



**Promote**



**Prevent**



**Provide**



## **Our 2022 Local Authority Elections Manifesto**

## Who we are

[Scotland's Mental Health Partnership](#) is made up of seventeen professional bodies and third sector organisations (listed in the appendix). Our members represent, among others, those with lived experience, providers, clinical professionals, carers, community support networks and the wider third sector on a national level. Each organisation contributes its direct experience and unique perspective to create an informed collective voice on mental health.

## Our Local Authority Elections Manifesto: a summary

We have a vision of a Scotland where good mental health and wellbeing is enjoyed by all. We are therefore calling for actions that will:

- **Promote** better mental health and wellbeing for the whole population;
- **Prevent** mental ill health and distress among communities and groups at highest risk; and
- **Provide** an appropriate choice of support, care and treatment in the right place and at the right time for those experiencing severe mental ill health.

We believe these should all be delivered using a human rights-based approach and supported by a set of underlying principles.

We want to continue to advocate this agenda for change to all candidates for Scotland's local authority elections this year, and to inform candidates of the importance of mental health and wellbeing in relation to their duties

### **We believe there are some actions that all local authorities can commit to ...**

**Mental health in all policies** – We believe that action must be taken towards tackling both inequalities in society and the wider social determinants of mental health. This clearly goes beyond the remit of health and we therefore call for local authorities to adopt a 'mental health in all policies' approach, ideally supported through a national mental health impact assessment.

**Stability for our communities** – A critical issue facing our third and community sectors is the inability to establish themselves as long-term providers of care and support in our communities. We therefore call on all local authorities to commit, where feasible, to longer term funding for those organisations who provide essential mental health support and care.

**Children and young people** – We also call for further action to enable schools to act as fully effective points of promotion, prevention and early intervention, with schools serving the most deprived areas receiving additional dedicated provision and early intervention supports.

## Local authorities and our mental health and wellbeing

In every area of policymaking in Scotland, our local authorities are a critical agent of change. Mental health is no exception, and **every local authority** has pledged to deliver **parity of esteem between physical and mental health**.

### Health & Social Care Partnerships

This includes the direct control local authorities have over mental health services through Health & Social Care Partnerships. Jointly run in partnership with the relevant health board, these bodies see local authorities plan and manage a range of physical and mental health services, with an estimated budget of **£8.5bn** (the equivalent of [67% of the total spending](#) by local authorities).

This funding is used, among a range of services, for:

- Statutory mental health care (including in-patient)
- Third and community sector support services, including the highly successful Distress Brief Intervention Programme
- Social care provision for those with severe mental ill health

Based on analysis we have produced, these Health & Social Care Partnerships spend **£233m** on mental health care and support. This is the equivalent of nearly **20%** of the total spent nationally on mental health services.

### Population health and wellbeing

In addition to this direct input, [analysis by Audit Scotland](#) highlights the importance of mental health and wellbeing to a local authority's activities. This includes:

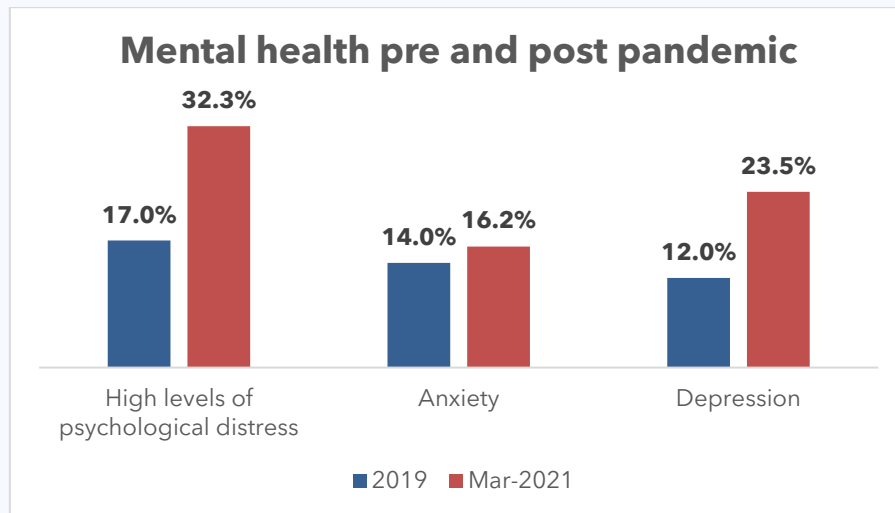
- Supporting the wellbeing of the local authority workforce, who have been through an incredibly stressful period
- Providing essential support for children and young people's wellbeing through educational services and schools
- Funding key support services and community groups in a local area that have positive impacts on a person's wellbeing, such as green spaces (including parks) and 'Men's Shed' groups.
- Establishing signposting and support hubs, in particular during the Covid-19 pandemic when many citizens' mental wellbeing was adversely affected.

