

Questions – Part One

Definitions

In this consultation, we talk about “mental health”, “mental wellbeing”, “mental health conditions” and “mental illness”. We have explained below what we mean by each of those terms. We want to know if you think we have described these in the right way, or if we should make changes to how we are describing them.

Mental Health

Everyone has mental health. This is how we think and feel about ourselves and the world around us and can change at different stages of our lives. Our mental health is affected, both positively and negatively, by lots of factors, such as our own life circumstances, our environment, our relationships with others, and our past experiences, plus our genetic make-up. Being mentally healthy is about having good mental health, as well as addressing mental health problems. Having good mental health means we can realise our full potential, feel safe and secure, and thrive in everyday life as well as to cope with life’s challenges.

1.1 Do you agree with this description of mental health? Yes – to an extent

1.2 What would you change about this description and why?

We are largely supportive of the description of mental health which attempts to depict the complexity surrounding mental health and the many factors which can contribute to how we experience mental health as individuals. We particularly appreciate the inclusion of the sentence ‘Being mentally healthy is about having good mental health, as well as addressing mental health problems’, which we believe is an attempt to highlight that being mentally healthy does not exclude those who experience mental health problems. However, we believe that this sentence could be strengthened to avoid misinterpretation that good mental health excludes the experience of mental health problems. The World Health Organisation (WHO), in their definition of mental health, states, ‘Mental health is more than the absence of mental disorders.’ We believe the Scottish Government’s attempt at evidencing that mental health is not simply about being mentally healthy could be strengthened by mimicking the language used by the WHO.

Mental Wellbeing

Mental wellbeing affects and is affected by, mental health. It includes subjective wellbeing (such as life satisfaction) and psychological wellbeing (such as our sense of purpose in life, our sense of belonging, and our positive relationships with others).

We can look after our mental wellbeing in the same way as we do our mental health – and having good mental wellbeing can stop our mental health from getting worse. The Royal College of Psychiatrists defines wellbeing as: ‘A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment’.

1.3 Do you agree with this description of mental wellbeing? Yes

1.4 What would you change about this description and why? N/A

Mental health conditions and mental illness

Mental health conditions are where the criteria have been met for a clinical diagnosis of mental illness. This means that a diagnosis of a mental illness has been given by a professional. Mental health conditions can greatly impact day-to-day life and can be potentially enduring. These include depression, generalised anxiety disorder (GAD), panic disorder, phobias, social anxiety disorder, obsessive-compulsive disorder (OCD), and post-traumatic stress disorder (PTSD), as well as bipolar disorder, schizophrenia, and other psychosis, among many more. How mental illness affects someone can change from day to day. The professional treatment and support that each individual needs can change too. Someone may have an acute mental health problem or mental health condition that has not yet been diagnosed, but they can still be unwell. Their diagnosis may also change over time.

1.5 Do you agree with the description of mental health conditions & mental illness? Yes

1.6 If you answered no, what would you change about this description and why? N/A

Questions – Part Two

Mental Health and Wellbeing Strategy – Our draft vision and outcomes

Our Overall Vision

2.1 - On page 5 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

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

A rights-respecting Scotland which reports experiences of positive wellbeing, provides accessible, holistic support and interventions for those who need it, when they need it, and is void of stigma and prejudice towards those experiencing mental health problems. Scotland will be a trauma-informed nation which recognises the impact of trauma and responds compassionately. Exemplar trauma-informed mental health services will be universally accessible but will not shy away from adapting to the specific needs of populations who can find themselves in situations of vulnerability with regard to their mental health, such as children and young people from armed forces and veteran families. Experiences of distress related to life events will not be medicalised and instead supported holistically. And finally, a Scotland which supports the fundamentals of positive mental health and wellbeing across all social and public policy domains, such as housing, social security, and employment. One that respects, protects, and fulfils children's rights, recognizing the child's dependent status on adults, applying this respectfully within the mental health and wellbeing sector, and championing the rights of children in Scotland, even where policy is reserved.

Our Key Areas of Focus

3.1 - On page 5, we have identified four key areas that we think we need to focus on. Do you agree with these four areas? Yes

Outcomes

4.1 - Below are the outcomes that people have said they would like this refreshed mental health and wellbeing strategy to achieve. Some of these describe how things might be better for individuals, some for communities, and some for the whole population of Scotland. Do you agree that the Mental Health and Wellbeing strategy should aim to achieve the following outcomes for people and communities?

1. Strongly agree	2. Agree	3. Neutral	4. Disagree	5. Strongly disagree
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This will help us to understand what is most important to people and think about what our priorities should be. Please indicate your selection with a tick under the corresponding number:

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Supporting armed forces children & young people

Addressing the underlying social factors	1	2	3	4	5
Through actions across policy areas, we will have influenced the social factors that affect mental health and wellbeing, to improve people's lives and reduce inequalities	X				
Through, for example: <ul style="list-style-type: none"> Improved cross-policy awareness and understanding of the social determinants of mental health and wellbeing, and how to address them Cross-policy action works to create the conditions in which more people have the material and social resources to enable them to sustain good mental health and wellbeing throughout their lives Policy implementation and service delivery that supports prevention and early intervention for good public mental health and wellbeing across the life-course 					

