What are the key issues around health and wellbeing for children and young people in Scotland?

Introduction

In 2019, the Mental Health Foundation commissioned a report titled 'State of a generation: Preventing mental health problems in children and young people'[i]. Despite the report being published prior to the on-set of COVID-19, the issues outlined in this report, e.g., poverty, body image, sleep, technology, academic pressure, and issues related to identity, remain relevant for children and young people's lives today. These issues are explored in further detail throughout this response.

Childhood and young adulthood represent a particularly important time for development, wellbeing, and mental health. Some research suggests that around half of mental health problems develop by the mid-teens, with three-quarters established by the mid-twenties[ii].

Adverse Childhood Experiences (ACEs)

The negative impact of ACEs on the mental health of children and young people is well-evidenced and should not be understated. Examples of ACEs include exposure to abuse, living with someone that has a mental health problem, living with someone with a drug and/or alcohol addiction, and neglect[iii]. ACEs have been found to account for 29.8% of all mental disorders[iv].

The Foundation's 'Tackling social inequalities to reduce mental health problems' report found that the impact of ACEs is cumulative: the greater number of ACEs one experiences, the more likely one is to have a mental health problem[v]. Furthermore, a child is more likely to experience an ACE if they are of low socioeconomic status compared to their more-affluent peers. In England, people in the most deprived socioeconomic quintile were almost three times more likely to have experienced four or more ACEs compared to those in the most affluent quintile[vi].

The evidence points to the importance of preventing ACEs as a means of preventing the development of mental health problems. By understanding the things that can challenge good mental health, as well as the things that can protect and promote mental health, we can introduce policies and services that support children and young people to reach their full potential, preventing mental health difficulties from progressing to the point where it becomes difficult to cope.

COVID-19

In May 2021, the Foundation's 'Mental Health in the Pandemic' study found that 60% of parents of children under the age of 18 across the UK were concerned about how the mental health of their children was being affected by the pandemic[vii].

A rapid UK-wide research review conducted by the Foundation in September 2020 found that 'lockdowns' had a direct impact on the wellbeing of children and young people, an impact within the family context, and an impact within the context of education[viii]. While the evidence on the direct impact of lockdowns on the mental health of children and young people yields mixed findings, some studies indicate an increased likelihood of PTSD symptoms in quarantined children. Overall, studies point to increased levels of distress, worry and anxiety.

The Foundation's own multi-wave study of adolescents ages 13-19 during the pandemic has found several negative effects on mental health. The most recent survey conducted in May and June of 2021 found that loneliness is widespread, despite the unlocking, while huge numbers of adolescents remain anxious about the pandemic. Loneliness appeared to be as common as it was in

March 2021. Anxiety was also common; forty-three per cent of those surveyed said they are 'very' or 'fairly' worried about another lockdown, 45 per cent are 'very' or 'fairly' worried about their family or friends being ill with Covid and 32 per cent 'very' or 'fairly' worried about someone close to them dying. Almost one-in-four (39 per cent) said they are 'very' or 'fairly' worried about the pandemic affecting their own mental health. [ix]

The extent of the impact of COVID-19 on the mental wellbeing of children and young people should not be understated and should be a key consideration for policymakers across governing bodies as part of their COVID-19 recovery work.

Poverty

In 2019/20, a decade on from the landmark 'Marmot Review', 26% of children in Scotland are in poverty. This figure is up from 23% in 2018/19 and 24% in 2017/18[ix].

Quite simply, poverty is the single biggest driver of mental ill-health[x]. One review estimated that children from disadvantaged families were two to three times more likely to have mental health problems than their peers[xi]. There are many reasons why this may be the case, ranging from reduced access to social and community resources[xii] to increased likelihood of difficulties or stress at home[xiii], to greater exposure to discrimination or violence[xiv].

Contemporary welfare reforms risk increasing child poverty rates in Scotland. The Joseph Rowntree Foundation have reported that 37% families with children in Scotland will lose £1,040 per year due to the UK Government's £20 cut to Universal Credit in October 2021. Analysis completed by the Scottish Government shows that an additional 20,000 children will be living in poverty in Scotland as a direct result of this measure[xv]. A survey by Citizens Advice Scotland (CAS) found 74% of its users who claim Universal Credit said they would be unable to cope with the reduction in payment[xvi].

Urgent action is required to address increasing levels of child poverty across Scotland and to stem any likely increase in rates of mental health problems for children and young people.

Measures such as the doubling of the Scottish Child Payment by the Scottish Government will take effect from April 2022 and will ensure parents of 100,000 children under the age of 6 will receive £20 per week[xvii]. This has been welcomed by anti-poverty campaigners such as the Poverty Alliance and by the Mental Health Foundation[xviii]. However, the six-month interval between the cut to Universal Credit and the doubling of the Scottish Child Payment means many families are at risk of additional financial hardship during the winter months.

Body Image

A UK-wide report published by the Foundation in 2019 on the topic of 'body image' found that an increasing number of young people are feeling stress, shame, and unhappiness about their body image[xix]. One survey of 11–16-year-olds in the UK by Be Real found that 79% said how they look is important to them, and over half (52%) often worry about how they look[xx]. This is being influenced by many factors including advertising and social media portraying the idea of stereotypical beauty, and how this leads to success and happiness.

Sleep

Sleep duration and quality have been found to have an influence on elements of children and young people's mental health including depression, anxiety, impulsive behaviour, and cognitive performance[xxi].

In March 2020, the Foundation commissioned a YouGov poll of 401 Scottish teenagers aged 13-19 which found that 43% of teenagers agreed that sleeping badly has a negative effect on their mental health. It also found that 38% of teenagers who are studying or working said that they had been too tired to do schoolwork or study, and 43% had been too tired to concentrate in class or when studying[xxii].

There are also some wider inequalities in the quantity and quality of our sleep, which may play a role in the inequalities seen in mental health more broadly[xxiii].

Experiences of poverty and financial insecurity are linked to poorer sleep and poorer mental health. Children from families with lower socioeconomic status often have poorer sleep[xxiv] and socio-economic disadvantage increases the likelihood of experiencing poorer sleep quantity and quality[xxv].

Furthermore, minority ethnic young people are more likely to experience shorter, and poorer quality, sleep[xxvi]. Some research shows that white youth generally have more sleep than minority ethnic youth[xxvii].

Other groups such as young women[xxviii] and young victims of trauma[xxix] are more likely than young males and young people who have not experienced trauma to experience poorer quality of sleep.

