



CONFERENCE REPORT  
18<sup>th</sup> and 24<sup>th</sup> November, 2020  
Digitally Via Zoom

- The Scottish Women's Convention -

# **WOMEN AND MENTAL HEALTH**

# Agnes Tolmie, SWC Chair



COVID has had a huge impact on women with many reporting stress, anxiety, and depression. Increases in caring responsibilities and little support have meant additional burdens of the pandemic falling on the shoulders of women.

Through these conferences, we hope to signpost women to services and support in their local area. Some have, however, reported that they do not feel comfortable speaking to people online – whether that be by phone, zoom or other digital means. They prefer face to face discussions about how they feel – so they know someone is actually listening to what they are saying. They would like the more formal engagement – even although that is not possible at the moment. Mental health support and services need to be made available to make sure everyone is safe.

These events gave us an insight into women's real lived experiences of this year and let us know the support they truly need regarding their mental health. We want to thank all the women who shared their individual stories with us. We have followed this up with a piece of work that brings together some of the main resources for mental health here in Scotland for women which we hope can be of use.

## 6 Key Points

- The need for a sense of belonging has never been more important for women.
- Women relish the opportunity to talk and socialise with others. This helps ease anxiety and prevents the feeling of being isolated and 'detached'.
- Worries about paying rent and mortgages have been exacerbated by COVID. With winter on the horizon, concerns regarding the payment of household utilities, including gas and electricity, are taking a toll on women.
- Concerns over the scale of additional pressures on young women during the current pandemic.
- The rise in financial issues for women in low paid work.
- The positive impact of good neighbours, connectedness and kind acts.

# CLARE HAUGHEY MSP

Clare Haughey MSP is the Scottish Government's Minister for Mental Health and represents the Rutherglen constituency.



At the Parliament, Clare has been the Deputy Convener of the Health and Sport Committee, Co-Convenor of the Cross-Party Group (CPG) on Health Inequalities, and Convener of the CPG on Mental Health.

- Months on, everyone is struggling to come to terms with COVID and it is psychologically draining for many. Everyone is thinking about their own mental wellbeing as well as that of others.
- The current pandemic has exacerbated existing structural health inequalities. Outcomes for women and girls are generally poorer over most aspects of mental health. Lockdown and COVID have had a huge negative impact on many communities.
- In April, the Mental Health Research Advisory Group was established in response to the pandemic. The Group is looking at global research as well as what is happening in Scotland. From this research, we know that women have higher rates of moderate to severe anxiety and depressive symptoms.

Mental health is a priority for this Government. We are proactive and have announced a range of additional support and made a number of commitments to improve mental health and wellbeing for the people of Scotland. Including:

- £6million of funding has been made available for online support services since the start of the pandemic. This supports new and existing initiatives at a local and national level.
- £2.1million has been used to expand the NHS24 Mental Health Hub. It is now available 24 hours a day, 7 days per week.
- £1.2million provides extra capacity for Computerised Cognitive Behavioural Therapy (CCBT).
- Over £1million has been invested in the expansion of the Distress Brief Intervention (DBI) programme to help people in distress.

“This funding and support will assist vulnerable women and girls to seek the help they need.”

- On 8 October, the Government launched its Mental Health Transition and Recovery Plan. This report is the Government's response to mental health and COVID-19. It looks at the challenges of mental health as well as support that will be required moving forward.

- The Plan addresses the needs of specific groups – older people, children, young people, families, and those with long term physical disabilities. Women and children are a key group identified in the plan.

“Women need the local support to help them at this time. This Plan aims to promote good mental health and wellbeing as well as signposting to services where additional resources are needed.”