Individuals	1	2	3	4	5
People have a shared language and understanding of mental health and wellbeing and mental health conditions	X				
People understand the things that can affect their own and other's mental health and wellbeing, including the importance of tolerance and compassion	x				
People recognise that it is natural for everyday setbacks and challenging life events to affect how they feel	x				
People know what they can do to look after their own and other's mental health and wellbeing, how to access help and what to expect	x				
People have the material, social and emotional resources to enable them to cope during times of stress, or challenging life circumstances	x				
People feel safe, secure, settled and supported	x				
People feel a sense of hope, purpose and meaning	x				
People feel valued, respected, included and accepted	x				
People feel a sense of belonging and connectedness with their communities and recognise them as a source of support	x				
People know that it is okay to ask for help and that they have someone to talk to and listen to them	x				

People have the foundations that enable them to develop and maintain healthy, nurturing, supportive relationships throughout their lives	x				
People are supported and feel able to engage with and participate in their communities	x				
People with mental health conditions are supported and able to achieve what they want to achieve in their daily lives	x				
People with mental health conditions, including those with other health conditions or harmful drug and alcohol use, are supported to have as good physical health as possible	x				
People living with physical health conditions have as good mental health and wellbeing as possible	x				
People experiencing long term mental health conditions are supported to self-manage their care (where appropriate and helpful) to help them maintain their recovery and prevent relapse	x				
People feel and are empowered to be involved as much as is possible in the decisions that affect their health, treatment and lives. Even where there may be limits on the decisions they can make (due to the setting, incapacity or illness), people feel that they are supported to make choices, and their views and rights will be respected	x				

Do you have any comments you would like to add on the above outcomes?

Commitments to cross-policy awareness and collaboration will be essential to achieving the Strategy’s vision and we strongly support an approach that is inclusive of the policy areas which represent hidden or lesser-heard populations such as children’s rights or veterans’ policy. Unfortunately, children and young people from armed forces and veteran families remain relatively hidden across many of Scotland and the wider UK policy areas. Our new Strategic Plan outlines our intention to change this, ensuring the voice of this population are increasingly heard and their needs increasingly represented in policy and law. While not an addition to the above outcomes, we feel strongly that the Scottish Government’s Mental Health and Wellbeing Strategy should be amended to specifically recognise this group of children and we would welcome the opportunity to discuss this further.

We are encouraged to see reference to many of the social determinants of mental health challenges and we believe this must be a core aspect of any strategy seeking to improve the nation’s mental health experiences. The final outcome on the list recognises the limitations individuals might face in particular settings. We would welcome clarity on the scope of this outcome and whether it is inclusive of ‘settings’ beyond the mental health sector.

For children and young people from armed forces families, access to mental health support and interventions can be impacted by the very nature of their upbringing, with frequent moves due to parental deployment resulting in challenges in maintaining support. For example, Armed Forces families report being placed at the end of CAMHS waiting lists following a deployment-related move. Given Scotland’s commitment to children’s rights and a progressive children’s policy landscape which includes The Promise and Getting it right for every child (GIRFEC), the Scottish Government should take steps to ensure that children from Armed Forces families are not disadvantaged due to their unique circumstances.

Communities (geographic communities, communities of interest and of shared characteristics)	1	2	3	4	5
Communities are engaged with, involved in, and able to influence decisions that affect their lives and support mental wellbeing					
Communities value and respect diversity, so that people, including people with mental health conditions, are able to live free from stigma and discrimination					
Communities are a source of support that help people cope with challenging life events and everyday knocks to wellbeing					
Communities have equitable access to a range of activities and opportunities for enjoyment, learning, participating and connecting with others.					

Do you have any comments you would like to add on the above outcomes?

Children and young people from armed forces and veteran families, like many other children, are part of several communities, be that geographical, military or other. Any outcomes focused on community support must consider intersecting identities and ensure inclusivity. For communities of interest or identity to be ‘engaged with, involved in and able to influence decisions that affect their lives’, they first need to be recognised as one.

Too often children from armed forces and veteran families are not recognised as a community in need of tailored support, particularly with regards to their experience of transitioning to new schools, local authorities or countries, disruption to their education, the impact of parental deployment and of living with the significant mental health challenges of a parent. Such disruption faced by children was highlighted in the Youth Commission on Mental Health Services Report (May 2019) which acknowledged the need to create continuity for some children experiencing local authority moves, particularly those in care. This recognition of how transient lifestyles impact mental health and wellbeing is pertinent to the experiences of armed forces children given the highly mobile nature of armed forces life.

Population	1	2	3	4	5
We live in a fair and compassionate society that is free from discrimination and stigma					
We have reduced inequalities in mental health and wellbeing and mental health conditions					
We have created the social conditions for people to grow up, learn, live, work and play, which support and enable people and communities to flourish and achieve the highest attainable mental health and wellbeing across the life-course					
People living with mental health conditions experience improved quality and length of life					

Do you have any comments you would like to add on the above outcomes?

N/A

Services and Support	1	2	3	4	5
A strengthened community-focussed approach, which includes the third sector and community-based services and support for mental health and wellbeing, is supported by commissioning processes and adequate, sustainable funding					
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					
When people seek help for their mental health and wellbeing they experience a response that is person-centred and flexible, supporting them to achieve their personal outcomes and recovery goals					

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We have a service and support system that ensures there is no wrong door, with points of access and clear referral pathways that people and the workforce understand and can use					
Everyone has equitable access to support and services in the right place, at the right time wherever they are in Scotland, delivered in a way that best suits the person and their needs					
People are able to easily access and move between appropriate, effective, compassionate, high quality services and support (clinical and non-clinical)					
Services and support focus on early intervention and prevention, as well as treatment, to avoid worsening of individual's mental health and wellbeing					

Do you have any comments you would like to add on the above outcomes?