Technology

Using digital technology can support mental health and resilience when it helps to sustain positive relationships. NHS Digital found that, among 11–19-year-olds, using social media occasionally was not associated with having a mental health problem. Ofcom found that, among 12–15-year-olds who use social media, two-thirds said they used social media to provide support to others, sending supportive messages, comments, or posts to friends they knew were having a difficult time[xxx].

However, digital technology can also provide a space for abusive behaviours. In a 2020 survey conducted by Time for Inclusive Education (TIE), almost half of youngsters reported a perceived increase in online bullying and prejudice[xxxi]. LGBT+ young people were also found to have faced higher levels of online bullying, with over half witnessing more homophobia on social media platforms – and 60% of LGBT youth seeing or experiencing online bullying.

Research has found a link between experiences of bullying and cyberbullying, lower self-esteem and a higher risk of depression, self-harm, and suicidal behaviour in children and young people[xxxiixxxiii].

Social media has both a positive and negative impact on the mental wellbeing of children and young people. It allows young people to make new social connections and support pre-existing friends with greater ease. However, it also acts as a relatively new platform where bullying and discrimination can take place, often in an anonymised manner.

Academic Pressure

A key challenge reported by many young people is managing academic stress and pressures at school[xxxiv]. Some research has found that the worse young people felt they were doing at school, the greater their psychological distress and anger[xxxv]. These concerns are reflected in statistics provided by the counselling service, Childline, who delivered 2,795 counselling sessions about exam stress in 2018/19[xxxvi], with some young people saying that exam stress was negatively affecting their mental health.

The SQA modified the means of assessment for Scottish pupils in both 2020 and 2021 academic years to reflect challenges posed to learning by the pandemic. In 2020, as many as 75,000 marked down

predicted grades were later upgraded following their initial release, causing a high-level of stress and uncertainty for affected pupils[xxxvii]. Pupils from the most deprived backgrounds were most likely to be adversely affected by the initial proposals of down-grading. The Higher pass rate for pupils from more deprived backgrounds was reduced by 15.2% from estimates after the exam board's moderation. The pass rate for pupils from the wealthiest backgrounds dropped by just 6.9%[xxxviii].

Many pupils struggled to adapt to virtual/hybrid learning. In a survey of parents conducted by Connect Scotland, over half of parents said their child/young person was not doing enough schoolwork/struggling with remote learning during periods of school closures[xxxix].

The pandemic resulted in many school pupils struggling to navigate both the schoolwork and assessment aspects of their learning experience.

COVID-19 exacerbated the negative impact that digital poverty has on the life chances of children and young people of disadvantaged socioeconomic status. A report published by the Robertson's Trust found that digital poverty (a lack of access to hardware and stable internet connection) during the pandemic was a major risk-factor in further exacerbating Scotland's poverty-related attainment gap[xl].

Issues Related to Identity

Some key aspects of identity include gender identity, social class, sexual orientation, race, ethnicity, age, and disability. These can all play a role in determining how we understand and experience the world, as well as shape the types of opportunities and challenges we face, all of which can influence mental health and wellbeing.

Though analysing identity in the context of individual demographic categories can prove useful for dissecting complex identity facets, seeking to understand the mental wellbeing of individuals via categorisation risks masking the three-dimensional lived experience of individuals [xli].

Sexual and Gender Identity

Some reviews have found that some LGBT+ youth are more likely to develop a mental health problem due to an increased risk of exposure to certain risk factors than their non-LGBT+ peers[xlii]. E.g., discrimination, loneliness, homelessness, and/or poor access to health services [xliii][xliv][OBJ]. Being LGBT+ is not in itself a risk-factor to developing a mental health problem[xlv].

Feeling pressure or stress about managing LGBT+ identity has been found to be a risk factor for depression among lesbian, gay and bisexual young people[xlvi]. Conversely, having a positive LGBT+ identity and higher self-esteem can protect against depression and contribute to positive mental health and wellbeing among transgender and non-binary youth[xlvii].

There are several ways in which COVID-19 has impacted on the mental wellbeing of LBGT+ young people in Scotland. Living in lockdown with a partner and/or family member(s) who are unsupportive and/or abusive puts an immense strain on the mental wellbeing of young LGBT+ people. Homeless Network Scotland found that 80% of trans people have experienced abusive behaviour from their partner or ex-partner[xlviii]. Living in closer proximity to these perpetrators during lockdowns puts the mental wellbeing of trans people at greater risk.

Young LGBT+ people who are unable to live with their family are at greater risk of homelessness than their non-LGBT+ peers. Despite composing less than 5% of the total population[xlix], 24% of homeless people across the UK identify as LGBT+[l]. The impact of homelessness on mental wellbeing is severe. Those with experiences of homelessness had a five-fold higher rate of admission to mental health

specialties than their peers living in housing in Scotland's most deprived areas[li]. Furthermore, 69% of homeless LGBT+ young people have experienced violence, abuse, or rejection in the family home[lii].

The pandemic has also meant that social spaces for LGBT+ young people in Scotland are limited. 71% of LGBT+ people say that homophobia is a problem in their local area and 79% said that transphobia is a problem in their local area[liii]. These social spaces are a lifeline for many LGBT+ young people, particularly those who live in unsupportive home environments and/or local communities. Furthermore, young LGBT+ people living in rural areas are more likely to experience additional barriers to creating and sustaining social connections in their local communities. Pre-pandemic, 70% of LGBT+ young people living in urban areas felt that their local area was a good place for LGBT+ young people to live but only 39% of their peers living in rural areas were likely to agree[liv].

Lastly, the pandemic has increased waiting times for young trans and non-binary people seeking to access Gender Identity Clinics (GICs). Prior to the pandemic, waiting times stood at an average of 2.5 years for a first appointment[lv] which have likely increased due to the pandemic due to cancelled appointments. The 'Trans Mental Health Study 2012' highlighted that 58% of trans and non-binary respondents felt that excessive waiting times for GICs had a negative impact on their mental wellbeing[lvi].

Racial and ethnic identity

Racial discrimination can have a negative impact on the mental health of minority ethnic children and young people, increasing their risk of experiencing anxiety and depression and decreasing their feelings of self-esteem and self-worth[lvii].

Having a strong ethnic identity – that is, feeling a sense of belonging to one's ethnicity – may help to offset the negative effects of discrimination, though this varies across race and ethnicity[lviii].

