

The Scottish Women's Convention's
response to the Scottish
Government's consultation on:

Mental Health and Wellbeing Strategy



September 2022

Premise

Previous to the Covid-19 pandemic mental health systems across the country were struggling to manage demand, and now after years of uncertainty and isolation, these services are becoming over-burdened. In order to alleviate pressure on the mental health system, the Scottish Government have released the Mental Health and Wellbeing Strategy, which outlines the next five years, 2022-2027, of mental healthcare in Scotland. The proposed plans encompass lived experience, social inequalities, as well as improved services for mental health and wellbeing staff.

The Scottish Government have released this consultation in order to assess whether the suggested strategy will benefit the people of Scotland and have requested that we consider the outcomes, their relevancy and if any key elements of mental health provision have been omitted. This consultation response aims to evaluate if the approach chosen by the Scottish Government is in-line with the voices of the women of Scotland.

The guiding principle of this new method is: “Better mental health and wellbeing for all”. As a result, the key areas of focus relate to promoting conditions for good mental health and mental wellbeing, providing accessible signposting to help, providing rapid and easily accessible responses, and ensuring safe, effective treatment and care of people living with mental illness.



The Scottish Women's Convention (SWC)

The SWC is funded to engage with women across Scotland to ensure that their views are represented in policy and decision-making processes. The SWC uses the views of women to respond to a variety of parliamentary, governmental, and organisational consultation papers at Scottish, UK and international levels.

The SWC gathers information using different methods, including roadshows, thematic conferences, surveys, and both in-person and online roundtable events. This submission presents the views of a range of women, reflecting their opinions, ideas and lived experience. Working together with many other equalities organisations and community groups, we use our broad network to ensure that women from a range of backgrounds are heard and acknowledged. We are continually reviewing innovative ways of engaging with women and developing our trauma-informed and culturally sensitive practice to support vital contributions from as many women as possible.

Consultation Vision and Outcomes

We have identified a draft vision for the Mental Health and Wellbeing Strategy: “Better mental health and wellbeing for all”. Do you agree with the proposed vision?

Yes

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

During our discussions with women, they proposed that well-structured, good mental healthcare is centred around a collaborative approach, incorporating community response and public service-providers. Women also felt that Scottish systems would greatly benefit from being more caring, focusing on how we can help one another – encouraging a trans-national community spirit. When asked what aims ‘should be a priority’ surrounding healthcare in Scotland, women told us that ‘increased coordination across community-based GP and hospital services’ was integral, as was ‘establishing networks to share best practice at local and national levels’. Therefore, it is highly recommended that the proposed Mental Health Strategy fully incorporate collaborative cross-sector health support.

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

People living with physical health conditions have as good mental health and wellbeing as possible.

Strongly Agree

We welcome the focus on empowerment for all individuals across Scotland, as well as incorporating individualised, person-centred care. This type of care was discussed throughout conversations with women, aligning well with an intersectional approach to public policy. One woman told us:

- “A more individualised holistic, support-orientated service, which looks at the individual’s unique circumstances and aims at identifying what support would be available to help them.”

This type of approach is particularly crucial in creating a positive healthcare experience for disabled women, who have told us that current care was ‘uncaring’ and ‘unsupportive’. These women have experienced a lower quality of life due to their physical condition, resulting in poorer mental health.

- “I have found the processes so hard due to my illnesses and being alone and having severe pain... I have had to navigate this alone... I am so confused by the information thrown at me very fast. I am very sick, and it is terrifying to be in this position.”

- “Able-bodied people see disabled people as an inconvenience at times and we have to shout so hard to have our needs met. This pandemic has shown how little so many people think of disabled people. We have been told to stay in and suck it up... like we matter less.”

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.

Communities are engaged with, involved in, and able to influence decisions that affect their lives and support mental wellbeing.

