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# A psychological manifesto for the next Scottish Parliament

The British Psychological Society (BPS) is calling for all political parties in Scotland to consider how psychological evidence and expertise can improve policy making and to commit to including psychologically informed policies in their manifestos. If a government wants to improve the lives of the public and understand why intractable social problems persist, they must ensure that their policies and interventions are based on an in-depth understanding of the psychological evidence and human behaviour.

The BPS is a registered charity which acts as the representative body for psychology and psychologists in the UK. The following policy recommendations have been developed in collaboration with our members, over 3500 of whom are in Scotland. Their expertise includes psychological support, interventions, and strategy across individuals, organisations and public policy. These members include clinical psychologists, educational psychologists, forensic psychologists, researchers and teachers at school, college and university level, and other psychology professionals. Our 2021 psychological manifesto outlines seven priorities for the next Scottish government, these are:

Health and wellbeing – the response to Covid-19

Psychological workforce

From poverty to flourishing

Children and young people

Behaviour change and public health

Employment and skills

Community justice

PSYCHOLOGICAL MANIFESTO

# 1. Health and wellbeing – The response to Covid-19

There is widespread concern that society, as a whole, has suffered from heightened anxiety, increased rates of depression, and further physical, financial, neurological, and psychological impacts from the pandemic. Some have also experienced significant trauma and loss – with almost one in five adults experiencing some form of depression in June 2020<sup>1</sup>.

The pandemic has put huge pressure on our health and care professionals. Staff can feel they must be ‘superhuman’ and forgo downtime to fulfil increasing workloads and high levels of care. We must maintain focus on the mental health and psychological wellbeing of these key workers, as well as the wider Scottish public who may have struggled with a change in circumstances. Many individuals will have experienced a shift in work-life balance; changing career identities; redundancy or job-loss; home working; or increased time spent within an unhealthy domestic environment.

The pandemic and lockdown have caused a spike in domestic violence cases with many people struggling to keep safe without access to their usual sources of support and services. We welcomed the Scottish government’s additional funding for Scottish Women’s Aid and Rape Crisis Scotland during the pandemic. Going forward, however, there is a need for a multidisciplinary approach to inform risk assessment and planning. This should include psychologists working with relevant public services and agencies to identify those at risk of abusive behaviours and signposting them to robust interventions (e.g. RESPECT phone line) or additional funding for psychological services to increase access.

The psychological and social needs of key workers and the public will continue as people experience financial hardship, employment uncertainties, loss and trauma. It is vital that we continue to meet the practical and psychological needs of people recovering from coronavirus, as psychological factors influence morbidity and mortality of many health conditions.

The BPS is calling for the Scottish government to:

Build upon principles in the new framework for rehabilitation, providing patients who have been hospitalised for Covid-19 with a structured, multidisciplinary rehabilitation package that includes specialist psychological services in both hospital and community settings.

Meet the increased demands for psychological therapies, training and occupational health. This includes meeting the needs of remote and isolated communities through enhanced digital delivery of therapies and interventions.

Ensure greater involvement of psychological input and approaches to tackling domestic violence in community settings – including working with relevant public services to identify those at risk of abusive behaviours and signposting them to robust interventions.

Support NHS services, social care providers and all those who employ frontline staff to increase access and support to employee wellbeing services by offering evidence-based psychological therapies.

Provide additional funding for a multidisciplinary approach to psychological support for those experiencing domestic violence.

## 2. Psychological workforce

Psychologists and other psychological professionals play a central role in developing, testing and implementing new approaches to meet the psychological needs of individuals and communities. This workforce must be supported and expanded to meet this growing need. Expanding and developing the psychological professions as an integral part of the public sector workforce must be a priority, and is increasingly important following the Covid-19 pandemic.

By creating roles within local and central government, prisons and community justice, schools, educational settings, and across health and social care, the public will have greater access to evidence based psychology services, ensuring that effective interventions are available when required. Increasing the psychological workforce will help meet the vision of the Mental Health Strategy 2017–2027 of achieving parity between mental and physical health by 2027, as well as meeting the ongoing challenges created by the Covid-19 pandemic.