Learning disability and identity

It is estimated that high proportions of people with learning disabilities experience hate crime or harassment related to their learning disability[lix]. These experiences of stigma, discrimination and abuse can substantially affect quality of life, contributing to feelings of fear, isolation, and loneliness. They may also affect how young people with learning disabilities see and think about themselves.

Some research has found that children and young adults with learning disabilities can struggle with maintaining a positive identity and developing social connections due to the stigma they encounter in schools and communities. This, in turn, can have a negative impact on mental health[lx][lxi].

What are the current challenges with improving the health and wellbeing of children and young people over the next 5 years?

On-going COVID-19 Restrictions

Providing opportunities for young people to socialise and make new connections is made more difficult due to COVID-19 restrictions. Research has shown that social interaction is of particular importance for adolescence with regards to their contemporary mental wellbeing and long-term development[lxii].

Throughout the pandemic, the Foundation published continuous waves of data describing the mental health of the Scottish population. The most recent wave (18th June – 2nd July) found that feelings of loneliness have still not returned to their pre-lockdown levels. Young people 18-24 years old were three-times more likely to feel lonely compared to the adult population Scotland-wide[lxiii].

A poll conducted by the Foundation in January 2021 highlighted 26% of respondents stating their relationships with friends had got worse because of lockdowns and the pandemic[lxiv]. Removing opportunities from children and young people to socialise with their peers appears to be contributing to feelings of loneliness and may have long term effects on their mental health and development.

Social distancing measures continue to be a theme of everyday life for Scottish young people. 32,000 pupils were reported absent from school due to COVID-19 in September 2021[lxv]. With the continuing emergence of new variants worldwide, further restrictions could yet be implemented in schools and social spaces.

COVID-19 poses other risk to the mental wellbeing of children and young people. e.g., trauma and bereavement. Research conducted by the Scottish Government in partnership with the Centre for Excellence for Children's Care and Protection (CELCIS) found that 21% of children have experienced the death of close family or friends (for any reason) since the on-set of the pandemic in March 2020[lxvi].

One decade-long project followed 216 children who had lost a parent aged 7 to 17 and compared them to non-bereaved children. The results were that children who were less than 12 years old when their parent died were more likely to have depression than those who lost a parent in adolescence. Grieving children also had higher rates of post-traumatic stress disorder (PTSD) than nonbereaved children at all time points[lxvii].

Bereavement during the pandemic is more likely to impact children and young people of low socioeconomic status. The National Records of Scotland found that for deaths caused by COVID-19, the figure for Scotland's least-affluent communities was 2.4 times the rate of those in the most-affluent communities[lxviii].

Differential death rates caused by COVID-19 between socioeconomic groups means that children and young people from Scotland's most deprived communities are most at-risk of experiencing bereavement and the long-term negative impact that this has on their mental health.

<u>Climate Change and Eco-Anxiety</u>

Climate Change (CC) is having an indirect negative impact on the mental wellbeing of children and young people in Scotland. Furthermore, the effectiveness of those government policy measures seeking to improve the mental wellbeing of children and young people are being undermined by CC.

In the Foundation's 2021 Mental Health Awareness Week Campaign titled 'Connecting with Nature', a YouGov poll found that 41% of those respondents aged 18-25 felt that CC was having a negative impact on their mental health[lxix]. A study of 10,000 children and young people aged 16-25 living across the UK found that three-quarters of respondents stating that they thought the future was frightening because of CC[lxx].

On 05/11/2021, the Foundation hosted a Citizens' Forum exploring the impact of climate change on mental health. Attendees had the opportunity to discuss key themes covered in speaker presentations in smaller breakout rooms. A common theme that emerged across breakout rooms was an appreciation of the impact that CC was having on the mental wellbeing of children and young people[lxxi].

8. What offers the best opportunity for improving the health and wellbeing of children and young people over the next 5 years?

1. The Scottish Government should embed Mental Health Education (MHE) within the Curriculum for Excellence, giving every pupil the tools to protect and improve their mental health and tackle stigma.

Emerging evidence supports the effectiveness of school based MHE in reducing stigma and promoting children's mental health literacy[lxxii], help-seeking attitudes, resilience, and emotional wellbeing[lxxiii]. Promoting children's wellbeing and resilience are essential in preventing and reducing the severity of mental health problems.

Two of the greatest barriers to children receiving mental health support are low levels of mental health literacy and fear of stigmatisation[lxxiv]; in a recent report, 51% of surveyed young people said that they did not ask for help because they did not understand what they were going through[lxxv].

MHE is therefore key to reducing these barriers to support and increasing the chances of early intervention, with all its associated benefits. It is also key to preventing these difficulties from occurring.

In Finland, where high-quality mental health education for all children and young people has been embedded in the national core curriculum, improvements have been observed in children's satisfaction with life and perceived relationships with their parents and friends, alongside reductions in feelings of loneliness and reports of bullying[lxxvi].

Currently, individual schools determine whether they wish to pursue programmes that promote good mental health. We know, for example, that some schools have rolled out Wellbeing Classes and employed wellbeing teachers. While this is hugely welcome, MHE should be delivered consistently in all schools and not left to the goodwill of head teachers.

At a minimum, we need a comprehensive mental health syllabus taught during Personal and Social Education, which tackles the modern-day challenges that young people face, such as concerns surrounding body image, social media, sleep, exam stress, unhealthy comparisons with peers and managing relationships.

Such a mental health syllabus would help guarantee both quality and consistency across all schools in Scotland. We recommend that the Scottish Government embeds MHE within the Curriculum for Excellence to ensure it features meaningfully in all young people's education.

2. Every child at risk of poverty, exclusion or adversity should benefit from an evidence-based mentoring programme based on the "one good adult" model, helping every child to succeed regardless of their circumstances.

The Mental Health Foundation's 'State of Generation' report identified that 1 in 5 young adults (20%) surveyed in Scotland felt they did not have a trusted adult to go to for advice and support if they were experiencing a problem[lxxvii].

Research has shown that one of the strongest predictors of good mental health amongst young people is the presence of at least "one good adult", who they can dependably turn to for guidance and support. A recent large survey of young people in Ireland found that the presence of such a figure was associated with lower levels of anxiety and depression and greater levels of good life satisfaction, high self-esteem, healthy coping strategies, and optimism for the future[lxxviii].

Previous studies have also conversely found that the absence of such a relationship is associated with an increased risk of self-harm and suicidal thoughts[lxxix]; higher rates of youth offending and poorer outcomes among youth in care.

