SAMH
Scottish Action for Mental Health

See Me
End mental health discrimination

SAMH and See Me response to the Debt Recovery (Mental Health Moratorium) (Scotland) Regulations (December 2024) Consultation

See Me is Scotland's national programme to end mental health stigma and discrimination. Our vision is a fair and inclusive Scotland, free from mental health stigma and discrimination. We are working to change negative attitudes, behaviours, and cultures towards mental health in priority settings, including workplace, in education and health and social care, and for those communities and groups most at risk of experiencing mental health stigma and discrimination.

SAMH (Scottish Action for Mental Health) is Scotland's national mental health charity. For 100 years we've been here for Scotland's mental health and wellbeing, providing mental health support and accessible information. We listen to what matters in each local community, and campaign nationally for the changes that make the big and little differences in life. Now more than ever, we need to make change happen. We're standing up for Scotland's mental health.

Question 1. Do you agree with the proposed mental health eligibility criteria as listed above?

Disagree.

We remain concerned at the narrowness of the mental health eligibility criteria. We believe, with prevention of crisis in mind, anyone who has a diagnosis of a mental health problem confirmed by a medical or mental health professional, which the medical or mental health professional agrees is impeding their ability to manage their finances, should be able to apply for a moratorium.

As debt and money problems can be contributing factors to, or social determinants and symptoms of, mental health problems, a compassionate and human rights-based system should have prevention of mental health crisis and recovery at its heart. We believe that it is vital that there is support for those whose mental health is impacting their ability to manage debt but who are not yet in mental health crisis. It is therefore disappointing that the moratorium still only applies to people in mental health crisis or acute periods of treatment and makes no attempt to act preventatively.

Nonetheless, we do welcome that the mental health eligibility criteria has been widened from what was originally proposed to include people subject to "an equivalent crisis, emergency or acute care or treatment in hospital or in the community from a specialist mental health service in relation to a mental illness of a serious nature (the individual may be receiving such treatment voluntarily or otherwise)." However, it is essential that identification of what is considered "equivalent" is informed by lived experience.

Additionally, how a "specialist mental health service" is defined is important. There is a danger that this will only cover NHS Community Mental Health teams, which would risk missing a significant number of people with severe and enduring mental health problems. We believe that it is important that this includes social care and third sector-delivered community services.

See Me's Scottish Mental Illness Stigma Study (SMISS)[1] emphasises that people do not always engage with mental health services in times of crisis and experiences of mental health stigma can deter people from accessing support. This report highlights the experiences of stigma of over 346 participants in Scotland with severe and enduring mental health conditions:

- Most people (74%) with mental illness say they experience discrimination in the very place they go to get help.
- This results in people not reaching out for help when they need it, with more than half who have experienced stigma in health care or mental health services saying they have avoided calling an ambulance or attending A&E for emergency mental health care.
- 80% of people with mental illness have stopped themselves from getting help.

This demonstrates the pervasive impact of mental health stigma and the journey from experiencing stigma and discrimination to ultimately withdrawing from services. The current criteria, by emphasising crisis interventions, assumes that people in crisis always access mental health support. However, the SMISS data[2] proves otherwise. As a result, many who need access to the moratorium may not get the support they need due to withdrawal from, or non-engagement with, crisis services. In recognition of this barrier, action should be taken to proactively ensure there is widespread awareness of the moratorium, not just by mental health professionals but across a wide range of settings with which people in crisis may come into contact.

We are disappointed that the Government has deemed the proposed use of the Debt and Mental Health Evidence Form (DMHEF) for eligibility as "inappropriate". We disagree with the Scottish Government's view in the consultation that broadening the potential eligibility to the Mental Health Moratorium through inclusion of the DMHEF is problematic. The fact that this form will not be used because it would essentially allow too many people to be recognised as eligible is troubling and fails to recognise the breadth of need for this type of support. We are concerned that the decision not to incorporate the DMHEF into the moratorium process in any capacity will lead to a complex landscape with individuals unsure if they need a DMHEF or a moratorium.

We encourage reconsideration of the use of the DMHEF and suggest a two-tiered system in which the DMHEF and the moratorium work together to protect people with mental health problems and debt, depending on where they are in the recovery process, would be beneficial. Using existing mechanisms would enable the ability to escalate measures from the DMHEF to the mental health moratorium. Embedding this form into the moratorium would supplement and align with the Scottish Government's work around the MHWB strategy and Creating Hope Together strategy. Both strategies highlight debt and poverty as a social determinant of poor mental health. By embedding the DMHEF into the moratorium eligibility process, the criteria would be widened which will help prevent further deterioration of mental illness and support preventative work. We believe the Mental Health Moratorium should be understood as a health intervention and should take a preventative and recovery-focused approach.

