SAMH

for Scotland's mental health

STANDING UP FOR SCOTLAND'S MENTAL HEALTH

SAMH Manifesto

The Scottish Parliament Election 2021

#StandUpforMentalHealth samh.org.uk/standup

THERE HAVE BEEN TOO MANY PROMISES ON MENTAL HEALTH AND NOT ENOUGH ACTION.

FOREWORD

Mental health is a most crucial issue in crucial times: over 2,500 people across Scotland have told us so. At a time when we contemplate the opportunity presented by the Scottish Parliament election of 2021, the first since the 2017 launch of the Scottish Government 10 year Mental Health Strategy and the establishment of a dedicated Mental Health Minister, we must now more than ever see political and government commitment to make mental health an even greater issue of national importance.

As more and more people feel able to speak openly about their mental health and with an unprecedented pandemic period lasting 12 months and continuing, we have seen the population's mental health and the mental health systems designed to support it, challenged like never before.

To many observers and those thousands of people who want to be heard in this election, the progress and outcomes for people during the last term of parliament on the Mental Health Strategy and multiple associated initiatives has just not been good enough, and by some distance . Indeed a great number believe for those many thousands of children and young people still turned away from specialist services and support, the position is worsening and change on the ground has not happened. Adults still wait many months to receive any kind of psychological support. In the last two years, suicide rates have begun to rise again.

It was not meant to be this way. In 2017, the Mental Health Strategy stated, "That there should be parity of esteem between physical and mental health is widely accepted, and through this strategy we aim to ensure that it is more than just a worthy ambition and can be made real….In short, we share the ambition that you should only have to ask once to get help fast". We regret that has not happened but it must now, and not just in terms of esteem but in equity of access, waiting times, delivery and outcomes.

SAMH urges the next Scottish Government to listen to the stories of hope, fear and aspiration we hear daily from people who have experienced mental health problems, and in response begin to act on this manifesto from the first day it is in power. We will be there to offer help when we can, and to challenge when it is necessary. The next Scottish Parliament will see many new MSPs, as well as experienced members returning for a further term. We hope we can rely on each and every one of them to Stand up for Scotland's Mental Health.

BILLY WATSON
CHIEF EXECUTIVE, SAMH

WE WANT ACCESS TO PSYCHOLOGICAL WELLBEING SUPPORT FOR EVERYONE WHO NEEDS IT

OUR MANIFESTO
EXECUTIVE SUMMARY

There have been too many promises on mental health and not enough action. With the added pressure brought about by Covid, we need a radical new plan. We want access to psychological wellbeing support for everyone who needs it, real action on suicide prevention, and a fully resourced commitment that every child and young person who needs help will get it at the first time of asking, without the threat of rejection.

The next Scottish Government must prioritise Scotland's mental health: this manifesto sets out the essential actions required.

ABOUT SAMH

SAMH is Scotland's mental health charity. We're here for your mental health and wellbeing providing local mental health support and always accessible information. We listen to what matters in each local community, and campaign nationally for the changes that make the big and little differences in life. Now more than ever, we need to make change happen.

We're standing up for Scotland's mental health.

WHO WE HEARD FROM

IN PREPARING THIS MANIFESTO, WE HEARD FROM ALMOST 2,500 PEOPLE ACROSS SCOTLAND.

It is these voices, among the many others that we listen to every day, that have helped to build these proposals.

- We ran a Mental Health Matters survey, which included people who are supported by SAMH.

- Survey respondents then took part in focus groups which explored five themes: access to support; talking about mental health; mental health funding; mental health in education and work; and suicide prevention.

- We conducted research that explored people's experiences of seeking treatment and support for depression.

- We ran a consultation about the future of social care, including people who receive support from SAMH.

- SAMH staff took part in webinars and policy huddles to share their ideas for improving Scotland's mental health.

- We undertook research which explored how Covid restrictions have affected mental health support and treatment.

OUR PRIORITIES

There are three key areas where we must see action over the next Scottish Parliamentary term.

1 Ensure children and young people get help at the first time of asking without the threat of rejection

Covid led to a 55% reduction in referrals to Child and Adolescent Mental Health Services (CAMHS) at a time when children and young people needed more support than ever.[1] Despite this reduction in referrals and the commitments from government, one in five young people continue to be rejected from support, and left with little to no help for their mental health.[2]

2 Expand psychological wellbeing support, to enable quick access in communities without the need for referral

It still takes too long and is too difficult to get help for a mental health problem. People have told SAMH that it is very difficult to access psychological wellbeing support through the NHS.[3] For those who do access such support, around one quarter will have to wait over four months before their first appointment.[4]

3 Build capacity in our communities to prevent suicide by providing nationwide access to support and suicide prevention training

Despite the progress made over the last decade, two people still die by suicide every day in Scotland.[5] SAMH welcomes the work of the National Suicide Prevention Leadership Group, but we must acknowledge the increase in suicides over the past two years and redouble our efforts to prevent deaths by suicide.

SUPPORTIVE COMMUNITIES

SAMH wants everyone in Scotland to be able to access timely support for their mental health within their own communities.

Participants in our manifesto consultation highlighted the importance of local support that is easy to access, without the need for referrals and waiting lists. When people did manage to access support, many found it helpful and some found it life-changing. But for most it was a struggle to get there.

Covid has made the struggle to get help even harder for many people, with restrictions placed on our movements, the withdrawal of face-to-face support, and the cancellation or postponement of treatment. Mental health support options that are available quickly and locally are needed now more than ever.

Psychological Wellbeing Support

On average, around a quarter of adults seeking mental health support will wait over four months for their first therapy appointment. However, many will wait longer, with some people left on waiting lists for over a year.[6] Often it is a struggle to even get added to a waiting list for therapy.

Forty-eight per cent of the 281 respondents to a SAMH survey indicated that they had not been referred for therapy after seeking help for their mental health, and 46% were not offered any choice of support.[7] As the first point of contact for many people looking for help for their mental health, GPs are too often faced with the impossible choice of referring someone to psychological therapies and knowing they may well wait for months, or leaving them without any support at all.

"They refused to put me on the waiting list for counselling as they said with the waiting list in my area there was no point."

At SAMH, we believe that people should be able to access psychological wellbeing support without the need for either a referral or waiting lists. We know that people who wait longer for help are more likely to experience a deterioration in their mental health, so we need to provide support at the earliest opportunity.[8] To achieve this, we need an expanded network of psychological wellbeing services at a local level, which the third and voluntary sector is well-placed to deliver.

"Requesting specific types of services resulted in the GP essentially telling me that most services were overwhelmed"

We want to see a mental health triage system in every community in Scotland. In the wake of Covid, Mental Health Assessment Centres were established across the country. These centres sought to rapidly assess people's mental health, in order to connect them to the right support for them. We want to see this model, and others like it, continue, so that GPs and other health professionals can have confidence that people will be connected to appropriate support quickly.

In order to achieve this expansion, we need increased in investment in community health and social care budgets. Audit Scotland reports that the share of expenditure for community based support has remained unchanged since 2012/13.[9] If people are to receive help at the earliest opportunity, we need the proportion of investment in community based support to increase in each year of the next parliamentary term.

"More funding...is definitely needed to be able to offer more help in the community, especially for those who aren't classed as the most severe cases. I have had over 10 years of anxiety problems which have held me back...and I believe the anxiety cycle has continued because I've never been "ill enough" to qualify for therapy on the NHS."

