



# Roots of Resilience: Cultivating mental wellbeing in Scotland's communities

A Cross-Sector Exploration of Early  
Intervention and Prevention in Mental  
Health and Wellbeing with Insights for  
Mainland & Islands Scotland Future Plans

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[www.changemh.org](http://www.changemh.org)



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# Foreword from our... CEO, Nick Ward



I am proud to introduce this report, which marks an important milestone in Scotland's journey to place prevention at the very heart of mental health and wellbeing.

At Change Mental Health, we are clear that Early Intervention and Prevention (EI&P) is essential to reducing crises, improving outcomes, and building stronger, fairer communities. *Roots of Resilience* shines a light on the fantastic EI&P work already happening across Scotland - work that proves what can be achieved when communities, services, and government act together.

From Kingdom Housing Association's innovative tenancy support model, to the Snowdrop Centre's pioneering role in rural health, to the Scottish Recovery Network's peer-led approaches and the vital contribution of Community Link Workers, Scotland is alive with inspiring practice which deserve recognition and replication.

We want to give huge credit to the Scottish Government, local authorities, health boards and the third sector for actively embracing the principles of the Christie Commission - working collaboratively, investing in prevention, and co-producing services with people and communities. Their leadership and commitment have created the conditions for innovation and partnership, helping Scotland move from words to action in embedding prevention across the system.

What is clear from our research is that Scotland is rich in knowledge, expertise, and creativity. There are countless examples of inspiring practice, but all too often they remain siloed by geography, sector, or circumstance. This report brings evidence and insights together, showing not only what works but how we can connect and share best practice to make prevention everyone's business. It offers a strong foundation for greater collaboration between government, statutory services, and community organisations, and provides clarity on how to scale up inclusive, community-led solutions.

We look forward to building on this momentum with partners across healthcare, education, housing, justice, and local communities. Together, we can ensure that prevention becomes the driving force of Scotland's mental health strategy, and create a more inclusive, resilient system that improves lives now and for generations to come.

## **Nick Ward**

CEO, Change Mental Health





## Summary

Funded by the Scottish Government, Change Mental Health explored ways in which rural and island communities in Scotland are supporting mental health through Early Intervention and Prevention (EI&P) in whole-system and cross-sector ways. These communities often face challenges such as limited access to services, lack of anonymity and stigma. At the same time, they benefit from strong local networks and a collaborative spirit that fosters innovation.

The report highlights key insights to effective approaches which can be shared across Scotland:

- 1. Championing best practice from Early Intervention and Prevention pilots across services** can ensure learning from local project experience and achievements can benefit communities across Scotland.
- 2. Task shifting/task sharing initiatives** can distribute service demand across the system and services, getting people more appropriate support, more quickly.
- 3. Embedding co-design & peer-support principles in quality assurance for EI&P services** can give communities a greater sense of agency, increase buy-in and ensure delivery models are appropriate for local need.
- 4. Enhancing core funding for place-based, asset-based community development** can imbed a locality-based approach to EI&P, reduce uncertainty and increase focus on high quality service delivery.
- 5. Opportunities in community planning and Third Sector Interfaces for EI&P funding management** could result in more cohesive, joined up services tackling mutually identified community needs and match capacity with insight.
- 6. Launching a National and Localised Rural Anti-Stigma Campaign** can harness trusted relationships and local institutions to tackle particular challenges to positive mental health and wellbeing faced by rural communities.
- 7. Deepen institutional support for EI&P across Scottish public policy** as many of the policy decisions impacting mental health and wellbeing sit across portfolios, such as transport, housing and poverty alleviation.
- 8. Standardise methods for capturing best practice and supporting locality-based pilots**, to further reinforce the evidence-base for EI&P, shared learning and enable an evidence-led approach to policy and delivery.

Over 420 stakeholders contributed to this research, including people with lived experience, service providers, researchers and policymakers. Their insights show that both crisis care and proactive, community-based support are considered essential by stakeholders, as detailed in the Methodology and Stakeholder section. This section shares the words and contributions of those who shared their experiences, understanding, insights and recommendations on how best to advance the benefits of EI&P to improve mental health and wellbeing. As a result, this section contains much of what has helped to shape this report along with the report's research and direct interviews with service providers.



## **Roots of Resilience:** Cultivating mental wellbeing in Scotland's communities

Case studies featured in the report include the Kingdom Housing Association Pilot, Together to Thrive, the Scottish Recovery Network, and grassroots initiatives like RSABI's Health Huts, the Clydesdale Community Initiative, The Snowdrop Centre, and Step by Step Moray. These examples show that early, tailored support can improve wellbeing and reduce long-term pressures on health and social-care systems.

Many successful projects remain small-scale due to limited funding. To expand and sustain these efforts, stable multi-year funding would be beneficial. The report also emphasises the importance of reducing stigma, especially in close-knit communities where traditional roles and self-stigmatisation can discourage people from seeking help.

*Roots of Resilience* offers practical examples and themes for wider adoption across Scotland. By understanding the unique needs of Scotland's communities and applying EI&P approaches, we can build a mental health system that is accessible, inclusive and empowering.



**Change Mental Health's 'Ages and Stages' event that took place in November 2024.**



## Introduction

Mental health is a significant public health concern in Scotland. In recent years, increased attention has been directed toward the mental health of rural and island communities, which make up approximately 95% of the country's landmass but remain underrepresented in academic research.<sup>1</sup> These communities face distinct challenges, including limited access to healthcare and transportation, lack of anonymity, digital exclusion, low wage economy and social isolation. According to recent findings, one-third of island residents live with a mental or physical health condition, many of whom also report financial hardship and difficulties coping with daily life.<sup>2</sup> Additionally, regions such as the Scottish Highlands consistently report higher-than-average suicide rates.<sup>3</sup>

To address the unique barriers experienced by these communities, research has emphasised the importance of localised, community-based mental health interventions. These typically include non-clinical, peer-led models embedded within local social networks.<sup>4</sup> This approach is supported by the *National Rural Mental Health Survey Scotland*, where respondents expressed a clear preference for low-level, community-accessible mental health services.<sup>5</sup>

Community-based mental health support plays a critical role in the wider framework of early intervention and prevention (EI&P). **Early intervention** refers to recognising and addressing mental health concerns at an initial stage, while **prevention** encompasses efforts aimed at reducing the incidence and recurrence of mental health issues before they develop or worsen. Lessons learned from rural communities, where innovation often emerges out of necessity, can offer valuable insights into scalable and sustainable mental health interventions that could benefit the wider Scottish population.

This report explores the implementation of EI&P initiatives in rural Scottish communities by examining successful case studies which prioritise community-based cross-sector mental health support. Some of these case studies describe existing cross-sector working, while others explore how cross-sector partnerships can enhance current good practice and what underpins effective whole-system working. Through the identification of best practices of cross-sector and whole-system advances in rural contexts, this report aims to produce evidence-informed insights which can be applied across rural, island, suburban and urban areas of Scotland.

Each insight is tagged – (*Policy*), (*Services*) or (*Research*) – to suggest this may be an area of focus from a specific stakeholder sector.

## Insights In-Depth

### Insight 1: Championing Best Practice from EI&P Pilots Across Services (Policy)

#### Supporting Evidence

Testimony and experiences gathered through this research highlight the urgent need to scale successful Early Intervention and Prevention (EI&P) pilots beyond localised projects to achieve consistency, sustainability, and broader impact. Feedback from the four stakeholder engagement events, detailed in the Methodology and Stakeholder Engagement Section, emphasises that while many pilots succeed in specific areas, they often remain isolated. Without structured integration into wider strategies, Scotland risks losing opportunities to strengthen its mental health system and ensure more equitable outcomes across communities.

At the same time, the research underscores the close link between mental health and stable housing. Poor mental health can create significant barriers to sustaining tenancies and engaging meaningfully in community life, leading to tenancy breakdown, social isolation, and increased reliance on crisis services. Addressing these challenges requires embedding EI&P approaches into mainstream provision, ensuring that support is not only available but also consistent and joined up, reducing fragmentation and improving long-term wellbeing outcomes.

To address this, Kingdom Housing Association partnered with Change Mental Health to embed a Mental Health Support Worker in their Tenancy Sustainment Service (TSS). This initiative represents a forward-thinking and preventative approach to supporting tenants who may be experiencing psychological distress or complex emotional needs. The service operates across Fife, Perth & Kinross, Clackmannanshire and Falkirk. It is helping tenants to manage mental health and wellbeing needs, reduce the risk of tenancy loss and feel more connected and supported in daily life. Tenants benefiting from the service spoke of being more able to open up to someone who is not working directly for their Housing Association or for a statutory service provider.



Change Mental Health and Kingdom in partnership

Another example is the 'Step by Step' pre/post-natal programme in Moray, which provides targeted support to vulnerable mothers and infants during crucial early developmental stages.<sup>6</sup>

Independent evaluation by Professor McArdle, cited below, has assessed the model, which blends peer support, third age volunteers and service provider assistance. The Step-by-Step initiative has proven to be effective in improving parental mental health



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and reducing risk factors for children's mental wellbeing. A structured integration process would allow similar programmes to be replicated nationally, ensuring that effective early intervention models reach all those in need.

This report also highlights the effectiveness of multi-sector collaboration, where different fields such as healthcare, education, third-sector organisations, and community-based programmes work together to provide comprehensive EI&P strategies. Programmes like the Partnership for Children's inclusive primary school programmes demonstrate how integrating mental health awareness within education systems, and with the involvement of parents and carers, can lead to better long-term outcomes. However, without a policy framework that mandates knowledge-sharing and expansion of successful initiatives, these programmes risk being short-lived or confined to specific regions.

To embed best practices across services, Scotland could consider:

- Formal evaluation to identify scalable success factors
- Policy support for cross-sector adoption of proven EI&P models
- Funding incentives for organisations integrating EI&P into wider services
- Creation of Beacon Projects to showcase and replicate effective pilots.

Knowledge exchange through networks like the National Rural and Islands Mental Health Forum can support these efforts, helping to accelerate impact and build a more resilient mental health system across Scotland.

