



CONFERENCE REPORT

7th September 2024

Glasgow Grosvenor Hotel

The Scottish Women's Convention
**Women's Mental Health:
Improving Experiences in
Scotland**



Agnes Tolmie

SWC Chair

“Recently, while on a SWC Roadshow, a woman told us that **“our mental health services limp along from year to year”**, a statement that stayed with me, and I am sure will resonate with many working in and using mental health services. With mental health likely to remain the fourth leading cause of disease in Scotland¹, as a nation, we must work together to understand how women can be better served to maintain good mental wellbeing.

We know that levels of anxiety and loneliness are higher for women than men across all age groups². Age Scotland found that in 2021, 68% of older people had difficulty accessing their friends and family during Covid-19 lockdowns³, and in 2022, the Scottish Mental Health Inpatient Census reported that of all patients aged under 18 years old, 87% were young women². Women are also more likely to suffer from PTSD and eating disorders, with eating disorders having the highest mortality rate of any psychiatric disorder².”

5 Key Points & Recommendations

- Reduce waiting times for mental health support services and provide suitable treatment alternatives through a person-centred approach.
- Rectify the healthcare inequities experienced by women through mandatory training for healthcare staff on social inequalities, incorporating the menopause.
- Include hormone health into health education for young women.
- Increase the number of community-based services and groups available for women, with a focus on services for young women and older women.
- Provide long-term funding for the third sector, which is place-based and flexible to the needs of communities.

¹ Scottish Government. (2022). Evidence Narrative to Inform the Scottish Government Mental Health and Wellbeing Strategy. Available at: [Evidence Narrative to Inform the Scottish Government Mental Health and Wellbeing Strategy \(www.gov.scot\)](https://www.gov.scot/evidence-narrative-to-inform-the-scottish-government-mental-health-and-wellbeing-strategy)

² Scottish Government. (2022). The Scottish Health Survey. Available at: [The Scottish Health Survey 2021 - Volume 1: Main Report \(www.gov.scot\)](https://www.gov.scot/the-scottish-health-survey-2021-volume-1-main-report)

³ Scottish Government. (2023). Mental Health Equality Evidence Report 2023. Available at: [Mental Health Equality Evidence Report 2023 \(www.gov.scot\)](https://www.gov.scot/mental-health-equality-evidence-report-2023)

Maree Todd, MSP

Maree has been a Member of the Scottish Parliament for Caithness, Sutherland and Ross since May 2021, previously being the MSP for the Highlands and Islands from 2016. She has been serving as the Minister for Social Care, Mental Wellbeing and Sport since March 2021, having also held the position of Minister for Public Health, Women's Health and Sport in 2021 and Minister for Children and Young People in 2017.

Prior to her time in Government, Maree completed a BSc (hons) in Pharmacy, working as a hospital pharmacist for NHS Highland.



Our first conference contributor was Maree Todd, MSP, the Minister for Social Care, Mental Wellbeing and Sport, via video submission. Maree began by thanking attendees and the SWC for their continued focus on women's mental health. She went on to provide an overview of the Scottish Government's mental wellbeing approach, with a focus on tackling the multiple contributors to poor mental health across society, such as poverty and trauma. The Minister explained that through confronting the causes of poor mental health, a preventative approach had been taken.

- “We want to ensure factors such as poverty, deprivation, trauma, gender-based violence, social isolation and loneliness are tackled”

Maree went on to highlight the considerable investment made to mental health projects across Scotland since 2021, explaining that in the first two years of the Communities Mental Health and Wellbeing Fund for adults, 534 awards were made to women-centred projects. These projects focused on a range of issues, providing specialised support to improve women's mental wellbeing. She also highlighted Scottish Government investment in perinatal and infant mental health support, which included £9 million for public services and £1 million for third sector organisations.

