



CONSULTATION

Scottish Government
Mental health and wellbeing strategy: consultation
9 September 2022

Introduction

1. The NASUWT welcomes the opportunity to comment on a new mental health and wellbeing strategy for Scotland.
2. The NASUWT is the Teachers' Union, representing teachers and school leaders in all sectors of education.

General

3. The NASUWT is leading the way on teachers' mental health and wellbeing, having addressed the issue with governments and policymakers, supported members across the UK in industrial action against adverse management practices, and developed a suite of training resources that include mental health training courses. From easy-to-use toolkits and checklists to in-depth advice and support, we have produced resources for teachers on issues such as stress, workload, mental health, and abusive behaviour.
4. The NASUWT is also working with sister trade unions and organisations around the world to ensure issues around stress, mental health and wellbeing are firmly on the global agenda.
5. The Union is in full support of the proposal to create a more detailed workforce plan covering the mental health and wellbeing workforce, and

notes that the responses herein will inform the drafting, with the plan due to be published in 2023. The NASUWT would, in particular, welcome a plan which targets and supports the education workforce and is happy to engage further with the Scottish Government to support this outcome.

Specific

PART 2: OUR DRAFT VISION AND OUTCOMES

6. While broadly agreeing with the draft vision of 'Better mental health and wellbeing for all,' the NASUWT believes that, as a statement, it does unfortunately gloss over the fact that due to a number of underlying reasons, such as poverty, inequalities, trauma or poor housing, everyone will have a different baseline experience and expectation of mental health and wellbeing. It would be better if the vision explicitly recognised that there was inherent inequality in society alongside institutional discrimination.
7. Achieving the stated vision would have multifaceted outcomes demonstrating success, from increased recruitment and retention within the mental health and wellbeing workforce to a reduction in the number of suicide cases. A suite of anticipated outcomes will be required against which the Scottish Government will be able to assess progress.

PART 3: OUR KEY AREAS OF FOCUS

8. The key areas of focus, while important, are passively drafted. Promoting and supporting conditions for good mental health and mental wellbeing at population level stops significantly short of tackling the causes of mental ill health. Equally, signposting help, advice and support is significantly less impactful than ensuring there is sufficient help, advice and support available to those who need it. While providing a rapid response to those in distress is important, it would be better to ensure that sufficient funding and support is available before a crisis level is

reached and, furthermore, is available to support recovery over the longer term. Finally, ensuring safe and effective treatment and care of people living with mental illness does not centre the needs of the person living with the mental illness, and their views should be more prominent within any discussion on appropriate support.

PART 4: OUTCOMES

9. It is important that links are made across policy outcomes. For example, the Scottish Government's suicide prevention strategy and any self-harm strategy for Scotland should dovetail across the mental health and wellbeing strategy.

10. In addition to broad strategic outcomes and aims, targeted outcomes should be identified. For example, the NASUWT is concerned that employee suicides are still largely treated as an individual mental health problem that has no link to work or the workplace. Furthermore, no data is collected on suicides that occur in the workplace or that are identified as work-related. A suicide that takes place in the workplace, or is related to work, does not need to be reported to any public agency, and no official investigation takes place in the workplace following an employee suicide or suicide(s).

11. The risk of this is that toxic cultures that have led to, or contributed to, the death of an individual by suicide are not investigated. They are therefore left unchallenged and no changes are legally required to be made to policies or practices. Other developed nations, including France, the U.S. and Japan, monitor, investigate, regulate and legally recognise work-related suicides.

12. The NASUWT would support a recommendation to include suicide in the list of work-related deaths that must be reported to the Health and Safety Executive (HSE) for investigation, as well as an explicit and enforceable legal requirement that oblige employers to take responsibility for suicide prevention.

