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Elena Whitham MSP  
Convener  
Social Justice and Social Security Committee  
The Scottish Parliament  
Edinburgh  
EH99 1SP

31<sup>st</sup> May 2022

Dear Convener,

Thank you for inviting SAMH to contribute to your evidence session on debt and mental health on Thursday 12<sup>th</sup> May 2022.

I am writing to follow up on a question asked by Emma Roddick MSP regarding the impact of stigma on parents or carers and provide some additional information on issues not covered during the evidence session.

### **The Impact of Stigma**

Since the session on the 12<sup>th</sup> May, I have spoken to colleagues at See Me, Scotland's anti-stigma and discrimination programme. As SAMH and See Me are mental health organisations, we can only comment on mental health stigma. However, we would suggest the stigma around debt could have similar consequences to mental health stigma.

See Me found during a rapid evidence review on women's mental health that stigma did affect parents asking for help for their mental health. In particular, research from the Mental Health Foundation showed that some women avoided getting support for their mental health because they feared they would be viewed as unfit mothers and/or their children would be taken away from them. Further existing evidence found that this is a particular issue in relation to perinatal mental health and stigma. For example, almost a third (30%) of women in one survey withheld negative feelings from their healthcare practitioner due to the fear that their baby could be taken away from them.<sup>1</sup>

### **Digital Exclusion**

SAMH also wanted to provide additional evidence regarding digital exclusion which we did not cover during the evidence session. As many written submissions to the inquiry have outlined, people with

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<sup>1</sup> British Medical Journal, [Barriers to accessing mental health services for women with perinatal mental illness: systematic review and meta-synthesis of qualitative studies in the UK](#), 2018



mental health problems face barriers to accessing digital technology which need to be considered by money advice services.

At the beginning of the pandemic, SAMH carried out a survey of people using our services. We spoke to 458 people from across 31 services. We found that about a quarter didn't have any access or know how to use digital technology. Of these people, a third said they didn't have any technology but would use it if they did, while another third said they did not want to use it. About 2% of those without access to technology said they did not have any internet access.

SAMH has also been conducting research into the delivery of mental health care and treatment in the pandemic. Although this has focused on clinical and non-clinical support for mental health, the findings will hopefully still provide the Committee with a useful insight into the attitudes and feelings that people with mental health problems have towards digital service delivery.

During this longitudinal piece of research we found that almost a quarter of survey respondents (24%) found phone consultations unsatisfactory while a fifth found the technical side of video calls difficult to deal with. In addition to this, 36% of respondents indicated that a lack of privacy within the home had made engaging in remote appointments more difficult. Participants in this research explained that they struggle with telephone and video appointments because they find it difficult to remember or understand what they're being told.<sup>2</sup>

## Breaking the Cycle

During the evidence session the issue of unemployment and underemployment amongst people with mental health problems was raised. Indeed, people with mental health problems consistently have the lowest employment rate of all people with disabilities in Scotland. In 2018, the employment rate for people with "depression, bad nerves and anxiety" was 40.5% in Scotland while for people with a "mental illness, phobia or panics" it was 23.2%.<sup>3</sup> By contrast, the 2019 employment rate for non-disabled people in Scotland was 81.3%.<sup>4</sup>

One way to break the cycle between debt and mental health problems is to support more people into employment that suits and supports their needs, both in terms of their mental health and income. SAMH is seeking to address this with our Individual Placement and Support services (IPS) which support people with severe and enduring mental health problems to gain employment.

IPS is a unique employment programme because IPS specialists are co-located within Community Mental Health Teams (CMHTs) and clients are referred by any CMHT member. Our IPS specialists will work with clients to identify the kind of job that would suit them, create an action plan and carry out a "better off in work calculation" to ensure the participant will be financially better off in work. In addition to support during the client's job search, IPS specialists provide advice and guidance to participants when they start their new job and can work with employers to ensure reasonable adjustments are in place.

An evaluation of our IPS services found that our services are successful at increasing the earnings, reducing social security claims and lessening the number of community psychiatric nurse and psychiatrist appointments amongst IPS clients.

There is a large body of evidence which shows that IPS is the most effective employment programme at supporting people with severe and enduring mental health problems into sustained employment.<sup>5</sup>

<sup>2</sup> SAMH, Forgotten? [Mental Health Care and Treatment during the Coronavirus Pandemic](#), 2021

<sup>3</sup> Scottish Government, [Disabled people in the labour market in Scotland 2018, 2020](#)

<sup>4</sup> Office for National Statistics, [Disability and Employment: UK](#), 2021

<sup>5</sup> Centre for Mental Health, [What Is IPS?](#)



Therefore, SAMH wants more people to have access to IPS services across Scotland. For IPS to be as effective as possible, it should be procured through the NHS so that IPS specialists can take the longer-term approach needed to support people with mental health problems into employment.

I hope this additional information will be useful to your inquiry. Please do not hesitate to get in touch with me if you have any further questions.

Yours sincerely,

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