



Consultation Response

Mental health and wellbeing strategy: consultation

The Scottish Commission for
People with Learning Disabilities
September 2022



About SCLD

The Scottish Commission for People with Learning Disabilities (SCLD) is an independent charitable organisation and partner to the Scottish Government in the delivery of Scotland's learning disability strategy, *The keys to life* and the Towards Transformation delivery plan.

SCLD is committed to creating an environment in Scotland in which systems and culture are changed to ensure people with learning disabilities have opportunities and are empowered to live the life they want in line with existing human rights conventions.

SCLD believes that the discrimination and barriers faced by people with learning disabilities and other disabled people are not inevitable. These barriers stop people with learning disabilities and other disabled people being included in society and participating on an equal basis.

Introduction

The Scottish Commission for People with Learning Disabilities (SCLD) welcomes the opportunity to respond to the Scottish Government's Mental Health & Wellbeing Strategy Consultation.

In the following, SCLD provides comment on the sections most relevant to our work with people with learning disabilities in Scotland. Our response is informed by our work on the Scottish Mental Health Law Review, our own primary research on the subjective wellbeing of people with learning disabilities, as well as a bespoke focus group of people with learning disabilities convened to discuss this consultation. Our response also draws on the work of other organisations such as The Assembly and the Scottish Learning Disabilities Observatory.

Though not the focus of this consultation, it is important that this response is read in conjunction with SCLD's submission to the Scottish Mental Health Law Review Consultation.¹ Within that response we outline, *inter alia*, that given Article 2 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), that the inclusion of learning disability within the understanding of '*mental disorder*' in this act constitutes disability-based discrimination.

The UNCRPD Article 2 defines this as "*any distinction, exclusion or restriction based on disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.*"²

¹ [SMHLR-Consultation-response-May-2020-Designed-Full-version-2.pdf \(sclld.org.uk\)](#)

² [Article 2 UNCRPD \(2006\)](#)

We believe that a revised Mental Health law must remove people with learning disabilities from the term '*mental disorder*' in line with the Rome Review recommendations³.

Where someone with a learning disability or an autistic person has a mental illness over and above their lifelong disability, then they should enjoy the care, support and protection from a revised, human rights based mental health law. T

This revised legislation will be pivotal, alongside improved access to mental health services and a focus on creating the conditions for people with learning disabilities to obtain and sustain good mental wellbeing, as we discuss below, if the outcomes in this Mental Health and Wellbeing strategy are to be realised.

³ [IRMHA-Final-report-18-12-19-2.pdf \(nrscotland.gov.uk\)](#)

Questions Part 2: Vision

2.1 Do you agree with the proposed vision? 'Better mental health and wellbeing for all'.

SCLD is supportive of the vision and recognises its ambition. Given the holistic nature of the vision, we believe it is essential to ensure that strategic priorities recognise the impact of structural inequalities on the mental health and wellbeing of marginalised groups.

People with learning disabilities continue to experience discrimination and a wide range of socio or economic barriers. This includes a lack of access to education⁴, employment⁵, relationships⁶, and family lives⁷ as well as the right to be active citizens and engage fully in civil and public life, to live in the communities of their choice, to direct their own social care and to be free from the trauma of seclusion and restraint⁸.

Additionally, the pandemic and the cost of living crisis are having a disproportionate impact on those groups who already faced significant inequality and disadvantage. People with learning and other disabilities; black and minority ethnic (BAME) communities, women, families living in poverty, carers, those with poor mental and physical health, and older people are likely to have their mental health

⁴ [ENABLE \(2016\) #IncludED in the Main?! 22 steps on the journey to inclusion for every pupil who has a learning disability](#)

⁵ [McTeir et al \(2016\) Mapping the Employability Landscape for People with Learning Disabilities in Scotland](#)

⁶ [SCLD \(2018\) Safe and Healthy Relationships: Empowering & Supporting People with Learning Disabilities](#)

⁷ [SCLD \(2018\) Children's Rights: Consultation on incorporating the UNCRC into our domestic law in Scotland](#)

⁸ [SCLD submission to SMHLR Stage 1 \(2020\)](#)

and wellbeing hit hardest. It is imperative that the strategy recognises the cross-sectional impact of this inequality.

2.3. If we achieve our vision, what do you think success would look like.

Mental ill health is significantly more prevalent in adults with learning disabilities than in the general population.