This investment is needed now more than ever. Our research indicates that people's mental health and ability to cope has worsened since the start of the Covid pandemic, at a time when support services have reduced or been withdrawn completely.[10] In the months following lockdown, fewer people were referred for therapy, meaning more people than ever will be struggling without support.

Alongside an expanded network of psychological wellbeing services, we need to see an increase in the NHS psychology workforce. In Scotland, we have fewer psychologists and therapists per person than in both England and Northern Ireland – in order to bridge this gap, we would need to increase our workforce by approximately 50%.[11, 12, 13]

When we asked people what type of support they found most helpful, it was clear shared experiences are highly valued and that people want to make more use of peer support: that is, support provided by people with personal experience of mental health problems.

Peer support can help to break down the stigma people still face when they seek help for their mental health. Asking a health professional for help can be difficult, especially if you have never talked about your mental health before or you've previously faced stigmatising responses. Indeed, a quarter of respondents to a SAMH survey said they did not feel their doctor understood them and over a third did not feel confident asking questions.[14]

Speaking to someone who has not only struggled with their mental health themselves, but has also faced similar experiences to you when seeking support, can help to build a trusting and reciprocal relationship. This can be key to helping people recover, and is especially important for people who may not have personal support networks and are at a higher risk of experiencing isolation. We want to see the expansion of peer support in mental health across Scotland, through the development of a national workforce target, peer infrastructure and a shared understanding of what peer support is.

ACTIONS NEEDED

A programme of investment to increase the NHS psychology workforce by 50% by the end of the next parliamentary term, to bring levels in line with those in England and Northern Ireland

An expanded network of psychological wellbeing supports, based within the third and voluntary sector, which can be accessed quickly through self-referral, community-based triage or GP referral

An increase in the proportion of funding for community-based health and social care in each year of the next parliamentary term, to help increase and diversify psychological wellbeing and social care support

Expansion of peer support across Scotland through the development of a national peer workforce target, peer infrastructure and a shared understanding of what peer support is - to be delivered by a funded National Leadership Group on peer support for mental health

Social Care Support

Many people who experience mental health problems receive vital support through third sector and independent social care providers. That's why we hope the recommendations of the Adult Social Care review will lead to positive change.

We know that when adult social care works well, people with mental health problems ultimately benefit. Earlier this year, SAMH asked people using our services about their experiences of social care in Scotland. While we found that social care support is generally viewed positively, our research also highlighted that there are problems within the system.

"The process of referral, assessment and being assigned a place was very drawn out, with little input from me."

We found people felt they had more agency and independence when being supported in the community, compared to being supported in hospital.

However, the lack of investment in community-based social care means there are people stuck in hospital, waiting for a space within support services to become available. There are also people in community-based social care services that are no longer appropriate for their needs, because alternative support is not available.

"I feel like I'm bed-blocking as I no longer need the intensity of input that supported accommodation provides, but cannot move out until alternative support is arranged. This is proving difficult due to a) the limited choice of services available and their ability to meet my needs, and b) the amount of other people on the same waiting lists."

We need to increase and diversify social care support, so people can access services quickly and have more options which are local to them. This requires a longer-term and more strategic approach by Integration Authorities*, so they can make decisions that are based on people's needs, and not on short-term financial pressures.

Audit Scotland has emphasised that "financial planning is not integrated, long term or focused on providing the best outcomes for people who need support". The same Audit Scotland report also notes the lack of progress in moving some acute hospital services and associated budgets from NHS Boards to Integration Authorities.[15]

SAMH wants social care contracts to be offered on a five-year basis as a statutory minimum. This will allow both social care providers and local authorities to focus on delivering the best outcomes for people, necessitating a shift in resources as longer-term planning is required. Social care providers, whether they are third sector or for-profit, also need to be involved in the design of social care services, not just the delivery.

In Scotland, people can be charged by local authorities for the social care they receive, with charges and eligibility varying a great deal between local authorities.

A recent survey of people who use SAMH services found that 'money worries' was the second most frequently cited factor that had a negative effect on mental health. It is, therefore, not surprising that some people decide to disengage with their support once they realise that they are required to make a financial contribution. We want social care charging abolished, so it is free at the point of use; but this needs to be achieved without compromising the quality of services or reducing services.

Abolishing social care charging also means removing the requirement to self-fund for people who refer themselves for social care support. Recent research on Self-Directed Support (SDS) in Scotland, showed that 61% of respondents lived below the poverty line. The requirement for people to self-fund if they cannot access social care through their local authority is a barrier which risks people trying to manage without support.[16] The social care system should not be exacerbating people's money worries: instead it should alleviate the factors that contribute towards people's ill-health.

ACTIONS NEEDED

Five-year social care contracts as a statutory minimum, so that services are designed around people's needs and not around short-term financial decisions

Social care charging, including the requirement to self-fund on self-referral, to be abolished by the end of the next parliamentary term, so that social care is free at the point of use

* By Integration Authorities we mean Integrated Joint Boards (IJBs) and Health and Social Care Partnerships (HSCPs).

General Practice

For many people with mental health problems, going to the GP is the first step to getting support and treatment. In Scotland, one in five appointments is related to a mental health problem like anxiety or depression.[17]

Throughout the Covid pandemic, GP practices have remained open and have adapted to extraordinary circumstances. However, even before the pandemic, one in 20 people felt that they weren't getting enough time with their GP across Scotland.[18] The workload of GPs was also under significant pressure pre-Covid, particularly in deprived areas where patients are more likely to have psychological problems and multiple health problems.[19]

"[I] saw a GP about mental health issue recently: she was fantastic, proactive, listened to me and was supportive. My referral to mental health services was rejected as the authority is only taking severe and acute referrals. My GP was told to treat me in primary care but their mental health care is over capacity so they can't take referrals."

The combination of cancelled appointments and an expected increase in mental health problems, will undoubtedly add to the existing pressure on workloads. A recent SAMH survey of people with pre-existing mental health problems found that 64% of respondents had tried to speak to a GP about their mental health during the pandemic; however 13% of these people had been unable to do so. Fifty-one per cent of respondents also felt that opportunities to discuss their treatment and treatment options had worsened since the beginning of the pandemic.[20]

"I was due to receive face to face support which was cancelled due to the pandemic. I was left with no information on when this may become available again and simply signposted towards a website."

SAMH believes that there needs to be a significant increase in funding and resources available to GP practices. Such investment must support extended GP appointments, which will enable people to open up about their mental health and ensure they receive person-centred support.[21] This will be particularly beneficial for people in deprived areas whose needs are often more complex, and for children and young people who may need more time to build trust with healthcare professionals.

The Scottish Government's Community Link Practitioner programme is seeking to reduce pressure on GPs. Throughout the pandemic many Community Link Practitioners, including SAMH's practitioners in Aberdeen and North Lanarkshire, have continued to play an invaluable role by contacting vulnerable patients and connecting them with community-based initiatives to reduce isolation and the number of GP contacts.

However, only six of Scotland's 14 territorial health boards have recruited Community Link Practitioners.[22] The job titles, roles and responsibilities of these practitioners also vary across these health boards. For example, not all Community Link Practitioners are embedded within GP practices and, depending on their role, they may not have access to patient medical records. [23], [24] This variation is not good for patient care and consistency of service delivery. Now is the time to extend the Community Link Practitioner programme across Scotland and standardise the Community Link Practitioner role.