- “Our focus on prevention and early intervention, includes a £66 million investment in our Community Mental Wellbeing Fund for adults since 2021.”
- “...534 awards were made to projects with women as their core focus, offering peer support, financial wellbeing services and courses for women who have experienced abuse.”
- “We also continue vital investment in our perinatal and infant mental health services”

The Minister concluded by focusing on the need to improve access to services for women. She proposed that through an increased emphasis on lived experience, mental health policy could be enhanced and health inequalities facing women could be reduced.

- “...early intervention is essential, but we know that improving access to...support and services is also needed to fully address women's mental health inequalities”
- “...there is a lot of great work towards helping women and girls...Much of that has been informed by the lived experience of the women in the room today, but I do know that more is needed. We are not yet where we need to be.”

“ We're now taking a whole range of actions to move us towards our Strategy's vision of a Scotland free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible. ”



Debbie McLachlan

Debbie has 26 years' experience in social care and is currently employed by pioneering mental health charity, Penumbra, working as Head of Service (East). Debbie oversees and leads her teams across the East of Scotland, who provide dedicated support for people experiencing mild to serious and enduring mental ill health. These include Distress Brief Intervention (DBI), the Edinburgh Crisis Centre, supported living services, 24hr accommodation with support, self-harm support, alcohol related brain damage support and peer support services. Proud moments in Debbie's career include her BSc in Health and Social Care and being awarded the Managing Care Award. Debbie says her biggest pride of all comes in seeing the incredible support her teams provide for people every day.

The second speaker of our conference was Debbie McLachlan, Head of Services (East) at mental health charity, Penumbra. Debbie provided an overview of Penumbra's services, explaining the organisations approach to mental health provision. She explained that Penumbra's staff carry out person-centred support, actively tackling power dynamics which can detract from health and social care. To find out more about Penumbra's services, please visit [their website](#).

- “Penumbra began in 1995, supporting people to have a life outside of hospital...We were inspired by people's lived experience, we were borne from a desire to do things differently.”
- “We're very proud to say that we have 27% of our colleagues employed in peer supported roles. It means we get it, because we've been there, and it also removes the power imbalance that often exists within support relationships across health and social care.”

Debbie reflected on her beginnings in health and social care, stating that there has been a significant shift in improving experiences of mental healthcare in Scotland. She explained that when working in supported accommodation services in 2000, some residents had previously experienced sustained institutionalisation. Penumbra provide an alternative to this, promoting an innovative, community-based approach, bettering outcomes for many people with mental ill health across Scotland.

- “When I first started with Penumbra, my own service was fully funded. This meant that we were able to offer an exceptional quality of support within a highly skilled team...it also allowed us the freedom to include therapeutic work and activities that people would otherwise would not be able to access.”
- “The service provided a community feel for people, both in and outside of their home, and it gave people hope.”

When discussing women-specific experiences of mental health, Debbie explained that women's mental health is often overlooked with a social narrative suggesting that “**women just get on with it**”. She provided data which highlighted the increased instances of suicide amongst women aged 50 to 54, as well as the higher likelihood of self-harm amongst women and girls. Debbie believed in order to properly support women suffering from poor mental health, data collected should be disaggregated to enable a gendered lens to be utilised when designing services. For example, Debbie suggested that through a gendered lens, trauma support could become more widely accessible, as well as wider flexibility of services to cater for women's caring responsibilities.

- “...it’s important for researchers to carefully analyse data, to explore the many intersections involved, but certainly, my own feeling is that we need to dissect those figures through a gendered lens.”
- “...some of the women...do not fit neatly into one type of service, and a percentage of them are actually stuck in hospital because there’s not a service that fits them. Many of them need access to trauma support...but most of all we need services which provide them with time, space and compassion”
- “...[women] need services that are open outside of the many responsibilities that they have, for example caring responsibilities”

Debbie closed her contribution by highlighting the funding disparity experienced across the third sector. She explained that over time, services which are highly relied upon have been consistently underfunded. This has placed significant pressure on staff members, increasing burnout levels and stress. Debbie believes that through improved collaboration across public and third sectors, service design can be improved and tailored to the needs of women. She went on to emphasise that this must be followed with sustained funding streams, which would allow Penumbra to continue to provide “exceptional” mental health support.