PART 5: CREATING THE CONDITIONS FOR GOOD MENTAL HEALTH AND WELLBEING

Supervision

13. The NASUWT believes that teachers in Scotland should have access to professional support to help them process the increasingly complex and stressful demands associated with managing the welfare of children and young people.
14. Despite being expected to become increasingly involved in and responsible for supporting the daily lives of children and young people, teachers, unlike colleagues in social care and educational psychology, do not have any automatic access to programmes of structured professional support and supervision.
15. At the Union's Annual Scotland Conference 2022, teachers called for a national programme of regular, structured, professional support for teachers.
16. The demands and responsibilities on teachers to manage pupils' welfare, safety and emotional health are continuing to multiply. Teachers take these responsibilities very seriously and care greatly about the pupils they teach. However, their own needs can often go unnoticed and unmet, leading to burnout, stress and anxiety.
17. Teachers' wellbeing must be given higher priority in order that they are in the best position to be able to help pupils. The provision of professional support and counselling, where appropriate, would be recognition of the vital role teachers play in safeguarding and supporting pupils and be an investment in both the welfare of teachers and pupils.
18. Increasing numbers of teachers report that they are experiencing debilitating levels of stress and anxiety and are being forced to seek out medication and counselling as a result of the pressures of the job.

19. Access for all teachers to regular opportunities to discuss the challenges they face would help to alleviate some of the emotional burden which comes with the job and help prevent teachers becoming ill or leaving the profession because of the stresses they experience.
20. Appropriate resources are essential, including time for teachers to access such discussions, while it is vital that safe spaces are available, especially for those whose own experiences of prejudice and discrimination may have been triggered by their efforts to support pupils.
21. Teaching is an increasingly complex job and yet the structures in place to support teachers have not kept up with the changing nature of the demands of teaching. It is time for recognition of the unique challenges of the job and for associated professional support for teachers to help manage those pressures.

School-based counselling

22. The NASUWT welcomed the 2018/19 Programme for the Scottish Government which included a commitment to invest in access to school counselling services across education. The commitment was to ensure that every secondary school has access to counselling services, while improving the ability of local primary and special schools to access counselling. Increasingly, schools are reporting that there is little distinction between upper primary pupils and the first years of secondary schools in terms of the types of issues reported by children and young people. It is therefore an artificial policy delineation between primary and secondary settings.
23. This guidance, published for education authorities in March 2020, while providing a national overarching framework and context for designing and developing an Access to Counsellors in Schools Service, stops short of providing a national entitlement. The expectation is that education authorities develop their own policy and guidance and simply draw on the

framework as a guide, meaning there is no national consistency. This variability in approach will disproportionately affect some pupils, such as those who move between local authorities or who are not educated within a school setting.

24. The NASUWT feels counselling is an important route for pastoral support and that schools should have access to it when trying to support students. We believe there are huge benefits for young people, school staff and the wider health service in having access to school-based counsellors. It is clear that the need for trained support is there and is growing. Investment in school-based counsellors and early intervention could help to see an improvement for young people's wellbeing, as well as prevent many young people from reaching crisis point.

Workforce morale

25. New NASUWT research published this year found widespread evidence of clinical depression amongst teachers and headteachers. Nearly 12,000 teachers took part in the NASUWT's Wellbeing Survey which has been calibrated using the widely respected Warwick-Edinburgh Mental Wellbeing Scale. The analysis found an average Wellbeing Score amongst teachers of 38.7, where a score below 41 indicates the risk of clinical depression.

26. Ninety-one per cent of teachers who responded to the NASUWT survey reported that their job had adversely affected their mental health in the last year. More than half of teachers (52%) said workload was the most important factor damaging their mental health, and 34% cited the consequences of the pandemic.

27. The rapid dependence on remote learning, compounding already high workloads, was a leading contributor to adverse mental health for 72% of teachers surveyed. Furthermore, schools are failing to promote workplace wellbeing for their staff, with 78% of teachers expressing that they feel inadequately supported.

