The national intermediary and network for voluntary health organisations in Scotland

Consultation Response

voluntary health scotland

A new Mental Health & Wellbeing Strategy

September 2022

Voluntary Health Scotland (VHS) is the national intermediary and network for voluntary health organisations in Scotland. We work with our members and others to address health inequalities and to help people and communities live healthier and fairer lives. Our members and network include a range of medium and large condition specific organisations, smaller community organisations, as well as social enterprises.

Many of our members work to support people's mental health and wellbeing either directly through delivering mental health services or indirectly through a multitude of wellbeing and prevention-based activities. Mental health and wellbeing are issues which touch everyone, including those not directly working in mental health. All our members are interested in mental health to some extent, be that the mental health of the people they support, their staff or the wider population. We all have a role to play in delivering better mental health and wellbeing for all.

VHS has carried out two significant pieces of work recently which focused on mental health and wellbeing. Both will be referenced throughout our response:

Falling Off a Cliff at 65: Mental Health in Later Life
Since 2019 VHS has led an initiative involving Support in Mind Scotland, the Mental Health Welfare Commission and other third and public sector bodies, to gather evidence and raise awareness about what happens to people with serious mental health conditions, other than or alongside dementia, once they become 65. Issues we have explored include underdiagnosis, under-provision, poor transitions from 'adult' services to 'older people' services, discrimination and the ignoring of human rights. For some people with serious mental health issues, their 65th birthday feels like 'falling off a cliff' in terms of service provision. For example, on their 65th birthday some people with schizophrenia will lose all support from the community psychiatric nursing service. In this response we draw heavily on the evidence we gathered and published as "Falling Off a Cliff at 65: Mental Health in Later Life."[1]

The Zubairi Report: **the lived experience of loneliness and social isolation in Scotland**
This was a qualitative study which investigated the loneliness and social isolation experienced by under-represented demographics in Scotland, who often face multiple triggers including socio-economic disadvantage, poor access to transport and a lack of places and spaces that encourage connectedness and foster belonging. The primary research was conducted in 2018 with women from Black and Minority Ethnic (BAME) backgrounds, people living in a socio-economically deprived area, people living and working in rural communities, and paid and unpaid carers of people receiving palliative care.[2] The Mental Health and Wellbeing Strategy consultation document does not make huge mention

[1] https://vhscotland.org.uk/falling-off-a-cliff-at-65-discussion-paper-and-evidence/
[2] https://vhscotland.org.uk/the-zubairi-report/

of social isolation and loneliness as a factor which impacts people's mental health. We appreciate this may be due to the existence of 'A Connected Scotland' strategy and we hope that the role of social isolation and loneliness will not be overlooked in the Mental Health and Wellbeing Strategy as a result.[3] VHS sits on the Scottish Government's Social Isolation and Loneliness Action Group and we will be looking for a joined up approach across both strategies.

2.1. In the 'Draft Outcomes' section we have identified a draft vision for the Mental Health and Wellbeing Strategy: 'Better mental health and wellbeing for all'. Do you agree with the proposed vision?

Yes

2.3 . If we achieve our vision, what do you think success would look like?

Success would be a significant reduction in the health inequalities in people's mental health and wellbeing and striving to eliminate health inequalities in the long term.

3.1 On page 9, we have identified four key areas that we think we need to focus on. Those were:

- **Promoting and supporting the conditions for good mental health and mental wellbeing at population level.**
- **Providing accessible signposting to help, advice and support.**
- **Providing a rapid and easily accessible response to those in distress.**
- **Ensuring safe, effective treatment and care of people living with mental illness.**

Do you agree with these four areas?
Yes

5.1. What are the main things in day-to-day life that currently have the biggest positive impact on the mental health and wellbeing of you, or of people you know?

