Scottish Policy Forum

Focus on the future

STAGE 2 CONSULTATION PAPER

Mental health and wellbeing

Scottish Labour

1. Background

The Scottish Health Survey provides data to study trends in the mental health and wellbeing of Scotland's population living in private households. This data shows that the prevalence of possible psychiatric disorders (measured by individuals recording a GHQ12 score of four or more) fluctuated between 14% and 19% from 2008 to 2019. In 2021, the prevalence rose significantly to 22%. Prevalence has been consistently higher in women than men throughout the studied period. It is also generally greater in younger age groups, with this difference becoming more apparent in recent years.

The prevalence of depression increased between 2008/2009 and 2018/19, remaining similar from 2018/2019 to 2021. Among men, there was a significant increase, while the figures for women varied. Similarly, anxiety levels increased from 2008/2009 to 2019, maintaining similar levels in 2021. Anxiety levels have consistently been higher in women, with the difference between men and women being greatest in 2021.

Public Health Scotland published a report in 2022 estimating the future burden of disease in Scotland over the next 20 years. This report estimated that mental health would rank 4th as a leading cause of disease. The number of disability-adjusted life years due to mental health disorders is projected to rise by 3.8%.

Extensive research has examined the influences on individual and population mental health and wellbeing and the interplay between these factors. Various theories, including socioecological models and resilience-based models, have been proposed to explain the mechanisms by which these factors operate, and corresponding frameworks have been developed to illustrate the processes. Central to all theories and frameworks are similar principles, namely that economic (e.g. governmental policy, poverty), social (non-medical factors such as education, food security, family dynamics) and environmental (e.g. pollution, access to natural space) factors, along with individual biology and healthcare provision and access, both influence and are shaped by mental health and wellbeing.

The theory of Fundamental Causes has gained traction in Scotland, informing approaches within Public Health Scotland. This theory proposes that unequal distributions of power, income, and wealth are key drivers of other influences on health. It is supported by findings that unequal societies tend to experience poorer health overall compared to those where resources are more evenly distributed. Poverty limits individuals' ability to access necessary resources for good health, adopt and maintain healthy behaviours, and avoid stress while feeling in control and supported.

2. Trends in mental health in Scotland

The Scottish Health Survey data shows fluctuating prevalence of psychiatric disorders between 2008 and 2019, with a significant rise to 22% in 2021. Women and younger age groups consistently show higher prevalence rates. Depression and anxiety levels have also increased over the years, with women experiencing higher levels than men. Eating disorders remain the mental illness with the highest level of morbidity.

Future burden of mental health Public Health Scotland's 2022 report projects that mental health will remain the 4th leading cause of disease in the next 20 years, with a 3.8% rise in disability-adjusted life years due to mental health disorders.

Influences on mental health Various theories highlight that economic, social, and environmental factors, poverty levels and unstable housing, along with individual biology and healthcare access, shape mental health and wellbeing. Negative early years experiences and exposure to childhood trauma increase likelihood of developing a mental illness in later life. The theory of Fundamental Causes suggests that unequal distributions of power, income, and wealth drive other health influences.

Importance of prevention Evidence supports promoting mental health at individual, community, and population levels, preventing mental ill health, facilitating early intervention, and providing timely support. The Royal Society of Public Health and the Royal College of Psychiatrists emphasise high implementation and access to preventive interventions, including pregnancy and parenting programmes, school-based and workplace interventions, and addressing socio-economic inequalities.