# case study

## Embedding Mental Health Resilience in Housing, A Model for Early Intervention and Prevention<sup>7</sup>

### Partners:

Kingdom Housing Association; Change Mental Health; SHARE (Scottish Housing Association Resource and Education); Local Authorities; Community Support Services

### Overview:

This partnership between Kingdom Housing Association and Change Mental Health introduced a proactive, community-embedded model for mental health support. At its core is the appointment of a Mental Health Resilience Support Worker, employed by Change Mental Health and embedded within Kingdom's Tenancy Sustainment Service (TSS). The Support Worker provides one-to-one support to tenants, helping build emotional, psychological, and behavioural resilience to prevent tenancy breakdown and promote wellbeing.

### Evidence & Impact:

The Support Worker's role is preventative, focusing on early intervention rather than crisis response. Tenants receive support to manage stress, anxiety, isolation, and other challenges before these escalate into acute mental health issues. This aligns directly with Scotland's national priorities around EI&P.

Mental illness is a leading factor in tenancy instability. Stress from financial pressures, trauma, or social isolation can lead to rent arrears, neighbour disputes, and homelessness. The resilience model equips tenants with practical tools to cope, improving their quality of life and sustaining tenancies.

As Richard Barnett, Kingdom's TSS Coordinator, noted: *"Poor mental health often poses a barrier to people living the life they want. This service will give them the skills they need to move forward."*

### Community Integration & Accessibility:

Traditional mental health services are often centralised and difficult to access, especially in rural areas. Housing associations, by contrast, maintain regular contact with vulnerable individuals. Embedding mental health support within this trusted setting can reduce stigma and increase engagement. Tenants view the Support Worker as distinct from statutory services, which helps overcome fears rooted in past negative experiences. For rural tenants, this model offers a dignified alternative to formal services, addressing cultural stigma and lack of anonymity. It also provides a localised route into wider community supports, including health, social care, and financial advice.

### Scalability & Strategic Fit:

This initiative reflects a broader shift toward integrated, place-based mental health support. It aligns with national strategies such as *Creating Hope Together* and Scotland's *Mental Health and Wellbeing Strategy*. With strong governance and measurable outcomes, the model is well-positioned for replication across other housing providers.



Engaging with SHARE offers a direct route to scale the approach across Scotland's housing sector.

### Outcomes:

- Increased resilience
- Improved connection to family and community
- Positive changes in health and wellbeing
- Enhanced quality of life
- Sustained tenancies and reduced homelessness
- Greater awareness of and access to life-enhancing services.

### Key Insight:

The Kingdom and Change Mental Health partnership exemplifies a preventative, place-based response to mental health that is especially suited to rural communities. By embedding specialist support within a familiar service, the model breaks down barriers, builds resilience, and prevents crisis. As Scotland continues to prioritise early intervention and whole systems thinking, this approach offers a scalable blueprint for mental health.

This case study offers a model that works across Scotland as it embeds mental health support directly within housing services, tackling the strong link between poor mental health and tenancy breakdown. By providing preventative, community-based support in a trusted and accessible setting, it reduces stigma, increases engagement, and improves long-term wellbeing outcomes. With proven impact and clear scalability, it is well positioned for replication through housing associations and wider cross-sector partnerships nationwide.

### Tenants' Voices



**"You explain things to me, so I understand them. Things don't seem as scary. I don't know where I would be without you..."**

**"It's a positive change. More than positive. I want to live again."**

**"I'm more confident in conversation and more present around others. I've started thinking ahead again."**

### Neighbourhood Officer Voice



**"(The Mental Health Resilience Support Worker) helped them deal with their mental health but also flagged physical health issues they'd been ignoring."**

# case study

## **Case Study: The Snowdrop Centre (Multiple Sclerosis Centre), Mid Argyll<sup>8</sup>**

Having begun life as a Multiple Sclerosis (MS) Centre in Mid Argyll, The Snowdrop Centre has expanded its remit into the treatment and care for all long-term conditions. The Snowdrop Centre provides an excellent case study of early intervention and prevention in mental health for rural communities – one if supported, could generate further insight into applicable best practice and research models for early intervention and prevention.

Catering mainly for adults, their blended service model extends support to individuals with all forms of long-term conditions across rural and island areas, demonstrating how tailored approaches can reduce social isolation, improve wellbeing, and foster self-management, community connection and improved lives.

Membership of the Camerados Movement sees The Snowdrop Centre set up an outdoors living room each month across the areas it supports. This come and chat space, backed by the six simple ways to be a Camerados, such as asking someone who is struggling to help you, is typical of the community-based and enabling focus of The Snowdrop Centre.

### **Holistic and Accessible Mental Health Support**

The Centre adopts a whole-person approach, addressing both physical and mental health needs. Care and support now include long term mental health and physical health concerns. Individuals newly diagnosed with conditions receive education, emotional support, and access to therapies, while those struggling with isolation and mental distress benefit from outreach, peer groups, and online engagement. The inclusion of digital services, home visits, and in-person support ensures accessibility, overcoming rural barriers such as travel limitations, health conditions, and digital exclusion.

### **What difference does it make?**

Over 300 individuals, including 88 families, received support from The Snowdrop Centre across Mid Argyll, Kintyre, Islay, and Jura in 2024-25. Peer groups, mental wellbeing sessions, and therapy access contributed to reduced anxiety, increased independence, and improved community connections. Notably, the Centre's efforts to tackle post-pandemic isolation and the cost-of-living crisis highlight the interconnectedness of economic hardship and mental wellbeing.

### **Challenges and Lessons**

While respected and successful, The Snowdrop Centre project has faced challenges, including staff burnout due to high demand and limited resources. Additionally, the Long Covid programme required adaptation, as participants preferred individual support over group support. These lessons reinforced for The Snowdrop Centre the need for flexibility, sustained funding, and community collaboration in mental health initiatives – all learning which could benefit other organisations from its capture and dissemination.

# case study

## Case Study: Supporting X to Reconnect with His Community on Islay

### Partners:

The Snowdrop Centre, Dochas Carers' Centre

### Overview:

X is an adult wheelchair user living on the island of Islay. For four years, he had been unable to visit his mother due to a lack of accessible transport and the inaccessibility of her home. His simple but deeply meaningful goal was to reconnect with his mum and the village community where he grew up.

### Evidence & Impact:

Following a referral from the Dochas Carers' Centre, which was supporting X's mother and her unpaid carer, X met with Claire, an Outreach Worker from The Snowdrop Centre. When asked what mattered most to him, X shared his wish to visit his mum. Claire arranged a picnic and used the Centre's accessible vehicle to take X to his mother's home.

The visit took place on a sunny day, allowing X and his mum to enjoy a picnic outdoors. Former neighbours joined them, creating a moment of reconnection and community. X was visibly emotional, describing the experience as a dream come true. He expressed that, for a short time, he felt part of a community again. This was something he had deeply missed.

### Cross-Sector Collaboration:

This initiative was made possible through collaboration between health and social care services. The Dochas Carers' Centre identified the need and referred X, while The Snowdrop Centre provided the outreach support and transport. This partnership ensured that both X and his mother received coordinated, compassionate care.

### Key Insight:

X's story highlights the importance of expanding the evidence base for Early Intervention and Prevention (EI&P) initiatives. The challenge is for the impact of such a significant and personal experience of holistic care to be captured within the EI&P evidence base, an evidence base which recognises the interplay between emotional, mental, physical and spiritual wellbeing. Our qualitative evidence suggested it is by capturing and evaluating such impactful moments, EI&P can be fairly assessed alongside other service demands, demonstrating its value in enhancing quality of life, community connection and sustaining hope.

### X's Voice:

*"You've made my dream come true."*



## **Insight 2: Task Shifting/Task Sharing Initiatives** *(Policy) (Services)* *(Research)*

### **Supporting Evidence**

The World Health Organisation in 2007 described task shifting and task sharing (TS/S) as involving the strategic redistribution of tasks among health workforce teams and personnel. Specific tasks are moved, shared or delegated responsibly and appropriately, usually from highly trained health workers to those with shorter training or specific qualifications, including volunteers and peer-supporters.

Task shifting and task sharing expanded beyond healthcare and into social care and have become proven strategies for improving access to mental health support while reducing strain on primary care and specialist services.<sup>9</sup> These approaches are particularly crucial in rural and island communities, where healthcare resources are limited, and access to specialist services can be inconsistent or delayed due to geography, workforce shortages, and infrastructure challenges.<sup>10 11</sup>

**Scotland's Mental Health and Wellbeing Strategy** highlights one-third of GP consultations involve mental health concerns<sup>12</sup>, which places significant pressure on general practitioners who may lack the capacity for in-depth mental health care. Dr Catriona Morton, Deputy Chair of the RCGP, who practices in Craigmillar in Edinburgh, described up to 50% of her surgery time as being devoted to responding to mental health concerns, and related this level of need as being typical of those in the 'GPs at the Deep End' Group<sup>13</sup>. Task shifting, where certain mental health responsibilities are delegated to trained professionals in community settings, can relieve pressure on primary care providers while improving patient outcomes.<sup>14</sup>

One successful example of task shifting within GP practices is the Community Link Worker (CLW) model, which embeds trained mental health professionals within GP practices to provide social prescribing, emotional support, and signposting to further services<sup>15</sup>. Testimonies emphasised CLWs play a critical role in preventing unnecessary referrals to secondary mental health services, reducing demand on overwhelmed GPs, and ensuring individuals receive timely, holistic support. Expanding and standardising the CLW model across all health settings would improve continuity of care and free up time for GPs to focus on acute and physical health concerns.

Similarly, the Together to Thrive initiative in Tayside demonstrates the effectiveness of task sharing in youth mental health services. This initiative provides early triage for young people on Child and Adolescent Mental Health Services (CAMHS) waiting lists, ensuring that those with mild to moderate needs receive appropriate community-based support, while CAMHS clinicians focus on more severe and complex cases.<sup>16</sup> By alleviating service backlogs and providing timely intervention, task-sharing models such as CLWs or Together to Thrive reduce crisis escalation, improve access to mental health care, and optimise specialist resources.



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Expanding and standardising task shifting initiatives can include:

1. Formal integration of CLWs into all GP practices.
2. Scaling task-sharing programmes like Together to Thrive to other rural areas to improve CAMHS accessibility.
3. Expanding Distress Brief Intervention (DBI) services to reach more frontline workers, including emergency responders, social workers, and community-based organisations.
4. Training a wider range of professionals, such as pharmacists, housing officers, post office staff and educators, to provide mental health support at the first point of contact.

By embedding task-shifting and task-sharing models within Scotland's mental health strategy, communities can receive more effective, timely support while optimising limited specialist resources.