- The Government will continue to engage with women’s organisations and the First Minister’s National Advisory Group on Women and Girls to understand and respond to gender health inequalities. Women have struggled with caring responsibilities – as parents of children as well as caring for relatives during the pandemic; gender segregated key worker jobs have further exacerbated women’s vulnerability.
- The Government will further engage with women’s organisations regarding violence against women and girls and build on the initiatives in the Equally Safe Strategy.
- There needs to be an intersectional approach to mental health inequality. Research has shown that happiness and life satisfaction are lowest in women from ethnic minority communities. They also expressed concerns around access to NHS services and support. To address this, we have committed to establishing an Equality Stakeholder Forum for Mental Health. This will inform the Transition and Recovery Plan and guide wider equalities work within mental health.
- The flagship work to support women in the peri-natal period will continue through the Peri-natal and Infant Mental Health Advisory Board and delivering the recommendations in the Infant Mental Health Delivery Plan. This includes work to establish a working group and develop a Raising Awareness and Reducing Stigma Strategy.
- In 2019, an Advisory Group on Healthy Body Image was established in response to the worsening mental health of young women and girls. In March 2020, the Group produced its first report and recommendations. We intend to act on those recommendations whilst also acknowledging and responding to the role the pandemic has played in exacerbating these issues.
- Mental health needs will change as time passes. All initiatives need to be flexible and adaptable. Emerging research is focussing on how the pandemic is impacting on mental health now and in the future.

“I hope that I have reassured you that mental health is an absolute priority for this Government. Improving the mental health of women and girls is an essential piece of that jigsaw.”

# Colette Mason

Colette is a Senior Community Links Practitioner (CLP) with the Health and Social Care Alliance Scotland (the ALLIANCE).

She has worked in the role of a CLP for over 6 years, based in a Primary Care setting in North West Glasgow. Colette works with individuals from the practice population on a one-to-one basis to help identify and address issues that negatively impact on health.



- The Links Worker Programme has been in place for 7 years and works with GPs from socially and economically deprived areas. It has been reported that 80% of patients visiting a GP had a social issue which had an impact on their mental or physical health and wellbeing.
- The pilot programme ran for 3 years, with 7 CLPs. There are now 34 CLPs working with the ALLIANCE, with other initiatives across Scotland.
- CLPs are based in GPs surgeries and provide one to one support to patients. They help patients with all conditions who have issues which have a negative impact on their health.
- The CLP is a generalist in the community and can work with other professionals to help the patient.
- Referrals come from practice staff or patients can self-refer. The worker builds up a relationship with the patient and gives key support and advice. This creates empowerment within the individual. It is important, however, not to become dependent.

“Put the person in the driving seat of their care. Work side by side with them to allow them to make informed choices.”

- Pre COVID, patients were presenting with issues around mental health, debt, housing and social isolation. Now, it is estimated over 90% of consultations are around emotional wellbeing.
- Why is this happening? We have basic human needs. We need to feel secure; we need food and warmth, to have good housing and to belong socially with friends and family. Much of this been taken away by the pandemic. Most of the issues we are hearing about now are around employment, debt, and the welfare of children in relation to home schooling.
- What can be done? We need to connect with one another - reach out and have a natter. That is why the role of a CLP is so important. Listening with real intent can be impactful.

“You can make someone’s day just by having a chat with them.”

- Those individuals who are digitally disconnected are having problems. Connecting Scotland are supplying laptops or Chrome Books to those in need. This has been a great success and has led to less isolation in communities.
- There are online resources which can help with mental health and wellbeing: [clearyourhead.scot](http://clearyourhead.scot) is a good resource.
- Ask your GP for support. Many have inhouse councillors. CLPs are also running groups, even during the restrictions. There are healthy walking groups where you can meet with others and have a chat outside. Some projects are even pairing up people so that they can go for a cup of tea and a chat. There is a young adults mental health project which was set up by young people. There are lots of positives in communities.
- Small grassroots organisations have been invaluable throughout COVID, but many are now facing funding cuts.

“Where specialist support is needed, seek it out. Get connected where you can. Speak with community organisations. Reach out and discuss how you are feeling.”

