

A Wellbeing Society

Delivering Good
Mental Health For All



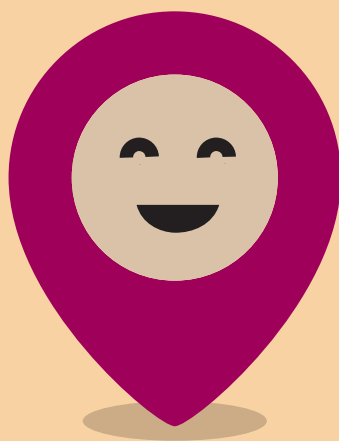
Mental Health
Foundation
Scotland



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**“Now is
the time
to build a
wellbeing
society.”**



Good mental health for all

Lee Knifton

Director, Mental Health Foundation Scotland



For too long we've been firefighting by supporting people in crisis – addressing people's mental wellbeing 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. Unless we re-balance our efforts towards prevention and address the root causes of poor mental health, we will continue to see people deteriorate whilst on long waiting lists for treatment.

We already know that the number of children and young people seeking help is higher than ever; adult mental health services are struggling to cope with demand, and tragically, more people in Scotland are taking their own lives. This has to change.

That's why we're calling on Scotland's political parties to commit to a "good mental health for all" strategy that targets all of Scotland's population.

We all have mental health needs – the pandemic has exemplified that reality like no other event in recent history. Our efforts to safeguard and improve our nation's wellbeing must therefore be universal as well as targeted. Now is the time to build a wellbeing society, strengthen our social safety nets, nurture environments that allow people to thrive and invest in preventative support that will protect the next generation.

While public attitudes towards mental health have changed in recent years and overall awareness is at an all-time high, our



research is clear that most young people are still unable to identify or manage their emotions or know how to cope in crisis situations. Parents and teachers tell us that they lack the confidence and the tools to support children in moments of distress. Our workplaces are still dominated by toxic stress cultures that lead to, or exacerbate, mental ill health. We shouldn't be waiting for people to become unwell before we can step in.

We recognise that important investments have been made over the course of the current parliament and we fully support services such as Distress Brief Interventions, the roll-out of school counsellors and the recruitment of more mental health workers. However, these remain, by and large, crisis responses, and a sizable gap still remains at the preventative end. Key areas of the mental health strategy such as children's mental health and workplace mental health have failed to deliver transformational change. Indeed, in both these areas existing policy lacks ambition.

We welcome the establishment of Scotland's National Suicide Prevention Leadership Group in response to our campaign for greater national oversight on suicide prevention. We were delighted to co-chair the Scottish Government Body Image Advisory Group in response to our work in the field. And as a

managing partner of See Me we fully support collective efforts to end stigma and discrimination.

This manifesto has been shaped by the voices of hundreds of supporters and staff members who offer a wealth of knowledge and lived experience. We call on the next Scottish Government to listen to their views and meet their aspirations.

Our recommendations cover five key areas: building a wellbeing society, children and young people, access to support, suicide prevention, and empowering communities.

Our work with the Scottish Mental Health Partnership will ensure that our views on other vital areas of mental health policy are represented.

Now is the time for Scotland's political parties to get behind the prevention agenda. This manifesto offers ambitious, evidence-led recommendations which have the potential to reduce prevalence of distress, improve overall wellbeing, tackle stigma and save lives.

Our mental health is a powerful asset. It is a key that allows us to unlock a wide range of health and social advantages. Let's unlock Scotland's potential with preventative action that delivers good mental health for all.



Summary of recommendations

A Scotland where every child can thrive

- 1** The next Scottish Government should embed Mental Health Education (MHE) within the Curriculum for Excellence, giving every pupil the tools to protect and improve their mental health and tackle stigma.
- 2** Every child at risk of poverty, exclusion or adversity should benefit from an evidence-based mentoring programme based on the “one good adult” model, helping every child to succeed regardless of their circumstances.
- 3** A new Health and Wellbeing Fund should be established to help Head Teachers invest in pupil wellbeing in the aftermath of Covid-19. The fund will aim to reduce prevalence of emotional distress through evidence-based peer-to-peer programmes, youth work and family support initiatives.
- 4** Investment in providing parents and primary caregivers with the confidence to support their children during key stages of their child’s development should be significantly expanded.

Fast access to support

- 5** To meet rising demand and tackle waiting lists the next Scottish Government should deliver transformational investment in community mental health through a rapid expansion of Cognitive Behavioural Therapy, Social Prescribing, Exercise Referral Schemes and Peer Support.

- 6** The next Scottish Government should pilot a “Mental Health Guarantee” for people with mild to moderate mental health problems where person-centred support will be offered within six weeks.

Building a wellbeing society for all

- 7** Within two years the next Scottish Government should publish its first Wellbeing Budget with radical measures to end poverty and prevent a COVID-19 unemployment crisis.
- 8** A Wellbeing of Future Generations Bill should be introduced to provide not only the ambition, but a statutory duty on all public bodies to improve social, cultural, environmental and economic wellbeing.
- 9** A Future of Work Commission should be established to help ensure that post-pandemic labour practices support mental wellbeing. The Commission should explore the benefits of a four-day working week to wellbeing and introduce measures to reduce job insecurity.
- 10** Everyone in Scotland should have the right to a safe, warm and affordable home. The Scottish Government should build 50,000 new social homes to address Scotland’s chronic housing shortage and to reduce homelessness.

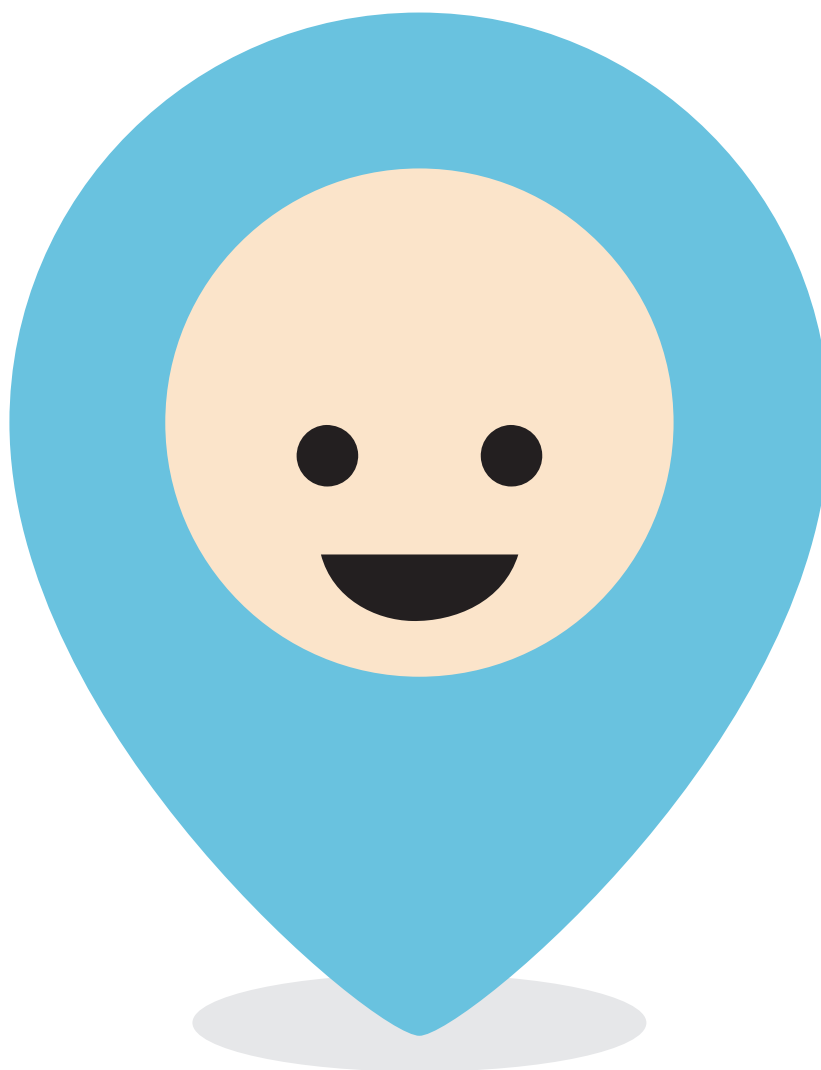
Redoubling our efforts to tackle suicide

- 11** In response to a rising suicide rate, the next Scottish Government should double suicide prevention spending and introduce a ten-year public health driven action plan, backed by £20 million
- 12** A national support service for families bereaved by suicide should be rolled out upon completion of existing pilots so that those bereaved receive the timely support they need.

