

The economic downturn and widening inequalities in parents' resources resulting from the pandemic and cost-of-living crisis is also predicted to have devastating consequences for

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[11] The Scottish Government. (2018). Delivering for today, investing for tomorrow: the Government's programme for Scotland 2018–2019. Retrieved from: www.gov.scot/publications/delivering-todayinvesting-tomorrow-governmentsprogrammescotland-2018-19/pages/8/.

[12] Johnston L., Santhakumaran D., Goddard N., McGuire Z., Sweeney C. (2018). Children and young people's mental health. Audit Scotland: Edinburgh. Available from: https://www.audit-scotland.gov. UK/uploads/docs/report/2018/nr_180913_mental_ health.pdf.

[13] The Princes' Trust (2018). Youth Index 2018. Retrieved from: https://www.princes-trust.org.uk/ about-the-trust/research-policies-reports/youthindex-2018.

[14] Scottish Government (2020). Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS): mental wellbeing report 2018. Edinburgh: Scottish Government. Retrieved from: https://www.gov.scot/publications/scottish-schoolsadolescent-lifestyle-substance-use-survey-salsusmental-wellbeing-report-2018/.

[15] The Scottish Parliament (2019). Public Audit and Post-legislative Scrutiny Committee; Report on children and young people's mental health. Edinburgh: The Scottish Parliament. Retrieved from: https://sp-bpr-en-prod-cdnep.azureedge. net/published/PAPLS/2019/3/14/Report-onchildren-and-young-people-s-mental-health/ PAPLSS052019R1.pdf.

[16] Herrenkohl, T. I., Scott, D., Higgins, D. J., Klika, J. B., & Lonne, B. (2020). How CoViD-19 is placing vulnerable children at risk and why we need a different approach to child welfare. Child maltreatment, 1077559520963916.

children's mental health[17]. Even before the pandemic, one in four Scottish children were living in households affected by poverty and financial strain[18] and were therefore already at increased risk of childhood adversity, including parental mental health problems or substance misuse and strained family relationships[19].

Experiencing a mental health problem in childhood or adolescence causes considerable distress for children and their families and can have significant implications for their future success, health, and wellbeing; furthermore, childhood adversity has been shown to account for approximately a third of future mental health problems[20].

Strategies to prevent mental health problems from developing in children and young people by addressing some of their societal and structural root causes, lead to significantly improved long-term educational, physical health and mental health outcomes[21]. Similarly, early intervention to prevent difficulties from becoming long-standing stops children from reaching crisis, and avoids more long-term suffering, poor health, and complex intervention[22].

Recommendation 7: The Scottish Government should ensure that perinatal mental health services are equality proofed.

Recommendation 8: The waiting time for pregnant women and new mothers to access psychological therapies should be reduced immediately to six weeks.
More than 1 in every 10 UK women are affected by postnatal depression within a year of giving birth[23]. Better management of mental health during pregnancy can also help prevent problems such as anxiety, psychosis, and post-traumatic stress disorders.

There are also impacts on men, although these are less well understood; recent studies in the United Kingdom and Italy report that 4% to 6% of new fathers experience depressive

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[17] Organisation for Economic Co-operation and Development (2020). Combatting COVID-19's effect on children. Retrieved from: http://www.oecd. org/coronavirus/policy-responses/combattingcovid-19-s-effect-on-children-2e1f3b2f/.
[18] General Register Office for Scotland. (2020). Scotland's Population 2019: The Registrar General's Annual Review of Demographic Trends. General Register Office for Scotland.
[19] Lacey, R. E., Howe, L. D., Kelly-Irving, M., Bartley, M., & Kelly, Y. (2020). The clustering of adverse childhood experiences in the Avon Longitudinal Study of Parents and Children: are gender and poverty important? Journal of interpersonal violence, 0886260520935096.
[20] Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. (2005). Lifetime Prevalence and Age-of Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry, 62 (6) pp. 593-602. doi:10.1001/ archpsyc.62.6.593.
[21] Allen, J., Balfour, R., Bell, R., & Marmot, M. (2014). Social determinants of mental health. International review of psychiatry, 26(4), 392-407.
[22] Department of Health. (2015). Future in mind: promoting, protecting, and improving our children and young people's mental health and wellbeing. London: NHS England.
[23] NHS. Overview – Postnatal depression. Retrieved from: https://www.nhs.uk/mental-health/conditions/post-natal-depression/overview/.

symptoms[24][25] and as many as 18% experience anxiety disorders[26]. As well as impacts on the mental health of parents, poor perinatal mental health can affect the quality of infant – parental attachment and level of supportive behaviour from mothers. This can have long lasting adverse impacts for a child's emotional health, and their physical and cognitive development[27].

In 2019, the Perinatal Mental Health Network published an extensive report highlighting the lack of provision for perinatal mental health support across Scotland. Their report 'Delivering Effective Services: Needs Assessment and Service Recommendations for Specialist and Universal Perinatal Mental Health Services[28]', provides a wide-ranging roadmap for the improvement of perinatal mental health services. The Foundation supports its recommendations and would like to see them implemented in full.

In addition, we note that the Delivering Effective Services report did not address the issue of social inequalities and their effects on the opportunity for pregnant and postnatal women and their families to achieve good mental health.

We welcome the establishment of an equalities sub-group of the Perinatal and Infant Mental Health Programme Board. However, the extent to which an equalities approach has been systematically embedded in perinatal and infant mental healthcare is not clear.

Perinatal mental health services should be equality-proofed in their design in a way which can respond to the complex needs of pregnant and postnatal women resulting from deep-seated social inequalities.

Recommendation 8: The Scottish Government should develop and implement a plan which ensures that the wider maternity and neonatal workforce has appropriate mental health support skills relevant to their role.

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[24] Epifanio MS, Genna V, De Luca C, Roccella M, La Grutta S. Paternal and Maternal Transition to Parenthood: The Risk of Postpartum Depression and Parenting Stress. Pediatric reports. 2015;7(2):5872.
[25] Nath S, Psychovisual L, Kuyken W, Ford T, Ryan E, Russell G. The prevalence of depressive symptoms among fathers and associated risk factors during the first seven years of their child's life: findings from the Millennium Cohort Study. BMC public health. 2016; 16:509.
[26] Leach LS, Poyser C, Cooklin AR, Giallo R. Prevalence, and course of anxiety disorders (and symptom levels) in men across the perinatal period: A systematic review. Journal of affective disorders. 2016; 190:675-86.
[27] Junge C, Garthus-Niegel S, Slinning K, Polte C, Simonsen TB, Eberhard-Gran M. The Impact of Perinatal Depression on Children's Social-Emotional Development: A Longitudinal Study. Matern Child Health J. 2017;21(3):607- 15.
[28] The Scottish Government & NHS Scotland. (2019). Delivering Effective Services: Needs assessment and service recommendations for specialist and universal perinatal mental health services. Retrieved from: https://www.pmhn.scot.nhs.uk/wp-content/uploads/2019/03/PMHN-Needs-Assessment-Report.pdf.

The lifetime costs from a UK societal perspective of perinatal depression and perinatal anxiety alone, to both mother and child, have been estimated to be £75,728 and £34,811 respectively[29].

Several economic evaluations now indicate that measures to prevent and/or intervene early in perinatal depression are cost-effective and can reduce the number of women who experience this. These include health visitor-provided counselling and/ or psychological therapies, primary care screening and treatment for depression and telephone peer support (where people affected provide support to each other)[30,31,32]. Other evaluations have also found peer support interventions cost-effective[33][34], although more evidence is needed on their use in a range of settings.

Recommendation 9: The Scottish Government should ensure that evidence-based parenting programmes are freely available to all new and expecting parents across Scotland.

Some councils and health boards in Scotland offer free parenting classes[35]. 'Parenting programmes' is a term used to describe a range of interventions for parents, which are often delivered to a group[36]. They aim to support parents to strengthen their relationships with their children and foster their child's emotional and social skills development.

There is good evidence parenting programmes can help promote positive mental health and reduce the risk of poor emotional development for children. Universal programmes for all the relevant population, as well as targeted programmes for parents and their children at risk of

[29] Dukhovny D, Dennis CL, Hodnett E, Weston J, Stewart DE, Mao W, et al. Prospective economic evaluation of a peer support intervention for prevention of postpartum depression among high-risk women in Ontario, Canada. Am J Perinatol. 2013;30(8):631-42.

[30] Camacho EM, Shields GE. (2018). Cost-effectiveness of interventions for perinatal anxiety and/or depression: a systematic review. BMJ Open. 8(8): e022022.

[31] Gurung B, Jackson LJ, Monahan M, Butterworth R, Roberts TE. (2018). Identifying and assessing the benefits of interventions for postnatal depression: a systematic review of economic evaluations. BMC pregnancy and childbirth. 18(1):179.

[32] Henderson C, Dixon S, Bauer A, Knapp M, Morrell CJ, Slade P, et al. (2019). Cost-effectiveness of PoNDER health visitor training for mothers at lower risk of depression: findings on prevention of postnatal depression from a clusterrandomised controlled trial. Psychological medicine. 49(8):1324-34

[33] Dukhovny D, Dennis CL, Hodnett E, Weston J, Stewart DE, Mao W, et al. (2013). Prospective economic evaluation of a peer support intervention for prevention of postpartum depression among high-risk women in Ontario, Canada. Am J Perinatol. 30(8):631-42.

[34] Huang R, Yan C, Tian Y, Lei B, Yang D, Liu D, et al. (2020). Effectiveness of peer support intervention on perinatal depression: A systematic review and meta-analysis. J Affect Disord. 276:788-96.

[35] Parenting across Scotland. Free parenting classes and courses. Retrieved from: https://www.parentingacrossscotland.org/info-for-families/resources/free-parenting-classes-and-courses/.

[36] Faculty of Public Health. Parenting Programmes. Retrieved from: https://www.fph.org.uk/policy-advocacy/special-interest-groups/special-interest-groups-list/public-mental-health-special-interest-group/better-mental-health-for-all/a-good-start-in-life/parenting-programmes/.

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mental health problems have been shown to be effective[373839]. There are a growing number of studies that report positive returns on investment (ROI) from parenting programmes of up to £15.80 per £1 spent[40].

Recommendation 10: Mental Health Education (MHE) should be fully incorporated in the Curriculum for Excellence (CfE) and provided to all primary and secondary pupils across Scotland.

As a place where children spend around 30 hours each week, schools have a key role to play in tackling the rise of childhood mental health problems across Scotland[41]. However, our education system continues to judge young people on their academic performance with much less regard for the nurturing of their mental health and wellbeing[42].

Emerging evidence supports the effectiveness of school based MHE in reducing stigma and promoting children's mental health literacy, help-seeking attitudes, resilience, and emotional wellbeing[43]. Promoting children's wellbeing and resilience are essential in preventing and reducing the severity of mental health problems.

A survey of our supporters in 2020 found that over half (51%) of respondents believed the Scottish Government is not currently doing enough to promote and sustain children's mental health in schools and 94% felt MHE should be included in the school curriculum.

