



Gillian Martin, MSP, Convenor  
Health, Social Care and Sport Committee  
c/o Alex Bruce, Clerk of the Committee  
The Scottish Parliament  
Edinburgh  
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via email: [hscs.committee@parliament.scot](mailto:hscs.committee@parliament.scot)

Dear Convenor,

I am writing to you with regard to the Committee's report on Tackling health inequalities in Scotland.

The Mental Health Foundation is fundamentally concerned with reducing mental health inequalities through addressing the social determinants of mental health. Scotland cannot treat its way out of the mental health crisis, which is worsening due to the pandemic and cost of living crisis. Mental health problems cost the Scottish economy £8.8B every year, so there is both an economic and a moral imperative for action to improve population mental health.

In this letter, we respond to the Committee's report on Tackling health inequalities in Scotland as well as raising our concerns about rising mental health inequalities amid the cost of living crisis.

We welcome the Committee's attention to health inequalities and its openness to hearing about mental health inequalities. We also welcome specific recommendations that were proposed in the report, as discussed below:

1. The Committee would advocate a 'health in all areas approach' to future Scottish Parliament scrutiny and draws this to the attention of the Scottish Parliament Bureau and Conveners' Group.

We welcome this Committee recommendation which aligns with the Mental Health Foundation's response to the health inequalities consultation and the Mental Health and Wellbeing Strategy consultation to ask the Scottish Government to adopt a cross-sectoral, Mental Health in All Policies approach to reducing mental health inequalities'. This is also recommended by the former UN Special Rapporteur on the Right to Health of the European Union and Sir Michael Marmot. Under such an approach, all Government departments consider the actions they can take to promote good mental health and protect against mental health problems. Prevention cannot happen within the health sector alone – action must be taken in the spaces where people are born, raised and live (in the home, schools, and workplaces).

The drafting of a new Mental Health and Wellbeing Strategy provides an opportunity to demonstrate this cross-sectoral, cross-departmental approach. We have sought specific commitments in the strategy from a range of departments beyond health. We have also recommended that a structural mechanism for ongoing cross-departmental involvement in monitoring and implementation of the

strategy is established. We believe that establishment of a cross-departmental monitoring and implementation structure is vital to maintain momentum and accountability for cross-sectoral action on mental health.

2. The Committee believes there needs to be an overarching strategy or set of principles to guide policymaking.
3. The Committee calls on the Scottish Government, in responding to this report, to set out what it is doing to embed codesign and to work with those with lived experience in implementing any future public service reforms and how it will measure the success of this approach in reducing inequalities.

We welcome the Committee's endorsement of co-design with people with lived experience. Our response to the Committee's inquiry alluded to this in calling for "mapping the social determinants of mental health in Scotland as a basis for prioritising action and planning and resourcing interventions. It is also vital that solutions are developed through co-production with relevant inequalities groups and people with lived experience." An example of this approach is our Diverse Experiences Advisory Panel (DEAP) that brings together people from various communities and experiences of disadvantages in order to advise the Scottish Government on mental health and related policy. Majority-funded by the Scottish Government, and operated in partnership with the ALLIANCE, the DEAP is already informing the Scottish Government's drafting of the new Mental Health and Wellbeing Strategy and will continue to feed into government policy to identify how different communities and people's mental health and wellbeing can be better supported across Scotland. If you would like more information on DEAP, please let me know.

It is important to note that two types of lived experience (those who have lived experience of mental health and those who have experience of diverse types of inequalities) are not mutually exclusive. Clearly engaging with people with lived experience of mental health is vital to mental health policy, and the Scottish Government's funding of VOX – Voices of Experience must continue to sustain this important channel for mental health lived experience. However, it is also important that policymakers engage with those who, due to their life circumstances, are at higher risk of developing poor mental health even if they have not had a mental health diagnosis, as in some members of DEAP. The Scottish Government should ensure that it engages with both types of lived experience in its development and implementation of the Mental Health and Wellbeing Strategy.

We also recommend, in particular, that public services are more responsive to the needs of refugees and asylum seekers, which has also been highlighted in the 2018-2022 New Scots Refugee Integration Strategy. To achieve this will require co-production with asylum seekers and refugees.

4. The Committee calls on the Scottish Government, in responding to this report, to set out what action it is taking through the Best Start, Bright Futures programme to address the impact of poverty on children and young people and specifically what impact it expects this action to have in reducing health inequalities.
5. The Committee has heard evidence of a range of policy measure to mitigate the effects of poverty on families, such as free bus travel, free prescriptions and free school meals. The Committee calls on the Scottish Government, within devolved powers and budget constraints, to continue prioritising actions with the aim of mitigating these effects.

We welcome the Committee's recommendations on reducing poverty and its negative mental health effects. What is needed, however, is not just the mitigation of poverty's effects, but also the elimination of poverty in Scotland.

Poverty is a key driver of mental health problems that has not yet been overcome in Scotland. Well before the current cost of living crisis, more than 1 million people and almost a quarter of all children in Scotland were living in poverty. The Mental Health Foundation appreciates the Committee addressing the cost of living crisis in its report; however, we would like to emphasise the urgency of this situation and worsening impact of this on people's mental health.