ACTIONS NEEDED

Immediate implementation of 15 minute GP appointments as standard, as called for by the Royal College of GPs in Scotland

Community Link Workers embedded in every GP surgery in Scotland by the end of the next parliamentary term

Rapid standardisation of the Community Link Practitioner role to ensure consistency across Scotland

Physical Activity

For over 10 years, SAMH has actively championed the positive impact that physical activity can have on mental health. We also want to address the health inequalities faced by people with severe mental health problems, who live on average 10 to 20 years less due to largely manageable health conditions like diabetes, hypertension and obesity.[25] We have worked in partnership with key organisations, including **sport**scotland, to develop projects and programmes aimed at supporting mental health through physical activity.

During the Covid pandemic, many people have used physical activity to protect and boost their mental health. However, this hasn't been everyone's experience. People with mental health problems have been disproportionately affected by successive lockdowns, which have caused the closure of leisure facilities and restrictions on group sizes. This has disrupted people's routines, reduced opportunities for social interaction and peer support, and limited access to spaces where people feel comfortable exercising.

Even before the pandemic, people with mental health problems faced a number of barriers to participating in physical activity. In particular, mental health problems can worsen people's self-esteem, motivation and energy, while some psychiatric medications can cause lethargy and weight gain. All of these factors can make it more difficult to be active.[26] SAMH wants more to be done to break down these barriers.

Scotland's Mental Health Charter for Physical Activity aims to do just that, by promoting equality and reducing discrimination for anyone with a mental health problem. The Charter empowers organisations and communities working in the area of physical activity to create positive and lasting change that supports people with mental health problems to be active. Since the Charter's launch in 2016, it has gained over 400 signatories. We want the next Scottish Government to build on this by developing a national mental health framework for physical activity.

We also want to see more action that specifically targets people with mental health problems to increase their physical activity levels. SAMH's Active Living Becomes Achievable (ALBA) programme is a good example of this. Funded through the Scottish Government's Mental Health Strategy, ALBA was unique to other exercise programmes because it used a Cognitive Behavioural Approach to help people with mental health problems explore the factors causing them to be inactive.

A recent evaluation of ALBA found that the programme was not only effective at increasing the physical activity levels of participants, but it also improved wellbeing.[27] This programme should be available for anyone with a mental health problem wanting to be more active and, as such, it must be funded and rolled out nationally.

Exercise referral programmes and other social prescribing opportunities, like ALBA, also need to be available at no cost to participants. Mental health is not the only barrier to staying active; poverty is a significant barrier to participation.[28] We know that people living in poverty are more likely to experience a mental health problem, so it is imperative that we ensure people can access free opportunities to participate in physical activity.

In Scotland, almost half of exercise referral programmes charge a fee for activity sessions with some costing as much as £50.00 for a 12-week programme.[29] SAMH believes that social prescriptions should be free, just as medical prescriptions are, and that these should also cover costs incurred by participants for things like gym memberships, new appropriate clothing and transport costs.

ACTIONS NEEDED

Build on Scotland's Mental Health Charter for Physical Activity, by working with Scotland's sporting governing bodies to develop a national framework to destigmatise mental health and break down barriers to participation

Fund Active Living Becomes Achievable (ALBA) for the duration of the Mental Health Strategy, with a view to national roll-out - prioritising areas of high deprivation and at-risk communities

All social prescribing opportunities used by public health and social care services, including exercise referral schemes, to be free to participants

WE NEED TO PROVIDE SUPPORT ON A NATIONWIDE BASIS

SUPPORT WHEN YOU NEED IT MOST

SAMH believes that no one should experience a mental health crisis alone, and that high quality support, care and treatment needs to be available at all times.

The number of people in Scotland who need hospital treatment for their mental health has continually increased since 2015,[30] with the number of deaths by suicide also increasing in the last two years.[31] We need to provide support on a nationwide basis, as well as services that support people to leave hospital in a safe and timely way.

We also want to reform the way children and young people access support, so that they can get help without the threat of rejection. No child or young person should ever be refused help. SAMH is determined to end the practice of rejected referrals.

Suicide Prevention

On average, two people a day die by suicide in Scotland. In 2019 alone, 833 people in Scotland lost their life to suicide, an increase of 6% compared to 2018.

While suicide affects all communities, we know that particular groups are at increased risk. Men are three times more likely to die by suicide than women. Suicide is also strongly linked to poverty, with people living in our most deprived communities over three times more likely to die by suicide. Worryingly, in 2019 we saw an increase in young people dying by suicide.[32]

During the next parliamentary term, Scotland has the opportunity to refocus suicide prevention efforts. The current national suicide prevention action plan – Every Life Matters[33] - concludes at the end of 2021. This three-year plan had an ambitious target of reducing deaths by suicide by 20%. At this point it's hard to see how this target can be achieved, but that does not mean we should lose sight of its ambition.

We are calling for the impactful Lived Experience Panel, which supports Every Life Matters, to be retained and resourced in a future national strategy. This panel of people affected by suicide has ensured that lived experience is at the heart of national suicide prevention action. We also want to see the national suicide prevention social movement – United to Prevent Suicide – receive continued government resourcing for the long term. This campaign, designed by people with lived experience, is focused on getting people to talk about suicide – one of the best preventative measures individuals can take.

SAMH strongly welcomes the call from the National Suicide Prevention Leadership Group (NSPLG) for a long-term suicide prevention strategy. We believe this should be a 10-year strategy to enable systematic change that reduces deaths by suicide. We agree with the NSPLG that the new strategy should include action on suicide stigma, the drivers of suicide and restriction of the means to complete suicide.

Alongside this work, access to high quality suicide prevention training is key. The Scottish Government has historically licensed the ASIST (Applied Suicide Intervention Skills Training) and safeTALK training packages, which have a strong evidence base.[34] Currently there is an unacceptable lack of clarity over the long-term availability of this training in Scotland, with fewer than 150 trainers for each course in Scotland. We want the next Scottish Government to retain the ASIST and safeTALK courses, and double the number of trainers by the end of the next parliamentary term.

It is crucial that training is available where it can have the biggest impact: our local communities. Anyone who may have the opportunity to speak to someone who is thinking about or planning suicide should be able to access suicide prevention training. We are calling on the next Scottish Government to make funding available to Community Planning Partnerships to provide local suicide prevention training within communities. Prioritisation should be given to areas of high deprivation, with targeted funding for organisations that support at-risk and under-served communities.

To further support local suicide prevention activities, the next Scottish Government must improve the collection and publication of information about deaths by suicide. Currently information on deaths by suicide is published annually, meaning that data is always a year out of date. As such, we still have no information on deaths by suicide during the Covid pandemic. There is an urgent need for real time data on deaths by suicide to allow innovative and timely responses in local areas.

There have been positive developments throughout the Covid pandemic, namely the rapid implementation of support through Distress Brief Intervention (DBI). SAMH welcomed the roll out of DBI, an action which recognised that the pandemic was likely to increase mental health problems at a time when access to health services was limited by lockdown restrictions. DBI provides people with a 14 day intensive intervention that connects them to sustained support within the community, reducing the likelihood of another mental health crisis.