The BPS is calling for:

The delivery of formal psychological care through an evidence-based stepped approach which considers physical needs; access to information peer support, and psychological first aid, with pathways to psychological interventions for those who require it.

Frontline providers to offer an appropriate response to post-traumatic stress, if identified by healthcare staff, in line with evidence-based psychological guidance.

The government, NHS Scotland, NHS Education for Scotland and partners to develop a coherent workforce strategy which incorporates psychologists across the public sector.

## 3. From poverty to flourishing

Poverty, poor health, educational attainment and skills are inextricably linked, and the pandemic has further highlighted this relationship. These factors impact across the lifespan – children and young people, working age adults, older people, and in particular those with disabilities and chronic health problems. Reducing poverty, social inequality, improving employability, lifelong learning and employment opportunities must be a top priority for a new government.

### In Scotland

Between 2014 and 2018, 13% of people were in persistent poverty after housing costs. This compares to 12% in 2013–2017.

Between 2014 and 2018, 17% of children were in persistent poverty after housing costs. This compares to 15% in 2013–2017<sup>2</sup>.

While key employment indicators of participation, underemployment and hourly pay all improved between 2018–2019 according to the Scottish government's second year *Tackling Child Poverty Progress Report*, the effects of the coronavirus pandemic have yet to be felt and observed within these statistics.

We recognise reducing poverty and social inequality is a long-term goal, as is the aim stated within the 2017 Child Poverty (Scotland) Act to eradicate child poverty by 2030. However, we will only see a significant improvement in health and wellbeing when all government departments and sectors commit to addressing the underlying determinants of ill-health and inequalities.

The government must commit to developing a comprehensive, cross-departmental Anti-Poverty Strategy. In doing so, the government should take a systemic, structural, and psychologically informed approach to addressing the foundations of poverty that seeks to increase access to societal and community resources to create flourishing families and communities.

The BPS is calling for:

Continued support and investment to address poverty across health, education and local authorities' services.

The new government to develop a cross-governmental strategy to reduce poverty as we emerge from the pandemic crisis, with clear targets for reducing inequality and a commitment to include the views of those who experience poverty.

## 4. Children and young people

Children and young people's health and wellbeing has rightly been placed at the heart of Scottish policy. For example, the Scottish government continues to embed its Getting it Right for Every Child framework into policy ambitions, is working to incorporate the UN Convention on the Rights of the Child into domestic law, and will soon introduce a new Scottish Child Payment as part of its plan to reduce levels of child poverty. However, future policy and support must consider the impact of the coronavirus pandemic on physical health, mental health, education, and social lives. Emerging psychological evidence suggests that while many children have experienced high levels of worry; suffered loss and bereavement; and missed out on learning and education opportunities throughout this crisis, many other children and young people have reported that they enjoyed being at home<sup>3</sup>.

Psychologists working with children have noted:

The lives of some vulnerable children have been less stressful due to closer and more prolonged contact with family members and their wider support system (i.e. tutors).

There has been less reported bullying within a school context due to premises being closed.

However, in a lockdown survey, almost all young people in Scotland said they worried about the impact of coronavirus on their future, and 77% worried about their mental health and wellbeing.

It is, however, important to acknowledge that interruptions to children and young people's basic needs will have a significant impact on their emotional wellbeing and behavior.

There is strong policy in Scotland in relation to the Early Years and support for under 5s, and indeed some excellent work that is already being delivered to support families. However, the current policy initiatives related to Early Years, while commendable, need to be sustainably delivered at scale. An holistic approach needs to be reflected in implementation at a local level, with a genuinely multi-agency approach developed for early years support. Scottish government can do more to support and incentivise local integration of services and to remove barriers to integration. Common outcomes targets and dedicated funding streams that can easily be aligned/pooled are helpful. This will enable a truly child-centred approach that incorporates the shared knowledge and expertise of all local agencies that work with children and families in the early years.