The £19.4M investment by the Scottish Government to support a six-year mentoring programme to potentially cover 300 schools is welcome[lxxx]. **However, the level of investment and scale of the programme should both be expanded to ensure all at-risk children are able to benefit from mentoring.**

3. A new Health and Wellbeing Fund should be established to help Head Teachers invest in pupil wellbeing in the aftermath of Covid-19. The fund will aim to reduce prevalence of emotional distress through evidence-based peer-to-peer programmes, youth work and family support initiatives.

School leaders are often unable to prioritise pupil mental health and wellbeing because of budgetary constraints[lxxxi].

In the post COVID-19 era it is therefore essential that they are equipped with the resources to develop and implement evidence-based initiatives aimed at reducing the prevalence of emotional distress amongst pupils.

While we recognise that many schools have invested in mental health through the Pupil Equity Fund (PEF), supporting pupil emotional wellbeing is not its primary purpose; rather the PEF is primarily designed to reduce the educational attainment gap and can therefore be spent on a host of measures aimed at improving students' academic outcomes. While wellbeing and attainment are clearly linked, they are not synonymous

The Health and Wellbeing fund could be used to initiate or support interventions which have a strong evidence base. This may include, peer-to-peer programmes, such as the Mental Health Foundation's Peer Education Programme (PEP), which have been shown to successfully reduce emotional difficulties amongst pupils and improve the support they are able to provide for one another[lxxxii]; youth work; family support initiatives which have proven effective in improving outcomes for both parents and their children[lxxxiii]; or a variety of other school-based interventions which have proven effective in supporting young people's mental health.

4. Investment in providing parents and primary caregivers with the confidence to support their children during key stages of their child's development should be significantly expanded.

Ensuring that our children get a good start in life is more important than ever. Experiences during key life transitions shape the developing brain and can lay the foundations for sound mental health[lxxxiv]. The emotional climate in children and young people's homes, including the wellbeing of their primary caregivers and the supports that are available to their family and parents, all contribute to this[lxxxv].

However, after the early years of a child's life, a lack of support for parents has been identified with no guidance or help during their child's transition to school, adolescence, or early adulthood[lxxxvi]. These all represent key developmental stages, during which young people's risk of developing a mental health condition is increased and support from primary caregivers is crucial[lxxxvii][lxxxviii].

Yet in a survey of our supporters, more than half (59%) felt parents are not currently provided adequate tools or information on how to best support or sustain their children's mental health.

Equipping parents with the confidence and skills to support children during these important life transitions, can prevent some mental health problems from emerging[lxxxix] and can significantly improve the outcome of others[xc].

Increased parenting support provided through schools and third sector community initiatives have repeatedly been shown to increase parents' confidence to manage emotional difficulties[xci] and to

improve academic, social and health outcomes for children[xcii]. It is vital we invest in them to provide parents with the support they need.

5. Pilots of the 'Youth in Iceland' model should be launched in a Scottish context to encourage more children and young people from deprived backgrounds to take part in extra-curricular sporting opportunities.

Emerging evidence suggests that physical activity may be protective of children's mental health. One review found that exercise interventions may protect children and young people's mental health, specifically in relation to depression[xciiixcivxcv].

A study led by the University of Strathclyde found that children from more deprived families were nearly three times more likely to not be involved in sport than those from less deprived families[xcvi]. There are several possible reasons for this disparity. i.e., few accessible sporting opportunities outside of school, unaffordable fees, and poor access to safe and clean green space[xcviixcviii].

To stem rising rates of illegal drug and alcohol consumption for children and young people in the early 1990's, the Icelandic Government introduced a new national programme titled 'Youth in Iceland'. Amongst other measures, Youth in Iceland provided parents with $500 to spend on after-school sporting activities coupled with a large-scale investment in building and renovating community-based sports facilities[xcix].

The programme was successful in cutting alcohol and drug consumption rates for adolescents. There was a 35% reduction in the rate of alcohol consumption from 42% in 1998 to 5% in 2013 and a 14% reduction in rate of Hashish usage from 17% to 3%[c]. There is a lack of research on the impact that Youth in Iceland has had on the mental wellbeing of children and young people. However, the programme may be associated with fewer symptoms of anxiety and depression[ci].

Therefore, evaluations of Scottish pilots should include an on-going mental health component.

Launching pilots of the Youth in Iceland in a Scottish context should seek to overcome the following barriers to children and young people from deprived backgrounds accessing sporting opportunities:

> Unaffordable train fares.
> The commitment by the Scottish Government to scrap bus fees for under 21s is welcome. However, **this should be extended to cover train fares to further improve access to extra-curricular opportunities further afield.** This is especially important for children and young people living in smaller, more rural communities.

> Poor access to safe and clean green space.
> **The Scottish Government should work in partnership with local community groups and councils to develop green spaces strategies that determine where new green space should be allocated and where existing green space needs to be made more accessible and/or clean.** The Foundation's 2021 Mental Health Awareness Week report titled 'How connecting with nature benefits our mental health' highlights the results of a poll where 11% of respondents in Scotland found it fairly or very difficult to access nature whenever they wanted to[cii].

> **Expanding sporting opportunities should include an expansion of other forms of extra-curricular activity. i.e., art, music, scouts, drama, and other relevant groups.**

9. How does addressing poverty lead to improved health and social care outcomes?

For the purposes of this consultation, we shall define poverty in the Joseph Rowntree Foundation's terms as 'when a person's resources (mainly their material resources) are not sufficient to meet their minimum needs (including social participation)'[ciii]. However, psychosocial, behavioural, and structural pathways should be taken into consideration in any measures that seek to address poverty in Scotland.

From birth, children living in disadvantaged socioeconomic circumstances (SECs) suffer from worse mental health than their wealthier peers. The pathways through which SECs influence children's mental health is complex and inter-related, but in general are driven by differences in the distribution of power and resources that determine the economic, material, and psychosocial conditions in which children grow up[civ].

The consultation will proceed by exploring the inter-related nature of material and non-material pathways of socioeconomic deprivation.

1. Material

Children from disadvantaged social positions have less access to the material resources needed to support their health, including safe and sufficiently sized housing, nutritional food, warm clothing, and affordable social and cultural opportunities. This directly contributes to poorer physical and mental health outcomes for these children and wide health inequalities across the population.

