

Health and Social Care Alliance Scotland (the ALLIANCE)

Call for member input: ALLIANCE response to the Mental Health and Wellbeing Strategy
September 2022



ALLIANCE
HEALTH AND SOCIAL CARE
ALLIANCE SCOTLAND
people at the centre

Introduction

The Health and Social Care Alliance Scotland (the ALLIANCE) welcomes the opportunity to respond to the Scottish Government's consultation on a refreshed Mental Health and Wellbeing Strategy.

This response is informed by engagement with ALLIANCE members and partners. Over the years, the ALLIANCE has heard from people and third sector organisations across Scotland with direct experience of accessing mental health services, and our consultation response draws on this evidence base. Our work in relation to mental health law, policy and practice includes supporting the public involvement of the Independent Inquiry into Mental Health Services in Tayside,¹ the development of Scotland's Suicide Prevention Action Plan in partnership with the Scottish Government, Samaritans Scotland, and Public Health Scotland,² and responding to the new Suicide Prevention Strategy for Scotland.³

Part 1 – Definitions

Question 1.1. Do you agree with this description of “mental health”? [Y/N]

Yes.

Question 1.3. Do you agree with this description of “mental wellbeing”? [Y/N]

Yes.

Question 1.5. Do you agree with this description of “mental health conditions” and “mental illness”? [Y/N]

Yes.

Part 2 – Our draft vision and outcomes

2.1. Do you agree with the proposed overall vision? [Y/N]

Yes.

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

The ALLIANCE welcomes the overall vision of “[b]etter mental health and wellbeing for all”.⁴

Achieving better mental health and wellbeing for all will require mainstreaming equalities, intersectionality and human rights throughout the whole strategy (and any associated delivery plans). While there is reference to equality and human rights in the strategy overview, there is a lack of explicit reference to human rights elsewhere in the strategy.

To ensure the strategy adopts a meaningful human rights based approach, the ALLIANCE recommends aligning it explicitly with internationally recognised human rights treaties and our full range of civil, political, economic, social and cultural rights. It should also seek to progressively realise human rights obligations, including the United Nations Convention on the Rights of Disabled People (UNCRPD).⁵ This aligns with relevant policy and legislative agendas including the Scottish Government’s plans for human rights incorporation,⁶ and the Scottish Mental Health Law Review.⁷

Additionally, human rights frameworks could be used to assess work and to monitor progress against the strategic outcomes. This may be done, for example, by using the five-point PANEL principles: participation, accountability, non-discrimination and equality, empowerment, and legality.⁸ For the PANEL framework to be meaningful, all elements must be addressed. In particular, we know that the ‘legality’ principle is often insufficiently addressed.

Similarly, the AAAQ framework (availability, accessibility, acceptability and quality) should be used to determine the starting point or baseline for economic, social and cultural rights relating to mental health and wellbeing.⁹ International guidance is also available, for example through the World Health Organisation’s (WHO) Quality Rights Toolkit, which provides practical information and tools for assessing and improving quality and human rights standards in mental health and social care services.¹⁰

It is also imperative that the strategy recognises and acknowledges the disproportionate impact of health inequalities on marginalised population groups. An intersectional approach to inequality is necessary to ensure that the strategy is equipped to respond to the rights and needs of those facing multiple disadvantage and trauma. This should include those living with protected characteristics listed under the Equality Act 2010,¹¹ as well as other marginalised groups, including (but not limited to) unpaid carers, care experienced (young) people, people experiencing poverty, and survivors of trauma and/or abuse.

To achieve this vision, it is also important that the third sector is valued as an equal partner in the design, delivery, monitoring, and evaluation of the strategy. This must be backed by adequate, sustainable, and long term funding for third sector organisations who provide a significant proportion of mental health and wellbeing care and support.

Part 3 – Our key areas of focus

3.1. We have identified four key areas that we need to focus on. Do you agree with these four areas? [Y/N]

Yes.

Part 4 – Outcomes

4.1. Do you agree that the Mental Health and Wellbeing Strategy should aim to achieve the following outcome to address social factors?

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Through actions across policy areas, we will have influenced the social factors that affect mental health and wellbeing, to improve people’s lives and reduce inequalities.					X

4.2. Do you agree that the Mental Health and Wellbeing Strategy should aim to achieve the following outcomes for people?

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
People have a shared language and understanding of mental health and wellbeing and mental health conditions.					X
People understand the things that can affect their					X

own and other's mental health and wellbeing, including the importance of tolerance and compassion.					
People recognise that it is natural for everyday setbacks and challenging life events to affect how they feel.					X
People know what they can do to look after their own and other's mental health and wellbeing, how to access help and what to expect.					X
People have the material, social and emotional resources to enable them to cope during times of stress, or challenging life circumstances.					X
People feel safe, secure, settled and supported.					X
People feel a sense of hope, purpose and meaning.					X
People feel valued, respected, included, and accepted.					X
People feel a sense of belonging and connectedness with their communities and recognise them as a source of support.					X

People know that it is okay to ask for help and that they have someone to talk to and listen to them.					X
People have the foundations that enable them to develop and maintain healthy, nurturing, supportive relationships throughout their lives.					X
People are supported and feel able to engage with and participate in their communities.					X
People with mental health conditions are supported and able to achieve what they want to achieve in their daily lives.					X
People with mental health conditions, including those with other health conditions or harmful drug and alcohol use, are supported to have as good physical health as possible.					X
People living with physical health conditions have as good mental health and wellbeing as possible.					X
People experiencing long term mental health conditions are supported to self-manage their care (where appropriate and helpful) to help them					X

maintain their recovery and prevent relapse.					
People feel and are empowered to be involved as much as is possible in the decisions that affect their health, treatment and lives. Even where there may be limits on the decisions they can make (due to the setting, incapacity or illness), people feel that they are supported to make choices, and their views and rights will be respected.					X

4.2.1 Do you have any comments you would like to add on the above outcomes?

The ALLIANCE agrees with the outcomes listed in Questions 4.1 and 4.2. We welcome the recognition of outcomes that address the social determinants of health, seek to reduce stigma, and raise awareness of mental health and wellbeing. We have also outlined more specific points and recommendations below:

Policy coherence

Question 4.1 outlines that:

“[t]hrough actions across policy areas, we will have influenced the social factors that affect mental health and wellbeing, to improve people’s lives and reduce inequalities”.

We know that other policy areas can have a significant positive or negative impact on people’s mental health and wellbeing, including the cost of living crisis, the continuing impact of COVID-19, social security, poverty, employment, equalities and human rights. We therefore welcome this commitment to improved cross-policy awareness and the associated actions outlined in the Action Plan document. It is imperative that policy coherence is considered and embedded throughout the strategy design, implementation and evaluation. The ALLIANCE would welcome further detail on how these outcomes and actions will be monitored and evaluated to ensure progress is being made to improve people’s lives and reduce inequalities.

Accessible information and inclusive communication

The ALLIANCE welcomes the outcome which aims for people to “have a shared language and understanding of mental health and wellbeing and mental health conditions”.

In taking steps towards achieving this outcome, it is imperative that accessible information and inclusive communication is considered at the outset. As a starting point, information should be made publicly available in plain English and free from jargon. Accessible information should follow the Six Principles of Inclusive Communication,¹² and should be publicly available in multiple inclusive formats, including Community Languages,¹³ British Sign Language (BSL), Braille, Moon, Easy Read, clear and large print, and paper formats. The ALLIANCE recommends involving relevant experts – including BSL and language interpreters – at the earliest opportunity to ensure communications and information provision is inclusive for all.

People living with long term conditions

The ALLIANCE welcomes the outcome which states that “[p]eople living with physical health conditions have as good mental health and wellbeing as possible”.

It has long been known that living with long term conditions can have a significant impact on people’s mental health and wellbeing. As detailed elsewhere in this response, the ALLIANCE has gained valuable insight through our ‘Living Well: Emotional Support Matters’ project, which is run in partnership with the Mental Health Foundation and aims to improve mental health and wellbeing of people living with long term conditions.¹⁴ The project supports eight charities working with people who are living with long term health conditions including diabetes, cardiovascular disease, cancer, Multiple Sclerosis (MS), and arthritis.

Through this project we have heard of the positive and negative impacts of living with a long term condition on people’s mental health and wellbeing. As well as direct benefits for the individuals receiving support, the third sector delivery partners are also supported to increase their capacity to offer mental health support to the people they work with.

Challenges on the mental health and wellbeing of people living with long term conditions has also been exacerbated by the COVID-19 pandemic. Throughout COVID-19, people have experienced reduced and disrupted access to health and social care support,¹⁵ and people continue to experience increased isolation, and significant fear both for themselves and people for whom they care for.

Additionally, people living with Long Covid have experienced significant mental health challenges. The ALLIANCE recently published a qualitative research report into people’s experiences accessing social support for Long Covid in Scotland.¹⁶ It

found that “[w]hile physical and cognitive symptoms [of Long Covid] could cause distress and anxiety, this could be compounded by diminished quality of life, including reduced socialisation, with particular risks for those still unable to work”.¹⁷ The links between physical and mental health were directly identified by most participants. As summarised by one participant:

“I am so aware about the link between physical and mental health... I’ve got young sons. If I felt emotional – I could physically feel that it increased my symptoms. Like at work when I’m busy – it is like I have a skull cap crushing my skull. I’m aware of when I’m experiencing emotional things – the symptoms worsen. Before, like a lot of parents – you are spinning the plates – running the house – my family – my job – all that involves – with Long Covid the stress definitely worsens symptoms.”¹⁸

The research also heard from participants who had pre-existing long term conditions or live with disabilities prior to Long Covid. One participant, for example, described how breathlessness from Long Covid had exacerbated an underlying heart condition.¹⁹ As we continue to live with COVID-19, it is imperative that the mental health and wellbeing of people living with long term conditions – including Long Covid – is prioritised within this strategy. We outline further considerations to achieve better mental health and wellbeing for people living with long term conditions in our response to Part 5.

Self management

Self management approaches support and encourage people living with long term conditions to access information and to develop skills to find out what is right for their condition, and what is right for them. We therefore welcome the acknowledgement of self management approaches in the outcomes listed under Question 4.2.

It is important that a self management approach is embedded across Scotland to help people to support their own health and wellbeing. However, we know that this is not experienced consistently across the health and social care landscape. For example, in the ALLIANCE’s role administering the Self Management Fund for Scotland, many carer organisations have highlighted to us the unmet need for self management support for unpaid carers. We would welcome further detail in the listed outcomes which explicitly refer to the importance of self management support for people living with mental health conditions, as well as unpaid carers.

Further, it is important to recognise that investment in self management approaches is required, with sustainable, long term and ongoing funding for the third sector organisations who provide self management support. Further detail on self management is outlined in our response to Question 5.1.

Supported decision making

Several of the outcomes listed at Question 4.2 refer to empowering people to be involved in decisions that affect them, and supporting people to feel able to engage and participate in their communities. The ALLIANCE welcomes these outcomes. However, we believe that mental health policy and practice would better maximise participation in decision making if it complied with the UNCRPD, with greater regard given to a person's will and preference rather than substitute decision making, whereby decisions are made by another party on a person's behalf.

Article 12(2) of the UNCRPD recognises the right of disabled people to “enjoy legal capacity on an equal basis with others in all aspects of life”.²⁰ To achieve this, it requires that States must provide disabled people with access to “the support they may require in exercising their legal capacity”.²¹ Importantly, safeguards must also be in place to ensure that any support arrangements “respect the rights, will and preferences of the person, are free of conflict of interest and undue influence, are proportional and tailored to the person's circumstances”.²² General Comment No.1 of the UN Committee on the Rights of Persons with Disabilities outlines supported decision making as an integral mechanism for respecting a person's “autonomy, will and preferences”.²³

Embedding supported decision making explicitly in the strategy can help to shift the focus from current mental health law and practice, which can often operate in a custodial manner, with a focus on risk reduction and with very little consultation with people with mental health conditions and their families or unpaid carers. Rather, supported decision making mechanisms can be used to facilitate early intervention and prevention. ALLIANCE members and partners have noted that by the time people reach states of distress or crisis, it can often be too late to ensure respect for their rights, will and preferences. This has been raised specifically in relation to older people and those with dementia.

The ALLIANCE supports many of the proposals outlined by the Scottish Mental Health Law Review in its Phase 3 consultation, including an ‘opt out’ mechanism for independent advocacy, and recommendations for a wide ranging supported decision making scheme. The ALLIANCE recommends aligning the strategy with the recommendations of the Scottish Mental Health Law Review, when published. We believe that these proposals will both help to strengthen people's legal rights, as well as enabling more choice and control over an individual's care and support.