## Maeve Grindall

Maeve began working with See Me as a Volunteer Coordinator in 2016 and now works in the Social Movement Team supporting volunteers and partners to develop events, projects and resources that will help people to speak more openly about mental health. She previously worked in volunteer supporting roles with British Red Cross and Scottish Refugee Council. She has a particular interest in using art to tackle stigma and is passionate about ensuring people with lived experience are involved from the start in decisions that affect them.



- There has been a lot of important discussion in recent years about the particular ways that stigma around mental health impacts men and boys, but we perhaps have less of an understanding of the specific ways that stigma might affect women and girls. We need to understand more about what might prevent women speaking openly about mental health.
- Feedback from volunteers working in communities suggests that mental health is deteriorating and mechanisms that people have put in place to maintain their mental health are starting to fail. Anecdotal evidence suggests that women feel worried, anxious and guilty about seeking help. They don’t want to speak with family and friends as everyone is experiencing a hard time and they don’t want to bother others.

- Pre-lockdown, See Me began working in partnership with GAMH on a group called the Diverse Voices Group. This grew out of a parents group working with ethnic minority women. It is now recognised as a safe space for mental health discussions and to explore practical ways to seek help. The group also submitted evidence to the National Advisory Group on Women and Girls. Particular challenges reported included difficulties in accessing information on health services due to language barriers and a fear of being treated differently.
- In February 2020, the Diverse Voices Group organised a screening of the film “Beyond Prejudice” for Time to Talk Day. This was used to kickstart discussions around mental health. Family and friends of group participants were in attendance. The impact and quality of conversations were powerful and significant.
- The Social Movement team works within communities and is led by volunteers with lived experience of mental health problems. See Me uses a social contact approach which involves bringing together people with different mental health experiences for a shared purpose. This approach doesn’t rely on people with lived experience making disclosures, but seeks to create a comfortable, safe space to speak about mental health.
- Work has changed dramatically due to the pandemic. Activities have moved online and volunteers have had to look at new ways to continue working with groups.
- Abi Pirani, an artist, developed a puppet show around Adverse Childhood Experiences. This was going to be presented at the Scottish Mental Health Arts Festival but was instead turned into a film due to the situation.
- See Me had to establish new digital content and activities. From this, the umbrella term ‘Anti Stigma Summer Sessions’ was created. It was a mixture of conversations, interviews, etc all hosted via the See Me Facebook page. This gave people with lived experiences an opportunity to talk about things important to them.
- See Me are keen to involve partners or individuals in these sessions. If anyone would like to share or discuss their experiences, please contact the organisation as more content is always needed.
- Another initiative organised by a volunteer is ‘Pass the Parcel’. This involves reaching out to people by sending or delivering a parcel with See Me materials and a card or small gift. When the parcel is received, another is created and passed on to someone else. This promotes the idea that it’s OK to talk about mental health and to reach out to others. <https://www.seemescotland.org/movement-for-change/pass-the-parcel/>
- Susan Falconer, a See Me volunteer, spoke about the Hidden Women project. Susan set up the initiative so that women in their 50s, whose voices were not being heard, had a platform for their lives to be recognised. This grew into a project of 10 monologues written by women in their 50s about their experiences. [https://www.youtube.com/watch?v=OJ\\_AD7KewME](https://www.youtube.com/watch?v=OJ_AD7KewME)

## Siobhan McCready

Siobhan is currently in a Stand Down Officer role for Unite Scotland, covering maternity leave for the Equalities Officer and she is about to move on to cover another role. Siobhan has demonstrated for years a sincere belief on the subject of mental health and wellbeing and her commitment to the subject is second to none.



- Siobhan came into the role of Standdown Equalities Officer this time last year. A main part of the remit was to work with the various equalities' committees including the Women's, LGBT, Disabled, BAEM and Youth Committees.
- Working with the Local Government Committee, Siobhan was aware that there wasn't a place for men to go to speak out about mental health. It became apparent that men were really struggling with these issues and felt they could not speak up.
- Siobhan set up a Men's Forum. This didn't have the structure of a committee and didn't hold any power over the trade union. It was just a safe place to come together. After this was all set up and ready to go, COVID-19 struck.
- Working from home for those first few months was a very difficult time. Women just tend to get on with it - they are running the house, looking after the family and trying to find a way in an extremely challenging situation.