- “You might be surprised to learn that although our services today are commissioned by our statutory partners, there is often a significant funding gap – we are not fully funded.”
- “...our teams are continuing to hold hope for people at the very centre of all that they do...often having to be very creative within the financial limitations that we’re facing.”
- “We need funders to trust our knowledge, that we know how to run and design services in the best way that truly aligns with what people truly want to get the most out of life.”

“ The third sector delivers affordable social care services across Scotland, we’re not a gap filler, we’re a much needed and skilled workforce, supporting people to live their life on their own terms. ”



Sally Findlay

Sally is the lead for the Women Supporting Women Programme in Pilton Community Health Project. Sally has extensive experience of delivering innovative, responsible community-based programmes with women to build confidence, connections and capacity through a resilience informed approach.

Previously a chef, Sally brings a rich background of experiences, skills and enthusiasms to her work alongside local women in North Edinburgh. Sally's qualifications include Nutrition BSc (Hons), Advanced Diploma in Food Hygiene and a wide range of relevant training including Complex Trauma Training and Mental Health First Aid.



Our final conference speaker was Sally Findlay, Development Manager at the Women Supporting Women (WSW) Programme within the Pilton Community Health Project. WSW was established alongside the Pilton Community Health Project in 1984, taking inspiration from the women's health movement of the late 60s and 70s, with Sally explaining that much of the campaigns held at the time, such as poor housing, remain significant issues. She explained that the high levels of deprivation experienced within the Pilton area contributes to poor mental health for women, as does wider social disadvantage and discrimination. WSW maintains a focus on “equity, wellbeing and belonging for all” in their community, attempting to work with local women to be “healthier and happier”.

- “...the neighbourhoods of the families that we focus on are living in an area scoring between 5 and 10% in the Scottish Index of Multiple Deprivation. As we all know, deprivation is linked to stress, anxiety, depression, chronic health conditions and, of course, early death.”
- “...it's a common-sense approach: damp housing, prejudice, racism, gender-based violence, coercive control, verbal abuse, health inequity, childhood trauma and not being listened to, all effect women's health.”

WSW works as part of the Community Wellbeing Programme, with knowledge-sharing enabling the continual development of service provision. This process utilises the Five Ways to Wellbeing Framework, outlined in Figure 1. Sally explained that through activities, such as cooking groups, women are provided with tools to better their mental health and wellbeing, while also enabling WSW staff members to build their understanding of women's needs. Through

this improved knowledge base, staff can tailor events and programmes to local women. Other projects are also provided by WSW, such as informal English language learning, through their Chat Café, and the M-Club, which provides information and support on the menopause. To learn more about WSW events, see [their website](#) for further information.

- “...the WSW Programme is under the umbrella of our Community Wellbeing Programme, which provides the framework and synergy for all of our projects...They all strive to improve mental health, physical health and mental wellbeing”
- “Our work is driven by an evidence-based, new economics foundation: five ways to wellbeing”
- “We use food as a gateway to a lot of our wellbeing work...it gives us, as practitioners, the chance to hold conversations and address isolation and other pertinent issues to the women”



Figure 1: Five Ways to Wellbeing Framework

“A woman said to me last week, “I have no family here in Edinburgh, any family that I trust are back in Pakistan. I feel that you’re my family here. I can come here and relax, and you always have activities here that help me with my stress. I sometimes wonder what I would do without you.””

Sally also outlined the multiple advantages of the WSW approach, outlining a focus on women’s changing needs. She explained that due to WSW’s highly localised method, their services are easily accessible for those in need. They also operate an open-door policy, with no appointments required. Through this approach, women’s busy lives can be easily accommodated, allowing women to continue to provide caring support for their families.

