Scottish Parliament Cross Party Group on Mental Health

Inquiry into the Impact of the COVID-19 Pandemic on Mental Health

JULY 2022

Foreword

Working with the Cross-Party Group on Mental Health has been a rewarding journey, especially seeing the group striving and adapting to change during the pandemic when a move to online meetings opened us up, so that many more individuals and organisations could attend without the restrictions of time and the financial costs of travel. Our numbers have swelled bringing new voices and perspectives to the table.

While the increased membership brings with it challenges, it has also spurred on growth. Adding a mental health first aider, striving for a trauma informed way of operating, and using meetings to speak openly about some of the most difficult and emotive issues for those detained on mental health grounds, has led to a group which has an inordinate amount of dedication to, and passion for lived experience, and making sure the lived experience voice is not just heard, but amplified.

That lived experience shines through in every page of this report on the inquiry into how the Covid-19 pandemic effected people, and we could not have completed this work without the contribution of many organisations and individuals. We have gathered together voices, not only from our own CPG, but have worked with others such as the CPG on Gypsy/Travellers, the CPG on Commercial Sexual Exploitation, CPG on Chronic Pain, and the CPG on Muscular Dystrophy. Given that all-encompassing nature of pandemics it feels fitting that Cross-Party Groups work with each other on this issue, and come together in new ways.

As a group we are extremely proud of the work that we have done in this inquiry, however we are mindful to not let that overshadow the serious nature of our findings. In the pages of this report you will find individual stories, of loneliness, isolation, struggle and, grief which often happened quietly and behind closed doors over the last two years. However, we would suggest that given how many people have experienced this suffering and loss, and that we are yet to fully understand all the long-term health implications of Covid-19, that instead of seeing these experiences as that of individuals, we see them as the ambience in which we have all lived, and that which belongs to us all.

MY STRUGGLE by Michelle Foy,
submitted by the Cross Party Group on Scottish Gypsy/Travellers

Masks and gloves and signs on the floor
I'm scared to touch the handles and door.
It's such a big struggle to go to the store
as there was protection but now no more

Entering the store, my eyes on the ground
the panic sets in when I look around.
There are no signs, it's frightening I find,
I think I'd be better to stay housebound.

I try to think what's wrong with me
people they stare as they only see
that I'm panicking bad, I just need to flee
back to my house, that's where I should be.

So back to the car I have to go,
struggling to breath, as I go slow.
How to control it, I just don't know
I may need some help, someone to show.

The truth is I'm scared as I cannot see,
I know it's out there but where could it be?
The damage it's done to many and me
the norm no more, I think we'd agree.

Contents

About the Cross Party Group on Mental Health

The Scottish Parliament Cross Party Group on Mental Health has 100 member organisations and individuals, with representation from across service delivery, policy and research, and lived experience. The Group aims to influence mental health policy and practice by bringing together the mental health sector and community in Scotland.

CPG MSPs

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Sharon Dowey MSP
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Emma Roddick MSP
Member

Tess White MSP
Member

Executive Summary

The evidence presented by members, other CPGs, and those with lived experience highlighted the challenges and struggles that the pandemic has presented for many with mental health problems. It also puts forward the following recommendations for the Scottish Government, directly related to those experiences.

Key Recommendations

1. Prioritise mental health and wellbeing by increasing investment in community-based mental health and bereavement support services
2. Run community information campaigns to highlight the positive impact Covid-19 restrictions have on reducing the spread of the virus
3. Address data gaps on the long-term impact of Covid-19, including on mental health
4. Provide funding for organisations providing "greenspaces"
5. Expand social prescribing opportunities to improve access to physical activity and access to horticultural therapy
6. Put marginalised groups at the centre of decision-making concerning the pandemic and Scotland's recovery, and involve the voices of people with lived experience meaningfully in policy and practice
7. Ensure Equality and Human Rights Impact Assessments are used to inform decision-making at national and local levels
8. Expand the provision of trauma-informed mental health services
9. Increase funding available for specialist community services
10. Ensure funding for Third Sector organisation is adequate and long-term
11. Ensure all healthcare related information is provided in clear and accessible formats, including audio and visual
12. Expand the provision of peer support across Scotland to help people rebuild social connections
13. Better links should be established between all services which engage with people with mental health problems so that there are no dead ends for those seeking help
14. Tackle violence against women and street harassment

Introduction

At the end of 2019, the Cross Party Group on Mental Health (CPG) began its two-year inquiry into the Scottish Government's Mental Health Strategy 2017-2027. In those two years, the world changed suddenly and drastically with the advent of the COVID-19 pandemic in March 2020. As our inquiry progressed, we heard more about the impact the pandemic was having on people's mental health, the delivery of treatment and people's access to their human rights.

As a result, the CPG on Mental Health decided to establish a separate inquiry to explore in closer detail the consequences of the pandemic on mental health in Scotland. There is a growing body of research concerning the pandemic and mental health. This inquiry does not seek to duplicate this work, but instead will bring existing research together with the experiences of our members and people with lived and living experience of mental health problems.

In addition, this inquiry directs significant attention to the disproportionate effects the pandemic has had on people who are traditionally underrepresented in population-level research. Existing research in Scotland has found that the subgroups of people more likely to have experienced poor mental health during the COVID-19 pandemic include young adults (18-29 year olds); women; people with pre-existing mental health problems; individuals in the lower socio-economic group (SEG) 1; and Black, Asian and Minority Ethnic people.

To understand more about these people's experiences, we have split this inquiry into three research themes. These include:

- Social and economic inequalities
- People with pre-existing health problems and disabilities
- Children, young people and families

The CPG on Mental Health is sincerely grateful to everyone who participated in this inquiry and hopes that the findings presented below can be used to shape and improve Scotland's ongoing response and mental health recovery from the COVID-19 pandemic.

Methodology

Mental health is an issue that affects everyone. With this in mind, the CPG issued calls for evidence on each of the above themes to CPG members as well as other Cross Party Groups in the Scottish Parliament.

The calls for evidence asked respondents to consider:

1. How has the pandemic affected the mental health and wellbeing of you, members of your community, or the people you work with?
2. Are there ways in which you, members of your community, or the people you work with have been disproportionately affected by the pandemic? If yes, how has this affected your mental health?
3. What ways has the pandemic affected your access to things that benefit your mental health and wellbeing?

4. What action do you think would improve your mental health and wellbeing or that of the people you work with?

Over the course of the inquiry, the CPG received a total of X responses. A full list of respondents can be found in Appendix 1. Findings from the calls for evidence were presented and discussed at subsequent CPG meetings; these discussions have also informed the findings of this report.

In addition to the written calls for evidence, the CPG took evidence from a range of speakers on each of the themes. A list of speakers can be found in Appendix 2.