It should be noted, however, that these proposals require significant resource and investment. Further consideration is needed for the resourcing and funding of third sector providers, who are chronically underfunded, as well as public bodies who are required to secure the availability of such services.

4.2. Do you agree that the Mental Health and Wellbeing Strategy should aim to achieve the following outcomes for communities? This includes geographic communities, communities of interest and communities of shared characteristics.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Communities are engaged with, involved in, and able to influence decisions that affect their lives and support mental wellbeing.					X
Communities value and respect diversity, so that people, including people with mental health conditions, are able to live free from stigma and discrimination.					X
Communities are a source of support that help people cope with challenging life events and everyday knocks to wellbeing.					X
Communities have equitable access to a range of activities and opportunities for enjoyment, learning, participating and connecting with others.					X

4.3.1 Do you have any comments you would like to add on the above outcomes?

The ALLIANCE welcomes the outcomes set out above, which align with equalities and human rights principles. As outlined in our response to Part 2, there is scope to explicitly link many of these outcomes to human rights, for example, using human rights language and frameworks. Additionally, the strategy should adopt an

intersectional approach, which recognises differences between and within different identities and communities.

We also welcome the outcome which commits to people being able to “live free from stigma and discrimination”. As detailed further in our response to Question 5.3, the ALLIANCE’s ‘Reducing Stigma, Emphasising Humanity’ event series explores how stigma can act as a key barrier to people accessing the mental health treatment and support they need, and can be perpetuated by practitioners, wider society and self-stigma.²⁴

Research has shown that people report positive experiences of mental health care and support when professionals take time to listen, respond in a flexible and person centred way, and can demonstrate skills, expertise and legal knowledge to challenge stigma and discrimination.²⁵ This was echoed in the findings of the Independent Inquiry into Mental Health Services in Tayside, which reported that trust and respectful relationships are essential for the delivery of good mental health services.²⁶ During our event series, participants also referred to experiences of internalised stigma and suggested that this was often reinforced by a lack of appropriate resources or support mechanisms, and a lack of understanding from healthcare professionals.

4.4. Do you agree that the Mental Health and Wellbeing Strategy should aim to achieve the following outcomes for populations?

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
We live in a fair and compassionate society that is free from discrimination and stigma.					X
We have reduced inequalities in mental health and wellbeing and mental health conditions.					X
We have created the social conditions for people to grow up, learn, live, work and play, which support and enable people and communities to flourish and achieve the highest					X

attainable mental health and wellbeing across the life-course.					
People living with mental health conditions experience improved quality and length of life.					X

4.4.1. Do you have any comments you would like to add on the above outcomes?

The ALLIANCE welcomes the outcomes outlined above. We know that different population groups experience mental health and wellbeing differently. We therefore agree that a life-course approach to mental health and wellbeing is important. As outlined in our response to Question 4.2.1, it is important that the strategy aligns with other legislative and policy agendas, including, for example; Getting It Right for Every Child (GIRFEC),²⁷ the United Nations Convention on the Right of the Child (Incorporation) (Scotland) Bill,²⁸ and the Health and Social Care Strategy for Older People.²⁹ As outlined elsewhere in this response, it is imperative that a life-course approach is also intersectional, and recognises the differences within these groups.

We outlined further considerations and recommendations in relation to different population groups in our response to Part 11.

4.5. Do you agree that the Mental Health and Wellbeing Strategy should aim to achieve the following outcomes for services and support?

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
A strengthened community-focussed approach, which includes the third sector and community-based services and support for mental health and wellbeing, is supported by commissioning processes and adequate, sustainable funding.					X
Lived experience is genuinely valued and					X

integrated in all parts of our mental health care, treatment and support services, and co-production is the way of working from service design through to delivery.					
When people seek help for their mental health and wellbeing they experience a response that is person centred and flexible, supporting them to achieve their personal outcomes and recovery goals.					X
We have a service and support system that ensures there is no wrong door, with points of access and clear referral pathways that people and the workforce understand and can use.					X
Everyone has equitable access to support and services in the right place, at the right time wherever they are in Scotland, delivered in a way that best suits the person and their needs.					X
People are able to easily access and move between appropriate, effective, compassionate, high quality services and support (clinical and non-clinical).					X
Services and support focus on early intervention and prevention, as well as					X

treatment, to avoid worsening of individual's mental health and wellbeing.					
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4.5.1. Do you have any comments you would like to add on the above outcomes?

The ALLIANCE agrees with the outcomes listed in Question 4.5. We welcome a strengthened community-focused approach, which includes the third sector, as well as the importance of lived experience involvement, and the delivery of person-centred and flexible care and support. We have also outlined more specific points and recommendations below:

Valuing the third sector

The ALLIANCE welcomes the recognition of the role of the third sector and community-based services and support for mental health and wellbeing, supported by commissioning processes and adequate, sustainable funding.

Third sector organisations deliver much of the tailored, person-centred and community based mental health and wellbeing support to people, often within a challenging funding environment. The Scottish Government should support and work directly with third sector organisations as equal and valued partners, including grassroots organisations. This must be resourced by additional, sustainable, ongoing and secure funding.

Further detail on our considerations and recommendations relating to funding are outlined in our response to Part 12 of this consultation.

Lived experience

The ALLIANCE strongly welcomes the explicit commitment to lived experience, which is “integrated in all parts of our mental health care, treatment and support services”. To embed equality and human rights across the strategy, it is essential that meaningful co-production occurs to achieve transformational and positive change that works for everyone.

Embedding choice, co-production, and a human rights based approach across systems can support people to achieving better experiences and outcomes in practice. For co-production to be meaningful, it is important that people with lived experience are valued as an integral and equal part of the service design and delivery process – not merely consulted on proposed changes.

The ALLIANCE recommends engaging with people with lived experience, unpaid carers and the third sector at the earliest opportunity when taking the strategy

forward. We believe that co-production should be embedded throughout the development, delivery, and evaluation of the strategy, and across mental health and wellbeing care, treatment and support. The ALLIANCE would also welcome transparency of process in how decisions are made and in how co-production is achieved in practice.

The Diverse Experiences Advisory Panel (DEAP) is a partnership between the Mental Health Foundation and the ALLIANCE, which brings together people with from a wide range of communities and backgrounds, with varied lived experiences and perspectives, to help inform government policy and how it can support better mental health for more people and communities across Scotland. DEAP carried out a process of engagement to inform the Scottish Government’s Mental Health and Wellbeing Strategy. We welcome this approach to lived experience engagement.

4.6. Do you agree that the Mental Health and Wellbeing Strategy should aim to achieve the following outcomes for information, data and evidence?

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
People who make decisions about support, services and funding use high quality evidence, research and data to improve mental health and wellbeing and to reduce inequalities. They have access to infrastructure and analysis that support this.					X

4.6.1. Do you have any comments you would like to add on the above outcomes?

The ALLIANCE welcomes the outcome set out at Question 4.6. However, we would welcome further detail on data collection, monitoring and evaluation, particularly as it relates to the outcomes listed in part of the consultation document.

Data collection

With regard to assessing improvements in people’s outcomes, any data collection to evidence this should allow for personalised, qualitative responses as well as quantitative data analysis. The questions to capture people’s experiences should be

developed in co-production with people who access services, their families and unpaid carers, and third sector organisations.

Prioritisation of both qualitative and quantitative data is essential if people's personal outcomes and rights are to be monitored and measured, with a view to ensuring continuous improvement and progressive realisation of people's rights. A mixed methods approach that embeds a human rights based approach would help to ensure that appropriate weight and priority is given to people's experiences, alongside nationwide statistics.

It is important that this collection of data on people's experiences of mental health and wellbeing support is both regular and sustained and spans the entire population of people accessing mental health and wellbeing care and support in Scotland (longitudinal and national data collection).

The ALLIANCE recommends that disaggregated data gathering and intersectional analysis is undertaken to develop fully realised policies and practices that prioritise equal access to mental health and wellbeing care, treatment and support for everyone, following human rights principles of equality, non-discrimination, participation and accountability.

To avoid gaps and improve analysis, we recommend systematic and robust data gathering by local and national public bodies on people accessing mental health and wellbeing care, treatment, and support. This should include equalities monitoring data, including demographic groups outwith the protected characteristics, to ensure a robust human rights based approach. This will help to ensure that the rights of those who are potentially most at risk of health and social care inequalities, and have least access to services, are recognised and used to inform service design and delivery moving forward.

Analysis of results should be published in accessible and publicly available formats on at least an annual basis and should include intersectional analysis on how mental health and wellbeing services are working for different groups of people across Scotland.

Monitoring and evaluation

Further, we would welcome more detail on how the outcomes listed throughout this chapter will be implemented, measured, monitored, and evaluated. To assess the sustained impact of the listed outcomes, it is important that there is ongoing monitoring and evaluation, which considers the experiences of people accessing mental health and wellbeing services and support. The ALLIANCE recommends implementing a robust monitoring and evaluation framework, based on human rights and equalities principles. This should be co-produced with people with lived experience, unpaid carers and third sector organisations. Evaluation outputs should

be made publicly available on a periodic basis to highlight how the outcomes are being monitored and to show what progress has been made across different areas. The ALLIANCE recommends drawing upon existing expertise from across the health and social care sector. For example, there is learning to be taken from Healthcare Improvement Scotland's personal outcomes resource, which summarises learning from the 'Meaningful and Measurable project'.³⁰

Data sharing

There are also considerations on data sharing and structural barriers that are important to consider in the context of cross-sectoral and partnership working. Research undertaken by the ALLIANCE and Self Directed Support Scotland (SDSS), 'My Support My Choice: People's Experiences of Self-directed Support and Social Care in Scotland', has highlighted a disconnect between different service providers (particularly between health, housing and social care sectors).³¹ This disconnect means that people are often required to revisit trauma and recount their experiences unnecessarily.

Data sharing should not be restricted to health and social care staff working directly for Health and Social Care Partnerships (HSCPs) or local authorities. It is important that third sector organisations providing services to people should have access to data where it is appropriate, and the assessment of appropriate access should be in dialogue with and led by the person accessing care, treatment or support, following principles of consent, choice and control.

4.7. Are there any other outcomes we should be working towards? Please specify:

As outlined in our response to Question 2.3, there is a lack of reference to human rights throughout the strategy. There is scope to refer explicitly to international human rights treaties, including the UNCRPD and the International Covenant on Economic, Social and Cultural Rights (ICESCR). While the strategy makes implicit references to a rights based approach, we would welcome a strengthened focus, which aligns with international human rights standards and principles.

If the strategy is to be meaningfully human rights and equalities based, it is imperative that human rights principles are mainstreamed and referenced throughout. This will help to increase human rights awareness, and aligns with parallel agendas, including human rights incorporation and the Scottish Mental Health Law Review.

It is also important that the strategy adopts an intersectional approach, which recognises that not everyone has equal access to mental health and wellbeing services across Scotland. The ALLIANCE would welcome explicit mention of

different marginalised population groups, who face systemic and structural barriers which have a disproportionate impact on their mental health and wellbeing.

Part 5 – Creating the conditions for good mental health and wellbeing

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

The ALLIANCE works to support the interests of disabled people, people living with long term conditions, unpaid carers, and third sector health and social care organisations. Mental health is an area that cuts across several streams of our work, and we hear consistently from ALLIANCE members and partners that equitable, timely access to good quality community level mental health support (where appropriate) has a positive impact on their day-to-day lives. Notably, much of this support is delivered by third sector organisations and community groups. Our response to Questions 5.1 and 5.2 reflects learning and insights we have gained through engagement with people with lived experience, and third sector organisations who support them.

Self management

As outlined in our response to Question 4.2.1, self management approaches support and encourage people living with long term conditions to access information and to develop skills to find out what is right for their condition, and what is right for them. Self management enables people to be better informed about their condition(s), better prepared for everyday challenges, and better supported when they need it.