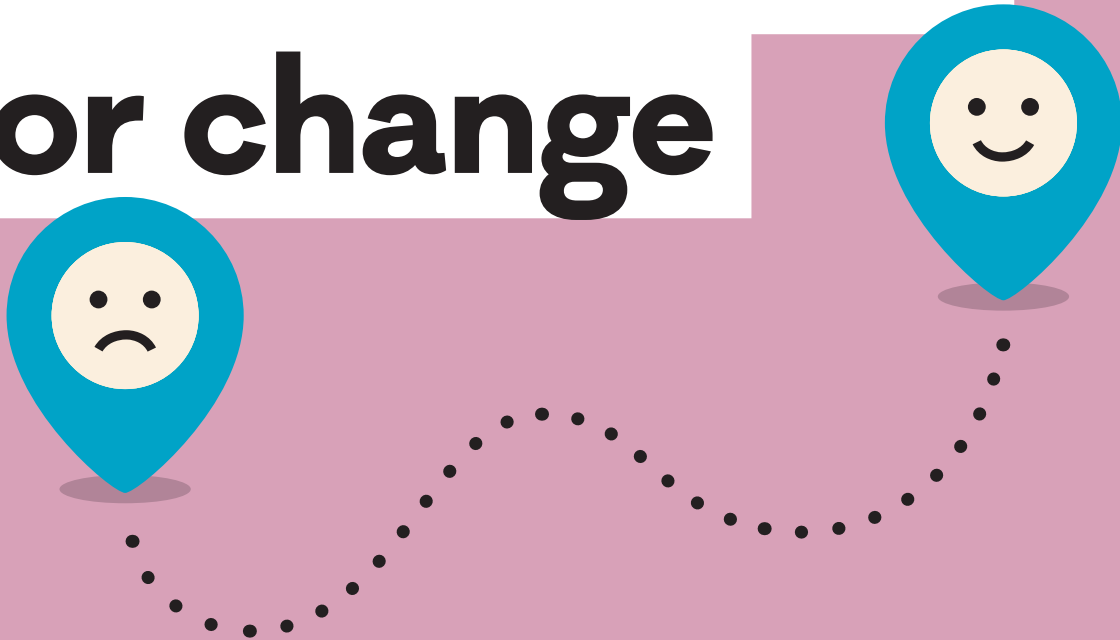
Empowering communities

13 The next Scottish Government should introduce a Community Recovery Fund for the next four years, building on the £350 million announced in September 2020, to empower communities to recover from the pandemic, including initiatives that tackle social isolation.

14 A Green Spaces Strategy should be introduced to guarantee safe and accessible green spaces for all to transform Scotland's relationship with the outdoors and improve health outcomes.



Our ambitions for change



Prevention as the driver of good mental health for all

Scotland is at a crossroads and the choice is clear: we can either continue to firefight at the acute end or we can turn the tide by re-balancing public spending towards prevention and empower individuals, families and communities to protect and improve their mental health. 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 prevalence of emotional and psychological distress.

Tackling Scotland's Inequalities

Socio-economic inequalities are among the leading predictors of mental illness.¹ For example...

Children who live in the poorest households in Scotland are four times more likely to have poorer mental wellbeing than those in the highest income households.²



While men in the least well-off communities are ten times more likely to die by suicide than men in the most affluent areas.³ If Scotland is to succeed in reducing the prevalence of mental ill health it must tackle the deep-rooted inequalities that exist in our society which have now been exacerbated by COVID-19.

Mental Health in All Policies

COVID-19 has helped policymakers understand that, **mental health extends well beyond mental illness and acute clinical services.** The 2020-21 Programme for Government, for instance, contains 74 mentions of mental health across a wide range of government departments. By contrast in 2016, there were only 11 references to mental health, largely limited to traditional health services. Political parties must adopt a “mental health in all

policies” approach and take real action on mental health in areas such as early years, education, the economy, community empowerment, the environment, housing, welfare and beyond.

Rebuilding from COVID-19

Our longitudinal study in partnership with four universities across the UK has illustrated the stress, worry, anxiety and feelings of hopelessness that people have felt at different stages of the pandemic. It’s crucial that Scotland’s mental health and wellbeing are at the heart of all future decision-making and efforts to rebuild. We were pleased to work with the Scottish Government on the Mental Health Transition and Recovery Plan, and we look forward to its full implementation in the weeks and months ahead – but this plan must be backed by ambitious resource if it is to make an impact on people’s lives.

“It’s crucial that Scotland’s mental health and wellbeing are at the heart of all future decision-making and efforts to rebuild.”





A Scotland where every child can thrive



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.⁴ However, the rate of children and young people experiencing mental health problems across Scotland is rising⁵ with several recent large surveys showing that the happiness and confidence young people feel in their lives has fallen steeply⁶; that overall mental wellbeing among adolescents has continued to steadily decline⁷ and that the number of children experiencing emotional distress has increased exponentially⁸. 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 friends⁹. The economic downturn and widening inequalities in parents' resources as a result of the pandemic is also predicted to have devastating consequences for children's mental health¹⁰. Even before the pandemic, one in four Scottish children were living in households affected by poverty and financial strain¹¹ and were therefore already at increased risk of childhood adversity, including parental mental health problems or substance misuse and strained family relationships¹². 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.



Half of all long-term mental health issues are established by the age of 14...



...and childhood adversity has been shown to account for around a third of future mental health problems.¹³

Strategies to prevent mental health problems from developing in children and young people by addressing some of their societal and structural root causes, leads to significantly improved long-term educational, physical health and mental health outcomes¹⁴. 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 intervention¹⁵. The economic case for this is also growing. Economic evaluations have shown strategies to prevent childhood mental health difficulties represent good value for money¹⁶. However most importantly, prevention ensures that young people can fulfil their potential and plan for their future with hope, not fear. There is therefore a pressing need for the Scottish Government to prioritise multifaceted preventative approaches to children and young people's mental health to ensure that Scotland truly is a country where every child can thrive.

1. The next Scottish Government should embed Mental Health Education (MHE) within Curriculum for Excellence, giving every pupil the tools to protect and improve their mental health and tackle stigma.

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 Scotland¹⁷. 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 wellbeing¹⁸.

Emerging evidence supports the effectiveness of school based MHE in reducing stigma and promoting children's mental health literacy¹⁹, help-seeking attitudes, resilience and emotional wellbeing²⁰. Promoting children's wellbeing and resilience are essential in preventing and reducing the severity of mental health problems.

A survey of our supporters 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.

Two of the greatest barriers to children receiving mental health support are low levels of mental health literacy and fear of stigmatisation²¹; in a recent report, 51% of surveyed young people said that they did not ask for help because they did not understand what they were going through.²²

MHE is therefore key to reducing these barriers to support and increasing the chances of early intervention, with all of 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 bullying²³.