We fully support the recognition of the third sector in providing mental health support as part of strong community-based service provision. Our Your Mind Matters project, piloting in one local authority, provides one-to-one and peer support sessions within the school setting for all pupils from armed forces and veteran families. The project was created in response to what this group has told us about their mental health and experiences of education. Our highly skilled Wellbeing Workers provide early intervention, immediate response, and active monitoring to address mental health challenges, as well as provide strategies to improve or maintain wellbeing. The inclusion of an outcome that recognises the importance of lived experience in the design of such services is welcome. Co-production with children & young people is integral to the work of Forces Children Scotland and we seek to embody this in the creation of our work. The Your Mind Matters Project includes the provision of digital mental health-related resources which have been co-produced with children & young people to ensure their lived experience informs their design. We believe more needs to be done to listen to the voices of this group and to involve them in the design of both tailored and universal services. This group experience unique circumstances such as frequent moves as a result of parental deployment. Scottish society should understand these unique experiences to ensure the design of mental health and wellbeing services does not unintentionally cause barriers that this community must overcome.

Information, data and evidence	1	2	3	4	5
People who make decisions about support, services and funding use high quality evidence, research and data to improve mental health and wellbeing and to reduce inequalities. They have access to infrastructure and analysis that support this	X				

Do you have any comments you would like to add on the above outcome?

Forces Children Scotland (formerly known as Royal Caledonian Education Trust)
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We strongly support the inclusion of an outcome that focuses on the importance of data, evidence and research in the design and evaluation of services. However this outcome must be supplemented by investment in research to fill the evidence gaps which exist in Scotland. There is a striking lack of accurate data on children and young people from armed forces and veteran families in Scotland. There are no national statistics detailing the numbers and geographical locations, nor any data collected at a national level specifically on this group in terms of their educational outcomes or wider health and wellbeing outcomes including mental health and wellbeing. While anecdotal evidence tells us they experience unique circumstances impacting their mental health, the lack of data means we do not know to what extent the incidence of mental health difficulties amongst this group mirrors that of the general population of children and young people. Nor do we know whether children and young people from armed forces families and veteran families experience on average, higher or lower levels of mental health difficulties than their civilian peers.

Most of the existing literature is from the United States and focuses on the impact of mobility and parental deployment. In terms of mobility, there is limited and inconclusive evidence indicating that mobility has a direct negative effect on the social and emotional wellbeing of children & young people from armed forces and veteran families. The potential challenges associated with mobility, including making new friends and settling into a new school, however, have been clearly recognised with some research indicating that relationships with family, peers, and teachers are key to how children and young people experience mobility. In terms of deployment, there is a body of evidence indicating that the absence of a deployed parent is associated with increased levels of anxiety and behavioural difficulties. Factors such as the length of the deployment and how well the at-home parent copes with deployment have been found to be important for how well children cope with parental absence during deployment.

Ultimately the lack of data and research means it is difficult to robustly consider how children and young people in Armed Forces families in Scotland, and indeed the wider UK, are faring in terms of their mental health and wellbeing. This lack of data and research presents considerable challenges for organisations and services working to support children & young people from armed forces and veteran families. It makes analysis and prediction of needs difficult and hinders our ability to understand and address the issues affecting this group of children & young people effectively and efficiently. The lack of data and research is therefore an issue requiring urgent consideration and action.

4.2 Are there any other outcomes we should be working towards?

N/A

Questions - Part Three

Creating the conditions for good mental health and wellbeing

Our mental health and wellbeing are influenced by many factors, such as our home life, our work, our physical environment and housing, our income, our relationships or our community, including difficult or traumatic life experiences or any inequalities we may face. In particular, research suggests that living with financial worries can have a negative influence; whilst good relationships, financial security and involvement in community activities support mental wellbeing. However, we want to hear what you think are the most important factors.

Your answers to these questions may look different if you are responding as an individual, or as part of an organisation.

5.1 - 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?

It is important to first note that life in an Armed Forces family can of course be positive with England's Children's Commissioner's report highlighting that many children expressed pride at their parent's jobs and belonging to the Armed Forces community. Children and young people engaging in our Youth Participation Project have echoed these sentiments and spoken of the benefits of Armed Forces life. Direct comments from children and young people include:

- "I'm proud that my dad is serving to protect our country. It gives you a second family.
- "Moving abroad and having new experiences. Meeting people from all over the world is great.
- "It gave me the opportunity to gain life experience and an understanding of other communities.
- "Being part of the community and feeling like you belong somewhere. It has made me stronger and able to cope better with separation."

However, the very nature of armed forces life provides children & young people with day-to-day experiences which require knowledgeable, empathetic responses from the professionals in their lives, such as school staff who understand the impact of a highly mobile life on education and mental health, or who recognise the uncertainty many children & young people feel while their parents are deployed. More generally, professionals in all aspects of a child's life, who understand the specifics of the armed forces community are significantly better equipped to support the mental health needs of children & young people in armed forces families.

Our Your Mind Matters project is predicated on accessible, preventative and immediate mental health and wellbeing support provided by skilled Wellbeing Workers and augmented by peer support. Young people have identified that support provided by people knowledgeable of the context in which AFCYP live, is helpful in moments of mental health challenge.

5.2 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?

N/a

5.3 - 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?