Efforts to tackle this and ultimately achieve *'Better mental health and wellbeing for all'* requires targeted measures at a population level which address the patterns and determinants of persistent inequalities in the mental health of people with learning disabilities.

It also necessitates a focus on the design and delivery of services which:

- Are accessible, high quality and respect, value and promote meaningful involvement of people with learning disabilities who experience mental ill health.
- Offer greater availability of psychosocial interventions for mental health conditions that are tailored to the needs of adults with learning disabilities.
- Deliver improved quality of life for people with learning disabilities with complex needs with less restrictive alternatives to restraint and psychotropic medication
- Work in partnership with people with learning disabilities and their families to support self-management, encourage independence and build trusting, non-judgemental relationships
- Provide information about services, supports and treatments in accessible formats that facilitate informed decision making.

Questions Part 3: Our key areas of focus

Promoting and supporting the conditions for good mental health and mental wellbeing at population level.

Providing accessible signposting to help, advice and support.

Providing a rapid and easily accessible response to those in distress.

Ensuring safe, effective treatment and care of people living with mental illness.

SCLD is broadly supportive of the key areas of focus. However, we would suggest that the language of 'promoting and supporting' could be strengthened to 'ensuring.'

We would also suggest that If the Scottish Government is serious about its commitment to reduce inequalities in mental health and wellbeing and mental health conditions, then this should be stated as a key area of focus and given the attention it requires and deserves.

Questions Part 4: Outcomes

Again, on the whole, SCLD is supportive of the outcomes that the strategy aims to achieve for individuals, communities and for the population. There is little to disagree with in terms of these well-intentioned aspirations.

However, SCLD is concerned that there is scant detail about how these outcomes will be achieved, and how the Scottish Government will measure their progress. This is of particular concern in relation to the aspiration that:

‘We have reduced inequalities in mental health and wellbeing and mental health conditions.’

In order to reduce inequalities, there needs to be a clearer understanding of their extent, why they exist, and how we can address them. SCLD believes that intersectional and disaggregated data is at the heart of achieving equality through robust monitoring of equalities outcomes. Such changes must be driven by significant investment in mechanisms such as the Equalities Data Improvement Programme.⁹

As outlined in SCLD’s response to the Public Sector Equality Duty review, we believe that the Scottish Government needs to take more of a leadership role in setting equalities outcomes, to ensure they are measurable and linked to the National Performance Framework.¹⁰

However, there are significant challenges to overcome around the collection of robust disaggregated data on people with learning disabilities, as well as those with other and intersecting characteristics.

⁹ [Statistics An Introduction to the Equality Data Improvement Programme - Statistics \(blogs.gov.scot\)](https://blogs.gov.scot/2022/04/28/statistics-an-introduction-to-the-equality-data-improvement-programme/)

¹⁰ [SCLD-Response-to-Public-Sector-Equality-Duty-Review.pdf](#)

Additionally, a framework to measure the wellbeing of individuals with learning disabilities (such as the Warwick Edinburg Mental Wellbeing scale utilised in the general population) does not exist.¹¹

These challenges will not be overcome overnight. Due to this, SCLD has slight concerns around the framing of the following outcome:

'People who make decisions about support, services and funding use high quality evidence, research and data to improve mental health and wellbeing and to reduce inequalities. They have access to infrastructure and analysis that support this.'

Whilst ideally all decisions are based on the robust data, lack of intersectional data, or measurement tools that focus on people with learning disabilities must not hinder making progress in this area.

¹¹ SCLD discusses this in more detail in the following blog for the What Works Centre for Wellbeing: [Measuring quality of life for people with learning disabilities - What Works Wellbeing](#)

Questions Part 5: Creating the conditions for good mental health and wellbeing

5.1 What are the main things in day-to-day life that currently have the biggest positive impact on the mental health and wellbeing of you, or of people you know?

5.3 What are the main things in day-to-day life that currently have the biggest negative impact on the mental health and wellbeing of you, or people you know?

In this section, we draw on two main sources for our response. The first source is SCLD's 'How's life?' survey of people with learning disabilities in Scotland, undertaken in 2019. We believe the findings from the survey are a suitable base to reflect on how to create the conditions for good mental health and wellbeing for people with learning disabilities for two reasons. Firstly, SCLD and partner organisations adapted the Office for National Statistics 'wellbeing' question for inclusion in the survey, to utilise as a proxy measure for subjective wellbeing; and were able to look for correlations with other variables in the survey.¹² Secondly, the survey received a representative sample of 1,232 responses from all over Scotland and so it is a good foundation for considering people's views and experiences.¹³

Mindful of the fact that the How's life? survey was undertaken before the Coronavirus pandemic, we also draw on information from a small focus group of five people with learning disabilities who we spoke to in late August 2022.