## **case study**

### **Case Study: Together to Thrive, Tayside - A Task-Sharing Approach to Youth Mental Health<sup>17</sup>**

#### **Partners:**

Mental Health Foundation; NHS Tayside; CAMHS; Dundee City Council; Barnardo's; Dundee Carers Centre; One-Parent Families Scotland; Relationships Scotland Tayside and Fife; Dundee City Council Adoption and Fostering Service; NHS Tayside School Nursing Service; Speech and Language Communication Company; Dundee Women's Aid

#### **Overview:**

Together to Thrive (TtT) is a multi-agency initiative in Tayside providing a transformative model for youth mental health support. Focused on early intervention and prevention, TtT uses a task-sharing approach to redirect support from overstretched specialist services to trained community-based practitioners. This model responds to calls from CAMHS professionals to strengthen the role of non-medical support services, ensuring families receive timely help while awaiting clinical input or as an alternative to it.

## Evidence & Impact:

TtT supports parents of children aged 5–11 with neurodevelopmental concerns, either identified by schools or currently on CAMHS waiting lists. The model is built on three key principles:

1. **Needs-Based Action:** Support is prioritised based on population needs, identified through CAMHS data, school referrals, and feedback from community organisations.
2. **Training by Specialists:** CAMHS and associated experts deliver training to community-based organisations, equipping them with the skills and confidence to support families effectively.
3. **Ongoing Coaching:** Monthly support sessions led by CAMHS clinicians provide continued guidance and build practitioner confidence.
4. This approach allows mental health specialists to shift from direct service delivery to roles as trainers and consultants, enabling broader reach and sustainability.

## Implications for Mental Health:

Task-sharing is globally recognised as a practical solution to workforce shortages in mental health. The TtT pilot demonstrated high levels of feasibility and acceptability. While adapting the model to rural communities will require consideration of infrastructure, it holds promise for areas where CAMHS face long waiting lists and limited capacity.

## Key Benefits:

- **Reduced Specialist Waiting Lists:** Early support prevents escalation to crisis, easing pressure on CAMHS.
- **Empowered Local Services:** Training embeds knowledge within the community workforce, reducing reliance on specialist services.
- **Accessible Digital Resources:** The Neurodevelopmental Portal provides remote access to support, vital for geographically isolated families.
- **Stronger Community Networks:** Group-based interventions and peer support reduce parental isolation and foster resilience.

## Key Insight:

Together to Thrive offers a scalable, collaborative model for early intervention in youth mental health. By sharing expertise across sectors and empowering community organisations, it ensures families receive the right support at the right time and before crisis points emerge. This case study offers lessons for other communities in Scotland as it evidences how task-sharing can ease pressure on overstretched specialist services by equipping community-based practitioners to provide timely, preventative support. By training and coaching local organisations, Together to Thrive empowers communities to respond effectively while ensuring clinicians can focus on the most complex cases. Its proven impact on reducing waiting lists, strengthening community networks, and embedding sustainable skills makes it highly adaptable for replication in both urban and rural areas.

**“Together to Thrive has already made a significant difference to our lives... The project has given us practical advice that we never had access to previously... There is still a long way to go and we continue to face new and daily challenges, but we now feel like there is light at the end of what has been a very long tunnel.”**



## **Insight 3: Embedding Co-Design & Peer-Support Principles in Quality Assurance for EI&P Services** *(Policy)*

### **Supporting Evidence**

Testimony and experiences gathered through the course of this research highlighted the importance of embedding co-design and peer-support principles in quality assurance processes to ensure Early Intervention and Prevention (EI&P) services remain responsive, effective, and sustainable. Co-design refers to the active involvement of the people who access or may wish to access services, communities, and delivery partners in the design, evaluation, and improvement of mental health services.<sup>18</sup> Engaging people with lived and living experience to help shape services and deliver services can contribute to greater engagement with services and support.<sup>19</sup>

A key example is the Clydesdale Community Initiative (CCI), which demonstrates how empowering individuals in service delivery enhances participation and reduces self-stigma. CCI collaborates with people experiencing mental health challenges, unemployment, and social exclusion, providing opportunities to contribute to meaningful community projects. By engaging participants in service development, CCI ensures that mental health support is not only accessible but also tailored to local needs.

Interviews and research testimony suggested many rural EI&P services currently lack structured co-design frameworks, limiting their ability to adapt to evolving community requirements. Without mechanisms for continuous feedback from people benefiting from services and frontline workers, services risk becoming outdated, underutilised, or disconnected from the lived realities of those they aim to support.

To integrate co-design principles into quality assurance, Scotland's EI&P developments may include:

- **Routine Lived and Living Experience Feedback:** Implement regular consultation sessions, advisory groups comprised of people who access or may wish to access services, and community workshops to assess service effectiveness.
- **Participatory Quality Assurance Reviews:** Develop service evaluation frameworks that prioritise insights from people with direct experience of mental health challenges, ensuring continuous improvements.
- **Cross-Sector Collaboration:** Encourage partnerships between statutory agencies, third-sector organisations, and local community groups to ensure services reflect the needs of diverse groups of people accessing services.
- **Flexible Service Models:** Adapt service structures based on people's feedback, ensuring that mental health interventions remain responsive to emerging challenges.
- **Training and Capacity Building:** Equip mental health professionals, policymakers, and community leaders with co-design understanding and skills, fostering a culture of inclusion and beneficiary-driven innovation.



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By embedding co-design principles within quality assurance reviews, Scotland can create more resilient, user-centred EI&P services that empower individuals, foster trust in mental health support systems, and improve long-term outcomes. Co-design, co-delivery and peer support is not just about consultation; it is about meaningful collaboration which strengthens Scotland's commitment to prevention and early intervention in mental health care.

# case study

## Case Study: Scottish Recovery Network<sup>20</sup> - A Peer-Led Model for Strengthening Rural Mental Health

### Partners:

Scottish Recovery Network (SRN); NHS Highland; Moray Wellbeing Hub; Third Sector Organisations

### Overview:

In rural Scotland, mental health needs are complex and often underserved. Communities face barriers such as geographic isolation, workforce shortages, and persistent stigma. The Scottish Recovery Network (SRN) offers a peer-led, co-produced model that empowers communities to lead their own mental health responses. Founded in 2004, SRN champions recovery-oriented systems built with and not just for people with lived experience.

### Evidence & Impact:

SRN's approach is rooted in values-based practice, peer leadership, and local facilitation. Rather than delivering services directly, SRN acts as a connector and capacity-builder, enabling communities to shape mental health support that reflects their own strengths and needs. Their 'levers for change', including network building, knowledge sharing, and peer leadership development, support long-term transformation.

In NHS Highland, SRN helped embed lived experience into the health board's five-year Mental Health and Learning Disability Strategy. Peer-led engagement and training ensured service design was grounded in real-world insights. One participant shared, "*This was the first time I felt like I mattered.*"

In Moray, SRN partnered with Moray Wellbeing Hub to train peer supporters using its 'Peer2Peer' and 'Making Peer Practical' frameworks. This built a sustainable, community-led network that enhanced wellbeing without relying on clinical services.

In Dumfries and Galloway, SRN convened third sector groups to host conversation cafés, informal spaces where lived experience shaped local mental health planning and reduced disconnects between services and communities.

### **Cross-Sector Collaboration & Reach:**

SRN bridges grassroots voices with national policy, contributing to Scotland's Mental Health and Wellbeing Strategy and Suicide Prevention Delivery Plan. Their open-access resources allow small rural organisations to take ownership of mental health support, building confidence and long-term capacity.

Their work in perinatal peer support, self-harm strategy consultation, and the 'With Us For Us' project with Healthcare Improvement Scotland further demonstrates how co-designed models can reach vulnerable or marginalised populations often underserved in rural areas.

### **Key Insight:**

The Scottish Recovery Network (SRN) exemplifies how peer-led, co-designed models can transform rural mental health by sharing power, building relationships, and embedding lived experience at the heart of service design. Their work shows that system change and quality assurance must begin with those most affected, ensuring that real people are central to shaping inclusive, resilient communities. As Scotland continues to prioritise early intervention and prevention, SRN's model provides a hopeful blueprint for sustainable, community-led reform.

This case study showcases an example of cross-Scotland policy compatibility through the embedding co-design and peer support makes services more responsive, relevant, and trusted. SRN's peer-led approach empowers communities - particularly in rural areas where traditional provision is limited - to design and deliver support that reflects local strengths and challenges. By bridging grassroots voices with national policy and building sustainable peer networks, it offers a scalable framework for inclusive, community-driven mental health support, where meaningful quality assurance is rooted in lived experience.

## **Peer Support Voices**

"Having somebody that had been through it all as well, kind of helped, because I didn't have anybody in my life who had a mental health illness, and it kinda made my life easier because I was able to say, 'Look, did this work for you?' or 'Look, did this happen to you?' or 'Am I going crazy, or is this actually real?'"

"I feel I'm a more worthwhile person now, and I do have something to contribute to society. I've got a better relationship with my girls now, because I'm obviously happier. So, it's a win-win for everybody."

"Keeping busy actually helps with my recovery, and helping other is what I'm focusing on and that means a lot to me."



## **Insight 4: Enhancing Core Funding for Place-Based, Asset-Based Community Development** *(Policy) (Research)*

### **Supporting Evidence**

Our findings identify short-term and inconsistent funding as a major barrier to the effectiveness of Early Intervention and Prevention (EI&P) services. Many locally embedded organisations, which provide critical mental health support, are forced to operate on short-term project grants rather than stable, long-term funding. This funding instability can weaken service sustainability, disrupt continuity of care, and prevent grassroots initiatives from fully realising their potential.<sup>21</sup>

Place-based, asset-based community development (ABCD) approaches can be particularly effective when local knowledge, trust, and relationships are effectively leveraged to play a crucial role in shared outcomes<sup>22</sup>. Asset based community development is a move away from the management of the symptoms of poor mental wellbeing and instead aims to build a more empowering model with communities to tackle the social determinants of health through looking at ownership and accountability at individual and community level. It emphasises local assets are key resources in tackling inequalities.<sup>23</sup> Langloch Farm<sup>24</sup> by Clydesdale Community Initiatives in Lanark is a prime example of a trusted, asset-based community-led mental health initiative that has successfully created a stigma-free, holistic support environment for individuals experiencing mental health challenges. However, like many similar projects, it relies on piecemeal funding sources, making long-term service provision uncertain.