28. The findings indicate that the situation is more marked amongst classroom teachers, disabled teachers, and teachers working in areas with higher rates of socio-economic deprivation. The Union's research heard from teachers who had suffered panic attacks as a result of bullying, teachers diagnosed with post-traumatic stress disorder and teachers who had self-harmed.
29. This evidence is reinforced by the HSE's Health and Safety at Work summary statistics for Great Britain - 2021. Education was one of the sectors that showed higher than average rates of stress, depression or anxiety, averaged over the three-year period 2018/19 – 2020/21. The average stands at 1,780 per 100,000 workers, with education reporting 2,310 incidences per 100,000 workers.
30. These findings provide disturbing evidence of a mental health crisis in schools and of psychiatric injury and harm to teachers and headteachers. Teachers and headteachers are at breaking point. Urgent action is needed to tackle the root causes of the mental health crisis in our schools and colleges. The Scottish Government must commit to making the improvement of the morale and mental health of the profession its number one priority. Delivering world-class education for every child requires that our schools and colleges are world-class workplaces, too.
31. Wellbeing and mental health must no longer be an afterthought, but rather a priority embedded into our education system. Concerted action from the Government and relevant bodies is needed in order to better support schools in tackling this problem, which continues to impact on the morale of teachers and headteachers.
32. The NASUWT believes that too many schools and mental health initiatives within the teaching profession are narrowly focused on secondary measures. These are implemented to deal with rising occurrences of mental health illness. They include wellbeing days,

resilience training and Mental Health First Aid. While the NASUWT recognises that these actions do have a place in addressing poor mental health, they need to be part of a wider strategy that looks at the root cause of the problem. If primary measures are not considered first – in the case of teachers, introducing robust measures to drive down workload – then secondary measures will be superfluous for many employees.

33. The NASUWT will continue to campaign for teachers and school leaders to have a reduction in their class contact time, a right to a work/life balance, and a commitment from the Government to reduce workload for teachers.

The HSE

34. The NASUWT is aware that the HSE has developed a Stress Indicator Tool that explores stress risks, gathering data anonymously from employees. This data can then be used in the risk assessment element of the HSE's Management Standards approach. This tool currently has to be paid for by employers with more than 50 employees. Local authorities would therefore have to pay to access it. The NASUWT believes there is a strong case for this tool to be offered free of charge to all schools and local authorities. This would allow meaningful data to be used to tackle the drivers of stress at both school level and on a more nationalised basis.

35. The NASUWT is also concerned that many employers are not fully meeting the requirements of the Management of Health and Safety Regulations 1999 in respect of work-related stress. These regulations require all workplace hazards to be appropriately risk assessed, yet many employers do not appear to have general stress risk assessments in place, and instead carry out an individual risk assessment when someone becomes ill. It is important that employers are vigilant and have proactive general stress risk assessments in place; in the same way

employers introduce pre-emptive measures to prevent workplaces accidents.

36. Furthermore, the NASUWT is deeply concerned that although work-related stress, anxiety and depression is the leading cause of work-related ill health, the Union is not aware of a single prosecution brought by the HSE relating to this. The HSE must be given sufficient resources in order to enforce the regulations and hold poor employers to account.

Poverty

37. One undeniable driving factor of mental ill health is living in poverty. In a Buttle UK survey of over 1,200 child support workers, 65% reported that poverty has a high negative impact on children's mental health. Evidence from the Child Poverty Action Group confirmed that in 2019/20, 4.3 million children were living in poverty in the UK. Children of lone-parent or large families and Black children are among those at greater risk of living in the most economically disadvantaged households. In the same time period, three quarters of children lived in homes where at least one adult was in employment.

38. Given this picture, it is profoundly concerning that the pandemic has compounded the financial pressures on many households. As we now face a cost of living crisis, an overwhelming number of families are struggling with financial hardship and growing levels of deprivation.

39. Demonstrating this, a study of families on low incomes undertaken by the Child Poverty Action Group in November 2020 found that nearly nine in ten families had experienced a significant deterioration in their living standards compared to before the pandemic. The same study found that almost six in ten families were experiencing difficulties covering the cost of three or more essentials, including food, utilities, rent, travel and child-related costs.