1. The Impact of Living through a Pandemic

For this inquiry, the CPG on Mental Health was intent on consulting a range of individuals and organisations to learn more about the disproportionate consequences of the pandemic on mental health. In spite of the differences between these groups of people, a number of common experiences and themes began to emerge as is outlined in this chapter.

Stress, fear and anxiety

Many respondents noted increased feelings of stress, fearfulness and anxiety as a result of the pandemic. One of the main causes of these feelings cited in multiple submissions was the uncertainty caused by the COVID-19 outbreak and consequent safety restrictions. In particular, people told us that frequently these restrictions made it harder to plan for the future while also causing job and financial concerns.

Indeed, worrying about employment prospects and finances were mentioned by a variety of respondents. For example, the Cross Party Group on Scottish Gypsy/Travellers told us that their community members had been unable to travel and seek work in the way they usually would which had caused considerable financial hardship for families. The Cross Party Group on Independent Convenience Stores noted in their evidence that retail workers had experienced an increase in anxiety due to the risk of redundancy as well as changing restrictions and safety measures. This fits with research by University College London which found that worries about unemployment and finances were higher amongst key workers as well as people living in urban areas and people from ethnic minority groups. Additionally, organisations working with children, young people and families found that families were in greater need of financial help now than before the pandemic. In particular, a survey of Barnardo's school-based staff in Scotland, two thirds identified ongoing food poverty and hunger as an issue while 90% stated that changes to Universal Credit were causing distress.

Another common stressor was a fear of catching the virus, especially at the beginning of the pandemic when the full health effects of the coronavirus were still unknown. While this was mentioned in a number of responses, it was most common in responses from disability and health organisations. For example, research from Epilepsy Scotland, submitted by the CPG on Epilepsy, highlighted that stress, tiredness and high temperatures – all of which are associated with catching COVID-19 – can trigger seizures. Additionally, in a survey of stroke survivors, conducted by the Stroke Association, people described increased anxiety and stress caused by the unknown effects and risks of catching COVID-19. This is supported by research by the Scottish Government which found that disabled people are more likely than non-disabled people to have experienced anxiety about their physical health.[1]

Catching COVID-19 was also a common worry amongst children and young people. Data from the children's mental health organisation, Place2Be, showed that just under one in ten (9%) of children

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[1] Scottish Government, *'The Impact of COVID-19 on wellbeing in Scotland: Ipsos MORI report'* (12 March 2021). Available at: https://www.gov.scot/publications/impact-covid-19-wellbeing-scotland-work-finances-neighbourhood-support-personal-wellbeing-behaviour-changes/pages/7/

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and young people assessed for their services raised COVID-19 as a worry. In fact, worrying about COVID-19 was the fourth most common worry mentioned by children and young people, after worries about their parents or siblings. However, research by YoungScot, Youth Link Scotland and the Scottish Youth Parliament suggests that this has become less of a concern for children and young people since the beginning of the pandemic.

Despite the stress and anxiety caused at the outset of the pandemic, some respondents noted that this did not ease when the restrictions were relaxed as perhaps would have been expected. Instead, people told the group that the pressure to "get back to normal" even when the virus was still being transmitted in the community, made them more anxious than they had been at the beginning of lockdown. People were particularly concerned about their employers' expectations to return to work and whether there would be sufficient protection measures in place. These worries were also highlighted in a Public Health Scotland report looking at the impact of shielding during the pandemic. In interviews with PHS, employed people shielding described the stress and anxiety caused when employers did not accept that they were at a higher risk of becoming unwell and expected employees to come to work. This also applied to partners or carers of shielding people and became more acute when shielding guidance was removed.

"I'm worried about whether I will be safe going back to work after shielding."
Vox Scotland Member

Isolation and loneliness

It is undeniable that lockdown and safety measures reduced opportunities for social interaction. One submission to the call for evidence described isolation as a "key issue of the pandemic", a sentiment that was supported by evidence from many other respondents. In fact, isolation and/or loneliness were mentioned in 88.23% of responses to the written calls for evidence and across each subtheme. Research by the Mental Health Foundation Scotland found that feelings of loneliness had indeed increased since March 2020. Many felt that isolation had a negative impact on people's mental health because it removed people from their support networks and limited access to healthy coping mechanisms, such as talking to friends or families.

While it seems that isolation and loneliness were issues for a significant number of people, the CPG heard that there were some groups at an increased risk of experiencing this. In particular, evidence submitted suggested that disabled people, people shielding, unpaid carers, socioeconomically disadvantaged people, LGBT people, people with pre-existing mental health problems, women, and children and young people experienced increased risks of loneliness.

However, there were people who told the CPG that they felt less lonely during lockdown. One person told the group that they had felt less lonely because they weren't seeing posts on social media from people participating in group activities as regularly. Jean's Bothy (ENABLE) noted in their evidence that a number of their members felt less pressure in the pandemic to go out and participate in situations that made them feel uncomfortable. In a survey conducted with members of the mental health organisation VOX Scotland, almost one in ten (9%) of respondents said their mental health had improved in the pandemic with survey comments suggesting feeling less pressure was a factor. One study into children and young people's mental health during the COVID-19

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lockdown measures found that a higher proportion of children and young people with improved mental health reported feeling less left out and less lonely compared to those who reported no change or deterioration.

Bereavement

A number of respondents were also concerned about the impact bereavement and unresolved grief will have on the population's mental health. That is, more families, friends, and health and social care workers have been affected by bereavement in the pandemic. In 2020, there were 64,093 deaths recorded in Scotland, an increase of 10% compared to 2019. At the time of writing, 14,953 deaths have been registered in Scotland where the novel coronavirus (COVID-19) was mentioned on the death certificate. There has also been an increase in the number of people dying at home. [2] Restrictions on funerals, not being able to say final goodbyes in-person to a loved one, requirements to wear personal protective equipment (PPE) during a loved one's final moments, restrictions on physical contact and limited access to support networks meant that cases of complicated grief are more likely. According to the Centre for Mental Health, the next three to five years will see an additional 50,000 people require mental health support due to post-traumatic stress disorder (PTSD), stress, depressive symptoms, and prolonged grief caused by the pandemic. Death rates during the pandemic have been higher amongst people living in deprived areas and minority ethnic people raising a particular concern for these communities. Indeed, the CPG on Scottish Gypsy/Travellers conveyed the distress caused by lockdown restrictions which prevented members of their community visiting the house of people who had passed away to pay their respects, as is tradition in the Gypsy/Traveller community:

"The wife became very distressed because she could not understand the lack of visits and thought it was because nobody liked or respected her husband."
CPG on Scottish Gypsy/Travellers