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[1] See Me (2022) The Scottish Mental Illness Stigma Study see-me-scottish-mental-illness-stigma-study-final-report-sep-2022.pdf

[2] See Me (2022) The Scottish Mental Illness Stigma Study see-me-scottish-mental-illness-stigma-study-final-report-sep-2022.pdf

Question 2. Do you agree with the proposed debt eligibility criteria as listed above?

Neither agree nor disagree.

We agree with the proposed debt eligibility criteria in principle but are concerned that they rely on a mental health professional to confirm that the person meets the criteria.

First, this places additional responsibility and strain on the mental health workforce, which is already under significant pressure. This could have the effect of not only putting further pressure on the workforce but also hindering people's ability to access a mental health moratorium as they are reliant on a severely overworked workforce to facilitate the process on top of their existing responsibilities. We call on the Scottish Government to work with the mental health workforce and appropriate representative bodies to determine the additional workload that the moratorium will create and ensure that additional responsibilities are fully compensated for and included in workforce planning.

Secondly, the definition of a mental health professional remains too narrow, with the draft regulations defining it as "a mental health officer, responsible medical officer, [community mental health nurse], or mental health professional of equivalent standing and professional qualification". We believe that this definition needs to be as wide as possible, with an emphasis on those with knowledge of the person to ensure the widest accessibility – consideration should be given to other strands of public services such as university wellbeing staff, social care staff, social workers etc. As mentioned above, it is important that that additional responsibilities are fully compensated for and included in workforce planning. At present the DMHEF is already in use and co-produced with financial and mental health services. The DMHEF has wider criterion, including social workers, who can fill out the form. Embedding this would reduce strain on statutory staff and improve accessibility to this health intervention.

Regarding the form's completion criteria, we would encourage re-visitation of this to include mental health workers from the third sector. The third sector plays a key role in supporting those with mental illness in the community (for example community link workers and mental health social care services), and therefore collaboration with the third sector could be a vital tool in improving accessibility and reducing burden on public sector staff. Furthermore, embedding community link workers also aligns with the GP contract commitment to creating multi-disciplinary networks which champions a social prescription model – this is intended to take pressure from healthcare staff and utilise the support services within communities.

Question 3. Do you agree that an individual subject to a statutory debt solution should not be eligible for a Mental Health Moratorium?

Disagree.

We are concerned that this would unfairly disadvantage individuals in statutory debt solutions with mental health problems.

It is entirely possible that an individual may be under a statutory debt solution and managing their commitments until their mental health deteriorates to the point this is no longer possible. Individuals can see their statutory debt solution fail because of their mental health condition and being unable to access protections under a Mental Health Moratorium would only exacerbate these situations.

It is our view that, if an individual within a statutory debt solution meets the eligibility requirements of the mental health moratorium, they should not be restricted from accessing

its protection, with a caveat that the statutory debt solution will be paused for the duration of the moratorium.

While out of the scope of the moratorium, we would additionally call for existing statutory debt solutions to have the needs of people with mental health problems built into them.

Question 4. Do you agree with the proposed definition of moratorium debt which would qualify to be protected in a Mental Health Moratorium (see regulation 3 in particular)?

Disagree.

As previously stated, it is difficult to determine the impact that mental illness may have on a person's financial wellbeing. Excessive financial spending can be a symptom of mental illness and can still occur throughout the treatment period.

Mental illness is not a linear process. Limiting the criteria to exclude debt incurred throughout the mental health moratorium – when, by definition, a person will not yet have recovered sufficiently to take control of their financial affairs again – may result in further debt being accrued due to spending, related to ongoing mental illness, during the moratorium. If this is not considered, there is a risk that the mental health moratorium will end, and the individual will remain in the same, or potentially a worse, financial position.

We would therefore encourage that this be examined on a case-by-case basis and, where there is a risk of excessive spending as a consequence of the person's mental ill-health, any further debts accrued post-application but before the conclusion of the moratorium be protected in the same way as those from before the application.