40. The ability of all children to access universal free school meals would have a positive impact on addressing the food insecurity that many households with children continue to face.
41. The number of people struggling financially is not insignificant, with over one million people in Scotland living in poverty. Existing socio-economic inequalities are being exacerbated and entrenched as a result of stigma and shame. Poverty-related stigma can have a range of implications for the kind of support and services people are able to access; how they are viewed and treated by services, the media and the wider public; and how people experiencing poverty see themselves.
42. Where the root causes of poverty have not been addressed sufficiently, and insufficient ownership of this failure has been taken by central government, the onus or responsibility is pushed onto the individuals experiencing poverty. Political rhetoric is no substitute for tangible action to reduce poverty, and where poverty is used as a political football because the Government has not taken full responsibility for reducing or eradicating it, the narrative naturally shifts from a collective social responsibility to individual blame. It is this dereliction of central responsibility which creates a climate in which stigma and shame are fostered and which has a substantial detrimental impact on mental health.

Culture

43. Too many school employers see the poor mental health of their staff as collateral damage from the job. Without a shift in culture and a recognition that mental ill health has wider implications, such as high levels of absence and a contribution to the ongoing recruitment and retention problems for the profession, employees are unlikely to obtain the support they need.
44. Whilst individual workplaces can and should identify actions they can take to assess and mitigate the mental and physical stress and anxiety

linked to work, the nature of the NASUWT's work highlights the need for system-wide solutions to be found. What is also clear is that teachers have little confidence that their employer is able to provide effective support in the face of this growing problem.

Partnership working

45. Better partnership working between the NHS and the education system needs to be instilled. The education and health sectors operate very differently, which can often lead to blockages in communication between these two areas. Policy reform needs to work across these two sectors, not in isolation, if it is to have any impact.
46. Collaborative working has to be supported and facilitated and requires the investment of time and financial resources. Multi-agency working is too often subject to excessive and unjustifiable local variation, ineffective management, and unequal distribution of services and agencies. There needs to be a consistent and coherent national approach.
47. Furthermore, while not the fault of the NHS and rather the result of years of budget cuts, additional funding for children and young people's social and health care needs to be provided as a matter of urgency. For example, Child and Adolescent Mental Health Services (CAMHS) saw funding savagely cut before the coronavirus pandemic and were unable to meet levels of demand – it is now vital that spending on services provided by CAMHS is significantly increased.
48. Evidence gathered through the NASUWT's member engagement activities has uncovered the problems that schools are facing in supporting pupils with mental health difficulties. Excessive waiting times and access to support are common challenges reported. The consequence is that teachers have to fill the gaps where support is not available, even though they are educators and not mental health specialists. Children and young people are being failed, with the lack of

prompt and appropriate support also having negative consequences for the health and wellbeing of teachers, leaders and other staff in schools.

PART 9: CHILDREN, YOUNG PEOPLE AND FAMILIES' MENTAL HEALTH

49. The Scottish Government must ensure that schools have a culture and ethos that promotes positive social, emotional and mental wellbeing and that this reinforces relational approaches and recognises the importance of psychological safety.

50. Social, emotional and mental wellbeing should be embedded in all school policies and procedures. Policies and procedures should be reviewed regularly to make sure that they promote social, emotional and mental wellbeing positively and consistently. This should include making sure that they are consistent with relational approaches to social, emotional and mental wellbeing. There must also be mechanisms to monitor and evaluate the impact and effectiveness of the whole-school approach as part of the school improvement strategy.

UNCRC

51. The Union believes it is important that the views of communities directly affected, including in Scotland, are sought, in accordance with the UN Convention on the Rights of the Child (UNCRC). This includes listening to young people's opinions on matters which concern them. Indeed, there is evidence that this dialogue can positively affect outcomes.

52. In addition, a review of Personal and Social Education (PSE) alongside mental health awareness will play an important role in supporting children and staff and reducing stigma.

PART 11: EQUALITIES

53. Greater understanding and action around the interaction between mental health and protected characteristics is required. As highlighted above, stigma is strongly linked to health and wellbeing. There are existing institutional barriers facing particular groups, including Black and minority ethnic (BME) young people, accessing support services.

54. The Intercultural Youth Scotland (IYS) draft report on race and mental health specifically calls out the lack of acknowledgement of racial trauma in current services, the trust gap with existing mental health services, and the need for specialised mental health support in order to overcome this. The IYS report, which looked specifically at Black and People of Colour (BPoC) children and young people's mental health, advocates for the development of a specialised response to the significant, but hidden, impact of race and racism on mental health, noting:

'Encountering racism and hearing about racism against others had a clear negative impact on many of the children and young people's mental health. This manifested in various ways, including feelings of isolation, hurt, anger, loss of motivation; constant worrying; hypervigilance; unsettlement; and self-doubt.