Community-led prevention initiatives can reduce crisis care costs and alleviate pressure on acute mental health services.<sup>25</sup> Investing in stable, core funding for grassroots mental health services would enable locally trusted organisations to focus on service delivery rather than constantly applying for short-term grants. This would ensure continuity of care and allow communities to build long-term, sustainable mental health support systems.

Additionally, testimony and experiences gathered through the course of this research highlights that place-based mental health interventions offer unique advantages over centrally delivered services, because of the long-established local networks which place-based resources are embedded within. The Methodology and Stakeholder section of this report details how mental health support provided within existing community structures, ensures greater accessibility, culturally appropriate care, and stronger engagement with service users.

By providing core funding for these community driven models, policy makers can strengthen early intervention strategies, prevent crisis escalations, and support long-term mental wellbeing, while maintaining the community-based responsive models of support. To enhance core funding for place-based, asset-based mental health initiatives, the following steps could be prioritised:

- Establish multi-year funding models that ensure the sustainability of EI&P services, including the Communities Mental Health and Wellbeing Fund.
- Integrate place-based mental health initiatives into national EI&P funding frameworks and the Delivery Plans of the Mental Health and Wellbeing Strategy,



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ensuring they receive stable support.

- Encourage cross-sector collaboration, linking community-led mental health programmes with healthcare, housing, education, and social services to strengthen financial sustainability.
- Measure long-term cost savings and impact, using evidence from successful models like The Snowdrop Centre to build the case for continued investment.

By prioritising long-term, core funding for community-based mental health initiatives, Scotland can build a stronger, more sustainable EI&P infrastructure, ensuring all of Scotland's communities have consistent access to mental health support.

# case study

## **Clydesdale Community Initiative (CCI)<sup>26</sup>: A Peer-Led, Asset-Based Model for Mental Health Support**

### **Partners:**

Clydesdale Community Initiatives (CCI); Social Work; Mental Health Teams; Disability Organisations; Schools; Care Homes

### **Introduction**

Clydesdale Community Initiatives (CCI) is a social enterprise and charity based at Langloch Farm near Lanark, South Lanarkshire. Since its establishment in 2002, CCI has been dedicated to supporting individuals facing barriers to inclusion, such as disabilities, long-term mental and/or physical health conditions, or social disadvantages, by enabling them to contribute meaningfully to their communities. Through a peer-led, asset-based approach, CCI fosters personal growth, community engagement, and improved mental wellbeing.

CCI is one of many similar organisations which could do more for its wider community and the individuals and families within it if funding were able to be secured on a longer-term basis.

### **Asset-Based, Person-Centred Approach**

At the core of CCI's methodology is the belief that every individual possesses unique strengths and interests that can be harnessed for personal and communal benefit. Rather than focusing on deficits or limitations, CCI emphasises participants' capabilities, encouraging them to engage in activities that align with their passions and skills. This approach not only boosts self-esteem and confidence but also promotes a sense of purpose and belonging.

Participants are involved in various projects that offer opportunities for skill development, social interaction, and community contribution. By engaging in meaningful work and seeing tangible results from their efforts, individuals experience enhanced mental wellbeing and a stronger connection to their community.

## **Peer-Led Initiatives and Community Engagement**

CCI's model is distinguished by its emphasis on peer support and community involvement. Participants often work alongside peers who have faced similar challenges, fostering an environment of mutual understanding and encouragement. This peer-led dynamic not only facilitates the sharing of experiences and coping strategies but also helps build supportive relationships that extend beyond the confines of the programme.

The organisation operates several social enterprises at Langloch Farm, including a tearoom, gift shop, market garden, and outdoor play areas. These enterprises serve as platforms for participants to apply their skills in real-world settings, interact with the public, and contribute to the local economy. Profits generated from these ventures are reinvested into CCI's programmes, ensuring sustainability and continued support for participants.

Despite this enterprising income generation, CCI is in the same position as the majority of Scottish and UK charities as it faces greater need for its services at the same time as grant and foundation funds reduce, and core funding is challenging to come by. This has a direct impact on the organisation's ability to plan for the longer-term and strategies to meet both growing demand and capitalise on opportunities in increase service provision.

## **Impact on Mental Health and Wellbeing**

CCI's asset-based, peer-led approach has demonstrated significant positive outcomes for participants' mental health and wellbeing. Engagement in purposeful activities, acquisition of new skills, and the development of social connections contribute to reduced feelings of isolation, increased self-worth, and improved overall mental health.

By focusing on what individuals can do rather than what they cannot, CCI empowers participants to take control of their lives and make meaningful contributions to their communities. This empowerment is a critical factor in fostering resilience and promoting long-term mental wellbeing.

## **Focus**

Clydesdale Community Initiatives exemplifies how a peer-led, asset-based model can effectively support mental health and wellbeing. By valuing individuals' strengths and fostering community engagement, CCI not only enhances the lives of its participants but also enriches the broader community. Its sustainable, inclusive approach serves as a compelling model for organisations aiming to promote mental health through empowerment and community involvement.

## **Key Insight**

This case study evidences how community-driven, peer-led approaches can provide a powerful template for improving mental health across Scotland. By embedding support within trusted community settings like Langloch Farm, Clydesdale Community Initiative (CCI) demonstrates how locally rooted organisations can reduce isolation, promote inclusion, and provide holistic support that benefits both individuals and the wider community.

The model highlights the importance of stable, long-term funding to ensure sustainability and allow grassroots organisations to plan effectively, expand provision, and meet growing demand. With consistent investment, initiatives like CCI can deliver enduring early intervention and prevention outcomes, strengthen local economies through social enterprise, and provide a scalable framework for community-led mental health support across Scotland.



## **Insight 5: Opportunities in Community Planning and Third Sector Interfaces for EI&P Funding Management** *(Policy) (Research)*

### **Supporting Evidence**

Key stakeholder conversations, detailed in the Methodology and Stakeholder Engagement section of this report, highlighted the need to strengthen the role of Community Planning Partnerships (CPPs) and Third Sector Interfaces (TSIs) in managing and distributing Early Intervention and Prevention (EI&P) funding, whether grant or tender and contract based. The Community Mental Health Fund for Adults is a good example of funding structures which work with Third Sector Interfaces to manage distribution to smaller community organisations.

Within other tendering and contracting processes smaller, community-led initiatives can struggle to access financial resources despite their deep local knowledge and trusted relationships.<sup>27</sup> TSIs, as part of the wider Community Planning Process, play a crucial role in facilitating partnerships between statutory services, third-sector organisations, and local groups. However, limited capacity and fragmented funding processes can hinder their effectiveness in ensuring resources reach the right initiatives at the right time.<sup>28</sup>

One of the key challenges is that competitive funding models reward organisations with greater administrative resources and the resulting capacity to devote time and expertise to tenders and funding applications, rather than those often best placed to deliver impactful EI&P services in their communities. Locally embedded third-sector organisations often lack the capacity to navigate complex bidding processes, leading to missed opportunities for funding. This results in a system where national charities may win funding contracts but struggle to implement place-based solutions, while local grassroots organisations, often better suited to deliver community-specific interventions, are underfunded or left out entirely.<sup>29</sup>

To ensure the fairest and most effective distribution of EI&P focused funding, involving the best connections both within and cross-sectors, some stakeholders proposed adopting the 'ship and harbour' model. In this framework, larger organisations function as 'ships', bringing resources, training, project management expertise, and evaluation capabilities into a community, while local organisations serve as the 'harbour', delivering frontline services, engagement, and locally relevant solutions. This model creates a more equitable and impactful funding structure, with readily integrated peer and people-engagement, ensuring that grassroots organisations receive the necessary financial and logistical support to deliver meaningful EI&P initiatives.

To strengthen TSI capacity in managing EI&P funding, the following steps can be prioritised, and offer a funding system more in line with the Community Mental Health Fund for Adults:

- **Flexible, Multi-Year Funding Structures<sup>30</sup>:** Moving away from short-term, competitive funding cycles towards sustained, outcome-focused investment.
- **Cross-Sector Collaboration:** TSIs functioning as neutral brokers, actively fostering partnerships between statutory agencies, national charities, and grassroots organisations to enhance service delivery.



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- **Capacity-Building Support for Local Organisations:** Providing training, mentoring, and administrative support to smaller community groups, enabling them to compete more effectively for funding, individually or in partnership, and expand beyond their current scope.

By empowering TSIs within the Community Planning setting to take a more active role in distributing and managing EI&P funding, Scotland can ensure a more inclusive, place-based approach to mental health intervention, strengthen rural service delivery, and promote long-term sustainability for grassroots mental health initiatives.

This approach fits with the increasing number of task shifting and task sharing models operating in community and charity services<sup>31</sup>. Many innovative examples of task sharing, such as Step by Step in Moray, start with a specific purpose and grow in scope and impact with the active involvement of the third sector, volunteers and community assets. The following case study demonstrates how cross-sector working links community services to statutory providers and other voluntary sector, housing and advice and advocacy services to meet the needs of those they support. Step by Step is an example of local services which would benefit from the active involvement and support of the TSI Network to increase scalability, reach and impact.

## case study

### **Step by Step, Moray<sup>32</sup> – Strengthening Early Years Mental Health Through Intergenerational Support**

#### **Partners:**

Step by Step, Moray; Third Sector Interface (TSI); Health Visitors; Perinatal Mental Health Services

#### **Overview:**

Step by Step Moray is a targeted early years mental health initiative supporting families from pregnancy through early childhood<sup>33</sup>. Based in Moray, the programme improves child development outcomes and promotes parental wellbeing, with a strong emphasis on secure attachment and early intervention. Third-age volunteers play a key role, making the service both cost-effective and intergenerational.

Many mothers find their circumstances and lived / living experiences make it difficult to connect with and fit into the typical parent and toddler sessions run by churches and community centres. For others, the challenge of attending such sessions due to issues with transport or with multiple dependants can lead to unwelcome isolation. Many have

scant resources or dependable people to fall back upon and are also working through their own adverse childhood experiences or traumas which risk being played out through their own young families<sup>34</sup>.

The organisation initially obtained 3 years match funding from the Parish Development Fund of the Church of Scotland and was successful in attracting grant funding of £12,457 and £10,000 in Year 3 and Year 4 respectively of the Moray Communities Mental Health & Wellbeing Fund – managed by TSiMoray.