**Every person who is successfully elected to represent their local authority will be making critical decisions around our mental health and well-being.**

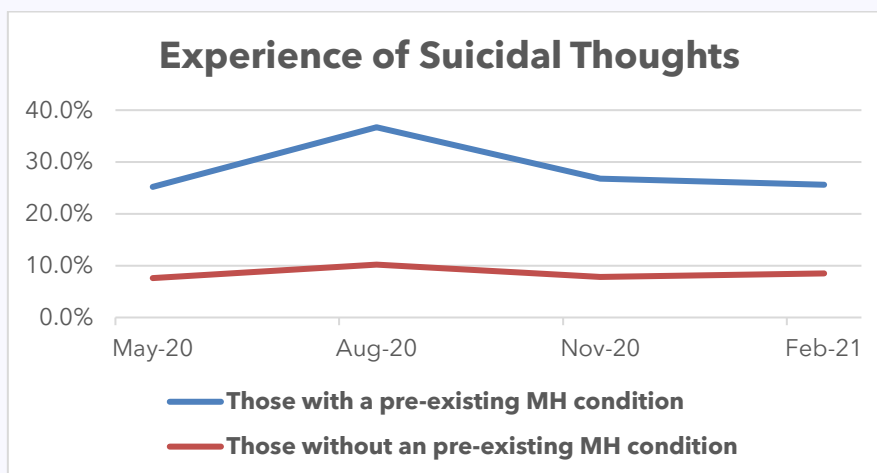
**That's why we're asking all candidates to commit to undertake their duties with the mental health and wellbeing of their constituents foremost in their minds.**

## The pandemic's impact on our mental health and wellbeing

- **Worsening mental health** – across the population, rates of anxiety, depression and high levels of psychological distress<sup>1</sup> are higher than they were prior to the pandemic. Using the [2019 Scottish Health Survey](#) (the last one conducted prior to Covid), and the latest [Covid Mental Health Tracker](#) study<sup>2</sup>, the equitable data suggests people are now nearly **twice as likely** to be experiencing these.



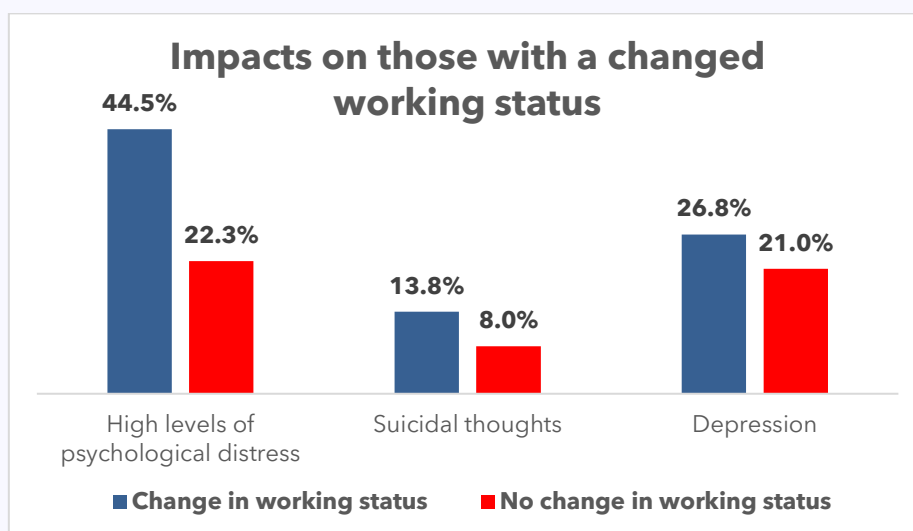
- **Pre-existing mental ill health** – whether it be the likelihood of experiencing high levels of psychological distress, having suicidal thoughts or experiencing anxiety, having a pre-existing mental health condition was the strongest indicator across the four available Covid Trackers. This indicates the mental health impacts of the pandemic have exacerbated the pre-existing inequalities those with mental ill health face. With the life expectancy rate of those with mental ill health 20 years less than the rest of the population prior to the pandemic, the evidence suggests this group's life outcomes will only have worsened.