¹² [SCLD-Welbeing-Report_Final.pdf](#)

¹³ [Methods-Report-October-2020.pdf \(sclld.org.uk\)](#)

How's life? survey

Demographic Factors and Wellbeing for People with Learning Disabilities

Across the general population in the UK, we know there are a number of demographic factors that impact on wellbeing, including health, age and relationship status. In the general population, self-reported health is very strongly associated with personal wellbeing. People who are middle aged are more likely to report poor personal wellbeing than those in both younger, and older age categories. And people who are married are more likely than those who were single, co-habiting, divorced or widowed to report high personal wellbeing.

Our survey findings show that there is a relationship between having additional conditions and/or disabilities and self-reported wellbeing.

22% of those with at least one additional condition and/or disability reported lower than average wellbeing, compared to 16% of those with no additional conditions and/or disabilities.

Our survey findings also showed that there was a relationship between age and self-reported wellbeing. However, in contrast with the general population, younger people were more likely to report lower than average wellbeing compared to those in middle age and older age groups.

24% of those aged 16-39 reported lower than average wellbeing compared to 18% of those aged 40-59 and 17% of those aged 60 and over.

In contrast with the general population, relationship status was not found to make a significant difference to the likelihood of reporting lower than average wellbeing among survey respondents. However, in the general population it is married people that rate their wellbeing higher than single people and cohabiting couples, with single people including those in relationships but not cohabiting. Only 35 people in

our survey were married, which makes comparisons with the general population difficult.

External Factors and Wellbeing for People with Learning Disabilities

The How's life? survey also found strong correlations between respondent's self-reported wellbeing and a number of non-demographic factors. These can be grouped into four broad themes:

- Relationships
- Self-determination
- Material wellbeing
- Dignity and respect.

Relationships

While loneliness is more complicated than simply being alone, there was a very strong relationship between feeling lonely and low levels of wellbeing.

Only 7% of people who never or hardly ever felt lonely reported low levels of wellbeing. This compares to 33% of people who occasionally, sometimes or often felt lonely reporting low levels of wellbeing.

The survey also found a very strong relationship between not being able to see friends as much as people liked, and low levels of wellbeing.

42% of people who said they were not able to see enough of their friends reported low wellbeing. 13% of people who said that they saw their friends as much as they liked reported low wellbeing.

Not being able to see family as much as people liked, and not having met up with friends in the last few weeks were also related to low levels of wellbeing.

Self-determination

Findings from our survey confirm the importance of choice as a factor in people's wellbeing. In particular, having little to no choice over what people did with their free time was very strongly related to low levels of wellbeing.

54% of people who had little to no choice over their free time reported low levels of wellbeing. This compared to **11% of those who had lots of choice over their free time** reporting a low level of wellbeing.

For people with learning disabilities, a fundamental aspect of self-determination is having the right support in place to empower people to make informed choices and live the lives they want. Our findings show that not having the right support in place to do the things they wanted to do in their free time was very strongly related to low levels of wellbeing.

54% of people who did not have the right support to do the things they wanted to do reported low levels of wellbeing. This compared to **13% of those who had the right support to do the things they wanted to do** reporting low levels of wellbeing.

Though the correlation was not as strong as having the right support to do the things people wanted to do, having the right support at home was also related to people's wellbeing.

Material wellbeing

While money is a key component of material wellbeing, good housing conditions are of equal importance. Indeed, findings from our survey show that not being happy with the house people lived in was very strongly correlated with low levels of wellbeing.

64% of people who were not happy with where they lived reported low levels of wellbeing. **15% of those who were happy with where they lived** reported low levels of wellbeing.

Being unhappy with the area they lived and not having enough money to do the things they wanted to do in their free time were also strongly related to low levels of wellbeing.

Respect and dignity

Unsurprisingly, the way that people are treated in relation to the fundamental rights of respect and dignity are important to their wellbeing. Interestingly, while the survey found that both feeling unsafe when they were out in the local area, and whether they were picked on were both correlated with low levels of wellbeing, there was a very strong correlation between low wellbeing and not being treated with respect by those who were there to support them.