### **Evidence & Impact:**

The programme begins at 24 weeks of pregnancy and continues through infancy and toddlerhood. It offers home visits, group sessions, and peer-led activities that reduce parental stress, promote positive parenting, and support secure attachment, critical for lifelong mental health resilience.

Step by Step's approach is grounded in attachment theory and adult education. It creates play-rich environments that encourage nurturing interactions and builds trust with families facing disadvantage. Many participants are young parents or those experiencing poverty and isolation. The programme helps build confidence, reduce stigma, and connect families to wider support networks including health visitors, financial advice, and training opportunities.

### **Cross-Sector Collaboration & Accessibility:**

Step by Step works closely with statutory and third-sector services. Its non-statutory status helps build trust, while its outreach model ensures families in rural areas can access support without barriers related to transport or geography.

### **Potential for Expansion:**

Despite its success, Step by Step remains limited to Moray. Expanding the model nationally through TSi networks could enhance early intervention strategies and support more families across Scotland.

### **Key Insights**

Despite its verified success, Step by Step has not yet been scaled beyond Moray, limiting its potential impact on communities across Scotland. Maximising opportunities to access sustained funding within Moray would continue the benefits available to families and the EI&P benefits. Expanding this model nationally, through Beacon status and promotion throughout the TSi network, would enhance primary prevention strategies through cross sector connections, helping more families build stable, nurturing environments that support lifelong mental health resilience. The support received by Step by Step from TSiMoray can also be highlighted as a positive example of integrated working between local third-sector stakeholders and statutory partners in the same space, working towards strategic goals.

Key benefits which could be extended by expanding awareness and funding of this model via TSi Networks include:

- **Early Intervention and Prevention Support for Vulnerable Parents:** Some stakeholders suggested the typical 'parent and toddler' meetups held in communities around Scotland can be cliquey, judgemental and isolating spaces for parents struggling to cope with life's demands. These are the very parents who need support the most. Parents and families facing vulnerability or isolation would benefit from Step by Step's early intervention approach. The holistic model, rooted in

attachment theory<sup>35</sup> and adult education, helps to prevent long-term social, emotional and cognitive challenges and short-term disruption of care.

- **Addressing Geographical Isolation:** Rural areas often lack easy access to comprehensive services and support networks. Step by Step's home visits, in conjunction with the community level of delivery group sessions and peer-led activities, offer outreach and connection, ensuring families in remote locations receive vital support and remove the barriers of distance or access to transportation.
- **Cross-Sector Support Networks:** Through its connection to health visitors, perinatal mental health services, housing, social care and financial advice services, Step by Step contributes to the development of strong support networks for families. Like the Kingdom Housing Association's Mental Health Resilience Support Worker role, the fact that Step by Step is not a statutory service, decreases concerns about trust and increases the connections its people can build, while still being able to link to all relevant statutory services, if needed.
- **Tailored and Inclusive Adult Education:** Step by Step's holistic model of adult education, focused on life journey, could be transformative for Scottish families. By addressing both caregiver needs and child development the programme supports parents and provides them with the tools to take control of their wellbeing. Grounded in respect, inclusion and community, it can support belonging and resilience among families.
- **Sustainable Long-Term Impact:** The emphasis on play, creativity and learning supports immediate wellbeing while also setting the stage for lifelong resilience. Rural communities often face long-term challenges that the foundation of secure attachments, strong relationships and healthy early brain development provided by Step-by-Step programme could help to overcome.
- **Community Integration and Strengthening:** Step by Step's focus on building community through activities and peer-led initiative, supported by enthusiastic and caring third age volunteers and specialist staff, harnesses the potential of local networks. The expansion of which could help to connect rural, island and urban families in reducing social isolation and building stronger, more resilient communities.

Step By Step records show that, since 2008 the project has worked with: 1,600 families, 2,100 children, 50 dads and over 100 volunteers. During its academic evaluation phase in 2019 the project worked with 126 families, 150 children, 10 fathers, 3 First-Steps Groups, 6 Step by Step Groups and 36 volunteers.

## ThirdAge Volunteers' Voices

"It just makes me happy. Impact on me? It makes me so rewarded. I see people get a little help. I didn't realise how many mummies were not coping. Struggling a bit or the children were struggling a bit. To help anybody in trouble or pain it's given me that feel good factor and, as I say, it makes me really happy."

"Step By Step is a wonderful place. It is a haven, a sanctuary, which is filled with love and warmth. Mums, dads and children feel secure. Filled with laughter and warmth. Wonderful support group as they (the parents) build relationships between themselves. Children have fun. It's a place of fun and happiness. I can see no way in which Step by Step is unhelpful."

"(I am) Contributing to society and being helpful and benefitting other people. Staff are extremely capable. It is led really well in all aspects. Can't think of any areas of improvement. It's ideal to me for mums and dads. It's a happy, happy place and I love how volunteers are welcomed."

## Mums' Voices

“(I’ve) Changed – since first came. When I was at home, I was just a ‘stresshead’ and it was all my fault. (It’s) Easy now (because) you’re so much more relaxed. Socialising is a big difference.”

“I had post-natal anxiety quite bad. I’d never heard of this (post-natal anxiety), but I never had anxiety before he was born. I didn’t go to a single group before, but I was worried about keeping kids in the house. It was not right (to keep them in the house so much). So, I came and (now) it’s good (because) you just go. He (son) gets not stressed out now.”

“Basically, like, because I lost my other child, coming to group was difficult. It’s a taboo subject. But there are kids the same age. I sorted myself out mentally and came back to group to normalise things. It does (normalise things).”

“If it hadn’t been for Step by Step, she (adult daughter) would have been back in the acute mental health ward months ago. With Step-by-Step, she’s coping with the kids and everything so much better.”

Grandparent's Voice



## **Insight 6: Launching a National and Localised Rural Anti-Stigma Campaign** *(Policy) (Services)*

### **Supporting Evidence**

Testimony and experiences gathered through the course of this research highlighted that mental health stigma can be a barrier to early intervention and prevention (EI&P), particularly in rural and island communities. Individuals living in small, close-knit communities often fear judgement, social exclusion, or damage to their reputation if they seek mental health support.<sup>36</sup> This results in delayed access to care, worsening symptoms, and increased reliance on crisis services. The National Rural and Islands Mental Health Forum found that many people in rural Scotland hesitate to seek help due to fear of being perceived as weak or unable to cope.<sup>37</sup> Addressing both societal stigma and self-stigma is essential to ensuring that EI&P initiatives are effective.

Programmes such as See Me Scotland have demonstrated that public awareness campaigns and mental health education significantly reduce stigma and encourage help seeking behaviour. See Me's anti-stigma initiatives in schools, workplaces, and healthcare settings are changing attitudes and improving mental health literacy<sup>38</sup>. However, rural communities require more tailored, context-specific anti-stigma efforts to reflect the unique cultural and social dynamics of rural and island areas.

A national and localised anti-stigma campaign should integrate targeted rural messaging into existing public health strategies. This campaign should:

- **Use Trusted Local Voices:** Engage with farmers and agricultural workers, island and coastal workers and fishers, teachers, community leaders, communities of interest and faith groups to deliver mental health awareness messages in ways that resonate with rural and island populations.
- **Promote Conversations in Everyday Settings:** Introduce mental health discussion spaces in local hubs, such as post offices, agricultural marts, community centres, and schools.
- **Expand Workplace Mental Health Initiatives:** Develop tailored anti-stigma training for rural, islands and coastal employers and employees, including agricultural workers and small business owners, recognising the impact of economic stress on mental health.
- **Normalise Seeking Help Through Media and Social Campaigns:** Launch local radio, social media, and print campaigns featuring real stories from rural individuals who have benefited from mental health support.
- **Integrate Anti-Stigma Work into Primary Healthcare:** Ensure GPs, pharmacists, and other frontline workers are equipped to dispel myths and encourage open discussions about mental health.

# case study

## RSABI and SAYFC - Reducing Mental Health Stigma in Farming Communities<sup>39</sup>

### Partners:

RSABI, Scottish Association of Young Farmers' Clubs (SAYFC)

### Overview:

RSABI and SAYFC offer a proactive, community-based model for early intervention and prevention (EI&P) in rural mental health. By embedding support within agricultural communities, they address the unique challenges faced by rural populations, including stigma, isolation, and limited access to services. Their approach demonstrates how trusted, community-led initiatives can improve wellbeing and reduce barriers to seeking help.

### Evidence & Impact:

RSABI provides a comprehensive support system for Scotland's farming communities, including mental health support, physical health checks, and casework assistance. Services are delivered by professional staff and trained volunteers, ensuring holistic care tailored to individual needs.

A key innovation is RSABI's use of mobile Health Huts, which visit livestock markets and agricultural events to offer free health checks and advice. This model brings support directly to the community, overcoming geographic and time-related barriers. It also reduces stigma by normalising help-seeking in familiar, trusted environments.

SAYFC complements this approach by engaging young people in farming communities through open dialogue and trusted information sources. Their emphasis on peer-led support and community trust helps reduce scepticism toward external services, particularly in areas where mental health stigma remains high.

### Cross-Sector Collaboration:

RSABI and SAYFC work closely with agricultural networks, local health providers, and volunteers to deliver integrated support. Their staff and volunteers often come from farming backgrounds, which strengthens trust and engagement. This community-rooted approach ensures that support is culturally relevant and responsive to local needs.

### Adaptability & Access:

Both organisations prioritise accessibility and early engagement. By meeting people where they are, physically, mentally, emotionally and spiritually, they encourage regular interaction with support services. This is especially effective in rural areas where traditional mental health services may be viewed with suspicion or are simply unavailable.

### Key Insight:

This case study evidences that tackling stigma through trusted, community-rooted approaches can transform access to mental health support in settings where people are often reluctant to seek help. By embedding services in familiar environments like livestock markets and agricultural events, RSABI demonstrates how innovative, place-based models can overcome barriers that exist not only in rural Scotland but also in other

close-knit communities where fear of judgement persists. This makes the approach highly relevant for wider application, as it illustrates how mental health support can be normalised and integrated into everyday life.

SAYFC's peer-led engagement highlights how mobilising young people within their own networks can shift attitudes, build confidence, and spark long-term cultural change. Although developed for farming communities, the principles of trusted peer support, open dialogue, and youth leadership are transferable to other groups across Scotland, from schools to urban youth organisations. This demonstrates the model is not confined to agriculture and can provide a blueprint for reducing stigma and promoting prevention in diverse contexts.