Agree

During our discussions with women, it became clear that community is incredibly important to the creation and maintenance of good mental health. They highlighted that community groups assisted greatly, creating a positive environment of help and assistance. This kind of community spirit was evidenced throughout the Covid-19 pandemic, with neighbourhoods pulling together to help one another. However elderly women we spoke to felt left behind during the pandemic, stating that they experienced extreme loneliness which negatively affected their mental health. Therefore, it is paramount that the Scottish Government commit to improved services for those where community is not guaranteed: an over-reliance on community resources without the provision of better mental healthcare and education surrounding mental health will not service the population of Scotland effectively.

- “The Feel-Good Women’s Group are running online fitness classes which are good for mental health. They are also running a food programme for families in the Govanhill area of Glasgow.”
- “I have been cut off and I have felt isolated... at first it was quite good because my neighbours were very good at coming out, but we haven’t been able to mix in the same way.”
- “The isolation was just terrible, and it doesn’t go away because we’re still in a period where a lot of people aren’t getting out and we’re finding it’s affecting people’s mental health very badly.”
- “I never saw anybody for about six weeks at one point, and I know I got a bit weepy about it.”
- “Nobody knocked on my door to see if I was okay. I ended up knocking on other people’s doors, older ladies than me, to see if I could help them because I knew how isolated I felt.”
- “I think we have to take personal responsibility for befriending people... but we just live in a society where that isn’t normal to go up to someone and speak to them. That’s a wee thing that we can all do.”

A further point regarding communities that we believe to be important at the Scottish Women's Convention, is the inclusion of online communities within this plan. Younger people are increasingly receiving support from online communities, with some of the information being provided coming from unregulated sources. The increase in potentially dangerous online chatrooms and sites which encourage misogynistic behaviour and, give misinformation surrounding mental health are a serious threat to young women. Women we have spoken to highlighted that these online forums have become negative spaces and believe that only through increased education and open discussions with young men can they be effectively dealt with.

- “Social media gives men a platform to talk negatively about women, whereas previously it would have only been from people you were friends with or around at school. Now online, you could see random strangers showing hatred for women and bringing them down to a really disgusting level. To see the nasty comments and how they do not want women to have the same basic rights that they have... social media gives them the platform to express this.”
- “My eldest daughter is a therapist with Bernardo's, and she's had quite a few referrals for young people where they've been sharing intimate images. She's now faced with children who are suicidal because they've shared intimate images and this one boy shared it with the whole of his year.”
- “We have to realise that young men are not just the problem, they're part of the solution as well, and we have to do a lot of work with young men about education, expectations, and how we can move forward to be a more positive society for everybody in terms of equality and diversity.”

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

We live in a fair and compassionate society that is free from discrimination and stigma.

Strongly Agree

At the Scottish Women's Convention, we are proponents of a Scotland free from discrimination and stigma, and therefore welcome the commitments made within this strategy. The stigma that surrounds mental health services has been a major barrier to women attempting to receive care. They have faced this stigma from wider society, but particularly when speaking with medical professions – halting progress towards good mental health. Women feel that the poor mental health services on offer are not good enough, and that the current system is built to actively prevent individuals from receiving the care they need.

- “When I sought help from my GP, I was referred to guided self-help which did not help me at all. I didn't really know where to go for the support I really needed.”
- “...it puts me off seeking mental health support from my GP because there were just too many hurdles to try and get over”

- “There needs to be more support from GPs for women showing symptoms of mental ill health. Support services and coping mechanisms need to be readily available and accessible to all.”

We have reduced inequalities in mental health and wellbeing and mental health conditions.

We also welcome the inclusion of reducing inequalities as a key element of this project. It is integral to the development of an inclusive Scotland that current inequalities are reduced, with the hope being that they will one day be eliminated. Women highlighted to us that LGBTQ+ peoples currently experience severe discrimination, believing that there is currently a lack of support and education surrounding LGBTQ+ specific issues. As a result, it would be valuable for the Scottish Government to include the voices of LGBTQ+ people in the creation of improved mental health services, in order to provide the proper support for everyone in Scotland.

- “There is a lack of qualified, trained staff: especially for transgender women.”
- “I would say the barriers for this group must be so much harder especially with self-identification and underlying health issues.”

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

Lived experience is genuinely valued and 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.