46% of people who said that those who support them did not always treat them with respect reported low levels of wellbeing. This compared to 13% of those who were always treated with respect by those who support them reporting low levels of wellbeing.

People with profound and multiple learning disabilities

As part of the How's life? survey, a semi-structured story-telling exercise was offered as an alternative way to submit a person's response if this was more appropriate. Four responses were submitted this way, by parents on behalf of their adult children with profound and multiple learning disabilities. These stories highlight that for people with profound and multiple learning disabilities, the factors that impact on wellbeing are similar to those described by other survey respondents.

The stories highlight in particular the importance of the having **the right model of care and support** in place, **underpinned by respect and being listened to through accessible communications**. It also demonstrates the importance of access to **regular and varied activities, living close to family, familiarity and stability of routine**, as well as the **impact of additional health conditions**.

Focus group discussions

When our focus group discussed the things that had the biggest positive and negative impact on their mental health and wellbeing, similar themes to those that had appeared in the How's life? survey came up, as well as many other topics.

Positive impact

- Being independent
- Doing things that give people a sense of achievement, such as writing, doing courses, and having things to show for those achievements, such as certificates
- Having supportive staff that know the person well
- Keeping active, such as swimming, walking and getting out in the fresh air.
- Pets
- Spending time with loved ones, such as family, friends and partners
- Social events and activities
- Keeping in a routine
- Getting a good night's sleep.

Negative impact

- Feelings of being shut away and forgotten about
- Feeling lonely
- Being picked on and bullied for having a disability
- Doubting oneself and having negative thoughts
- Losing loved ones. This has been particularly difficult during the Covid pandemic.

5.5 There are things we can all do day-to-day to support our own, or others', mental health and wellbeing and stop mental health issues arising or recurring. In what ways do you actively look after your own mental health and wellbeing?

Our focus group also explored the ways that people actively looked after their mental health and wellbeing. Again, many answers were given.

- Creative activities, such as drawing, painting and writing
- Listening to music
- Reaching out and spending time with family and friends. Checking in with people to make sure they are ok
- Making sure to stay active, such as going for a swim or a walk
- Spending time with loved ones, such as family, friends and partners
- Keeping in a routine
- Getting a good night's sleep.

5.8 Referring to your last answers, what stops you doing more of these activities?

- Feeling ill and being in pain.
- Not getting the right support, including unplanned changes to routine
- Not having people to do things with, and feeling lonely

Questions Part 6: Access to advice and support for mental health and wellbeing

In this section, the main source drawn on for our response is a meeting of the *Towards Transformation Leadership Framework Engineers'* from April 2022, which focussed solely on access to mental health services for people with learning disabilities and autistic people. Our focus group in August did discuss where people would go if they wanted to improve their mental health and wellbeing, but due to time constraints, did not speak substantively about people's experience accessing services.

6.1 If you wanted to improve your mental health and wellbeing, where would you go first for advice and support?

Our focus group briefly covered this question, and the following answers were given.

- Samaritans or Breathing Space if people were feeling very low
- NHS Mental Health Team
- A good friend, depending on the situation
- Learning Disability Nurse
- Parents.

6.7 We want to hear about your experiences of accessing mental health and wellbeing support so we can learn from good experiences and better understand where issues lie.

6.9 We also want to hear about any negative experiences of accessing mental health and wellbeing advice and support so we can address these.

The *Towards Transformation* Leadership Framework Engineers' discussed access to mental health services at a meeting in April 2022. The group discussed what they felt were the main barriers, as well as potential solutions. The main themes that arose are outlined in detail below.

Knowledge, understanding and acceptance

The group agreed that it is important to ensure GPs and health practitioners have a good understanding of learning disability, including profound and multiple learning disability, and autism so they can provide appropriate and effective mental health care.

Therefore, it is imperative to ensure there is support and resources across GPs and health practitioners' careers about how best to support autistic people and people with learning disabilities.

Accessibility of services

The meeting outlined that many services are inaccessible to autistic people and people with learning disabilities. This included the information available about making appointments, how to get in touch with services and when services are available. Specific solutions were suggested:

- Investigate the possibility of longer GP appointments
- Introduce consistent use of easy read primary care service communications and communication passports
- Multi-disciplinary team learning disability hubs in hospitals enabling a holistic approach
- Develop Talking Mats/picture cards for mental health services and train mental health practitioners in the use of Talking Mats
- Develop a mandatory nationally used booking system for services and appointments, especially for GPs, including allowing people to book appointments electronically rather than by phone

- Provide flexible support for people when they need it e.g. winter and Christmas time.