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. At a minimum, we need a comprehensive mental health syllabus taught during Personal and Social Education, which tackles the modern-day challenges that young people face, such as concerns surrounding body image, social media, sleep, exam stress, unhealthy comparisons with peers and

managing relationships. Such a mental health syllabus would help guarantee both quality and consistency across all schools in Scotland. We recommend that the Scottish Government embeds MHE within the Curriculum for Excellence to ensure it features meaningfully in all young people's education.

2. Every child at risk of poverty, exclusion or adversity should benefit from an evidence-based mentoring programme based on the "one good adult" model, helping every child to succeed regardless of their circumstances.

One in four Scottish children are currently growing up in poverty¹¹, with a significantly increased risk of poorer mental health, physical health and educational outcomes²⁴. The negative impacts of poverty for children's mental health are known to start before birth and accumulate across the life course, with long-term consequences extending into adulthood and onto the next generation²⁵. Socioeconomically disadvantaged children and adolescents are two to three times more likely to develop mental health problems²⁶. Poverty also significantly negatively impacts on children's cognitive, social and behavioural development²⁷. For Scotland to fulfil its ambition of being the best place in the world for all children to

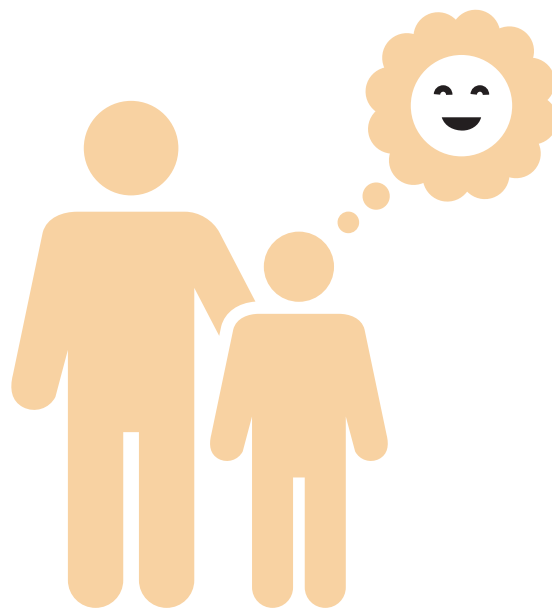
grow up, evidence-based preventative interventions are needed to support children and protect them from adversity.

Research has shown that one of the strongest predictors of good mental health amongst young people is the presence of at least “one good adult”, who they can dependably turn to for guidance and support . A recent large survey of young people in Ireland found that the presence of such a figure was associated with lower levels of anxiety and depression and greater levels of good life satisfaction, high self-esteem, healthy coping strategies and optimism for the future.²⁹

Previous studies have also conversely found that the absence of such a relationship is associated with an increased risk of self-harm and suicidal thoughts³⁰; higher rates of youth

offending and poorer outcomes among youth in care . Despite these findings, concerns have been raised that societal and demographic changes have diminished the availability and quality of youth–adult relationships, particularly among those who are most vulnerable³¹. The Mental Health Foundation’s ‘State of Generation’ report identified that 1 in 5 young adults (20%) surveyed in Scotland felt they did not have a trusted adult to go to for advice and support if they were experiencing a problem and over a quarter said they “often” feel they lack companionship (27%).³²

The Scottish Government should invest in evidence-based mentoring programmes based on the “one good adult” model. All children at risk across Scotland should have the support of someone who they trust and look up to, who is available to them in times of need, in order to enhance their resilience and give them the best start in life.



3. A new Health and Wellbeing Fund should be established to help Head Teachers invest in pupil wellbeing in the aftermath of COVID-19. The fund will aim to reduce prevalence of emotional distress through evidence-based peer-to-peer programmes, youth work and family support initiatives.

The Health and Wellbeing strand of Curriculum for Excellence should benefit from its own dedicated fund with the specific aim of improving wellbeing outcomes in Scotland's schools.

The COVID-19 pandemic has created new and unparalleled stresses in the lives of many children and young people. Research from across the UK has identified increased levels of distress, worry and anxiety amongst children as a result of the pandemic³³. Surveys have also identified an increase in the number of children experiencing a probable mental health condition³⁴ and a worsening of mental health amongst those with an existing mental health need prior to the pandemic as a result of being unable to access mental health support due to the restrictions³⁵.

However, the crisis has also given us the opportunity to re-assess what type of schools we want for the future. School based wellbeing initiatives will be crucial for supporting children's recovery from

the pandemic and determining their long-term health³⁶. However, school leaders are often unable to prioritise pupil mental health and wellbeing because of budgetary constraints³⁷. In the post-COVID-19 era it is therefore essential that they are equipped with the resources to develop and implement evidence-based initiatives aimed at reducing the prevalence of emotional distress amongst pupils. While we recognise that many schools have invested in mental health through the Pupil Equity Fund (PEF), supporting pupil emotional wellbeing is not its primary purpose; rather the PEF is primarily designed to reduce the educational attainment gap and can therefore be spent on a host of measures aimed at improving students' academic outcomes. While wellbeing and attainment are clearly linked, they are not synonymous.

A ring-fenced budget for improving wellbeing outcomes in the aftermath of the pandemic should be a government priority.

The Health and Wellbeing fund could be used to initiate or support interventions which have a strong evidence base. This may include, peer-to-peer programmes, such as the Mental Health Foundation's Peer Education Programme, which have been shown to successfully reduce emotional difficulties amongst pupils and improve the support they are able to provide for one another³⁸; youth work; family support initiatives which have

proven effective in improving outcomes for both parents and their children³⁹; or a variety of other school-based interventions which have proven effective in supporting young people's mental health.

4. Investment in providing parents and primary caregivers with the confidence to support their children during key stages of their child's development should be significantly expanded.

Ensuring that our children get a good start in life is more important than ever. Experiences during key life transitions shape the developing brain and can lay the foundations for sound mental health⁴⁰. The emotional climate in children and young people's homes, including the wellbeing of their primary caregivers and the supports that are available to their family and parents, all contribute to this⁴¹.

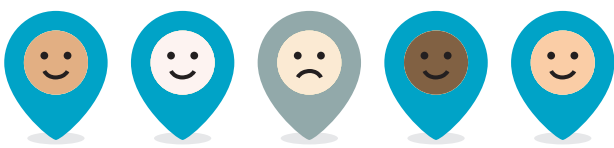
However, after the early years of a child's life, a lack of support for parents has

been identified with no guidance or help during their child's transition to school, adolescence or early adulthood⁴². These all represent key developmental stages, during which young people's risk of developing a mental health condition is increased and support from primary caregivers is crucial^{43, 44}. Yet in a survey of our supporters, more than half (59%) felt parents are not currently provided adequate tools or information on how to best support or sustain their children's mental health. Equipping parents with the confidence and skills to support children during these important life transitions, can prevent some mental health problems from emerging⁴⁵ and can significantly improve the outcome of others⁴⁶. Increased parenting support provided through schools and third sector community initiatives have repeatedly been shown to increase parents' confidence to manage emotional difficulties⁴⁷ and to improve academic, social and health outcomes for children⁴⁸. It is vital we invest in them to provide parents with the support they need.

Today's children are the leaders, parents and workers of tomorrow. It is essential that the next Scottish Government invest in evidence-based initiatives which empower parents and schools to support children's mental health and emotional development, in order to ensure the mental wellbeing of future generations.