“For the first 3 to 4 months, my time was spent dealing with women workers in the social care sector who were completely shattered with work. They were just horrifically shattered by COVID-19 and the fallout from it.”

- Women were terrified -they were being asked to go into work and really didn't want to. They were nursing elderly parents or sick children. They were having to deal with these situations' day in and day out. These women were really struggling. But at some point, you settle into some bizarre routine.

“It was hard having to listen to those stories minute by minute and call after call. We need to look after these members, but also the people taking these calls too.”

- Moving to video conferencing was a big change. Listening is key but so is watching who attends these meetings. People started to not come on the calls or if they were, the camera was turned off. People who had previously been active just disappeared. This meant there was no way to check in on them. There was no way to read that body language or interaction.

“I began to sit at the meetings and take a note of who I would have to check in with to make sure they were okay.”

- There was a lot of “checking in” on women. Sitting with a list of ten women who you know and realise that their mental health is being really affected is pretty overwhelming.
- Women are used to being fixers and doers. They don’t admit that they are really struggling. This is why we need to do that part of checking in on people.
- The human skill of listening is so essential. We’ve got so used to not listening anymore. We’re in that position where everything is summed up by a social media post or tweet in a few words. We’ve lost the art of conversation and face to face interaction.

“We need to listen out to have that early intervention, so things don’t build up. People may say they are fine now, but it might all boil over in future and we will face a crisis when this is all over.”

- Keeping members safe and ensuring our colleagues wellbeing is paramount as people’s workloads are immense right now. We have to ensure no one is being left behind. Everybody is in an emergency situation and panicking constantly.
- We tend to talk about mental ill health, but we don’t tend to discuss general wellbeing. People need to stop, think and reflect. A potential benefit of this past year is that people have had to slow down a bit, realise what is important and reprioritise things.
- The Men’s Mental Health Forum is going well and is very emotional. Men find it difficult to talk and it is very powerful to see them addressing their emotions.

“Everyone needs that safe place.”

- There’s this idea that women will always be fine, they can just get on with it and come through the other side. We are so busy checking in with everyone else.

“It’s about those next steps, making sure we stick together on this through winter, come out with a positive mind set and think more about the person than the problem. “

# Question & Answer Session

*Men can currently play football, but women can't. This is having a huge impact on women's mental health, particularly for those who use the sport regularly.*

Agnes Tolmie (AT): Speak with the SFA. There must be a women's officer or equalities officer who will be able to help as this is an equalities issue. We do understand how sport can help with mental health, but this has to be tackled at the head of the organisation. Allowing men's football but not women's is an issue that has to be highlighted and challenged to the board of this organisation.

*My GP practice is small and there are no additional resources for mental health support. I care for my husband and find it difficult to get support if anything happens to him. I have no family around and there are no local support services. I have heard that there are great things going on, but I have no way of getting to know about them.*

Siobhan McCready (SM): I totally relate to you as a carer. I have been a carer for years. There's a huge pressure put on you and that doesn't go away. We pull together to do what has to be done but we have to really make sure this isn't at the expense of our own health. You need to find your local carers centre and find some time for yourself and just to be kind to yourself - you can't have that level of burden with no respite.

*I'm concerned about GP consultations being done over the phone. Some people aren't getting the proper diagnosis through this method.*

Colette Mason (CM): Telephone GP consultations definitely do not work for everyone. It's important to speak with reception staff and let them know you struggle over the phone. Even if it is doing consultations in another way - such as through a video call; asking for a double appointment with the nurse instead of a single one; or even just expressing that this doesn't work and are there any other options. You have to express your concerns and see if there are different ways your GP can deal with this.