Capacity of services to provide support

Issues were raised about mental health services not being available or having to wait for services. This included different services being available in different parts of the country, significant waiting times for services and what happens when people are on a waiting list. Some specific solutions were discussed.

- Make support available for those on waiting lists to reduce further distress
- Scope out of hours clinics with overnight beds, especially until an assessment is carried out
- Make the most of the digital practice shift to make online mental health support accessible for people all over Scotland
- Map what mental health services are currently available to autistic people and people with learning disabilities, explain what they are, how they are accessed
- Make this information available online and in accessible formats
- Further develop community mental health services.

Counselling and support services

The group discussed the importance of counselling for supporting mental health and preventing things from getting worse. In particular, it was agreed that there is a need for more NHS Counsellors, especially those trained in learning disability and autism.

Early intervention

The group discussed that it was important to make sure content is covered in early years and school education in relation to mental health and wellbeing for children

with learning disabilities and autistic children. It was also suggested that annual health checks should include questions about mental health and wellbeing.

Questions Part 8: The role of difficult or traumatic experiences

8.1 For some people, mental health issues can arise following traumatic or very difficult life experiences in childhood and/or adulthood.

What kind of support is most helpful to support recovery from previous traumatic experiences?

People with a learning disability are more likely to be exposed to traumatic events and may be 4 to 10 times more likely to experience violence, abuse and/ or neglect compared to the mainstream population. Indeed, the available data suggests that people with learning disabilities have:

- an increased incidence of adverse childhood experiences
- increased likelihood of exposure to the type of traumatic events most likely to be associated with the development of PTSD
- increased vulnerability that means exposure may be more likely to result in the development of traumatic reactions

Furthermore, those who have been exposed to repeated and/or sustained trauma may experience complex trauma and have difficulties in regulating their emotional experience, developing attachments, sustaining relationships and with their sense of self and self-worth. And this may compound people with learning disabilities' experience of stigma and exclusion.

It is critical, therefore, that services supporting people with a learning disability are aware that they may have experienced trauma, and are trauma informed. This can be particularly relevant in services working with individuals with behaviour that challenges. It is important that services are designed and delivered in a way that

helps people to feel safe and enables them stay within their window of tolerance for long enough to start to develop positive connections and relationships.

Training in trauma informed practice and regular trauma informed supervision can inform and empower staff to provide relational based care which is person centred, involves and empowers individuals and is underpinned by an individualised support plan. In addition, there is a need for greater access to specialist evidence-based therapies delivered by trauma skilled and expert staff for those who have been most impacted by trauma.

In this context, trauma informed Positive Behavioural Support can inform and focus attention on:

- Interventions that mitigate the impact of historical trauma exposure
- Development of coping skills
- Use additional evidence-based therapeutic interventions in parallel with PBS support plans
- Strategies that reduce the likelihood of rekindling traumatic experiences.

Involving those with lived experience at the heart of the design, implementation and evaluation of trauma informed services, is critical to ensuring they are flexible, accessible and robust.

8.2 What things can get in the way of recovery from such experiences?

It is essential that services supporting people with learning disabilities actively avoid re-traumatisation and that those who are impacted by trauma are supported by services which are trauma informed. Restraint and seclusion and other restrictive practices have psychological consequences which traumatise and re-traumatise individuals.

It is necessary to eliminate the misuse of these practices and address the inherent misuse of power. This requires an understanding of what has happened to the individual, how they have experienced these events and what the effects have been on them in the short and long term. It also requires a focus on seeking to identify and address the root causes of distress which presents as behaviour which challenges.

Questions Part 11: Equalities

11.1 Do you have any further comments on what could be done to address mental health inequalities for a particular group of people? If so, what are they?

Mental wellbeing

As outlined in our response to Section 5, creating the conditions for good mental health and wellbeing, the fundamental aspects of mental wellbeing for people with learning disabilities are:

- Relationships,
- Self-determination,
- Material wellbeing
- Dignity and respect.

While these factors are very similar to the factors that underpin mental wellbeing for the general population, the way they are delivered and measured for people with learning disabilities will be vital if the Scottish Government is to achieve its outcome of reducing inequalities in relation to mental health and wellbeing.