Through the ALLIANCE's role administering the Self Management Fund for Scotland, we are aware of a range of diverse projects and a variety of approaches which focus on supporting mental health and wellbeing. Some examples are summarised below:

- **Online good practice:** In June 2021, COPE Scotland launched a new website, designed with people with lived experience.³² The website has six themed areas which support self-care, awareness, and self management with over 80 resources available. The website has reached over 74,000 people since its launch and has been used by individuals seeking to improve their own wellbeing as well as people seeking to support others. One example of the support available is a co-designed video, 'Using your senses to relax', which has received over 10,785 hits.³³

- **Good practice for children and young people:** The Young People’s Recovery College at Mindspace focuses on self management and empowerment to honour young people as experts in their own health and wellbeing.³⁴ Through self management funding, the Young People’s Recovery College has been able to run a range of individual projects supporting different age groups and reaching higher numbers of young people. Activity has included: a ‘Little Minds’ project targeted at young people in the upper end of primary school before transitioning to secondary school; a youth work approach to empower young women and inspire positive choices through ‘Y’s Girls’ mentoring partnership with YMCA; and undertaking training that enabled staff to become accredited ‘Seasons for Growth’ facilitators. The Young People’s Recovery College has received positive feedback from young people, schools, and partners, including increased confidence in participants, reduced feelings of isolation, and feeling comfortable with conversations and activities being discussed.
- **Good practice for those living in rural areas:** Argyll and the Isles Coast and Countryside Trust launched the ‘ACT Outdoors’ project which supports people with chronic mental health conditions to overcome local issues such as isolation, lack of access to appropriate services, and stigma — which can be exacerbated in rural areas.³⁵ By working with NHS and third sector partners, the project delivers outdoor activities across Argyll.
- **Good practice through arts:** Bijli Productions brings together mental health and arts expertise through its ‘We Make the Path’ project.³⁶ It uses creative arts to support mental wellbeing and enhance people’s capacity to self manage long term conditions. The project seeks to harness the power of creative practice using drama, movement and writing to explore prevention tools and enhance mental health recovery in people living with long term conditions. Bijli Productions have reported a positive change in people’s self confidence by focusing on strengths and abilities, rather than on deficits.

Investment in self management approaches is required to embed such an approach across Scotland and to help people to support their own health and wellbeing. This must include sustainable, long term, and ongoing funding for the range of third sector health and social care organisations who provide self management support.

Community Links Practitioners

We know from engagement with ALLIANCE members and partners that community-based services and support have a positive impact on mental health and wellbeing. Community Links Practitioners play a vital role in supporting people and signposting people to support and resources (also referred to as social prescribing). The ALLIANCE employs Community Links Practitioners, who are based within GP

surgeries across Glasgow and West Dunbartonshire. The Links Worker Programme aims to mitigate the impact of the social determinants of health for people that live in areas of high socio-economic deprivation (the most deprived 15% of areas, as measured by the Scottish Index of Multiple Deprivation (SIMD)).³⁷

Our Community Links Practitioners work to no exclusion criteria and have no maximum number of contacts with a person, meaning they will share the person's journey for as long as it takes to facilitate their access to more specific or longer-term support. This flexibility affords this model of Links Workers the opportunity to support those often furthest away from participation in their communities to full engagement and support. We know from speaking to our Community Links Practitioners that many people seek advice and support for mental health problems from them, with whom they often have well-established and trusting relationships; this expertise and communication pathway should be included as part of a wider suite of community resources for mental health services, prevention and early intervention work.

The value of Community Links Practitioners was highlighted by Liz in an ALLIANCE Humans of Scotland story. Discussing the support she received from one of our Community Links Practitioners, Liz explained:

“She helped with my mental health problems, made me feel valued, that life was worth living. I became the person I wanted to be; able to stand up for myself. I regained confidence.

“There were various issues; finances, DWP, housing. Family and relationship issues I found hard to deal with – such anxiety! But she was always there, helping me figure out what to do.

“... My GP practice has thrived since she came. They do things so differently now.”³⁸

Nature and wellbeing

We know that nature and wellbeing activities can have a positive impact on mental health and wellbeing. For example, our Community Links Practitioners have shared that activities such as nature walks or having access to an allotment can have a positive impact on mental health and wellbeing.

In 2022, the ALLIANCE commissioned research exploring the impact of nature based health activities on the wellbeing of people experiencing health problems in Scotland.³⁹ It found that nature based health activities are viewed as being potentially transformative for people and can have a positive impact on both people's mental and physical health. Reducing anxiety, reducing risk of crises, boosting self-confidence, and supporting social connections were all cited as positive mental health benefits resulting from engagement with nature.

One example shared in the research was a gardening project based in the acute mental health ward at NHS Borders General Hospital. The project has “demonstrated a reduction in demand for requested medication on days when the garden is up and running”.⁴⁰ The report also highlights the value of the gardening project during COVID-19:⁴¹

“During the pandemic the garden has been a critical resource, providing somewhere people with mental health problems have been able connect with their families, get away from the noise of the wards, build their sense of purpose and manage their anxiety through exercise, and nurses have been able to get out of their PPE. Some people state that it has saved their lives.”⁴²

There are a great variety of nature-based health activities and initiatives being delivered across Scotland, particularly by the third sector. However, there are still geographical gaps in provision and access to activities is not consistent. Culture change is required to further embed nature based health activities across the health and social care system. This also requires sustainable and long term funding, leadership at strategic and local level, skills development and capacity building.

Living Well: Emotional Support Matters

In October 2021, the ALLIANCE launched ‘Living Well: Emotional Support Matters’ in partnership with the Mental Health Foundation. ‘Living Well: Emotional Support Matters’ is a programme which seeks to invest and build capacity to promote positive mental health in eight third sector organisations working with people with long term conditions in Scotland and supporting their mental health and wellbeing.⁴³ This is made up of an investment of up to £50,000 in each organisation, a peer learning network, a training programme, and a developing community champions model. A first year learning report is due in October 2022.

Early insights from the ‘Living Well: Emotional Support Matters’ programme have highlighted a range of factors which have a positive impact on the mental health of people living with long term conditions in Scotland. These include:

- Being connected to peer support and/or befriending networks.
- Being able to speak to people who understand the mental health impacts of a long term condition at the point of diagnosis and beyond.
- Taking a strength based approach, which focuses on promoting mental health and wellbeing, and not just on preventing mental ill health.
- Open dialogue on the impact of long term conditions on mental health.
- Embedded self management support and timely access to health and social care as and when needed.

- Adopting the 'Five Ways to Wellbeing' approach: connect, be active, take notice, learn, and give.⁴⁴
- Inclusive access to participating in creative opportunities such as drama, arts, projects, storytelling, and photography.
- Online tools and apps, such as Cognitive Behavioural Therapy apps to relieve insomnia and anxiety.
- Inclusive access to nature and physical activity opportunities.

ALISS (A Local Information System for Scotland)

Since 2011, the ALLIANCE has managed the ALISS (A Local Information System for Scotland) Programme.⁴⁵ ALISS is a national digital service funded by the Scottish Government and co-produced with citizens and professionals living and working within communities throughout Scotland to help people find and share information about a wide range of organisations, groups, services, and activities that can support health and wellbeing and help people to live well.

ALISS was developed as a tool to support asset based approaches to health by helping people to find and connect with the assets that exist in their own local communities, based around the things which matter to them across a range of sectors and agencies.⁴⁶ ALISS information is 'crowdsourced', meaning that organisations, groups, and individuals across Scotland can work together to build and maintain this.

Open Dialogue

The ALLIANCE's Health and Social Care Academy programme has carried out engagement with the Open Dialogue model of mental health care. Open Dialogue is a model of mental health care pioneered in Finland and subsequently delivered in countries around the world. Developed from a range of theoretical models, it emphasises a dialogue-centred approach that includes the person's family or social network and a consistent team of staff who are trained in family therapy, mindfulness, and related psychological skills. Open Dialogue has demonstrated significant positive outcomes for people experiencing psychosis and could usefully inform planning within the strategy.

Studies in Finland indicate that 78% of participants who were supported via Open Dialogue returned to full-time employment or study, and only 19% relapsed within five years of an inviting incident (markedly lower than with previous models of support). Follow-on studies indicated stability of results across a ten-year period, and a reduced use of antipsychotic medication amongst people accessing support.⁴⁷

The basic principles of an Open Dialogue approach include:

- Immediate support offered within 24 hours of the first call made to services.
- All treatment carried out via regular network meetings which include the person accessing services, their family and extended social circle. This allows for the network to discuss and debate what they have heard with the person present.
- A diverse, multidisciplinary team of trained healthcare practitioners working flexibly to meet the needs of the person – this includes holding meetings in the home, or another environment where the person is more comfortable.
- The same team of staff remaining constant through an individual's contact with the service, providing continuity for the person accessing services and centring responsibility within that team.
- Tolerating uncertainty and avoiding the temptation to make premature decisions about next steps, so that networks take time to explore different options.
- Valuing and responding to every voice in the group.
- In some places, peer workers have also been included in the network group – they are treated as experts, and work to strengthen the sense of a supportive community around the person.
- Embedded mindfulness training for professions and peers. This is critical to build the skills required to help the dialogue, reflection and finding a way forward.⁴⁸

5.2. Is there anything else you would like to tell us about this, whether you're answering as an individual or on behalf of an organisation?

No.

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

Throughout our engagement with ALLIANCE members and partners, we have heard about a range of factors that can negatively impact the mental health and wellbeing of disabled people, people living with long term conditions, and unpaid carers. Environmental factors such as the cost of living crisis, COVID-19, Adverse Childhood Experiences (ACEs), trauma, and social isolation are all key factors which can impact on a person's mental health and wellbeing. Some of the key themes are summarised below:

Structural barriers

There are various structural barriers within the health and social care system which can have a negative impact on the mental health and wellbeing of disabled people, people living with long term conditions and unpaid carers.

As outlined elsewhere in this response, challenges with data sharing can have an impact on people's mental health and wellbeing. Often there are difficulties in sharing data amongst organisations, and with third sector organisations. Other barriers include inconsistent internet access in healthcare settings, inaccessible services, and a lack of funding across the system, including for third sector health and social care organisations.

We know that well-established relationships and trust are important to managing long term conditions, yet people have experienced challenges in seeing a regular GP or healthcare professionals, often having to engage with locums and retelling their story. NHS waiting lists – both for mental health services, and for non-essential surgical procedures – are also continuing to grow and can have a significant impact on mental health and wellbeing as well as physical health, with people often having to live with pain and discomfort for longer.

Additionally, the impact of wider mobility, inclusion and accessibility issues for health and social care services can have a direct negative impact on people's everyday mental health and wellbeing. Through the Health and Social Care Academy's 'Exploring Scotland's 20-minute neighbourhood series' we have heard that disabled people, people living with long term conditions and unpaid carers often experience inaccessible community services, green spaces, and town centres.⁴⁹ For example, a lack of public, accessible toilets or Changing Places toilets, poor public transport links, inaccessible buildings are all environmental factors which impact negatively on people's mental health and wellbeing.

We also know that inaccessible services are a critical issue for people living with sensory loss. Communication exclusion and 'sensory poverty' can have a significant impact on a person's mental health and wellbeing. This was highlighted, for example, in a summary report between deafscotland, Deafblind Scotland, the Royal National Institute for Deaf People (RNID), Sight Scotland, and the ALLIANCE, which highlighted the impact of 'sensory poverty' on the sensory loss community:

“[s]ensory poverty is amplified by policy, funding and service decisions which cause poor mental health and stops people accessing support. This is a human rights issue. Scotland needs universal, sensory literate services to prevent as well as address the high prevalence of poor mental health in people with sensory loss.”⁵⁰

Issues of communication exclusion and sensory poverty have also been exacerbated by COVID-19, where “personal isolation caused by communication exclusion” has been a direct cause of poor mental health and continues to be consistently overlooked within policy. It is important that sensory loss is mainstreamed in designing how Scotland can deliver person centred services, tailored to the rights and needs of those accessing care and support.

Lack of understanding and awareness

We have heard consistently from ALLIANCE members and partners that often there is a lack of understanding from health and social care professionals of the mental health impacts of being diagnosed with – and living with – a disability or long term physical health condition.

We have heard, for example, that many people are not given adequate information about their condition at the point of diagnosis or have concerns and anxiety about how conditions may progress. A lack of follow up communication following diagnosis, or where people experience changes in their physical health condition, can often lead to feelings of loneliness or isolation. We also hear that there is inconsistent access to mental health support at different stages of treatment, and for different long term conditions.

More broadly, there is a lack of communication relating to the health and social care system, particularly in relation to appointment availability and waiting lists, all of which can lead to undue distress and anxiety for people managing long term conditions and their unpaid carers.

ALLIANCE members and partners have shared that poor communication is a particular issue for young people who often feel they are being patronised, disrespected, or not taken seriously, as well as people living with sensory loss.

Mental health and wellbeing support is needed for people living with long term conditions, both at the point of diagnosis and beyond. It is important that both physical and mental health are considered holistically and integrated into pathways which take a 'whole-person' approach.

It is important that healthcare professionals consider the importance of compassionate, inclusive and accessible communication and implement this in practice. There is a need for capacity building across health and social care workforces to increase understanding of the mental health impacts of living with a long term condition, and to ensure effective communication of both practical and emotional support, particularly where people are receiving life-altering diagnoses, which may lead to feelings of distress.