Strongly Agree

As an organisation that places lived experience at the core of our work, we welcome this inclusion. We believe that by speaking directly with those most affected the Scottish Government will be able to create a system that works better and more efficiently. Women spoke in a similar vein, believing that the best way to improve service-provision was to speak to service-users: creating a participatory approach to policy. This collaboration would also work well when working across services from within and outside off the government. Women believed that the current system was too complex to negotiate and as a result prevented them from accessing vital help. They proposed that data-sharing between organisations would improve mental health services, as well as general healthcare.

- “People are being passed around from one service to another and it may exacerbate someone’s problem to keep having to tell their story again and again.”
- “There has to be a system where GPs and voluntary mental health services are brought together and more people are brought in to deal with this properly.”
- “I spoke to a mental health advisor. It’s not a nurse or a psychiatrist, but they can refer you on, so I find that quite a helpful way of accessing mental health services.”

Creating the Conditions for Good Mental Health and Wellbeing

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?

From speaking to women, they discussed the importance of family and friends as being consistent support networks. Having these close relationships was very important to women, particularly during the Covid-19 pandemic, with some women explaining how difficult it was not having their usual reliable networks.

- “My daughter couldn't come near me because I was shielding and she's just got married to a doctor so she was scared to come near me because he was on the frontline. So it ended up being no contact with my daughter, so there was a dynamic of a relationship breaking down there, and I didn't want to be needy when she was really busy working from home and we were all worried about her husband.”
- “I suffered with mental health prior to lockdowns but I've found that it's been worse because I've not been able to see any family.”
- “I have two daughters living in England who I wasn't able to see. You know, when you're hit with something like that, and you just want your family around you. It was just such a difficult experience.”

Women also spoke to us about leisure activities being a great stress reliever, allowing them to unwind and ultimately maintain good mental wellbeing. They spoke of nature playing a role in reducing anxiety, as well as crafting clubs creating a sense of community and building relationships.

- “I suffer from PTSD and borderline personality disorder. I have found alternative ways of working through my illnesses. I started up a falconry centre where women can come along and see the birds. This focuses the mind and there are also woodland walks. I have also started a local crochet club. It allows women to focus on craft, meet others and build up their mental health.”

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?

Across Scotland, women have many obligations which result in poorer mental health, such as caring responsibilities and inadequate economic prospects. Women are more likely to have childcare commitments than men, as well as care for elderly parents or disabled family members. Due to the lack of support provided by health and social care systems, women are made sole carers: negatively impacting their mental health and wellbeing. Furthermore, these commitments prevent women from entering fully into the labour market, reducing their economic prospects, and pushing them into further

poverty. These external stressors result in women suffering from poor mental health and fundamentally lack the time and resources to adequately relax or access support.

Is there anything else you would like to tell us about this?

We would like to highlight that those living under the immense strain of domestic violence suffer from poor mental health due to intense stress and fear. The women we have spoken to, who have experienced domestic abuse, have explained that domestic violence puts them under extreme stress as they are afraid for their wellbeing, as well as their children's. Covid-19 also worsened the situation for many women and families, with the insecurity created during this time period surrounding help contributing to increased stress. These women were forced to remain indoors with their abuser for a prolonged period of time, making them feel lonely and isolated. It is therefore vital that the Scottish Government provide good mental health support for those who live with domestic abuse, as well as aim to reduce the impact of VAWG.

- “As a female that comes out of abuse, you're left with certain behaviours. After you've been isolated with one person for so long, you become withdrawn in yourself, but you also become angry. That anger sits inside you for so long, and it's got to come out in some way. If it's not dealt with in a healthy manner, you can end up projecting abusive behaviours that have been put onto you without even realising it that's what's happening. You become very mentally unwell.”
- “I wanted to reiterate and to say what I've noticed is a real increase in the severity of mental health difficulties in the clients being referred.”

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 recurring.

In what ways do you actively look after your own mental health and wellbeing?

- Time with family/friends
- Hobbies/practical work
- Community groups
- Time in nature

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?