For example, one longitudinal twin study conducted in the UK found that children exposed to food-insecurity had lower IQs and higher levels of behavioural and emotional problems relative to their peers, even when other factors (including maternal education and parent child relationships) were accounted for[cv]. Similarly, there is strong evidence that poor quality housing directly contributes to worse mental health outcomes for children[cvi,cvii].

Through reducing rates of material deprivation, we can increase the access these children have to the material resources they need to achieve and maintain good mental health throughout their childhood and beyond.

2. Psychosocial

The stress associated with living in social disadvantage can also negatively impact on family relationships further impacting mental health outcomes. Indeed, recent research now indicates that changes in the family environment appear to account for *most* of the association between low household income and poorer childhood mental health outcomes[cviii,cix].

The evidence to support this is outlined in the Foundation's Universal Basic Income Paper. Specifically, the paper highlights several landmark studies, in which Costello and colleagues (2003) longitudinally explored the outcomes of those lifted from poverty in early, middle, and late childhood, because of unconditional cash payments being provided to their parents. In doing so, the authors identified a clear downward trend in the prevalence of mental health difficulties amongst children whose families received these payments over time. Specifically, they identified a 40% decrease in behavioural disorders (such as conduct and oppositional disorders) amongst children who were lifted from poverty because of payments[cx]. Given the known trajectory of such disorders in childhood toward substance misuse, criminality, and unemployment in adulthood, this is of considerable significance.

Secondary analyses found that income changes alone did not account for the observed improvements in child wellbeing. The most significant mediating factor was an improvement in parent-child relationships and parental supervision. In fact, in isolation, the effect of changing poverty status alone was nonsignificant, while the effect of increased parental supervision accounted for approximately 77% of the reduction in the number of mental health symptoms observed. Simply put, providing unconditional payments offered parents the opportunity to spend more quality time with their children, with significant and long-lasting benefits.

3. Behavioural

Unhealthy behaviours tend to be more prevalent in less advantaged groups. E.g., the prevalence of regular smoking in 15-year-olds was twice as high for those who were least affluent that their most affluent peers. Despite overall prevalence of smoking in 15-year-olds halving for both SIMD cohorts between the 2008-2015 period, the gap between most and affluent remains unchanged[cxi].

Empirical research indicates that the behavioural pathway may be less important than others and certainly not sufficient to entirely account for the gap in health observed between the rich and poor[1].

The Foundation's 'Mental Health Effects of a Universal Basic Income' report included a systematic review of global basic income trials. One key aspect of analysis was the impact of these trials on the mental wellbeing of children and young people and their quality of life thereafter[cxii]. The report highlighted findings of a study which found children with longer dividend exposure to UBI-like payments (six years versus two years) were 22% less likely to have been arrested at ages 16-17 and 7% less likely to have dealt drugs by age 21[cxiii].

Furthermore, another study analysing the impact of universal cash transfers in Alaska found that an additional one thousand dollars in universal payments decreases the probability of an Alaskan child being obese by as much as 4.5 percentage points[cxiv]. This study underlines the inter-related nature of various pathways of socioeconomic deprivation.

4. Structural

The structural SDH are the socioeconomic, political, cultural, and commercial structures that influence the control, distribution and accessibility of power, resources, and services across the population[cxv].

Access to services is an example of a structural factor that influences material, psychosocial, and behavioural pathways. Improving people's material and psychosocial pathways will in-turn improve their behavioural pathways, improving health and wellbeing for children and young people in the long-term.

One study carried-out by the University of Glasgow found that the most-affluent geographical wards in the City of Edinburgh had a higher number of GP practices per head of population than the least-affluent wards[cxvi]. More public service investment is required in Scotland's least-affluent communities to help address deep-seated structural inequalities.

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- By addressing the material, psychosocial, behavioural, and structural inequalities which persist in Scotland, progress can be made in improving mental health outcomes for children and young people in the long-term.

i Mental Health Foundation. (2019). State of a generation: Preventing mental health problems in children and young people. Retrieved: MHF_State-Of-A-Generation_Report_Scotland_0.pdf (mentalhealth.org.uk).

ii Kessler RC, Amminger GP, Aguilar-Gaxiola S, Alonso J, Lee S, Ustün TB. (2007). Age of onset of mental disorders: a review of recent literature. Curr Opin Psychiatry. 20(4):359-64.

iii NHS Manchester University. (2021). Adverse Childhood Experiences (ACEs) and Attachment. Retrieved: Adverse Childhood Experiences (ACEs) and Attachment - Royal Manchester Children's Hospital (mft.nhs.uk)

iv Kessler RC, McLaughlin KA, Green JG, Gruber MJ, Sampson NA, Zaslavsky AM, et al. (2010). Childhood adversities and adult psychopathology in the WHO world mental health surveys. Br J Psychiatry. 197(5): 378–85.

v Mental Health Foundation. (2019). Tackling social inequalities to reduce mental health problems: How everyone can flourish equally. Retrieved: MHF-tackling-inequalities-report_WEB.pdf (mentalhealth.org.uk)

vi Elliott, I. (2016). Poverty and Mental Health: A review to inform the Joseph Rowntree Foundation's Anti-Poverty Strategy. London: Mental Health Foundation.

vii Mental Health Foundation. (2021). Mental health in the COVID-19 pandemic: Recommendations for prevention. Retrieved: MHF Mental Health in the COVID-19 Pandemic.pdf.

viii Millar, R. Quinn, N. Cameron, J. Colson, A. (2020). Considering the evidence of the impacts of lockdown on the mental health and wellbeing of children and young people within the context of the individual, the family, and education. Glasgow: Mental Health Foundation.

ix Scottish Government. (2021). Child Poverty Analysis. Retrieved: Child poverty analysis - gov.scot (www.gov.scot).

x Local Government Association. (2020). Marmot Review report – 'Fair Society, Healthy Lives'. Retrieved: Marmot Review report – 'Fair Society, Healthy Lives | Local Government Association.

xi Reiss F. (2013). Socioeconomic inequalities and mental health problems in children and adolescents: A systematic review. (2013). Soc Sci Med. 90. 24–31.

xii Viner R, Ozer E, Denny S, Marmot M, Resnick M, Fatusi A, et al. (2012). Adolescence and the social determinants of health. Lancet. 329.

xiii Chaudry A, Wimer C. (2016). Poverty is Not Just an Indicator: The Relationship between Income, Poverty, and Child Wellbeing. Acad Pediatr. 16(3). 23–9.

xiv Viner R, Ozer E, Denny S, Marmot M, Resnick M, Fatusi A, et al. (2012). Adolescence and the social determinants of health. Lancet. 329.

xv Scottish Housing News. (2020). 60,000 Scots face poverty as result of Universal credit cuts, ministers warn. Retrieved: Marmot Review report – 'Fair Society, Healthy Lives | Local Government Association.

xvi Citizens Advice. (2021). 2.3 million will be pushed into the red by Universal Credit cut. Retrieved: 2.3 million will be pushed into the red by Universal Credit cut - Citizens Advice.