- “...we find that women are hyper local, they want to stay close to their kids’ schools, they want to stay close to their families. So, we’re based in the heart of the neighbourhood – people can walk right in, there’s no appointment necessary.”

WSW also places importance on the need to remain culturally sensitive, remaining flexible to the multicultural community in Pilton. It was explained that through sustained engagement with migrant and asylum-seeking women, they have altered their programmes to enable the improved mental wellbeing of these groups. This was further aided through partnership working, utilising the skillset of nearby organisations, while also widening awareness of the WSW Programme.

- “We’re culturally sensitive, and aware, and we appreciate the initial barriers that women have, such as language, and we can focus on supporting women who feel marginalised or are labelled as ‘hard to reach’.”
- “We collaborate and we build effective and mutually beneficial partnerships...and our partners can tap into our support, making it easier for women who we have not yet met, to decide to access what we’ve got to offer.”

To conclude, Sally provided attendees with photographs taken throughout WSW events, evidencing the importance of community-based approaches as solutions to improving the mental wellbeing of women and the wider community.

“ We understand the challenges in women’s lives and the impact on their health and wellbeing, and we represent genuine commitment...supporting them at their own pace, capacity and resilience. ”

Discussion

After contributions from speakers, we opened to a Q&A and invited attendees to share their views on mental healthcare at roundtables, asking what actions would better cater to women's mental healthcare needs in Scotland.

Strained Services

Throughout discussions, women clearly stated that they believed mental health services in Scotland to be under enormous strain. This was evidenced through long waiting lists for treatments, alongside difficulty in accessing initial GP appointments. Women explained that these issues created significant barriers to treatment, worsening mental health.

- “I think waiting lists are an issue as well. I know for any mental health conditions, to see a psychiatrist...the waiting lists are huge”
- “...the mental health services are so over-stretched, there are such long waiting lists”

It was stated that long waiting lists were a contributor to the continued reliance on antidepressants, whereby GPs are forced to manage the mental health of patients due to an inability to refer them on to more appropriate support networks. Women were highly sceptical of antidepressants, believing that this method was too often relied upon without proper follow-up care. Instead, they hoped to see a reduction in wait times and the utilisation of person-centred treatment methodologies.

- “...the GPs are left to deal with a lot of stuff, and they're just general practitioners, they can't be specialists in everything”
- “...the waiting lists are huge, so the GP will offer you medication in the meantime.”
- “I don't think they take people seriously enough; they'll just give you a wee prescription and then see them again in three months to see how they're getting on.”

Women went on to highlight the impact poor services has on minority groups, such as those experiencing poverty, disabled women and ethnic minority women. These groups traditionally face health inequalities throughout the Scottish healthcare system, resulting in early death and a poor life quality. Women provided multiple examples of being unfairly treated while interacting with healthcare professionals, as well as the lived impact of the mental healthcare inequity currently present in Scotland. We believe to assist in reducing health inequalities faced by women, mandatory training for all healthcare staff on social issues should be implemented.

- “I needed to see counsellors...they're charging, I don't have that money, so how do I get the help that I need?”
- “...disabled women...they're seen as one dimensional...we know of one social worker who said that they had never met someone who uses a wheelchair and also had a mental health problem.”
- “The one doctor I had...you know that they don't want to work with you as a black woman.”

Hormone Health

A significant element raised by women in attendance, was the poor holistic care surrounding the menopause. They provided examples where they had been dismissed by GPs when attempting to access mental health support. Poor mental health is a widely

accepted symptom of menopause, with anxiety and poor self-esteem being key issues⁴. Women also went on to state that young women were not properly prepared for hormonal health concerns due to inadequate education. Attendees proposed increased access to menopause clinics across the country, as well as training for primary healthcare workers, which included the relationship between menopause and mental health. They also believed that managing menopausal symptoms should be integrated into health education for young women.