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[37] Furlong M, McGilloway S, Bywater T, Hutchings J, Smith SM, Donnelly M. (2013). Cochrane review: behavioural and cognitive-behavioural group-based parenting programmes for early-onset conduct problems in children aged 3 to 12 years (Review). Evidence-based child health: a Cochrane review journal. 8(2):318-692.

[38] Ryan R, O'Farrelly C, Ramchandani P. (2017). Parenting and child mental health. London journal of primary care. 9(6):86-94.

[39] Waddell C, Schwartz C, Andres C, Barican JL, Yung D. (2018). Fifty years of preventing and treating childhood behaviour disorders: a systematic review to inform policy and practice. Evidence-based mental health. 21(2):45-52.

[40] 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/MHF-Investing-in-Prevention-Full-Report.pdf.

[41] Punukollu, M., Burns, C., & Marques, M. (2020). Effectiveness of a pilot school-based intervention on improving Scottish students' mental health: a mixed methods evaluation. International Journal of Adolescence and Youth, 25(1), 505-518.

[42] Mental Health Foundation (2018). Make It Count. Retrieved from: https://www.mentalhealth.org.uk/sites/default/files/make-it-count-policy-briefing.pdf.

[43] Punukollu M., Burns, C., & Marques, M. (2020). Effectiveness of a pilot school-based intervention on improving Scottish students' mental health: a mixed methods evaluation. International Journal of Adolescence and Youth, 25(1), 505-518.

Two of the greatest barriers to children receiving mental health support are low levels of mental health literacy and fear of stigmatisation[44.]

MHE is therefore key to reducing these barriers to support and increasing the chances of early intervention, with all its associated benefits. It is also key to preventing these difficulties from occurring. In Finland, where high-quality mental health education for all children and young people has been embedded in the national core curriculum, improvements have been observed in children's satisfaction with life and perceived relationships with their parents and friends, alongside reductions in feelings of loneliness and reports of bullying[45].

Currently, individual schools determine whether they wish to pursue programmes that promote good mental health. We know, for example, that some schools have rolled out Wellbeing Classes and employed wellbeing teachers. While this is hugely welcome, MHE should be delivered consistently in all schools and not left to the goodwill of head teachers.

A new statutory duty should be placed on all Higher Education Institutions (HEI)s who provide primary and secondary teaching qualifications to ensure student teachers are equipped with the relevant skills, knowledge, and confidence needed to promote mental health literacy in the classroom and facilitate conversations about mental health and wellbeing with their pupils. There is scope for the Government to work in partnership with councils, schools, and HEIs to increase the capacity and confidence of school staff to support the wellbeing of children and young people.

In their report titled 'Health and Wellbeing of Children and Young People'[46], the Scottish Parliament's Health, Social Care and Sport Committee notes that the pandemic has resulted in delays to completion of the 16 priority actions to improve delivery of personal and social education in schools, as set out in the Scottish Government's 2019 review. It also calls on the Scottish Government to provide an update on progress towards completing these actions and to set out how this will help to improve PSE provision for older pupils, so it better meets their needs and contributes to their improved health and wellbeing.

[44] Gulliver, A., Griffiths, K. M., & Cristensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review. BMC Psychiatry, 10, 113.
[45] Finnish Institute for Health and Welfare (2019). School Health Promotion Study. Retrieved from: https://thl.fi/en/web/thlfien/research-and-expertwork/population-studies/ school-health-promotion-study.
[46] The Scottish Parliament: Health, Social Care and Sport Committee. (2022). Health and Wellbeing of Children and Young People. Retrieved from: https://sp-bpr-en-prod-cdnep.azureedge.net/published/HSCS/2022/5/13/bcc3be8f-4d1c-41c1-9036-cfa112ff7e47/HSCSS062022R7.pdf.

The new mental health and wellbeing strategy presents an ideal opportunity for the Government to set-out what actions are required to ensure every child and young person in Scotland receives a comprehensive MHE.

Recommendation 11: The Scottish Government should ensure that all children and young people have access to sport and leisure extracurricular activities, free of charge.

A previous study conducted by the Foundation throughout the pandemic found widespread feelings of loneliness, particularly for children and young people[47]. Post-lockdown, it is vital that councils invest in opportunities for children and young people to connect with others in a meaningful way. The Foundation was a key partner in the 2021 'Get into Summer' initiative which was successful in providing opportunities for young people experiencing exclusion to enjoy new activities and re-connect with others.

Emerging evidence suggests that physical activity may be protective of children's mental health. One review found that exercise interventions may protect children and young people's mental health, specifically in relation to depression[48][49].

A study led by the University of Strathclyde found that children from more deprived families were nearly three times more likely to not be involved in sport than those from less deprived families[50]. There are several possible reasons for this disparity. i.e., few accessible sporting opportunities outside of school and unaffordable fees[51].

In their report titled 'Health and Wellbeing of Children and Young People'[52], the Scottish Parliament's Health, Social Care and Sport Committee called on the Scottish Government to set

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[47] Mental Health Foundation. (2021). Loneliness during coronavirus. Retrieved from: https://www.mentalhealth.org.uk/coronavirus/loneliness-during-coronavirus.
[48] Bell, S.L., Audrey, S., Gunnell, D., et al. (2019). The relationship between physical activity, mental wellbeing, and symptoms of mental health disorders in adolescents: a cohort study. Int J Behav Nutr Phys Act, 16, 138.
[49] Pascoe, MC., Parker, AG. (2019). Physical activity and exercise as a universal depression prevention in young people: A narrative review. Early Interv Psychiatry, 13(4), 733–9.
[50] University of Strathclyde. (2021). 'Widening inequalities' in children's physical activity. Retrieved from: https://www.strath.ac.uk/whystrathclyde/news/2021/wideninginequalitiesinchildrensphysicalactivity/#:~:text=The%20study%2C%20led%20by%20the,those%20from%20less%20deprived%20families.
[51] CPAG. (2016). Sport and poverty. Retrieved from: https://cpag.org.uk/sites/default/ files/CPAG-Poverty154-Sport-and-poverty-summer2016.pdf.
[52] The Scottish Parliament: Health, Social Care and Sport Committee. (2022). Health and Wellbeing of Children and Young People. Retrieved from: https://sp-bpr-en-prod-cdnep.azureedge.net/published/HSCS/2022/5/13/bcc3be8f-4d1c-41c1-9036-cfa112ff7e47/HSCSS062022R7.pdf.

out what actions it intends to take to poverty proof access to sport and physical activity for those from more deprived backgrounds.

The new mental health and wellbeing strategy presents and ideal opportunity for the Government to set-out these relevant actions on a cross-departmental basis.

Recommendation 12: The Scottish Government should automatically provide all young people under 25 in Scotland with a free bus pass.

We welcome the introduction of the Young Persons' (Under 22s) Free Bus Travel scheme as an effective means of giving more young people access to employment and education opportunities; leisure, sport, and recreational opportunities; and opportunities to connect with others in a meaningful way.

However, we are disappointed to learn that as of 25th May 2022, only a third of young Scots have acquired their free bus pass[53].

The process for enrolling in the scheme should be automatic to remove those bureaucratic hurdles which are preventing many families from accessing the scheme. Quite simply, it is those young people from the lowest socioeconomic backgrounds who stand to gain the most from the scheme. In many cases, their parents or caregivers will not have the financial means to acquire the legal documentation necessary to obtain the free bus pass.

Students

In 2021, the Mental Health Foundation in Scotland published the largest ever study of student mental health in Scotland[54]. The 'Thriving Learners' study revealed nearly three quarters (74%) of university students surveyed reported having low wellbeing. Furthermore, the study also found that more than one third of university students surveyed (36%) reported moderately severe or severe symptoms of depression and nearly half of respondents (45%) reported that they had experienced a serious psychological issue that they felt needed professional help.

It is important to note that mental health problems are not evenly distributed across the student population. Our mental health is influenced by a variety of factors, including our social, economic, and physical environment. Age, gender, race, socioeconomic status, and sexuality

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[53] The Scottish Parliament. (2022). Written questions and answers. Retrieved from: https://www.parliament.scot/chamber-and-committees/written-questions-and-answers/question?ref=S6W-07866.
[54] Maguire, C. & Cameron, J. (2021). Thriving Learners, The Mental Health Foundation.

therefore place some student groups at higher risk[55,56,5758]. As HEIs have become increasingly diverse in recent years, rising social inequalities across the UK have been reflected in growing mental health inequalities amongst the student population[59].

Recommendation 13: The Scottish Government should work with HEIs to measure the mental wellbeing outcomes of students in tertiary education settings on an on-going basis.

To ensure appropriate types and levels of wellbeing programmes and counselling services are available in Scotland's HEIs, an accurate record of student mental wellbeing outcomes should be recorded on an on-going basis.

Measurable outcomes should include those captured in the Foundation's Thriving Learner's study, e.g., general wellbeing, depression, and financial worries. Furthermore, accurate data should be recorded for people with diverse characteristics, e.g., gender, sexual orientation, disability status and age.

This information should be recorded anonymously, and the results should be made readily available to relevant third sector organisations, university-wide bodies.

Supporting good mental health in the workplace

Having a fulfilling job with good working conditions is important for many people's mental health and general wellbeing. The Mental Health Foundation believes in workplaces where everyone can thrive. We also believe in the role of employers, employees, and businesses in creating thriving communities. Good mental health at work and good management go hand in hand and there is strong evidence that workplaces with high levels of mental wellbeing are more productive. Addressing wellbeing at work increases productivity by as much as 12%[60].

Recommendation 14: The Scottish Government should support employers to provide access to brief psychological supports via the workplace, along with programmes to develop mentally healthy workplaces.

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[55] Macaskill, A. (2013). The mental health of university students in the United Kingdom. British Journal of Guidance & Counselling, 41(4), 426-441.
[56] Arda, J. (2018). Understanding mental health: what are the issues for black and ethnic minority students at university? Social Sciences, 7(10), 196.
[57] Gnan, G. H., Rahman, Q., Ussher, G., Baker, D., West, E., & Rimes, K. A. (2019). General and LGBTQ-specific factors associated with mental health and suicide risk among LGBTQ students. Journal of Youth Studies, 22(10), 1393-1408.
[58] McCloud, T., & Bann, D. (2019). Financial stress and mental health among higher education students in the UK up to 2018: rapid review of evidence. J Epidemiol Community Health, 73(10), 977-984.
[59] Royal College of Psychiatrists (2021). Mental Health of Higher Education Students. Royal College of Psychiatrists: London.
[60] Oswald, A.J., Proto, E., & Sgroi, D. (2015). Happiness and Productivity. Journal of Labor Economics, 33 (4), 789- 822. doi: 10.1086/681096.

Our research shows that in workplaces, rapid access to psychological supports alongside programmes to create mentally healthy workplaces are cost-effective[61]. However, some to employers, particularly those running SMEs, may not have the funds required to access mental health capacity building training and support. Therefore, the Government should release funds to SMEs to ensure that more workplaces can provide mentally healthy workplaces and access to brief psychological supports.