Lack of integration

People living with mental health conditions have reported feeling disconnected from the wider health and social care system, and uncertainty about who to turn to when it comes to information about social security, accessing social care support, support from allied health professionals (such as occupational therapy), or accessing self management activities.

A holistic approach should be adopted at ground level to enable people to access the wraparound care and support that is needed for them to live well and with dignity. Holistic needs assessments, and a holistic care and support planning approach such as Scotland's House of Care model are a useful tool in primary care settings to ensure ongoing support for people living long term conditions and to enable supported self management.

Scotland's House of Care model is a useful framework to ensure that people living with long term conditions are meaningfully involved in decisions about their care.⁵¹ The House of Care model is an important tool that allows healthcare to embed collaborative care and support planning and fulfil its responsibilities to support the self management of people living with one or more long term conditions in General Practice. This approach supports and enables people to articulate their own needs and to decide on their own priorities, through a process of joint decision making, goal setting and action planning. It consists of:

- **Right hand wall:** Health and care professional team committed to shared decision making, partnership working and a "*What Matters to You?*" conversation
- **Left hand wall:** Engaged, informed, empowered individuals and carers ready to engage in a "*What Matters to You?*" conversation
- **Foundation:** "More than Medicine" informal and formal sources of support and care sustained by the responsive allocation of resources
- **Roof:** organisational processes, policies, systems and arrangements

Each of these are built around a 'care and support planning conversation', which is at the heart of the house. This conversation enables a person with one or more long term conditions to engage with healthcare professionals in a person centred manner, and to utilise local resources. Crucially, the house needs all components to stand strong.

Local evaluation and evidence suggests that the House of Care model improves public and practitioner satisfaction, develops meaningful person-centred quality improvements, enhances system transformation, and addresses health inequalities.⁵² Additionally, the House of Care model identifies and aligns self management resources within communities in support of individual goals. The ALLIANCE recommends including a commitment to develop the principles of care and support planning and Scotland's House of Care model within the strategy.

Not being listened to

Many ALLIANCE members and partners have shared feelings of not being listened to, or having their symptoms believed, when engaging with healthcare professionals, which can lead to feelings of distress and a deterioration in mental health and

wellbeing. We know that this is a particular issue for women, people living with Long Covid, and for people with pre-existing mental health conditions. For example, we through our engagement work to inform the Women's Health Plan, women have shared experiences of feeling 'gaslit' by medical professionals, not being believed, and not listened to.

In our research report into people's experiences accessing social support for Long Covid in Scotland, difficulties in being believed about living with Long Covid was a key issue for most participants, with serious implications for mental health and wellbeing.⁵³ This was summarised by participants within the report:

"This really bad depression hit me because I'm thinking people aren't going to believe me."⁵⁴

"Along with the fatigue the other biggest thing is attitudes. The more education there is – education is so important – and with that maybe it would be a bit more recognised."⁵⁵

Stigma

As outlined in our response to Question 4.3.1, stigma can have a significant impact on people's mental health and wellbeing.

Mental health arguably has a much higher profile in recent years, which is reflected in a growing policy focus in Scotland. Additionally, the UNCRPD and a growing body of work by the UN Committee on the Rights of Persons with Disabilities has shifted the focus towards a social and human rights model of disability. However, this does not translate consistently at ground level.

Research has shown that people report positive experiences of mental health care and support when professionals take time to listen, respond in a flexible and person centred way, and can demonstrate skills, expertise and legal knowledge to challenge stigma and discrimination.⁵⁶ This was echoed in the findings of the Independent Inquiry into Mental Health Services in Tayside, which reported that trust and respectful relationships are essential for the delivery of good mental health services.⁵⁷

During the ALLIANCE's 'Reducing Stigma, Emphasising Humanity' event series, participants also referred to experiences of internalised stigma and suggested that this was often reinforced by a lack of appropriate resources or support mechanisms, and a lack of understanding from healthcare professionals. People can experience stigma, both specific to certain long term conditions, as well as mental health related stigma. For example, many people do not feel comfortable disclosing their long term condition to the wider community, which may lead to feelings of shame, isolation, lack of privacy and create a barrier to accessing support.

Impact of COVID-19

The COVID-19 pandemic has had – and continues to have – a negative impact on people’s mental health and wellbeing. Increased use of virtual consultations have had a negative impact for some people, particularly when receiving difficult and life-altering diagnoses over the telephone or by video consultation. This method of communication has also been challenging for people living with sensory loss.

The mental health and wellbeing of disabled people, people living with long term conditions, unpaid carers, and other marginalised groups has been disproportionately and negatively impacted by the pandemic. For many people, the stress, fear, and anxiety of living through a pandemic has had a considerable impact on their mental health, exacerbated by the reduced availability of mental health services:

- Disabled people are more likely than non-disabled people to have experienced anxiety about their physical health, as well as feelings of loneliness and struggling with their mental health.⁵⁸ Disabled people and people living with long term conditions were particularly impacted by deterioration in their health and wellbeing due to the reduced access to ongoing support, health and social care services necessary for them to self-manage and live well.⁵⁹
- Research by Glasgow Disability Alliance (GDA) notes that many disabled people experienced barriers to accessing support for their mental health, and often felt dismissed, with referrals to GDA’s Wellbeing Service increasing significantly at outset of the COVID-19 pandemic.⁶⁰ Inclusion Scotland found that respondents to their April 2020 survey were experiencing stress, fear and anxiety, with many losing access to health services and support for both physical and mental health during the pandemic. Feeling of stress, fear and anxiety during COVID-19 have been particularly acute for people with lived experience of mental health problems, disabled people living alone or with limited access to digital communication.⁶¹
- Research shows that women are more likely to have been disproportionately impacted by the indirect consequences of COVID-19 than men. Close the Gap and Engender have noted the disproportionate impact that COVID-19 is having on women and girls, highlighting that disabled women and young women are more likely than men to have sought support for their mental health over the course of the pandemic or increased the support they are receiving for their mental health.⁶²
- Other groups such as socio-economically disadvantaged people, people with existing mental health needs living in areas of multiple deprivation, children

and young people, and older people also experienced a negative impact on their mental health and/or increased risks of loneliness.⁶³

- Unpaid carers have reported the practical and emotional challenges of providing full time, ongoing care throughout lockdown, often without access to support and respite.⁶⁴ A survey by Carers Trust Scotland indicated that 50% of unpaid carers surveyed described their mental health as “worse than before the pandemic”, and 34% described it as “much worse than before the pandemic”, with many experiencing more stress and loneliness.⁶⁵ We also know that fear of COVID-19 infection is still very real for people at high clinical risk and for unpaid carers. People are continuing to wear masks, test regularly, and limit contact with friends and family. The impact on people at high clinical risk and unpaid carers is profound; people are experiencing isolation as they continue to isolate from friends and family and feel more at risk as measures taken to protect people from the virus have been reduced.

Cost of living crisis

The cost of living crisis is increasingly concerning for ALLIANCE members. The impact of the rising cost of living will be experienced disproportionately by disabled people, people living with long term conditions, and unpaid carers, who are already more likely to be living in poverty compared to non-disabled people. According to Scottish Government figures in 2019, 24% of households living in poverty in Scotland live in a household with a disabled person (compared to 17% for people who live in a household with no disabled people).⁶⁶

The cost of living crisis will exacerbate existing inadequacies in the social security system. In a survey carried out by Citizens Advice Scotland it was found that disabled people were “almost twice as likely to say that there are things they have had to go without altogether since making their claim for [Universal Credit] compared to clients without a disability”.⁶⁷ Given that poverty is a fundamental driver of mental ill health, there is increasing concern for the mental health and wellbeing of disabled people, people living with long term conditions and unpaid carers.⁶⁸

It will also have a direct impact on third sector organisations who are reporting increases in vital running costs, and the wider social care system – with an ensuing impact on the people accessing these services. As highlighted by SCVO, 61% of voluntary organisations are experiencing financial challenges while continuing to see an increased demand for services.⁶⁹

ALLIANCE Community Links Practitioners, based in Deep End GP practices⁷⁰ in the most deprived areas of Scotland, are seeing direct community impacts with increased phone calls from people worrying about bills and from local housing

associations reporting revenue pressure on tenants. Links Practitioners are also distributing food vouchers to families in crisis through the FARE Scotland initiative.⁷¹

5.4. Is there anything else you would like to tell us about this, whether you're answering as an individual or on behalf of an organisation?

No.

5.5. There are things we can all do day-to-day to support our own, or others', mental health and wellbeing and stop mental health issues arising or occurring. In what ways do you actively look after your own mental health and wellbeing?

- Exercise
- Sleep
- Community groups
- Cultural activities
- Time in nature
- Time with family and friends
- Mindfulness/meditation practice
- Hobbies/practical work
- None of the above
- Other

5.6. If you answered 'other', can you describe the ways in which you look after your own mental health and wellbeing, or the mental health and wellbeing of others?

In addition to the activities outlined above, we have heard from ALLIANCE members and partners that people look after their own mental health and wellbeing in the following ways:

- **Accessing third sector support:** We have highlighted throughout this response that third sector organisations provide a breadth of services which support people to manage their health and wellbeing, including direct one-to-one support, peer support, information and advice, signposting, befriending, arts and crafts, and nature based activity. For people living with long term

conditions, we know that peer support is particularly valued.

- **Supported self management:** As detailed earlier in this response, self management approaches support and encourage people living with long term conditions to access information and to develop skills to find out what is right for their condition, and what is right for them. Through the ALLIANCE's role in managing the Self Management Fund, we know that these approaches have a positive impact on people's health and wellbeing.
- **Online support:** As detailed in our response to Question 6.4, we know that there are valuable online tools available (including ALISS and NHS inform) which support people to manage their mental health and wellbeing, and to access assets in their local communities.

5.7. Is there anything else you would like to tell us about this, whether you're answering as an individual or on behalf of any organisation?

No.

5.8. Referring to your last answers, what stops you doing more of these activities? This might include not having enough time, financial barriers, location, etc.

We hear repeatedly from ALLIANCE members and partners that a lack of funding for third sector organisations is a key barrier to the delivery of mental health and wellbeing support. This has a direct impact on the ability of people to access vital support in managing their own health and wellbeing.

Third sector organisations are under resourced and are facing acute financial challenges. The precarious financial position of many third sector organisations has been exacerbated by the compounding impacts of COVID-19 and the cost of living crisis. Throughout the pandemic, loss of income and increased demand for services significantly impacted organisations' ability to plan and deliver future services. Findings from SCVO's 'Scotland's Third Sector Tracker' highlight that almost half (48%) of all organisations surveyed saw a decrease in turnover compared with pre-pandemic levels.⁷² At the same time, costs have increased in responding to the pandemic, including workforce related costs, such as additional staff wellbeing support and cover for sickness absence.⁷³

As highlighted earlier in this response, third sector organisations are reporting further increases in vital running costs because of the cost of living crisis:

“Leuchie House, the National Respite Centre, a care home providing short breaks for guests with long term conditions, reported that they have had to lay

out capital to install a biomass boiler to cushion them from an out-of-control heating bill and, on the staffing side, two valued members of staff have had to resign because of the cost of travelling to work.”

Long term, sustainable, adequate, multi-year, unrestricted funding and investment is needed to ensure that people can access care and support that allow them to live well, and which will ensure the proposals outlined in the consultation document are implemented effectively at ground level. This requires recognition and funding for the third sector as an equal and valued partner in the planning and delivery of public services, with the associated trust to manage budgets and spend it on the core services that they deliver.

Further detail on our considerations and recommendations relating to funding are outlined in our response to Part 12 of this consultation.

5.9. Is there anything else you would like to tell us about this, whether you're answering as an individual or on behalf of any organisation.

No.

5.10. We know that money worries and debt can have an impact on mental health and that this is being made worse by the recent rise in the cost of living. In what way do concerns about money impact on your mental health?

As outlined earlier in our response to Questions 5.3 and 5.8, the impacts of the cost of living crisis are not felt equally across society. This is having a direct impact on third sector organisations, and their ability to deliver services, care and support, with an ensuing impact on those who access services. At the same time, disabled people, people living with long term conditions, and unpaid carers are being impacted disproportionately, with a direct impact on mental health and wellbeing.

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

Measures by the UK and Scottish Governments are needed to control excessive energy costs, such as preventing the rise of the energy price cap which will impact both on an individual and organisational level.