Whilst data on the mental health needs of children and young people from armed forces & veteran families is lacking, we know that growing up in a forces family is a unique experience that undoubtedly shapes the lives of children and young people uniquely. As the recent report by the Children's Commissioner in England highlighted, "whether they were aged 8 or 15, it was clear from all the children we spoke with that their parents' service in the armed forces had an all-encompassing influence on their childhoods". Existing research indicates that children & young people, in both serving and veteran families, are a group facing unique challenges not generally experienced by their civilian peers. Such challenges include high levels of mobility, interrupted learning, coping with parental deployment and potential parental injury or death, and once the serving parent(s) leaves the Armed Forces, issues associated with the transition to civilian life.

The issues raised by the children & young people engaging in our Youth Participation Project are consistent with this existing research evidence, with young people telling us that some of the potential difficulties they face include not seeing parents when they are on deployment, being aware of potential dangers/always worrying about serving family members, lack of stable education and experiencing different education systems in the UK and abroad.

Direct comments from children and young people from armed forces & veteran families about the challenges they face:

- "Moving a lot makes it harder to adapt to each school. It's hard being a new kid - it takes time to settle in.
- "When someone is deployed then you miss them and it's hard to concentrate
- "Stress about always moving around and keeping up on education so you don't have any gaps.

- “My ‘civi’ friends don’t understand what it’s like to have a parent in the armed forces. I’m more comfortable with my mum rather than my dad because he was gone for so long when I was younger.
- “Living apart from my dad. We’ve never lived as a normal family I feel bad because my mum is looking out for us on her own when my dad is way and I worry for her
- “When your parents go overseas and you can’t sleep at night.”

It seems reasonable, if not indeed prudent, to suppose that these challenges may have a potentially detrimental impact on the mental health and wellbeing of children & young people from armed forces & veteran families. Direct evidence from the children and young people engaging in our Youth Participation Project suggests that the challenges they face can have a potentially negative impact on their mental health and wellbeing.

Children and young people were asked to name one way they felt being part of an armed forces family affects their health and wellbeing. Direct comments included:

- “I get really depressed.
- “My mental health is impacted.
- “I got to a point of moving where I didn’t see the point in making friends anymore. This really put me down.
- “Depressed when a parent is away.
- “Confidence down because new kid all the time – everyone staring at you,
- “Missing friends you knew before, missing parents.
- [My mental health and wellbeing is] “non-existent.
- “It would be mental health – just upsetting.”

Ultimately the evidence from the children and young people engaging in our Youth Participation Project raises concerns about the mental health and wellbeing of children and young people in armed forces & veteran families and strongly supports the assertion that their mental health and wellbeing requires specific consideration and should not simply be subsumed within broader, general consideration of children and young people’s mental health.

5.4 - 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?

N/A

5.5 - 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?

- Exercise
- Sleep
- Community groups
- Cultural activities
- Time in nature
- Time with family and friends
- Mindfulness/meditation practice
- Hobbies/practical work
- None of the above
- Other

5.6 - If you answered 'other', can you describe the ways in which you look after your own mental health and wellbeing, or the mental health and wellbeing of others?

N/A

5.7 - 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?

N/A

5.8 - Referring to your last answers, what stops you from doing more of these activities? This might include not having enough time, financial barriers, location, etc.

N/A

5.9 - 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?

N/A

5.10 - We know that money worries and debt can have an impact on mental health and that this is being made worse by the recent rise in the cost of living. In what way do concerns about money impact on your mental health?

At Forces Children Scotland, we provide monetary assistance to armed forces & veteran families experiencing financial challenges and therefore are in receipt of evidence about the impact financial worry can have on the mental health and wellbeing of the whole family. Across 2021, the main difficulties experienced by families applying for financial assistance were family breakdown, challenges with physical and mental health, unemployment and debt.

However, much of our evidence points towards the significant impact these experiences can have on children and young people, adding to the existing anxiety or worries they might hold within the context of Armed Forces life, such as deployment or moving home. This experience is exacerbated for families and children during their transition out of the military to veteran status whereby many experience challenges surrounding securing new employment, securing stable housing, moving schools, family breakdown, and leaving the military community behind.

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

Scotland must address the root cause of money-related worries within families, providing the correct tailored support to their unique circumstances. As evidenced in 5.10, many of the situations experienced by armed forces & veteran families have an impact on their mental health and wellbeing and can lead to financial precariousness. While children & young people require and deserve better recognition and understanding of their unique experiences, so too do the adults in their lives. Better support for serving, reservist and veteran personnel, and their spouses when they undergo family breakdown, transition out of military life or experience anything else which can lead to financial precariousness, will ultimately have a positive impact on children and young people too.

Access to advice and support for mental wellbeing

6.1 - If you wanted to improve your mental health and wellbeing, where would you go first for advice and support?

- Friends or family or carer
- GP
- NHS24
- Helplines
- Local community group
- Third Sector (charity) support
- Health and Social Care Partnership
- Online support
- School (for example, a guidance teacher or a school counsellor)
- College or University (for example, a counsellor or a student welfare officer)
- Midwife
- Health visitor
- Community Link Workers
- Workplace
- An employability provider (for example, Jobcentre Plus)
- Other

6.2 - If you answered 'online' could you specify which online support?

N/A

6.3 - Is there anywhere else you would go to for advice and support with your mental health and wellbeing?

- Friends or family or carer
- GP
- NHS24
- Helplines
- Local community group
- Third Sector (charity) support
- Health and Social Care Partnership
- Online support
- School (for example, a guidance teacher or a school counsellor)
- College or University (for example, a counsellor or a student welfare officer)
- Midwife
- Health visitor
- Community Link Worker
- Workplace
- An employability provider (for example, Jobcentre Plus)
- Other

6.4 - If you answered 'online' could you specify which online support?

