

# Consultation Response:

## Scottish Labour Policy Forum Stage 2

27/06/25

### Introduction

We welcome the focus in the Scottish Labour Policy Forum Stage 2 documents on prioritising prevention and addressing mental ill health. It is also encouraging to see the considerable evidence base referenced in the development of each document to ensure that Scottish Labour's policy positions are rooted in the realities experienced by our members.

Voluntary Health Scotland (VHS) regularly hears from our members, many of whom deliver services that are preventative in nature and/or promote positive mental health, about the disconnect between policy and practice when it comes to health. There is often a clear commitment on paper to shift towards prevention in health, but this is not always reflected in the reality on the ground. Our members have expressed challenges with accessing sustainable resource to deliver prevention activity, as well as issues influencing decision-makers.

To ensure a successful transition to prevention, and the implementation of meaningful solutions for promoting positive mental health, it is vital that lines of accountability are clarified, better data is collected and disseminated, and sustainable resource is prioritised. It is also important for decision-makers to recognise and acknowledge the strategic importance of the third sector in promoting health creation, addressing health inequalities and ensuring the voice of lived experience is central to decision-making.

In our response, we have focused our feedback on the papers looking at Mental Health and Preventative Health Care.

### About Us

VHS exists to create a healthier, fairer Scotland served by a thriving voluntary health sector. We are a membership organisation, with our members comprising third sector organisations working across Scotland to support people's health and wellbeing, tackle inequalities, and research and advocate for better health systems and policies. We also facilitate the Scottish Community Link Worker Network, the national network for primary care community link working in Scotland.

Through our policy work, VHS seeks to ensure that the experiences, knowledge, and interests of our members and stakeholders are reflected in national decision-making about health inequalities and health creation. We regularly consult with our members to ensure that our policy voice and priorities are reflective of their views and interests. We also ensure that our members are informed about relevant policy developments through accessible communications and events, and that they are aware of opportunities to influence decision-makers individually and collectively.

## Mental Health

There is a lot in the Mental Health document that Voluntary Health Scotland agrees with, specifically the recognised importance of preventative solutions for addressing mental ill health. We are also encouraged that the document acknowledges the need to ‘harness the expertise and capacity of the third sector’ in promoting positive mental health.

### Questions:

#### 1. What is the balance between addressing environmental factors on mental health and shifting to a preventative approach to ameliorate or prevent poor mental health?

Addressing environmental factors on mental health is a key element of a wider preventative approach regarding mental ill health. As stated in the Mental Health document, mental health is shaped by a range of economic, social and environmental factors, as well as individual biology and access to appropriate healthcare. As such, any preventative approach would need to consider environmental factors.

There is considerable evidence that mental health is shaped by a range of factors and that significant inequalities exist in the prevalence of mental ill health. The [Scottish Health Survey from 2023](#) shows that the GHQ-12 scores for both males and females was likely to be higher in the 20% most deprived communities in Scotland, with a quarter of adults in SIMD quintile 1 having a score of four and over, indicating possible psychiatric disorder or mental ill health. Similarly, the Scottish Health Survey shows that 30% - almost one in three - adults aged 25 to 34 have a GHQ-12 score of four or over.

Mental health inequalities are complex, with many groups and communities at greater risk of developing mental ill health. For example, [research supported by one of our member organisations - Feniks](#) - found that Polish men are twice as likely as other men to die by suicide in Scotland due to a range of economic, social and cultural factors. Indeed it was through specialist intervention and advocacy provided by Feniks that this trend was established, highlighting the vital role of the third sector in understanding and addressing mental health inequalities.

Given the complexity of mental health and mental health inequalities, we believe it is important to understand and introduce preventative solutions that address *all* determinants of mental health, not just environmental factors. We welcome the inclusion in the mental health document of approaches ‘promoting good mental health and wellbeing at an individual, community and population level, improving understanding and challenging stigma’, and the inclusion of the seven key intervention areas identified by the Royal College of Psychiatrists. Such solutions will undoubtedly be reliant on partnering with the third sector to fully understand the intersectional determinants of mental ill health, and to promote positive mental health at an individual and community level.