The Covid-19 pandemic has resulted in a withdrawal of community-run mental health services and women are worried that this will continue to worsen throughout the current cost-of-living crisis. Some of these women have found voluntary services to be incredibly valuable in the maintenance of their mental wellbeing, particularly where they have been let down by the NHS. They also highlighted that these services were not well advertised and felt that more could be done to communicate with women the

opportunities available to them. Therefore, we recommend that the Government provide further funding to these invaluable services, as well as work to increase awareness.

- “I know that Reach, one of the community hubs that was based in Govanhill in Glasgow, have shut down. They were dealing with mental health issues for women, so the organisation was most needed at that time but due to funding, they shut down at that time.”
- “We already had a crisis in our mental health system for young people. Referrals to CAMHS is the highest it's ever been. If you look at other agencies, we're all struggling to keep up with the demand, so funding has to be available for it.”
- “I've called a few voluntary helplines and they've been very helpful. I rang the Samaritans once and got through almost instantly... I think people should be given more notice and there should be more general information available for what these helplines are and how people contact them.”

What stops you doing these activities? This might include not having enough time, financial barriers, location, etc.

Despite families and friends providing a major support in women's lives, the caring commitments brought on by these relationships also prevents women from relaxing. Women generally juggle childcare, domestic work, paid employment and sometimes caring for elderly relatives or partners. These caring responsibilities are difficult to balance and can result in women experiencing poorer mental health through either increased stress or a lack of time. This is true for almost all women across Scotland, regardless of economic status – however those working in precarious employment are experiencing an added strain and need better help than what is currently being provided. Women told us that these strains were further exacerbated by the Covid-19 pandemic, with some employers providing little to no support for their workers. This was particularly evident within part-time work, where the vast majority of workers are women: according to the Office for National Statistics there are more than three times as many women working part-time than men. The addition of major financial stress created a very difficult environment for women during the pandemic, with this being worsened by the current cost-of-living crisis. Therefore, how financial worries contribute to poor mental health must be included in any future plans for mental healthcare.

- “In Scotland, we rely a lot on older people, in the economy, with the unpaid childcare, voluntary work, and all the things that they do, but they've been left to just get on with it.”
- “...women have a lot of responsibilities – often still looking after their children but also having to take on caring responsibilities for their parents.”
- “When the pandemic first hit it went into complete chaos, because women overnight had literally lost their jobs... and we're talking about women with small children or teenagers, various different dynamics going on in the house and it was just horrendous for them, and they didn't know where to go.”

Furthermore, as stated above, women highlighted to us that green spaces and access to nature was beneficial to mental health. However, women who live within poorer communities have less access to green spaces due to a lack of public parks, as well as women being less likely to be drivers. The result of this, is that women cannot access out-of-town greenbelts easily or larger country parks. It would therefore be valuable if the Scottish Government committed to increase and improve the green spaces available to inner-city communities.

In what way do concerns about money impact on your mental health?

Throughout conversations with women, they have made it clear that one of the key worries in their lives right now is the rising cost-of-living, as well as the economic recovery post-pandemic. The financial strains being seen across households in Scotland is quickly becoming a major area of concern, particularly for those at the bottom of the fiscal ladder. Women who have claimed benefits have found the process difficult and demeaning, worsening an already difficult situation. Therefore, it is of great importance that the Scottish Government commit to reducing the impact of the cost-of-living crisis, as well as work to incorporate improved mental health services with employability providers.

- “I worked two jobs all my days to pay my bills, but this had a detrimental effect on my health, I had to give up work and wasn't entitled to this benefit or that benefit... This was embarrassing and made me depressed and certainly put me off claiming any benefits.”
- “I have been stuck fending for myself and watching all my money go, my health decline and being unable to rest, wash my own hair or clean my house. Which has made me feel more depressed, more exhausted and more shame. I have had to wait until things were desperate and I had spent most of my savings in order to qualify for any help.”
- “There's not been enough funding for years and we're storing up huge problems with people's deteriorating health.”
- “People are really very ill mentally because of what has been going on and sadly most of that extra funding people had, has been whipped back again.”