N/A

6.5 - If you answered local community group, could you specify which type of group/ activity/ organisation?

N/A

6.6 - 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?

N/A

6.7 - We want to hear about your experiences of accessing mental health and wellbeing support so we can learn from good experiences and better understand where issues lie.

Please use this space to tell us the positive experiences you have had in accessing advice and support for your mental health or wellbeing.

N/A

6.8 - 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?

N/A

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

If you have experienced barriers to accessing support, what have they been?

- Lack of awareness of support available
- Time to access support
- Travel costs
- Not the right kind of support
- Support not available near me
- Lack of understanding of issues
- Not a good relationship with the person offering support
- Having to retell my story to different people
- Long waits for assessment or treatment
- Stigma
- Discrimination
- Other

6.10 - If you selected 'other', could you tell us what those barriers were?

There is some evidence to suggest that the high levels of mobility associated with being part of an armed forces & veteran family, particularly a currently serving family, may pose specific, additional challenges in terms of accessing and receiving support around issues such as waiting lists, the transfer of information, differences in local service criteria, and continuity of care. Evidence from both the Army and Naval Families Federations highlights concerns in this regard. For example, a recent survey by the Naval Families Federation asked respondents about their experiences of accessing mental health services for children and young people.

11% of the 540 respondents had sought help from mental health services for a child or young person in their family of which some 40% were not satisfied with the support offered. For those respondents who had sought help through the NHS, some 69% felt that the GP or other NHS medical professional was not sufficiently understanding of their circumstances as part of an Armed Forces family. Respondents also highlighted issues around transferring support when moving between areas with 24% of respondents reporting they had experienced difficulties transferring mental health support for a child or young person when moving home on assignment. Difficulties around continuity of treatment and support have also been highlighted by the Army Families Federation with 83% of 170 respondents to a quick poll asking families if they had been able to access timely and appropriate support for their children's mental health issues reporting no, they had not been able to.

The children and young people engaging in our Youth Participation Project have also shared their experiences of accessing support. In particular, those attending boarding school have told us of the difficulties they have experienced accessing support for their mental health and wellbeing. For example, a number of young people have spoken of the difficulties they have encountered accessing their GP. They spoke of having to register with a GP near their school and then re-register near home for holiday periods. Most were unaware that they could temporarily register with a GP near home during holiday periods and so in some cases had not sought support when needed. A number of young people also shared their experiences of accessing CAMHS services. One young person explained that they had been on the CAMHS waiting list for eight months and received their first appointment during the school holidays. The young person asked to be seen near home but an appointment could not be allocated so they had no option but to travel a considerable distance to attend the appointment. The young person reported finding this very stressful.

Other young people shared similar experiences explaining that they cannot always attend appointments that are scheduled during school holidays unless their parents are in a position to take them to the appointment. This can lead to them missing appointments and in some cases being subsequently discharged from CAMHS services. One young person explained they had been identified as requiring weekly CAMHS sessions. However, the young person had been unable to attend the appointments consistently as the school was not always able to drive them to appointments. The young person reported that they were subsequently discharged from the CAMHS service due to the gaps between attendance at appointments. In this case, the young person's parents then paid for them to access private counselling sessions.

These experiences again strongly suggest that the often unique circumstances of AFCYP require there to be targeted consideration of AFCYP as a distinct group in discussions and decision-making around improving access to mental health support and services for children and young people across Scotland. They also highlighted the need for better data collection to allow specific consideration of the experiences of AFCYP.

6.- 11 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?

N/a

We have asked about the factors that influence your mental health and wellbeing, about your own experiences of this and what has helped or hindered you in accessing support.

Reflecting on your answers, do you have any specific suggestions of how to improve the types and availability of mental health and wellbeing support in future?

N/A

The NHS National Trauma Training Programme defines trauma as: "a wide range of traumatic, abusive or neglectful events or series of events (including Adverse Childhood Experiences (ACEs) and trauma in adulthood) that are experienced as being emotionally or physically harmful or life threatening. Whether an event(s) is traumatic depends not only on our individual experience of the event, but also how it negatively impacts on our emotional, social, spiritual and physical wellbeing. We are all affected by traumatic events in different ways."

The role of difficult or traumatic life experiences

8.1 - 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?

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

N/A

8.3 - Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation?

N/A

Children, Young People and Families' Mental Health

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

Please refer to our answers so far which have contextualised the experiences and needs of children and young people from armed forces & veteran families. The Scottish Government should consider the unique experiences of this population of children, ensuring the design of mental health and wellbeing services and associated policy does not create unintended challenges, particularly around the accessibility of services for those living highly mobile lives.

9.2 - Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation?

N/A

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

N/a

9.4 - Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation?

N/A

Your experience of mental health services

10.1 - If you have received care and treatment for any aspect of your mental health, who did you receive care and treatment from?

- Community Mental Health Team
- GP Practice
- Inpatient care
- Third Sector Organisation
- Psychological Therapy Team
- Digital Therapy
- Peer support group
- Perinatal Mental Health Team
- Child and Adolescent Mental Health Team (CAMHS)
- Forensic Mental Health Unit
- Other

10.2 - If you selected 'other', could you tell us who you received treatment from?
N/A

10.3 - How satisfied were you with the care and treatment you received?
N/A

10.4 - Please explain the reason for your response above.
N/A

10.5 - Mental health care and treatment often involve links with other health and social care services. These could include housing, social work, social security, addiction services, and lots more.