We also have concerns around the expectation that mental health professionals will support people to meet their obligations. This places pressure on an already overburdened workforce. Mental health professionals are not financial experts and are likely to have with no, or limited, formal professional training on financial management. Financial guidance is not the role of a mental health professional.

Question 5. Do you agree with the proposed requirement for AiB to confirm the mental health eligibility criteria is continuing to be met?

Agree.

We agree with a 6-month review process but believe this should be informed by the person accessing the mental health moratorium, and not purely based on the practitioner's view.

The draft regulations state that it will end 6 months after the day on which the person no longer meets the mental health criteria.

The figure of a 6-month recovery period is arbitrary. As previously mentioned, recovery is not a linear process and has no typical timeline. It is vital that these regulations are rooted in the reality of severe and enduring mental health problems, recognising that everyone's recovery is unique. We seek further clarity on the differentiation between the "mental health treatment period" and the "recovery period" and how this might be determined. We would suggest that if this two-pronged approach to the moratorium is introduced then this be informed by the person receiving treatment and accessing the moratorium. Guidance defining the meaning of "mental health treatment period" and the "recovery period" in regulations 8-10 should be developed in partnership with mental health professionals, stakeholders and people living with mental health problems. The determination from treatment into recovery should be led

by a supported decision-making process consistent with the Mental Health Law Review reform[3].

We believe that flexibility is going to be an important part of any recovery-focused moratorium. In particular, the regulations need to account for circumstances in which a person in the recovery period becomes unwell again and needs to be returned to the treatment period.

Additionally, a discharge from hospital does not automatically mean that a person has fully recovered. It simply means that they are through – for the time being, at least – the most acute period of their illness. Some people may exit hospital and go back to their previous lives, but others may need significant support before they are able to live independently. While those people are adjusting to life outside of the hospital there can be many challenges to navigate, and it would be important to introduce the end of the moratorium at a point where it would not be detrimental to their recovery.

SAMH and See Me therefore believe that the moratorium should be reviewed every six months, but with no maximum length set.

Question 6. Do you agree with the proposed application process?

Disagree.

There appears to be an incongruity around whether a money adviser or mental health professional is able to submit a mental health moratorium application. The draft regulations state that “a money adviser may submit an application to AiB for a mental health moratorium” whereas the consultation document states that “Subject to the consent of the individual, the mental health professional will initiate the application process by confirming they meet the mental health and debt criteria.”

As set out in answer to question two we are concerned about the potential workload impact on mental health professionals if they are solely responsibility for initiating the application process.t As such, we believe that there should be multiple application routes to ensure the widest accessibility possible, with whomever knows the person and their circumstances best able to initiate the application. As part of ensuring accessibility, we would once again endorse allowing mental health professionals and money advisers to use existing processes, including the Debt and Mental Health Evidence Form.

People with severe and enduring mental health problems can require fluctuating levels of support and may at times be more or less vulnerable. Particularly vulnerable are those who lack capacity and do not have someone with power of attorney or a guardian. Everyone should have access to protection and support that suits their specific circumstances.

While we acknowledge that the proposal comes from a desire to not further compel people who may potentially be already subject to compulsion, by not extending the moratorium, they are being placed under greater risk of financial harm, and the knock-on effects that may have on their mental health. It surely is not right that those who lack capacity – arguably the most vulnerable group of all – are excluded from this protection.

When a person does not have capacity to consent due to their mental health problems, they may have used an advance statement[4], which are lodged with the Mental Welfare

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[3] Scottish Mental Health Law Review (2022) Final Report Consultation
[4] Mental Welfare Commission for Scotland (2019) Advance Statement Guidance advance_statement_guidance.pdf (mwcscot.org.uk)

Commission, and can also be accompanied by a personal statement. Such statements are made by people who want to set out their preferences for care and treatment should they become unwell and lack capacity in the future. The personal statement can set out how the person wishes aspects of their life which do not include treatment, such as finances, to be managed. Additionally, someone can also nominate a "named person" to help them understand their rights, and there may be scope for that person to also be involved in decisions around their finances.

We are aware from work with people who use our services that advance statements and the "named person" scheme do not have high take-up. This is partially due to a lack of confidence that statements will be followed. The Mental Health Law Review has recommended a supported decision-making framework. We note that the Scottish Government is minded to ensure the roll out of effective supported decision-making models from 2023-26, and we would encourage the Government to consider using those models to explore the realisation of the economic rights of people with mental health problems. We also note that the Scottish Government is currently in the process of reforming the Adults with Incapacity Act[5] and stress the importance that any moratorium should take into account interaction with this planned reform.