<sup>1</sup> Indicative of a possible psychiatric disorder

<sup>2</sup> Please note the data collection methods for the 2019 study are more extensive compared to the Covid studies, which has no face-to-face component. Both studies use well-tested methods to establish depressive and anxiety symptoms.

- **Working status** – one of the key indicators as to whether you were experiencing depressive symptoms (26.8% versus 21%), thoughts of suicide (13.8% versus 8%) and high psychological distress (44.5% versus 23.3%) was whether you had experienced a change in working status. This included being furloughed or losing your job. With the pandemic’s economic impacts yet to fully emerge, this indicates that the burden of poor mental wellbeing and mental ill health will fall hard on those affected by subsequent job losses.



- **Our ethnically diverse communities** – while there isn’t comparable data in the latest edition, the [Wave 3 Tracker](#) (November 2020) included a ‘booster’ sample from these communities that indicated the mental health impacts had fallen harder. This included being nearly three times likelier to have experienced suicidal thoughts.

Mental health impacts	‘Ethnic minority’	White
Suicidal thoughts	26%	9.4%
Depression	27.9%	21.2%
Anxiety	22.1%	15.9%
High psychological distress	33.7%	31.9%

## Our vision for the future

We believe that a new and ambitious vision should now be set: a Scotland where good mental health and wellbeing is enjoyed by all. To realise this, action is required by local authorities across three intersecting population groups:

**Promote** - Deliver an ambitious public health programme to promote good mental health and wellbeing for the whole population. This should include developing community supports, using asset-based approaches to adopt and maintain healthy lifestyles, raising health literacy and creating the environmental and social conditions that will allow wellbeing to thrive.

**Prevent** - Identify and target specific actions to tackle key risk factors across all policy areas for communities and populations at higher risk of mental ill health and distress, such as inequalities groups. This includes reducing economic insecurity, educational disadvantage and unequal access to the natural environment. Prevention must also include sustaining and expanding self-management and peer support initiatives. This will enable those with lived experience of mental ill health and distress to maintain their recoveries and reduce risk of relapse.

**Provide** - Make a full range of flexible, recovery focused support and treatment options available to meet the individual needs of those who experience mental ill health and distress. This should include innovative specialist crisis services, national distress services, access to sufficient, adequately resourced and locally based inpatient services, and also home and community-based alternatives within both statutory and third sector delivery. Early intervention, person centred care planning and peer support must be key, every time for every person.

## Our principles

We believe that actions across these three population groups should be delivered using a human rights-based approach. This should be underpinned by the AAAQ Framework<sup>3</sup> (availability, accessibility, acceptability, quality) and supported by a set of underlying principles:

1. **Lived experience led** – ensuring a clear leadership role for those with lived experience and their families/ carers in the design, delivery and review of all strategy, policies and services.
2. **Reducing inequality** – decreasing the health, social, economic and cultural inequalities that lead to inequalities in mental health outcomes and fostering intercultural respect.
3. **No wrong door approach** – enabling a joined up system with access to the health promotion, information, support and/ or care that meets individual needs and wishes regardless of who they approach first.
4. **Meeting community need** – taking the specific needs of individual communities into account at all stages, including addressing the specific disadvantages faced by, for example, our remote and rural communities.
5. **Early intervention** – addressing mental and emotional distress when it first arises can prevent more severe mental ill health from developing, and is also likely to be more cost effective.
6. **Recovery focused** – continuing to move policy and practice away from a purely medical model to one which is trauma informed, strengths based and recognises the social, economic and other determinants of poor mental health. Practice should follow a recovery focussed approach, empowering individuals to regain control and providing them with the tools to manage their mental health challenges in healthy ways.
7. **Anti stigma** – continuing campaigns and activities to challenge stigma and discrimination at all levels. Tackling stigma and discrimination and addressing the barriers and issues they create must be seen as an essential component of all action to improve mental health to enable people who experience mental ill health to live full lives.
8. **Real parity** – recognising that physical and mental health are inextricably linked and of equal importance in all three population groups. We want to see progress beyond talking about parity, and to see actions reflect this.
9. **Choice** – providing a truly person-centred approach with risk enablement embedded that promotes independence and autonomy for all. People in all three populations must be supported in making informed choices about their access to information, support and/ or care with access to a full range of treatments. including talking therapies, available in all areas. Everyone must always be given the option of accessing individual and collective independent advocacy. Families and carers should also be supported and recognised for the valuable role they play.

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<sup>3</sup> <https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-017-0182-7/tables/1>

## What needs to happen ...

### Mental health in all policies

We believe that action must be taken towards tackling both inequalities in society and the wider social determinants of mental health. This clearly goes beyond the remit of health and we therefore call for **a 'mental health in all policies' approach to be adopted** by all local authorities, and their office holders.

To support this endeavour, we call for local authorities to work in partnership with Scottish Government to develop a framework with clear criteria to assess the impact of all policies on population mental health and wellbeing - **a Mental Health Impact Assessment**. This will enable initiatives by local authorities in areas such as economic development, income and job security, education, and the natural environment to be aligned with improving mental health and wellbeing. These should be published and available for scrutiny.

### Children and young people

We strongly support efforts to address the mental health and wellbeing of children and young people. Work to provide a full range of support must continue.

We therefore call on all local authorities to deliver **further action to enable schools to act as fully effective points of promotion, prevention and early intervention**, with schools serving the most deprived areas receiving additional dedicated provision and early intervention supports. This should include developing, alongside key partners, **a mental health education package for schools**, with priority in delivery given to schools in the most deprived areas of Scotland.

### Distress Brief Intervention

The need to improve the response to people presenting in distress has been strongly advocated by people who have experience of distress – and by front line service providers and is supported through a review of available literature. The pandemic has only exacerbated this need, but [it has also demonstrated](#) that in the **Distress Brief Intervention programme**, we have the ability to improve people's access to the right support.

We call on all local authorities to prioritise **a full implementation of the Distress Brief Intervention programme in every Health & Social Care Partnership** following its very successful pilot phase. The implementation should continue the partnership model that has seen the programme become such a success.

### Workplace

We call for all local authorities to pledge to introduce a duty to **promote mentally healthy workplaces**. A wide range of actions should be considered under this duty, including addressing in work stigma and discrimination, creating inclusive cultures and behaviours, promoting wellbeing clauses in employment contracts, and incorporating workplace wellbeing requirements into their public procurement processes.



### Third sector resourcing

In recognising the role of the third sector as a key partner at all levels in mental health and wellbeing, we would urge that all local authorities should engage with the third/community sector and Scottish Government **to establish a new funding regime that includes guaranteed multi-year core funding settlements** for those organisations working in mental health care and support. This will enable organisations to have greater financial stability and allow forward planning within the mental health third sector.

### Physical health

The current twenty-year mortality gap between people with lived experience of severe mental illness and the general public, caused by poor physical health<sup>4</sup>, cannot be allowed to continue. We call on all local authorities to **commit to local access to sport and exercise facilities for all of its citizens**, including those with severe mental illness.