In one final point, the mental health document talks about the ‘future burden’ of mental health, which reinforces the stereotype that people with mental ill health do not contribute positively to society. [See Me Scotland](#), one of our member organisations, have expressed concern at language often adopted in policy which reinforces damaging stereotypes about mental health. In a recent [letter to the First Minister about proposed Westminster welfare reforms](#), See Me Scotland Director Wendy Halliday stated that:

*“We know that early intervention is key to managing mental health problems more effectively. If someone sees people like themselves being judged or treated unfairly in the media and politics, they’re more likely to hold back from getting that help.”*

Language is vital in ensuring that people feel they can seek help at the earliest possible stage. Words like ‘burden’ in policy documents such as this one could sustain an environment where mental ill health is seen as something to be ashamed of.

To avoid further stigmatisation of people with poor mental health, See Me Scotland have called for a range of actions to be implemented. These include embedding stigma and discrimination across all aspects of future delivery plans of the Mental Health and Wellbeing Strategy, as well as commitment to establish better data on stigma and discrimination, prioritising workforce learning around stigma, and involving people with lived experience of mental health stigma when developing plans.

## **2. Should the introduction of national health and social care outcomes monitoring for mental health services be introduced to drive improvement and accountability?**

Yes. Our members have shared their frustration at the ‘postcode lottery’ many individuals experience in accessing health and social care services. This was reinforced in an [Audit Scotland report in 2023](#) which found that accessing mental health services is slow and complicated for many people, particularly ethnic minority groups, people living in rural areas and those experiencing poverty.

Community Link Workers, often based in the third sector, have an important role in ensuring people with poor mental health receive appropriate support. Mental health is the biggest reason for referral to Community Link Workers, with nearly 80% of respondents to a [Community Link Worker survey](#) earlier this year citing it as one of their top three reasons for referral. However, Community Link Workers are not universally available in Scotland, and the Scottish Community Link Worker Network regularly reports threats to their funding. Clearer accountability and decision-making informed by national health and social care outcomes monitoring would help to ensure that important services like those provided by Community Link Workers are universally available and sustainably resourced across the country.

Our members have also shared their experiences with local and national commissioning bodies, including Integrated Joint Boards (IJBs), making funding decisions that do not appear to align with national priorities. This was most recently, and publicly, seen in Edinburgh where the IJB proposed cutting funding to a number of third sector organisations to plug funding shortfalls. The introduction of national health and social care outcomes would increase accountability and transparency related to the funding of mental health services, particularly for third sector organisations that are more vulnerable to funding cuts.

### **3. Should the introduction of an earn as you learn programme for those interested in pursuing a career as a mental health professional be introduced?**

We would be in favour of any programmes that encourage people to pursue a career as a mental health professional. However, it is vital that such programmes also acknowledge the third sector as a core part of the mental health workforce. Third sector organisations provide a range of services to people experiencing poor mental health, including clinical support like counselling, independent advocacy, employability provision, and signposting to other services. As such, many people in the sector - both paid staff and volunteers - have needs related to training, support and clinical supervision that are equal to those of public sector workers. We would therefore welcome an earn as you learn programme for all mental health professionals but ask that it includes people working in the third sector.

It should also be introduced as part of a wider effort to address pay inequality experienced by third sector workers more broadly. Scotland's third sector, according to [SCVO statistics](#), employs over 136,000 people, including over 12,000 people in health-related roles. Despite this, the mean hourly pay for third sector employees in Scotland is £18.37, more than £4 less per hour on average than public sector workers.

## Preventative Health Care

We are heartened to see the importance of preventative health care represented in a standalone document on this theme by the Scottish Labour Policy Forum. This reflects our belief that a shift to preventative solutions is the only sustainable way forward in the provision of health services in Scotland. Our members are a key driver in the identification and delivery of preventative health solutions in Scotland, and it is vital that the third sector is seen as an equal partner in both decision-making and delivery as we develop health services for the future.