3. National Rural Mental Health Survey

Service users in rural and remote Scotland were asked: "If you could change one thing about mental health services in rural Scotland, what would it be and why?". The summary of responses was common to other surveys and can be applied across the country:

- There is a strong need and desire to create ways for people to connect with one another before their personal crises occur. These connections need to be "low-level", in non-clinical and informal settings, through trusted people and networks.
- Services need to be close to the place of need, designed to include mobile services and outreach, particularly on the islands. This "outreach" approach recognises the significant stress of travelling to appointments for those with mental ill health.
- Mental health care must be mainstreamed within the NHS and not a "bolt-on".
- There must be parity between mental and physical health care.
- There must be an increased focus on the needs of children and young people.
- Reduce waiting times, particularly in relation to self-harming.
- There must be shorter waiting times to see specialists.
- There must be support for "low-level" contact outwith hospital environments, close to communities.

4. Workforce

The priority for a future Scottish Labour government would be to stabilise the workforce. The Mental Health and Wellbeing Strategy Evidence Narrative and Equality Evidence Report identified challenges faced by Scotland's mental health workforce, exacerbated by COVID-19, Brexit, and living costs. These pressures are affecting staff wellbeing and service capacity. Proposed solutions include widening career access, improving recruitment and retention, supporting training, and embedding Fair Work practices.

High vacancy levels in mental health, particularly among consultant psychiatrists, result in high locum costs. The Royal College of Nursing has reported a decrease in the intake of mental health nurses, while the Royal College of Psychiatry notes that psychiatrists are retiring earlier and those remaining do not have sufficient time to train students.

5. Challenges

- Attracting new recruits
- Retaining current workforce
- Providing wellbeing support
- Managing large workloads
- Enabling training participation
- Addressing inequalities
- Improving data collection
- Creating alternative career pathways
- Overcoming negative media portrayals
- Tackling stigma in mental health roles
- Levels of violence and intimidation

6. The work ahead

Mental health and wellbeing support services are under significant pressure due to high demand, staff capacity, and limited resources. Stakeholders say COVID-19, Brexit, and the cost-of-living crisis have worsened problems for both those seeking support and the workforce. These pressures are impacting staff well-being and the ability of services to attract, train, and retain the workforce.

This is likely to affect services' ability to engage in and deliver long-term strategic planning for the workforce. As with general challenges in Scotland's labour market, there is an ongoing need to build upon existing work to address issues such as widening access to mental health career pathways, making careers more attractive to recruit and retain a diverse

range of students, trainees and existing staff, overcoming barriers in traditional recruitment routes, enabling the workforce to access and participate in training and upskilling, improving and supporting career progression, and further embedding Fair Work practices to ensure workforce attraction and retention.

Actions needed include increasing collaboration across sectors, promoting multidisciplinary/agency and partnership working, harnessing the expertise and capacity of the third sector, and addressing commissioning process issues. These challenges may vary depending on specific roles, sectors, settings, population demographics, or geography. These challenges are intensified in rural and island communities. These recurring themes span all aspects of the workforce journey.

7. Key areas of focus

- Enhance population mental health and wellbeing, build resilience, and provide accessible information and advice in various formats.
- Increase mental health capacity within General Practice and primary care, universal services, and community-based mental health supports.
- Promote a whole system, whole person approach, facilitating partner collaboration and removing barriers faced by marginalised groups when accessing services.
- Expand and improve support for individuals in mental health distress and crisis, and their caregivers, through national initiatives like Time, Space, Compassion.
- Improve mental health and well-being support in diverse settings with reduced waiting times and better outcomes for service users, including Child and Adolescent Mental Health Services and psychological therapies.
- Ensure quality care and treatment for the required duration, support care close to home, and promote independence and recovery.

- Strengthen support and care pathways for people needing neurodivergent assistance, collaborating with health, social care, education, the third sector, and other partners to provide timely and suitable care. (Neurodiversity will be covered in a later Stage 3 paper and will look at the difficulties of accessing assessment and treatment there. This paper is looking specifically at mental health.)

- Facilitate local decision-making around workforce planning, incorporating time for training and development planning, considering community needs, workforce and volunteer requirements, and flexibility for adaptation.