[xvii] Scottish Government. (2021). Doubling the Scottish Child Payment. Retrieved: Doubling the Scottish Child Payment - gov.scot (www.gov.scot).

[xviii] TFN. (2021). Major victory for charities as Scottish Government doubles child payment. Retrieved: Major victory for charities as Scottish Government doubles child payment - TFN.

[xix] Mental Health Foundation. (2019). Body Image. Retrieved: MHAW19_Report_A4_48pp_3MM_SCOTLAND_WEB.pdf (mentalhealth.org.uk).

[xx] Be Real. (2017). Somebody Like Me: A report investigating the impact of body image anxiety on young people in the UK. Available from: https://www.berealcampaign.co.uk/research/ somebody-like-me.

[xxi] Gavidia, M. (2020). How Does Sleep Duration Influence Mental Health of Children? AJMC. Retrieved: How Does Sleep Duration Influence Mental Health of Children? (ajmc.com).

[xxii] Mental Health Foundation. (2020). Taking Sleep Seriously. Retrieved: MHF_Sleep_Report_Scotland.pdf (mentalhealth.org.uk).

[xxiii] McDaid S, Kousoulis A. (2020). Tackling social inequalities to reduce mental health problems. London: Mental Health Foundation.

[xxiv] Gregory AM, Sadeh A. (2012). Sleep, emotional and behavioural difficulties in children and adolescents. Sleep Med Rev. 16(2):129–36.

[xxv] Grandner MA, Patel NP, Gehrman PR, Xie D, Sha D, Weaver T, et al. (2010). Who gets the best sleep? Ethnic and socioeconomic factors related to sleep complaints. Sleep Med. 11(5):470–8.

[xxvi] Beattie L, Kyle SD, Espie CA, Biello SM. (2015). Social interactions, emotion, and sleep: A systematic review and research agenda. Sleep Med Rev. 24:83–100.

[xxvii] Guglielmo D, Gazmararian JA, Chung J, Rogers AE, Hale L. (2018). Racial/ethnic sleep disparities in US school-aged children and adolescents: a review of the literature. Sleep Heal. (1):68–80.

[xxviii] Zhang B, Wing YK. (2006). Sex differences in insomnia: A meta-analysis. Sleep. 29(1):85–93.

[xxix] Radcliff Z, Baylor A, Rybarczyk B. (2016). Adopted youth and sleep difficulties. Pediatr Heal Med Ther. ; Volume 7:165– 75.

[xxx] Ofcom. (2020). Children and parents: Media use and attitudes report. Retrieved: Children and parents: media use and attitudes report 2019 - Ofcom.

[xxxi] Time for Inclusive Education (TIE). (2020). Online in Lockdown. Retrieved: TIE-ONLINE+IN+LOCKDOWN-REPORT.pdf (squarespace.com).

[xxxii] Hamm MP, Newton AS, Chisholm A, Shulhan J, Milne A, Sundar P, et al. (2015). Prevalence and effect of cyberbullying on children and young people: A scoping review of social media studies. JAMA Pediatr. 169(8):770–7.

[xxxiii] Moore SE, Norman RE, Suetani S, Thomas HJ, Sly PD, Scott JG. (2017). Consequences of bullying victimization in childhood and adolescence: A systematic review and meta-analysis. World J Psychiatry. 7(1):60.

[xxxiv] NSPCC. (2019). Young people struggling to cope with exam stress turn to Childline. Retrieved: https://www.nspcc.org.uk/ what-we-do/news-opinion/young-peoplestruggling-cope-exam-stress/

[xxxv] Gordon, Jacki & Platt S. (2017). Going To Be All Right? A report on the mental health of young people in Scotland. SAMH.

[xxxvi] NCPCC. (2019). Young people struggling to cope with exam stress turn to Childline. Retrieved: Young people struggling to cope with exam stress turn to Childline | NSPCC.

[xxxvii] Scottish Government. (2020). National Qualifications experience: rapid review. Retrieved: National Qualifications experience 2020: rapid review - gov.scot (www.gov.scot).

xxxviii Fitzpatrick, T. (2020). Hundreds of school pupils chant 'no classist SQA' as Glasgow protest underway over downgrading of exam results. Retrieved: Hundreds of school pupils chant 'no classist SQA' as Glasgow protest underway over downgrading of exam results - Daily Record.

xxxix Connect. (2021). Connect's Letter to SQA Regarding 2021 Qualifications and Assessment. Retrieved: Connect's Letter to SQA Regarding 2021 Qualifications and Assessment :: Connect.

xl New report: The Poverty-related Attainment Gap - Evidence Review | The Robertson Trust

xli Velez G, Spencer MB. (2018). Phenomenology and intersectionality: Using pvest as a frame for adolescent identity formation amid intersecting ecological systems of inequality. New Dir Child Adolesc Dev. 161.

xlii Hall WJ. (2018). Psychosocial Risk and Protective Factors for Depression Among Lesbian, Gay, Bisexual, and Queer Youth: A Systematic Review. J Homosex. 65(3):263–316.

xliii Pompili M, Lester D, Forte A, Seretti ME, Erbuto D, Lamis DA, et al. (2014). Bisexuality and suicide: A systematic review of the current literature. J Sex Med. 11(8):1903–13.

xliv Poštuvan V, Podlogar T, Zadravec Šedivy N, De Leo D. (2019). Suicidal behaviour among sexual-minority youth: a review of the role of acceptance and support. Lancet Child Adolesc Heal. 3(3):190–8.

xlv Full article: Lesbian, gay or bisexual identity as a risk factor for trauma and mental health problems in Northern Irish students and the protective role of social support (tandfonline.com)

xlvi Hall WJ. (2018). Psychosocial Risk and Protective Factors for Depression Among Lesbian, Gay, Bisexual, and Queer Youth: A Systematic Review. J Homosex. 65(3):263–316.