Currently, we are aware of work across the third sector to support people facing challenges related to the cost of living crisis, including signposting, advice, and support. We have heard from members and through our Community Links Worker Programme that many people will need clear and accessible information to understand the direct implications of the energy cap increase and available support to mitigate the impact. Clear communication is required both in terms of language requirements and ability to access online information. Lack of inclusive and accessible information can result in people missing out on vital support, for example

in relation to the Warm Home Discount Scheme. This can have a significant impact on groups who already experience barriers including individuals from refugee communities. This support is vital to support people to manage their mental health and wellbeing in a time of increasing precarity.

Action to alleviate or mitigate the impacts of the crisis must be person centred, underpinned by the values of respect and dignity and be non-stigmatising. To continue to deliver this vital support, it is imperative that third sector organisations are adequately funded and resourced, in addition to wider measures by the UK and Scottish Governments to control excessive energy costs.

Part 6- Access to advice and support for mental wellbeing

6.2. If you answered 'online support' could you specify which online support?

Please see answers to Question 6.4.

6.3. Is there anywhere else you would go for advice and support with your mental health and wellbeing? Please select all that apply.

- Friends or family or carer
- GP
- NHS24
- Helplines
- Local community group
- Third sector (charity) support
- Health and Social Care Partnership
- Online support
- School (for example, a guidance teacher or a school counsellor)
- College or University (for example, a counsellor or a student welfare officer)
- Midwife
- Health visitor
- Community Link Workers

Workplace

An employability provider (for example, Jobcentre Plus)

Other

6.4. If you answered 'online support' could you specify which online support?

As outlined in our response to Questions 5.1, ALISS is a key tool which has a positive impact on the mental health and wellbeing of people across Scotland by connecting people with the assets that exist in their own local communities. Based on principles of collaboration and participation, the primary aim of ALISS is to make information about sources of support for health and wellbeing easier to find. Its foundations lie in the lived experience of people trying to find local support services, clubs, groups, and activities to help them live well. ALISS currently has 438 services in the mental health category, out of a total of 5,539.

Information in ALISS can also be shared using the Application Programming Interface (API). This means that as well as accessing information through allis.org, the data can be used to create individual directories of assets.

Additionally, through our 'Living Well: Emotional Support Matters' programme, participants have shared that 'Big Health' digital services such as Cognitive Behavioural Therapy (CBT) apps can help in managing mental health and wellbeing, for example by relieving anxiety and insomnia.⁷⁴

6.5. If you answered 'local community group', could you specify which type of group/activity/organisation?

The third sector plays a vital role in the provision of mental health and wellbeing support, as well as addressing stigma. ALLIANCE members have reported that there is excellent work happening across Scotland within a range of third sector organisations and community groups. Some of these are detailed in our response to Question 5.1 where we have highlighted examples of good practice at community level through the Self Management Fund which support mental health and wellbeing. Other examples include (but are not restricted to) Scottish Recovery Network's Write to Recovery project,⁷⁵ the work of Men's Sheds,⁷⁶ postnatal support groups, and unpaid carer support groups.

However, it is important to note that this support is not consistently available to all people across Scotland. Instead, there are pockets of good practice, and areas where people have insufficient access to support and potentially helpful resources.

6.6. Is there anything else you would like to tell us about this, whether you're answering as an individual or on behalf of any organisation?

No.

6.7. We want to hear about your experiences of accessing mental health and wellbeing support so we can learn from good experiences and better understand where issues lie. Please use this space to tell us the positive experiences you have had in accessing advice and support for your mental health or wellbeing.

In engagement undertaken by the ALLIANCE, feedback on accessing and using mental health services has been variable. In terms of positive feedback, participants have shared experiences of supportive and helpful care as a key theme. Compassionate staff who take time to listen and respond to individual concerns are regarded as positive aspects of accessing mental health services.

Additionally, consistency, involvement of the person with lived experience in their own care, wider support networks, holistic services, and reduced waiting times are all key areas in improving access to mental health and wellbeing support.

6.8. Is there anything else you would like to tell us about this, whether you're answering as an individual or on behalf of any organisation?

No.

6.9. We also want to hear about any negative experiences of accessing mental health and wellbeing advice and support so we can address these. If you have experienced barriers to accessing support, what have they been?

- Lack of awareness of support available
- Time to access support
- Travel costs
- Not the right kind of support
- Support not available near me
- Lack of understanding of issues
- Not a good relationship with the person offering support
- Having to retell my story to different people

Long waits for assessment or treatment

Stigma

Discrimination

Other

6.10. If you selected 'other', could you tell us what those barriers were?

Through engagement carried out by the ALLIANCE, we are aware that people face difficulties in engaging with specific mental health services. Participants have shared that access to services has been inconsistent, with lengthy waiting times, or – in some cases – unavailable.

There are specific issues with certain mental health conditions which has prevented people from accessing services as they have been told that their condition is 'too complex' with no offers of treatment, or suitable alternatives. Other barriers include a lack of lived experience involvement in their own care, a lack of person centred decision making, and barriers in travelling to certain services due to poor public transport links.

Additionally, people have shared difficulties in accessing mental health services as they are viewed as 'well enough' by healthcare professionals, which has led to some people feeling like they have to evidence reaching a stage of 'crisis' accessing appropriate support.

Many of the barriers to accessing mental health services have been outlined in our response to Question 5.5, which outlines the day to day things which can have a negative impact on a person's mental health and wellbeing. These are summarised below:

- Structural barriers across the health and social care sector can have a direct impact on people's ability to access mental health services. These include, for example: difficulties with data sharing; inconsistent internet access; mobility, inclusion and accessibility issues; lack of funding for third sector health and social care organisations.
- Lack of understanding and awareness from health and social care professionals of the mental health impacts of being diagnosed with – and living with – a disability of long term physical health condition.
- Lack of integration, which prevents people from accessing wraparound care and support that is needed for them to live well and with dignity.

- Not being listened to or having symptoms believed when engaging with healthcare professionals, particularly for women, people living with Long Covid, and people with pre-existing mental health conditions.
- Stigma can act as a key barrier to accessing care and support, and can often be reinforced by a lack of appropriate resources or support mechanisms and a lack of understanding from healthcare professionals.

6.11. Is there anything else you would like to tell us about this, whether you're answering as an individual or on behalf of any organisation?

No.

Part 7 – Improving services

7.1. Do you have any specific suggestions of how to improve the types and availability of mental health and wellbeing support in future?

To improve the types and availability of mental health and wellbeing support in future – including access to services – the ALLIANCE recommends:

- Adopting a meaningful human rights based approach, which aligns explicitly with internationally recognised human rights frameworks to assess work and to monitor progress towards the strategy outcomes, including the PANEL principles and the AAAQ framework. These frameworks should be used at national and local level to ensure service design is based meaningfully on human rights.
- Establishing a robust implementation framework to ensure that a human rights based approach comes to fruition and is reflected in mental health and wellbeing support at ground level.
- Engaging with people with lived experience, unpaid carers and the third sector to ensure that co-production is embedded throughout the development, delivery and evaluation of the strategy, and across mental health and wellbeing services and support. The ALLIANCE would welcome transparency of process in how decisions are made and in how co-production is achieved in practice.
- Providing mental health and wellbeing support for disabled people and people living with long term conditions, both at the point of diagnosis and beyond.
- Considering physical and mental health holistically, and establishing integrated pathways which take a 'whole-person' approach and enable access

to wraparound care and support.

- Developing training, education, understanding and awareness of mental health conditions and the different types of associated stigma and discrimination, including self-stigma, stigma by association, structural stigma and prejudice.⁷⁷ This should include information for family members, the general public, as well as people working with and delivering care and support to people with mental health conditions.
- Adopting the recommendations outlined by deafscotland, Deafblind Scotland, RNID, Sight Scotland and the ALLIANCE in 'Human Rights – A Transition Report calling for Sensory Literate Service' to ensure inclusive and accessible communication are at the heart of the strategy.⁷⁸
- Establish processes to empower and enable people to choose and access the right services at the right time, based on their needs – and not only when people are in crisis.
- Ensuring access to early intervention and self management support to ensure that people do not only receive care when acutely unwell.
- Continued investment in panels made up of people with lived experience, for example the ALLIANCE and MHF Diverse Experiences Panel (DEAP), the People-Led Policy Panel, Living Well: Emotional Support Matters, the Lived Experience Leadership Group, and the Human Rights Bill Lived Experience Board.

Part 8 – The role of difficult or traumatic life experiences

8.1. What kind of support is most helpful to support recovery from previous traumatic experiences?

As part of our Health and Social Care Academy programme, the ALLIANCE has carried out research into Adverse Childhood Experiences (ACEs). We know that people who have had ACEs are more likely to encounter a range of health inequalities, including in relation to their mental health and wellbeing. Our Health and Social Care Academy paper, 'Adverse Childhood Experiences and Transformation' outlines the significance of ACEs, and proposes the following actions:

- Integrate routine ACE inquiry into existing healthcare assessments. Routine screenings will provide healthcare professionals with more opportunities to deliver personalised trauma-informed care and support for adults with high ACE scores. An ACE informed approach should be used to support and empower healthcare professionals to shift the conversation from one of

treatment and asking, “what’s wrong?”, to one of experience and wellbeing and asking, “what happened?”

- The effects of adversity in childhood can reverberate in many areas of adult life. ACEs requires a cross-sectoral, whole life approach to ensure Scotland’s public bodies can develop shared and transparent goals. Only by working together and learning from the experiences of people with ACEs can significant and positive changes occur in health and social care.
- A national ACE study should be produced in Scotland to understand the prevalence of ACEs in Scotland. Furthermore, research and fact finding should be undertaken to evaluate what works well in helping to mitigate the impact of ACEs and toxic stress. This information should be used to support greater understanding on how data, resources and services can be transformed to support people who have experienced adversity.
- Increase investment and support for parents and families to help break the inter-generational cycle of ACEs.
- More guidance and support for adults who have experienced childhood adversity. Strategies and practical steps should be readily available for people and communities.
- Recognising that people do not always need or want a healthcare solution or quick fix regarding ACEs. In some circumstances, acknowledgement and appreciation that childhood experiences can affect later life is of great value.⁷⁹

8.2. What things can get in the way of recovery from such experiences?

As outlined in our response to Questions 4.3.1 and 5.3, stigma can act as a key barrier to people accessing the mental health treatment and support they need.⁸⁰ ALLIANCE members and partners have shared experiences of internalised stigma, that can often be reinforced by a lack of appropriate resources or support mechanisms, and a lack of understanding from healthcare professionals.

Additionally, it is important that greater emphasis is placed in supporting the workforce to be trauma informed. Awareness of trauma and the barriers that those affected by trauma can experience when accessing care, support and treatment can help to reduce stigma and encourage the workforce to engage with people in a person centred way and in accordance with individual needs and circumstances. Developing trauma enhanced practice will require time and investment. Existing tools, such as the National Trauma Training Programme,⁸¹ should be implemented as mandatory training for workforces engaging with people with mental health

conditions. This will enable staff to plan and deliver services safely and effectively to people affected by trauma.

8.3. Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation?

No.

Part 9 – Children, young people and families' mental health

9.1. What should our priorities be when supporting the mental health and wellbeing of children and young people, their parents and families?

A rights based approach

The ALLIANCE recommends grounding any support for the mental health and wellbeing of children and young people, their parents and families, in the principles of the United Nations Convention on the Rights of the Child (UNCRC).

At a broad level, any programmes of support should undergo a Children's Rights and Wellbeing Impact Assessment.⁸² This should be carried out at the earliest opportunity, and should include meaningful consultation with children, young people and their families to consider the impact of proposed changes on their rights and needs.

It is also crucial that investment in services and the workforce is prioritised. For example, mechanisms should be put in place to ensure that frontline staff supporting children and young people have resource available and regular capacity building around how the principles of the UNCRC, as well as the Getting it Right for Every Child (GIRFEC) approach, can be implemented in practice to support children's and young people's mental health and wellbeing.

CAMHS

Additionally, there is a pressing need for adequate funding and expansion of Children and Adolescent Mental Health Services (CAMHS) given the increasing demand and unprecedented waiting times to access support.⁸³

Specific consideration is also needed for the rights and needs of children and young people living with sensory loss. For example, there are specific language and communication barriers for children and young people with hearing loss in Scotland accessing CAMHS support. Currently, there is no specific CAMHS service for children and young people with hearing loss in Scotland, and many children and young people have to travel to England to access services. There are also lengthy waiting times for BSL interpreters. It is important that accessibility is prioritised in

mental health services to ensure that everyone has access to the support they need, in a suitable language or communication format.

Independent advocacy

The Mental Welfare Commission has highlighted that there is an inadequate provision for mental health advocacy for children, young people and families, despite the duties in the Mental Health (Care and Treatment) (Scotland) Act 2003.⁸⁴ There is a need for comprehensive, holistic and child-centred individual advocacy services, backed by resource, funding and investment, training and capacity building.