- Collaborate with stakeholders and delivery partners to enhance access to support, assessment, and treatment in primary care mental health and wellbeing services across Scotland, including developing multi-disciplinary teams in general practice, strengthening community mental health teams, and exploring digital mental health solutions and NHS24 to streamline access.

- Address challenges in attracting people to mental health roles by recruiting at various career stages and across age groups. Recruitment efforts should increase workforce diversity, attract candidates from remote and rural areas and those with lived experiences, promote career pathways to young people, and tackle stigma associated with mental health roles.

- Conduct recruitment campaigns to enhance workforce diversity and address recruitment difficulties in remote and rural areas, including the islands. Campaigns should promote co-ordination between Health Boards, Health and Social Care Partnerships, Local Employability Partnerships, and wider partners to improve recruitment efficiency and flexibility. Implement ambitious work plans to empower NHS Boards in providing job opportunities and fostering community prosperity.

- Ensure mental health workforce and equalities considerations in strategic work.

- Enhance workforce diversity, including individuals with protected characteristics and marginalised groups, attract individuals with lived

experience, promote career pathways to young people, and address stigma related to mental health roles.

- Tackle vacancies and retention challenges in areas such as psychiatry, mental health nursing, allied health professions, learning disability nursing, psychology, and Mental Health Officers (MHOs). Address difficulties in securing placements for students due to insufficient registered staff for practice assessment and supervision.

- Support the recruitment and retention of psychiatrists through the newly established Psychiatry Recruitment and Retention Working Group, focusing initially on trainee doctors at Core and Higher Specialty training levels, and later consultants and specialty grade doctors.

- Engage with the Allied Health Professions (AHP) Education Review implementation plan to address AHP mental health workforce needs.

- Collaborate with Heads of Psychological Services (HOPS) and National Health Education Scotland (NES) to ensure workforce supply for psychological therapists and psychologists, address workforce gaps for delivering the new national specification for psychological therapies (PT) and develop action plans to meet PT delivery needs.

- Explore long-term solutions to address Mental Health Officer capacity shortfalls due to increased demand and recruitment and retention challenges.

- Build on ethical international recruitment campaigns to attract mental health and well-being staff, identify actions to remove recruitment barriers/challenges for health boards and local authorities.

- Promote alternative career pathways beyond traditional university and college routes, target campaigns to highlight careers within the mental health and well-being system and introduce new roles where applicable.

- Implement an earn-as-you-learn program for health and social care trainees, similar to Police Scotland and Fire Scotland recruits.

- Partner with colleges, universities, representative bodies, and the Scottish Funding Council (SFC) to understand training numbers across related disciplines and ensure funded places for students studying mental health, social work, and allied professions.
- Accommodation for trainees and recruits is a major issue, particularly in remote and rural areas. Partnership approaches with Local Authority Housing Departments to prioritise accommodation for key workers.
- Sickness absences amongst health and social care staff are exacerbated by staff being left to languish on NHS waiting lists, prolonging absences from work, leading to increased agency costs to replace those lost hours and undermining consistency of care.

8. Pivot the model of care from treatment to prevention

Addressing risk factors for mental ill health and intervening early when problems arise are integral components of a public health response, which can help mitigate lifelong impacts.

Interventions targeted at improving outcomes for children are critical since many mental health conditions emerge during childhood. Furthermore, perinatal interventions aim to minimise maternal mental illness risks, thereby providing infants with an optimal start in life.

During middle and older age, measures to address violence, abuse, loneliness, and dependence patterns are necessary, with a specific focus on high-risk groups.

There is overlap between interventions that promote wellbeing and those preventing mental ill health; poor mental wellbeing is a risk factor for mental ill health and vice versa. Implementing interventions with proven cost-effectiveness to prevent poor mental health will be a guiding principle. Research has repeatedly demonstrated that it is possible to improve the mental well-being of the population if the strategic will is there.