Due to Covid, DBI is primarily telephone based at present. While we understand this, we want to see a return to face to face delivery as soon as it is safe to do so. We also want the next Scottish Government to immediately commit to nationwide access to DBI through both first responders and NHS 24's mental health hub. The continuation of DBI at a national level will help to provide timely crisis support, contributing to the crucial work needed to reduce deaths by suicide.

"I myself have recognised that I am not coping well and am burning out and about to break down, however the NHS is struggling so much I was basically told, in the nicest way possible, they couldn't offer me any support until after I had a breakdown".

Alongside urgent action to reduce deaths by suicide, we need a national focus on self-harm. Self-harm is often a coping mechanism for managing psychological and emotional distress. We know that this is a growing issue, particularly but not exclusively affecting Scotland's young people, with young girls at particular risk. [35, 36] Other groups at heightened risk include people that identify with the LGBT community.[37]

We agree with Samaritans Scotland that we need a national self-harm strategy which prioritises developing and improving data and evidence; making available evidence-based, safe and compassionate interventions and treatments; and reducing self-harm stigma. [38] The strategy should be co-produced by people with lived experience of self-harm and align with other national strategies, including a new suicide prevention strategy.

ACTIONS NEEDED

Retain the National Lived Experience Panel as currently funded so that it lasts for the lifetime of the next Suicide Prevention Strategy

The next Suicide Prevention Strategy should cover a 10-year period and include actions on reducing suicide stigma, understanding the drivers of suicide and means restriction, in particular medicine management

An immediate commitment to retain ASIST and SafeTalk, with a commitment to double the number of ASIST and SafeTalk trainers by the end of the next parliamentary term

Provide funding for Community Planning Partnerships to deliver suicide prevention training in communities, with prioritisation given to areas of high deprivation, as well as targeted funding for organisations that support at-risk and under-served communities

Closer national and local monitoring of enhanced and real time suicide data, as called for by the NSPLG

An immediate commitment to retain national access to DBI through both first responders and NHS 24, with a return to face-to-face support as soon as it is safe to do so

The development of a national self-harm strategy in partnership with stakeholders and people with lived experience

I FELT WORTH A LOT, AND FOR A LONG TIME I DIDN'T FEEL LIKE I WAS WORTH MUCH.

ROBERT'S STORY

After a suicide attempt Robert finally reached out for support. This led him to 'The Changing Room', a SAMH project which uses the power of football to get men in their middle years talking about mental health.

"2018 was a really bad year for me. It was like the perfect storm, everything built up over a year. By the end of that year I thought the only way to deal with it was suicide.

"After an attempt in early 2019, I opened up to my wife for the first time about how I had been feeling. Telling her was an amazing thing, like I was unburdening myself.

"The next day I went to see my GP, she told me that I might benefit from a support group or counselling. I'd heard about The Changing Room before, which I mentioned and she encouraged me to give it a go. After speaking to the doctor I left feeling even more unburdened, like at least I'm taking control now.

"I'm a lifelong Hearts fan, and I love football. Growing up, my Uncle Danny, who had played for the team, was my hero. My first meeting at The Changing Room was at the Big Hearts offices: there were pictures on the wall of my Uncle Danny, which put me at ease.

"One of the things that's so important about The Changing Room is that it gets past the stigma. Men are reluctant to talk about how they feel. But put it in a stadium where many men already have an attachment and we are already emotionally engaged. This makes it easier to open up about how you feel, because you're already there.

"I felt like I was on my own, but suddenly I was in a room with 10 other people and although we all have our own stories, reasons and lives, there is so much about the experience that is shared: the love of football but also pain, the trauma and the tears, we all have that common thread. Early on I remember thinking I'm worth my place in this group, not only is it helping me feel better but I'm going to be part of making other people in this group feel better. I felt worth a lot, and for a long time I didn't feel like I was worth much.

"The Changing Room completely transformed my life, and it all started with that conversation about mental health."

Children and Young People's Services

Many children and young people wait over four months for their first CAMHS appointment and the average waiting time is consistently over two months, while one in five are rejected from CAMHS altogether.[39] These rejections often happen after a paper-based referral without any in-person contact. Children, young people and their families feel like they have to be in crisis, which often means feeling suicidal or self-harming, in order to get help.[40, 41]

This is a persistent problem, yet there is very little evidence to indicate that access to support has improved. Despite the Scottish Government committing to the recommendations in the 2018 Audit of Rejected Referrals report and investing £4 million to recruit 80 new CAMHS workers, the rate of children and young people who are rejected has remained steady at one in five. Even when referrals to CAMHS decreased by 55% in the months following lockdown, there was still a slight increase in the rate of rejected referrals.

It is unacceptable that any child or young person is rejected after seeking help. SAMH has a vision for children and young people's mental health support that would end rejected referrals, and instead connect children and young people to the help they need as quickly as possible. We want every local authority to develop community-based mental health triage for children and young people, so that they can be quickly assessed by a multi-disciplinary team and be connected to the right support.

"I waited a year for my CAMHS assessment, and it lasted 20 minutes. It was the school nurse who told me a few weeks later that I wasn't being referred, they never sent me a letter. I asked why not and apparently it was because I wasn't suicidal. But they never asked if I was suicidal."

A community-based multidisciplinary triage system is needed urgently, as children and young people continue to struggle with the disruption to their lives as a result of Covid. The decrease in referrals to CAMHS following the first lockdown means that more children and young people than ever are trying to cope without support. We need to reform the system so that children and young people no longer have to cope on their own.

CAMHS currently acts as a children and young people's mental health assessment service, in addition to providing specialist support. However, the waiting times and rate of rejected referrals indicates that CAMHS does not have the capacity to assess all children and young people who need support that is not readily available in the community. CAMHS needs to be part of an expanded system of support and triage, so that it does not need to reject referrals and, ultimately, **cannot** reject referrals.

"I frequently refer pupils to CAMHS as I have a pastoral role at a school. The waiting lists are worryingly long and I spend a lot of my time supporting young people who are struggling with the wait."

Creating an expanded system of support will require a substantial increase in investment. The Scottish Government has committed to developing community mental wellbeing services for children, young people and their families. Yet it has only promised £17 million over two years to develop, implement and deliver this service.[42] This amounts to 0.1% of local government funding, with no clear plan to sustainably fund the service beyond 2023.

SAMH wants the next Scottish Government to immediately double the initial investment in the community mental wellbeing services it has promised, and ensure the support provided is focussed on improving mental health. This increased investment will help Local and Integration Authorities to implement these services at a time when their budgets are under significant pressure. We also want Local and Integration Authorities to include sustainable funding for the delivery of any new and expanded community mental wellbeing services in their financial plans for each year of the next parliamentary term.

The development of these support services, as well as the proposed triage system should involve the direct participation of young people. We need to put children and young people's voices at the centre of our mental health services. It is not possible to know the needs of young people without listening to them, so we should not attempt to develop support services without their direct participation.

"Quite a large number of referrals in [the] school [where I work, and] a huge amount are knocked back. I work in a school with many children living in areas of multiple deprivation: these are the kids who really need help. Many don't have the appropriate support at home and at times their behaviour is a cry for help."

We also need to give children and young people more agency, so they are actively involved in decisions that affect them. That is why SAMH is calling for an immediate end to automatic transition to adult mental health services at the age of 18. Instead, young people should be able to choose when they want to transition to adult services, so that it causes as little disruption to their lives and their recovery as possible.