- “...I’m going through the menopause and the mental health issues with that, I felt that he [GP] was fobbing me off.”
- “...there is a huge thing about women and hormones like...puberty and the effect that has on your body and mental health”
- “I think every city needs a menopause clinic that doesn’t have a two to three year waiting list.”

Community

Women cited the loss of community services as a key contributor to the worsening of mental health across Scotland. Throughout the country there has been a continued reduction in community-based interventions, with women highlighting the importance of socialisation as a means to improve and maintain mental health.

- “If we can meet at a human-to-human level...a human being meeting another human being is a powerful thing.”
- “...if it wasn’t for voluntary groups and advocacy groups, I wouldn’t be alive today.”
- “I think we keep talking about doctors, but I think communities are so major, and they all stopped during Covid.”

Data gathered by the Scottish Government shows an increase in the number of women experiencing loneliness. Of those experiencing loneliness, 16–24-year-olds were the group with the highest rates of loneliness: 48% reported being lonely at least some of the time against an average of 35%. Additionally, rates of loneliness amongst the over 60s had the largest increase during the Covid-19 pandemic⁵. Women in attendance provided lived experience which evidenced these figures, explaining that the Covid-19 pandemic had had a negative impact on both younger and older women. It was also proposed that increased online activity had resulted in a reduction of in-person interactions for young and older women, negatively affecting mental wellbeing. Attendees proposed that through an increase in community services, preventative measures could be actioned, positively impacting the most isolated groups’ mental health.

- “I think it [Covid-19 pandemic] impacted the people who were most vulnerable in our society...There were people who couldn’t leave the house...they can’t get to appointments”
- “When you share real stories, that’s when you connect with someone, you can relate and connect, build empathy. If their [young women’s] connection is online and everything is superficial, everything is airbrushed, they’re never going to feel connected.”
- “There are a lot of people who are very lonely, their friends are no longer around, they live alone, they maybe lack groups to do social things together.”

⁴ NHS. (2024). Symptoms: Menopause. Available at: <https://www.nhs.uk/conditions/menopause/symptoms/>

⁵ Scottish Government. (2023). Recovering Our Connections 2023-2026. Available at: <https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2023/03/recovering-connections-2023-2026/documents/recovering-connections-2023-2026/recovering-connections-2023-2026/govscot%3Adocument/recovering-connections-2023-2026.pdf>

Funding

The issue of funding was raised as a key contributor to poor mental healthcare provision in Scotland. Women explained that third sector organisations had been particularly impacted by local authority budgetary decision-making, resulting in the closure or reduction in services provided. Attendees explained that this was counterproductive, as many third sector organisations are heavily relied upon to provide vital care in place of statutory services. As stated, women believe that community facilities are key in maintaining good mental health, with connections to others providing solace. Through the regular defunding of the third sector, it is likely that community facilities will continue to be eroded. Women instead called for increased long-term funding for the third sector, which is place-based, considering the differences across communities.

- “...there is fighting for funding, fighting for facilities...The third sector are holding everything together.”
- “...more and more charities are getting asked to support counselling sessions, trauma-informed training, the burden is on charities, which the public services should be providing. At the same time, the statutory providers are pulling funding from charities”
- “I think they [charities] are filling everything; I don’t think they get the recognition they deserve. They’re doing more on limited budgets”



Additional Resources

If you require support, please see national organisations below:

Breathing Space – 0800 83 85 87

Mind – 0300 102 1234

National Suicide Prevention Helpline UK – 0800 689 5652

Samaritans 24/7 - 116 123

SAMH - 0344 800 0550

SANEline – 0300 304 7000

Shout – Text 85258

See the [SWC website](#) for further services.

Thank You!

The Scottish Women's Convention thanks all women who attended our conference, and who contributed online and via email. We thank our speakers for their contributions on the day.

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