If you were in contact with other health and social care services as part of your mental health care and treatment, how satisfied were you with the connections between these services?

N/A

10.6 - Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation? For example, positive experiences of close working or areas where joint working could be improved.

N/A

Equalities

We are aware that existing inequalities in society put some groups of people at a higher risk of poor mental health. We also know that not being able to access mental health support and services can increase that risk.

11.1 - The previous questions provided an opportunity to comment on the factors that influence our mental health and wellbeing and our experiences of services. 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?

Forces Children Scotland share the wide-ranging concerns around the mental health and wellbeing of children and young people generally across Scotland and are clear that this is an issue that must be urgently addressed. Whilst a lack of accurate data and robust research means it is not possible to say whether children and young people from armed forces and veteran families experience a greater level of mental health difficulties than their civilian peers, the unique challenges facing many children and young people in Armed Forces families are most certainly clear, particularly the experience of highly mobile lifestyles and issues surrounding a family's transition to veteran status. The additional challenges in terms of accessing support that this group can potentially face due to such unique experiences are also clear. Forces Children Scotland strongly asserts that these challenges alone support the proposition that the mental health and wellbeing of children & young people from forces families not only merits but requires, targeted consideration, rather than subsuming its consideration within that of the general population of children and young people.

On this basis, we make the following key recommendations:

1. Improved data collection on children & young people is necessary to support robust consideration of their outcomes in terms of mental health and wellbeing and to help identify and remove barriers to accessing support.
2. Research focusing on the direct voices and experiences of children & young people is needed to further our knowledge and understanding of the potential impact of Armed Forces & veteran life on the mental health and wellbeing of this group.
3. Children & young people from armed forces & veteran families should be recognised as a potentially vulnerable group in terms of their mental health and wellbeing and be the subject of targeted consideration with regard to policymaking and service development.
4. Within the Scottish Government's Mental Health and Wellbeing Strategy, children & young people from armed forces & veteran families should be recognised as a group at risk of experiencing situations of vulnerability in terms of their mental health and wellbeing.

5. Professionals providing support to children & young people from armed forces & veteran families should receive specialist training to help them understand the unique needs of this community, allowing services to better tailor their approach and prevent the need for crisis interventions.

Funding

12.1 - Do you think funding for mental health and wellbeing supports and services could be better used in your area? [Y/N]:

12.2 - Please explain the reason for your response above.

12.3 - Is there anything else you'd like to tell us about this, whether you're answering as an individual or on behalf of an organisation?

N/a

Anything Else

13.1 - Is there anything else you'd like to tell us?

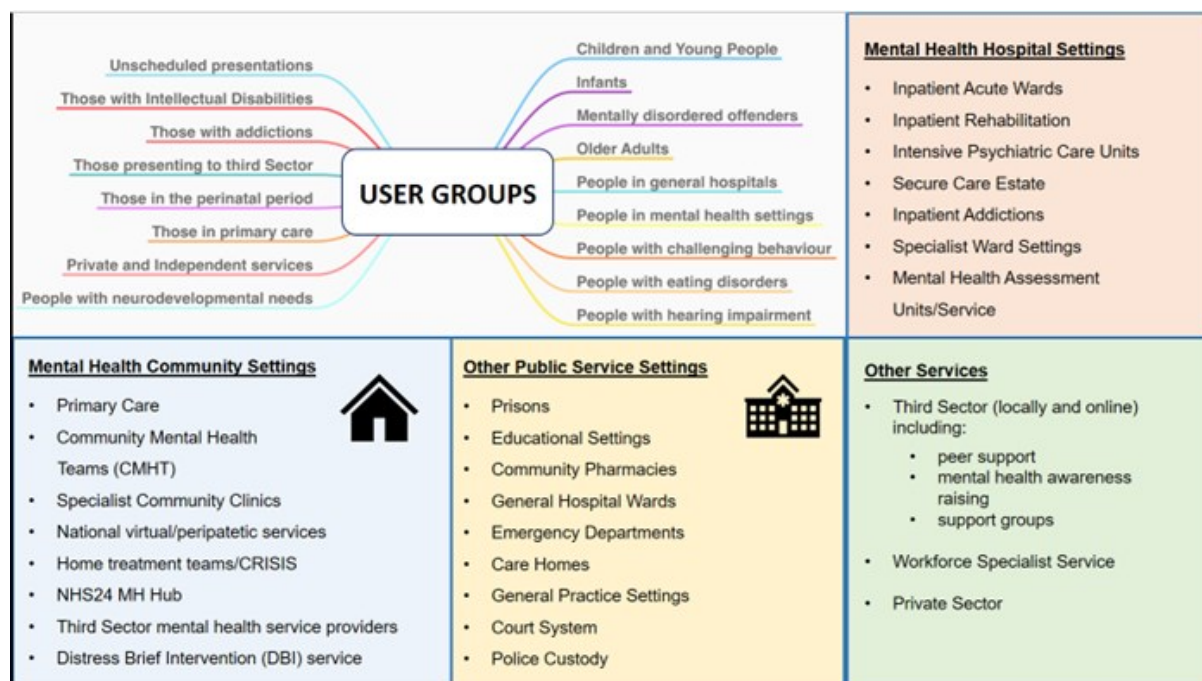
Questions - Part Four

Our Mental Health and Wellbeing Workforce

In the past decade, mental health services have changed dramatically, with increases in the breadth of support available in community settings, as well as an increase in the provision of highly specialist services. Our people are our biggest asset and we value the essential contribution that workers make in all settings across the country each and every day. To deliver our ambitions, it is essential that we understand the shape of the current mental health and wellbeing workforce in Scotland, and what the future needs of the workforce are. We must embed an approach based on fair work principles which support the wellbeing of workers in all parts of the system.