ACTIONS NEEDED

By the end of the first year of the parliamentary term, each local authority must have community-based mental health triage for children and young people who need support that is not readily available to them in the community – where they are quickly assessed by a multidisciplinary team and connected to the support they need without the threat of rejection

CAMHS to be part of an expanded system of mental health support for children and young people, so it is not the only option and does not need to reject referrals

Immediately double the investment in community mental wellbeing services for children and young people, and ask Local and Integration Authorities to include sustainable funding for these services in their financial plans for each year in the next parliamentary term

Take immediate action to ensure children and young people can choose when they transition from young people's services to adult services, bringing an end to automatic transition at the age of 18

Hospital Care and Treatment

We want people who need to be in hospital for their mental health to have their rights respected. That means people need to receive the highest possible quality of care and treatment; as far as possible actively participate in decisions that affect them; have the ability to challenge decisions made without their consent; and have access to the same opportunities that they would in the community. We are hopeful that the Review of Scottish Mental Health Law will recommend changes that support these rights.

One of the most pressing problems affecting people who need to be in hospital, is the lack of Mental Health Officers (MHO)[43], who are an important safeguard when someone is being detained in hospital, providing a check and balance on doctors' decisions to detain people in hospital. Yet over 50% of emergency detentions last year took place without MHO consent.[44] It is unacceptable that someone can be detained in hospital and deprived of their liberty without the safeguard of MHO consent, which is why SAMH wants to see the number of MHOs increased as a matter of urgency.

When people are in hospital they also need to be able to access their legal right to independent advocacy, to allow them to be heard and have as much control as possible over the decisions that affect them. However, only five out of 14 NHS Boards have Strategic Advocacy Plans in place, and independent advocacy services have had their funding cut, despite increasing demand.[45, 46] SAMH wants everyone living with mental ill-health to be able to access their legal right to independent advocacy. That means every NHS Board must have a strategic advocacy plan in place, with the funding to deliver it.

Support to leave hospital in a safe and timely way is just as important as the care and treatment that someone receives. However, due to a lack of appropriate support services in the community or delays in discharge, there are currently people detained in hospital under conditions of excessive security.[47, 48]. The average length of stay in a rehabilitation ward is 582 days, compared to just 40 days for an acute ward.[49] We want to end delayed discharge from mental health rehabilitation settings.

When people leave hospital, Community Mental Health Teams (CMHTs) are a crucial source of clinical support, but they do not have the capacity to provide the social care that many people need in order to leave hospital and maintain their recovery. That is why SAMH wants every inpatient mental health setting in Scotland to have access to specialist mental health social care support that is designed to help people leave and stay out of hospital, in addition to the clinical support provided by CMHTs. This will require significant investment in community health and social care support for people with mental ill-health, necessitating a shift in funding from clinical to community settings.

Finally, there are currently no inpatient facilities for children and young people north of Dundee or south of Glasgow. It is unacceptable that children and young people must travel hundreds of miles to get the help they need for their mental health. It deprives them of many of their human rights, including the right to education and the right to a family life, and is incompatible with the United Nations' Convention on the Rights of Children. That is why SAMH wants every child and young person who needs hospital treatment for their mental health, to be able to access that treatment within their own NHS Board area.

ACTIONS NEEDED

Ensure the rights of everyone who is subject to compulsory care and treatment are respected, with urgent action to increase the number of Mental Health Officers

Ensure every NHS Board has a fully funded Strategic Advocacy Plan in place by the end of the next parliamentary term

Take action to end delayed discharge from mental health rehabilitation settings by the end of the next parliamentary term

By the end of the next parliamentary term, every mental health inpatient setting in Scotland must have access to specialist social care support, in addition to the support provided by Community Mental Health Teams

By the end of the next parliamentary term, every territorial health board must have a psychiatric inpatient service for young people, so they do not have to travel outside their health board area for treatment

Social Security

Access to dignified and financially adequate social security is a human right, which should support people to engage in society irrespective of disability.

Over the course of the last parliament, the landscape of social security in Scotland changed radically. Scotland now has its own social security system, which will start administering Adult Disability Payment (ADP), which replaces Personal Independence Payment (PIP), from 2022 - one year later than intended. We understand that the Covid pandemic made this delay unavoidable, but we are equally clear that the next government must reduce the impact of the delay on people with mental health problems.

Under the UK PIP system around 40% of claimants have a mental health problem.[50] We know from our own research that PIP is not working for people with mental health problems. The assessment process, particularly the face to face assessment, contributes to peoples' distress and does not adequately assess the impact of mental health problems or other fluctuating conditions.[51]

"Support is withdrawn far too early when you start to show signs of recovery... until your health deteriorates...and you're at risk again so you... are entitled to PIP for a couple years till someone decides you're looking better and the cycle starts again! We need real, consistent, long term support to help us live with mental health [problems]".

The delay in introducing ADP means that close to 60,000 people with mental health problems will now have to be assessed or reassessed under the UK's flawed PIP system. What's more, we fear that there will be a substantial number of people who would have been found eligible for ADP, but will instead be found ineligible for PIP.

While we are confident that the new system will be an improvement, the Scottish Government has proposed to broadly replicate the fundamentals of the PIP system in the short term. We understand that this allows for an effective transfer to the new system, but we must implement radical improvements as soon as possible after the transfer.

ACTIONS NEEDED

Following the introduction of ADP, rapidly transfer people who successfully made a PIP claim during the delay period

Following the introduction of ADP, rapidly review failed PIP applications during the delay period and run a publicity campaign encouraging people in that situation to re-apply

Co-produce the 2023 review of ADP with people with lived experience of receiving social security, and examine the award value as part of this review, drawing on the Scottish Campaign on Rights to Social Security's recent proposals[52]

SUPPORTIVE WORKPLACES & EDUCATION

SAMH wants every workplace, school, college and university in Scotland to be mentally healthy, so we can all get the most out of work and education.

One in four respondents to a SAMH survey indicated that issues at work or in education had the biggest negative effect on their mental health. In the focus groups that followed, people told SAMH about the stigmatising responses they had encountered, with many struggling to get support from their employer or through education.

Covid has brought about many changes to working and learning lives, but its clear people still need to be supported to stay mentally healthy at work and in education.

Mentally Healthy Workplaces

At SAMH, we believe good and stable employment – where someone is well enough to work and has some control over their tasks and working conditions – can be good for mental health. However, almost a quarter of respondents to a SAMH survey indicated that work or education had a negative impact on their mental health. We want to see action to make workplaces more mentally healthy, as well as increased support so that people with mental health problems are better able to gain and stay in employment

In Scotland, people with mental health problems consistently have the lowest employment rate of all people with disabilities.[53] The Individual Placement and Support (IPS) model is the most effective employability programme at supporting people with severe and enduring mental health problems into sustained employment. IPS is unique to other employability programmes because IPS specialists are based within Community Mental Health Teams to better understand and support the needs of an IPS participant.

SAMH's own IPS services have been successful at increasing the earnings, reducing social security claims and lessening the number of community psychiatric nurse and psychiatrist appointments of IPS clients.[54] We want more people to have access to IPS services across Scotland. But for IPS to be as effective as possible, it needs to be procured through the NHS and rolled out nationally, so that IPS specialists can take the longer-term approach needed to support people with mental health problems into employment.