It should be emphasised that it would not be appropriate for employers to be expected to operate as clinicians. However, the Scottish Government should draw on the expertise of clinicians, third sector NGOs and trade unions to develop baseline support for employers on an on-going basis.
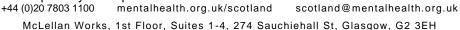
Older people

Recommendation 15: The Scottish Government should ensure that all older people have opportunities to engage in community activities that reduce social isolation.

The Mental Health Foundation has published a briefing in collaboration with Independent Age titled 'The Mental Health Experiences of Older People During the Pandemic[62].' The briefing reports on some of the specific findings from the Foundation's longitudinal 'Coronavirus: Mental Health in the Pandemic' study which recorded respondents mental health experiences throughout the pandemic.

UK-wide qualitative data in the report highlighted that whilst many respondents were looking forward to re-joining social groups and activities in the community on which their social lives had been based before the pandemic, general concern was expressed that some social activities aimed at older people might never come back. Some respondents also expressed concern that they lacked the confidence to re-engage with in-person social activities.

Financial barriers also prevent some older people from accessing leisure facilities or any other type of physical activity. Statistics from the Scottish Government revealed that 11% of pensioners were in persistent poverty after housing costs between 2016-2020[63]. Given that being of lower socioeconomic status (SES) if a known risk factor for experiencing chronic

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[61] 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/MHF-Investing-in-Prevention-Full-Report.pdf.
[62] Mental Health Foundation and Independent Age. (2022). The Mental Health Experiences of Older People During the Pandemic. Retrieved from: https://www.mentalhealth.org.uk/sites/default/files/final%20PDF%20The%20Mental%20Health%20Experiences%20of%20Older%20People%20in%20the%20Pandemic%20%281%29.pdf.
[63] The Scottish Government. (2022). Persistent Poverty in Scotland 2010-2020. Retrieved from: https://data.gov.scot/poverty/2022/persistent.html.

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loneliness and social isolation[64], more needs to be done to ensure that older people of lower socioeconomic status can access local opportunities to make meaningful connections with others.

Link workers

Recommendation 16: The Scottish Government should ensure that every GP practice in Scotland has access to a community-based mental health link worker who has a clear outreach function to the community, especially to diverse higher risk groups, and takes a public mental health approach.

Link workers are already in place in some GP practices across Scotland. They link patients to support programmes in their community, e. g., exercise referral schemes and peer support.

Holistic early intervention responses to mental and emotional distress, such as exercise referral schemes, social prescribing, and peer support have been shown to promote social inclusion[65], enhance resilience[66] and improve quality-of-life[67] and are in line with the findings of our research.

Previous studies have indicated that social prescribing initiatives can improve feelings of social connectedness and overall mental wellbeing[68]. Similarly, peer-support programmes have been found to improve day to day functioning[69], reduce distressing symptoms[70], and decrease the burden on acute mental health services[71], while exercise referral schemes can significantly

[64] Mental Health Foundation. (2022). Mental Health Awareness Week 2022: All the lonely people. Retrieved from: https://www.mentalhealth.org.uk/sites/default/files/MHAW22_Loneliness_UK_Report.pdf.

[65] Fenton L, White C, Gallant KA, Gilbert R, Hutchinson S, Hamilton-Hinch B, et al. (2017). The Benefits of Recreation for the Recovery and Social Inclusion of Individuals with Mental Illness: An Integrative Review. Leisure Sciences. 2;39(1):1–19.

[66] Hurley DJ, O'Reilly RL. Resilience, mental health, and Assertive Community Treatment. (2017). Social Work in Mental Health. 2;15(6):730–48.

[67] Miller R. (2013). Third Sector Organisations: unique or simply other qualified providers? Journal of Public Mental Health.

[68] Dayson C, Leather D. (2020). Evaluation of HALE Community Connectors Social.

[69] Resnick S, Rosenheck R. (2008). Integrating peer provided services: a quasi-experimental study of recovery orientation, confidence, and empowerment. Psychiatric Services. 59(11):1307–14.

[70] White S, Foster R, Marks J, Morshead R, Goldsmith L, Barlow S, et al. (2020). The effectiveness of one-to-one peer support in mental health services: a systematic review and meta-analysis. BMC Psychiatry. 1;20(1).

[71] Johnson S, Lamb D, Marston L, Osborn D, Mason O, Henderson C, et al. (2018). Peer-supported self-management for people discharged from a mental health crisis team: a randomised controlled trial. The Lancet. 392(10145):409–18.

improve physical and psychosocial outcomes and aid sustained recovery from severe mental health problems[72].

The Scottish Government's commitment to 1,000 new community-based mental health workers is welcome. However, it is vital that these staff have an up-to-date awareness of the different opportunities available in their community. Furthermore, they should have strong links with diverse groups.

Arts

Recommendation 17: The Scottish Government should recognise the importance of arts and culture to mental health and wellbeing by removing barriers to access.

There is robust research to show that engaging with the arts and culture has a positive impact on people's health and wellbeing[73]. Our experience from running the Scottish Mental Health Arts Festival for sixteen years also highlights the positive impact that creating art about mental health has on artists – both amateur and professional[74]. We have seen that the arts can be used as a platform for people to engage with mental health content in a way that is accessible and promotes conversation and understanding about mental health.

It is important that the Scottish Government recognises and champions the role of the arts, alongside other factors, in promoting health and wellbeing. Removing barriers to access should be a priority, ensuring that people from marginalised communities have equal access to the arts.

Financial support and funding opportunities within the arts sector and for artists is vital, especially in the wake of the COVID-19 pandemic, which impacted freelance workers - including many artists.

Ensuring that audiences, especially those from marginalised communities, are able to attend events and engage in the arts is an important focus. Support should include: ensuring funded organisations have a strong focus on inequalities, with artists from marginalised communities supported to create work; supporting national arts organisations to provide free and low cost tickets for arts and cultural events; making sure there is a strong focus on events that take place in local communities, ensuring easy access to the arts and culture within those communities;

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[72] Rosenbaum S, Tiedemann A, Ward PB, Curtis J, Sherrington C. (2015). Physical activity interventions: An essential component in recovery from mental illness. Vol. 49, British Journal of Sports Medicine. BMJ Publishing Group; p. 1544–5.
[73] What Works Wellbeing. (2022). Wherever you live, participating in arts and culture is good for your wellbeing. Retrieved from: https://whatworkswellbeing.org/blog/participating-in-arts-and-culture-is-good-for-wellbeing/.
[74] Scottish Mental Health Arts Festival. Retrieved from: https://www.mhfestival.com/.

supporting cultural venues to remain open; and ensuring travel to venues and events is accessible.

Preventing mental health problems for people at higher risk of poor mental health

What does this mean?
The risks of mental ill-health are not equally distributed across the population. People who face the most significant disadvantages in life also face the greatest risks to their mental health. This unequal distribution of risk to our mental health is what we call mental health inequalities[75].

That's why we need government action to address inequality and remove the social barriers to good mental health. To understand more read our report, 'Tackling social inequalities to reduce mental health problems: How everyone can flourish equally', which explains how inequalities contribute to poor mental health in the UK today[76].

As part of the Scottish Government's consultation process, we engaged in co-production and/or drew on the publicly available expertise from those organisations working with groups of people more at-risk of experiencing poor mental health than the general population, because of a personal characteristic(s) and/or life experience:

- Gender
- People experiencing poverty
- People living with Long-Term Conditions (LTC)s
- Black and minority ethnic communities
- LGBT+
- Refugees and asylum seekers
- People with care-experience
- Children and young people with experience of the criminal justice system

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[75] Mental Health Foundation. (2020). Tackling social inequalities to reduce mental health problems. Retrieved from: https://www.mentalhealth.org.uk/sites/default/files/2022-04/MHF-tackling-inequalities-report.pdf.
[76] Mental Health Foundation. (2020). Tackling social inequalities to reduce mental health problems. Retrieved from: https://www.mentalhealth.org.uk/sites/default/files/2022-04/MHF-tackling-inequalities-report.pdf.

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Recommendation 18: The Scottish Government should ensure that mental healthcare and promotion of all services, policies, and practice adopt an intersectional lens at both local and national levels.

Our engagement with organisations and individuals with lived experience in preparation for this briefing document has highlighted the need for the Scottish Government to develop new training and performance development for public sector staff. These programmes should be developed in collaboration with relevant NGOs, lived experience, and expertise. Furthermore, it is vital that these programmes are anti-racist, culturally sensitive, and inclusive. Third sector NGOs must be supported by the Scottish Government to support this approach and the views of those lived experience groups outlined above should provide the basis of this training and performance development.

Gender

The overall rates of severe mental health disorders in Scotland are similar for both men and women[77]. However, more women than men experience common mental health problems such as anxiety at 15% and 13%, respectively, in Scotland in 2018/2019[78]. There are also gendered differences between women and men in Scotland in rates of eating disorders (8.6% and 4.07% respectively)[79], self-harm (9% and 5% respectively)[80] and suicide (6.7% and 21.2%)[81]. In addition to poverty and income inequality, one of the key risk factors for women's mental health is domestic abuse[82].

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[77] Generation Equal. (2020). Mental Health – What We Already Know. Retrieved from: https://www.generationequal.scot/mental-health-what-we-alreadyknow/.

[78] Scottish Government. (2019). Scottish Health Survey. Retrieved from: https://www.gov.scot/publications/scottish-health-survey-2019-volume-1-main-report/pages/5/.

[79] Scottish Government. (2021). Scottish Eating Disorder Services Review. Retrieved from: https://www.gov.scot/binaries/content/documents/govscot/publications/independent-report/2021/03/scottish-eating-disorder-services-review-summary-recommendations/documents/scottish-eating-disorder-services-review-summary-recommendations/scottish-eating-disorder-services-review-summary-recommendations/govscot%3Adocument/scottish-eating-disorder-services-review-summary-recommendations.pdf.

[80] Scottish Government. (2019). Scottish Health Survey 2019 - volume 1: main report. Retrieved from: https://www.gov.scot/publications/scottish-healthsurvey-2019-volume-1-main-report/pages/5/#:~:-text=In%202018%2F2019%2C%20the%20proportion,%25%20and%208%25%20respectively).

[81] ScotPHO. (2022). Suicide: Scottish trends. Retrieved from: https://www.scotpho.org.uk/health-wellbeing-and-disease/suicide/data/scottish-trends/.

[82] Women's Aid. (2022). Domestic abuse and your mental health. Retrieved from: https://www.womensaid.org.uk/information-support/the-survivors-handbook/domestic-abuse-and-your-mental-health/.

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Violence Against Women and Girls (VAWG) is common in Scotland. Statistics recorded by Police Scotland show that there were 65,251 domestic abuse reports recorded between 2020-2021[83]. Women were disproportionately affected compared to men with four in five incidents involving an alleged female victim and an alleged male perpetrator.