Fast access to support

The most recent Scottish Health Survey showed that in 2019, **close to one in five people in Scotland (17%) struggled with a mental health problem**



and identified that the number of those affected is rising, with rates of depression, anxiety, attempted suicide and self-harm at their highest levels since 2008⁴⁹. Preliminary data also suggests that this crisis will have been further exacerbated by the coronavirus pandemic and the effects of the consequent social restriction measures on population wellbeing⁵⁰. Yet, mental

health services remain unfit for purpose, with a large treatment gap, a limited range of treatment options and confusing referral pathways. Moreover, people continue to experience long waiting lists for mental health services⁵¹, which the Royal College of Psychiatrists themselves refer to as “confusing, disjointed” and “a long way from parity” with physical health⁵². We would not tolerate this standard of treatment for physical health difficulties and we will not accept it for mental health difficulties either. Fast access to services, early intervention and holistic community-based treatment options, alongside longer-term rights-based support for those who need it, are all vital to improving outcomes and preventing further deterioration in people’s mental wellbeing. Research has repeatedly shown that the longer

people spend waiting for a psychological treatment to begin, the poorer their chances of responding well to that treatment are^{53,54}. It is essential that the next Scottish Government rapidly invest in services, in order for them to deliver a much broader range of treatment options, through approaches which are preventative and guarantee people access to the right treatment at the right time.

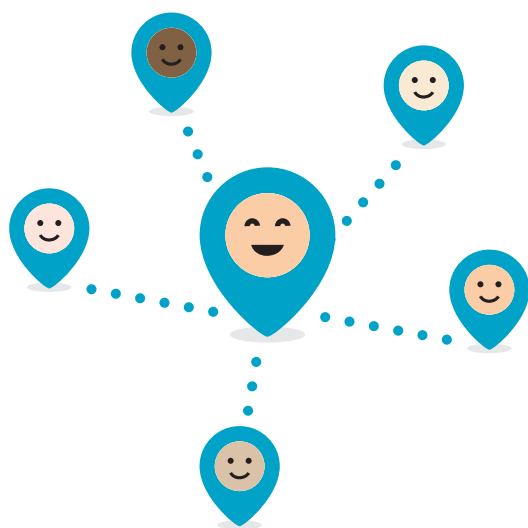
5. To meet rising demand and tackle waiting lists the next Scottish Government should deliver transformational investment in community mental health through a rapid expansion of Cognitive Behavioural Therapy, Social Prescribing, Exercise Referral Schemes and Peer Support.

More and more people are willing to access support for their mental health, but services are too stretched to provide the care that is needed. People with mild to moderate mental health difficulties continue to be placed on lengthy waiting lists for psychological or psychiatric support, when often their needs would be better met by holistic community-based treatment options. Meanwhile, their mental health deteriorates, and GPs have nowhere else to refer them⁵⁵. Too often this results in vulnerable individuals developing further mental health problems, including difficulties

with addiction⁵⁶ or escalating into crisis, leading to admissions for inpatient treatment, which are distressing for both individuals and their families and could have potentially been avoided. Recent figures released by Public Health Scotland, revealed mental health inpatient admissions in 2020 were at their highest rates since 1998⁵⁷. Several reports have also highlighted that peer support schemes are underutilised⁵⁸ and that signposting to third sector organisations remains haphazard and poorly coordinated⁵⁹. As such, treatment options often remain limited to medication or long waits for intensive psychological treatments, yet we lack appropriate referral pathways for those presenting with common mental health difficulties, such as low mood and anxiety, who represent the vast majority of those in need of support⁶⁰. This in turn frustrates efforts to provide timely, intensive and effective support to those with more complex mental health problems.

Holistic early intervention responses to mental and emotional distress have been shown to promote recovery⁵³ and social inclusion⁶¹, enhance resilience⁶² and improve quality-of-life⁶³. Social prescribing initiatives, for example, can improve the links between mental health services and third sector organisations, improving access to a broader range of services, in a complementary and coherent way⁶⁴. Previous studies have indicated they can also reduce accident and emergency (A&E) attendances and inpatient admissions⁶⁵ and can

significantly improve feelings of social connectedness and overall mental wellbeing⁶⁶. Similarly, **peer-support programmes have been found to improve day to day functioning⁶⁷, reduce distressing symptoms⁶⁸, and decrease the burden on acute mental health services⁶⁹,**



while exercise referral schemes can significantly improve physical and psychosocial outcomes⁷⁰ and aid sustained recovery from severe mental health problems.⁷¹

Efforts to tackle the rising prevalence of untreated mental health problems across Scotland will fail unless community-based approaches which promote social inclusion, self-determination and resilience are not rapidly expanded. Up-to-date, comprehensive databases of local third sector organisations and community-based support groups must be developed in all localities, and should be supported by clear, non-obstructive referral pathways, to ensure

that no matter where a person presents, they can be directed to the best form of support for them. We recommend that the Scottish Government deliver transformational investment in holistic approaches to community mental health, so that all who would benefit can access early intervention for their mental health.

6. The next Scottish Government should pilot a “Mental Health Guarantee” for people with mild to moderate mental health problems where person-centred support will be offered within six weeks.

While clear targets exist for supporting those with more severe mental health difficulties – commitments to delivering fast and appropriate support for those who experience mild to moderate mental health problems are lacking and rarely, if ever, fulfilled. Most of us who will experience a mental health problem however fall into this category. It’s therefore time the Scottish Government addressed this obvious gap.

Despite repeated commitments to improve mental health services⁷², we are still a long way from achieving parity of esteem between mental and physical healthcare in Scotland. For while we have fast and efficient treatment pathways for common physical conditions, the same cannot be said for mental health. The vast

majority (12 out of 14) of NHS Boards continue to fail to meet their current commitment of delivering a maximum wait of 18 weeks from referral to treatment for low intensity psychological therapies⁷³. Since 2018, figures produced by Public Health Scotland have consistently shown that more than 1 in 5 people referred for a psychological therapy have waited longer than 18 weeks from the time their referral was initially received to their treatment beginning^{74, 75}. Other reports have suggested that waiting times from referral to treatment for mental health services in general, may be much higher than this, with one in nine people (11%) reportedly waiting longer than six months, due to 'hidden waiting lists' resulting from delays between an 'initial assessment' and commencing treatment⁷⁶. This is the result of decades of underfunding of mental health services⁷⁷, resulting in low morale amongst the mental health workforce and record numbers leaving the profession⁷⁸.

The 18-week target was already woefully inadequate. A recent survey of

our supporters found that almost half (48%) of those who had been offered a psychological treatment had experienced a deterioration in their mental health whilst waiting for this treatment to begin. Early recognition and treatment of mental health disorders for those who need it is crucial for improving outcomes and increasing rates of recovery⁷⁹. **The costs associated with treatment delays, also make this an economic imperative; in a recent survey of those waiting for all forms of mental health support, two-fifths reported having resorted to contacting emergency or crisis services, with one-in-nine (11%) ending up in accident and emergency⁸⁰.** More people in distress also means more people out of work or forced to rely on benefits with further costs to the NHS and public services. Investing in fast and effective support will result in significant long-term savings to the public purse.

A 'Mental Health Guarantee' - with no hidden waits - would ensure that people experiencing mild to moderate mental health problems would be offered a programme of person-centred support within six weeks of referral. This would demonstrate an ambitious commitment to value good mental and physical health equally.