The combined efforts of RSABI and SAYFC underline the importance of collaboration between professional services, volunteers, and community organisations in delivering tailored, stigma-reducing interventions. Their success indicates that trust-based, localised approaches can complement national strategies and be scaled across different geographies and sectors. By adapting this model beyond farming, Scotland has the opportunity to strengthen early intervention and prevention efforts, making mental health support more visible, accessible, and accepted in communities everywhere.



## **Insight 7: Deepen Institutional Support for Early Intervention and Prevention (EI&P) Across Scottish Public Policy** *(Policy)*

### **Supporting Evidence**

Testimony and evidence gathered through the course of this research, shared in the Methodology and Stakeholder Engagement section of this report, emphasise the potential positive impact of EI&P measures on outcomes for individuals, families, workplaces, and communities<sup>40</sup>. Delays in intervention increase long-term care costs and exacerbate health inequalities. A 2021 meta study found 48.4% of individuals who experience mental ill health have had their first experience of mental health challenges before age 18, and 62.5% before age 25<sup>41</sup>, reinforcing the need for early action.

Ongoing research into preventative initiatives by the Scottish Centre for Social Research (ScotCen) and Public Health Scotland on the impact of Distress Brief Intervention (DBI) indicates positive signs on the impact government-backed programmes can have in reducing crisis incidents<sup>42</sup> through Scot Cen's DIMES assessments.

Those interviewed for this report also agreed The Health Economics Research Unit of Aberdeen University and Healthcare Improvement Scotland too have institutional roles to play in working with policymakers to address ongoing challenges of evidencing and promoting effective EI&P.

Getting It Right for Every Child (GIRFEC) and the shared responsibility it establishes builds recognition of the development of understanding and coping strategies as early as possible in the life of every individual.<sup>43</sup>

This report strongly supports the case for deepening institutional backing of Early Intervention and Prevention (EI&P) by outlining the economic, social, and health benefits of proactive mental health policies. Research suggests EI&P practices have the potential to positively impact individuals, families, workplaces, and communities at all life stages, and reduce long-term service demand.<sup>44</sup>

In looking at the role of school settings in both raising awareness and providing solutions for the lasting emotional distress which can accompany adverse childhood experiences (ACEs), the research to support this report has considered best practice cross-sector examples with proven benefits.<sup>45</sup>

Without sustained institutional commitment to childhood and adolescence mental health, for example, young people risk facing crisis situations later in life due to delayed access to care. Evidence suggests intervention early in life reduces the likelihood of requiring adult mental health services, supporting the argument that proactive policies lead to long-term savings and improved health outcomes.

Institutional support for EI&P in rural and island communities is particularly vital due to geographic barriers, social stigma, and under-resourced services. Findings and feedback from desk research and interviews with key project stakeholder groups identified transport difficulties, lack of anonymity, and lower-wage economies as compounding factors that increase vulnerability and hinder timely access to mental health support.<sup>46</sup> This



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necessitates policy integration that prioritises mental health within community planning, education, housing, and healthcare sectors.

Moreover, co-design with service users and community organisations is crucial to tailoring policies to local needs<sup>47</sup>. Successful examples of community-led approaches include the Together to Thrive initiative, which provides early mental health support for young people to reduce pressure on waiting lists for specialist care, and also Partnership for Children's work within primary schools using the Apple and Ziggy's Friends Skills for Life programme. Cross-sector collaborations highlight best practices in EI&P, but without institutional mechanisms for sharing learning and long-term funding sustainability, their impact remains limited.

The workshop attendees and respondents who contributed to the engagement to produce this report stressed that sustained funding is necessary for EI&P programmes to thrive. Pressures on Scotland's health and social care system have increased in recent years from preventable conditions, highlighting the need to frontload funding in early intervention and prevention programmes<sup>48</sup>. Deepening institutional support will benefit from further embedding EI&P within national policies and strategies, from the earliest possible opportunity, protecting funding for EI&P, and ensuring EI&P principles are central to all public policy frameworks.

## **case study**

### **Kavli Dumfries & Galloway Project (2020–2023)<sup>49</sup>**

#### **Partners:**

Partnership for Children, Dumfries & Galloway Council, Sleeping Giants

#### **Overview:**

Partnership for Children envisions a world in which the development of mental health and emotional resilience is part of life for every child at home, at school and in the community. They want to build the social and emotional skills of children across the entire primary school age range through well-evidenced programmes and collaborative, mutually beneficial and sustainable partnerships.

An evaluative study explored the implementation of the Partnership for Children's Skills for Life programmes across eight small schools in Dumfries & Galloway, focusing on working within composite classes and on improving the mental health and wellbeing of pupils. The project aimed to assess the adaptability and impact of the programmes in diverse educational settings, including rural and early years provisions, and was successful in leveraging institutional buy-in from key anchor organisations in the form of Dumfries & Galloway Council.

**Evidence & Impact:**

Teacher feedback and school reflections consistently highlighted the accessibility and flexibility of the programme materials, *Apple's Friends and Ziggy's Friends*<sup>50</sup>. In mixed-age classes adaptive teaching guidance enabled educators to tailor content to developmental stages. Whole-class story-based activities and small group tasks with built-in adaptation tips were praised for their inclusivity.

The programme's minimal resource requirements and structured flexibility allowed effective delivery despite limited space, equipment and constrained teacher time. Collaborative training sessions supported personalised implementation plans, enhancing relevance and feasibility.

A coastal school noted improved parental engagement, attributing this to the use of recorded sessions replacing traditional in-school meetings, an approach that accommodated the community's seasonal work patterns and reduced absenteeism.

**Cross-Sector Collaboration:**

Within Dumfries and Galloway the primary schools worked with the support of Partnership for Children and the third sector organisation Sleeping Giants. Across the UK, the Young Carers Service supported the training and resource development.

**Longevity of Impact:**

Evidence from follow-up reflections a year post-project and video testimonials from older pupils show sustained application of programme principles. Children in Years 5 and 6 recalled and continued to use strategies learned in Year 1, demonstrating lasting benefits.

**Key Insight:**

This case study demonstrates how institutional support can make the difference between small-scale innovation and long-term, system-wide change. The Kavli Dumfries & Galloway Project shows that when local government, schools, and third-sector organisations align behind Early Intervention and Prevention (EI&P), even small rural schools can deliver programmes with lasting benefits for children's wellbeing. By embedding Partnership for Children's Skills for Life programmes in diverse educational settings, the project proved that with institutional backing, high-quality preventative interventions can adapt to different contexts, reach children early, and reduce the likelihood of crises later in life.

Another insight is that strong institutional commitment provides the foundation for sustainable change by ensuring programmes are resourced, evaluated, and scaled. The Kavli project illustrates how local authority involvement not only provided legitimacy but also ensured that schools and teachers had the training, tools, and confidence to integrate EI&P into daily practice. This relevance extends across Scotland: whether in rural, island, or urban schools, institutional buy-in from councils, health boards, and national agencies enables preventative models to embed within the fabric of public services, rather than remaining short-term pilots.

Finally, the case study highlights that EI&P is not just a health issue but also a cross-cutting policy priority with implications for education, social care, housing, and community development. The adaptability of the Skills for Life programme shows that with institutional support, preventative approaches can thrive even in resource-constrained environments, while delivering measurable outcomes in pupil resilience, parental engagement, and community wellbeing. Scaling this kind of model across Scotland would demonstrate how embedding EI&P within public policy frameworks - supported by sustained funding and partnership - can reduce health inequalities, strengthen resilience, and create long-term social and economic benefits nationwide.

## Mums' Voices

**“I’ve loved it. I think it was exactly what was needed in terms of health and wellbeing.”**

Zippy’s Friends & Apple’s  
Friend Teacher

**“The children use the Golden Rules to almost self-regulate behaviour.”**

Apple’s Friend Teacher



## **Insight 8: Standardise Methods for Capturing Best Practice and Supporting Locality-Based Pilots** *(Services) (Research)*

### **Supporting Evidence**

This EI&P research highlighted a critical gap in knowledge transfer and standardisation of best practices across Early Intervention and Prevention (EI&P) programmes in rural and island communities, and with implications for the whole of Scotland. While successful initiatives have emerged, there is no systematic framework for capturing, evaluating, and scaling these practices to new localities. Without structured knowledge-sharing mechanisms, valuable lessons from effective projects remain isolated, limiting opportunities for broader impact.

One clear example of this is the **Together to Thrive** initiative in Tayside. This programme has significantly reduced CAMHS waiting lists by providing early support through task-sharing. However, while the initiative has been highly effective in its locality, a lack of standardised evaluation tools prevents the easy structured transfer of its model to other areas. Capturing and effectively disseminating key lessons, service design principles, and implementation challenges would facilitate wider replication across Scotland's regions.

The **National Rural and Islands Mental Health Forum**'s knowledge exchange seminars provide an example of how cross-sector learning can help identify and transfer best practices. These monthly seminars allow stakeholders from healthcare, community organisations, housing, policing, research, and education to share challenges, successes, and insights into what works. Creating a formalised, standardised approach to documenting and disseminating successful models, these valuable insights would be better placed to inform national policy and service planning in a structured way.

A positive example in the Scottish health landscape for sharing best practice is the **Early Intervention Framework**, a web-based resource developed by NHS Education for Scotland. It offers a searchable database of evidence-based interventions aimed at improving the mental health and wellbeing of children and young people, from the antenatal period to 18 years. The framework provides comprehensive information on each intervention across six key dimensions of implementation, guided questions to support decision-making, a self-assessment tool for evaluating local contexts, and a rating system for implementation dimensions.<sup>51</sup>

A standardised method for capturing and sharing best practice would include:

- **Consistent Data Collection & Evaluation:** Ensuring that all EI&P initiatives record key outcomes, economic impact, and qualitative feedback from service users and delivery partners within a Centralised Repository.
- **Centralised Repository:** Establishing a national knowledge hub where local projects can upload findings, challenges, and adaptable models from both at home and internationally.
- **Locality-Based Adaptation Frameworks:** Providing guidelines for how successful programmes can be tailored to different community contexts while maintaining core effectiveness principles.



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- **Cross-Sector Collaboration Models:** Creating structured partnerships between health services, third-sector organisations, and community groups to ensure wider reach and sustainability through Third Sector Interfaces and Community Planning structures and processes.