Participation & Community
The Zubairi Report highlighted that access to local facilities, services and amenities has been associated with positive health outcomes and whilst socio-economic disadvantage does not directly correlate with access to fewer services and amenities, it is in fact the quality of services on offer that can have a health enhancing or damaging effect. For example, it is well known that in more socio-economically deprived areas there is often a surplus of alcohol, tobacco, gambling and fast-food outlets. Access to affordable fresh produce, green spaces and active travel infrastructure is essential for people's mental health and wellbeing. Central to improving health and social care outcomes and reducing inequalities is the concept of community empowerment, community engagement and co-production. Activities that focus on a sense of community help foster strong bonds and reduce the risk of social isolation and loneliness. "People do not want to be passive recipients of services, they want opportunities to engage in reciprocal activities that work towards a common goal and allow them to contribute to their communities. These are important in instilling a sense of purpose and belonging and strengthening social ties on an equal basis." This was one of the key findings in the VHS research into social isolation and loneliness. Similarly, people need spaces within their communities to interact, and connect with others. The Zubairi Report found people most wanted a range of neutral and mixed-use spaces such as affordable gyms, affordable cafes, community kitchens and places for food and music.[4] The benefit of

[3] https://www.gov.scot/publications/connected-scotland-strategy-tackling-social-isolation-loneliness-building-stronger-social-connections/
[4] https://vhscotland.org.uk/wp-content/uploads/2018/11/The-Zubairi-Report-VHS-Nov-2018.pdf

these kinds of community spaces is they bring people together who people would perhaps not normally interact with. The pandemic and the cost-of-living crisis pose a real risk to these sorts of community resources and they need investment if they are to be sustained. They are very fragile after the pandemic and need to be nurtured for the wellbeing of their communities.

5.3. What are the main things in day-to-day life that currently have the biggest negative impact on the mental health and wellbeing of yourself, or the people you know?

Social Isolation and Loneliness

The Zubairi Report highlighted a strong correlation between loneliness and social isolation and social exclusion, including but not limited to poverty, lack of civic engagement, use of or access to services. Additionally, the obesogenic environment often more prevalent in areas of socio-economic deprivation can have a significant impact on people's health and wellbeing, as mentioned in question 5.2. Socio-economic circumstances can have adverse consequences on quality of life, people's ability to meet basic needs and maintaining social contacts.[5] This is especially pertinent while the cost of living is soaring and households are being squeezed to breaking point. Instability in people's welfare, housing and bills will have a detrimental impact on their mental health and wellbeing.

During Voluntary Health Scotland's research on social isolation and loneliness participants explained the impact of being "stuck in the house" because of a lack resources to access transport, social venues, to feel safe in your area or in fact a lack of social capital. They highlighted social capital can be further reduced as you are unable to invite people to your home as it can be "cold, damp and you might not even have money for tea and biscuits let alone having anyone over for dinner".[6] When household budgets are squeezed one of the first things to suffer is often social interactions. This can damage people's mental health and wellbeing as connections are lost and activities which would have been considered preventative are no longer affordable.

Lack of affordable and appropriate transport can also cause people to become isolated and lonely. In rural areas especially, people will be cut off from services due to the increase in the cost of fuel and the limited public transport options. One participant in The Zubairi Report explained: "You are stuck at home with only the TV to keep you company – because you can't afford or there isn't any suitable transport…this is a big factor in leading to depression and the other things that follow depression."[7] Community transport and more informal transport play a significant role in reducing transport inequality and tackling social isolation and loneliness. These schemes are often run by third sector and community organisations and represent a lifeline for many vulnerable people in the community. The pandemic and the cost of living crisis are posing challenges for these organisations in terms of demand for services and funding. They are often under-resourced and need investment if they are to be sustained.

The Zubairi Report also highlighted the barriers people face when engaging with the social security system including language barriers, inaccessibly information, stigma and general confusion. The human rights based approach of the Social Security (Scotland) Act 2018 is welcome and we have heard Social Security Scotland's approach to date is a significant improvement on the previous system. Public services need to take a compassionate and understanding approach to people's needs and lived experiences. There remains a significant stigma associated with the social security system. Universal Credit often leads to

[5] https://vhscotland.org.uk/wp-content/uploads/2018/11/The-Zubairi-Report-VHS-Nov-2018.pdf
[6] https://vhscotland.org.uk/wp-content/uploads/2018/11/The-Zubairi-Report-VHS-Nov-2018.pdf
[7] https://vhscotland.org.uk/wp-content/uploads/2018/11/The-Zubairi-Report-VHS-Nov-2018.pdf

vulnerable claimants living in fear of sanctions and rent arrears, which undoubtably causes significant stress and negative impacts on mental health.