Building a wellbeing society for all

We all have mental health needs, and we can all experience mental health problems, whatever our background or walk of life. But the risks of mental ill-health are not equally distributed⁸¹. The mental health of individuals is shaped by the social, environment and economic conditions in which people are born, grow, live, work and age, and inequities in power, money and resources – the social determinants of health⁸². Those who face the greatest disadvantages in life also face the greatest risks to their mental health. In particular, there is now an abundance of evidence to demonstrate that poverty is undeniably entwined with mental health and wellbeing, and

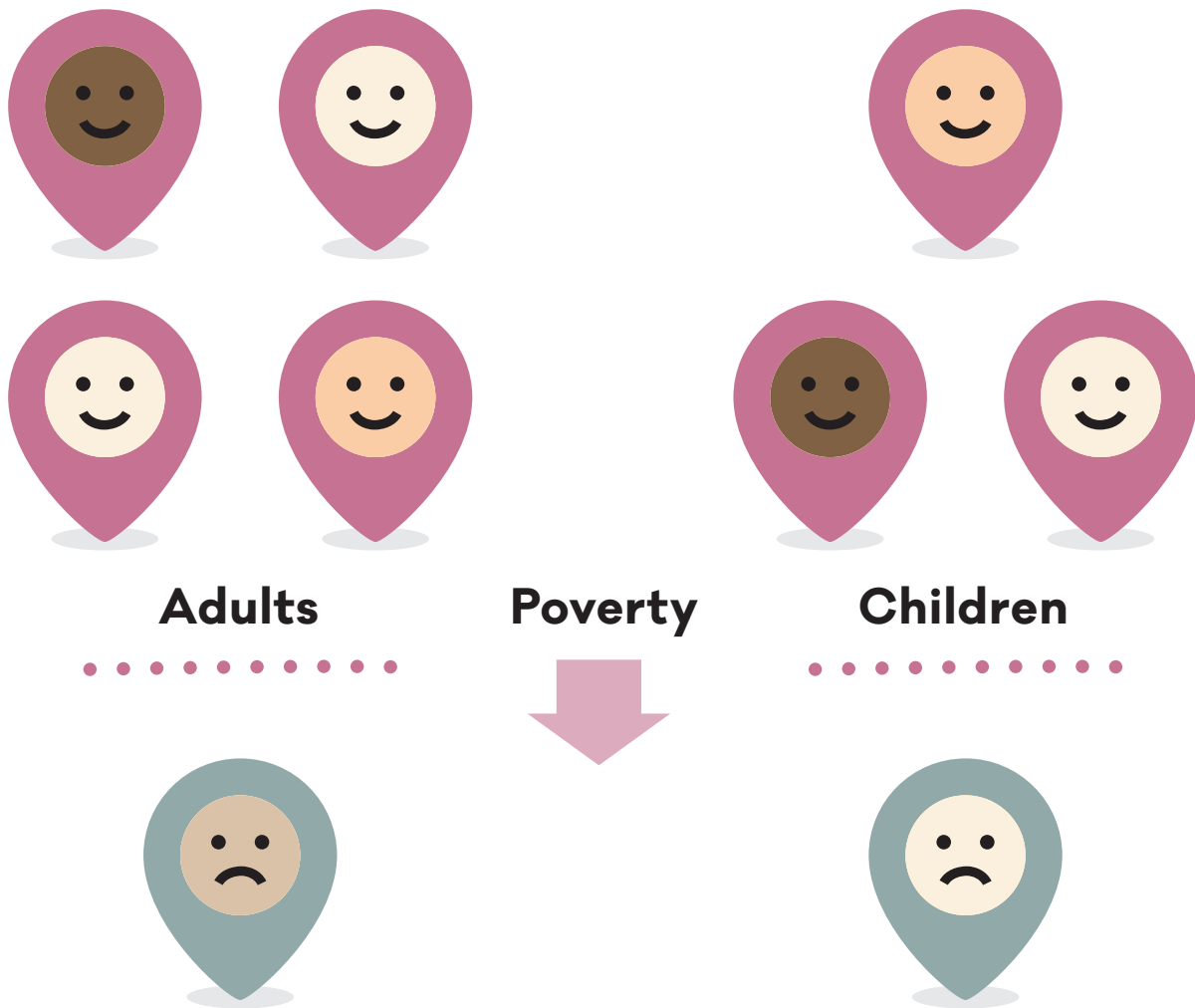
acts as a key driver of mental health inequities⁸³. Poverty and lower socio-economic status increase the likelihood of experiencing mental health problems, and this conversely increases the risk of poverty⁸⁴.

As highlighted by the most recent Marmot review of health equity, the last decade has been marked by deteriorating health generally and widening health inequalities⁸⁹. In Scotland, which remains home to some of the widest health inequalities in Western Europe⁸⁵, the relationship between poverty and mental wellbeing is clear. According to the most recent official government data, after housing

costs, from 2016 to 2019, close to **a quarter of all children in Scotland (24% or 230,000 children each year) and a fifth of 'working age' adults (19%) were living in poverty¹⁵⁹**. Those living in Scotland's most deprived areas have also been identified as significantly more likely to report poor mental wellbeing⁴⁹, twice as likely to suffer from a mental health problem⁴⁹ and three

times more likely to die as a result of suicide⁸⁶. The long-term implications of this for both individual and population health are well established⁸⁷.

The unacceptably high levels of mental health inequalities which Scotland faces will not be addressed unless we tackle their root causes, through investing in initiatives to reduce income inequality and developing policies which build a wellbeing society for all.



7. Within two years, the next Scottish Government should publish its first Wellbeing Budget with radical measures to end poverty and prevent a COVID-19 unemployment crisis.

Last year New Zealand was the first country in the world to publish a wellbeing budget⁸⁸. In doing so it challenged policy makers to consider why, when GDP was rising, all the indicators of the things that its citizens valued, such as child wellbeing, housing and mental health, were deteriorating. New Zealand's decisive action to complement GDP with wellbeing indicators for measuring the country's success, and its commitment that the Treasury Department and budgetary process will focus on improving wellbeing, are significant and welcome steps towards a kinder and mentally healthier society.

In Scotland, poverty amongst those both in and out of work, financial inequality, unemployment, homelessness and job and food insecurity remain endemic^{89,90} and have been further exacerbated by the COVID-19 pandemic⁹¹. Meanwhile, policymakers and government departments continue to prioritise success in terms of GDP. The negative impact of these social issues on population wellbeing is well established⁹². Suicide rates⁹³, drug deaths⁹⁴ and psychiatric disorders amongst children and adults are rising,

with vulnerable populations shouldering a significant and disproportionate share of the burden⁹⁵. Yet while efforts to address issues such as child poverty⁹⁶ and inequality⁹⁷ have been made and although we have begun to measure the national rate of wellbeing⁹⁸, this is simply not enough. At a whole-government level, we must begin to consider how we choose to measure our national success or failure and start managing our entire budget to achieve wellbeing priorities and outcomes.

We urge the Scottish Government to follow New Zealand's lead and publish a Wellbeing Budget within the next two years that puts wellbeing at the heart of budgetary decision-making.

It should include ambitious poverty reduction measures and policies aimed at reducing economic insecurity and financial inequality within the parameters and limitations of devolution. This budget should seek to tackle poverty through reforms to Scotland's Welfare System, taking measures to increase the number of employers paying the Real Living Wage, and ensuring support for the long-term unemployed to re-enter flexible, sustainable jobs for employers who value their wellbeing. The reforms made to welfare, housing and employment policies must be evaluated on the basis of their impact on mental health and wellbeing, with consideration for both the level of support offered and the manner in which

it is provided. Only through such measures will Scotland be successful in becoming the mentally healthy country we aspire for it to be.

8. A Wellbeing of Future Generations Bill should be introduced, to provide not only the ambition, but a statutory duty on all public bodies to improve social, cultural, environmental and economic wellbeing.

Scotland faces a number of societal and economic challenges, now and in both the immediate and long-term future. Climate change, poverty, health inequalities, jobs and economic growth all require urgent consideration, with significant implications for the future mental health, wellbeing and prosperity of our population. In the aftermath of the coronavirus pandemic, we must ask ourselves what can be done to reduce the threat of such pandemics in the future. The same attitude is required to address the climate emergency, the changing nature of work and the future wellbeing of our children. However, in the present system, elected Scottish Governments are invariably focused on election cycles and short-term wins, with potential crises being too often ignored. We will not be successful in tackling these issues if our responses to them are short-sighted, fractured and disjointed, through a lack

of coordination among public bodies and without consideration for the long-term consequences of their actions.