### Questions:

#### 1. How do we achieve a shift towards preventative approaches when acute needs remain so high?

We appreciate that this is a considerable challenge, but the Cabinet Secretary for Health and Social Care acknowledged himself at the NHS Scotland Conference several weeks ago that this is no longer a choice. Our acute services will not cope with the health needs of future generations if we do not address health inequalities and focus on health creation now. Greater investment in the wider health portfolio is needed in the short to medium term to ensure that there is enough resource to promote health creation and address health inequalities whilst still responding to demand for acute services. This will require the development of specific metrics that cover the shift to preventative care and reflect the scale of work taking place, often in community settings, to support people to live well.

Given the issues presented by the projected demand on health services in the future, we also believe that health should be depoliticised, and that cross-party consensus should be sought on the actions needed to prioritise health creation. Our Chief Executive, Tejesh Mistry, was a signatory on a recent [joint letter](#) with a number of senior leaders in the health landscape calling for cross-party agreement on what is needed to ensure the health of Scotland's population in the future. A shift towards preventative measures is necessary for the future sustainability of the NHS in Scotland - this requires a sustained effort and political consensus on the long-term solutions to succeed.

#### 2. How can a shift to prevention be institutionalised within the NHS and government?

The current government are clearly committed to prevention on paper, as demonstrated with the recent publication of the [Population Health Framework](#), the [Service Renewal Framework](#) and the [Public Service Reform Strategy](#) in recent weeks

where prevention is a core thread. Similarly, the [Chief Medical Officer's annual report for 2024-25](#) has highlighted the importance of prevention, stating that *'it must continue to be an aim to reduce preventable disease and enable everyone in Scotland to live in good health for as long as possible'*. However, an institutional shift to prevention throughout the NHS and government will require the implementation of clearer paths of accountability and sustainable resource at a local and a national level.

Currently, decision-making and accountability is overly complex in the health service, as highlighted in a [recent report by Audit Scotland](#). It stated that *'the complexity of planning arrangements can make lines of accountability unclear and decision-making difficult'*. This is particularly the case at a local level where you have NHS boards, Local Authorities, and Integrated Joint Boards/Health and Social Care Partnerships. This complexity can lead to unclear decision-making and lines of accountability.

We have heard from our members that there is often a disconnect between national strategies and decision-making about resource allocation, both locally and nationally. The unclear lines of accountability, coupled with a challenging financial environment, mean that some decision-makers may opt not to prioritise spend on prevention. So, despite the prevailing rhetoric to prioritise prevention, many third sector partners who have been funded to provide preventative services at a local and national level are facing uncertain funding in the future. This has perhaps been most visible in Edinburgh where the Integration Joint Board has proposed swingeing cuts to funding on spend associated with addressing health inequalities, placing 64 organisations at risk. Prevention activity cannot be delivered entirely by clinical practitioners - investment in wider partners, such as those in the third sector, is vital to ensure that people receive the best support for health creation.

To ensure that prevention is institutionalised at all levels of healthcare decision-making, it is vital that shared outcomes and indicators are established regarding prevention, and that decision-makers at all levels are held to account based on these outcomes. This will also require better collection and dissemination of data related to population health locally and nationally to measure progress and hold decision-makers to account. One of our members, RNIB Scotland, stated in their response to stage one of the Scottish Labour Policy Forum consultation that the most recent Scotland-wide figures for the number of people registered as blind or partially sighted in Scotland were published by the Scottish Government in 2010. This presents a considerable challenge in designing preventative services that meet the needs of this group.

It is also vital to ensure appropriate and sustainable resource to support prevention activity at all levels, otherwise decision-makers will continue to prioritise spend on acute services. As stated previously, the funding challenges experienced by many third

sector organisations delivering preventative services is a clear indicator that sustainable resource to support prevention is not currently in place.