xlvii Johns MM, Beltran O, Armstrong HL, Jayne PE, Barrios LC. (2018). Protective Factors Among Transgender and Gender Variant Youth: A Systematic Review by Socioecological Level. J Prim Prev. 39(3):263–301.

xlviii Homeless Network Scotland. (2021). Homelessness & COVID-19. Retrieved: Equalities-Homelessness-and-Covid-19-v270420-PUBLISHED.pdf (homelessnetwork.scot).

xlix Scottish Government. (2017). Sexual orientation in Scotland 2017: Summary of evidence base. Retrieved: Sexual orientation in Scotland 2017: summary of evidence base - gov.scot (www.gov.scot).

l LGBT Youth Scotland. (2020). How COVID-19 is affecting LGBTQIA+ young people living in Scotland. Retrieved: How COVID-19 is affecting LGBTQIA+ young people living in Scotland | LGBT Youth Scotland | LGBT Youth Scotland.

li ScotPHO. (2021). Homelessness: Health. Retrieved: Health - ScotPHO.

liv LGBT Youth Scotland. (2018). Life in Scotland for LGBT Young People. Retrieved: Life in Scotland for LGBT Young People, FINAL March 2018.cdr (lgbtyouth.org.uk).

lv Scottish Trans. Scottish Gender Identity Clinics. Retrieved: Scottish Gender Identity Services - Scottish Trans Alliance.

lvi McNeil, J, Bailey, L, Ellis, S, Morton, J, Maeve, R. (2012). Trans Mental Health Study 2012. trans_mh_study.pdf (scottishtrans.org)

lvii Priest N, Paradies Y, Trenerry B, Truong M, Karlsen S, Kelly Y. (2013). A systematic review of studies examining the relationship between reported racism and health and wellbeing for children and young people. Soc Sci Med. 95:115–27.

[lviii] Molina KM, James D. (2016). Discrimination, internalized racism, and depression: A comparative study of African American and Afro-Caribbean adults in the US. Gr Process Intergr Relations. 19(4):439–61.

[lix] Foundation for People with Learning Disabilities. (2018). A life without fear? A call for collective action against learning disability hate crime. London, UK.

[lx] Jahoda A, Wilson A, Stalker K, Cairney A. (2010). Living with Stigma and the Self Perceptions of People with Mild Intellectual Disabilities. J Soc Issues. 66(3):521–34.

[lxi] Raghavan R, Griffin E. (2017). Resilience in children and young people with intellectual disabilities: a review of literature. Adv Ment Heal Intellect Disabil. 11(3):86–97.

[lxii] Orben, A., Tomova, L., & Blakemore, S. J. (2020). The effects of social deprivation on adolescent development and mental health. *The Lancet. Child & adolescent health*, *4*(8): 634–640.

[lxiii] The Mental Health Foundation. (2021). Wave 11: 18th June – 2nd July 2021. Retrieved: Wave 11: 18th June – 2nd July 2021 | Mental Health Foundation.

[lxiv] Mental Health Foundation. (2021). Loneliness during coronavirus. Retrieved: Loneliness during coronavirus | Mental Health Foundation.

[lxv] BBC News (2021). Covid in Scotland: More than 32,000 school pupils absent this week. Retrieved: Covid in Scotland: More than 32,000 school pupils absent this week - BBC News.

[lxvi] The Scottish Government in partnership with the Centre for Excellence for Children's Care and Protection. (2021). The impact of COVID-19 on children and families in Scotland: Understanding needs and services through local social work data. Retrieved: The_impact_of_COVID19_on_children_and_families_in_Scotland.pdf (bettercarenetwork.org).

[lxvii] University of Pittsburgh. (2018). In Longest and Most Detailed Study of Pediatric Grief Following Parental Loss to Date, Department Researchers Find Increased Rates of Depression and Functional Impairment. Retrieved: In Longest and Most Detailed Study of Pediatric Grief Following Parental Loss to Date, Department Researchers Find Increased Rates of Depression and Functional Impairment | University of Pittsburgh Department of Psychiatry.

[lxviii] National Records of Scotland. (2021). Scotland's Population 2020. Retrieved: Scotland's Population 2020 (nrscotland.gov.uk).

[lxix] Mental Health Foundation. (2021). Mental Health Awareness Week 2021: How connecting with nature benefits our mental health. Retrieved: MHAW21_NATURE REPORT_SCOT_web.pdf (mentalhealth.org.uk).

[lxx] University of Bath. (2021). Government inaction on climate change linked to psychological distress in young people - new study. Retrieved: Government inaction on climate change linked to psychological distress in young people - new study (bath.ac.uk).

[lxxi] Mental Health Foundation. (2021). COP26 Event Video. Retrieved: COP26 Event Video | Mental Health Foundation.

[lxxii] Chisholm, K., Patterson, P., Torgerson, C., Turner, E., Jenkinson, D., & Birchwood, M. (2016). Impact of contact on adolescents' mental health literacy and stigma: the School Space cluster randomised controlled trial. BMJ open, 6(2).

[lxxiii] Punukollu M., Burns, C., & Marques, M. (2020). Effectiveness of a pilot school-based intervention on improving Scottish students' mental health: a mixed methods evaluation. International Journal of Adolescence and Youth, 25(1): 505-518.

[lxxiv] Gulliver, A., Griffiths, K. M., & Cristensen, H. (2010). Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review. BMC Psychiatry, 10: 113.

[lxxv] Young Minds. (2018). Fighting for young people's mental health. Retrieved from: https:// youngminds.org. uk/media/2258/youngminds-fightingfor-report.pdf

[lxxvii] Mental Health Foundation. (2019). State of a generation: Preventing mental health problems in children and young people. Retrieved: MHF_State-Of-A-Generation_Report_Scotland_0.pdf (mentalhealth.org.uk).

[lxxviii] Dooley B., O'Connor C., Fitzgerald A., & O'Reilly A. (2019). My world survey 2. National Study of Youth Mental Health in Ireland.

[lxxix] Dooley, B. A., & Fitzgerald, A. (2012). My world survey: National study of youth mental health in Ireland. Headstrong and UCD School of Psychology.

[lxxx] Scottish Government. (2021). Mentor scheme to improve life chances for young people. Retrieved: Mentor scheme to improve life chances for young people - gov.scot (www.gov.scot).

[lxxxi] Mental Health Foundation (2019). Make It Count. Mental Health Foundation: London. Retrieved from: https://www.mentalhealth.org.uk/sites/default/ files/make-it-count-policy-briefing.pdf.