*I kept thinking something was wrong with my lockdown experience. I had no notion to bake bread or go for walks. I am a confident and articulate person, but I struggled. I cannot imagine how difficult it is for women dealing with housing issues or poverty and not feeling confident in speaking up or coming forward.*

*Coming out of lockdown, we need to have far more integrated partnership working and a fairer way of working together. There may be funding cuts and organisations fighting over money. I would also recommend taking things day by day as a way of coping with lockdown.*

CM: We all put that expectation on ourselves in the first few months of lockdown and you just have to think that if you spend the day lying on the couch watching Netflix and eating crisps, that's totally fine. The idea of taking it day by day is a good way to look at it. If you have a day where you feel mentally okay, no matter what you've done, then you should look at that as a success! We need to focus on those small things and as a society, in general, we need to focus on being more kind to ourselves.

SM: Those first few months when I was working from home and dealing with a lot of crisis for members in the social care sector, I would go on Facebook and see friends baking bread and being productive – I absolutely hated it! I just thought “I don't need this additional pressure when people are struggling to survive”.

If all you manage to do on a particular day is take a ten-minute walk or brush your hair, that's productivity. We need to check our expectations and not measure ourselves against what other women do. We really need to slow down. It's important to recognise those third sector services and the local council workers that are helping people get by during this time on the ground. We need to fight for those and ensure politicians do not cut those support services which are a lifeline to communities.

*Everything has gone online. As a student, there is more pressure to meet deadlines even although assessments are happening in an unconventional manner. There is no interaction with lecturers which makes it even harder. During the first lockdown, a lot of my peers were putting pressure on themselves when there was no need to. There were a lot of social media posts about how people were coping by doing art or writing. This made you feel as if you weren't successful. But getting through the day was succeeding. We need to remember this now when in Tier 4 restrictions. You don't need to change the world during lockdown.*

*It is extremely difficult being back at university, trying to keep on top of deadlines as well as being motivated and healthy. Students need to be included in this conversation. The intergenerational support is valuable, and those relationships will be good for mental health.*

SM: I have a student at home, and it is so difficult to study through a screen. Lecturers are trying their best, but it is hard. Working with the Youth Committee, I have really seen how young people have truly struggled throughout this year. That lack of routine, not being able to see your friends and that loss of hope, not knowing what jobs will even be there at the end

of all this. We really cannot underestimate the pressure that young people are facing and that very real fear of the future.

In my head, it's like going back to the 1980s when industries just disappeared overnight and things we took for granted just weren't there anymore – I see those same issues now. We're asking so much of young people - to stay away from friends, to not do this or that -we forget that young people have to be young people too and they need to have a quality of life. Setting realistic personal goals and allowing time for self-care is so important. Older people need to spend more time with their younger counterparts and vice versa to find support and common ground.

*When talking about mental health and wellbeing, what is being done for women from different cultures and religions? How are they being supported?*

CM: The key to everything is really about the person as an individual and supporting them to find their best options, whether that's GP or community based. There are options for people where English is not a first language for instance, so we must ensure people can access that support. It comes down to the key of having discussions and allowing the individual to lead that. If religion is an important aspect of their life and they feel that supports their wellbeing, I would do everything possible to help them achieve what they want to achieve. It's about supporting the individual and what matters to them.

## **Closing Remarks**

Mental health is a huge issue, which has been shown by the voices of women attending both events. There were problems around access to services and support prior to COVID but these are going to be extreme moving forward.

Significant resources need to be allocated to mental health care. Local services need to be resourced to meet need. Rural Scotland also must be considered when talking about service provision. Many have spoken about the complete breakdown of support at a local level.

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# **Thank You!**

The Scottish Women's Convention would like to thank all of those who attended our Conferences as well as those who contributed via email. We would also like to thank our speakers for providing their wealth of knowledge and experience, as well as brilliantly answering questions from women who attended. The SWC will use all of the voices gathered to feed back to policy makers regarding this timely and vitally important subject.

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## **SWC CONTACT DETAILS**

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Please note our staff are working from home in current circumstances.

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