9.2. Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation?

In the context of children and young people, it is important that the mental health and wellbeing of young carers is considered. The role of young carers is often overlooked and we have heard that young carers often feel they are not being listened to, with an ensuing impact on their mental health and wellbeing. When engaging with young carers, it is important that their rights are adequately respected, protected, and fulfilled. The ALLIANCE recommends adopting a rights based approach, through the lens of the United Nations Convention on the Rights of the Child (UNCRC).

9.3. What things do you feel have the biggest impact on children and young people's mental health?

The mental health and wellbeing of children and young people has been of growing concern over recent years and has been exacerbated by the COVID-19 pandemic. A survey undertaken in 2020 highlighted that two thirds (66.8%) of young people are feeling low, more anxious and stressed since lockdown.⁸⁵

In particular, the right to play – which is fundamental to a child's mental health and wellbeing – was directly impacted. The right to play is internationally recognised under Article 31 of the UNCRC which states that:

“every child has the right to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts”.⁸⁶

It is important that the impact of COVID-19 on children's right to play, and their mental health and wellbeing, is recognised in the context of the Mental Health and Wellbeing Strategy. The ALLIANCE recommends considering the Position Statement developed by Play Scotland which identifies seven principles that should underpin play in Scotland in light of COVID-19.⁸⁷

Specific consideration should also be had to the mental health and wellbeing of children and young people with additional support needs (ASN) and/or living with sensory loss. Research commissioned by the ALLIANCE, 'Disabled children's, young people's and carer's experiences of accessing healthcare services and support during the pandemic', highlighted the disproportionate impact that the pandemic had on the lives of disabled children and young people, including health service closures which had negative impacts on symptoms and progression of their health conditions – with a direct impact on mental health and wellbeing.⁸⁸ Social isolation and mobility restrictions also had a direct impact, including on the mental health of parents and carers.

Additionally, the research highlighted specific issues in relation to mental health support:

“Access to mental health support was perceived by children, young people, and parents as extremely limited. Long waiting lists, short encounters with therapists, and sessions where children and young people felt that their concerns were not heard, were some of the barriers they listed.”⁸⁹

As outlined in our response to Question 9.1, we also know that insufficient levels of support for Children and Adolescent Mental Health Services, as well as independent advocacy services, mean that the rights and needs of children and young people across Scotland are not being respected or upheld.

In addition, work by ALLIANCE members and partners across the children's sector has identified various areas which have a direct impact on the mental health and wellbeing of children and young people. The Children and Young People's Evidence Bank highlights some of the key areas which can impact children and young people's mental health and wellbeing.⁹⁰ These include:

- Being with friends, family and loved ones that support their wellbeing
- Opportunity to play and take part in enjoyable activities
- Concerns about their own health and the health of their family members
- Concerns relating to school, including school work and homework
- Friendships breaking down and bullying
- Community support, including from emergency services, healthcare, and activity and afterschool clubs.
- Access to nutritious food, exercise and sleep
- Listening to music
- Access to local information and mental health services
- Stigma

9.4. Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation?

No.

Part 10 – Your experience of mental health services

10.1. If you have received care and treatment for any aspect of your mental health, who did you receive care and treatment from?

- Community Mental Health Team
- GP Practice
- Inpatient care
- Third Sector Organisation
- Psychological Therapy Team
- Digital Therapy
- Peer support group
- Perinatal Mental Health Team
- Child and Adolescent Mental Health Team (CAMHS)
- Forensic Mental Health Unit
- Other

10.2. If you selected 'other', could you tell us who you received treatment from?

In addition to the options listed above, we know that Community Links Practitioners play a vital role in supporting people and signposting people to support and resources (also referred to as social prescribing). Further detail on the role of Community Links Practitioners is outlined in our response to Question 5.1.

10.3. How satisfied were you with the care and treatment you experienced?

ALLIANCE members and partners have repeatedly outlined inconsistencies in the quality of care and support they receive for mental health care and support. While examples of good practice exist across Scotland, this is not consistent, and people's experiences are variable. Further detail on the people's experiences of mental health

care and treatment is outlined in our response to Part 6 of this consultation document.

10.5 If you were in contact with other health and social care services as part of your mental health care and treatment, how satisfied were you with the connections between those services?

Research undertaken by the ALLIANCE and Self Directed Support Scotland, 'My Support, My Choice: People with Mental Health Problems' Experiences of Self-directed Support and Social Care', highlighted that overall, people with lived experience of mental health conditions reported both positive and negative feedback of self-directed support. Just under one half of respondents with lived experience of mental health problems reported being happy with the conversations they had about their support with professionals. Participants who were happy with their conversations with social work professionals highlighted the importance of social workers having a breadth and depth of knowledge about SDS and local services. Consistency of social workers, the opportunity to build trusting relationships, effective communication, listening skills and empathy were also cited as being key to positive interactions.⁹¹

However, the research also highlighted a disconnect between different service providers at local level, particularly between mental health and social care sectors. As summarised within the report:

“[These] findings highlight that some people with lived experience of mental health problems experience inconsistent approaches on key issues like eligibility and budgets, and disjointed practice between mental health and social work teams.”⁹²

One participant described the challenges in accessing SDS for support with their mental health problems:

“I’d tried to apply for SDS previously, in my last flat, but kept hitting barriers of being told that it was a mental health [issue]. I have mental health problems, as well as physical problems. They would keep telling me it was a mental health issue, so I had to be under the mental health team – and then the mental health team would say, it’s not a mental health problem, it’s a physical problem, go back to social work. And I spent the entire time being batted back and forth between the two.”⁹³

10.6 Is there anything else you’d like to tell us about this, whether you’re answering as an individual or on behalf of an organisation? For example, positive experiences of close working, or areas where joint working could be improved.

No.

Part 11 – Equalities

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

As outlined in our response to Question 2.3, it is imperative that the strategy recognises and acknowledges the disproportionate impact of health inequalities on marginalised population groups. An intersectional approach to inequality is necessary to ensure that the strategy is equipped to respond to the rights and needs of those facing multiple disadvantage and trauma. This should include those living with protected characteristics listed under the Equality Act 2010,⁹⁴ as well as other marginalised groups, including (but not limited to) care experienced (young) people, people experiencing poverty, and survivors of trauma and/or abuse.

Through engagement across ALLIANCE programmes, we are aware of mental health inequalities across various population groups. Some of our key findings and considerations are summarised below:

Disabled people, people living with long term conditions, and unpaid carers

As outlined in our response to Question 4.2.1, living with long term conditions can have a significant impact on people's mental health and wellbeing. This has also been exacerbated by the COVID-19 pandemic, which continues to pose challenges on people's wellbeing, both for people who had pre-existing disabilities or long term conditions prior to the pandemic, and for those who are now living with Long Covid.

Cancer care

Through the ALLIANCE's 'Macmillan Transforming Cancer Care' programme, a lack of access to psychological therapies and mental health support has been a consistent theme across all engagement work with people affected by cancer. At the end of 2021, four focus groups were held where participants shared their lived experience of cancer. A recurring theme across the discussions was the need for more emotional and psychological support to be made available. Participants considered that there were unmet emotional support needs throughout all stages of people's experiences of living with cancer. As summarised by one participant:

"That was the thing, I had all the medical information, all the, you know, this is the kind of tumour it is, you know, this is what is going to happen, these are the drugs you'll be getting, you'll have, well, the physical side effects. But nobody, nobody prepares you for the emotional side of things, and that was the thing that really floored me."⁹⁵

Feedback from participants suggested that psychological support should be accessible not just at diagnosis, but throughout treatment and beyond. For some the need for emotional support was felt very soon after their initial suspicion of cancer, for others it was immediately following diagnosis; but for others, it was at various stages before, during, after or long after their treatment:

“At the time going through treatment I just wanted someone to reassure me it was normal to feel the way I was feeling. Nobody prepares you for that.”⁹⁶

“The psychological aspect of it probably hit me after my treatment finished, which I think can be quite common.”⁹⁷

“Things hit you more once you’ve come out the other end, when everybody then, even your consultants and your specialist nurses, right, we’ve done our bit, and then you’re left.”⁹⁸

“I don’t think I was mentally okay. It’s only recently when I’ve finished treatment that I’ve stepped back and I know you have that kind of post trauma evaluation. But actually, I was on such a conveyor belt that anyone could’ve done anything to me and I think I would’ve just went okay, fine.”⁹⁹

Women’s health

We also know that social and economic factors can put women at greater risk of poor mental health than men. For example, women are more likely than men to be carers, which can lead to stress, anxiety and isolation. Additionally, areas of women’s health have a direct impact on mental health and wellbeing, including perimenopause and menopause; endometriosis; impact of hormonal contraception; mental health impacts of miscarriage, infertility, and baby loss; mental health impacts of Premenstrual Syndrome (PMS) and Premenstrual Dysphoric Disorder (PMDD).¹⁰⁰

There is a need for mental health and wellbeing support to be gender-sensitive and recognise the impact of many women’s health conditions and life experiences on mental health and wellbeing. In research carried out by the ALLIANCE to support the development of the Women’s Health Plan it was explained that, “... life factors such as being an unpaid carer and hormonal changes during menopause can affect women’s mental health and there was a feeling that many women ‘just get on with it’ and may not even realise they could benefit from mental health support”.¹⁰¹

These issues are felt disproportionately by women from other marginalised groups. For example, the research found that women from marginalised groups continued to experience stigma attached to mental health in minoritised communities due to fear of being labelled.

Recommendations

To address mental health inequalities, the ALLIANCE recommends that the Scottish Government:

- Invests further in self management approaches to support and encourage disabled people, people living with long term conditions, and unpaid carers to access information and to develop skills to manage their condition or to support the person for whom they care.
- Recognises the psychological impacts of long term conditions – such as cancer – and ensure equitable access to psychological support at the point of diagnosis, treatment, and beyond.
- Recognises the specific challenges faced by women, including those from marginalised communities. Further work is needed to break down barriers to talking about and seeking help, and to carry out holistic wellbeing assessments at key life stages, including puberty and menopause.
- Values the third sector as an equal partner in the design, delivery, monitoring, and evaluation of the strategy. This must be backed by adequate, sustainable, and long term funding (with cost of living increases) for third sector organisations who provide a significant proportion of mental health and wellbeing care and support.
- Improving data gathering and analysis, monitoring and evaluation frameworks, to include equalities monitoring for a range of diverse groups (including those outwith the Equality Act 2010). This will help to ensure that the rights of those who are potentially most at risk of health and social care inequalities, and have least access to services, are recognised and used to inform service design and delivery moving forward.

Part 12 – Funding

12.1. Do you think funding for mental health and wellbeing supports and services could be better used in your area? [Y/N]

Yes.

12.2. Please explain the reason for your response above.

The ALLIANCE is the national third sector intermediary for a range of health and social care organisations across Scotland. We are therefore responding to this question from a national perspective, rather than from a particular local area.

As highlighted earlier in this response, we are aware that access to quality mental health and wellbeing support is not experienced consistently across Scotland. While there are examples of good practice happening within a range of third sector organisations and community groups, this is not consistent across Scotland and there are areas where there is insufficient access to support.

Throughout this response, we have highlighted the need for adequate, sustainable, and long term funding for third sector organisations who provide a significant proportion of mental health and wellbeing support, often within a challenging funding environment. We hear repeatedly from ALLIANCE members and partners that a lack of funding for third sector organisations is a key barrier to the delivery of mental health and wellbeing support. This has a direct impact on the ability of people to access vital support in managing their own health and wellbeing. It is important that the Scottish Government supports and works directly with third sector organisations as equal and valued partners.

The ALLIANCE, alongside colleagues in the third sector, has repeatedly called for long term, sustainable and adequate funding for the sector. Yet we know from our members and partners that third sector organisations continue to experience short term and inflexible funding allocations as a key barrier.

In this context it is important to note that ALLIANCE members have highlighted that the third sector is not a “level playing field” and there is a need for greater recognition of grassroots projects and organisations who are often left unheard and unsupported. ALLIANCE members have shared the difficulties that grassroots projects face in securing adequate funding, which reflects the work that they are carrying out. This prevents the scaling up of vital work that often fills the gaps in mainstream service provision.