In Wales, the 'Wellbeing of Future Generations (Wales) Act 2015' placed a statutory duty on all public organisations to carry out sustainable development that supports the nation's wellbeing goals set down in the legislation. The purpose of the Act is to improve the social, economic, environmental and cultural wellbeing of Wales. The aim is to build a healthier, more equal, and more resilient Wales, through developing sustainable solutions to the country's most pressing issues, in a long-term, non-party political way⁹⁹. As a result, Public Service Boards have now been set up in every local authority, with representatives from the local council, health board and voluntary organisations among others, which ensure all decisions taken by public bodies have been made with consideration for the long-term effects of their actions on the wellbeing goals. For example, public bodies working to attract new companies into an area must now consider not just the need to create new jobs, but also the effect this will have on communities, health, transport links, the environment and more¹⁰⁰. The first report on the progress of the Act since its introduction, identified improvements had been made in several areas. For example there was evidence to suggest that public bodies: have an increased recognition of the importance of green and blue space for people's health and wellbeing; are adopting approaches to health that are

more preventative; and are investing in asset-based initiatives that promote community cohesion¹⁰¹.

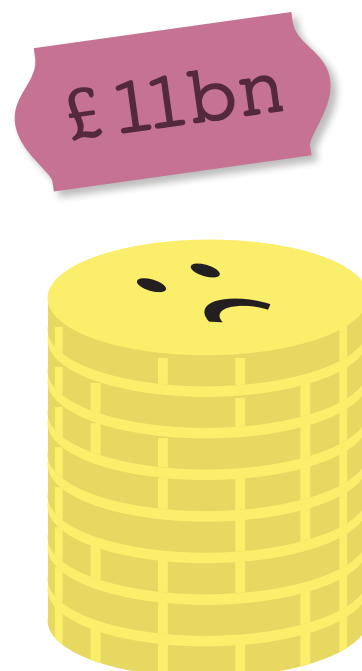
The decisions taken today shape our children's tomorrow. In order to build a mentally healthy Scotland, coordinated government action towards long-term wellbeing goals is necessary. It is time that the wellbeing of future generations was hardwired into our policymaking. We recommend the Scottish Government introduce a Wellbeing of Future Generations Bill for Scotland to ensure all policies adequately prioritise the wellbeing of our children and grandchildren.

9. A Future of Work Commission should be established to help ensure that post-pandemic labour practices support mental wellbeing. The Commission should explore the benefits of a four-day working week to wellbeing and our economy, and introduce measures to reduce job insecurity.

The world of work is changing. As a result of the coronavirus pandemic

more and more of us are being asked to work differently, with the pace of change accelerating. For some, increased remote working brings ever increasing demands on productivity, expanding outcomes and increasing working hours, with consequential impacts on work life balance and risk of psychological hazards¹⁰². A rise in zero-hours contracts, shift work or anti-social hours and the predicted automation of many routine jobs has also decreased job security, with an associated increase in the proportion of absences as a result of mental health issues¹⁰³ and hundreds of thousands working in jobs where they earn less than the Real Living Wage or are not given the hours that they need¹⁰⁴. These changes are having a profound impact on mental health and wellbeing.

All told, mental ill health costs Scotland around £11bn a year¹⁰⁵.



And it is estimated that mental health problems cost Scottish employers £2billion per year¹⁰⁶. In 2017, more than one and a quarter million working days were lost due to self-reported work-related stress, depression or anxiety – that’s around half of all working days lost due to ill health that year. A survey of our supporters also identified over half (53%) had experienced job insecurity which had affected their mental health and wellbeing and a further 69% had taken time off due to mental health issues, with the majority (89%) citing their working environment as having contributed to this. Unless we shift our focus from treatment to prevention by ensuring healthy workplaces, rising care costs will become unsustainable both for employers and the government.

It is essential that instead of running to keep up with these changes, the Scottish Government take a considered and strategic response to the challenges we face. The Future of Work Commission must explore novel methods of reducing job insecurity; expand upon existing approaches to ensuring that more employers in Scotland are paying the Real Living Wage and consider innovative solutions to boost workplace wellbeing. Around the world, in countries such as Denmark, a reduction in working hours has been found to boost productivity and improve overall mental health and wellbeing¹⁰⁷.

We urge the Scottish Government to follow this lead, to ensure our workplaces support mental health and create happier, healthier

employees who will, as a result, be more productive.



10. Everyone in Scotland should have the right to a safe, warm and affordable home. The Scottish Government should build 50,000 new social homes to address Scotland’s chronic housing shortage and to reduce homelessness.

Rates of homelessness in Scotland are rising and the number of people in temporary accommodation last year was the highest on record¹⁰⁸. Homelessness is about more than rooflessness. It is the absence of a safe, secure or stable home.

A home is not just a physical space: it provides roots, identity, security, a sense of belonging and a place of emotional wellbeing¹⁰⁹.

Those living in unsuitable housing, staying with friends and family, living in hostels or night shelters, squatting or who are at risk of violence or abuse in their homes are also affected¹¹⁰. This includes families struggling to meet next month's mortgage, young couples renting rundown flats and children living in temporary accommodation, forced to change schools every time they move.

The devastating impact this can have on physical and mental health is evident. As identified in the Mental Health Foundation's inequalities report, a lack of safe, secure and suitable housing is significantly associated with poorer mental wellbeing across the lifespan, while transitioning from homelessness to housing, or experiencing housing improvements, have both been shown to improve mental health⁸¹. The UK's Five Year Forward View on Mental Health affirmed that common mental health problems are over twice as high among people who are homeless compared with the general population, and psychosis is up to fifteen times higher¹¹¹. Moreover, in Scotland, deaths amongst people sleeping rough are rising¹¹², and the prevalence of mental health and addiction issues among those faced with eviction and homelessness is vast¹¹³. This relationship is also two-way, with homelessness being both a cause and a consequence of mental health issues for thousands¹¹⁴.

Despite this, we continue to face a housing crisis in Scotland with studies repeatedly identifying significant

shortfalls in the number of new homes being built each year, while one household becomes homeless every 18 minutes¹¹⁵. The Scottish Government's 2018 homelessness strategic action plan committed to significant investment in funding for housing, in order to deliver 50,000 new affordable homes by March 2021¹¹⁶. However, reports prior to the pandemic indicated that a sharp increase in housing completions would have already been required if this target were to be achieved by 2021¹¹⁷ and restrictions as a result of the pandemic have now made this unfeasible¹¹⁸. It is unacceptable that in one of the richest countries in the world, we still cannot provide a home for everyone. While the homelessness crisis is about more than just houses, it will not be solved if the number of affordable homes is not rapidly expanded. That is why we are calling on all of Scotland's political parties to commit to building 50,000 new social homes over the lifetime of the next parliament, to help address this crisis and improve the mental wellbeing of those affected.



Redoubling our efforts to tackle suicide

In Scotland, on average, two people will die by suicide every day¹¹⁹ and this number is rising. The most recent government reports have highlighted, that in 2019, for the second year running, deaths by suicide in Scotland rose (by 6% from 2018) and are now at their highest levels for almost a decade (833 or 15.2 per 100,000 of the population)⁸⁶. This worrying trend requires an urgent and proportionate response. No caring society or government should tolerate the suffering and despair that leads a person to take their own life. If Scotland is to succeed in reducing its suicide rate, transformational investment in preventative public health approaches and support for those affected is urgently required.

11. In response to a rising suicide rate, the next Scottish Government should double suicide prevention spending and introduce a ten-year public health driven action plan, backed by £20 million.