Programmes to **promote mental health literacy** and early intervention support in our communities should also be developed for people diagnosed with long term physical health conditions. Efforts to support practitioners and community groups to better interact with this population should also be prioritised.

### Access to nature

The pandemic has highlighted the benefits of access to nature and safe outdoor sport to wellbeing. Accounting for the mental wellbeing implications of such spaces enhances their value to our communities.

Measures to **improve access to nature and to ensure safe leisure environments, particularly for those living in the most deprived areas**, should be developed and pursued.

### Equalities

We would urge all local authorities **to take an equalities focus to its work to improve mental health and wellbeing**. This should include working to reduce inequalities affecting priority groups (such as our ethnically diverse communities) and to identify any further groups that may be particularly disadvantaged.

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<sup>4</sup> <https://www.gov.uk/government/publications/severe-mental-illness-smi-physical-health-inequalities/severe-mental-illness-and-physical-health-inequalities-briefing#fn:4>

## Digital innovation

Moving towards a post Covid-19 Scotland, we need to see the innovation and momentum for change maintained. This has included the vastly increased use of digital tools such as Near Me, which has been very effective for many people.

We call on all local authorities to **commit to taking a human rights-based approach to the further development of digital health and social care provision**. This would, for example, ensure that each person's preferences for digital or face to face engagement with services would always be sought and honoured.

We also believe that **specific action is required to tackle the digital divide**, which still means many people with mental ill health and distress are not able to access digital information, support and treatment.

## Community based support

We believe many initiatives are best co-ordinated and delivered by local leadership that includes the statutory sector, voluntary sector, people with lived experience and local residents working in equal partnership with their local authority. While health and social care integration has initiated the joining up of service planning and delivery, we believe that progress has not been made at the same rate in every part of Scotland.

We therefore call for further impetus to be given to increase the pace and scale of integration.

Specifically, we believe that **integrating third sector organisations, local health and community care providers and Community Mental Health Teams** would lead to more responsive community-based support systems. This will enable more flexible systems of social and emotional support to tackle distress and fluctuating mental health more effectively.

## Rural communities

98% of Scotland's land mass is rural, with a population of around one million people. Support and services should account for the rurality of Scotland and relevant local authorities should, **in partnership with the National Rural Mental Health Forum, develop an approach to ensure that these communities have equal and timely access to mental health support and services**.

## Appendix – Our Members

All SMHP members have national remits, focus primarily on mental health and have a level of independence from statutory bodies.

Our current members are:

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|--|---|
| <b>1. Bipolar Scotland</b>                           | <b>10. SAMH (Scottish Association for Mental Health)</b>  |
| <b>2. British Psychological Society</b>              | <b>11. Scottish Association of Social Work</b>            |
| <b>3. Mental Health Foundation</b>                   | <b>12. Scottish Independent Advocacy Alliance</b>         |
| <b>4. Mental Health Nurses' Forum Scotland</b>       | <b>13. Scottish Recovery Network</b>                      |
| <b>5. Penumbra</b>                                   | <b>14. See Me</b>   |
| <b>6. Royal College of General Practitioners</b>     | <b>15. Support in Mind Scotland</b>                       |
| <b>7. Royal College of Occupational Therapists</b>   | <b>16. UK Council for Psychotherapy</b>                   |
| <b>8. Royal College of Psychiatrists in Scotland</b> | <b>17. Voices of eXperience (VOX)</b>                     |
| <b>9. Samaritans Scotland</b>                        | <b>(Observer: Mental Welfare Commission for Scotland)</b> |

[Click here](#) for more information on our members

## Our role, purpose and beliefs

The Partnership developed out of a collective desire to offer new perspectives and a progressive vision for mental health in Scotland. We are committed to supporting the mental health and wellbeing of people across Scotland and, in line with Christie Commission<sup>5</sup> recommendations, promote the prevention of mental health issues and early intervention where problems do arise.

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<sup>5</sup> Christie Commission on the Future Delivery of Public Services, 2011. Available online at <http://www.scotland.gov.uk/Resource/Doc/352649/0118638.pdf>