Question 7. Do you agree with the proposed process for the notification of the Mental Health Moratorium?

Neither agree nor disagree.

AiB's responsibility to notify creditors of the moratorium being granted, and any subsequent updates, is of vital importance to the functioning of the moratorium.

However, we believe that notification is insufficient without confirmation of receipt by creditors. We are concerned that, without the requirement to confirm receipt of a notification that a moratorium has been granted, a creditor can claim that they were unaware of a moratorium being in place. This may be a particular risk in the case of electronic communications, as creditors could claim that the notification had been sent to their junk mail or to an incorrect email address. As discussed in our response to question 15, the mental health impacts on people who are contacted by creditors despite having been granted a moratorium could be significant and have a detrimental impact on their recovery.

As such, SAMH and See Me believe that an additional responsibility should be placed on AiB and creditors to ensure that creditors confirm receipt of notification of a moratorium being granted, and any subsequent updates. This receipt of confirmation from creditors should be built in via monitoring and accountability to ensure that people's recovery is not negatively impacted.

Question 8. Do you agree with the proposed process for the registration of the Mental Health Moratorium?

Neither agree nor disagree.

We welcome that the Mental Health Moratorium register will not be a public register and will only be accessible to specified persons. A public register of people who have been on a mental health moratorium would be unnecessarily stigmatising. It may also make people reluctant to use a mental health moratorium, as they may worry that it would have an impact on their future ability to get credit, as well as the risk of private medical information being

[5] Scottish Government (2025) Adults with Incapacity Amendment Act: consultation analysis summary [Adults with Incapacity Amendment Act: consultation analysis summary - gov.scot]

leaked. A public register of this nature may also conflict with the European Convention on Human Rights article 8 right to private and family life, when read with article 14 on non-discrimination.

We also welcome that creditors will be restricted in terms of what information on the register or otherwise held by AiB they will be entitled to – particularly with regard to the individual's relationship with other creditors as well as the individual's usual place of residence where, in the opinion of AiB, sharing such information with a creditor would likely jeopardise the safety or welfare of that individual.

Where we have concern is with regards to the length of time that individuals' information is included on the register. The draft regulations state in 7(6) that "AiB must delete from the register all information concerning a mental health moratorium where [X months] have elapsed from the date on which the moratorium ended under these Regulations."

It is unclear whether the inclusion of "[X months]" was by error or constituted an invitation to discuss the length of time that would be appropriate. In principle, it is our view that information about individuals should be on the register for the minimum required time. It is unclear what the rationale would be for keeping someone on the register after the moratorium has ended and we would urge the Scottish Government to provide good reason for why this would be the case, even if the register is no longer public.

Question 9. Do you agree with the proposed Mental Health Moratorium protections included in the current draft regulations?

Disagree.

We would urge the Government to consider expanding the moratorium effects further to include backdating interest payments accrued during the time leading up to crisis point. For example, case studies produced by Mental Health and Money Advice emphasise that manic symptoms of mental illness can result in higher rates of spending[6].

Debt is a social determinant of mental health and suicidality. It may be that, in individual cases, higher spending could have been a symptom of mental illness that contributed towards an individual's crisis point.

Embedding a further backdated step will prioritise a recovery focused approach through reducing the burden of debt, post moratorium. This will support long term sustained improvement from mental ill health throughout the post treatment and mental health moratorium period and would work towards less risk of further crisis intervention in the longer term.

Question 10. What are your views on how best to link the Mental Health Moratorium administrative processes and evictions procedures to ensure these work effectively together in practice?

While SAMH and See Me are not experts in the area of housing, we agree that it is vital we ensure that the Mental Health Moratorium and evictions protections work effectively together in practice. It is our view that the interaction between the moratorium and eviction procedures should be included in the guidance for tenants and landlords.

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[6] Mental Health & Money Advice (2025) I was in £30k of debt before being diagnosed with a personality disorder [I was in £30k of debt before being diagnosed with a personality disorder : Mental Health & Money Advice]

We would also suggest that AiB include this within their registration of the moratorium and their notification process. This would ensure that this is addressed at the beginning of the moratorium, coupled with the receipt of notification from housing associations/landlords.