[lxxxii] Eisenstein, C., Zamperoni, V., Humphrey, N., Deighton, J., Wolpert, M., Rosan, C., … & EdbrookeChilds, J. (2019). Evaluating the peer education project in secondary schools. Journal of Public Mental Health.

[lxxxiii] Pollio, D. E., McClendon, J. B., North, C. S., Reid, D., & Jonson-Reid, M. (2005). The promise of school-based psychoeducation for parents of children with emotional disorders. Children & Schools, 27(2): 111-115.

[lxxxiv] Deacon, S. (2011). Joining the Dots: A Better Start for Scotland's Children: an Independent Report. Scottish Government: Edinburgh.

[lxxxv] Marryat, L., & Martin, C. (2010). Growing Up in Scotland: Maternal mental health and its impact on child behaviour and development.

[lxxxvi] Robson, C., Leyera, R. U., Testoni, S., Miranda Wolpert, S. T., Ullman, R., Testoni, S., … & Deighton, J. (2019). Universal approaches to improving children and young people's mental health and wellbeing: Report of the findings of a Special Interest Group.

[lxxxvii] Patton, G. C., Sawyer, S. M., Santelli, J. S., Ross, D. A., Afifi, R., Allen, N. B., … & Kakuma, R. (2016). Our future: a Lancet commission on adolescent health and wellbeing. The Lancet, 387(10036): 2423-2478.

[lxxxviii] Bradshaw, P., & Tipping, S. (2010). Growing Up in Scotland: Children's social, emotional and behavioural characteristics at entry to primary school.

[lxxxix] Saunders, R., Brack, M., Renz, B., Thomson, J., & Pilling, S. (2020). An Evaluation of Parent Training Interventions in Scotland: The Psychology of Parenting Project (PoPP). Journal of Child and Family Studies, 29(12): 3369-3380.

[xc] Asscher, J. J., Hermanns, J. M., & Deković, M. (2008). Effectiveness of the Home-Start parenting support program: Behavioral outcomes for parents and children. Infant Mental Health Journal: Official Publication of The World Association for Infant Mental Health, 29(2): 95-113.

[xci] Pollio, D. E., McClendon, J. B., North, C. S., Reid, D., & Jonson-Reid, M. (2005). The promise of school-based psychoeducation for parents of children with emotional disorders. Children & Schools, 27(2): 111-115.

[xcii] Engell, T., Kirkøen, B., Hammerstrøm, K. T., Kornør, H., Ludvigsen, K. H., & Hagen, K. A. (2020). Common elements of practice, Process and Implementation in Out-of-School-Time Academic Interventions for At-risk Children: a Systematic Review. Prevention Science, 1-12.

[xciii] Pascoe MC, Parker AG. (2019). Physical activity and exercise as a universal depression prevention in young people: A narrative review. Early Interv Psychiatry. 13(4): 733–9.

[xciv] Healio. (2017). Exercise may prevent depression in middle childhood. Exercise may prevent depression in middle childhood (healio.com).

[xcv] Bell, S.L., Audrey, S., Gunnell, D. *et al.* (2019). The relationship between physical activity, mental wellbeing and symptoms of mental health disorder in adolescents: a cohort study. *Int J Behav Nutr Phys Act* **16,** 138.

[xcvi] University of Strathclyde. (2021). 'Widening inequalities' in children's physical activity. Retrieved: 'Widening inequalities' in children's physical activity | University of Strathclyde.

[xcviixcvii] CPAG. (2016). Sport and poverty. Retrieved: povertypp (cpag.org.uk).

[xcix] Volteface. The 'Youth in Iceland' Model. Icelandic Youth. Retrieved: povertypp (cpag.org.uk).

[ci] Vito, K. (2019). The youth in Iceland model and Icelandic adolescent mental health.

[ciii] D'Arcy, C, Goulden, C. (2014). A definition of poverty. Joseph Rowntree Foundation. Retrieved: A definition of poverty | JRF.

[civ] Pearce A, Dundas R, Whitehead M, et al. Arch Dis Child. (2019). 104: 998–1003.

[cv] Belsky, D. W., Moffitt, T. E., Arseneault, L., Melchior, M., & Caspi, A. (2010). Context and sequelae of food insecurity in children's development. *American journal of epidemiology*, *172*(7): 809-818.

[cvi] Harker, L. (2007). The impact of housing on children's life chances. *Journal of Children's Services*.

[cvii] Rollings, K. A., Wells, N. M., Evans, G. W., Bednarz, A., & Yang, Y. (2017). Housing and neighborhood physical quality: Children's mental health and motivation. *Journal of Environmental Psychology*, *50*: 17-23.

[cviii] Tracy, M., Zimmerman, F. J., Galea, S., McCauley, E., & Vander Stoep, A. (2008). What explains the relation between family poverty and childhood depressive symptoms? *Journal of psychiatric research*, *42*(14): 1163-1175.

[cix] Amone-P'Olak, K., Ormel, J., Huisman, M., Verhulst, F. C., Oldehinkel, A. J., & Burger, H. (2009). Life stressors as mediators of the relation between socioeconomic position and mental health problems in early adolescence: the TRAILS study. *Journal of the American Academy of Child & Adolescent Psychiatry*, *48*(10): 1031-1038.

[cx] Costello, E. J., Compton, S. N., Keeler, G., & Angold, A. (2003). Relationships between poverty and psychopathology: A natural experiment. Jama, 290(15): 2023-2029.

[cxi] Health Scotland. (2015). Smoking and Inequalities in Scotland. Slide 1 (healthscotland.scot).

[cxii] *Wilson N. and McDaid S. (2021) The Mental Health Effects of a Universal Basic Income. Glasgow: The Mental Health Foundation.*

[cxiii] Akee, R. K., Copeland, W. E., Keeler, G., Angold, A., & Costello, E. J. (2010). Parent' incomes and children's outcomes: a quasi-experiment using transfer payments from casino profits. American Economic Journal: Applied Economics, 2(1): 86-115.

[cxiv] Watson, B, et al. (2019). Universal Cash Transfers Reduce Childhood Obesity Rates. Retrieved: Universal Cash Transfers Reduce Childhood Obesity Rates by Brett Watson, Mouhcine Guettabi, Matthew Reimer: SSRN.

[cxvi] Morton, C. (2020). Health Inequalities in Scotland: A national calamity; a frontline GP view.