The mental health and wellbeing workforce is large, diverse, and based in a range of services and locations across Scotland.

We want to make sure that we are planning for everyone who is part of this workforce. The breadth of mental health services and settings where services may be located, as well as the range of users accessing them are illustrated below.



In the Strategy, we want to set out our approach to supporting the workforce building upon the principles and actions set out in the recently published [National Workforce Strategy for Health and Social Care](#). Following on from the publication of the Strategy, we will work with partners, including NHS, local authorities and the third sector, as well as people with lived experience of mental ill health and mental health services, to produce a more detailed Workforce Plan.

Our Vision and Outcomes for the Mental Health and Wellbeing Workforce

Our vision is that the current and future workforce are skilled, diverse, valued and supported to provide person-centred, trauma-informed, rights-based, compassionate services that promote better population mental health and wellbeing outcomes. To achieve this vision for our workforce and work towards longer term population and public health aims we have started to think about the outcomes that we need to achieve in the short and medium term.

We have consulted with partners and identified a series of outcomes for each of the five pillars of workforce planning set out in the [National Workforce Strategy for Health and Social Care](#): Plan, Attract, Train, Employ and Nurture.

14.1 - Do you agree that these are the right outcomes for our mental health and wellbeing workforce? For each we'd like to know if you think the outcome is:

1. Strongly agree	2. Agree	3. Neutral	4. Disagree	5. Strongly disagree
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This will help us to understand what is most important to people and think about what our priorities should be. Please indicate your selection with a tick under the corresponding number:

Short term (1-2 years)		1	2	3	4	5
Plan	Improved evidence base for workforce planning including population needs assessment for mental health and wellbeing					
	Improved workforce data for different mental health staff groups					
	Improved local and national workforce planning capacity and capability					
	Improved capacity for service improvement and redesign					
	User centred and system wide service (re) design					
Attract	Peer support and peer worker roles are a mainstream part of mental health services					
	Improved national and international recruitment and retention approaches/mechanisms					
	Increased fair work practices such as appropriate channels for effective voice, create a more diverse and inclusive workplace					
Train	Increased awareness of careers in mental health					
	Long term workforce planning goals are reflected in and supported by training programmes provided by universities, colleges and apprenticeships					
	Increased student intake through traditional routes into mental health professions					
	Create alternative routes into mental health professions					
	Create new mental health roles					

	Improved and consistent training standards across Scotland, including trauma informed practice and cultural competency					
	Our workforce feel more knowledgeable about other Services in their local area and how to link others in to them					
	Our workforce is informed and confident in supporting self-care and recommending digital mental health resources					
	Develop and roll out mental health literacy training for the health and care workforce, to provide more seamless support for physical and mental health					
	Improved leadership training					
	Improved Continuing Professional Development (CPD) and careers progression pathways					
Employ	Consistent employer policies					
	Refreshed returners programme					
	Improved diversity of the mental health workforce and leadership					
Nurture	Co-produced quality standard and safety standards for mental health services					
	Safe working appropriate staffing levels and manageable workloads					
	Effective partnership working between staff and partner organisations					
	Improved understanding of staff engagement, experience and wellbeing					
	Improved staff access to wellbeing support					
	Improved access to professional supervision					

Do you have any comments you would like to add on the above outcomes?

For any of the above outcomes to meet the unique needs of children & young people from armed forces & veteran families, the workforce must first understand the circumstances of Armed Forces life. Evidence from both the Army and Naval Families Federations highlights concerns in this regard. For example, a recent survey by the Naval Families Federation asked respondents about their experiences of accessing mental health services for children and young people. For those respondents who had sought help through the NHS, some 69% felt that the GP or other NHS medical professional was not sufficiently understanding of their circumstances as part of an Armed Forces or veteran family.

At Forces Children Scotland, we seek to support professionals to understand this unique experience, particularly from the perspective of children & young people living in armed forces & veteran families. We provide varied learning and development opportunities and work with this group of children & young people to co-produce campaigns, projects & services which help to evidence their experiences. For example, we recently worked with this group to produce a board game and comic book learning resource aimed at educators and other professionals helping to explain their unique lives in engaging ways. Additionally, we are in the process of developing a learning and development module that aims to take professionals through important aspects of armed forces & veteran familial lived experience, including consideration of the mental health and wellbeing of children & young people.

Medium term (3-4 years)	1	2	3	4	5
Comprehensive data and management information on the Mental Health and wellbeing workforce					
Effective workforce planning tools					
Good understanding of the gaps in workforce capacity and supply					
Improved governance and accountability mechanisms around workforce planning					
User centred and responsive services geared towards improving population mental health outcomes					
Staff feel supported to deliver high quality and compassionate care					
Leaders are able to deliver change and support the needs of the workforce					
Staff are able to respond well to change					

Do you have any comments you would like to add on the above outcomes?

N/A

14.2 - Are there any other short, medium and longer term outcomes we should be working towards? Please specify:

N/A

The Scope of the Mental Health and Wellbeing Workforce

In order to inform the scope of the workforce we need to achieve our ambitions, it is essential that we build consensus around the definition of who is our mental health and wellbeing workforce. We hope that such a definition can be applied to describe the future workforce.