In November, new evidence emerged on the negative mental health effects of the cost of living crisis, in a poll conducted for the Foundation by Opinium. The Foundation found that when asked about the past month, one in nine (13%) adults in Scotland were feeling hopeless about their financial situation, four in ten (40%) were feeling anxious and one third (33%) were feeling stressed. This research on a representative sample of 1,000 adults in Scotland is worrying and shows the early signs of the negative mental health impact of the 'cost of living crisis'.

Furthermore, the same survey found that when thinking about the next few months, many adults in Scotland are concerned about not being able to maintain their standard of living (75%), heat their home (70%) or pay general monthly household bills (65%). Significantly, more than half (52%) of adults in Scotland were at least a little worried about being able to afford food over the next few months, rising to 69% of those aged 18 to 34. Further detailed findings from this polling is available at this link: <https://www.mentalhealth.org.uk/scotland/about-us/news/stress-anxiety-and-hopelessness-over-personal-finances-widespread-across-scotland-new-mental-health>

There is also new Scottish evidence that the difficult financial situation for many young people is linked to mental health problems, including signs of severe depression. On 1st December, we published the report on college students' mental wellbeing. This research found that among more than 2,000 college students in Scotland who participated in the study, one in six lived in a household that had run out of food in the previous 12 months. More than half of the students surveyed (54%) reported having moderate, moderately severe or severe symptoms of depression. Among students who have experienced food insecurity, a quarter (25%) had severe symptoms of depression (see *Thriving Learners: Initial Findings from Scottish Colleges (2022)* available at <https://www.mentalhealth.org.uk/scotland/about-us/news/new-research-college-students-scotland-report-depression>).

These two examples of recent evidence underscore what the Foundation knows to be the mental health risks of financial strain:

- People living in financial difficulties are at increased risk of mental health problems and lower mental wellbeing
- Current financial hardship (material deprivation) and subjective (self-perceived) financial strain are associated with depression
- Economic stress, through its influence on parental mental health, marital interaction and parenting, impacts on the mental health of children and adolescents
- Debt is a well-established risk factor for poor mental health, especially unsecured (short-term) debt

- Unemployment, which may rise if the UK goes into recession, is a substantial driver of poor mental health
- The effects of adversity are cumulative; those who have already experienced stress due to the recession of 2008, prior poverty, other adversity, and/or the COVID-19 pandemic will be at higher risk if they also experience financial stress due to the Cost of Living Crisis
- The same or similar demographic groups are at greater risk of poor mental health due to the 'Cost of Living Crisis' as were during the COVID-19 pandemic, e.g. people who are unemployed, lone parents, people with disabilities, people who are Black or from minority ethnic communities, etc.

Whilst we appreciate the range of income supports implemented by the Scottish Government such as the increase in Scottish Child Payment, Scottish Child Payment Bridging Payments and extra support for Best Start, as well as energy cost supports and other recent budget measures, we are concerned about the potential for increasingly negative mental health impact of the cost of living crisis and financial hardship for those for whom current measures will not fully meet their needs.

**The single most important preventative intervention will be financial support schemes that prevent people from experiencing poverty and financial strain.**

There are other actions that the Scottish Government can take to mitigate the mental health effects of the cost of living crisis and of poverty in general. To specifically address the mental health effects of poverty, we recommend that UK and devolved governments:

- Assess the mental health impact of all Government decisions that address the cost of living crisis
- Build the capacity of frontline social security, debt advice and anti-poverty workers to respond effectively to the mental health effects of financial strain
- Invest in the capacity of community organisations working with people experiencing poverty so that these organisations can provide preventative mental health support

On a wider basis, UK and devolved governments:

- Provide adequate debt relief schemes
- Provide access to free public and rural transport to maintain social connectedness. In particular, the Scottish Government should introduce free travel for all under 26s, people on low incomes and asylum-seekers, as a matter of urgency
- Provide peer support for people who are unemployed
- Ensure energy companies provide a compassionate response to customers

The Scottish Government must also continue its steps to fulfil its child poverty reduction target and improve access to fair work.

6. Recognising the division of powers between the Scottish and UK Governments, the majority of the Committee calls on the UK Government to increase the statutory living wage to the real

living wage, and to take further action to increase 'in-work' benefits to eliminate in-work poverty.

As a Living Wage employer, the Mental Health Foundation welcomes this recommendation. It is somewhat positive to see that the UK Government are increasing the National Living Wage to £10.42 from 1 April 2023, though this will not be enough to keep up with the high inflation experienced by people on low incomes now and beyond that date; however, as cost of living prices soar, it is crucial that wages in the UK reflect the Living Wage Foundation's calculation at £10.90 to ensure that workers are receiving payment in line with real increased living costs.

You can view our full webpage for our submission to the Mental Health and Wellbeing Strategy [here](#), our summary version [here](#), and the full document containing all recommendations and rationale to the Scottish Government [here](#).

If you would like further information on these comments, please feel free to contact me at [smcdaid@mentalhealth.org.uk](mailto:smcdaid@mentalhealth.org.uk).

Yours sincerely,

Shari McDaid  
Head of Policy & Evidence (Scotland & Northern Ireland)  
cc: All MSPs