In our wellbeing report, published on the back of the 2019 'How's life?' survey, we outline a number of actions to be taken that we think will lay the foundations for improving the mental wellbeing of people with learning disabilities¹⁴:

1. Incorporate UNCRPD into Scots law to bridge the gap between policy intent and lived experience, through positive obligations on states to respect, protect and fulfil the human rights of people with learning disabilities.

¹⁴ [SCLD-Wellbeing-Report_Final.pdf](#)

2. Collect robust data on the experiences of people with learning disabilities, particularly in GP systems and routinely collected health data.
3. Renew the focus on reducing health inequalities by offering free annual health checks from aged 14, introducing mandatory learning disability training for all GPs and NHS staff and introducing citizen owned digital passports as standard.
4. Put appropriate support and informed choice at the heart of social care through refocussing on prevention and early intervention, allowing people to access the support they need, coupled with obligations on local authorities to discuss self-directed support options fully, with access to advocacy when appropriate.
5. All staff working with people with learning disabilities must promote their right to have and maintain different kinds of relationships, including provision of good quality Relationships, Sexual Health and Parenting education.
6. Ensure access to high quality, appropriate housing by taking the needs of people with learning disabilities into account in strategic planning processes and housing allocation policies, and embedding a 'housing options' approach to advice services.
7. Ensure material wellbeing through the social security system by ensuring eligibility criteria for the Adult Disability Payment accurately capture the impact of day to day life for people with learning disabilities, and access to paid work through specialist employability provision.

Mental health

A recent rapid review of evidence in relation to the mental health of people with learning disabilities¹⁵, undertaken by the Scottish Learning Disabilities Observatory, demonstrated that while mental ill health is significantly more prevalent in adults with learning disabilities than in the general population, there are still significant gaps in the availability of high quality evidence relating to the prevalence, accessibility of services and clinical effectiveness of treatment of mental ill health in people with learning disabilities. The report made a number of recommendations, which should be read in conjunction with the recommendations outlined in Section 6, regarding the accessibility of mental health services for people with learning disabilities.

Recommendation 1: New learning disabilities research is needed that addresses the mental health needs of people with learning disabilities

Recommendation 2: Include mental health assessments in annual health check programme.

Recommendation 3: All health and care staff should receive learning disabilities awareness training, information should be provided in accessible formats and care should be delivered locally.

Recommendation 4: Robust services should enable adults with learning disabilities and mental ill health to be supported in their local communities.

¹⁵ [Mental ill health report \(sldo.ac.uk\)](https://www.sldo.ac.uk)

Questions Part 18: Final Thoughts

As is reflected throughout this consultation response, the factors underpinning wellbeing for people with learning disabilities are, in many respects, similar to those underpinning wellbeing for the population as a whole.

However, even pre-Covid-19, research shows that people with learning disabilities face much greater challenges realising their rights to the factors that underpin their wellbeing.

We know that people with learning disabilities continue to face significant health inequalities. We know that the vast majority of people are not in romantic relationships and many do not see their friends and loved ones as much as they would like.¹⁶

In the context of austerity, we have seen a social security system that often fails to recognise the needs and aspirations of people with learning disabilities. A prolonged period of diminishing social care budgets have seen reductions to already inflexible support packages.

Previous reports have also shown that many people with learning disabilities are living in unsuitable homes; whether they have been housed in an out of area placement, far away from family, in group living with people they do not get on with, or simply in a house that does not suit their needs.¹⁷

We also know that the othering of people with learning disabilities in society leads to bullying and harassment, which is often underreported.¹⁸

¹⁶ SCLD (2020) [The impact of Coronavirus on people with learning disabilities and their parents, carers and supporters](#)

¹⁷ Ipsos Mori & SCLD (2017) [Improving outcomes for people with learning disabilities: opportunities and challenges for housing](#)

¹⁸ SCLD (2019) [Response to the Consultation on Amending Scottish Hate Crime Legislation](#)

All these factors, coupled with the urgency brought by the Covid-19 pandemic, show a need to re-double efforts to tackle these seemingly intractable issues that prevent people with learning disabilities from participating in society on an equal basis. If the Scottish Government is serious about ensuring '*better mental health and wellbeing for all*', then the wellbeing of people with learning disabilities needs to take centre stage in this strategy.



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