What types of support do you think would address these money-related worries?

Women have spoken to us about increased use of telephone helplines, to create a single service which provides information and clarity surrounding available options. This helpline could be multi-faceted, focusing on economic assistance but with links to mental health services. This would allow women to access information with ease, regardless of age – with some older women discussing with us that the transfer from paper to purely online forms causes them stress. In order to properly incorporate the proposed Mental Health Strategy, whereby everyone has access to good quality mental health services, it would therefore be beneficial to have a website with information but also a dedicated helpline to support those who lack digital literacy.

- “[The Scottish Government] could look at how people have to ask for help, and not have to fill in multiple pages on a form both paper and online. It would be good to have a helpline service that is free to call. You could also have help desks with info in places like health centres.”
- “A phone number should be available to ask what’s needed. Websites are hard to negotiate.”
- “Banks and post offices closing down mean that older people are being almost forced to do things digitally – loss of control has a huge impact on mental health.”
- “...you get referred round the circle, back into the web and if you don’t have the digital skills, you have a problem.”
- “I am lonely and isolated. I feel that there are no support services for people between the ages of 50 and 70. I’ve looked at a number of classes, but they’re all online and I’m not digitally competent... I feel forgotten.”

Access to Advice and Support for Mental Wellbeing

We want to hear about any negative experiences of accessing mental health and wellbeing advice and support so we can address these.

Women have explained to us that a key barrier to receiving good quality mental healthcare, is the varied geography of Scotland. Those living in rural locals have told us of the limited service-provision available in their area, as well as the added complication of poor transport links. They also highlighted that due to major staffing issues, women are being let down across rural locations. These poor services result in women becoming isolated, and more likely to self-medicate or self-diagnose. Self-diagnosis is particularly dangerous with regards to mental health issues, being more likely to lead to suicidal ideation or, in women, self-harm.

- “I could bang on about rural healthcare in the Highlands for the rest of my life but that is something that definitely needs to be addressed as there are a lot of people who are suffering and waiting far too long.”
- “There is no perinatal health team in the Highlands. It is hard to recruit staff due to issues around rural living. There is a lot of rural isolation due to the geography of the Highlands. It is very much left to the community and families to make sure everyone is safe and looked after. This is putting a strain on the mental health of those caring – with very little support from professional services. There is a decline in the cognitive abilities of those older people living on their own due to isolation and lack of company.”
- “...the biggest gap in the NHS mental health service right across the region is retention of staff.”

The Role of Difficult or Traumatic Life Experiences

For some people, mental health issues can arise following traumatic or very difficult life experiences in childhood and/or adulthood.

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

Users of domestic abuse services highlighted that good support was centred around individualised treatment, where they are seen as a real person – not just a case number. They felt properly supported when they were listened to and given the space they needed to heal and deal with the trauma they had experienced. This type of care also supports women, evidencing that services are working with them rather than against them. Some individuals spoke of fear and worry when reporting domestic violence to authorities in case their children were removed. This lack of trust must be rebuilt in order to prevent further suffering and improved mental health for both women and children in dangerous situations.

- “It is underreported which I know because I have had to deal with some cases and have signposted some women to Women’s Aid. It is likely about ‘what is my family going to think’, ‘what is going to happen to the children’.”
- “There are going to be issues where the women would not report the abuse because they are scared that their children will be removed, so they endure it. They think ‘if I report it, I will never see my children again’. How do we support these women so that they can trust us, that we will provide them with the support they need?”

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

When we spoke to women with experience of trauma from domestic violence, they stated that one of the key barriers to them attempting to seek help was a poor police response. If the police did get involved women spoke of being seen as an inconvenience, liars, or troublemakers. This resulted in women remaining in abusive relationships for longer periods and experiencing further violence. There therefore has to be improved education within Police Scotland surrounding domestic violence, which will have a positive impact on mental health objectives.