In addition to providing longer term funding arrangements, it is imperative that an environment of flexibility and trust is fostered between funders, third and statutory sectors. The pandemic enabled a greater degree of flexibility and there were positive example of the adjustments that can be made, for example, by extending funding lengths and increasing multi-year funding arrangements. This gives services the trust and confidence they need to plan long term, and to adapt and improve to meet people’s needs, create positive outcomes, and facilitate lasting change. As summarised by a recipient of the ALLIANCE’s Self Management Fund:

“Having the flexibility to remodel, to be there for people in Scotland at such a challenging time through flexibility with grant restrictions enabled us to meet the urgent need of vulnerable people with ME-CFS in Scotland.”¹⁰²

There is a pressing need to focus on delivering progress towards personal outcomes at ground level. This requires longer term funding, transparent leadership, accountability, flexibility, and trust in the skills, knowledge and expertise of third

sector organisations. To achieve effective partnership working in practice we must overcome siloed approaches and hierarchal funding frameworks which reinforce power and control within statutory settings, and which impact negatively on people accessing services.¹⁰³

Funding must also be prioritised for public bodies who are required to secure the availability of mental health and wellbeing services, including their obligations under the Mental Health (Care and Treatment) (Scotland) Act 2003. Supported decision making mechanisms, such as independent advocacy, are chronically under resourced. A lack of investment in other forms of supported decision making, such as advance statements mean mental health services and supports across Scotland are not being utilised effectively. We know, for example, that there is low uptake of advance statements and they are not working as well as they should. As outlined in the ALLIANCE's response to Phase 3 of the Scottish Mental Health Law Review, resource and investment is needed to address implementation issues which compromise people's opportunities to have a meaningful say in their own care, treatment, and support.¹⁰⁴

Additionally, as outlined in our response to Part 9, there is a pressing need to adequately fund and expand Children and Adolescent Mental Health Services (CAMHS) given the increasing demand and unprecedented waiting times to access support. In addition, to ensure adequate provision of mental health advocacy for children, young people and families, there is a need for significant resource, funding and investment, training and capacity building to ensure comprehensive, holistic and child-centred advocacy services.

The ALLIANCE has advocated for the promotion of progressive economic systems such as human rights budgeting,¹⁰⁵ the caring economy,¹⁰⁶ and the wellbeing economy,¹⁰⁷ which put people at the centre and share core human rights values like equality and justice.¹⁰⁸ By embedding core human rights principles in Scotland's economic process, we believe it is possible to achieve transformational and positive change that works for everyone, including people with lived experience of mental health conditions and unpaid carers.¹⁰⁹ Detailed information on a human rights based approach to budgeting can be found in a comprehensive briefing produced by the Human Rights Budget Work Steering Group.¹¹⁰

12.3. Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation?

No.

Part 14 – Our vision and outcomes for the mental health and wellbeing workforce

14.1. – 14.3. Do you agree that these are the right short term (1-2 years) outcomes for our mental health and wellbeing workforce?

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Improved evidence base for workforce planning including population needs assessment for mental health and wellbeing					X
Improved workforce data for different mental health staff groups					X
Improved local and national workforce planning capacity and capability					X
Improved capacity for service improvement and redesign					X
User centred and system wide service (re) design					X
Peer support and peer worker roles are a mainstream part of mental health services					X

Improved national and international recruitment and retention approaches/mechanism					X
Increased fair work practices such as appropriate channels for effective voice, create a more diverse and inclusive workplace					X
Increased awareness of careers in mental health					X
Long term workforce planning goals are reflected in and supported by training programmes provided by universities, colleges and apprenticeships					X
Increased student intake through traditional routes into mental health professions					X
Create alternative routes into mental health professions					X
Create new mental health roles					X

Improved and consistent training standards across Scotland, including trauma informed practice and cultural competency					X
Our workforce feel more knowledgeable about other services in their local area and how to link others in to them					X
Our workforce is informed and confident in supporting self-care and recommending digital mental health resources					X
Develop and roll out mental health literacy training for the health and care workforce, to provide more seamless support for physical and mental health					X
Improved leadership training					X
Improved Continuing Professional Development (CPD) and careers progression pathways					X

Consistent employer policies					X
Refreshed returners programme					X
Improved diversity of the mental health workforce and leadership					X
Co-produced quality standard and safety standards for mental health services					X
Safe working appropriate staffing levels and manageable workloads					X
Effective partnership working between staff and partner organisations					X
Improved understanding of staff engagement, experience and wellbeing					X
Improved staff access to wellbeing support					X
Improved access to professional supervision					X

14.4. Do you have any comments you would like to add on the above outcomes?

The ALLIANCE welcomes the outcomes listed at Questions 14.1 – 14.3. We have outlined specific points and recommendations below:

Fair work

The ALLIANCE welcomes the outcome to “increase fair work practices” as outlined at Questions 14.1 – 14.3.

We recommend that fair work practices should focus on human rights based approaches by embedding the PANEL principles throughout the design, implementation, and evaluation of such practices.

It is important that fair work practices are adequately funded and resourced. In this respect, there are considerations to be taken from research and evaluation on fair work across Scotland’s third sector and social care sector. The Fair Work Convention reports that fair work is not being consistently delivered in Scotland’s social care sector and that this is often driven by funding and commissioning systems.¹¹¹ There are ongoing concerns about the differential pay and conditions for third and independent sector workers compared to those employed by local authorities. Research for the Scottish Government and COSLA notes that “the main reason why people leave the workforce is for better terms and conditions, particularly pay levels and another driver is to do a less demanding job for similar or better rates of pay.”¹¹² The Fair Work Convention have highlighted that failure to address these issues will have broader consequences, for example low pay will significantly contribute to inequality in women’s working conditions and Scotland’s gender pay gap.

ALLIANCE members have also highlighted the challenges that underfunded third sector organisations face in achieving fair work policies and practice. Fair work commitments must be backed by sustainable long term funding for third sector organisations who lack capacity and adequate resource to operate and deliver vital services. One member explained the situation as follows:

“We operate beyond capacity filling gaps and connecting with people repeatedly failed. Yet we require spending excessive time on funding applications and all the other back functions required to run an organisations. [Is it] fair that the few paid staff we have are expected to work excessive hours or being reliant on volunteers doing a job of [public sector] services? It is taking a significant toll and the many personal sacrifices resulting in burn out, mental illness, family life.”

Training, quality standard and safety standards

The ALLIANCE welcomes the outcomes listed in Questions 14.1 – 14.3 which outline “improved and consistent training standards across Scotland” and “co-produced quality standard and safety standards for mental health services”. We recommend that co-production is also included in the outcome on training standards, and involves people with lived experience of mental health conditions, unpaid carers, and third sector organisations.

As outlined earlier in this response, work is needed to create attitudinal and cultural change in relation to how mental health is viewed – by the mental health and wellbeing workforce, the health and social care workforce more broadly, by wider society, and – in some cases – by the person with lived experience and by unpaid carers.

Any proposals to implement training for the workforce should clearly outline what additional resource and financing will be made available to the health and social care sector (including third sector organisations) to support this approach.

Supported self-management

The ALLIANCE welcomes the outcomes which relate to the workforce feeling “more knowledgeable about other services in their local areas and how to link others to them” and on the workforce being “informed and confident in supporting self-care and recommending digital mental health resources”.

Digital technology is a key tool to support self management, and platforms such as ALISS support people to connect with assets in their local area. Efforts are needed to raise awareness of such platforms, both at national and local levels, and to provide staff with training to ensure they are confident in sharing these tools with people accessing services and support, and unpaid carers.

Additionally, Community Links Practitioners play a vital role in supporting people to access the resources they need to live well and to provide a level of support that is tailored to the needs of each individual. Greater awareness and understanding of the role of Community Links Practitioners among health and social care staff (including those working in mental health settings) is needed to enable people to connect with services and support in their local areas.

Diversity of the mental health workforce and leadership

The ALLIANCE welcomes the commitment to “improved diversity of the mental health workforce and leadership”. As discussed further in our response to Part 15, we suggest that the scope of the mental health and wellbeing workforce includes

third sector organisations, Community Links Practitioners, unpaid carers, and volunteers.

Additionally, it is important to consider the role of lived experience within the mental health workforce and in leadership roles. As outlined elsewhere in this response, co-production should be at the heart of design, delivery and evaluation of mental health and wellbeing policy and practice. Regular proactive action should be taken to gather feedback from people with lived experience of mental health conditions and unpaid carers. The ALLIANCE recommends developing working groups to ensure human rights are fully embedded across mental health and wellbeing services as a result of free, meaningful and active decision making.

A growing number of groups and panels comprised of people with lived experience are being convened to inform and influence policy and practice. Co-productive approaches should build on the good practice already established by organisations working with underrepresented groups, for example the Diverse Experiences Advisory Panel (DEAP), the People-Led Policy Panel, Living Well: Emotional Support Matters, the Lived Experience Leadership Group, and the Human Rights Bill Lived Experience Board.¹¹³ In facilitating such groups, the ALLIANCE recommends that the recommendations of the Scottish Human Rights Commission's report, 'Paying people with lived experience for their participation: A review of legislation, literature and practice', are considered to provide financial recognition to participants with lived experience for their expertise and time.¹¹⁴

Wellbeing support

We welcome the outcome towards "improved staff access to wellbeing support". The ALLIANCE recommends that a broad approach to the mental health and wellbeing workforce is adopted, which includes support for all partners actively involved in a person's care and support, including unpaid carers and volunteers.

Support and investment is required to ensure that unpaid carers and volunteers have access to the support they need to ensure they sustain and maintain positive mental health and wellbeing themselves while having often challenging caring or volunteering responsibilities.

Monitoring and evaluation

At a broad level, we would welcome further detail on how these outcomes will be monitored and evaluated. As outlined in our response to Question 4.6.1, to assess the sustained impact of the listed outcomes, it is important that there is ongoing monitoring and evaluation, which takes into account the experiences of people accessing mental health and wellbeing services and support. We would welcome

further detail on how the outcomes listed at Questions 14.1 – 14.3, and those listed below, will be implemented, measured, monitored and evaluated.

Several of the outcomes are framed as ‘improving’ or ‘increasing’ certain areas of practice across mental health and wellbeing services. We would welcome greater measurability and specificity across the outcomes to ensure a progress against each of these outcomes can be assessed in a meaningful way.

The ALLIANCE recommends implementing a robust monitoring and evaluation framework, based on human rights and equalities principles. This should be co-produced with people with lived experience, unpaid carers and third sector organisations. Evaluation outputs should be made publicly available on a periodic basis to highlight how the outcomes are being monitored and to show what progress has been made across different areas. The ALLIANCE recommends drawing upon existing expertise from across the health and social care sector. For example, there is learning to be taken from Healthcare Improvement Scotland’s personal outcomes resource, which summarises learning from the ‘Meaningful and Measurable project’.¹¹⁵

14.5 Do you agree that these are the right medium term (3-4 years) outcomes for our mental health and wellbeing workforce?

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Comprehensive data and management information on the mental health and wellbeing workforce					X
Effective workforce planning tools					X
Good understanding of the gaps in workforce capacity and supply					X
Improved governance and accountability mechanisms around workforce planning					X

User centred and responsive services geared towards improving population mental health outcomes					X
Staff feel supported to deliver high quality and compassionate care					X
Leaders are able to deliver change and support the needs of the workforce					X
Staff are able to respond well to change					X

14.6 Do you have any comments you would like to add on the above outcomes?

No.

14.7 Are there any other short and medium term outcomes we should be working towards? Please specify:

No.

Part 15 – The scope of the mental health and wellbeing workforce

15.1. The mental health and wellbeing workforce includes someone who may be:

Employed

Voluntary

A highly specialised Mental Health worker, such as a psychiatrist, psychologist, mental health nurse or counsellor

- Any health and social care or public sector worker whose role is not primarily related to mental health but contributes to public mental health and wellbeing
- A social worker or Mental Health Officer
- Someone with experience of using mental health services, acting as a peer support worker

15.2 The mental health and wellbeing workforce includes someone who may work / volunteer for:

- The NHS
- The social care sector
- Social work services
- The third and charity sectors
- Wider public sector (including the police, criminal justice system, children's services, education)
- The private sector
- Other

15.3 If you selected 'other', please specify:

In addition to those outlined above, the ALLIANCE highlights the following roles as playing a vital role in the mental health and wellbeing workforce:

Unpaid carers

Unpaid carers are vital partners in the delivery of mental health and wellbeing care and support. However, we know that there is a historic undervaluing of unpaid care. It is imperative that unpaid carers (including young carers) are valued as equal partners in the delivery of care and support. In this context, it is also important to recognise that there are existing identification issues for unpaid carers in Scotland, and there is a substantial population of "hidden carers". The ALLIANCE recommends that the commitment made in the 2021 report of the Social Justice and Fairness Commission that "unpaid carers should be formally recognised and treated as equal partners in the decision-making process"¹¹⁶ should be sustained in any changes to mental health law in Scotland.