Question 11. Do you agree that protection against the installation of pre-payment meters and disconnection of gas or electricity supply should be one of the protections available under the Mental Health Moratorium?

Agree.

Question 12. Do you agree with the proposed framework for the Mental Health Moratorium period?

Disagree.

The draft regulations state that it will end 6 months after the day on which the individual no longer meets the mental health criteria.

The figure of a 6-month recovery period is arbitrary. As previously mentioned, recovery is not a linear process and has no typical timeline. It is vital that these regulations are rooted in the reality of severe and enduring mental health with a recognition that each person's recovery is unique.

We believe that flexibility is going to be an important part of any recovery-focused moratorium. In particular, the regulations need to account for the circumstance in which an individual in the recovery period becomes ill again and needs to return to the treatment period.

Additionally, a discharge from hospital does not automatically mean that a person has fully recovered. It simply means that they are through – for the time being, at least – the most acute period of their illness. Some people may exit hospital and go back to their previous lives, but others may need significant support before they are able to live independently. While those people are adjusting to life outside of the hospital there can be many challenges to navigate, and it would be important to introduce the end of the moratorium at a point where it would not be detrimental to their recovery.

We believe that the moratorium should be reviewed every six months, but with no maximum length set.

Question 13. Should an individual in a Mental Health Moratorium be subject to the following proposed obligations? (Please tick all applicable options)

- ***An obligation to pay a continuing liability***
- ***An obligation to not obtain additional credit***
- ***Some other obligation (please specify in the comment box below)***
- ***No obligation at all***

No obligation at all.

It is our view that no obligations are key to a mental health moratorium.

A standard moratorium under part 15 of the Bankruptcy (Scotland) Act 2016 does not impose any obligation not to obtain additional credit on a person who is in that moratorium. While we recognise the importance of safeguarding those within the mental health moratorium, we are concerned that the inclusion of such an obligation would be inherently stigmatising of those with mental health struggles.

As noted in the consultation document, excessive spending can be a compulsion for some people and part of their mental health condition. It would therefore be unfair to put them in the position of their Mental Health Moratorium being cancelled for something that may be outwith their control.

Additionally, we have concerns that the suggested obligations may result in people unable to access and afford basic amenities if borrowing limitations are included. For example, in some cases this may result in people being unable to pay for food/shelter if they are in a particularly difficult situation. The link between poverty and higher rates of mental illness are stark and including unnecessary and potentially discriminatory obligations could cause further deterioration of mental illness symptoms. We have concerns that including this would fundamentally discriminate and prevent people from accessing their rights.

We note that the consultation document states that “all of these considerations need to be balanced against the interests of creditors”. Once again, we find this concerning as the moratorium should in our view be viewed as a health intervention and, as such, first consideration should be given to the rights of the person. The level of protection given to a person’s health should not be dependent on the interests of creditors.

Question 14. Do you agree with the proposed process for a creditor’s search?

Agree.

Question 15. Do you agree with the proposed consequences for creditors?

Neither agree nor disagree.

We welcome the proposed consequences for creditors – it is right that any action taken by the creditor contrary to the protections of the Moratorium be “null and void” and that the creditor will be liable for losses caused to the person as a result.

However, we believe that these consequences are insufficient and fail to consider the significant mental health impact of creditors contacting individuals about their debts despite having been granted a mental health moratorium.

The existing criteria for the moratorium mean that the people who are under its protection are experiencing mental health crisis or acute periods of mental health illness. As such, these are vulnerable people who vitally need the breathing space provided by the moratorium so that they can be supported to become more mentally healthy. Contact from a creditor despite a moratorium being in place can have significant mental health implications for the individual concerned as well as a detrimental impact on their recovery.

SAMH and See Me believe that there needs to be adequate consequences – beyond liability for losses – for creditors who breach the moratorium to account for the health impact this can have on the person under the protection of the moratorium as well as to sufficiently deter creditors from this harmful behaviour.

Question 16. Do you agree with the proposed process for an individual to request a review of AiB’s decision to either not grant or to cancel a Mental Health Moratorium?

Neither agree nor disagree.

Further clarification is needed around the details of the review process. It is of utmost importance that it be as easy to access as possible, considering the mental health situation of the person. They should be able to access the appeal process through their mental health professional or their money advisor, who can help them navigate it.