'Worryingly, most children and young people did not feel they could discuss race and racism and their effect on their mental health with school staff or other adults with authority. Reasons included that they did not feel they had a safe space to do so and that racist incidents were not taken seriously by school staff and other adults.

'BPoC children and young people experience a wide range of barriers to engaging with mental health services, including thinking the problems they face are not serious enough to merit engaging with mental health services; not acknowledging mental health issues until they reached a breaking point; lack of knowledge about available services; and

misunderstandings of counselling. Altogether, these barriers reflect the hidden dynamics of structural racism in the mental health sector – the alienation and marginalisation of BPoC children and young people.'

55. The Union has, as a result of representations made to the Scottish Government, ensured that the Mental Health in Schools working group will look to provide guidance or support around the relationship between race and mental health as a long-term aim. However, there is still an absence of any commitment to immediate action which is necessary to ensure that the whole-school approach framework published on 24 August 2021 is not perceived as race blind. Ensuring that support is available and relevant to young Black people across Scotland is a challenge we all need to tackle together.

56. A diverse teaching profession is also vital to securing high educational standards and supporting the mental health and wellbeing for all children and young people. The Scottish Government must play its part to support increased employment and skills opportunities and deliver supportive and inclusive workplaces for people from Black communities in Scotland.

57. Looking at the societal impact beyond schools, there remains evidence that disabled people face stigmatisation as 'benefit scroungers'; this links to increases in disability hate crime. Disabled members confirm that it is becoming more difficult to get or keep a job, at the same time that the Government has decided to make it even harder to access benefits. Disabled people can, as a result, become increasingly isolated and withdrawn due to stigma. A dramatic narrative change around welfare is required to destigmatise disabled people and improve mental health.

58. Looking at the experience of women, the NASUWT has supported the call of the UK Women's Budget Group for an increase in funding for women's organisations, such as refuges, to respond to an increasing demand for safety from violence and abuse. The Union has, in addition to campaigning for the Scottish Government to provide more resources and

money for women's welfare groups and helplines, been calling for greater enforcement and compliance with International Labour Organization (ILO) Convention 190.

59. Stigma and mental ill health can affect domestic violence survivors, both adults and children. The intersectionality across protected characteristics is important to acknowledge as it increases the multitude of individual and societal pressures on mental health and wellbeing. It also affects an individual's likelihood of being in poverty, a further driver for mental ill health.
60. The Equality Act 2010 and the Public Sector Equality Duty (PSED) places significant legal responsibilities on all public bodies, including the Government, when carrying out their functions. Legislation requires such bodies to have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity and foster good relations between persons who share a relevant protected characteristic and persons who do not share it. Independent NASUWT research shows that the majority of schools are unaware of their duties and obligations under the PSED. Without rigorous inspection and enforcement, the PSED will remain largely a tick-box exercise among many public sector employers, who only pay lip service to the legislation and whose commitment to equalities remains tokenistic at best.
61. The Scottish Government should also be meeting its responsibilities under the PSED by collecting and using evidence when developing policies. When undertaking national consultation processes, this should mean that the papers should explain the evidence, issues and potential adverse impact (as well as how they plan to mitigate any adverse impact). Respondents to the consultation should be invited to comment on this information, as well as any gaps in the evidence base. Unfortunately, in almost all cases, public authorities ask equality impact questions while passively expecting others to identify the issues and the evidence.

PART 12: FUNDING

62. The UNCRC confirms that it is the responsibility of the state to ensure that children and young people, as well as having access to an effective education, are safe, secure and able to make a contribution to society and enjoy good physical and mental health. Health, social care, youth justice and cultural and leisure services, working in partnership with schools, all have a critical part to play in ensuring that every child has the best possible start in life, as well as good future life chances. There have been reductions in the resources available to these services and ineffective frameworks for collaboration between them. Critical areas of concern, including child protection and promoting good mental health among young people, depend on a well-funded public service framework.

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