

See Me is Scotland's national programme to end mental health stigma and discrimination. Our vision is to enable people who experience mental health problems to live fulfilled lives.

We are working to change negative behaviours towards mental health, by creating a movement for change, bringing people together all over Scotland who are all passionate about tackling stigma, to work as one. Currently we have nearly 10,000 people signed up, including supporters, volunteers and champions, who are leading the way in making real changes in communities across the country.

We want to change the culture around mental health so people feel confident enough to speak about how they are feeling and can ask for help if they need it, without the fear that they will be stigmatised and discriminated against. To do this we are targeting key settings where people face stigma and discrimination; in work, education, health and social care, and in their local communities.

Q1: Do you agree that the definitions of these terms are reasonable and should be included within the Scottish Government's forthcoming guidance on the socio-economic duty?

We welcome the opportunity to respond to this consultation, and strongly back the ethos behind the forthcoming socio-economic duty. We support all of the definitions, however, we would urge that they are on the legislation itself and not relegated to guidance, and in that respect will have more authority and enable accountability.

Regarding **due regard**, we would support an additional sentence that offers equal protection to people with mental health issues and ensuring that due regard does not discriminate, but acts in an inclusive manner.

For the definition of **inequalities of outcome**, we would argue that mental health requires a specific mention, due to the inequalities of outcome that we know exist for people with experience of mental ill health, including but not limited to: their physical health, the societal impacts of mental ill health, the poor experiences in society that people with mental ill health face, and the negative impact of mental ill health on income, employment, and access to services.

As an example, in research carried out by TUC¹, only 45.5% of people with a health problem lasting or expected to last longer than a year who had depression or anxiety as their main health problem were in employment, and only 26.2% experiencing long-term mental ill health or phobias as their primary issue were. This obviously will have a compounding effect on their wellbeing and is likely to exacerbate any pre-existing conditions, particularly

¹ https://www.tuc.org.uk/sites/default/files/Mental_Health_and_Employment.pdf

if they have additional stressors in their life, for example, difficulties accessing or retaining social security, relationship breakdown, etc.

Q2A: Do you agree that the socio-economic duty should apply to all those listed?

We agree that it should apply to all of those listed.

Q2B: Do you think the duty should apply to any other public authorities, similar to those listed in the Equality Act 2010? If so, please name them and explain why the think the duty should apply.

We believe it should also apply to NHS Scotland, including the national body, the special boards, and the regional boards. Health services are not only there for when people are in crisis (i.e. in acute settings), but also to serve a preventative role and this will be enhanced in the future. Therefore, it is essential that they do their part to reduce socio-economic disadvantage (and thus fulfil this preventative role).

Additionally, we would urge clarification that the duty applies not only to those mentioned within the consultation document, but to all public services, including those within the independent and third sectors, whose services have been procured or commissioned by the public sector. This would help to reduce the inequalities of outcome for people with experience of mental ill health.

With health and social care integration, there is a drive towards more care being delivered in the community, and better partnership working between all sectors, and thus it is important that all public services are covered by the duty, where possible. This would also help to avoid the potential unfortunate situation where, for example, a Local Authority - in order to meet demand and remain within budget constraints - commissions an outside service that is not bound by the duty, thus leading to a worsening of inequality.

Q3B: What other actions could public authorities and others take to demonstrate that they are meeting the duty?

In terms of demonstrating that public authorities are meeting the duty, we would encourage the involvement of people with lived experience and other organisations to ascertain to what extent the impact of the duty is being felt.

Q3C: Could you offer suggestions as to how public authorities could improve budgetary analysis and reporting so as to take better account of inequalities related to socio-economic disadvantage?

We support suggestions such as Participatory Budgeting, Human Rights Based Budgeting, involving people with lived experience, co-production, a move towards localism and using already existing participation frameworks such as Our Voice, but only if they are done in a truly inclusive way, that makes participation accessible to all through reasonable adjustments. This could be achieved with the support of other organisations to audit and

then improve their practice, for example, within North Ayrshire Health and Social Care Partnership (HSCP) they are currently doing a participation audit with Scottish Community Development Centre (SCDC), and in Western Isles HSCP they have previously done an assessment of inclusion with the support of SCDC.

Q3E: What kind of guidance and support on meeting the duty would be most useful for public authorities?

Support on the impacts of socio-economic disadvantage and those groups that are in the most vulnerable situations and thus most likely to experience it would be helpful, for example, in the form of short and accessible briefings. This would ensure those duty bearers have the opportunity to be well-informed on inequality and clear on how to prioritise strategic decision-making.

Additional support, in the form of hands-on support from organisations, is likely to be necessary across a range of different sectors. For instance, in terms of health and social care, input from NHS NSS ISD's Local Information Support Teams, embedded within HSCPs, in order to make sense of the data that they currently hold and help them prioritise resources going forward has been deemed to be a useful approach. Similar, (and indeed, complementary), approaches are something that we would support, whilst ensuring that the focus remains on the individuals in vulnerable situations and their experiences and not simply the data itself.

Q3F: Do you have a view on whether public authorities should use existing monitoring frameworks to track whether the socio-economic duty is making a difference to outcomes over the long term?

We support this in principle, as we believe it is important to not add too many layers of complexity to the implementation of the duty. However, frameworks should be tailored to take account of particular groups of people that are likely to experience socio-economic disadvantage - this should be done in partnership with people with lived experience and thus in line with the Scottish Approach to Service Design.

If you have any questions or would like more information on this response, please get in touch:

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