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[2] Scottish Partnership for Palliative Care, *'Every Story's Ending'* (September 2021). Available at: https://www.palliativecarescotland.org.uk/content/publications/Every-Storys-Ending.pdf; The ALLIANCE, *'Putting people at the centre of an independent inquiry into COVID-19'* (18 October 2021). Available at: https://www.alliance-scotland.org.uk/blog/news/putting-people-at-the-centre-of-an-independent-inquiry-into-covid-19/

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2. The Unequal Impact of the Pandemic on Mental Health

2.1 Social and economic inequalities

The CPG on Mental Health believes it is important to recognize that while everyone has been affected by the pandemic in some way or another, this has not been an equal experience for everyone. One member summed it up by stating, "We're all in the same storm, but we're in different boats." To be sure, a report by the Mental Health Foundation noted that "differences in people's response to the pandemic are not randomly distributed across Scotland – they arise from people's social and economic position in society." [3]

Housing

At a meeting of the CPG on Mental Health, members learned more about the link between housing and mental health from Professor Katherine Smith. While issues like poor quality, overcrowded, insecure and unaffordable housing predate the pandemic, the burden they have on mental health has been exacerbated by stay at home orders and financial insecurity. [4] A poll commissioned by Shelter Scotland in 2021 found that 8% of adults in Scotland believe their current housing situation harmed their/their family's mental health. [5] In addition to this, one independent advocacy organisation shared with the CPG about the difficulties they have faced when getting access to essential services, including housing, for people during the pandemic. They described phone calls going unanswered and full answer phone inboxes preventing messages from being left.

Social Security

The same independent advocacy organisation reported issues with accessing social security entitlements. In particular, they found that many benefits assessments were being held over the phone with call handlers from outside of Scotland. As a result, call handlers were often unaware of people's right to advocacy in Scottish Law and meant that people were left without the advocacy support they were entitled to. The ALLIANCE also described social security issues, with their Community Link Practitioners (CLPs) reporting the move to phone assessments led to higher rates of people being refused access to entitlements. This was particularly the case for people with mental health problems who struggle to speak over the phone.

Scottish Gypsy/Travellers

Evidence submitted by the CPG on Scottish Gypsy/Travellers highlighted how members of their community had been particularly affected by housing issues. Fourteen per cent of Gypsy/Travellers live in caravans, while those living in housing are more likely to live in overcrowded rented accommodation. Not only did this put a strain on relationships, it also made people anxious about infecting others with the virus, especially amongst those shielding.

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[3] Mental Health Foundation Scotland, *Coronavirus: The Divergence of Mental Health Experiences During the Pandemic* (2020).
[4] Bambra et al., The Unequal Pandemic, 2021
[5] Shelter Scotland, 1 in 10 say their home harms their health, 2021

Some Scottish Gypsy/Travellers had travelled before the lockdown was imposed, meaning they were unable to return to their substantive address. This forced some people to remain roadside or in unauthorised encampments with limited access to facilities which compounded people's anxiety and stress. Some families even experienced negative reporting in the local press or on social media as a result of staying in these areas. The CPG on Scottish Gypsy/Travellers explained that this coverage was often racist and at times required reports to be made to Police Scotland, causing further distress.

Women

The reinforcement of gender stereotypes and traditional social norms was also highlighted in various submissions with women more likely to take on caring and home schooling responsibilities while also reducing their working hours. Research from Close the Gap and Engender, women (59%) were twice as likely as men (30%) to report that their mental health had gotten worse since the start of the pandemic. Additionally, two thirds of women were also more likely to find the social isolation difficult to cope with, compared to one third of men.[6] Reasons for this include this unequal distribution of household labour which often meant that women had less time to look after their own wellbeing. Additionally, women are more likely to have been affected by the labour market implications of the crisis including furlough, redundancy and working in a "shutdown sector" such as hospitality or research.[7]

Women who took part research by VOX Scotland corroborated these findings, describing the toll that supporting other people throughout the pandemic – through home learning, caring responsibilities, working in the community - had taken on their energy and wellbeing. The same women explained that they usually self-managed or maintained mental wellness by talking to friends and colleagues. However, the pandemic and its restrictions had limited or removed these opportunities for social interaction, including casual conversations with friends and colleagues which can be extremely beneficial. They also disclosed the pressure they felt from the perception that women have the ability to deal with lots of emotional pressure and so should be seen to be "managing" and coping with the change.

> *"We are used to dealing with stress by having a catch up with friends."*
> *Vox Scotland Member*

The lack of social opportunities also particularly affected migrant women who face social isolation, language barriers and a lack of support networks even outwith a pandemic. Evidence shared with the CPG by the CPG on Commercial Sexual Exploitation explained that it takes time for migrant women to build new relationships and learn how to navigate the healthcare system in a new

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[6] Close the Gap & Engender, Joint briefing on the impact of COVID-19 on women's wellbeing, mental health, and financial security, 2021

[7] Close the Gap & Engender, Joint briefing on the impact of COVID-19 on women's wellbeing, mental health, and financial security, 2021

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country.[8] These issues have been compounded by successive lockdowns and physical distancing measures which left some women unable to access support when they have needed it.

Men

VOX Scotland also explained in their submission the ways in which gender inequalities had affected men in the pandemic. In particular, men spoke about the pressure of being the "breadwinner" in a time of great financial and job insecurity. Furthermore, they spoke of the difficulties men face when opening up about their mental health, a problem that existed before COVID-19.

"You're taught to shut down your emotions!"
Vox Scotland Member

LGBT People

At a meeting of the CPG on Mental Health, the Equality Network provided oral evidence which outlined the ways in which the mental health of LGBT people has been disproportionately affected. Citing research from the National Centre for Social Research, they explained that the COVID-19 pandemic has increased LGBT people's anxiety, depression and loneliness. One reason for this is the loss of safe, supportive and identity-affirming peer groups, communities and spaces. [9]

The Equality Network also explained that LGBT people's families are often different to traditional ideas of families; LGBT people might not always have the support of their biological family and so rely on close friendships for support instead. Indeed, the CPG heard about the harmful impact living in unsupportive environments and concealing true identities had had on people's mental health, particularly for young people.

It was felt that the Scottish Government's pandemic response did not take adequate account of the mental health impact on the LGBT population. For example, the five-mile travel ban placed across Scotland at the height of the pandemic left LGBT people in rural areas feeling isolated as they were not able to travel far from their local area. Many people living in such areas often face greater discrimination and stigma in rural settings and so rely on accessing safe, supportive and non-judgemental spaces elsewhere.

Furthermore, redeployment in the NHS and disruption to appointments meant that trans people lost access to transition-related healthcare. For many, this was extremely detrimental to their mental health. The CPG heard that the uncertainty and delays to treatment, including hormone replacement therapy and surgery, has left many trans people feeling like they are in limbo which is having a negative impact on their overall wellbeing.