**3. Given it would take years, perhaps decades, to see the benefits of a shift to prevention, how can the public be taken on that journey when they are faced with long waiting lists, corridor care etc in the here and now?**

Ensuring public buy-in regarding a shift to prevention will require a concerted effort from government to change the narrative to one based on positive health creation, and the promotion of positive health interventions. A good example of health creation in practice can be seen with the Community Link Worker network in Scotland, where individuals are provided with information and support to make positive choices for their health. This approach is reliant on the better collection of appropriate longitudinal data regarding the impact of preventative measures, and the prioritisation of reporting this more positive data against shared outcomes.

Public buy-in of prevention will also be supported by the depoliticisation of health, as discussed in our answer to question one. Cross-party consensus of the solutions required to support health creation in Scotland will support the prioritisation of longer-term solutions and encourage opposition parties to hold the government to account regarding the shift to prevention. Currently, political and therefore public discourse tends to focus on short-term metrics such as treatment waiting times in the NHS. Whilst measures like waiting times are undoubtedly important, disproportionate political attention on them could distract the public from recognising the benefits of preventative spend in the long term.

In addition, our members have considerable qualitative and quantitative data detailing the short-, medium- and long-term impacts of their preventative work, which is often publicly funded and shared in statutory reporting. The information produced by all organisations that are public funded to provide preventative services should be better elevated and celebrated by all levels of government to ensure the public are aware of the benefits of preventative spend.

**4. How do we meaningfully involve people with lived experience in identifying solutions to some of these problems?**

To ensure that preventative solutions are reflective of the intersectional realities of the people they seek to support, it is vital that lived experience is central to decision-making. Many of our members seek to elevate the voices of people with particular experiences, conditions or disabilities, and empower them to influence decision-makers. Doing so meaningfully requires a structured and supportive approach that is trauma-informed, accessible, and based on mutual trust.



One such organisation, a member of VHS, is [Scottish Families Affected by Alcohol and Drugs](#). They believe that ‘families have the answers to Scotland’s drug deaths crisis - but they need to be heard, and for change to happen as a result’. They host conversations in communities across Scotland to think specifically about how communities can challenge the stigma around substance use. In addition, following the publication of annual drug-related death statistics last year, they shared [qualitative feedback](#) gathered from families. The relationships and connections developed through organisations like Scottish Families Affected by Alcohol and Drugs are often unique to the third sector and are vital for understanding the complexities of preventative solutions.

As such, the third sector are perfectly positioned to support the meaningful involvement of people with lived-experience in decision-making. However, many third sector organisations are currently facing a perfect storm of rising costs, stagnating income and increased service demand. As a result, programmes focused on amplifying lived-experience could be under threat as organisations prioritise spend on the delivery of vital services.

To ensure that the third sector can continue to support the meaningful, accessible and sustainable involvement of people with lived-experience, dedicated funding for such activity is required from the government and the statutory sector to ensure it is meaningful, empathic and trauma-informed.

## Conclusion

Many of the observations and proposals in the Scottish Labour Policy Forum documents on Mental Health and Preventative Health Care align with our experiences and those of our members. However, we feel it is important to highlight the following key points:

- The third sector is a vital partner in the delivery of preventative health services, including those which promote good mental health. It is also a valuable source of qualitative and quantitative data related to population health and health inequalities, as well as providing vital access to the voice of lived experience. With this in mind, the third sector deserves fair and sustainable funding, an equal voice in decision-making, and parity for its workforce.
- The shift to prevention in health services is necessary and will require an increase in health spend in the short to medium term to ensure that preventative services are sustainably funded, whilst still meeting current demand for acute care.
- There is a need for shared outcomes and clearer paths of accountability in Scotland’s health sector to ensure that preventative services, including those in the third sector, are sustainable resourced and universally available.



- That effort should be made to ensure that language used in policy does not reinforce harmful stigmas around people who experience physical or mental poor health.

## Further Information

If you require additional information about any of the points made in this response or if you would like to discuss them further, you can contact our Policy and Public Affairs Lead, Sarah Latto, by emailing [sarah.latto@vhscotland.org.uk](mailto:sarah.latto@vhscotland.org.uk).