5.8. Referring to your last answers, what stops you doing more of these activities? (Exercise Sleep Community groups Cultural activities Time in nature Time with family and friends Mindfulness/meditation practice Hobbies/practical work None of the above Other)

Our response to question 5.3 covers many of the barriers people face in taking up these activities which can protect people's mental health and wellbeing. The primary reason for many households is budget, which will be especially pertinent in the coming months. Poor or unaffordable transport links, lack of space and opportunities within communities and caring responsibilities are also some of the barriers people face.

Carers are often at risk of social isolation and loneliness and disengaging with these prevention activities due to their caring responsibilities and/or stretched budgets. Carers supporting people with long term conditions cannot get any regular support or respite as other people with immediately life limiting conditions are often a priority and this leaves carers isolated with diminishing social contact over a long period of time. In the VHS research on social isolation and loneliness the concept of losing your identity, losing what it means to be you, the things that you enjoy doing and who you are in relation to those around you, was never more evident than it was for carers.[8] Carers face not only financial constraints but also limits to social contact which impacts on their self-worth. This is one of the reasons why the right to breaks from caring is such a welcome aspect of the National Care Service (Scotland) Bill. This must be coupled with monitoring of the health inequalities carers experience, especially with regards to mental health and wellbeing.

5.10. In what way do concerns about money impact on your mental health?

Concerns about money have been central to our consultation response with regards to poverty and increases in the cost of living. Poverty has a significant impact on loneliness, social isolation and mental health. During our engagement with the Health, Social Care & Sport Committee's inquiry on health inequalities we heard from members about the spiralling impact one unexpected bill can have on a person's circumstances. It can set of a chain reaction of events outwith that person's control linked to their employment, housing, relationships and mental health. Compassionate early intervention from public services when these challenges do arise is essential to try and stop the chain reaction of events leading to a crisis.

In 2015 VHS carried out research on the voluntary health sector's perspective on health inequalities titled Living in the Gap. Social isolation was identified by almost all respondents (91%) as a key factor linked to the lived experience of health inequalities of the communities, families and individuals with whom they engage.[9] Participants also highlighted the links between social isolation, poverty and stigma. The connection between social isolation and poor mental health was recognised, along with health-related consequences including low resilience, isolation impeding recovery from health conditions. One participant explained: "our young people are living in the worst houses in areas of social deprivation; they feel too frightened to go out and too ashamed to invite people home. It prevents them building relationships."[10]

[8] https://vhscotland.org.uk/wp-content/uploads/2018/11/The-Zubairi-Report-VHS-Nov-2018.pdf
[9] https://vhscotland.org.uk/wp-content/uploads/2015/03/VHS_LIVING_IN_THE_GAP_full_report_MARCH_15_WEBFRIENDLY_VERSION.pdf
[10] https://vhscotland.org.uk/wp-content/uploads/2015/03/VHS_LIVING_IN_THE_GAP_full_report_MARCH_15_WEBFRIENDLY_VERSION.pdf

Research by Public Health Scotland identified children in the lowest income households are four times more likely to experience mental health problems, with consequences extending into adulthood. The Poverty Alliance has highlighted that 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.[11] Poverty causes numerous challenges for people's housing, food security, heating, education and work, along with the overwhelming stigma associated with poverty, which all impact on people's mental health and wellbeing.