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[8] European Network of Migrant Women, Migrant Women's Mental Health & Wellbeing, 2021
[9] National Centre for Social Research, The experiences of UK LGBT+ communities during the COVID-19 pandemic, 2021

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2.2 Pre-existing health conditions and disabilities

By far, the call for evidence that received the most responses was the one issued to people with pre-existing health conditions and disabilities. Many respondents highlighted that not only had the pandemic negatively affected their mental health, but so too had the pandemic responses which left many people feeling alone and abandoned by health and social care services. However, many responses noted that problems with the health care system, including strain in services and long waiting lists, predate the pandemic.

People with Pre-existing Mental Health Problems

The CPG heard directly from people with lived experience of mental health problems as well as organisations and professionals working with them. It was clear from their evidence that the pandemic has exacerbated people's mental health problems in a number of ways. This is supported by research by SAMH, published in 2021, which found that over half (56%) of people with pre-existing mental health problems polled felt that their mental health had worsened since March 2020.[10] Similarly, in a survey of VOX members, 63% agreed that their mental health had deteriorated. The Mental Health Foundation also found that "people who entered the pandemic with a prior experience of a mental health problem have been more likely to experience anxiety, panic, and hopelessness." [11]

One health professional outlined their experience of working with people with pre-existing mental health problems, including those who experience paranoia. They explained that even before the pandemic, many of these people found it difficult to leave their home as a result of their mental ill-health. The healthcare professional suggested that the pandemic has exacerbated these difficulties and has increased people's paranoia. In particular, these people were fearful of catching the virus, concerned about the wider threat to society and were worried about how the virus came to be leading some to speculate and engage with conspiracies. Evidence from Jean's Bothy, a service run by ENABLE Scotland, also described people they work with being reluctant to leave their homes and the impact this was having on people's mental health recoveries. That is, some people had worked hard prior to the pandemic to get out of their houses after years of not going out due to mental ill-health. Having worked hard to overcome these challenges, they were now faced with "stay home" messages.

Furthermore, people with lived experience with mental health problems highlighted the importance of routine to people with mental health problems. They explained that even small changes can "be the difference between feeling ok and being in crisis". The CPG heard that the sudden implementation of safety restrictions and lockdowns left many feeling detached from their routines which would usually support their wellbeing and recovery.

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[10] SAMH, "New SAMH mental health research published on lockdown anniversary" [press release], March 2021.

[11] Mental Health Foundation Scotland, *Coronavirus: The Divergence of Mental Health Experiences During the Pandemic* (2020).

Finally, See Me, Scotland's anti-stigma and discrimination programme, also highlighted that people with pre-existing mental health problems have reported high levels of self-stigma and fear of stigma and discrimination from others during the lockdown. They also raised the impact of inequality on people's mental health during the pandemic and the possible effects of dual and multiple stigma. In particular, See Me highlighted research by the Centre for Mental Health which found that a number of groups across the UK whose mental health was already relatively vulnerable were facing higher-than-average risks of worsening mental health due to the knock-on effects of the pandemic. These groups included those with existing mental health problems, but also people with long-term physical conditions, women and children facing violence and abuse, and minority ethnic communities.[12] See Me argued that there is a lack of analysis on the impact of COVID-19 on experiences of dual stigma amongst people with pre-existing mental health problems.

Cancer

Cancer Support Scotland, a member of the CPG on Cancer, contributed evidence which highlighted the impact of the pandemic on the mental health of people affected by cancer. In particular, they submitted observations from staff working in their wellbeing support services with people affected by cancer. Staff in these services remarked that people had been cut off from support groups because of lockdowns and safety restrictions. As a result, many people affected by cancer felt isolated, especially those who can't use or don't have access to technology. For some of these people, their only connection to the outside world was a befriending phone call offered by Cancer Support Scotland's "Here for You" service.

Feelings of isolation were further compounded by the withdrawal of face-to-face appointments relating to cancer. Many people have told Cancer Support Scotland that telephone appointments were no substitute for face-to-face ones, especially for people worried about their symptoms and side effects, or those worried about recurrence.

Similarly, people felt they were afforded insufficient time with their consultants and medical teams which meant they were unable to have their questions answered or concerns allayed. Consequently, Cancer Support Scotland report that people have been attending counselling appointments with high levels of anxiety and distress as well as with questions that need to be directed to their medical team. They explained that people don't feel "safe", with one person describing being treated by the healthcare system "as a number rather than an individual". On a positive note, Cancer Support Scotland describes the observable difference in their clients after an initial 50-minute counselling session because people leave feeling listened to and understood.

In addition to this, the organisation also described the strain that the COVID-19 pandemic has put on people's familial relationships which has caused a great deal of anxiety and distress. For example, the CPG heard of arguments within families over vaccinations and wearing PPE, such as a mask, when visiting the person affected by cancer. In one case, a person supported by Cancer Support

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[12] Louis Allwood and Andy Bell, *Covid-19: understanding inequalities in mental health during the pandemic* (2020).

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Scotland was left to spend Christmas Day alone because of tensions in their family about taking the vaccine; Cancer Support Scotland explained that this had affected this person's mental health.

Chronic Illnesses

The CPG on Chronic Pain also shared with us their experiences of the pandemic and the impact it has had on their members' mental health. They outlined the ways in which people with chronic pain had been made to feel "abandoned" by the health service, particularly with the closure of NHS Chronic Pain Clinics for about seven months. This meant that many people had no access to pain relief treatments as no emergency substitutes were put in place. The CPG on Chronic Pain also reported that some people, including children with chronic pain, were left with no other option but to pay for treatments at private clinics in England causing a significant financial burden.

As a result of all of this, people with chronic pain in Scotland have felt isolated, distressed and anxious throughout the pandemic. The CPG on Chronic Pain also suggested a number of patients have become known suicide risks due to the impact of long delays to treatments. They shared the case of one lady who hadn't had a pain relief in two years and was unable to get one in her health board area because the service was "closed". During this time, this woman has attempted suicide twice due to the "extreme suffering" she was in.

Eating Disorders

Evidence submitted by the UK's eating disorder charity, Beat, explained that eating disorders thrive in isolation hence why many people with pre-existing eating disorders and those at risk of developing one found themselves in a vulnerable position in the pandemic. Research suggests that the lack of structure, a triggering environment and the absence of social support have increased the restriction of food by those suffering from anorexia, and more frequent bingeing urges and episodes for those suffering from bulimia and binge-eating disorder.[13] Additionally, many people with eating disorders rely on the availability of "safe" foods, which people feel more comfortable eating. The CPG heard that the beginning of the pandemic – specifically when there was food insecurity, limits on buying certain items to prevent panic buying, and reduced opportunities to conduct a food shop – was a particularly anxious time for these people.