Implementation of a standardised best practice model in Scotland could ensure proven EI&P approaches are not only sustained but also expanded to new localities, addressing longstanding inequalities in mental health service provision. Embedding knowledge-sharing into policy frameworks would also strengthen Scotland's commitment to prevention, reducing crisis service dependency and improving long-term mental health outcomes.

## case study

### **Community Link Workers (CLWs): Enhancing Mental Health Support in Rural Areas<sup>52</sup>**

#### **Partners:**

Scottish Community Link Worker Network (SCLWN), GP Practices, Third Sector Organisations

#### **Overview:**

Community Link Workers (CLWs) are increasingly vital in addressing mental health challenges in rural Scotland. By embedding non-clinical support within GP practices and community organisations, CLWs bridge the gap between clinical services and the social determinants of health. Their task-sharing model alleviates pressure on overstretched primary care services while improving access to mental health support in isolated communities.

#### **Evidence & Impact:**

According to the Essential Connections report (SCLWN, 2023), 95% of CLWs identify mental health as the primary reason for referral, with 82% citing social isolation and loneliness. CLWs offer holistic, person-centred support for individuals experiencing mild to moderate mental health issues, such as anxiety or depression. They connect people to local resources such as financial advice, peer support, and community groups, and address underlying social and economic factors.

In Argyll and Bute, CLWs supported isolated patients on remote islands through outreach and digital contact. Patients reported improved wellbeing and reduced reliance on emergency services. CLWs also helped establish new local groups (e.g. chronic pain, bereavement) and revived underused services by increasing referrals. Their insight into community needs has informed service planning and funding decisions.

#### **Cross-Sector Collaboration:**

CLWs work across multiple GP practices and often collaborate with third-sector organisations. Their integration into primary care teams allows GPs to focus on acute cases while CLWs manage

non-medical aspects of mental distress. This model is particularly effective in rural areas with GP shortages and long travel times.

### **Adaptability & Access:**

CLWs offer low-threshold, flexible support. Some rural programmes allow self-referral or informal re-engagement, which patients find empowering and destigmatising. This is especially important in small communities where stigma around mental health remains a barrier.

### **Challenges & Future Direction:**

Despite their success, CLWs are not consistently embedded across Scotland. Many programmes rely on short-term funding, limiting sustainability. The *Essential Connections* report calls for standardisation, secure funding, and integration into national mental health strategies to ensure equitable access.

### **Key Insights:**

One of the strongest lessons from this case study is the transformative role Community Link Workers (CLWs) play in bridging the gap between clinical care and the wider social determinants of health. By embedding trusted, non-clinical support directly within GP practices and communities, CLWs provide holistic responses to issues such as isolation, financial stress, and low-level mental distress. The model demonstrates that when services are flexible, accessible, and person-centred, people engage earlier, preventing escalation into crisis. This approach is effective in rural and island communities and also has direct relevance across Scotland, where overstretched primary care and rising demand for mental health support are national challenges.

A second insight is the importance of systematically capturing and sharing what makes models like CLWs successful. While evidence shows strong outcomes - such as reduced GP workloads, revived underused community groups, and improved wellbeing for patients - there is currently no consistent framework to evaluate and transfer these lessons nationwide. Standardising data collection and developing a centralised repository for best practice would ensure that innovations proven effective in places like Argyll and Bute are not lost but instead used to inform service design across other regions. This structured approach would allow different localities to adapt core principles to their own contexts while preserving what works, creating both consistency and flexibility.

Another critical learning point is the role of cross-sector collaboration in enabling sustainability and scale. CLWs are most effective when they work as part of integrated teams with GPs, third-sector organisations, and community groups. This collaborative approach leverages the strengths of each sector, ensuring services are joined up, responsive, and rooted in local assets. If supported through Community Planning Partnerships and Third Sector Interfaces, CLWs could act as a model for how preventative services can be mainstreamed across Scotland, reducing duplication, improving equity of access, and embedding EI&P principles in everyday health and social care.

Finally, the case study highlights the urgent need for stable, long-term investment in preventative roles. CLWs operate on short-term funding cycles, limiting continuity of care and undermining the opportunity to fully embed their impact. Securing CLWs as a standard component of Scotland's mental health strategy would safeguard their role in rural communities and expand their reach to urban and suburban populations facing similar pressures. By scaling and standardising this model, Scotland could build a stronger, more resilient EI&P system that reduces reliance on crisis services, delivers better outcomes, and demonstrates the value of prevention as a core principle of public policy.



## Conclusions

This *Roots of Resilience* report has been shaped through extensive engagement and research, drawing on lived experience, stakeholder testimony, and evidence from across Scotland. It explores both current good practice and future opportunities to strengthen early intervention and prevention (EI&P) in mental health. By taking a cross-sector and whole-systems perspective, the report identifies where progress has been made and where further action is required to ensure mental health support is accessible, effective, and sustainable.

The findings emphasise that Scotland's approach to EI&P must be community-driven and underpinned by strong collaboration across sectors. Key priorities include deepening institutional support, expanding the evidence base, creating mechanisms to standardise and share best practice, securing long-term sustainable funding, and tackling stigma at both societal and community levels. Together, these elements form a blueprint for embedding prevention at the heart of mental health strategy.

Clear themes evident throughout the research and testimonies gathered for this report emphasised the value of peer-driven support and community-based interventions, particularly the value of asset-based community development. The crucial role stigma can play within close-knit communities was explored, with a shared desire across many participants to recognise and expand the award-winning work of the See Me anti-stigma campaign. The importance of collaborative and aligned working across local, regional and national stakeholders to drive home the principles of early intervention and prevention came through strongly in both testimony and desk-research. The benefits of successful initiative such as task-sharing can only be brought about through sustained cross-sectoral working practices and 'co-ownership' of the issues at hand.

Whether through expanding the evidence-base of early intervention and prevention to capture best practice, embedding a task-shifting approach to make best use of resources, utilising the talents of third sector leadership or ensuring co-design principles lie at the heart of each policy action; it is only by embracing a combination of policy interventions that Scotland can continue its clear journey to greater forms of early intervention and prevention.

The report also highlights the importance of aligning these insights with national policy and funding frameworks. By doing so, Scotland can ensure that investment is directed toward scalable, evidence-based, and locally relevant initiatives that deliver real impact.

Finally, to maximise the value of this work, partner organisations are encouraged to integrate these findings into the ongoing implementation of the Mental Health and Wellbeing Strategy. Prioritising the EI&P opportunities outlined in this report within national and local Delivery Plans will help strengthen Scotland's preventative infrastructure, reduce pressure on crisis services, and improve long-term outcomes for individuals, families, and communities.



## Methodology and Stakeholder Engagement

### Introduction

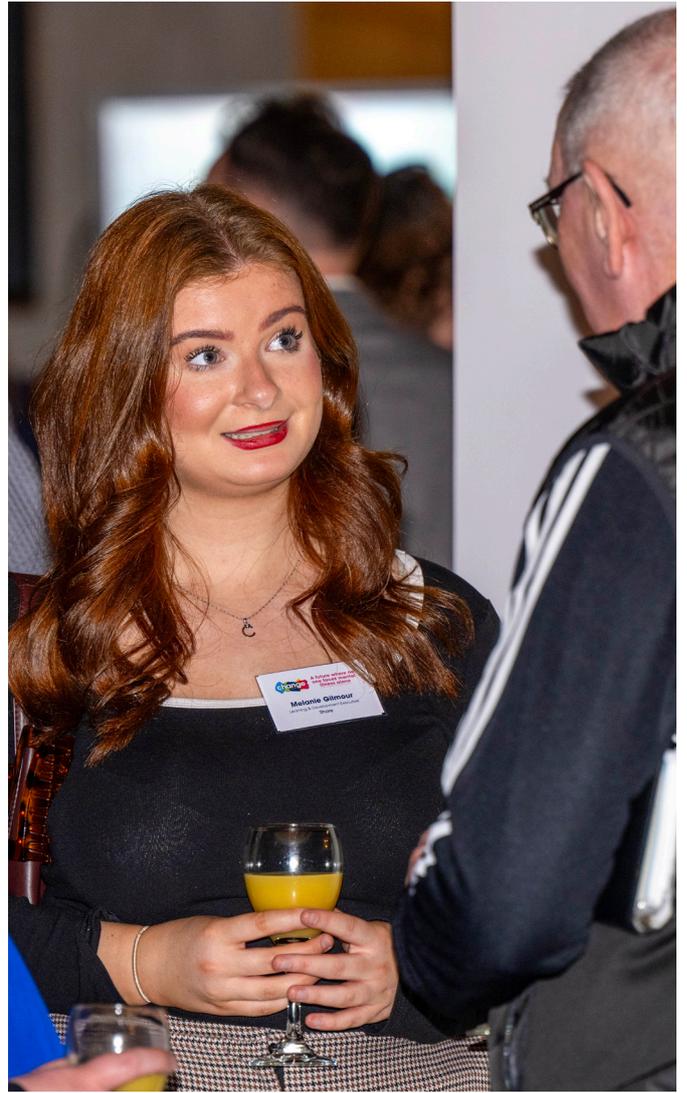
Engagement was conducted through structured consultations, participatory workshops, and policy-informing events. Change Mental Health's Parliamentary Reception, The Gathering event, workshop events, and direct stakeholder engagements were pivotal in gathering insights, fostering collaboration, and shaping policy and practice insights.

### Methodology

The methodology employed a mixed-methods approach, combining qualitative and quantitative data collection.

Research and Review	Stakeholder Engagement and Analysis
Literature Review and Desk Research	Stakeholder Engagement through Events and Consultations
Analysis of national and international best practices in EI&P	Engaging with over 420 stakeholders through consultations and events
Review of academic studies, governmental reports and case studies on mental health	Conducting in-depth discussions at key sector events
	Gather qualitative insights from community members, service providers and policymakers
	Thematic Analysis of Stakeholder Feedback
	Identification of recurring themes, challenges and solutions







## Stakeholder Engagement Activities

### 1. Scottish Parliamentary Reception – 4 February 2025

The Parliamentary Reception provided a formal platform to engage policymakers, government officials, and mental health advocates. The event focused on:

- **Raising Awareness:** Highlighting the specific challenges faced by rural and island communities regarding mental health access and stigma.
- **Policy Discussion:** Presenting the preliminary findings of the EI&P research to key decision-makers.
- **Stakeholder Input:** Gathering feedback on the barriers and enablers of effective mental health interventions.
- **Strategic Networking:** Connecting third-sector organisations with governmental and statutory bodies to encourage policy integration.