Research indicates that female victim-survivors of domestic abuse are more likely to experience mental health problems including high levels of anxiety (93%), depression (85%), suicidal thoughts (67%) and suicidal thoughts (23%)[84]. There is also a negative financial implication of domestic abuse on the public purse. UK Government-funded figures put the cost of domestic abuse to the UK economy at £66 billion per annum[85].

The Scottish Government's new Mental Health and Wellbeing Strategy should build on the 2017-2027 Mental Health Strategy and fully appreciate the gendered aspects of mental health problems.

Recommendation 19: The Scottish Government should ensure that services are designed and delivered in ways which accommodate the often-complex intersectional experiences of women and girls.

Women experience complex health and social inequality barriers to good mental health. Public services should be designed and delivered in a way which accommodates multifaceted experiences and complex needs. For example, they should appreciate the often-complex needs which arise from intersectional experiences relating to a person's ethnicity, disability status, sexual orientation, gender identity, and/or SES.

Research by the Improvement Service into women and girls' mental health and wellbeing over the pandemic acknowledged the need to tailor services to multiple languages and cultures to enhance inclusion[86].

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[83] Scottish Government. (2021). Domestic abuse: statistics recorded by the Police in Scotland - 2020/21. Retrieved from: https://www.gov.scot/publications/domestic-abuse-recorded-police-scotland-2020-21/pages/2/.

[84] Safe Lives. (2021). Mental health and service access for survivors of VAWG in Scotland. Retrieved from: https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.improvementservice.org.uk%2F__data%2Fassets%2Fword_doc%2F0025%2F29257%2FMental-_health-_and_service_access_for_survivors_of_VAWG-.docx&wdOrigin=BROWSELINK.

[85] Home Office. (2019). The economic and social costs of domestic abuse. Retrieved from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/918897/horr107.pdf.

[86] Improvement Service. (2021). Understanding the mental health needs of women and girls experiencing gender-based violence. Retrieved from:

Engender produced a report in 2018[87] which explored disabled women's experiences of parenting and accessing reproductive health services in Scotland. It found that there are a range of barriers for these women access services, such as a lack of tailored information and accessible facilities.

Furthermore, whilst the Scottish Government's 2021 Women's Health Plan[88] highlights the importance of intersectionality, it lacks a focus on mental health. Therefore, this new strategy presents a new opportunity to properly layout a roadmap for improving mental health outcomes for women and girls over the next 5 years.

Recommendation 20: The Scottish Government should embed education on preventing VAWG in mandatory curricula across all education settings.

As recommended by Public Health Scotland[89] and referenced in Equally Safe's 'Short life delivery plan: summer 2022 to autumn 2023'[90], there is a need for instilling a public health approach to addressing VAWG. The new strategy should recognise the impact of VAWG on mental health, which has been emphasised by the Improvement Service[91].

Research from Girl Guiding Scotland in 2018[92] found that 84% of girls aged 13-25 reported learning 'little' or 'nothing' about sexual harassment and/or abuse in personal and social education at school despite VAWG being prevalent in Scotland's education settings. A series of 2022 Freedom of Information requests found that 394 sexual misconduct complaints were

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https://www.improvementservice.org.uk/__data/assets/pdf_file/0025/29464/Understanding-the-mental-health-needs-of-women-and-girls-experiencing-gender-based-violence.pdf.

[87] Engender. (2018). OUR BODIES, OUR RIGHTS: Identifying and removing barriers to disabled women's reproductive rights in Scotland. Retrieved from: https://www.engender.org.uk/files/our-bodies,-our-rights-identifying-and-removing-barriers-to-disabled-womens-reproductive-rights-in-scoltand.pdf.

[88] Scottish Government. (2021). Women's Health Plan. Retrieved from: https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2021/08/womens-health-plan/documents/womens-health-plan-plan-2021-2024/womens-health-plan-plan-2021-2024/govscot%3Adocument/womens-health-plan-plan-2021-2024.pdf.

[89] Public Health Scotland. (2022). Addressing violence against women and girls across all Scotland's public health priorities. Retrieved from: https://publichealthscotland.scot/news/2022/march/addressing-violence-against-women-and-girls-across-all-scotland-s-public-health-priorities/.

[90] Scottish Government. (2022). Equally Safe - short life delivery plan: summer 2022 to autumn 2023. Retrieved from: https://www.gov.scot/publications/equally-safe-short-life-delivery-plan-summer-2022-autumn-2023/pages/3/.

[91] Improvement Service. (2021). Understanding the mental health needs of women and girls experiencing gender-based violence. Retrieved from: https://www.improvementservice.org.uk/__data/assets/pdf_file/0025/29464/Understanding-the-mental-health-needs-of-women-and-girls-experiencing-gender-based-violence.pdf.

[92] Girlguiding. (2018). Girls in Scotland. Retrieved from: https://www.girlguidingscotland.org.uk/wp-content/uploads/2020/08/Girls-in-Scotland-survey-2018.pdf.

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made over the past five years in Scotland[93]. Furthermore, anxiety about sexual harassment in schools is also prevalent across the UK with 51% of respondents in a UK-wide Girlguiding survey expressing that their choice of clothing is linked to worrying about sexual harassment[94].

Although the Equally Safe initiative is implemented in some schools, all education settings should actively promote measures which prevent VAWG, including primary, secondary, and tertiary settings. This requires on-going training and development programmes for current and trainee teaching staff.

Furthermore, HEI's should undertake the Gender-Based Violence Charter developed by EmilyTest[95] to improve colleges and universities practices for addressing VAWG.

This will better ensure that both staff and students have the skills, knowledge, and confidence to address VAWG and appropriately navigate the disclosures process. Early years settings also have a role to play in challenging some of the toxic traits of traditional gender stereotyping. For example, promoting healthy and respectful relationships.

Developing age and setting-appropriate materials should draw on relevant lived experience and expertise in the manner outlined in this consultation response.

Recommendation 21: The Scottish Government should collect and analyse national and local intersectional-aggregated data annually on the interrelation between mental health and VAWG, as recommended by Public Health Scotland.

Public Health Scotland recommend that 'collecting sex-aggregated data would be beneficial to understanding the full impact and prevalence of violence against women and girls on mental health'[96].

As services move to a more trauma-informed practice, collecting this data will improve our understanding of the impact that this form of practice has on mental health to further improve service design and delivery.

As women and girls affected by violence are often involved with other services such as Women's Aid, Rape Crisis Scotland, housing associations, health centres, and/or refuge centres,

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[93] The Herald. (2022). University Scotland: Almost 400 claims of sexual misconduct made since 2016. Retrieved from: https://www.heraldscotland.com/news/homenews/19854790.university-scotland-almost-400-claims-sexual-misconduct-made-since-2016/.

[94] Girlguiding. (2016). It's time to end sexual harassment in schools. Retrieved from: https://www.girlguiding.org.uk/what-we-do/our-stories-and-news/blogs/its-time-to-end-sexual-harassment-in-schools/.

[95] EmilyTest. GBV Charter. Retrieved from: http://emilytest.co.uk/gbvcharter/.

[96] Public Health Scotland. (2022). Scotland's public health priorities and violence against women and girls. Retrieved from: https://www.publichealthscotland.scot/media/12171/scotlands-public-health-priorities-and-violence-against-women-and-girls-priority-3-mental-health.pdf.

gathering relevant data can improve our understanding of the links between violence, trauma, and mental health to improve the coordination between a multitude of statutory and non-statutory services.

Furthermore, data collection can also identify trends and gaps in service response, resources, and forward planning for women and girls affected by violence.

Recommendation 22: The Scottish Government should develop a Men's Health Plan that outlines actions for addressing physical and mental health inequalities affecting men.

A common societal misconception is that men are perceived as 'weak' if they talk about their mental health, with YouGov finding that 11% of men believed this compared with 2% of women in the UK in 2021[97].

Other research conducted on behalf of the Mental Health Foundation by YouGov across the UK in 2016 found that 28% of male respondents were more likely to not seek medical help for the last mental health problem they experienced compared to 19% of female respondents[98]. Men may be less likely to confide in someone due to stigmatisation as revealed by Mind in 2019, with 10% of UK men fearing being told they had poor mental health, which would stop them from seeking help[99].

Voluntary Health Scotland host a health inequalities cross-party group where there was mention of an action plan to tackle men's health inequalities in January 2020[100]. However, this was stalled due to the pandemic. A 'Men's Health Plan' which outlines actions for addressing the health inequalities experienced by men, such as stigma, should capture the gendered differences between men and women. Unlike the 2021 Women's Health Plan, there should be a dedicated section with clear actions detailing how to improve the quality of men's mental health, with an emphasis on prevention.

Recommendation 23: The Scottish Government should develop specific actions to address relatively high deaths by suicide rates for men compared to women as part of the Suicide Prevention Strategy and Action Plan.

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[97] YouGov. (2021). Men are much more likely than women to have misconceptions about mental health. Retrieved from: https://yougov.co.uk/topics/health/articles-reports/2021/10/10/men-are-much-more-likely-women-have-misconceptions.
[98] The Guardian. (2016). Men much less likely to seek mental health help than women. Retrieved from: https://www.theguardian.com/society/2016/nov/05/men-less-likely-to-get-help--mental-health.
[99] Mind. (2021). Get it off your chest Men's mental health 10 years on. Retrieved from: https://www.mind.org.uk/media/6771/get-it-off-your-chest_a4_final.pdf.
[100] VHS. (2020). CPG on Health Inequalities Discussion of Men's Health Inequalities. Retrieved from: https://vhscotland.org.uk/cpg-health-inequalities-mens-health-inequalities/.

Across the UK in 2020, Scotland has the highest rate of deaths by suicide for men at 21.6 per 100,000[101], compared with England at 15.3 per 100,000[102], Wales at 16.7 per 100,000[103] and Northern Ireland at 19.6 per 100,000[104].

Data published by the National Records of Scotland[105] in 2021 showed that the number of probable deaths by suicide was down 6%; however, rates are consistently higher for males at 3.2 times more than females. Furthermore, rates of deaths by suicide were 2.9 times higher in Scotland's most deprived communities than Scotland's least deprived communities.

Despite these high levels, there is no specific mention of preventing deaths by in the Scottish Government Suicide Prevention National Action Plan 2018-2020. This should be addressed in the new Suicide Prevention Strategy and Action Plan for Scotland, due to be launched in the coming months.

Recommendation 24: The Scottish Government should develop resources and tools for employers to adopt gender-sensitive practices and policies in the workplace for both employees and service-users.

There is an invaluable opportunity to capitalise on the recent public interventions from the First Minister of Scotland[106] to radically improve gender-sensitive workplace policies and practices. This is an approach being adopted in other parts of the UK, with the Mayor of London recently announcing new menopause workplace policies for City Hall employees, heralded by trade unions[107].