Unpaid carers should be involved in conversations on discharge planning and processes, as stated in the Carers (Scotland) Act 2016. We know that many unpaid carers can face challenges during hospital discharge processes and are often left with a lack of support. Increased awareness of carer's rights under the Carers (Scotland) Act 2016, and the Carers' Charter,¹¹⁷ is needed – particularly in relation to mental health.

The third and charity sectors

The ALLIANCE welcomes the inclusion of the third and charity sectors within the list outlined above. The expertise of the third sector, community and volunteer organisations is significant, and should be properly acknowledged, valued, and sustainably resourced to deliver the new Mental Health and Wellbeing Strategy.

However, as outlined in our response to Part 12, there is a pressing need for greater understanding and knowledge of what is currently being delivered at ground level by third sector organisations. We know from our members that many third sector organisations are supporting people who are unable to access mainstream public services for a range of reasons, and it is crucial that the third sector organisations are meaningfully heard, listened to, and acted upon to inform mental health and wellbeing services.

Community Links Practitioners

Within the third sector, it is also important to recognise the role of Community Links Practitioners who play a vital role in supporting people to live well in their community through enabling better access to information, knowledge, skills, relationships and resources. Many people seek advice and support from Community Links Practitioners with whom they often have well-established and trusting relationships; this expertise and communication pathways should be included as part of a wider suite of community resources for mental health and wellbeing.

Volunteers

Volunteers are a key part of the 'workforce' and play a key role in providing support to communities and local services. We would welcome explicit recognition of their role in any considerations of workforce outcomes. However, in this context it is important that the role of volunteers is sufficiently set out, and made clear that volunteers should not replace staff in under-resourced third sector organisations. As explained by Volunteer Scotland:

“Volunteers, or indeed volunteer run services, should never replace paid staff or prop up services normally provided by paid staff that are under-resourced. Research published in 2019 found that 19% of volunteers felt that their volunteering ‘was becoming too much like paid work’.”¹¹⁸

Lived experience

As outlined earlier, it is important to consider the role of lived experience within the mental health workforce. In our response to Question 14.4, we highlighted the role and value of lived experience panels and projects, such as the People-Led Policy Panel, Living Well: Emotional Support Matters, the Lived Experience Leadership Group, and the Human Rights Bill Lived Experience Board. The skill, expertise, and time of those involved in such groups must be recognised in informing policy and practice.

15.4 The mental health and wellbeing workforce includes someone who may be found in:

- Hospitals
- GP surgeries
- Community settings (such as care homes)
- The digital space, providing internet or video enabled therapy
- Educational settings (such as schools, colleges or universities)
- Employment settings
- Justice system settings (such as police stations, prisons or courts)
- Other

15.5 If you selected 'other', please specify:

Please refer to our response to Question 15.3.

15.6 The mental health and wellbeing workforce includes someone who may:

- Complete assessments for the presence or absence of mental illness
- Provide treatment and/or management of diagnosed mental illness
- Provide ongoing monitoring of diagnosed mental illness
- Undertake work to prevent the development of mental illness
- Undertake work to address factors which may increase the risk of someone developing mental illness

- Provide support to families of those with mental illness
- Provide direct support on issues which affect wellbeing, but might not be directly related to a diagnosed mental illness, such as housing, financial issues, rights
- Other

15.7 If you selected 'other', please specify:

Please refer to our response to Question 15.3.

Part 16 – Solutions to our current and future workforce challenges

16.1 How do we make the best use of qualified specialist professionals to meet the needs of those who need care and treatment?

To make the best use of qualified specialist professionals to meet the needs of those who need care and treatment, the ALLIANCE recommends that all staff working in health and social care settings, including mental health settings, must receive comprehensive training in equalities, human rights, and intersectionality. Empathy, compassion, and kindness should be key principles of practice, and targeted work should be undertaken on reducing stigma. Having constructive and meaningful conversations by asking “what matters to you?”¹¹⁹, promoting the principles of Intelligent Kindness¹²⁰, adopting a Realistic Medicine approach,¹²¹ and using tools which make a difference for carers and for people for whom they care – such as ‘Equal Partners in Care’.¹²²

Additionally, we recommend that carer awareness training is provided for staff across the health and social care system – including all mental health staff. Targeted training is needed to raise awareness of mental health practitioner’s awareness of the rights and needs of unpaid carers. We recommend that this training is ongoing, and designed in partnership with unpaid carers and people with lived experience.

16.2 How do we grow the workforce, in particular increasing the capacity for prevention and early intervention, which enables individual needs to be recognised and addressed in a timely, appropriate manner?

As highlighted throughout the response, third sector organisations are a vital part of the mental health and wellbeing workforce and play a key role in prevention and early intervention. To grow the workforce and increase capacity for prevention and early intervention, increased partnership work with third sector organisations – including grassroots and community organisations – is necessary. This must be backed by sustainable, long term and adequate funding.

16.3 How do we protect the capacity for specialised and complex care roles in areas like forensic mental health?

To protect the capacity for specialised and complex care roles, the ALLIANCE recommends focusing efforts on early intervention and prevention to ensure equitable levels of community based support, and good quality, timely access to specialised support when appropriate. Focusing on early intervention and prevention will enable support for people before reaching states of crisis. Again, this will require meaningful partnership working with third sector organisations – backed by sustainable, long term funding – to facilitate this.

16.4 How do we widen the workforce to fully integrate the contribution of non-professionals and experts by experience, including peer support workers without sacrificing quality of care?

To fully integrate the contribution of non-professionals and experts by experience, it is important that support and resource for such contributions are embedded into systems and services at the outset. Lived experience cannot be seen as a ‘passive resource’, but something that is at the heart of service delivery and design.

In practice, this will require:

- capacity building and sufficient information provision to support people to contribute
- sufficient funding and resource
- offering a range of ways for people to contribute ranging from permanent positions to one off ‘consultations’
- emotional and wellbeing support
- closing the feedback loop
- offering opportunities to feedback on practices and operating on a cycle of continuous improvement
- ensuring that people are adequately compensated for their expertise, time and energy.

16.5 How do we support a more inclusive approach to workforce planning, recognising that many different workers and services provide mental health and wellbeing support?

The ALLIANCE welcomes the approach taken by Social Security Scotland who have a commitment to having a workforce that “represents the Scotland [they] serve” and who place values of “dignity, fairness and respect” at the heart of their approach.¹²³ We recommend adopting a human rights based and values-based approach to workforce planning, underpinned by equality and considerations of intersectionality.

To support this approach, we also recommend adopting Equality and Human Rights Impact Assessments (EQHRIAs) in workforce planning processes. EQHRIAs are a practical tool developed by the Scottish Human Rights Commission and Equality and Human Rights Commission which combine Equality Impact Assessments and Human Rights Impact Assessments and help to ensure that core human rights principles such as transparency and accountability are explicitly within decision making processes.¹²⁴ Considering human rights alongside equalities prompts consideration of marginalised groups who fall outside of the Equality Act 2010 (such as unpaid carers, people living with long term conditions, and people living in poverty) and will help public bodies to deliver services that are accessible and inclusive.

We also recommend developing a national social marketing campaign to highlight the role that everyone has to play in mental health and wellbeing, including workers who are not traditionally considered within the 'workforce' definition. This should be co-produced with people with lived experience of mental health conditions, unpaid carers, and a diverse range of workers and services including the third sector, volunteers, and Community Links Practitioners.

16.6 With increasing demand on mental health services, how do we prioritise creating capacity for re-designing services to better manage the impacts of COVID-19, and other systemic pressures?

The recovery and re-design of mental health and wellbeing services across Scotland must carefully consider the impact of existing and exacerbated inequalities on people's mental health outcomes and proactively seek to acknowledge how these inequalities impact on people's ability to access services and the impact on a person's wellbeing.

Additionally, we recommend adopting a human rights based approach to service design and re-design, which prioritises the voice of lived experience and the third sector to consider the sustained and ongoing impacts of COVID-19, and other systemic pressures including the Cost of Living crisis.

Through the ALLIANCE's Health and Social Care Academy programme, we support the work of the Early Intervention in Psychosis Lived Experience Reference Group. The group is centred on lived experience and presents a "replicable model for the voices of lived experience to input into policy, practice and service design".¹²⁵ The ALLIANCE recommends that this level of involvement for people with lived experience is embedded across the re-design of mental health and wellbeing services to ensure that services meet the rights and needs of those accessing them.

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

In addition to the principles of fair work described above, it is important that steps are taken to support and protect the wellbeing of everyone working across the mental health and wellbeing workforce. This must include unpaid carers, volunteers, people with lived experience feeding into and influencing policy and practice, and third sector health and social care organisations.

We know that support for unpaid carers of people living with mental health conditions is routinely unavailable. Holistic packages of support are needed to ensure that unpaid carers are adequately supported across all areas which impact directly – or indirectly – on their mental health and wellbeing. This should include access to regular breaks and financial support for unpaid carers of all ages. As summarised by the National Carer Organisations in their response to this consultation:

“The majority of unpaid carers are female and working in low paid roles or in sectors which were adversely affected by furlough and businesses closing. This must be addresses through adequate social security benefits for unpaid carers, as well as redressing employment rights, accessible and affordable social care and childcare and promoting paid work through education access for young carers. Better and more support for student carers of all ages is also essential.”¹²⁶

Additionally, support is needed for those in volunteer roles across third sector organisations. Research by Volunteer Scotland has highlighted that volunteer roles can often lead to high levels of burden, which can have a negative impact on wellbeing due to long volunteer hours, emotionally demanding roles, and a lack of effective support.¹²⁷ Additionally, volunteers can also “be susceptible to vicarious trauma”.¹²⁸ The ALLIANCE recommends considering the principles of the Volunteer Charter, developed by Volunteer Scotland and the Scottish Trade Union Council, within this strategy.¹²⁹

The ALLIANCE recommends that any packages of support are co-produced with those directly affected to ensure it is tailored accordingly to their rights and needs.

Part 17 – Our immediate actions

17.1 In addition to developing our workforce vision and outcomes, we are also seeking views on what our immediate short-term actions (in the next year) should be for the mental health and wellbeing workforce. Please select as many options below as you agree with.

Develop targeted national and international recruitment campaigns for the mental health workforce

- ☒ Scope alternative pathways to careers within the workforce, beyond traditional university and college routes, such as apprenticeship pathways into mental health nursing
- ☒ Improve capacity in the mental health services to supervise student placements to support the growth of our workforce
- ☒ Take steps to increase the diversity of the mental health workforce, so it is reflective of the population that it cares for
- ☒ Work with NHS Education Scotland (NES) to improve workforce data, including equalities data, for mental health services in the NHS, by the end of 2023
- ☒ Undertake an evaluation of our Mental Health Strategy 2017 commitment to fund 800 additional mental health workers in key settings, including A&Es, GP practices, police station custody suite and prisons, to ensure that the lessons learnt inform future recruitment

17.2. Do you think there are any other immediate actions we should take to support the workforce? Please specify.

As outlined in our response to Part 16 it is important that steps are taken to support and protect the wellbeing of everyone working across the mental health and wellbeing workforce. The ALLIANCE recommends taking steps to embed a holistic package of mental health and wellbeing support for the full spectrum of the workforce, including unpaid carers, volunteers, people with lived experience and influencing policy and practice, and third sector organisations.

17.3 Do you have any further comments or reflections on how to best support the workforce to promote mental health and wellbeing for people in Scotland? Please Specify:

No.

Part 18 – Final thoughts

18.1 Is there anything else you'd like to tell us?

No.

About the ALLIANCE

The Health and Social Care Alliance Scotland (the ALLIANCE) is the national third sector intermediary for a range of health and social care organisations. We have a growing membership of over 3,000 national and local third sector organisations, associates in the statutory and private sectors, disabled people, people living with

long term conditions and unpaid carers. Many NHS Boards, Health and Social Care Partnerships, Medical Practices, Third Sector Interfaces, Libraries and Access Panels are also members.

Our vision is for a Scotland where people of all ages who are disabled or living with long term conditions, and unpaid carers, have a strong voice and enjoy their right to live well, as equal and active citizens, free from discrimination, with support and services that put them at the centre.

The ALLIANCE has three core aims; we seek to:

- Ensure people are at the centre, that their voices, expertise and rights drive policy and sit at the heart of design, delivery and improvement of support and services.
- Support transformational change, towards approaches that work with individual and community assets, helping people to stay well, supporting human rights, self management, co-production and independent living.
- Champion and support the third sector as a vital strategic and delivery partner and foster better cross-sector understanding and partnership.

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