Efforts to tackle Scotland's rising suicide rate will be ineffective unless they adopt a public health approach and incorporate substantial measures to address its societal root causes. The links between poverty, unemployment, homelessness and deaths by suicide are clear. Between 2011 and 2017, the suicide rate in the

most socio-economically deprived 20% of Scotland's population was approximately three times that of the least deprived¹²⁰ and over a quarter of deaths as a result of suicide were amongst people who were unemployed¹²¹. Scotland also has the highest rate of homeless deaths in the UK, with a substantial and rising number of those deaths being as a result of suicide¹¹². Our concerning addiction rate is also linked to this issue, with substance use disorders representing one of the strongest predictors of suicide risk¹²².

In the Republic of Ireland, where suicide rates have steadily fallen since 2008, government spending on suicide prevention in 2019 totalled €12.26m¹²³, considerably more than the £1 million spent annually by the Scottish Government. **We call on the Scottish Government¹²⁴ to double its spending on suicide prevention,** focusing its efforts on high-risk groups. In particular, significant investment into evidence-based supports and preventative programmes for those experiencing the negative emotional repercussions of poverty, unemployment, homelessness and addiction must be a priority. Feelings of entrapment, shame and anger resulting from such experiences, compounded by stigmatising and alienating welfare systems, have been directly connected with practices of self-harm and suicide¹²⁵.

Suicide prevention must be progressed through a whole community approach, making the most of opportunities to reach people in

a range of settings including workplace, schools and the criminal justice system. While mental health services have a part to play, we need to focus on the contributions of all public services and government departments, and the vital role of the voluntary and community sectors and businesses. Welfare, housing and employment policies must be evaluated on the basis of their impact on rates of self-harm and suicide. Mental health services must foster or further develop ties with relevant agencies, to aid referral pathways and provide practical and meaningful support to those affected by these difficulties. Jobcentre staff, social security entitlement advisors and social workers must be equipped with mental health and suicide prevention training. Tailored crisis support must be readily available to those affected by addiction and homelessness, with a 'no wrong door' policy. Only through such concerted, preventative efforts to address the root causes of suicide will the Scottish Government be successful in reversing Scotland's rising suicide trend.

We fully support the work of Scotland's National Suicide Prevention Leadership Group and the efforts made thus far in implementing the existing Action Plan. We played a key role in supporting the launch of "United to Prevent Suicide" and will continue to play our part to raise public awareness of suicide.

12. A national support service for families bereaved by suicide should be rolled out upon completion of existing pilots so that those bereaved receive the timely support they need.

For several years we have made the case that support for individuals directly impacted by suicide, particularly family and first responders, is absolutely crucial. That's why we welcomed Action Four of the current strategy, which resolves to roll-out a bereavement support service. As sponsors of Action Four on the National Suicide Prevention Leadership Group (NSPLG), we have been responsible for steering its delivery. We're pleased that, despite setbacks caused by the pandemic, progress is being made to advance pilots in two local authority areas.

Families and friends bereaved by suicide often struggle to cope with the trauma of the bereavement and are at specific and significant risk of suicide themselves¹²⁶. However, a recent survey of bereaved young adults who lost a friend or relative by suicide found that 20% had received no mental health support. Families have also told the Foundation that very little practical support is available in the aftermath of a suicide, such as help liaising with the coroner.

A study conducted by the Foundation¹²⁷, alongside international research, has found that a variety of forms of support provided

following a suicide (including group-based, peer or one to one support), can benefit those who are bereaved, minimising their own risk of suicide¹²⁸ and reducing their experiences of anxiety and depression¹²⁹.

20% of young adults bereaved by suicide received no mental health support

The Scottish Government should commit to rolling out a national bereavement service for family and friends bereaved by suicide pending results from the pilots of this intervention. This should be a pro-active service offered directly to those affected by suicide. Once phase one has been implemented, the Scottish Government and the NSPLG should consider how to extend support in circumstances where work colleagues or children and young people are affected. Protocols should also be in place for providing support to non-relative first responders such as peer support, advice and the opportunity to talk to someone about the experience through a trauma-informed approach.

Empowering communities

Strong social networks¹³⁰, cohesive communities¹³¹ and access to natural environments¹³² are all known to be vital for mental health and wellbeing. During the COVID-19 pandemic, the importance of community spirit and safe, equitable access to green spaces was starkly highlighted. However, it also exposed how fragile our communities have become and how unequal access to such nurturing environments is across our society¹³³. It is essential to the wellbeing of our population, that the next Scottish Government invest in empowering communities to recover, reconnect and become more resilient than ever.

13. The next Scottish Government should introduce a Community Recovery Fund for the next four years, building on the £350 million announced in September 2020, to empower communities to recover from the pandemic, including initiatives that tackle social isolation.

The importance of social connectedness in supporting public mental health is

well established¹³⁰. Connecting with others with whom we have a positive relationship, is an effective way of enhancing our resilience and supporting our mental health and wellbeing¹³⁴.

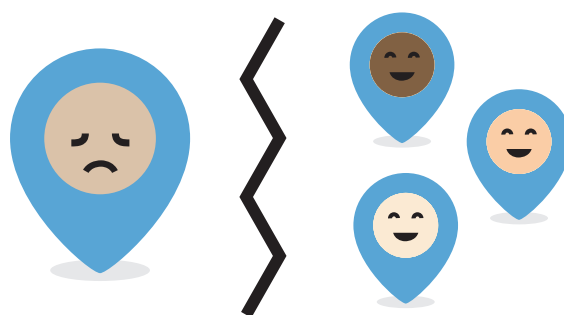
Cohesive communities with strong social networks are known to promote population wellbeing¹³¹,

while social isolation has been associated with mental health problems¹³⁵ and premature death¹³⁶.

To make a real difference and reduce the number of people in distress in the future, we therefore need to empower people to use their strengths and resources to build strong, resilient, thriving and sustainable communities¹³⁷.

Asset-based approaches to community development build on the positive capacities of individuals and communities to achieve this, rather than focusing on their needs and problems, and can improve mental health outcomes such as self-esteem and social isolation at the community level¹³⁸. Despite this evidence, even before the COVID-19 pandemic, rising levels of social disconnection posed one of the greatest public health challenges of our time¹³⁹. Children and young people increasingly report feelings of loneliness and **more than 100,000 older people in Scotland are known to be “chronically lonely”¹³⁹**. Social restriction measures imposed during lockdown have had further unintended impacts on community life for many, exacerbating feelings of loneliness

and increasing the prevalence of social isolation, particularly among vulnerable groups¹⁴⁰. Our Mental Health in the Pandemic Study identified that in November 2020, **a quarter of people (25%) reported feeling lonely in the previous two weeks,**



with the highest levels being observed in young people, people who are unemployed, full time students and single parents¹⁴¹. As the pandemic and consequent social restriction measures persist, these already stark figures have continued to worsen¹⁴².

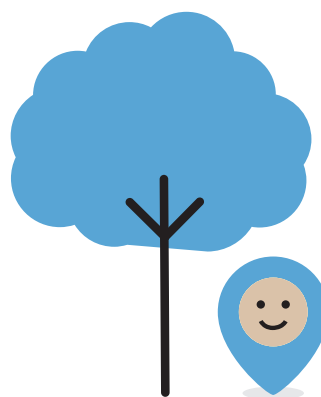
It is vital that we begin to consider our societal recovery from the pandemic and support the development of community responses that will contribute to future resilience. Initiatives that protect or recreate opportunities for communities to remain or become connected will be central to these efforts¹⁴³. Peer support, befriending initiatives, men’s sheds and services like day centres have all proven to be effective in tackling social disconnectedness among older people, particularly for those who lack a social network¹⁴⁴. Innovative approaches, such as listening services and online

groups, developed by many third sector organisations during the pandemic have also proven effective in creating opportunities for people to stay socially connected and have highlighted the important role that the third sector plays in providing preventative supports¹⁴⁵. Too often, such valuable preventative community services are faced with closure due to local government funding cuts¹⁴⁶.