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[101] ScotPHO. (2022). Suicide: Scottish trends. Retrieved from: https://www.scotpho.org.uk/health-wellbeing-and-disease/suicide/data/scottish-trends/.
[102] ONS. (2021). Suicides in England and Wales. Retrieved from: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesintheunitedkingdomreferencetables.
[103] ONS. (2021). Suicides in England and Wales. Retrieved from: https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/suicidesintheunitedkingdomreferencetables.
[104] Suicide Deaths. (2021). Suicides in Northern Ireland. Retrieved from: https://www.nisra.gov.uk/statistics/cause-death/suicide-deaths.
[105] National Records of Scotland. (2022) Probable Suicides. Retrieved from: https://www.nrscotland.gov.uk/files/statistics/probable-suicides/2021/suicides-21-report.pdf.
[106] STV News. (2022). Nicola Sturgeon admits 'contemplating brain fog' during menopause. Retrieved from: https://news.stv.tv/politics/nicola-sturgeon-admits-contemplating-brain-fog-as-a-result-of-menopause-symptoms.
[107] UNISON. (2022). Mayor of London announces ground-breaking menopause policy. Retrieved from: https://www.unison.org.uk/news/2022/03/mayor-of-london-announces-ground-breaking-menopause-policy/#:~:text=Mayor%20of%20London%20announces%20ground%2Dbreaking%20menopause%20policy,-The%20new%20policy&text=Sadiq%20Khan%2C%20the%20Mayor%20of,the%20menopause%20at%20City%20Hall..

As outlined in the Scottish Government's Women's Health Plan, women experience many health inequalities, which can affect their workplace performance. This includes 93% of women experiencing menopause symptoms such as insomnia, fatigue, and hot flushes in the workplace and 90% saying that these had an impact on their working lives[108]. Many women also feel reluctant to tell their employer that they needed time off due to menopausal symptoms[109] and many women highlight the need for employers to be more flexible to manage their symptoms[110].

Employers should be supported to develop and implement resources and policies which improve supports available to women in the workplace in relation to physical and mental health. For example, menstrual health should be reflected in workplace policies and practice.

People experiencing poverty

More than 1 million people and almost a quarter of all children in Scotland live in poverty[111]. 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[112]. Research by Public Health Scotland has also identified children in the lowest income households are four times more likely to experience mental health problems[113], with consequences extending into adulthood.

As if the challenges of living every day uncertain of whether you can afford adequate food, shelter or warmth are not damaging enough, people who are living in poverty must also contend with stigmatising attitudes that can negatively impact a person's confidence and self-esteem, further driving the likelihood of developing a mental health problem.

Inglis et al. sought to identify which aspects of poverty stigma are particularly salient to individuals with lived experience of poverty and may therefore contribute to health inequalities

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[108] The BMJ. (2020). Breaking the menopause taboo: more must be done to support doctors, says BMA. Retrieved from: https://www.bmj.com/content/370/bmj.m3107.

[109] Women's Health Concern. (2017). New survey highlights impact of the menopause on every aspect of women's lives in the UK. Retrieved from: Women's Health Concern (2017), New survey highlights impact of the menopause on every aspect of women's lives in the UK.

[110] ALLIANCE. (2021). Scotland's First Women's Health Plan. Retrieved from: https://www.alliance-scotland.org.uk/wp-content/uploads/2021/03/Womans-Health-Plan-Event-Report.pdf.pdf.

[111] Scottish Government. (2022). Poverty and income inequality statistics. Retrieved from: https://www.gov.scot/collections/poverty-and-income-inequality-statistics/.

[112] 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-and-wellbeing.

[113] 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.

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(2019)[114]. Five main themes were identified, reflecting aspects of poverty stigma operating at various structural, public and individual levels: media representations of poverty; negative encounters with social security systems; perceived public attitudes regarding poverty in Scotland; lowered self-esteem and internalisation of negative attitudes, and emotional responses to stigma.

Research by the Foundation into the mental health effects of a universal basic income (UBI) highlighted that for adults, studies consistently found that removing the conditions associated with traditional welfare benefits was associated with improved mental wellbeing among participants, in-part due to a reduction in poverty stigma[115].

Recommendation 25: The Scottish Government should ensure that any pilots of a Minimum Income Guarantee (MIG) and/or a Universal Basic Income (UBI) monitor the mental health effects of the scheme on recipients. This approach should also be applied to all four-day working week trials coordinated by the Scottish Government in partnership with local authorities.

Recent research on Universal Basic Income carried out by the Foundation found that the conditions imposed on benefits recipients may be an important factor that can hinder good mental health, notwithstanding the benefit income they may receive[116]. We are concerned that an approach to a minimum level of income that focuses only on the provision of money will not in itself be sufficient to support good mental health. It is also how this income is acquired that is critical for supporting good mental health at an individual level. Our rapid review explored the impact of various universal basic income-type schemes on mental wellbeing. It found a correlation between removing income conditionality and improved mental health outcomes for recipients, suggesting that removing conditionality could have positive mental health effects for benefit recipients.

In developing MIG, UBI and/or four-day working week pilots, it is vital that the impact of these schemes on the mental health of recipients is measured.

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[114] Inglis, G et al. (2019). Health inequality implications from a qualitative study of experiences of poverty stigma in Scotland. Social Science and Medicine. 232, 43-49.

[115] Wilson N. and McDaid S. (2021) The Mental Health Effects of a Universal Basic Income. Glasgow: The Mental Health Foundation.

[116] Wilson N. and McDaid S. (2021) The Mental Health Effects of a Universal Basic Income. Glasgow: The Mental Health Foundation.

Recommendation 26: The Scottish Government should extend free bus travel to people on low-income benefits[117].

For people living on low incomes, our transport system is, often unaffordable. This can prevent people – particularly people in rural areas – from accessing employment, training, and education opportunities, limit their access to essential services, and prevent them from maintaining their social connections.

Some recent positive steps have been taken, such as extending free bus travel to all under-22s, but much more action is needed to create a transport system that works for everyone. Widening concessionary bus travel to everyone in a household with a Universal Credit entitlement or on other low-income benefits would be one first step in redesigning our transport system to play its fullest role in reducing poverty and tackling inequalities.

Recommendation 27: The Scottish Government should develop debt write off schemes[118].

People in debt are more likely to have a common mental health problem[119], and the more debt people have, the greater the likelihood[120].

Facing the sharpest decline in living standards since records began, many people in the UK are leaning into credit and debt to meet the everyday challenges of the cost-of-living crisis, according to the March 2022 Money Statistics, produced by The Money Charity[121].

A study from the Royal College of Psychiatrists found that half of all adults with a debt problem are also living with mental ill-health[122]. This ranged from a consistent feeling of anxiety and low mood to a diagnosed mental health condition. Debt can make you feel anxious, especially if you

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[117] Poverty Alliance. (2021). A SCOTLAND FOR ALL OF US: POVERTY ALLIANCE 2021 SCOTTISH PARLIAMENT ELECTION MANIFESTO. Retrieved from: https://www.povertyalliance.org/wp-content/uploads/2021/03/A-Scotland-for-all-of-us-Poverty-Alliance-2021-Scottish-Parliament-election-manifesto.pdf.

[118] Poverty Alliance. (2021). A SCOTLAND FOR ALL OF US: POVERTY ALLIANCE 2021 SCOTTISH PARLIAMENT ELECTION MANIFESTO. Retrieved from: https://www.povertyalliance.org/wp-content/uploads/2021/03/A-Scotland-for-all-of-us-Poverty-Alliance-2021-Scottish-Parliament-election-manifesto.pdf.

[119] Meltzer H, Bebbington P, Brugha T, Farrell M, Jenkins R. (2013). The relationship between personal debt and specific common mental disorders. Eur J Public Health. 23(1):108–13.

[120] Wahlbeck K, McDaid D. (2012). Actions to alleviate the mental health impact of the economic crisis. World Psychiatry. 11(3):139–45.

[121] The Money Charity. (2022). The money stats. Retrieved from: https://themoneycharity.org.uk/money-stats-march-2022-uk-turns-credit-debt-manage-cost-living-crisis/.

[122] RCPsych. (2017). Debt and mental health. Retrieved from: https://www.rcpsych.ac.uk/mental-health/problems-disorders/debt-and-mental-health.

don't have support from friends or family or from your creditors. Debt can be a considerable burden, made worse by dealing with it alone[123].

The Scottish Government should work with local authorities, lenders, and landlords to develop new debt write-off schemes that will ease this pressure and allow people to be free from debt-related mental distress.

Recommendation 28: The Scottish Government should ensure that all income assistance professionals receive mandatory and on-going trauma-informed mental health training.

Trauma-informed mental health programmes should also be in place in public services to embed trauma-informed reflective practice.

Social Security Scotland, debt and financial advice bureaus, and the Scottish Welfare Fund play a key, frontline role in support for people on low incomes. Many of their clients will be experiencing mental distress. Therefore, all staff working in each of these agencies should be enrolled in on-going mandatory training in trauma-informed service delivery.

We welcome the both the Scottish Government's commitment to ensuring Scotland's new social security system has compassion, dignity, and fairness at its heart, and their offer of mental health modules to their staff.

In continuing to recruit new staff for new agencies and training staff on an on-going basis, there is great potential for ensuring all staff receive compulsory trauma-informed mental health training. This training should equip all Social Security Scotland and relevant welfare staff with an awareness of those key issues which cause distress for benefit recipients, i.e., debt, sanctions, addiction, domestic abuse, job loss and family breakdown, and how to signpost clients to mental health supports.

People living with Long-Term Conditions (LTC)s
Research shows that people living with a long-term physical condition are more than twice as likely to develop mental ill-health. Mental health problems can then make it harder to cope with a physical health condition[124]. There is consistent evidence of an association between

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[123] Mental Health Foundation. Debt and mental health. Retrieved from: https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/debt-and-mental-health.
[124] Mental Health Foundation. Long-term physical conditions and mental health. Retrieved from: https://www.mentalhealth.org.uk/explore-mental-health/a-z-topics/long-term-physical-conditions-and-mental-health.

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physical disability and depression[125], though experiences of stigma and discrimination may significantly contribute to this relationship[126].

Evidence from the Coronavirus: Mental Health in the Pandemic Study has also found that people living with LTCs were more likely to report mental distress. In August 2020, 49% of the general population were feeling anxious or worried due to COVID-19, compared to 63% of people living with a long-term physical health condition and 65% of people living with a long-term mental health condition[127].

Recommendation 29: The Scottish Government should support capacity-building on mental health in organisations working with people with LTCs.

In this instance, 'capacity building' refers to ensuring that public sector and third sector staff have the training and confidence needed to understand the mental health and wellbeing needs of service/programme users.

In Scotland, the Mental Health Foundation is partnering with the Health and Social Care Alliance Scotland for the 'Living Well: Emotional Support Matters' project[128] to support eight charities working with people who are living with long term health conditions to provide tailored, practical mental health support.

The voluntary sector has ongoing relationships with people living with LTCs and carries out important work, which has been particularly evident throughout the pandemic. The aim of 'Living Well: Emotional Support Matters' is to support third sector NGOs to grow their ability to deliver mental wellbeing support for their service users.