15.1 - Please read the following statements and select as many options as you feel are relevant.

A. The mental health and wellbeing workforce includes someone who may be:

- Employed
- Voluntary
- A highly specialised Mental Health worker, such as a psychiatrist, psychologist, mental health nurse or counsellor
- Any health and social care or public sector worker whose role is not primarily related to mental health but contributes to public mental health and wellbeing.
- A social worker or Mental Health Officer
- Someone with experience of using mental health services, acting as a peer support worker.

B. The mental health and wellbeing workforce includes someone who may work / volunteer for:

- The NHS
- The social care sector
- The third and charity sectors
- Wider public sector (including the police, criminal justice system, children's services, education)
- The private sector
- Other, please specify _____

C. The mental health and wellbeing workforce includes someone who may be found in:

- Hospitals
- GP surgeries
- Community settings (such as care homes)
- The digital space
- Educational settings (such as schools, colleges or universities)
- Employment settings
- Justice system settings (such as police stations, prisons or courts)
- Other, please specify _____

- D. The mental health and wellbeing workforce includes someone who may:
- Complete assessments for the presence or absence of mental illness
 - Provide treatment and/or management of diagnosed mental illness
 - Provide ongoing monitoring of diagnosed mental illness
 - Undertake work to prevent the development of mental illness
 - Undertake work to address factors that may increase the risk of someone developing mental illness
 - Provide support to families of those with mental illness
 - Provide direct support on issues that affect wellbeing, but might not be directly related to a diagnosed mental illness, such as housing, financial issues, rights
 - Other, please specify_____

Solutions to Our Current and Future Workforce Challenges

To support our ongoing recovery from Covid and address the current and future challenges for our services and workforce, we would like your views on how we can best respond.

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

N/A

16.2 - How do we grow the workforce, in particular increasing the capacity for prevention and early intervention, which enables individual needs to be recognised and addressed in a timely, appropriate manner?

N/A

16.3 - How do we protect the capacity for specialised and complex care roles in areas like forensic mental health?

N/a

16.4 - How do we widen the workforce to fully integrate the contribution of non-professionals and experts by experience, including peer support workers without sacrificing quality of care?

N/A

16.5 - How do we support a more inclusive approach, recognising that many different workers and services provide mental health and wellbeing support?

N/A

16.6 - With increasing demand, how do we prioritise creating capacity for re-designing services to better manage the impacts of Covid and other systemic pressures?

N/A

16.7 - How do we better support and protect the wellbeing of those working in all parts of the system?

N/A

Our Immediate actions

17.1 - In addition to developing our workforce vision and outcomes, we are also seeking views on what our immediate short-term actions should be for the mental health and wellbeing workforce. Please tick as many options below as you agree with.

- B. Develop targeted national and international recruitment campaigns for the mental health workforce
- C. Scope alternative pathways to careers within the workforce, beyond traditional university and college routes, such as apprenticeship pathways into mental health nursing
- D. Improve capacity in the mental health services to supervise student placements to support the growth of our workforce
- E. Take steps to increase the diversity of the mental health workforce, so it is reflective of the population that it cares for
- F. Work with NHS Education Scotland (NES) to improve workforce data, including equalities data, for mental health services in the NHS, by the end of 2023
- G. Undertake an evaluation of our Mental Health Strategy 2017 commitment to fund 800 additional mental health workers in key settings, including A&Es, GP practices, police station custody suite and prisons, to ensure that the lessons learnt inform future recruitment.

17.2 - Do you think there are any other immediate actions we should take to support the workforce? Please Specify.

N/A

17.3 - Do you have any further comments or reflections on how to best support the workforce to promote mental health and wellbeing for people in Scotland? Please Specify.

N/A

17.4 - Do you have any examples of different ways of working, best practice or case studies that would help support better workforce planning and ensure that we have skilled, diverse, valued and supported workforce that can provide person-centred, compassionate services that promote better population mental health and wellbeing outcomes. For example, increasing the use of advanced practitioners. Please Specify.

Forces Children Scotland has three unique service offers aimed at supporting the mental health and wellbeing, directly and indirectly, of children & young people from armed forces and veteran families. One such example is our relatively new Your Mind Matters project combining in-person mental health and wellbeing support tailored to this group of children & young people within the school setting, with accessible digital resources co-produced with young people also available. Such an approach provides accessible services to young people as and when they need it, within the school setting, meaning the project can both prevent escalation of need and support the school to understand the context in which challenges exist. The digital resource aspect of Your Mind Matters ensures children & young people can access information about mental health and wellbeing in their own time and wherever they are, augmenting the in-person offer. Additionally, having resources designed by young people with their own experiences of life in an armed forces & veteran family ensures their framing and focus is relevant to the needs of this population.

This project emerged from engagement with children & young people from armed forces & veteran families who told us the challenges they face regarding their mental health and the types of support that can help, particularly since educators and school staff do not understand armed forces or veteran familial life. Prior to the project design, over 570 children & young people were consulted, with 83% reporting poor wellbeing, and 46% rarely or never feeling confident and 20% feeling low daily. During project design, we consulted at least 60 children & young people about this project specifically and they stressed the importance of resources being interactive, personalised and young people-led.

“It [Digital Resources] will be really good for me as I don’t like speaking face-to-face about what’s bothering me.”

“I’d like support when they [parents] first go and regularly when they are away”
“More support groups to get us settled in [to school] quicker.”