If nurtured, relationships forged during times of crisis can be resilient and have longevity. Unprecedented responses to contain the COVID-19 pandemic have been made, however equal efforts to support community recovery are imperative. We recommend that the next Scottish Government build on the £350 million already announced and introduce a Community Recovery Fund early in the next parliament to empower communities and the third sector to identify and develop innovative, flexible and tailored supports that will build and sustain social connectedness.

14. A Green Spaces Strategy should be introduced to guarantee safe and accessible green spaces for all, transform Scotland's relationship with the outdoors and improve health outcomes.

Getting outdoors and accessing nature is intuitively associated with wellbeing.



The COVID-19 pandemic has further highlighted the importance of this for our mental health, with many relying on outdoor activities as a source of resilience throughout the pandemic¹⁴⁷. The Coronavirus: Mental Health in the Pandemic study has found that in Scotland, **59% of people have used going for a walk and 50% have used visiting green spaces as ways of coping with the stress of the pandemic**¹⁴⁸.

There is also now increasingly compelling evidence to substantiate that improved access to green space, such as parks, woodland, fields, green walls, gardens and allotments, is associated with better mental health¹⁴⁹, improved wellbeing¹⁵⁰ and enhanced quality of life¹⁵¹. Disadvantaged groups gain larger health benefits from this and experience reduced health inequalities when living in greener communities¹⁵². This 'natural capital' can also help local authorities manage health and social care costs, improve social cohesion and take positive action to address climate change¹⁵².

Unfortunately, population growth and

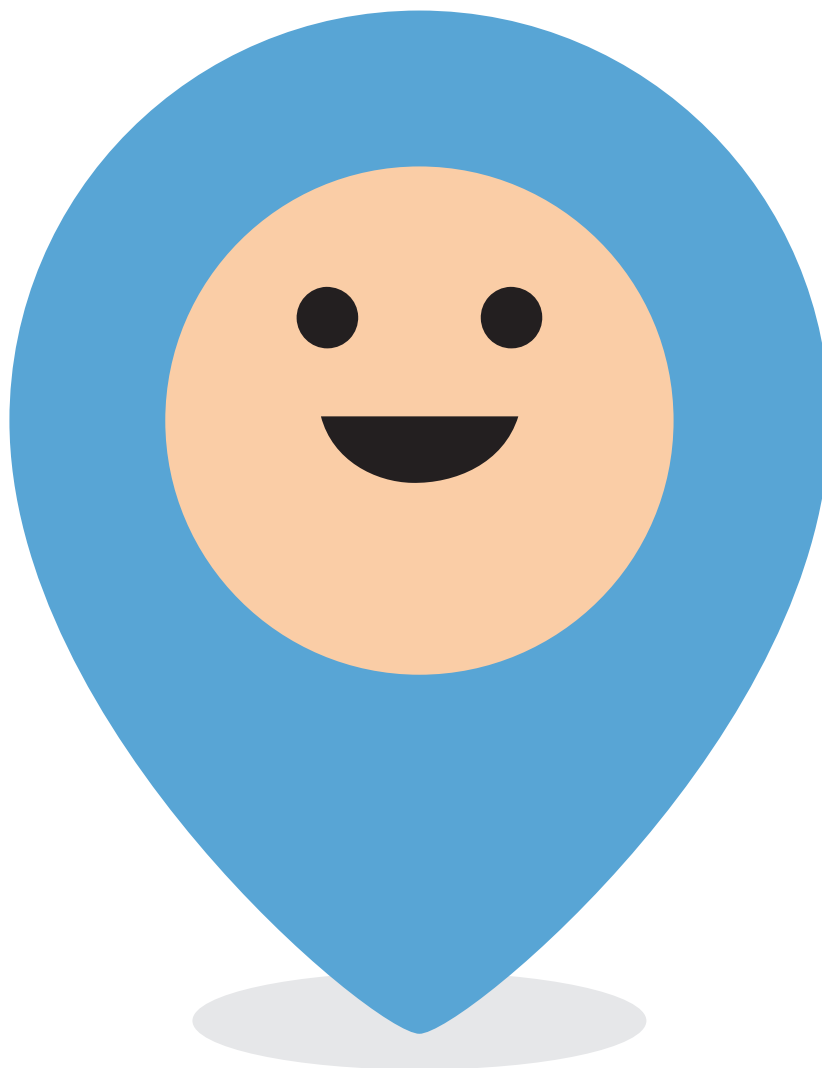
consequent urbanisation combined with competing demands for land use and budgetary constraints, are putting much of the world's existing local, accessible greenspace under threat¹⁵². Green Space Scotland's most recent survey found that 40% of respondents felt the quality of their local green space had reduced over the past five years and identified a steady decline in the number of people using their local green spaces regularly¹⁵³. Ensuring equitable access to green space is essential for population health and could ameliorate some of the stark health inequities which exist across Scotland. As such, the Scottish Government must take measures to regenerate and restore our urban green spaces and guarantee equitable access to them.

To achieve this, we must capitalise on opportunities to connect with nature in all aspects of our daily lives, from active travel, to repurposing the infrastructure of cafes and restaurants in order to encourage social time outdoors and promoting outdoor learning for children. The Scottish Government has a strong role to play in realising this. In order to do so, they should look to the example of our Nordic neighbours who have developed initiatives which have fostered a culture of 'outdoor living' where regular time spent in nature is valued and cherished by all sectors of society. From encouraging employers to increase the flexibility of the working day and incentivising staff to spend time outside during their working hours¹⁵⁴, to ensuring

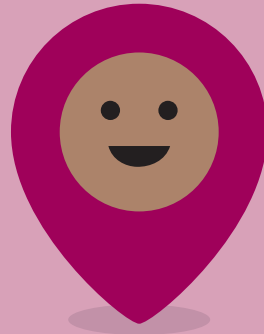
outdoor learning opportunities for children are common practice¹⁵⁵, people from all walks of life have benefitted.

However, any comprehensive Green Spaces Strategy, should not be limited purely to improving equitable access to natural urban environments. Transforming Scotland's relationship with nature and the ways in which people use, value and enjoy Scotland's wilder environments is also vital to the health and wellbeing of the population. In today's predominantly urban, digital society many people have become disconnected from Scotland's unique natural geography and the opportunities this provides for nurturing a strong connection with nature¹⁵⁶. The most recent Scotland's People and Nature Survey (SPANS) identified low levels of participation in outdoor recreational and leisure activities amongst several vulnerable groups including people with disabilities, those who are elderly, those who identify as belonging to black and other non-white minority ethnic groups or those who reside in Scotland's most deprived areas¹⁵⁷. A decline in our children's opportunities to experience outdoor recreational pursuits has also been identified¹⁵⁸. Policies which encourage people to take advantage of Scotland's wilderness, such as improving travel links and reducing the costs of outdoor pursuit courses, could go some way to improving this.

We stand to benefit tremendously from both ensuring equitable access to green spaces amongst our communities and investing in initiatives to transform Scotland’s relationship with nature. We recommend the Scottish Government introduce a Green Spaces Strategy to achieve both of these aims, through policies which promote the integration of time spent outdoors into everyday life and guarantee equitable access to safe natural environments for all.



**Make your
voice heard!**



**This manifesto has been shaped
by the voices of hundreds of
supporters and staff members
from across Scotland. We call on
the next Scottish Government to
listen to their views and meet their
aspirations to make prevention
matter in the next parliament.**

Sign our pledge to build a Wellbeing Society and deliver
Good Mental Health for All.

www.mentalhealth.org.uk/holyrood21

Email: publicaffairs@mentalhealth.org.uk

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