The Scottish Government is well-placed to coordinate capacity-building initiatives between relevant third sector NGOs and public sector bodies to improve the quality of support available to people living with LTCs.

[125] Silverman AM, Molton IR, Alschuler KN, Ehde DM, Jensen MP. Resilience Predicts Functional Outcomes in People Aging with Disability: A Longitudinal Investigation. Arch Phys Med Rehab [Internet]. 2015;96(7):1262–8. Available from: http://dx.doi.org/10.1016/j. Apmr.2015.02.023.
[126] Morris J. People with physical impairments and mental health support needs: A critical review of the literature. 2004;53. Available from: http://www.jrf.org.uk/sites/files/ jrf/1859352103.pdf.
[127] Mental Health Foundation (2021). Living Well: Emotional Support Matters. Retrieved from: https://www.mentalhealth.org.uk/our-work/programmes/living-well-emotional-support-matters.
[128] Mental Health Foundation. Living Well: Emotional Support Matters. Retrieved from: https://www.mentalhealth.org.uk/our-work/programmes/living-well.

Black and minority ethnic communities

Why do we use the term 'Black and minority ethnic communities?' The Mental Health Foundation strives to be an anti-racist organisation. You can read more about this work here: https://www.mentalhealth.org.uk/about-us/our-commitments-race-and-diversity.

As part of our review, we discussed language and agreed to use the term 'Black and minority ethnic' when discussing issues related to racialised communities. This is to ensure that people from travelling communities are included. The Foundation continues to seek feedback from individuals and organisations on the use of appropriate language.

Our process for developing this section involved on-going co-production with several organisations working with Black and minority ethnic communities in Scotland. Two roundtables were held over a five-month period to identify those key issues affecting Black and minority ethnic communities in Scotland and what solutions are needed to improve the mental health of these communities.

Being a victim of racism has been associated with mental health problems[129]. The emotional and psychological effects of racism have been described as consistent with traumatic stress[130] and the negative effects are cumulative[131]. Racist stereotypes and institutional racism are likely [132].

It is important to note that mental health inequalities exist between Black and minority ethnic communities.

The time for the Scottish Government to step-up and play its part in eradicating institutional racism from Scottish society, particularly within mental health services and other service delivery initiatives across Scotland, is long overdue. What form this should take must be derived from on-going and meaningful conversations with communities and those with the expertise to guide this process. This process must be properly resourced and underpinned by a realistic timeframe which reflects the urgency of the matter.

[129] Lewis TT, Cogburn CD, Williams DR. (2015). Self-Reported Experiences of Discrimination and Health: Scientific Advances, Ongoing Controversies, and Emerging Issues. Annu Rev Clin Psychol. Mar;11(1):407–40.

[130] Carter RT. (2007). Racism and Psychological and Emotional Injury: Recognizing and Assessing Race Based Traumatic Stress. Couns Psychol. 35(1):13–105.

[131] Wallace S, Nazroo J, Bécares L. (2016). Cumulative effect of racial discrimination on the mental health of ethnic minorities in the United Kingdom. Am J Public Health. 106(7):1294–300.

[132] Gilburt H, Rose D, Slade M. (2008). The importance of relationships in mental health care: A qualitative study of service users' experiences of psychiatric hospital admission in the UK. BMC Health Serv Res. 8.

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Recommendation 30: The Scottish Government should increase the provision of culturally appropriate and anti-racist early intervention supports, including self-help resources and psychological therapies available in English as well as other languages, delivered by staff who are participating in anti-racist training and development programmes throughout their training and careers.

Recommendation 31: The Scottish Government should ensure that all frontline public service workers participate in anti-racist training and development programmes throughout their training and careers.

The current norm of considering the needs of Black and minority ethnic communities as an afterthought in service design means that significant barriers exist for Black and minority ethnic communities accessing appropriate supports. To ensure parity of esteem between Black and minority ethnic communities and the general population, the Scottish Government should create the spaces for service providers, third sector NGOs, lived experience groups, and clinicians to develop culturally appropriate and anti-racist service-user resources and on-going staff training and ant-racist development programmes.

Active engagement with three key groups will prove vital for delivering these recommendations:

- Practitioners.
- Service users who are from a Black and minority ethnic background.
- Mental health practitioners who are themselves from a Black and minority ethnic background.

It is important to emphasise that an individual can belong to one or more of these groups and these intersectional experiences should be considered as part of the service development process.

It is not acceptable for the Scottish Government and/or public sector bodies to draw on the lived experience and/or expertise of individuals and third sector organisations without maintaining an on-going relationship of transparency, equalisation of power, and trust.

Furthermore, establishing realistic timeframes for policy development from the on-set is a vital component of building trust with lived experience groups. When developing on-going training programmes, it is vital that the Scottish Government adopts an appropriate mechanism of remuneration for those individuals and third sector organisations offering their expertise and lived expertise to the policy making and service design process.

Anti-racist programmes should educate professionals on the multitude of issues that affect Black and minority ethnic communities. Rather than once-off training of staff, what is required is ongoing development programmes that embed reflective practice among practitioners,

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supported by people with lived experience. Public sector participants in this anti-racist training and development programme should include, but not be limited to, doctors, nurses, midwives, teachers, fire officers, ambulance staff, police officers, and all frontline mental health practitioners.

LGBT+

Due to minority stress, we know that there are far higher rates of poor mental health across the LGBT+ community, including anxiety, depressions, substance use, eating disorders, self-harm, and suicide[133]. This is not because being LGBT+ is itself a risk factor for developing mental health problems, but because of the minority stress from being more at-risk of discrimination, exclusion, and harassment than the general population.

One meta-analytic review found that sexual minority individuals were almost four times more likely to experience sexual abuse and are more likely (though to a lesser extent) to experience parental physical abuse, to experience assault at school, and to miss school because of fear[134].

Recommendation 32: The Scottish Government should implement a comprehensive national ban on all conversion therapy practices which seek to change and/or suppress an individual's sexual orientation and/or gender identity, in-line with international best practice and as recommended by the Scottish Parliament's Equalities, Human Rights and Civil Justice Committee.

The Mental Health Foundation supports a full and effective ban on practices that demonstrate an assumption that any sexual orientation or gender identity is inherently preferable to any other, and which attempts to bring about a change of sexual orientation or gender identity and/or seeks to suppress an individual's expression of sexual orientation identity on that basis[135].

A survey conducted by the Ozanne Foundation in 2018 found that of those who had undergone conversion therapy practices, 70% of the 281 respondents reported having suicidal thoughts[136]. Furthermore, a large online survey of young adults in the US found that young people who reported having undergone conversion therapy were more than twice as likely to report having

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[133] Mental Health Foundation. (2021). LGBTIQ+ people: statistics. Retrieved from: https://www.mentalhealth.org.uk/explore-mental-health/statistics/lgbtiq-people-statistics.

[134] Friedman MS, Marshal MP, Guadamuz TE, Wei C, Wong CF, Saewyc EM, et al. A meta-analysis of disparities in childhood sexual abuse, parental physical abuse, and peer victimization among sexual minority and sexual nonminority individuals. Am J Public Health. 2011 Aug;101(8):1481–94.

[135] Mental Health Foundation. (2021). Mental Health Foundation Scotland submits response to Scottish Government's petition on conversion therapy. Retrieved from: https://www.mentalhealth.org.uk/explore-mental-health/blogs/mental-health-foundation-scotland-submits-response-scottish-governments-petition-conversion-therapy.

[136] Sherwood H. (2019). Conversion therapy can result in mental illness, poll finds. Retrieved from: https://www.theguardian.com/world/2019/feb/20/conversion-therapy-can-result-in-mental-illness-poll-finds on 12/08/21.

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attempted suicide[137]. Research has also demonstrated other consequences associated with conversion therapy practices which include higher rates of depression and anxiety[138], post-traumatic stress disorder (PTSD)[139], lower education attainment, lower weekly incomes and being prone to feeling isolated[140].

Recommendation 33: The Scottish Government should continue to support the implementation of LGBT+ inclusive education in all Scottish primary and secondary schools and ensure LGBT+ themes are embedded across the curriculum during any upcoming education reforms.

The Foundation supports the implementation of LGBT+ inclusive education in all Scottish primary and secondary schools by embedding LGBT+ themes (such as history, rights, and equalities) into ordinary teaching and learning.

Many children and young people can experience homophobic, biphobic, and transphobic bullying behaviours, language use, and comments from their peers. Research conducted by the University of Cambridge for Stonewall in The School Report (2017)[141] found that nearly half of LGBT+ young people (45 per cent) – including 64 per cent of trans young people – are bullied for being LGBT+ at school or college across the UK.

This can impact learners who are LGBT+ but also learners who are perceived to be LGBT+ by others. For example, children and young people who do not conform to gender stereotypes.

LGBT+ Inclusive Education develops a greater understanding of diversity within our communities and wider society; as well as increasing pupil knowledge about their rights, equalities, and the impact of stereotypes, prejudice, and bullying[142].

Teachers and HEIs should be equipped with the relevant on-going training and knowledge to facilitate LGBT+ inclusive education in the classroom.

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[137] Green, A. E., Price-Feeney, M., Dorison, S. H., & Pick, C. J. (2020). Self-reported conversion efforts and suicidality among US LGBTQ youths and young adults, 2018. *American journal of public health*, *110*(8), 1221-1227.

[138] Meanley, S., Haberlen, S. A., Okafor, C. N., Brown, A., Brennan-Ing, M., Ware, D., ... & Plankey, M. W. (2020). Lifetime exposure to conversion therapy and psychosocial health among midlife and older adult men who have sex with men. *The Gerontologist*, *60*(7), 1291-1302.

[139] Horner, J. (2010). Undoing the Damage: Working with LGBT Clients in Post-Conversion Therapy. *Columbia Social Work Review*, *8*(1), 8-16.

[140] Ryan, C., Toomey, R. B., Diaz, R. M., & Russell, S. T. (2020). Parent-initiated sexual orientation change efforts with LGBT adolescents: Implications for young adult mental health and adjustment. *Journal of Homosexuality*, *67*(2), 159-173. Retrieved from: https://www.utah.gov/pmn/files/513643.pdf on 12/08/21.

[141] Stonewall. (2017). School Report. Retrieved from: https://www.stonewall.org.uk/school-report-2017.

[142] TIE. (2022). What is LGBT inclusive education? Retrieved from: https://www.tie.scot/info.

Recommendation 34: The Scottish Government should work with LGBT+ NGOs and local groups to improve provision and access to safe LGBT+ spaces.

The Foundation's research highlights that LGBT+ people in Scotland are at greater risk of experiencing loneliness than the general population[143].

Some of the reasons for this are that LGBT+ people are more likely to be single, childless, living alone, in less frequent contact with their family of origin, and at greater risk of social isolation. This risk is particularly acute for vulnerable sections of the community such as LGBT+ people who are older and/or asylum seekers and refugees[144][145].