## Psychological literacy at school level

Most educators recognise the value of psychological wellbeing and psychological literacy. At primary and early secondary school level there are programmes relating to wellbeing, but more could be done to link these to the evidence base, including through modifications to the Curriculum for Excellence (CfE).

In Personal and Social Education programmes, psychological topics such as resilience, relationships, sleep, study skills and discrimination are very valuable to pupils – especially as they adjust to the pandemic – but are frequently delivered by teachers who do not have a background in psychology (in contrast, most school subjects are delivered by subject specialists).

The provision of Psychology as a school subject for the senior phase of Certificate of Education is limited by a narrower suite of subjects compared to other school subjects (the absence of National 4 and Advanced Higher courses), and despite its popularity many schools don't offer it at all, leading to inequality in provision and opportunity across the country.

The BPS is calling for education institutions and the government to:

Ensure that all school pupils have access to evidence-informed teaching of psychology-related topics across the curriculum, supported by modifications to curriculum context where necessary, and delivered by teachers with a background in psychology.

Ensure that all secondary pupils are offered the opportunity to study psychology.

## Support for higher education

The mental health of both students and staff in higher and further education is also a key priority for the BPS. Recent evidence shows that the pandemic has been particularly challenging for young people planning their futures<sup>3,5</sup>.

While the current Scottish Government has made moves to tackle poor student mental health, the Society believes there is more to be done to ensure students are appropriately supported. For example, the number of university students in Scotland seeking mental health support increased by 76% the five years between 2012 and 2017.

To ensure students are receiving the highest standards of support, the Society recommends that all institutions providing psychological services should apply for the Accreditation Programme for Psychological Therapies Services (APPTS). The programme, run by Royal College of Psychiatrists in partnership with the BPS, acknowledges services that have high standards and shares best practice to facilitate service improvement.

The BPS is calling for education institutions and the government to:

Work collaboratively with partner bodies and agencies at national and local level in Scotland, to invest in implementing a universal Early Years programme as part of standard service delivery.

Provide access to a range of psychological therapies to meet the different needs of students and staff with links to home area health services proactively maintained as students move between home and college or university accommodation.

Higher education and further education institutions providing psychological services should apply for the Accreditation Programme for Psychological Therapies Services (APPTS) to ensure quality.

## 5. Behaviour change and public health

Scotland has an ageing population, high levels of obesity and increasing numbers of people living with chronic health conditions.

The Scottish Health Survey 2018<sup>6</sup> revealed:

24% of adults drank at hazardous or harmful levels, the same figure as in 2017, but down from 34% in 2003.

Adults living in the most deprived areas continued to be around three times more likely to smoke than those in the least deprived areas.

In 2018, two thirds (65%) of adults were overweight, including 28% who were obese, with both these trends remaining stable since 2008.

Behaviour change is central to the prevention, management, and treatment of a range of public health issues. Psychology is crucial to help us to understand behaviour and anticipate people's responses to changes in government policy and public health guidelines.

Evidence and information from a psychological perspective can support the implementation of the strategic visions created by the next Government and help tackle these public health issues by promoting and enabling lifestyle behaviour change and effective self-management. For example, the use of NICE and SIGN guidelines for the prevention of obesity, smoking, excess alcohol consumption should be updated with the input of psychologists with expertise in behaviour change.

There are huge benefits to cross-discipline collaboration when creating or adapting policy and psychological science, during the pandemic psychology has been informing government policy at a scale and pace that has not been seen before. The BPS would urge any new government to continue this cross-collaboration as it has an integral role in helping societies recover and learn from this period.

The BPS is calling for:

Greater application of evidence-based psychological interventions to change lifestyle behaviours related to obesity, disability, chronic disease risk, and to manage the psychological consequences of these illnesses.