More effort is also needed to tackle stigma and discrimination in the workplace. Mental ill-health is one of the most common reasons for absences at work.[55] According to Business in the Community (BITC), over a third of the Scottish workforce has been diagnosed with a mental health problem, with 41% of respondents to a BITC survey indicating that work had contributed to their poor mental health.[56] Scotland urgently needs a national approach to create mentally healthy workplaces.

As part of this, employers need support to implement meaningful change in their workplaces. A recent survey of employers found that three in five had faced barriers in supporting employees to return to work following a long-term sickness absence, most of which were related to mental health. These barriers included lack of time, insufficient staff resources and not having the funding for support.[57]

"I think the work culture in general should change. We work long hours and then try to extend our "free" time by staying up late. It results in overuse of caffeine or other stimulants and a disruption in sleep which then interferes with health and therefore productivity in the workplace. It's a vicious circle."

To overcome these barriers we want additional funding for employers to implement support initiatives, deliver training and make changes to practice and policy. We also want the next government to develop a framework of mental health standards for the private and public sectors, in partnership with people with experience of mental health problems.

ACTIONS NEEDED

Procurement for Individual Placement and Support (IPS) to take place through the NHS

Funded mental health training for all public sector bodies and organisations, and grant funding for mental health interventions for small, medium and not-for-profit businesses

Rapidly develop a framework for workplace mental health standards for both public and private sectors, involving people with lived experience in design, development and delivery

NO CHILD OR YOUNG PERSON SHOULD EVER BE REFUSED HELP

Mentally Healthy Schools, Colleges and Universities

The last year has been incredibly difficult for children and young people in education, who have had to cope with school closures, limited social contact, cancelled exams and uncertainty about the future. It has never been more important for school staff to understand the needs of learners experiencing distress, which is why we are calling for more support for school staff, so they can confidently respond to the mental health concerns of learners.

However, this is an issue which predates the pandemic: in 2017, a SAMH survey of school staff in Scotland found that two-thirds of teachers did not feel they had received sufficient training in mental health and 45% had never done any continuous professional development in mental health.

"This is a growing issue that, as a teacher, I am seeing and dealing with a lot more pupils coming to me with mental health and wellbeing issues. The problem is the lack of training we have to give these pupils support and also once we refer these pupils the massive lack of support available to them and parents to help them".

We recognise the workload challenges that school staff face, which is why we want time to be protected so they can undertake training and skills development in mental health. Not only will this empower school staff to better support pupils, but it will also enable them to recognise signs of poor mental health in themselves and their colleagues. This is significant: in a recent survey, 69% of teachers said they felt stressed from working.[58]

Steps also need to be taken to improve the quality of Personal and Social Education (PSE) in Scottish schools, which needs to include education in mental health. As part of a Review of PSE, 17% of Young Scot survey respondents felt that PSE was not helpful at all. This number increased as pupils entered the senior phase of secondary school.[59]

It is time to value PSE as highly as other school subjects. For this to happen in a way that does not add to the workloads of existing teaching staff, we want dedicated PSE subject teachers to be introduced by the end of the next parliamentary term. This will ensure young people receive high quality education on topics that are crucial to their personal development, including mental health.

"My guidance teacher didn't know what CAMHS was".

Support for Scotland's colleges and universities is also not consistent across the country. Before Covid, demand for student counselling services was outstripping availability.[60] Furthermore, colleges have less counselling provision than Scottish universities; only 46% of colleges have dedicated on-campus counselling services, compared to 89% of universities.[61] However, adding 80 additional counsellors for further and higher education is unlikely to address this inequality. We believe the provision of counselling services in the further education sector urgently needs to be brought into line with higher education before the end of the next parliamentary term.

Alongside counselling services, a whole organisation approach to mental health can increase staff awareness and confidence in supporting students with mental health problems. SAMH's Mentally Healthy College project at Glasgow Clyde College resulted in 76% of staff feeling more confident about responding to a student talking about their mental health concerns, as well as an increase in the number of students with experience of a mental health problem completing their studies.[62]

Approaches like this also help to raise awareness amongst students about the support available to them. A recent survey of 3,000 students commissioned by Think Positive, an NUS Scotland project, found that awareness of mental health services offered by colleges and universities is high. However, there are significant differences between further and higher education, with around four times as many higher education students knowing about mental health support, compared to further education students.[63]

ACTIONS NEEDED

Introduce Personal and Social Education (PSE) subject teachers by the end of the next parliamentary term

Take measures to immediately protect time for school staff to undertake training and skills development in mental health

Support the further education sector to increase counselling provision to the same level as the university sector, by the end of the next parliamentary term

All colleges and universities to adopt the Mentally Healthy Colleges model, to ensure a whole organisation approach to mental health

THE NEXT SCOTTISH GOVERNMENT MUST PRIORITISE SCOTLAND'S MENTAL HEALTH

SUMMARY: SCOTTISH GOVERNMENT TO-DO LIST ON MENTAL HEALTH

1 A programme of investment to increase the NHS psychology workforce by 50% by the end of the next parliamentary term, to bring levels in line with those in England and Northern Ireland

2 An expanded network of psychological wellbeing supports, based within the third and voluntary sector, which can be accessed through self-referral, community-based triage or GP referral

3 An increase in the proportion of funding for community-based health and social care in each year of the next parliamentary term, to help increase and diversify psychological wellbeing and social care support

4 Expansion of peer support across Scotland through the development of a national peer workforce target, peer infrastructure, and a shared understanding of what peer support is - to be delivered by a funded National Leadership Group on peer support for mental health

5 Five-year social care contracts as a statutory minimum, so that services are designed around people's needs and not around short-term financial decisions

6 Social care charging, including the requirement to self-fund on self-referral, to be abolished by the end of the next parliamentary term, so that social care is free at the point of use

7 Immediate implementation of 15 minute GP appointments as standard, as called for by the Royal College of GPs in Scotland

8 Community Link Workers embedded in every GP surgery in Scotland by the end of the next parliamentary term

9 Rapid standardisation of the Community Link Practitioner role to ensure consistency across Scotland

10 Build on Scotland's Mental Health Charter for Physical Activity, by working with Scotland's sporting governing bodies to develop a national framework to destigmatise mental health and break down barriers to participation

11 Fund Active Living Becomes Achievable (ALBA) for the duration of the Mental Health Strategy, with a view to national roll-out - prioritising areas of high deprivation and at-risk communities

12 All social prescribing opportunities used by public health and social care services, including exercise referral schemes, to be free to participants

13 Retain the National Lived Experience Panel as currently funded so that it lasts for the duration of the next Suicide Prevention Strategy

14 The next Suicide Prevention Strategy should cover a 10-year period and include actions on reducing suicide stigma, understanding the drivers of suicide and means restriction, in particular medicine management

15 An immediate commitment to retain ASIST (Applied Suicide Intervention Skills Training) and SafeTalk, with a commitment to double the number of ASIST and SafeTalk trainers by the end of the next parliamentary term

16 Provide funding for Community Planning Partnerships to deliver suicide prevention training in communities, with prioritisation given to areas of high deprivation, as well as targeted funding for organisations that support at-risk and under-served communities

17 An immediate commitment to retain national access to Distress Brief Intervention (DBI) through both first responders and NHS 24, with a return to face-to-face support as soon as it is safe to do so