The pandemic posed additional barriers to LGBT+ people achieving good mental health. For many LGBT+ people, their main source of support is a network of LGBT+ peers, sometimes known as their "chosen family". These networks often exist beyond geographically local communities, especially for those in rural areas. Furthermore, LGBT+ young people are more likely to be estranged from family, due to experiences of homophobia, biphobia, and transphobia[146].

Organisations such as LGBT Health and Wellbeing work to reduce loneliness and social isolation within the LGBT+ community in Scotland by providing safer and affirmative social spaces for LGBT+ people to come together and connect. Research conducted by LGBT Health and Wellbeing found that 85% of their service users reported feeling less lonely resulting from[147][OBJ].

Feelings of loneliness and social isolation have not returned to pre-pandemic levels for the general population or for LGBT+ people[148]. Therefore, the Scottish Government should provide more support to develop and maintain safe and inclusive spaces for LGBT+ people to connect with others in a meaningful way. Providing spaces that are tailored to a broad range of hobbies

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[143] Mental Health Foundation. (2022). All the lonely people. Retrieved from: https://www.mentalhealth.org.uk/sites/default/files/2022-06/MHAW22-Loneliness-Scotland-Report.pdf.

[144] Age UK. (2018). Combatting loneliness amongst older LGBT people. Retrieved from: https://www.ageuk.org.uk/our-impact/policy-research/loneliness-research-and-resources/combating-loneliness-amongst-older-lgbt-people-a-case-study-of-the-sage-project-in-leeds/#:~:text=Exploring%20findings%20from%20the%20Sage,levels%20of%20contact%20with%20relatives.

[145] Pink News. (2021). Queer asylum seekers left facing isolation, hunger, and mockery – right here in the UK. Retrieved from: https://www.pinknews.co.uk/2021/05/01/lgbt-asylum-seekers-uk-african-rainbow-family-donate-home-office-covid/.

[146] Reczek, R & Smith, E. (2021). How LGBTQ Adults Maintain Ties with Rejecting Parents: Theorizing "Conflict Work" as Family Work. J Marriage Fam. 83(4), 1134-1153.

[147] LGBT Health and Wellbeing. (2022). Mental Health Awareness Week: Loneliness in the LGBT+ community. Retrieved from: https://www.lgbthealth.org.uk/lgbt-health-blog/mental-health-awareness-week-2022-loneliness-lgbt/.

[148] Mental Health Foundation. (2022). All the lonely people. Retrieved from: https://www.mentalhealth.org.uk/sites/default/files/2022-06/MHAW22-Loneliness-UK-Report.pdf.

and interests is vital for encouraging LGBT+ people to attend these spaces, e.g., alcohol-free spaces and social events.

Recommendation 35: The Scottish Government should work with all frontline service providers to ensure that services are provided in an LGBT+ sensitive, friendly, respectful, and self-reflective manner. Relevant professions should include but not be limited to primary care practitioners, mental health councillors, and crisis support staffers.

The 'Health needs assessment of lesbian, gay, bisexual, transgender and non-binary people' report published by NHS Greater Glasgow & Clyde outlines findings of the national online survey and final recommendations of the Health Needs Assessment of people who are LGBT+[149].

Many participants in the qualitative research suggested that there was a clear need to train staff, particularly in NHS services, to provide awareness of LGBT+ identities and ensure that service provision was inclusive, non-judgemental, and appropriate. Some pointed out that training should be essential for receptionists and administrative staff who had contact with patients as well as nurses, doctors, and counsellors. Some stressed the importance of such training to be mandatory rather than optional, and some felt that such training should be embedded into medicine and nursing courses.

It suggests that healthcare providers could make significant steps to offering a more comfortable and inclusive experience for LGBT+ patients when their language, forms and protocols do not make presumptions about gender identity or sexual orientation.

Some other areas for improvements in healthcare may include:

- A better awareness and understanding of trans and non-binary issues in primary health care
- More information and provision around sexual health services for gay and bisexual women, transgender and non-binary people
- A more holistic approach to healthcare including the consideration of the relationship between physical health, mental health, and engagement with harmful behaviours; also, more awareness and consideration of how certain conditions can specifically impact the lifestyles of LGBT+ people.

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[149] NHS Greater Glasgow & Clyde. (2022). Health needs assessment of lesbian, gay, bisexual, transgender and nonbinary people. Retrieved from:
https://www.stor.scot.nhs.uk/bitstream/handle/11289/580332/Final%20Report%20%2831%20May%202020 22%29.pdf?sequence=1&isAllowed=y.

LGBT+ awareness and inclusivity training should be mandatory, and organisations should be accountable for keeping up to date with LGBT+ training needs. Such training would be applicable across all public services and open to all third sector and private sector.

Furthermore, LGBT+ issues and inclusiveness should be incorporated into undergraduate and post graduate education across disciplines including medicine, nursing, social work, education, etc.

Refugees and asylum seekers

Article 1 of the United Nations Refugee Agency's (UNHCR) Refugee Convention defines a 'refugee' as 'a person who is outside his/her country of nationality or habitual residence; has a well-founded fear of persecution because of his/her race, religion, nationality, membership in a particular social group or political opinion; and is unable or unwilling to avail himself/herself of the protection of that country, or to return there, for fear of persecution'[150].

The UNHCR defines an 'asylum seeker' as an 'individual who is seeking international protection. In countries with individualized procedures, an asylum-seeker is someone whose claim has not yet been finally decided on by the country in which the claim is submitted'[151].

It is important to appreciate the difference between these two groups.

Most refugees are entitled to public funds which means they can access benefits such as Universal Credit which is [approximate value] £265/month if under 25 and [approximate] £334/month if over (for single people). Asylum seekers receive [exact value] £40.85/week which is £163.4/month - more than £100 less than people on Universal Credit. This difference significantly impacts the opportunities asylum seekers have to participate in their community despite both groups being equally affected by language barriers, discrimination, and integration. Having a significantly lower income and no opportunity to work (which refugees status allows), means that asylum seekers cannot travel to the same places and attend the same community activities.

Refugees and asylum seekers are more likely to experience mental health problems than the general population, including higher rates of depression, post-traumatic stress disorder (PTSD) and other anxiety disorders[152]. The increased vulnerability to mental health problems that refugees, and asylum seekers face is linked to pre-migration experiences (such as war trauma)

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[150] United Nations. (1951). The Refugee Convention. Retrieved from: https://www.unhcr.org/4ca34be29.pdf.

[151] United Nations. Asylum Seekers. Retrieved from: https://www.unhcr.org/51b1d62c13.pdf.

[152] Tempany M. (2009). What Research tells us about the Mental Health and Psychosocial Wellbeing of Sudanese Refugees: A Literature Review. Transcult Psychiatry. 46(2):300–15.

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and post-migration conditions (such as separation from family, difficulties with asylum procedures and poor housing)[153].

Recommendation 36: The Scottish Government should increase civic participation and mental health supports for grassroots organisations working with asylum seekers and refugees.

The Foundation has worked with refugees and asylum seekers in Scotland for over 10 years. During this time several successful mental health initiatives have been implemented, including 'Sawti' and 'Musawa'. MHF has strengthened its connections with the refugee and asylum seeker communities as well as organisations working with these communities.

Furthermore, the Foundation co-convenes the 'New Scots Health and Wellbeing Group'.

The World Health Organisation has identified community empowerment as the first track to promote health and wellbeing, being 'the process of enabling communities to increase control over their lives'[154]. The Foundation recognises the importance of communities having control over their lives and the role this plays in the preventative approach the organisation takes to support and promote mental health.

Through our programmatic work, we have identified various barriers preventing refugees and asylum seekers from participating in civic decision-making forums, e.g., perceived language barriers, not being aware of available opportunities, and fear of discrimination[155]. The 2018-2022 New Scots Refugee Integration Strategy reflects this approach in its objectives:

> "Local community groups and refugee and asylum seeker-led organisations play an active role in supporting refugee integration.[156]"

More support and resources should be made available to grassroots organisations working with refugees and asylum seekers to improve civic participation and mental health outcomes for both at-risk groups. Furthermore, greater balance must be struck between supports available to

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[153] Porter M, Haslam N. (2005). Predisplacement and post displacement factors associated with mental health of refugees and internally displaced persons: A metaanalysis. J Am Med Assoc. Aug;294(5):602–12.

[154] World Health Organisation. (2009). Community empowerment. Retrieved from: https://www.who.int/teams/health-promotion/enhanced-wellbeing/seventh-global-conference/community-empowerment#:~:text=Community%20empowerment%20refers%20to%20the,common%20interests%2C%20concerns%20or%20identities.

[155] Mental Health Foundation. (2022). Voices and Visibility.

[156] The Scottish Government. The New Scots Refugee Integration Strategy: 2018-2022. Retrieved from: https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2018/01/new-scots-refugee-integration-strategy-2018-2022/documents/00530097-pdf/00530097-pdf/govscot%3Adocument/00530097.pdf.

larger and smaller organisations working to support refugees and asylum seekers living in Scotland in favour of smaller organisations.

Recommendation 37: The Scottish Government should extend free bus travel to all refugees and asylum seekers.

Free bus travel for refugees and asylum seekers has been recommended previously by several organisations supporting and amplifying the voices of refugees and asylum seekers in Scotland such as The VOICES Network, Refuweegee, Maryhill Integration Network, Refugee Survival Trust, and Survivors of Human Trafficking in Scotland, amongst others[157].

In March 2022, the Welsh Government announced free bus and rail services for refugees in Wales. The scheme ended in September 2022[158].

Free bus travel for both groups would go far in removing barriers for active participation in wider society and civic engagement forums. The scheme would make a particularly positive difference for asylum seekers who are more likely to have very low-income support.

Recommendation 38: The Scottish Government should ensure that public services are more responsive to the needs of refugees and asylum seekers.

The 2018-2022 New Scots Refugee Integration Strategy[159] reflects this approach in its objectives which sets-out the following actions:

- Ensure sufficient guidance and training for health and social care staff on the issues faced by asylum seekers, in line with the recommendation of the Equalities and Human Rights Committee's report, Hidden Lives – New Beginnings.
- Ensure trauma informed practice is embedded into health services and other service provision.
- Share best practice and quality guidance for interpreting services used within health and social care to improve practice by health and social care staff.

Our recommendations and rationale for Black and minority ethnic communities also reflect this approach. Public sector staff should receive on-going training and guidance to embed a

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[157] The VOICES Network. (2022). Retrieved from: https://twitter.com/VOICESNetworkUK/status/1528746687367348224?s=20&t=1N-7K0qI5PQ_2sMu3dQehQ.

[158] Welsh Government. (2022). Free bus and train travel advice for refugees. Retrieved from: https://gov.wales/free-bus-and-train-travel-advice-refugees.

[159] The Scottish Government. (2018). New Scots: refugee integration strategy 2018 to 2022. Retrieved from: https://www.gov.scot/publications/new-scots-refugee-integration-strategy-2018-2022/.

sophisticated understanding of the often-complex needs and preferences of refugees and asylum seekers into their service delivery.