Beat also highlighted the media attention on the promotion of "healthy" eating and exercise throughout the pandemic. They argued that these messages had unintended consequences on people affected by eating disorders with one person telling Beat,

> "*Encouragement of calorie counting and fear of obesity in public campaigns was the main source of the beginning of my eating disorder. As someone growing up with a perfectionist mindset, it truly made the fuel behind the fire worse.*"

This was also supported by commentary published by the Lancet which outlined how public health messaging during the pandemic, and the rhetoric around the individual responsibility for weight loss, aggravated eating disorder behaviour in those with established illnesses. Furthermore, the Lancet

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[13] International Journal of Eating Disorders, Early impact of COVID-19 individuals with self-reported eating disorders: A survey of ~1000 individuals in the United States and the Netherlands, 2020

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commentary suggested there is an increase in the risk of eating disorders developing in the general population.[14]

Indeed, members of the CPG on Mental Health were concerned to learn that there has been a major increase in eating disorder referrals made to Child and Adolescent Mental Health Services (CAMHS) in Scotland and across the UK. According to a Freedom of Information (FOI) request by the Royal College of Psychiatrists in Scotland, the number of eating disorder referrals for children and young people tripled between 2018/19 to 2020/21, rising from 217 to 615.[15] According to Beat, clinicians in Scotland have also reported a significant increase in the proportion of young people with an eating disorder first presenting in a severely ill state. Beat's own figures of those accessing its support services also show an increase in people needing support for an eating disorder; in 2021/22 Beat delivered 80% more support sessions than in 2020/21, across the UK. The organisation also reported that there has been a 10-fold increase from 2020 in the numbers of safeguarding concerns raised in their services across the UK.

One study suggests that people were reticent to seek help during the pandemic, and this is connected to a lack of self-worth, which people with an eating disorder often experience.[16] In addition to this, Beat has heard anecdotal evidence that suggests people are presenting in a more severely ill state than pre-pandemic because of a combination of the public health messaging and regulations to stay at home which has led to a reluctance to seek help.

Beat also highlighted barriers to accessing medical monitoring for people with eating disorders which caused significant anxiety and increased risks to patient safety as weight changes have greater potential to go unnoticed. In particular, reduced access to primary care and eating disorder services meant that the responsibility of physical health monitoring (including weighing) often fell to parents, carers and patients themselves. Issues with access to physical health monitoring predate the pandemic. In fact, in its previous inquiry into the Mental Health Strategy, the CPG previously heard of a lack of clarity and capacity surrounding the provision of community physical health monitoring.[17]

Epilepsy

Epilepsy Scotland shared with the CPG the reports they published during the pandemic which monitored the impact of COVID-19 on their community. In their first report, published in 2020, one of the four main themes which recurred in a significant number of questionnaire responses from people with epilepsy was mental health. In 2021, 80% of survey respondents felt the pandemic had affected their mental health and wellbeing with many pointing to additional stress, worry and frustration about the pandemic and their epilepsy. As outlined in the previous chapter, stress can be

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[14] The Lancet, COVID-19 and eating disorders in young people, 2021
[15] BBC News, Eating disorders soared in lockdown, experts warn, 2021
[16] Vuillier et al., The impact of the COVID-19 pandemic on individuals with eating disorders: the role of emotion regulation and exploration of online treatment experiences, 2021
[17] Cross Party Group on Mental Health, Priorities for the Physical Wellbeing of People with Mental Health Problems, 2021

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a seizure trigger for many people with epilepsy. In the same survey, 44% said their seizure activity increased during the pandemic.[18]

At the same time, Epilepsy Scotland reported a 44% increase in referrals made to their wellbeing service in 2021. In addition to worries about catching the virus, people also noted the mental health impact of cancelled specialist appointments for their epilepsy, despite an increased need for specialist support in the pandemic. One person told Epilepsy Scotland that they felt "somewhat abandoned by the NHS" while another described their remote appointment with their consultant as being "hurried", echoing the experiences of those mentioned above.

Muscle Wasting Disorders

Muscular Dystrophy UK (MDUK), secretariat of the CPG on Muscular Dystrophy, outlined the impact of the pandemic on people with rare and very rare progressive muscle-weakening and wasting conditions. MDUK emphasised that there has been a lack of psychological support in the UK for people with muscle-wasting conditions, and their families, for decades. This situation has been exacerbated by the pandemic, especially due to the psychological impacts of shielding as people with many people not leaving the house to do their exercise regime since shielding was originally introduced.

Similar to other responses, people with muscle-wasting conditions also saw their health and social care withdrawn during the pandemic. In 2021, MDUK ran a survey across the UK looking at the impact of COVID-19 to which over 400 people responded. A quarter of respondents to this survey in Scotland said that they had experienced reduced access to family carers or care workers because of lockdown or shielding. Moreover, a significant number of survey respondents in Scotland said their access to specialist clinical services had been disrupted, including access to muscle clinical appointments (60%), specialist respiratory care (50%) and specialist neuromuscular physiotherapy (35%). Even when specialist appointments were offered, many people still felt afraid to leave the house to attend face-to-face appointments. According to MDUK, without these specialist appointments many people haven't been able to undertake everyday tasks and feel less confident leaving the house.

MDUK's survey also found that 90% of respondents in Scotland shielded during the pandemic, regardless of whether they received a letter instructing them to do so or not, while 70% said that lockdown and shielding has had a negative impact on their mental health. MDUK also shared that members of the CPG on Muscular Dystrophy have also discussed feeling lonely and isolated during lockdowns and shielding. Many people have felt "imprisoned" in their own homes during the pandemic which has increased anxiety and depression. Additionally, people haven't been able to exercise sufficiently at home.

MDUK said that people in their community were especially concerned about leaving the house, having people over for either clinical or social reasons, and not receiving the support they need – all

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[18] Epilepsy Scotland, Epilepsy COVID-19 Impact Report 2, 2021

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of which have caused people's mental health to deteriorate. They also noted that there has been an increase in suicidal thoughts amongst people with muscle-weakening and wasting conditions.

Case Study, submitted by Muscular Dystrophy UK

A 20-year old living with Duchenne muscular dystrophy was experiencing significant anxiety with a tendency to ruminate and catastrophize. He had been struggling to cope with social isolation and increasing ill-health in shielding and lockdown.

The young person and his mother were known to an adult hospice and received weekly support from their family support service via Zoom. However, the professionals at the hospice acknowledged their limitations in managing young adults' mental health. It was, therefore, agreed by the wider acute service multi-disciplinary team that the mental wellbeing of the young person was deteriorating and a referral was made to the Community Mental Health Team (CMHT).

Unfortunately, the young person was rejected from receiving support because of his complex medical needs and palliative care needs:

"Thank you for referring the patient to The Resource Centre. (Their) referral was given careful consideration at our Multidisciplinary Screening Meeting with Medical and Psychology colleagues present. We did not feel the CMHT can offer follow up in relation to (their) future care and treatment. His frailty and ongoing physical health deterioration would be detrimental to any psychological intervention we could offer. At the meeting we reflected on the complexities of (their) mood and anxiety. Given that this is largely based on the reality of his situation, our thoughts were that the informal and specialist formal supports he has in place already would be best placed to offer continued support."