All government policy announcements to be accompanied by implementation programmes that consider the capability, opportunity and motivation of different population segments as they are asked to adhere to guidelines – with special care being given to vulnerable and marginalised communities.

## 6. Employment and skills

While the Scottish labour market has made recent improvements in pay; productivity and post-education opportunities, Scotland's economic performance remains behind the UK and other international comparators. Across the UK, governments must rise to the challenges caused by further supply and demand challenges in the labour market; an increase in redundancies and changes to occupational structures covering many sectors including hospitality, tourism, health and social care.

We believe psychologically informed approach to employment policy will be vital for Scotland's economic recovery, as there will be a significant need for vocational rehabilitation for individuals who will re-enter the labour market after a period of ill-health. Psychologists can also provide career coaching and development opportunities relating to redundancy, career changes and underutilisation.

In addition, a significant change in working practices can be expected in future as a result of Covid-19. The most significant and visible trend is likely to be the migration of work from office to home. While this opens opportunities for organisations and employees, its success is likely to be dependent on how the changes in practice impact on the psychological contract. The latest survey from Public Health Wales has found that 64% of people believe that they have a better work life balance because of coronavirus restrictions. The same proportion think less travel resulting in less pollution may also be long-term benefit.

The BPS is calling for an employment and skills strategy delivered by Scottish government to meet the needs of an evolving labour market by:

Promoting employer business models which commit to investing in evidence-based human resource development.

Ensuring employability programmes focus on developing skills and providing quality work.

Involving psychologists in career coaching, development and vocational rehabilitation programmes for those who have faced redundancy, career changes or are returning the labour market after a period of ill health.

Working with employers to ensure psychologically healthy workplaces – both at home and in offices – that support workers to thrive mentally and physically.

## 7. Community justice

The Scottish government recently commissioned an independent review of forensic mental health services. This was welcomed by the BPS and also those working in the field. Although the review is ongoing it has highlighted some areas that the Society would like the Scottish government to take forward in the next parliament. Firstly, it was decided that the review could not extend to look at Prisoner Healthcare as initially intended. The BPS would strongly encourage, as is likely to be recommended as part of the Independent review of forensic mental health services (IRFMH), that a separate review of prisoner healthcare is undertaken. In particular, it is hoped that this would address the inequity of provision across the prison estate in relation clinical psychology provision. The BPS would also support the inclusion of prison data in the 18-week psychological therapies waiting time standard.

The second point that has been highlighted in the review is the inequity of provision across services but particularly in relation to forensic community mental health services. There is significant variation in service provision across the country. Some geographical areas have forensic/forensic clinical psychology provision limited to those progressing from secure mental health provision (for example restricted patients) while some areas have no provision at all for community patients. This may be due in part to resourcing but is also partly due to recruitment issues. The BPS would recommend that the NHS Boards are supported to plan for and develop forensic community mental health teams which include psychologists and which are resourced informed by population need and workforce considerations.

In addition to point two, the BPS would welcome the further development of forensic/forensic clinical psychology services that support the work of Community Criminal Justice services. This would aim to support agencies working with high risk offenders in the community including those managed under MAPPA, PREVENT and COUNTER TERRORISM, with the overarching aim of assessing, formulating and managing risk. Any such development would need to take into account the broad range of those managed by Justice Services – including, for example, young people who have offended, women who have offended, those with personality disorders and also those with neuropsychological or neurodevelopmental disorders.

## Recommendations

A separate review of prisoner healthcare is undertaken. In particular, this should address the inequity of provision across the prison estate in relation clinical psychology provision.

The BPS would also support the inclusion of prison data in the 18-week psychological therapies waiting time standard.

NHS Boards are supported to plan for and develop forensic community mental health teams which include psychologists and which are resourced informed by population need and workforce considerations.

The further development of forensic / forensic clinical psychology services that support the work of Community Criminal Justice services, taking into account the broad range of those managed by Justice Services – including, for example, young people who have offended, women who have offended, those with personality disorders and also those with neuropsychological or neurodevelopmental disorders.

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