People with care experience

Just over two years ago the Independent Care Review published The Promise[160] and in February 2020 the Scottish Government signed up to the actions set out within it.

In June 2022, the chairperson of the Promise Oversight Board, Fiona Duncan, branded the pace of reform as 'too slow', but also made clear that 'Scotland does still have time for the promise to be kept[161]. We welcome the publication of the Scottish Government's 'Keeping the Promise implementation plan' in March 2022[162].

The Scottish Government should accelerate the pace they are working towards meeting the recommendations outlined in 'The Promise'. In particular,

Recommendation 39: The Scottish Government should work in partnership with local authorities and local third sector NGOs to increase the provision of family support hubs in communities across Scotland with the aim of keeping families together and preventing young people entering the care system.

This recommendation aligns with CELCIS' approach to family support, who have advocated for universal/community-based family support hubs in several consultation responses to date[163][164][165]. Furthermore, statutory services should be equipped to offer early support to families, which may require development of capacity where existing services are stretched and/or focused on meeting needs at crisis point.

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[160] Independent Care Review. (2020). The Promise. Retrieved from: https://www.carereview.scot/wp-content/uploads/2020/02/The-Promise.pdf.

[161] Duncan, F. Fiona Duncan: Reform has been far too slow, but we can still keep our Promise to Scotland's children. Retrieved from: https://www.sundaypost.com/fp/reform-has-been-far-too-slow-but-we-can-still-keep-our-promise-to-scotlands-children/.

[162] The Scottish Government. (2022). Keeping the Promise implementation plan. Retrieved from: https://www.gov.scot/publications/keeping-promise-implementation-plan/.

[163] The Scottish Government. Keeping the promise to our children, young people, and families. Retrieved from: https://www.celcis.org/application/files/4416/4865/2229/keeping-promise-children-young-people-families.pdf.

[164] CELCIS. (2021). CELCIS's response to A National Care Service for Scotland – Consultation. Retrieved from: https://www.celcis.org/application/files/9616/3585/5124/CELCIS_Response_to_National_Care_Service_Consultation_-_November_2021.pdf.

[165] The Scottish Government/CELCIS. (2021). The impact of COVID-19 on children and families in Scotland: Understanding needs and services through local social work data. Retrieved from: https://www.celcis.org/application/files/8516/2763/5115/The_impact_of_COVID19_on_children_and_families_in_Scotland.pdf.

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As part of this, and as outlined in The Promise, stigma must be addressed in any support available for care experienced parents. Any practitioner who supports families should understand the importance of attachment in children's development, and how to carry out attachment- and trauma-informed practice.

Recommendation 40: The Scottish Government should ensure that all children and young people entering the care system have their mental health needs assessed and are offered support with their mental health.

All children and young people entering the care system should have an individualised assessment of their needs of which their mental health and wellbeing should be part. The approach to all assessment must be relationship based, ongoing rather than 'one-off', and informed by what a child wants and what feels right for them.

Assessment must be accompanied by access to any high-quality support required to support their mental health at the time that is right for them, for as long as is required.
Support could take the form of low-level interventions (such as art therapy) or more acute psychological treatments.

Recommendation 41: The Scottish Government should work with relevant third-sector NGOs and lived experience groups to design a referral system that best meets the needs of both service-users and services.
Based on the disproportionate experiences of mental ill-health for care experienced children[166], due to their experiences of trauma, adversity and disrupted attachment, access to high-quality, appropriate services is especially important. The current systems to support the mental health and wellbeing of care experienced people are not sufficient and as such their rights under the UNCRC are not being upheld (to best possible health and special protection and assistance for care experienced children.

To ensure this approach would work for all care experienced people in Scotland, there must be national consistency in the availability of services that care experienced people need. This must go beyond clinical services such as CAMHS and include a variety of therapeutic models of support as well as holistic community-based supports and services. This will require the current issues with capacity for the range of services and supports to be addressed, as well as plugging the gaps in available services across Scotland.

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[166] Iriss. (2020). Care experienced children and young people's mental health. Retrieved from: https://www.iriss.org.uk/resources/outlines/care-experienced-children-and-young-peoples-mental-health.

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Over and above clinical support, it is vital that the caregivers of children and young people with care experience (such as foster carers, kinship carers, and residential workers) are supported to have the knowledge, skills and confidence required to respond in an attuned way.

Recommendation 42: The Scottish Government should ensure that everyone leaving the care system has access to the wider supports which will benefit their mental health and wellbeing.

The following excerpts from CELCIS' response to the 'Health, Social Care and Sport Committee's Inquiry into the Health and Wellbeing of Children and Young People[167]' highlight the need for improvement in the range and type of supports provided for young people leaving the care system:

> "Despite developments in policy and practice to enable positive transitions for young people leaving care, for many this continues to be a time of acute vulnerability. In Scotland, the average age that care experienced children and young people leave home is 17, while the average age that their non-care experienced peers leave home is 26. This means that too often emotional, financial, and practical support is suddenly ruptured, damaging relationships and social networks, and leaving care experienced young people to cope with the complexities of independent living, which can lead to isolation and impact on wellbeing. The link between financial insecurity and poverty and wellbeing for care leavers is also stark, with financial worries often articulated by young people leaving care and noted as a trigger for mental health challenges for some. Implementation of legislation to support more care experienced people 'stay put' with carers, as well as enabling and encouraging positive, enduring relationships with former carers is critical to young people feeling supported when they make life transitions. "

> "Our written response to the Committee's Inquiry, and oral evidence given to the Committee raised the concern that not enough young people with care experience are supported to stay in their homes after they reach 18 years old, despite their entitlement to this under 'Continuing Care'[168] provisions in legislation. Many care experienced people leave home on average nearly ten years before their non care experienced peers, with condensed periods of transition, too often expected to go from supported family homes to complete independence overnight - paying rent and bills, managing the

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[167] CELCIS. (2021). CELCIS' Response to the Health, Social Care and Sport Committee's Inquiry into the Health and Wellbeing of Children and Young People. Retrieved from: http://www.celcis.org/application/files/6016/3955/9394/Inquiry_into_the_Health_And_Wellbeing_of_Childr en_And_Young_People.pdf.

[168] The Scottish Government. (2016). Guidance on Part 11 (Continuing Care) of the Children and Young People (Scotland) Act 2014. Retrieved from: https://www.gov.scot/publications/guidance-part-11-continuing-care-children-young-people-scotland-act/.

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bureaucracy of student fees or benefits without the buffer of family support. The lack of emotional, practical, and financial support can have a huge effect on health and wellbeing of a young person leaving care, especially where they also have unmet needs around adversity, trauma and/or disruption to relationships. Any consideration of the health and wellbeing of care experienced children and young people must consider the needs of young people leaving care, with attention to any differences in how they are supported as they grow up and into adulthood compared to their non care experienced peers."

The Foundation supports CELCIS' calls for better follow-on supports for young people leaving the care system.

Recommendation 43: The Scottish Government should ensure that support is available for the people who care for care experienced children/adults, including parents, carers, and workforce.

> "The state should 'hold the hands of those who hold the hand of the child' by ensuring that the workforce has support, time, and care to develop and maintain relationships"
> (The Promise, pg. 19)[169].

Support for carers should go beyond recruitment and training, to ensure there is adequate ongoing support, as well as attention to capacity and resource to enable relationship-based and trauma-informed practice.

For example, this might mean ensuring that caseloads are not so high that practitioners do not have the time to spend with those they support to develop relationships, or flexibility in their schedule to respond to behaviours that may arise due to trauma in caring and compassionate ways.

Recommendation 44: The Scottish Government should set out plans for ending cross border placements, out with extraordinary circumstances, where young people are put into care too far from their home.

The Promise was clear that the practice of selling care placements to local authorities across borders must end. We know that such placements result in children and young people being separated and distanced from their families, peers, community support networks and services.

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[169] The Independent Care Review. (2020). The Promise. Retrieved from: https://www.carereview.scot/wp-content/uploads/2020/02/The-Promise.pdf.

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Cross-border placement impacts on the ability to plan for the child and on their ability to maintain meaningful relationships and only occur in exceptional circumstances where the placement is in the best interests of an individual child.

Children and young people with experience of the criminal justice system

Recommendation 45: The Scottish Government should ensure that all staff involved in the criminal justice system are trained and skilled to promote mental health and wellbeing using a trauma-informed approach.

Many children in prison have not been found guilty of any crime, and many of these children are already traumatised. Statistically, it is children whose families are impacted by poverty and inequality in communities who are more likely to be criminalised and labelled[170].

Children should be assessed and then supported; diversion from the justice system and prosecution should be the primary focus. A 'no wrong door' approach should be adopted with reference to access to support for families who encounter the justice system. No family should be turned away without being linked in with the supports they need. Any measure for protection should be aligned to the principles of the welfare of the child being paramount, the no order principle, and the centrality of the child's views[171].

All staff involved in the criminal justice system should receive on-going trauma-informed training to better understand the often-complex needs of children and young people.

Conclusion

There is no bright future for Scotland if we fail to support everyone to have their best possible mental health. The Scottish Government's new Mental Health and Wellbeing Strategy is an opportunity to set a course of action that will prevent poor mental health and support people to live well.

For too long our mental health strategy has been firefighting. It has been focused on supporting people in crisis – addressing people's mental health only after difficulties have arisen and relying upon reactive clinical services. While those are vitally important, they won't, alone, reduce the number of people experiencing emotional distress. We must re-balance our efforts towards prevention and address the root causes of poor mental health.

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[170] Mental Health Foundation. (2019). *State of a generation: Preventing mental health problems in children and young people.* Retrieved from: https://www.mentalhealth.org.uk/sites/default/files/MHF-State-Of-A-Generation-Report-2019.pdf.
[171] The Promise Scotland. (2021). Promise Plan 21-24. Retrieved from: https://thepromise.scot/plan-21-24/.

The Scottish Government's new Mental Health and Wellbeing Strategy provides a fresh opportunity for ensuring that impactful preventative actions for tackling mental health problems are put to the heart of the Scottish Government's approach to improving people's mental health and wellbeing.

By taking action across all areas of government, we can prevent people developing mental health problems, support people to have good mental health, and save lives.

What is the Mental Health Foundation?

Since 1949, the Mental Health Foundation has been the UK's leading charity for everyone's mental health.

With dedicated offices in each of the UK's four nations, our vision is for a world with good mental health for all. With prevention at the heart of what we do, we aim to find and address the sources of mental health problems so that people and communities can thrive.

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 practical things we do

- ➢ Community and peer programmes; we test and evaluate the best approaches to improving mental health in communities and then roll them out as widely as possible.
- ➢ Research: we publish studies and reports on what protects mental health and the causes of poor mental health and how to tackle them.
- ➢ Public engagement: we give advice to millions of people on mental health. We are most well-known for running Mental Health Awareness Week across the UK each year.
- ➢ Advocacy: we propose solutions and campaign for change to address the underlying causes of poor mental health.
- ➢ www.mentalhealth.org.uk/.

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