As a result, this young person was left without any further support for their mental health.

Sensory Impairment

In their evidence, the Scottish Sensory Hub highlighted that sensory barriers already create social isolation as well as a range of stressors that impact people's health and wellbeing. Communication is important for positive health and mental health outcomes but many communication routes were shut off for people with sensory impairment through lockdowns and shielding.

In particular, the Scottish Sensory Hub noted that there is a lack of good quality information in accessible formats, including British Sign Language (BSL), Braille, subtitles, audio description, Moon and tactile BSL, easy read, Makaton and sign supported English. This meant that people requiring

these formats were less likely to know, understand and follow the ever-changing rules and regulations in the pandemic.

Social and physical distancing also caused communication barriers for people who require tactile communication and physical guiding. In addition to this, hearing aids are often designed to work at one metre, as opposed to the two metre social distance regulations that were in place at the height of the pandemic. Social distancing also caused problems for people who are blind or partially sighted who are unable to tell if they are two metres away from other people. Sight Scotland reported that some blind and partially sighted people were told by members of the public that "they shouldn't be out just now" and that there was a lack of understanding or empathy for the challenges they faced with social distancing, causing anxiety and distress amongst these people. The requirement to wear face coverings also caused communication barriers as masks cover the mouth and muffle voices All of these restrictions were found to have had an adverse impact on people by increasing anxiety, decreasing confidence and negatively affecting independent living.

People also reported that their care packages were stopped or reduced to just physical care during the pandemic, leaving many people with sensory impairments without the social and emotional care they required. In extreme cases, the Scottish Sensory Hub heard of some deafblind people left with no support, food or care. Additionally, people with experience of sensory impairments are not always digitally aware or capable which caused some people to feel isolated. In particular, we heard that some families were not able to communicate via the telephone.

For young people with sensory deprivation, there was a lack of special educational packages needed for home schooling, including specialist teaching and equipment. This increased stress for these young people and their families. Furthermore, there is emerging evidence of a worsening attainment gap and other emotional issues amongst these young people.

Stroke Survivors

The CPG also received research from Stroke Scotland, on behalf of the CPG on Strokes, which outlined similar issues to those already covered in this section. Namely, stroke survivors faced problems accessing specialist support services, including rehabilitation therapies. Around half of all stroke survivors across the UK had therapy appointments either cancelled or postponed, while 56% did not feel safe to go to scheduled appointments. Again, many people felt "forgotten" by health and social care services with over a third (37%) of stroke survivors agreeing they felt abandoned during the pandemic, echoing previous responses on this theme.

Stroke Scotland also found that the pandemic and lockdown has taken its toll on stroke survivors' mental health. About seven in 10 (69%) of stroke survivors felt more anxious and depressed in the pandemic, while over two thirds (68%) felt more worried about their health. For some, the additional stresses and concerns caused by the pandemic left them worried that they will have another stroke.

"I have been feeling very depressed and unable to do things in the house as I get tired very quickly. It's been extremely lonely not seeing anyone very much. It's isolating. I worry that it might cause another stroke."

Stroke survivor who had their stroke 2018 or before

"I go days without talking to or seeing anyone. I find myself sometimes crying for no reason."
Stroke survivor who had their stroke 2018 or before

Shielding

A number of responses to this call for evidence discussed the impact of shielding on people's mental health. In 2020, Public Health Scotland conducted a survey of people in Scotland shielding to which seven in ten respondents reported a negative impact on their mental health. Similarly, a Scottish Government survey of 3,000 shielding people in July 2020 found that more than one in five (22%) felt that their mental health was worse than before the pandemic. Respondents in this group commented that the actions of other members of society were making them feel unsafe with many worried about the easing of restrictions. Many also described feeling pressure to "return to normal"; forcing them to explain why they still did not want to attend events.

Shielding also put considerable pressure on unpaid carers. A report by Public Health Scotland suggests there were examples of physical and mental exhaustion among family members who had taken over caring duties for people who were shielding. People also described increased anxiety about the support that would be available for the shielding person if they, or people in their support network, became infected with the virus. Engagement activity conducted by the ALLIANCE found that unpaid carers were one of the groups most affected by the pandemic, in terms of the mental health impact. A survey by Carers Scotland indicated that 50% of unpaid carers surveyed described their mental health as "worse than before the pandemic" with a further third describing it as "much worse". Additional stress, loneliness and a lack of access to respite care were factors in this.[19]

2.3 Children, young people and families

The final stage of the CPG's inquiry focused on the impact of the pandemic on the mental health of children, young people and families. Organisations working directly with children and young people described the pandemic as having a negative impact on children and young people's mental health. This was supported by research conducted by the CPG on Children and Young People, in which 86% of organisations working with young people who responded to their survey reported negative impacts on mental health and wellbeing.[20]

Place 2Be highlighted that there was a difference between the worries of secondary and primary aged pupils. Primary children who were presenting to, and being assessed by, Place 2B found that that the issues that were coming up were broadly similar to those before the pandemic. However for secondary aged children there was an increase in self destructive thoughts and acts, as well as suicidal ideation. They also reported a significant increase in self-harm, suicidal ideation and eating disorders.

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[19] Carers Trust Scotland, COVID-19 in Scotland: The impact on unpaid carers and carer service support workers, 2021
[20] Cross Party Group on Children and Young People, Pandemic Impact Survey 2022, 2022

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The Royal College for Paediatricians and Child Health while also highlighting the increase in mental, emotional and physical health issues for children will be exacerbated by the pandemic, also urged that a human rights approach be taken, and that inevitably longer waiting lists can be tackled somewhat with quick and early interventions. And called on the Scottish Government to improve the collection of data about the prevalence of mental health problems in children, and to support more community mental health services.

The Royal College of Psychiatrists also provided information from its Children and Young People's Faculty, whose members provide potentially lifesaving treatment to children and young people with severe mental illness. RCP also highlighted an increase in eating disorders, fragmentation of the system, alternatives to CAMHS rejected referrals and an increase in the expansion of early intervention and prevention. They also highlighted that children living in the most deprived communities were most negatively impacted, as well as those who did not have access to technology or connectivity.

Access to Support for Mental Health and Wellbeing

Many submissions reflected the impact of the reduction or removal of health and social care support due to infection control measures. This included the cancellation or postponement of clinical appointments as well as limited access to community services. Similarly, Third Sector organisations outlined the difficulties they faced trying to support people during lockdowns, remote working and physical distancing requirements; these restrictions meant that face-to-face support or group activities were not possible making it difficult to build trust and relationships. Additionally, the pandemic caused outreach events to be cancelled and limited opportunities for fundraising which has also created significant operational challenges.