Feedback gathered from this session from 96 in-person feedback responses emphasised the need for long-term funding, integration of lived experience in policy formation, and enhanced cross-sector collaboration:

Early Intervention and Prevention	<ul style="list-style-type: none"> <li>• Tackling Root Causes e.g., Poverty</li> <li>• Targeting pre-natal and post-natal parents</li> <li>• Public understanding of how to self-manage and when to seek help</li> </ul>
Youth and Crisis Support	<ul style="list-style-type: none"> <li>• Good Youth Work</li> <li>• Residential crisis support for young people in rural areas</li> <li>• First Responders DBI Trained</li> </ul>
Mental Health Support and Training	<ul style="list-style-type: none"> <li>• Joined up mental health support for prisoners</li> <li>• Increase in number of health professionals with knowledge and empathy regarding mental health</li> <li>• Non-clinical options available via heritage and culture</li> </ul>
Access to Resources and Support	<ul style="list-style-type: none"> <li>• Knowing where to go</li> <li>• Spaces and forums for sharing needs</li> </ul>
Systemic Change and Funding	<ul style="list-style-type: none"> <li>• Spend £m in primary care and community</li> <li>• Connecting with Nature</li> </ul>



## 2. The SCVO Gathering Event – 5 February 2025

The SCVO Gathering is a prominent networking event for Scotland's third sector, where mental health service providers, charities, and policymakers convene. The Change Mental Health Fringe event at The Gathering included 110 in-person participants, with activity including:

- **Panel Discussions and Presentations:** Experts and community representatives shared insights into EI&P strategies.
- **Breakout Group Sessions:** These focused on key themes such as youth mental health, stigma reduction, and sustainable funding models.
- **Collaboration Opportunities:** Organisations explored partnership opportunities to improve mental health services in rural areas.

Key output and policy suggestions from groupwork included:

1. **Community Support and Involvement:** Emphasises the importance of local community networks, voluntary organisations, and place-based support. Highlights initiatives like community groups, mental health services, and using local networks to promote mental health.
2. **Third Sector Collaboration and Challenges:** Discusses the value of the third sector with limited budgets, slow statutory response, and the need for sustainable funding. Addresses challenges like lack of information about services and difficulties in building cross-sector relationships.
3. **Mental Health and Early Intervention:** Focuses on prevention, youth work, peer support, and the need for services designed with lived experience. Encourages less stigma and a shift away from a medical model of mental health.
4. **Access to Services and Information:** Identifies issues like lack of community-based opportunities, barriers to accessing timely services, and the need for clear pathways to support. This also highlights the need for better integration of data systems and training for educators.
5. **Funding and Resource Allocation:** Advocates for investment in primary care and community services, emphasising long-term sustainable funding for third-sector projects and overcoming funding barriers.
6. **Training and Education:** Stresses the need for increased mental health training for professionals, teachers, community organisations, and volunteers, including embedding mental health training in teacher programmes.
7. **Support for Rural and Isolated Areas:** Calls for more resources and support in rural areas, including non-clinical options and community-led treatment models.
8. **Collaboration and Systemic Change:** Encourages collaboration between statutory services, local staff, and community networks to move toward early intervention and system change.



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- 9. Innovation and New Models of Support:** Highlights new approaches like using sports for mental health, adapting successful models (e.g., 'Planet Youth'), and introducing wraparound support like Housing First.
- 10. Long-Term Planning and Sustainability:** Discusses the need for sustainable funding and long-term planning to demonstrate the benefits of prevention, with a focus on long-term outcomes and economic research.





### 3. National Rural and Islands Mental Health Forum (NRMHF) Engagement – 26 January 2025

As part of this research project, Change Mental Health delivered a presentation and discussion on EI&P cross-sector working in rural areas at the January 2025 NRMHF. This presentation engaged with and informed attendees at the NRMHF, with the video of the presentation available online to all registered participants.

Participants shared their views of the findings to date and contributed to the accumulating knowledge base with local examples of services, partnerships and results.

### 4. 'Ages & Stages' Workshop Event – 27 November 2024

A workshop event to explore the ways in which EI&P can have positive impact across all ages and stages of life was organised to delve deeper into the practicalities of delivering EI&P in different rural and island contexts. This hybrid event involving 56 in-person and online participants. The event heard presentations from organisations involved in EI&P, followed by a series of group roundtable discussions on specific questions.

The feedback from this event reinforced the importance of community-led initiatives, the necessity for place-based solutions, and the potential for non-clinical interventions like nature-based therapy and peer support models:

#### Question 1: What 3 things would improve Early Intervention & Prevention?

Category	Key Actions
Awareness, Stigma	<ul style="list-style-type: none"> <li>Reduce stigma and promote access to trusted adults</li> </ul>
Reduction & Education	<ul style="list-style-type: none"> <li>Increase mental health education</li> <li>Widespread promotion of Distress Brief Intervention (DBI)</li> <li>Encourage partnerships between diverse sectors</li> </ul>
Collaboration & Cross-Sector Working	<ul style="list-style-type: none"> <li>Breaking down government policy silos</li> <li>Strengthen social capital &amp; community empowerment</li> </ul>
Person-Centred & Lived Experience Approach	<ul style="list-style-type: none"> <li>Co-design services with people who have lived experience</li> <li>Emphasise human connections in service delivery</li> <li>Train staff in authentic person-centred care</li> </ul>
Early Intervention & Prevention Strategies	<ul style="list-style-type: none"> <li>Ensure long-term, accessible EI&amp;P support</li> </ul>

Funding & Policy Considerations	<ul style="list-style-type: none"> <li>• Secure long-term funding tailored to rural and island areas</li> <li>• Improve national data collection &amp; policy alignment</li> <li>• Recognise and address at-risk groups (e.g. carers, rural women, etc)</li> </ul>
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**Question 2: What barriers do people face in accessing early support?**

Category	Challenges
Funding & Resource Constraints	<ul style="list-style-type: none"> <li>• EI&amp;P often loses funding to acute services</li> <li>• Prevention and treatment must be funded simultaneously</li> </ul>
Stigma & Cultural Barriers	<ul style="list-style-type: none"> <li>• Stigma is a major issue, especially for youth</li> <li>• Families and communities often avoid mental health discussions</li> <li>• Cultural resistance to acknowledging mental health issues</li> </ul>
Systemic & Organisational Challenges	<ul style="list-style-type: none"> <li>• Unclear responsibility – everyone can help, but no one owns it</li> <li>• Professional boundaries hinder collaboration</li> <li>• Difficult to gather evidence on the value of prevention</li> </ul>
Specific Groups Facing Barriers	<ul style="list-style-type: none"> <li>• Lack of response to menopause-related mental health issues</li> <li>• Parents feel judged when engaging with schools</li> <li>• Youth distress is often misinterpreted or dismissed</li> </ul>

**Question 3: Examples of Collaborative Working in Local Areas**

Collaboration Type	Examples
Local & National Collaborations	<ul style="list-style-type: none"> <li>• Angus Primary Years Wellbeing Service (multi-sector)</li> <li>• Local suicide prevention projects (e.g., Men Matter) integrating peer support and professionals</li> <li>• Kooth's community collaboration</li> </ul>
Cross-Sector Innovation	<ul style="list-style-type: none"> <li>• Wellbeing Hubs combining youth voices, CAMHS, and multiagency partners</li> <li>• Health Visitors incorporating mental health scale assessments</li> </ul>

#### Question 4: Missed Opportunities in EI&P

Category	Key Issues
Availability & Awareness	<ul style="list-style-type: none"> <li>• DBI should be available in more community settings (Prisons, CAB, Post Offices, Banks)</li> <li>• Need for stigma reduction in small communities</li> <li>• DBI should be available to anyone in distress, with no extra criteria</li> </ul>
Funding & Sustainability Challenges	<ul style="list-style-type: none"> <li>• Lack of long-term funding weakens community-based interventions</li> </ul>
Integration of Lived Experience	<ul style="list-style-type: none"> <li>• Lived experience is not fully integrated into service design</li> </ul>
Lack of Support for Specific Populations	<ul style="list-style-type: none"> <li>• Inadequate support at the point of mental health/neurodiversity diagnosis</li> <li>• Prisons struggle to connect with mental health support</li> <li>• Adults often dismiss youth concerns</li> <li>• More focus needed on intersectionality (e.g. migrant mental health)</li> </ul>

### 5. Direct Stakeholder Engagement

Direct engagement efforts included structured interviews, surveys, and focus groups with a diverse range of stakeholders:

- **Local Community Representatives:** Gathering lived experiences of mental health service users.
- **Service Providers and Third-Sector Organisations:** Understanding the operational challenges in service delivery.
- **Healthcare and Social Care Professionals:** Identifying capacity constraints and opportunities for integrated care.
- **Policymakers and Government Officials:** Discussing the feasibility of insights.
- Engagement findings highlighted the disconnect between centralised policy decisions and local implementation, the impact of stigma on service uptake, and the importance of multisector collaboration.



## Key Themes from Stakeholder Engagement

### 1. Funding and Sustainability

- a. Many third-sector organisations expressed concerns about short-term or inconsistent funding models.
- b. There was strong support for ring-fenced funding for EI&P initiatives, particularly in rural and island communities.

### 2. Accessibility and Service Delivery

- a. Geographic isolation and lack of transport options were major barriers.
- b. There was an emphasis on integrating digital solutions (e.g., telehealth, virtual peer support groups) to bridge service gaps.

### 3. Stigma and Cultural Perceptions

- a. Rural communities often experience heightened stigma due to lack of anonymity.
- b. Addressing self-stigma and fear of disclosure were seen as critical to improving mental health outcomes.

### 4. Cross-Sector Collaboration

- a. Effective partnerships between statutory services, third-sector organisations, and local community groups were deemed essential.
- b. The role of Community Link Workers and peer-support networks was highlighted as a successful model for early intervention.

### 5. Lived Experience and Co-Design

- a. Stakeholders consistently emphasised the importance of incorporating lived experience into service design.
- b. Models of co-production and co-design with service users were identified as crucial for improving EI&P effectiveness.



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