- “I’ve had this conversation with a police officer about when they’re doing their domestic abuse inquiries, do they actually ask them about the sexual abuse... His answer was ‘you know the police, they’ll take a shortcut where they can, they won’t ask that question because that then triggers another inquiry.’”
- “When I was in the police, female officers were being used to speak to rape victims and the quote used to be when you came out ‘have you burst them yet?’. That term meant have you tried to convince them that they weren’t raped, and they maybe consented to it.”
- “Dealing with the police was so traumatising. I felt like I was the abuser getting questioned quite a lot of the time... I was already so traumatised; I was already in shock, and I was expected to go through hours’ worth of interviews when mentally I was not able. There was no advocate, it was just me, and I was expected to be this big, brave woman that, to be honest, at that time, I just did not feel like it. I

was petrified for my life, and I knew that even if I did tell the police the whole truth and everything, then what?"

- "They wonder why women find it so hard to follow the police. It's alright the law saying to you 'this is what's going to happen, and we'll do this and that for you', but they're not there 24/7. You're just left, and I've been left like that for the last 15 years of my life: waiting to get murdered."

Children, Young People and Families' Mental Health

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

When speaking with young women we were concerned to hear of the constant abuse and ridicule girls experience within schools. They spoke of steady sexual harassment from male classmates, either through physical altercations or verbal abuse. Young women stated that this made them feel inferior to the boys at their school, pushing them to not participate in classroom discussions. They also felt that this behaviour contributed to higher levels of anxiety, poor self-esteem, and stress. It was proposed that schools do not currently do enough to tackle this type of behaviour, and that teachers lacked knowledge or held biased views. Therefore, it is highly important that the Scottish Government aim to assess current practice within educational establishments – which may help to alleviate the stress young girls and women are under.

- "...there's so much bullying, verging on sexual harassment, boys towards the girls. They're pinching their bra straps from the back, undoing their bras, grabbing, and groping in the corridors, so that's all going on. It's been brought to the attention of the headteacher, and nothing is really getting done about this. There was one girl where the ambulance had to be called. All this has been bubbling away – 'ach it's just boys and girls, it's just because he likes her' - that old thing that violence is a form of affection."
- "When a boy, for example, pulls at a girl's hair, and a teacher says 'Oh, it is just because he likes you', so men are allowed from a young age to be cruel or hurt a woman as they are given this excuse."
- "I have overheard conversations and heard how they [boys] speak about women, especially in school... it makes me feel uncomfortable and unsafe."
- "My biggest fear is the normalisation of violence, and not just violence in action but also in language and in word and how that's become second nature. What we're seeing in primary schools and high schools is they just accept that there's banter that they have between their peers and it's normalised."

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

We believe that children's and young people's mental health is heavily impacted by their homelife situation. If a child is living in a violent household, where abuse is imminent,

they will grow up dealing with extreme stress and fear. Domestic abuse survivors explained that due to a lack of psychological support their children had grown up with undiagnosed mental illness and the inability to cope with difficult situations. They also shared their concern that their children would continue the cycle of abuse, due to the normalisation within the home.

- “One thing I realise is that, if it’s happening to women, it will have an effect on the children. This can then push them into an abusive relationship, either because they feel they want to run away from home, or because they think that it is okay to put up with situations like that.”
- “There’s been no real psychological work done, so you’ve got one that’s left with all this hatred and anger, now where’s that going to go? Into his relationships and into women. It’s a vicious circle.”

Equalities

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?

The mental health needs of ethnic minority women must be better integrated into the proposed strategy. These women face multiple levels of discrimination across their lives, including healthcare: feeling that their health needs were seen to be lesser than their white counterparts. They also explained that the lack of interpreters was a further barrier to receiving good quality healthcare, preventing them from explaining their problems, or understanding their diagnosis. Therefore, we recommend that better provisions are made to ensure that all residents of Scotland experience good healthcare, regardless of ethnicity or language.

- “For the Asian community, counselling and being depressed and mental health is very taboo, it’s an issue for our community.”
- “White is the default privilege setting in Western society and white people hate admitting that. Take all the issues women have to deal with and multiply trauma and gaslighting for women of colour.”
- “Knowing what to say and understanding the process would be difficult if they needed an interpreter as the system is difficult for those where English is their first language, never mind if it’s not their first language.”
- “I know some organisations did try to publicise their opening hours or how they operated differently during covid on the website, but one thing that was lacking was translating that information into other languages.”