Access to Clinical Mental Health Services

- Lothian Voices
- VOX Scotland
- SAMH Covid Research
- See Me

Those who responded to the call for evidence showed a mixed experience of keeping in contact with professionals in clinical services. While some had regular phone calls with their GPs and described efforts to keep in regular contact, respondents from Lothian Voices faced a different services from pshychiatrists.

"I haven't spoken to my psychiatrist in 2 years! I have left messages, but nobody got back to me. Even if she is no longer there shouldn't somebody be checking the mailbox?!" – Lothian Voices

Others spoke of the difficulty in finding activities that could replace the ones that formally supported them to manage their mental health.

"If going swimming or attending a group therapy session is the thing that is making the difference to your mental health just saying, do something different like go for a walk or take up a new hobby, is not as easy as it sounds, it can be devastating." – Lothian Voices.

SAMHs yet to be published research, into service users experience of the pandemic has also shown that in some circumstances solutions have been found which were not considered before such as their pharmacists assisting more with ordering medication for them.

Vox Scotland also echoed others mixed feelings about accessing services, and emphasized the importance of having a choice, so that people with different preferences in terms of communication and support can all be accommodated.

CAMHS

While problems with rejected referrals and waiting times for CAMHs predate the pandemic, there can be no denying that the change in circumstance which families have dealt with, such as loss of income, home schooling, and the looming cost of living crisis will significantly impact the mental health of a generation. The RCPCH has reported that anecdotally there has been a perceived increase in the threshold for referrals to CAMHS and an increase in crisis level mental health problems, and argues for an increase in funding to CAMHS, and that there should also be an increase in funding for community mental health support so rejected referrals can be directed towards a positive destination. Place2Be also commented in their submission about difficulties in accessing specialist mental health support via CAMHS, and states that it continues to be a challenge.

Access to Specialist Mental Health Services

LGBTI+ People

The loss of access to services in the community particularly affected LGBTI people who find they often experience discrimination in mainstream clinical settings.[21] As a result, LGBTI people rely on specialist services and services delivered by LGBTI organisations which are designed to better meet their needs for their mental health. However, many of these services have not only been affected by lockdown restrictions, but also subsequent increases in staff illnesses, reduced workforce numbers and fewer funding opportunities.

Minority Ethnic and Migrant Women

Similarly, CPG heard about the barriers minority ethnic and migrant women also face in engaging with mainstream mental health services. These include language barriers, cultural stigma and a fear of racist and xenophobic attitudes amongst staff. Often these women benefit better from specialist services which are trauma-informed and culturally sensitive to their needs. Evidence submitted to

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[21] National Centre for Social Research, The experiences of UK LGBT+ communities during the COVID-19 pandemic, 2021

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the CPG also highlighted the importance of peer support in terms of developing coping skills for mental health while reducing isolation. Specialist and community mental health services which serve the needs of minority ethnic and migrant women were limited before COVID-19; however those that do exist have faced similar pressures to the LGBTI sector including reduced funding and opportunities for face-to-face support. [22]

Scottish Gypsy/Travellers

The CPG on Scottish Gypsy/Travellers drew attention to the barriers that members of their community had faced during the pandemic. In particular, living roadside made accessing GP services challenging. At the same time, the move to online consultations and information was a significant obstacle for many in the community who are not fully literate and digitally excluded. One member also reported not being able to see their Community Psychiatric Nurse (CPN) which left

Stigma

On a matter related to difficulty in accessing help See Me, Scotland's national programme to end mental health discrimination, commissioned research, with SAMH and the Mental Health Foundation. The research found that 27.55% of Scots who had experienced mental health problems prior to the pandemic hadn't spoken to anyone about how they were feeling during the pandemic. Of these, 26.54% said this was because they felt ashamed to ask for help, that everyone was struggling and they were no different, while 20.37% said that they didn't feel comfortable talking to others about their mental health. This suggests that, for a significant minority of people with pre-existing mental health problems, the pandemic has caused them to feel like a potential burden to others, and to stigmatise or repress their own mental health problems[23]. Many people also described how, when reaching out to friends and family members, they were often dismissed, not taken seriously, or ignored.

See Me highlighted that a loss of access to services can be considered a form of indirect, or structural discrimination. Other issues around stigma that have been reported include diagnostic overshadowing, the interplay of race and gender on the perception of someone's risk to themselves and others.

Physical Activity

Finally, physical activity has been proven to help reduce stress, boost self-esteem and prevent mental health problems like depression and anxiety.[24] Many people used physical activity as a way to look after their mental health at the beginning of the pandemic; however, the CPG heard that this was not the case for everyone. Furthermore, research by Obesity Scotland found that physical

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[22] European Network of Migrant Women, Migrant Women's Mental Health & Wellbeing, 2021
[23] See Me, "Just over a quarter of Scots who have had problems with their mental health for the first time during the pandemic have not spoken to anyone about it" [press release], February 2022.
[24] Teychenne, et al., Do we need physical activity guidelines for mental health: What does the evidence tell us?, 2010

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activity levels have reduced as the pandemic has gone on with 47% of respondents in their research reporting their physical activity levels have worsened in 2021.[25]

At a CPG meeting, members discussed the issue of getting outdoors in urban areas when the five-mile travel ban on travelling outwith Local Authorities was in place.[26] People with lived experience of mental health problems also explained that they found the second lockdown much more difficult because of the darker nights and winter weather which made it more difficult to get outside.

In research from Close the Gap and Engender, two thirds of women reported staying active had become harder in the pandemic; this is compared to a third of men. The lack of accessibility for disabled women and women with young children, along with experiences of street harassment, are contributing factors to this inequality.[27] These may have been particularly exacerbated by the winter lockdown when daylight hours are reduced; according to a poll by Nuffield Health and YouGov, three quarters of women in the UK reported feeling scared of exercising outdoors in the dark.[28]

Members were also concerned about the impact of the cost of living crisis on people with low incomes' ability to participate in physical activity. In particular, the ability to afford costs of things like active wear or a gym membership.

Lessons from the Pandemic

Despite the challenges caused by the Covid-19 pandemic, respondents to the call for evidence acknowledged that there have been some examples of good practice that should be expanded or built upon.