5.11. What type of support do you think would address these money related worries?

A compassionate and human rights-based approach to social security would remove the stigma and stress associated with elements of the current social security system. The Zubairi Report highlighted that the Department of Work and Pension's (DWP) indifference was "failing claimants" and it had a dismissive attitude towards lived experience. The Child Poverty Action Group recently published a short piece of research on how Universal Credit responds to claimants with mental health problems.[12] They found the DWP had not been offering claimants any reasonable adjustments for their circumstances which undoubtably increases the stress they face trying to engage with the system. The Universal Credit system has a sustainably negative impact on people's mental health and wellbeing through its use of welfare conditionality, sanctions and benefit deductions. These approaches need to be removed from the social security system and replaced with compassionate and human rights based approaches to support.

Community Link Workers (CLWs) are practitioners who work within GP practices, providing non-medical support with personal, social, emotional and financial issues. These include low mood, anxiety and stress, social isolation, money and poverty issues, and bereavement. CLWs have time to really listen to patients and have conversations that help get to the heart of non-medical issues that may be contributing to someone's poor health, time that GPs simply do not have. There are now almost 300 CLWs in Scotland, and the Scottish Government has pledged that a further 1,000 mental health link workers will join primary care during the current administration. There is also a small but growing resource of welfare advisors working with primary care practices, including through the Improvement Service.

The majority of the 300 CLWs are commissioned through health and social care partnerships and most providers are third sector partners, including mental health charities like SAMH and Support in Mind Scotland and addiction charities like We Are With You. These providers and their CLWs are well placed to identify resources within local communities to support people's mental and physical health in non-medical ways. VHS is being funded by the Scottish Government to develop the Scottish Community Link Worker Network, to build a community of practice and to facilitate knowledge exchange and peer support between CLWs. Through the network CLWs tell us that poor mental wellbeing is the reason for many, in some cases the majority, of referrals from primary care colleagues. However, the ability of charities, voluntary organisations and community groups to take on referrals and signposting by CLWs is under considerable strain, as the capacity and resources are simply not there. Some CLWs report they are having to maintain waiting lists of patients with mental health needs for whom no community resource is currently available. It defeats the purpose of the link worker if community resources are not readily available for patients to be linked with. At the same time, some community projects that offer support for low level mental health issues (e.g. mild anxiety) are now finding that referrals from the NHS and social work are of people with much higher levels of need, but their workforces are not

[11] https://www.povertyalliance.org/tackling-poverty-for-good-mental-health/

[12] https://cpag.org.uk/news-blogs/news-listings/you-must-fit-box-universal-credit-and-mental-health

trained or equipped to support people who are seriously mentally unwell and the environment into which such people are being referred may not be suitable in terms of other existing service users.

As well as Community Link Workers, the third sector provides a multitude of support for people's mental health and wellbeing, including advice services. However, third sector and community organisations need to be sufficiently resourced to keep up with the demand on services. This is a significant concern at present due to the likely spike in demand from the cost-of-living crisis, and potentially devastating increases in running costs facing the third sector. In the context of the current cost of living crisis meaningful intervention is needed to support households or we will see a significant increase in the demand for mental health and wellbeing services due to the correlation between poverty and mental health. In the long term it is important that we invest in early intervention and prevention to ensure people have the resilience they need to weather future crises. We welcome the acknowledgment of the importance of early intervention and prevention in the strategy.

7.1. Reflecting on your answers, do you have any specific suggestions of how to improve the types and availability of mental health and wellbeing support in future? In particular, do you have any thoughts on how the new National Care Service can create opportunities to improve mental health services?

The National Care Service is a real opportunity at long last to ensure there is equity between physical health and mental health and for a fully joined up approach to health and social care.

11.1. Do you have any further comments on what could be done to address mental health inequalities for a particular group of people?

People with long-term conditions & unpaid carers
VHS's research, Living in the Gap, found that living with poor health may lead to or exacerbate social isolation. People with long-term health conditions and unpaid carers need to be given significant consideration in the mental health strategy. One response from the research noted that "having cancer as a young person affects your education, social life, family and friends, contributing to social isolation and bullying" and another pointed out that "losing confidence as a result of eyesight deterioration makes your world narrower and narrower, until you no longer do the social things you used to go out and enjoy."[13] The strategy at present does not often mention social isolation and loneliness but it can have a significant impact on people's mental health and wellbeing, especially for those with health conditions or caring responsibilities. There needs to be significant investment in the organisations that support and provide respite for these groups.