18 Closer national and local monitoring of enhanced and real time suicide data, as called for by the National Suicide Prevention Leadership Group (NSPLG)

19 The development of a national self-harm strategy in partnership with stakeholders and people with lived experience

20 By the end of the first year of the parliamentary term, each local authority must have community-based mental health triage for children and young people who need support that is not readily available to them in the community – where they are quickly assessed by a multidisciplinary team and connected to the support they need without the threat of rejection

21 Child and Adolescent Mental Health Services (CAMHS) to be part of an expanded system of mental health support for children and young people, so that it is not the only option and does not need to reject referrals

22 Immediately double the investment in community mental wellbeing services for children and young people, and ask Local and Integration Authorities to include sustainable funding for these services in their financial plans for each year in the next parliamentary term

23 Take immediate action to ensure children and young people can choose when they transition from young people's services to adult services, bringing an end to automatic transition at the age of 18

24 Ensure the rights of everyone who is subject to compulsory care and treatment are respected, with urgent action to increase the number of Mental Health Officers

25 Ensure every NHS Board has a fully funded Strategic Advocacy Plan in place by the end of the next parliamentary term

26 Take action to end delayed discharge from mental health rehabilitation settings by the end of the next parliamentary term

27 By the end of the next parliamentary term, every mental health inpatient setting in Scotland must have access to specialist social care support, in addition to the support provided by Community Mental Health Teams

28 By the end of the next parliamentary term, every territorial health board must have a psychiatric inpatient service for young people, so they do not have to travel outside their health board area for treatment

29 Following the introduction of Adult Disability Payment (ADP), rapidly transfer people who successfully made a Personal Independence Payment (PIP) claim during the delay period

30 Following the introduction of ADP, rapidly review failed PIP applications during the delay period and run a publicity campaign encouraging people in that situation to re-apply

31 Co-produce the 2023 review of ADP with people with lived experience of receiving social security, and examine the award value as part of this review, drawing on the Scottish Campaign on Rights to Social Security's recent proposals

32 Procurement for Individual Placement and Support (IPS) to take place through the NHS

33 Funded mental health training for all public sector bodies and organisations, and grant funding for mental health interventions for small, medium and not-for-profit businesses

34 Rapidly develop a framework for workplace mental health standards for both public and private sectors, involving people with lived experience in design, development and delivery

35 Introduce dedicated Personal and Social Education (PSE) subject teachers by the end of the next parliamentary term

36 Take measures to immediately protect time for school staff to undertake training and skills development in mental health

37 Support the further education sector to increase counselling provision to the same level as the university sector by the end of the next parliamentary term

38 All colleges and universities to adopt the Mentally Healthy Colleges model, to ensure a whole organisation approach to mental health

ENDNOTES

1   ISD Scotland, Child and Adolescent Mental Health Services (CAMHS) waiting times, 2020, https://beta.isdscotland.org/find-publications-and-data/conditions-and-diseases/mental-health/child-and-adolescent-mental-health-services-camhs-waiting-times/1-september-2020/

2   ISD Scotland, Child and Adolescent Mental Health Services (CAMHS) waiting times, 2020, https://beta.isdscotland.org/find-publications-and-data/conditions-and-diseases/mental-health/child-and-adolescent-mental-health-services-camhs-waiting-times/

3   SAMH, 'Decisions were made about me not with me': Treatment and Support for Depression, 2020, https://www.samh.org.uk/documents/Decisions_were_made_about_me.pdf

4   ISD Scotland, Psychological therapies waiting times, 2020, https://beta.isdscotland.org/find-publications-and-data/conditions-and-diseases/mental-health/psychological-therapies-waiting-times/

5   ScotPHO, Suicide Key Points, 2020, https://www.scotpho.org.uk/health-wellbeing-and-disease/suicide/key-points

6   ISD Scotland, Psychological therapies waiting times, 2020, https://beta.isdscotland.org/find-publications-and-data/conditions-and-diseases/mental-health/psychological-therapies-waiting-times/

7   SAMH, 'Decisions were made about me not with me': Treatment and Support for Depression, 2020, https://www.samh.org.uk/documents/Decisions_were_made_about_me.pdf

8   SAMH, Talking It Out: Psychological Therapies in Scotland, 2015, https://www.samh.org.uk/documents/Talking_it_out.pdf

9   Audit Scotland, Health and Social Care Integration Update, 2018, https://www.audit-scotland.gov.uk/uploads/docs/report/2018/nr_181115_health_socialcare_update.pdf

10 SAMH, Impact of the pandemic on mental health services revealed", 2020, https://www.samh.org.uk/about-us/news-and-blogs/coronavirus-research

11 NHS Scotland, Workforce official statistics: psychology, 2020, https://turasdata.nes.nhs.scot/workforce-official-statistics/psychology/publications/01-september-2020/data-tables/

12 NHS England, NHS Workforce Statistics, 2020, https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/august-2020

13 Department of Health, Northern Ireland Health and Social Care Workforce Census, 2020, https://www.health-ni.gov.uk/publications/northern-ireland-health-and-social-care-workforce-census-march-2020

14 SAMH, 'Decisions were made about me not with me': Treatment and Support for Depression, 2020, https://www.samh.org.uk/documents/Decisions_were_made_about_me.pdf

15 Audit Scotland, Health and Social Care Integration: update on progress, 2018, https://www.audit-scotland.gov.uk/uploads/docs/report/2018/nr_181115_health_socialcare_update.pdf

16 ALLIANCE, My Support My Choice: People's Experiences of Self-Directed Support and Social Care in Scotland, 2020, https://storage.googleapis.com/scvo-documents-evidence/0693z00000DbtyoAAB-ALLIANCE-SDSS-MSMC-National-Report-Oct-2020.pdf

17 NHS Inform, Struggling with Stress?, 2020, https://www.nhsinform.scot/healthy-living/mental-wellbeing/stress/struggling-with-stress

18 Scottish Government, Health and Care Experience Survey: results 2019/20, 2020

19 Stewart Mercer et al., The CARE Plus study, 2016, https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-016-0634-2

20 SAMH, Covid research, pending publication

21 RCGP, #RenewGP, 2019, https://www.rcgp.org.uk/-/media/Files/RCGP-faculties-and-devolved-nations/Scotland/RCGP-Scotland/2019/RCGP-scotland-renew-GP-june-2019.ashx?la=en

22 Jeane Freeman, Written Answer to Question S5W-32076, 2020, https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-32076&ResultsPerPage=10

23 Scottish Parliament, Health and Sport Committee Official Report, 2019, https://www.parliament.scot/parliamentarybusiness/report.aspx?r=12311&mode=pdf

24 NHS Lothian, Community Link Workers in Edinburgh, 2016, https://www.evoc.org.uk/wordpress/wp-content/media/2017/02/Edinburgh-Community-Link-Worker-Report-PUBLISHED.pdf

25 WHO, Meeting report on excess mortality in persons with severe mental disorders, 2015, https://www.who.int/mental_health/evidence/excess_mortality_meeting_report.pdf

26 Jan Knapen, Exercise therapy improves both mental and physical health in patients with major depression, 2014, https://www.tandfonline.com/doi/full/10.3109/09638288.2014.972579?scroll=top&needAccess=true&

27 SAMH, Active Living Becomes Achievable (ALBA) Evaluation, 2020, https://www.samh.org.uk/documents/Evaluation_of_ALBA_February_2020_-_FINAL.pdf