Notably, we are concerned that the consultation document states that, as creditors have the right to appeal a decision around the decision to accept a Mental Health Moratorium application, “it is deemed appropriate to also allow the individual the opportunity to request a review on a decision which would affect them.” We believe that the person should have the right to appeal regardless of whether creditors do or do not. The moratorium is a health intervention and, as such, first consideration should be given to the rights of the person.

Question 17. Do you agree with the proposed process for a creditor to request a review of AiB’s decision to grant, or not cancel a Mental Health Moratorium?

Disagree.

The moratorium is a health intervention and, as such, first consideration should be given to the rights of the individual.

We do not believe that creditors should not have the right to challenge the Mental Health Moratorium. The private nature of someone's diagnosis means it is difficult to see on what grounds a creditor would challenge the moratorium and what proof they could bring that the moratorium was erroneously placed on the person. There is a clear medical nature to the eligibility to the moratorium, and the people who are best placed to consider if a moratorium is appropriate are the mental health and health professionals who are working with the person on their recovery. The length of moratorium or the size of debt should not be a consideration.

Question 18. Do you agree with the proposed cancellation process?

Neither agree nor disagree.

As set out in our response to question 17, the moratorium is a health intervention and, as such, first consideration should be given to the rights of the individual, not creditors interests.

We agree that individuals should be able to cancel a Mental Health Moratorium and that this should not be another compulsory intervention in their lives. However, we want to emphasise the importance of safeguarding vulnerable individuals who may not be able to act in their own best interests. We welcome the fact that the AiB is not required to cancel a Mental Health Moratorium if the individual’s personal circumstances would make the cancellation unfair or unreasonable.

In addition, we would propose that a cooling off period be instituted after an individual cancels a Mental Health Moratorium, during which time the individual is able to re-enter the moratorium easily if need be. Individuals should be actively signposted to independent financial advice in cases where they have asked to cancel the moratorium.

Question 19. Do you agree with the proposed interaction between the Mental Health Moratorium and the standard moratorium?

Disagree.

As previously stated, recovery is not a linear process. Ultimately the moratorium is a health intervention so it is key to introduce regulations that will align with a recovery-focused ethos. At present, this regulation presents as needlessly punitive for those whose mental health has improved but their financial situation has not. If this regulation is introduced, we risk further deterioration of mental illness triggered by financial insecurity over this 6-month period where people cannot access support. As we know, financial insecurity is a key social

determinant of poor mental wellbeing[7]. This regulation may potentially lead to the repeated need for crisis intervention, resulting in a further mental health moratorium requirement.

Question 20. We would be grateful for any further comments you have about the Mental Health Moratorium which has not been raised in this consultation.

We thank the Government for the opportunity to respond and appreciate the changes made, particularly around removal of the public register. Removal of this will ensure that people accessing the moratorium are not unnecessarily stigmatised.

We note that the draft regulations often seem to centre creditor perspectives ahead of recovery perspectives. We underline that this is a health intervention and suggest that further engagement with the mental health workforce and people experiencing mental health problems should be the next step in finalising these draft regulations.

While we acknowledge and appreciate the widening of the eligibility criteria, See Me and SAMH still feel that they are too narrow and fail to consider barriers to accessing support/ withdrawal from services. We continue to champion the inclusion of the DMHEF as this would ensure that those needing support would be granted it and argue that embedding this would take a preventative approach as opposed to a crisis intervention. This would align with the MHWB[8] strategy 3p's framework.[i]

We have concerns around the narrow definition of mental health professionals and encourage further expansion. As suggested above, embedding the DMHEF would account for this as the form appreciates input from many practitioners, including those from social work. We are concerned with the expectation that mental health staff will support individuals with financial wellbeing and urge that this be revisited to ensure that an already overburdened workforce does not face further strain.

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[i] The Scottish Government's Mental Health and Wellbeing Strategy identified 3 key areas of focus, referred to as the 3Ps:

- **Promote** positive mental health and wellbeing for the whole population, improving understanding and tackling stigma, inequality and discrimination;
- **Prevent** mental health issues occurring or escalating and tackle underlying causes, adversities and inequalities wherever possible; and
- **Provide** mental health and wellbeing support and care, ensuring people and communities can access the right information, skills, services and opportunities in the right place at the right time, using a person-centred approach.

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[7] Money and Mental Health Policy Institute (2017) Money and Mental Health: The Facts 20170602 The Facts.pdf

[8] Scottish Government (2023) Mental Health and Wellbeing Strategy Scotland's Mental Health and Wellbeing: Strategy