People over 65 with a long-standing mental health condition
There has to be coordination between the Mental Health and Wellbeing Strategy and the proposed Health and Social Care Strategy for Older People. The proposed Health and Social Care Strategy for Older People did not appear to have a strong focus on mental health and so we hope the Mental Health and Wellbeing Strategy will have a strong focus on older people.

The transition between adult and older people's mental health services needs to be significantly improved. It is said that for some people with serious mental health issues, their 65th birthday is like 'falling off a cliff' in terms of service provision. Voluntary Health Scotland worked with colleagues across the third sector to explore this issue and produced a briefing

[13] https://vhscotland.org.uk/wp-content/uploads/2015/03/VHS_LIVING_IN_THE_GAP_full_report_MARCH_15_WEBFRIENDLY_VERSION.pdf

and research on the specific issues in service provision for older people's mental health.[14] According to research conducted by Support in Mind Scotland with older people who use their services, they found a 75% reduction in access to Community Psychiatric Nurse support for people on reaching the age of 65. The research also highlighted the lack of community mental health services and projects for people 65 and over, due to restrictions applied by funders.

There was also a lack of joined up care for people suffering from a range of multimorbidities which can be the case for people as they age and experience physical and mental health issues. A key issue was that the focus of services and support for older adults tended to be on dementia and not on other forms of mental ill health which can be experienced for example, depression, anxiety, schizophrenia, bipolar disorder among others. This meant that a large cohort of older adults were left without support to manage their mental health issues and this often impacted on the physical health outcomes they experience.

The 'Falling Off a Cliff at 65: Mental Health in Later Life' research partnership commissioned NHS Health Scotland, now Public Health Scotland, to identify the key issues in mental health diagnosis of people aged 65 and over. It found:

- Depression in older people was under-diagnosed and under-treated.
- There were several diagnostic assessment tools available for use with elderly patients.
- Evidence showed that older people were less likely to be referred to specialist services compared with younger people.
- Patients aged 60 and over were identified as being less likely to seek medical help for their mental health as well as being less likely to receive adequate treatment if they did, in comparison to younger adults.
- There was limited evidence on the treatment of older people's mental health beyond dementia and depression suggesting that further research in this area was required.

From the 'Falling Off a Cliff at 65: Mental Health in Later Life' research some policy solutions were developed based on commitments from the Scottish Government's Mental Health Strategy 2017-27:

- **Support efforts through a refreshed Justice Strategy to help improve mental health outcomes for those in the justice system:** The former HM Chief Inspector of Prisons David Strang's report, Who Cares? Lived Experience of Older Prisoners in Scotland's Prisons illustrated the issues that older prisoners faced. The report identified a number of issues, including isolation with older prisoners expressing fears about ageing and dying alone in prison as well as inadequate accommodation which was not designed for elderly prisoners and long waiting times for prescribed medication, all of which impacted negatively on mental health and wellbeing. The report made a number of recommendations, including that the Scottish Prison Service and the Scottish Government work together to produce a strategy for dealing with Scotland's ageing population. It also recommended that accommodation and activities available to prisoners should be based on their health and social care needs and that older prisoners should have a health and social care plan that goes with them if they move to a different prison. This report was recently reviewed and progress towards achieving the recommendations was described as "patchy and inconsistent". It concluded the regime design did not always take account of the complex needs of older prisoners to allow them to take up opportunities for visits, exercise, and outdoor recreation. Notably it found older prisoners were deeply concerned about access to medical care and the risk that medical appointments were overlooked. These issues and the health and wellbeing of the older prison population should be considered as part of the strategy. As we know

[14] https://vhscotland.org.uk/wp-content/uploads/2020/03/FALLING-OFF-A-CLIFF-AT-65-DISCUSSION-PAPER-AND-EVIDENCE-Final.pdf

there are high rates of mental ill health across Scotland's prisons and this should also be a focus of the strategy.