28 Scottish Government, Scottish Health Survey, 2020, https://www.gov.scot/publications/scottish-health-survey-2018-volume-1-main-report/pages/51/

29 NHS Scotland, Audit of Exercise Referral Schemes in Scotland, 2018, http://www.healthscotland.scot/media/2203/ers-review-scotland-final-report.pdf

30 MWC, The use of the Mental Health (Care and Treatment) (Scotland) Act 2003 during COVID-19, 2020, https://www.mwcscot.org.uk/publications?type=44

31 ScotPHO, Suicide Key Points, 2020, https://www.scotpho.org.uk/health-wellbeing-and-disease/suicide/key-points

32 ScotPHO Suicide Key Points, 2020, https://www.scotpho.org.uk/health-wellbeing-and-disease/suicide/key-

33 Scottish Government Every Life Matters, 2018, https://www.gov.scot/publications/scotlands-suicide-prevention-action-plan-life-matters/

34 Scottish Government, The Use and Impact of Applied Suicide Intervention Skills Training (ASIST) in Scotland: An Evaluation, 2008, https://www.webarchive.org.uk/wayback/archive/20180519111441/http://www.gov.scot/Publications/2008/05/21112543/0

35 Rory O'Connor et al, Suicide attempts and non-suicidal self-harm: national prevalence study of young adults, 2018, https://www.cambridge.org/core/services/aop-cambridge-core/content/view/D711AD4AFA2E25CB941814D6EDF90656/S2056472418000145a.pdf/suicide_attempts_and_nonsuicidal_selfharm_national_prevalence_study_of_young_adults.pdf

36 The Children's Society The Good Childhood Report 2018 Summary 2018, https://www.childrenssociety.org.uk/sites/default/files/good_childhood_summary_2018.pdf

37 Stonewall LGBT in Britain Health Report 2018, https://www.stonewall.org.uk/system/files/lgbt_in_britain_health.pdf

38 Samaritans Hidden Too Long: Uncovering Self-harm in Scotland 2020, https://media.samaritans.org/documents/HiddenTooLong_uncoveringself-harminScotland.pdf

39 ISD Scotland, Child and Adolescent Mental Health Services (CAMHS) waiting times, 2020, https://beta.isdscotland.org/find-publications-and-data/conditions-and-diseases/mental-health/child-and-adolescent-mental-health-services-camhs-waiting-times/

40 Scottish Government, Rejected referrals to child and adolescent mental health services: audit, 2018, https://www.gov.scot/publications/rejected-referrals-child-adolescent-mental-health-services-camhs-qualitative-quantitative/

41 Youth Commission on Mental Health Services, Youth Commission on Mental Health Services Report, May 2019, https://static1.squarespace.com/static/5cee5bd0687a1500015b5a9f/t/5d5bff2d3e4b3a0001235a5c/1566310232664/YS_Youth_Commission_Mental_Health_FINAL.pdf

42 Scottish Parliament, Official Report, 2019, https://www.parliament.scot/parliamentarybusiness/report.aspx?r=12225&i=110440

43 Scottish Social Services Council, Mental Health Officers Report, 2020, https://data.sssc.uk.com/data-publications/23-mental-health-officers-reports/237-mental-health-officers-scotland-report-2019

44 MWC, The use of the Mental Health (Care and Treatment) (Scotland) Act 2003 during COVID-19, 2020, https://www.mwcscot.org.uk/publications?type=44

45 MWC, The Right to Advocacy – A review of advocacy planning across Scotland, 2018, https://www.mwcscot.org.uk/news/right-advocacy-review-advocacy-planning-across-scotland

46 The Scottish Independent Advocacy Alliance, A Map of Advocacy Across Scotland 2015-2016, 2017, https://www.siaa.org.uk/wp-content/uploads/2017/09/SIAA_Advocacy_Map_2015-16-1.pdf

47 MWC, Report on announced visit to: Iona and Lewis Hubs, The State Hospital, 2020, https://www.mwcscot.org.uk/search?keys=excessive%20security&page=2&type=0&leg=0&theme=0&op=submit

48 MWC, Annual Report 2019-2020, 2020, https://www.mwcscot.org.uk/search?keys=excessive%20security&page=2&type=0&leg=0&theme=0&op=submit

49 MWC, Scotland's mental health rehabilitation wards, 2020, https://www.mwcscot.org.uk/publications?type=42

50 Sat X-plore, PIP Cases with Entitlement, [accessed December 2020], https://stat-xplore.dwp.gov.uk/webapi/jsf/tableView/tableView.xhtml

51 SAMH, Personal independence Payment: What's the Problem?, 2016, https://www.samh.org.uk/documents/personal_independance_payment_report.pdf

52 SCoRSS, Beyond Safe and Secure Transition, 2020, https://cpag.org.uk/sites/default/files/files/policypost/SCoRSS%20report%20Beyond%20a%20Safe%20and%20Secure%20Transition.pdf

53 Scottish Government, Disabled people in the labour market in Scotland: 2018, 2020, https://www.gov.scot/publications/disabled-people-labour-market-scotland-2018/

54 Deloitte, Individual Placement and Support Programme – Economic Impact Assessment, 2017, https://www.samh.org.uk/documents/SAMH_IPS_Final_20161011_1.pdf

55 Health and Safety Executive, Tables: Ill Health: Table LFSILLREG, 2019, https://www.hse.gov.uk/statistics/regions/tables.htm

56 Business in the Community, Mental health at Work 2019 Report: Scotland Focus, 2020, https://www.bitc.org.uk/report/mental-health-at-work-2019-report-scotland-focus-time-to-take-ownership/

57 Department for Work and Pensions, Sickness absence and health in the workplace: understanding employer behaviour and practice – an interim summary, 2019, https://www.gov.uk/government/publications/sickness-absence-and-health-employer-behaviour-and-practice?utm_source=0ddaf4a9-31b0-48ea-b091-25af37e1d522&utm_medium=email&utm_campaign=govuk-notifications&utm_content=daily

58 Education Support, Teacher Wellbeing Index 2020, 2020, https://www.educationsupport.org.uk/sites/default/files/teacher_wellbeing_index_2020.pdf

59 YoungScot, Review of Personal and Social Education Online Engagement with Children and Young People, 2018, https://static1.squarespace.com/static/5cee5bd0687a1500015b5a9f/t/5d5c078d3e4b3a000123f2a0/1566312336615/PSE-Review-Young-Scot-Survey-Report-1.pdf

60 NUS Scotland, Demand for Student Mental Health Services skyrockets, 2018, https://www.nusconnect.org.uk/articles/demand-for-student-mental-health-services-skyrockets

61 NUS Scotland, Demand for Student Mental Health Services skyrockets, 2018, https://www.nusconnect.org.uk/articles/demand-for-student-mental-health-services-skyrockets

62 SAMH, Mentally Healthy College Project Helps Students Succeed, 2019, https://www.samh.org.uk/about-us/news-and-blogs/mentally-healthy-college-project-helps-students-succeed

63 NUS Scotland, Improving Mental Health and Wellbeing Support for Scotland's Students, 2020, https://www.nusconnect.org.uk/articles/landmark-research-on-students-mental-health

www.samh.org.uk

facebook.com/SAMHmentalhealth
@SAMHTweets
samhscotland