Third sector

Many submissions praised the Third Sector for how quickly it adapted to the crisis and put in place additional support for people. For example, the ALLIANCE highlighted the positive impact of its Links Worker Programme which seeks to mitigate the impact of social determinants of health in people living in areas of high socioeconomic deprivation.[29] ALLIANCE Community Links Practitioners (CLPs) work within "Deep End" GP practices in Glasgow – practices which serve some of Scotland's most deprived populations – to support people experiencing loneliness, mental health problems and barriers to accessing individual and community support.[30] During the pandemic, these Links Workers have been supporting people on the shielding list by helping them access local support services,

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[25] Obesity Scotland, Impact of Coronavirus Control Measures on a Selection of Health Determinants in Scotland – One Year On, 2021

[26] BBC News, Coronavirus: Scotland's five-mile travel limit lifted, 2020

[27] Close the Gap & Engender, Joint briefing on the impact of COVID-19 on women's wellbeing, mental health, and financial security, 2021

[28] The Independent, Almost three quarters of women scared of exercising outdoors in the dark amid lockdown, 2020

[29] ALLIANCE, Links Worker Programme, n.d

[30] Find out more about The Scottish Deep End Project at https://www.gla.ac.uk/connect/publicengagement/projectsandevents/gpsatthedeepend/

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including mental health support. In the Deep End project's "General Practice in the Time of Covid-19" report, GPs described the support being offered by CLPs as "invaluable".[31]

In the Lothians, the ALLIANCE's Carer Voices project has been providing a "Check In and Chat" service, in partnership with NHS Lothian. This 24/7 telephone service offers support to the carers and families of people living with dementia in acute hospitals during the pandemic. [32] This service was particularly important when visits to hospital were restricted due to coronavirus restrictions.

Epilepsy Scotland also rapidly adapted and expanded mental health support over the phone and digitally. They are now working with five times as many people from outside their Glasgow base as they were before the pandemic – a 40% increase.

The third sector plays an important role for those affected by an eating disorder, often bridging the gap until they can access the specialist treatment they need and deserve. Charities such as Beat offer advice and support to facilitate early help-seeking. This is crucial given that rapid access to effective treatment[33] offers the best chance of recovery. Beat received emergency Scottish Government funding to provide a range of self-help and family and carer support for those impacted by eating disorders in Scotland. During October - December 2021 they provided 3508 support sessions, benefiting a total of 3680 people in Scotland. A total of 51 carers in Scotland attended our 'Developing Dolphins' and 'Coping with Celebrations' courses.

Work was also done to make Near Me more accessible, per person and across services, and Deaf Blind Scotland received funding for mental health check ins.

Online access

People with lived experience of mental health problems told the group that being able to attend online groups had been "lifesaving", without these they felt their mental health would have been significantly worse as they would have felt more isolated.

Green space and physical activity

Members also noted the importance of having access to greenspaces and getting active, particularly at a time when restrictions meant people could only meet outside. In the CPG's previous Inquiry, Members described using physical activity to support their mental health and maintain social relationships during the pandemic, Paths for All is a prime example of work done to support people's physical, mental and social health. It was for this reason that the CPG on Mental Health welcomed the Scottish Government's commitments to build on physical activity behaviour changes seen during the pandemic in the Mental Health Transition and Recovery Plan.[34] Greenspaces, such as community gardens like Jock Tamson's Gairden and Dr Neil's Garden in Edinburgh, also provided volunteering

[31] The Scottish Deep End Project, General Practice in the time of Covid-19, 2020
[32] ALLIANCE, Carer Voices and NHS Lothian to offer a carers "check in and chat", 2020
[33] https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/position-statements/ps03_19.pdf?sfvrsn=b1283556_2
[34] Cross Party Group on Mental Health, The Physical Wellbeing of People with Mental Health Problems, 2020

opportunities which had a positive impact on people's mental health, especially for those unable to work or on furlough.

Improving public awareness

Finally, the CPG reflected that the pandemic has encouraged more people than ever to talk about their mental health and look after their wellbeing. Members agreed that this should be capitalised on to improve public awareness about the importance of supporting mental health and wellbeing.

Conclusion and Recommendations

Members of the Cross Party Group on Mental Health would like to thank every individual, organisation and Cross Party Group who contributed evidence at this stage of this inquiry. It is clear that while this pandemic has affected everyone, this has not been equally. This report demonstrates the disproportionate impact the pandemic has had on the mental health of people affected by social and economic inequalities. Furthermore, there are some serious gaps in support for these people which must be urgently addressed.

Recommendations

15. Prioritise mental health and wellbeing by increasing investment in community-based mental health and bereavement support services
16. Run community information campaigns to highlight the positive impact Covid-19 restrictions have on reducing the spread of the virus
17. Address data gaps on the long-term impact of Covid-19, including on mental health
18. Provide funding for organisations providing "greenspaces"
19. Expand social prescribing opportunities to improve access to physical activity and access to horticultural therapy
20. Put marginalised groups at the centre of decision-making concerning the pandemic and Scotland's recovery, and involve the voices of people with lived experience meaningfully in policy and practice
21. Ensure Equality and Human Rights Impact Assessments are used to inform decision-making at national and local levels
22. Expand the provision of trauma-informed mental health services
23. Increase funding available for specialist community services
24. Ensure funding for Third Sector organisation is adequate and long-term
25. Ensure all healthcare related information is provided in clear and accessible formats, including audio and visual
26. Expand the provision of peer support across Scotland to help people rebuild social connections
27. Better links should be established between all services which engage with people with mental health problems so that there are no dead ends for those seeking help
28. Tackle violence against women and street harassment

The Conveners of the CPG on Mental Health have shared this report with the Minister for Mental Wellbeing and Social Care, Kevin Stewart and look forward to his response to these recommendations.

Appendix 1

The following CPG members responded to calls for evidence on social and economic inequalities:

- ALLIANCE
- CAPS Advocacy, Lothian Voices
- Mental Health Foundation
- Ross McPhaden
- Scottish Ambulance Service
- VOX Scotland

The following Cross Party Groups responded to this call for evidence:

- CPG on Independent Convenience Stores
- CPG on Commercial Sexual Exploitation
- CPG on Culture
- CPG on Scottish Gypsy/Travellers

The following CPG members responded to calls for evidence on pre-existing health conditions and disabilities:

- Beat Scotland
- Scottish Sensory Hub (the ALLIANCE)
- CAPS Advocacy, Lothian Voices
- ENABLE
- Lizzie Kirkham
- See Me
- VOX Scotland
- Public Health Scotland
- Fife Health and Social Care Partnership

The following Cross Party Groups responded to this call for evidence:

- CPG on Chronic Illnesses
- CPG on Epilepsy
- CPG on Cancer
- CPG on Epilepsy
- CPG on Strokes
- CPG on Muscular Dystrophy
- CPG on Obesity

The following CPG members responded to calls for evidence on children, young people and families:

- Place2Be
- Royal College of Paediatrics and Child Health
- Barnardo's

- Lizzy Kirkham
- CPG on Children and Young People
- Royal College of Psychiatrists

The following individuals and organisations contributed oral evidence throughout the inquiry:

- Equality Network
- Professor Katherine Smith, University of Strathclyde
- Who Cares? Scotland
- Mental Health Foundation