- **Support the further development of the National Rural Mental Health Forum to reflect the unique challenges presented by rural isolation:** Voluntary Health Scotland is a member of the forum, which under the leadership of Support in Mind Scotland has developed into a very well supported, large and dynamic network that deserves continuing government support to sustain it. Its membership includes independent and private sector organisations and employers, as well as third and public sector, so is an important example of collaboration and joint working. The forum aims to raise awareness of rural mental health issues on a range of platforms and works in partnership with a range of organisations. In rural areas people over the age of 65 face a number of barriers to accessing support and services (for example, transport, a lack of services, lack of anonymity of services in close knit communities, stigma among others) that can impact on their mental health and wellbeing and it is important for organisations to come together in a collaborative way to tackle these barriers and provide joined up support.
- **Fund work to improve provision of psychological therapy services and help meet set treatment targets**: Evidence suggests that psychological interventions with older people are effective, despite this, older people do not often have access to appropriate psychological approaches and treatments. Data shows that as many as 80% of older people with depression do not get any treatment at all, either medication or psychological therapy. A report by the Older People's Psychological Therapies Working Group, showcases seven principles of good psychological care for older people. These are:
    - A psychologically- and age-aware workforce across all services.
    - Specialist older people's psychological services based on need not age.
    - Access for older people to general non-age related services where appropriate.
    - A matched care approach that meets the needs of older people.
    - Sufficient numbers of highly trained staff available to undertake low and high intensive therapy, plus training, research and service development.
    - Trained staff who have reserved and protected time to undertake such work.
    - Ongoing clinical support, clinical supervision and reflective practice opportunities
- **Ensure equitable provision of screening programmes, so that the take up of physical health screening amongst people with a mental illness diagnosis is as good as the take up by people without a mental illness diagnosis:** According to the report, The Challenge of Delivering Psychological Therapies for Older People in Scotland, there is a bi-directional relationship between mental and physical health where one exacerbates the other. The co-morbidity of physical illness and psychological factors in older people has a negative impact on outcome: long-term conditions increase depression and anxiety which in turn slows recovery. Psychosocial factors, such as loneliness and poverty also play a major part in exacerbating illness. Significant efforts need to be made to reach those "missing in health", who are less likely to engage with primary care and less likely to be taking up screening opportunities. This can be achieved by implementing an approach of proportionate universalism, targeted those experiencing barriers to taking up screening opportunities and supporting them to do so.
- **Explore innovative ways of connecting mental health, disability, and employment support in Scotland.** Joined up, accessible support at all stages throughout one's health care journey. It is important that older adults are able to access joined up care and support in an accessible manner and that both mental and physical health needs of people can be tended to. This can act as a preventative measure supporting both mental and physical recovery and management of conditions. It is also important to move away from the assumption of hard-to-reach demographics and gear services and activities up to being more accessible.

Too many older people with serious mental health conditions are denied their rights and access to appropriate services based on their age. Some of the issues raised cross into other portfolios, we believe it is essential that we take a cross-portfolio approach to reducing health inequalities. Without a joined-up approach people will continue to experience gaps in provision and the underlying causes of health inequalities will persist. Tackling inequalities should be central to the Mental Health and Wellbeing Strategy starting with under-diagnosis, under-provision, poor transitions from 'adult' services to 'older people' services, discrimination and flouting of human rights in mental health services.

16.7. How do we better support and protect the wellbeing of those working in all parts of the system?

There needs to be an acknowledgement that fallout from the pandemic and the cost-of-living crisis puts additional pressure on third sector and community services who are being referred people with much more serious mental health conditions when they are often not trained or equipped to support them. For example, some arts organisations who deal with low level mental wellbeing are not equipped to deal with more serious conditions and yet are increasingly receiving referrals for more serious mental health conditions. People must not just be passed between different services and sectors without appropriate resources and support.

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