These approaches can be summarised as:

- Promoting good mental health and wellbeing at an individual, community and population level, improving understanding and challenging stigma.
- Preventing mental ill health and facilitating early intervention for those who are experiencing problems, and tackling the underlying determinants of mental health and wellbeing.
- Providing mental health and wellbeing support and care, ensuring people can access the right support in the right place at the right time.

A review by the Royal Society of Public Health (RSPH) highlights numerous interventions that can prevent mental ill health and promote wellbeing. Effective population-wide improvements require extensive implementation and access, guided by national needs assessments and evaluations.

The Royal College of Psychiatrists' Public Mental Health Implementation Centre identifies seven key intervention areas alongside strong evidence:

- Pregnancy and post-birth interventions to prevent child mental ill health.
- Preventing and treating parental mental ill health and substance abuse.
- Parenting programmes to address child mental ill health, substance use, antisocial behaviours, and improve overall family outcomes.
- Home visiting for better child-parent attachment and reduced adversity.
- School-based initiatives for mental health, reducing adversity, promoting wellbeing, and improving social-emotional skills.
- Workplace interventions to enhance employee mental health and recovery.
- Measures to reduce smoking, drug use, physical inactivity and to promote physical health care and reduce the risk of developing dementia in later life.
- Priority intervention areas include addressing socio-economic inequalities and targeting marginalised groups to improve public mental health outcomes

9. The work ahead

The SNP's mental health strategy has been deficient in its delivery. In 2021, the SNP Scottish Government committed to increasing mental health expenditure by 25% during this parliamentary session. This would require an annual expenditure of £342 million by 2026-27. The mental health services budget was £270 million for the financial year 2025-26, representing a real-terms cut of £26.6 million from what was announced for 2024-25.

A Scottish Labour government will review budget allocation with an aim to provide the necessary investment for NHS Boards, local authorities, Integration Joint Boards and other service providers to address the mental health requirements of the Scottish population. The focus will be on maintaining mental wellbeing and ensuring a national preventative approach to avoid illness.

Interventions spanning the life course fit broadly into areas identified by the Royal College of Psychiatrists as having robust evidence bases. The interventions include:

- Health visitor-delivered screening for perinatal depression in women followed by psychological therapy provision.
- Universal and targeted structured parenting programmes.
- Anti-bullying initiatives integrated into school curriculums.
- Workplace identification of mental health issues coupled with brief psychological support; actions to modify workplace culture to safeguard mental health.
- Early identification of poor mental health risks supplemented by brief psychosocial or psychological therapy support for adults (either remotely or face-to-face).
- Diverse exercise opportunities for children, young people and adults.
- Brief psychological interventions for individuals living with long-term health conditions.
- Investing in measures to ensure older adults continue engaging in activities that reduce social isolation risks (potentially through mechanisms such as social prescribing).

- Suicide prevention: restricting access to means, early identification of self-harm risks, particularly in hospitals and primary care, followed by appropriate ongoing mental health support.

QUESTIONS

1. What is the balance between addressing environmental factors on mental health and shifting to a preventative approach to ameliorate or prevent poor mental health?

2. Should the introduction of national health and social care outcomes monitoring for mental health services be introduced to drive improvement and accountability?

3. What more can be done to teach and develop mental resilience and robustness in schools?

4. Should the introduction of an earn as you learn programme for those interested in pursuing a career as a mental health professional be introduced?

5. Should health and social care workers be considered as key workers and prioritised by local authority housing departments for the provision of accommodation on moving to an area to accept employment?

6. How much does social media and other online content impact adult mental health and well-being?

SUBMISSIONS

This paper draws out areas that we wish to seek specific evidence and opinions on and we hope to encourage submissions that focus on these questions. However, we welcome responses that are not raised explicitly in the paper.

Submissions should be sent to: **scottishpolicyforum@labour.org.uk**

Please give your name, organisation name (if relevant) and a contact email address.

The deadline for submissions is Saturday 28 June 2025.

Thank you.

Scottish Labour

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