Some ethnic minority women also explained that the support they received from their religious communities was invaluable in maintaining good mental health. It may consequently be useful for the Government to consider how these networks can be better supported and integrated into the proposed strategy.

- “In the Sikh community, it is very much part of our religion and part of our culture to offer that support to one another.”
- “...the place I did get support from was Sikh Sanjog... they offered my counselling and I thought, do you know what, I need to take this. You put all these things inside you, you put on this face, and you get on with things, but I actually needed that help, so I took the counselling which really benefitted me.”

The Mental Health and Wellbeing Workforce

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

Our workforce is informed and confident in supporting self-care and recommending digital mental health resources.

Disagree

From speaking with women who have experience accessing mental health services, it is clear that self-care and digital mental health resources do not better their mental wellbeing. Women spoke to us about how these services are not appropriate substitutes for face-to-face contact, and that they felt the increase of referrals to these services during the Covid-19 pandemic was detrimental to their mental health.

- “I do get mental health services, but since lockdown, it’s just been telephone consultations, there’s been no face-to-face consultations, and the mental health services are just overwhelmed at the moment.”
- “One of my friends has been getting counselling for a number of months, she’s just not been able to cope with covid at all, and every appointment she’s had over the last eight months has been either on the telephone or by zoom, and she’s not making any progress at all because she doesn’t feel like she’s having a conversation as such.”
- “I just worry about people not getting proper in-person consultations because they could be getting sent medication that could damage them further.”

Solutions to our Current and Future Workforce Challenges

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

Women spoke to us about the invaluable support they received from NGOs - but accept that these services are underfunded. This was mirrored by women who are service providers within NGOs and the NHS: with these women stating that the lack of funding they receive, and major staffing issues, is resulting in the wider population being let down. They propose that only through rectifying these issues and providing good mental health services for staff members, can the system across Scotland be overhauled.

- “On the coal face, we’re all working and we’re all trying to give that support and everything... we will always find opportunities to support and connect with people, but I think there needs to be an actual layer of resources that potentially we’re not getting at the moment, and that can only come from the government.”
- “Somebody was talking about the impacts on staff and not knowing if you’re going to have enough money for their salaries or to increase their salaries to take into account the increase in cost of living, so infrastructure is what will support people and the relationships so that all needs to be fed with resources and money. The people are there, and they’ll all do it 100% even without funding – taking food packages to people outside of office house, they’ll do that – but give us the resources to make that infrastructure even stronger and then we’ll do it even better.”
- “Every single female I support, as well as complex trauma, has a long-standing history of substance misuse, often because the specialised support they require is not available. It may be do to with sexual assault, or homelessness, and we put in a referral and they’re waiting and waiting, so that sense of hopelessness remains... The services that could offer the specialist support they need to address their PTSD have waiting lists of 8-12 weeks, sometimes a lot longer.”
- “I was on a waiting list for a really long time, and I did report to the police but everything was slower because of the pandemic, and when I did get support from rape crisis, it was over the phone the whole time for 20 sessions, there was no face-to-face, and it was really helpful but not as good as it could have been.”

Conclusion

Having listened to women, our three key recommendations on this topic are:

- That through increased communication with marginalised peoples and those with first-hand experience of receiving mental health services, the Scottish Government can create a strategy which works for the largest proportion of society.
- Due to the severe effects of the cost-of-living crisis, as well as the economic impacts of the Covid-19 pandemic, increased funding to those most in need will significantly reduce the strain on mental health services.
- Improved education surrounding online communities and harsher regulations for social media sites, may create a positive online space for young women – ultimately benefiting their mental health.

The SWC is grateful for the opportunity to respond to the Scottish Government's consultation on the Mental Health and Wellbeing Strategy. As an organisation, we will continue to work with women from across Scotland to gather voices and experiences relating to this topic and its effects on women's equality.

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