

The Improvement Service

ELECTED MEMBER BRIEFING NOTE

Scottish Mental Health Strategy



See Me
End mental health
discrimination

SAMH
for Scotland's mental health

is.
improvement **service**

What is the purpose of the briefing note series?

The Improvement Service (IS) has developed an Elected Members Briefing Series to help elected members keep pace with key issues affecting local government.

Some briefing notes will be directly produced by IS staff but we will also make available material from as wide a range of public bodies, commentators and observers of public services as possible.

We will use the IS website and elected member e-bulletin to publicise and provide access to the briefing notes. All briefing notes in the series can be accessed at www.improvementservice.org.uk/elected-member-guidance-and-briefings.html

This briefing sets out the main aims of the Scottish Mental Health Strategy 2017-2027.

What is the issue and why does it matter?

The World Health Organisation estimates mental ill-health is the third most important cause of disease burden worldwide.¹ This is supported by recent data from the Scottish Public Health Observatory, which found that depression causes more years of poor health than all but two other diseases.²

Half of mental health problems in adulthood begin before the age of 14.³ By the time they are 16, roughly 3 children in every class will have experienced mental health problems⁴ and thousands will struggle to get the help they need. When it comes to finding help for your mental health, only a quarter of young people know where to go.⁵

The Strategy commits to introducing an Ask Once Get Help Fast approach to mental health in Scotland. This approach was called for by mental health charity Scottish Association for Mental Health (SAMH), which reports that it is too hard and takes too long to get help for a mental health problem.⁶

Self-directed Support (SDS) is rarely offered to people with mental health problems: only 6% of SDS clients have a mental health problem.⁷

The Scottish Mental Health Strategy states that:

- Only 1 in 3 people who would benefit from treatment from a mental illness currently receive it
- People with life-long mental illness are likely to die 15-20 years prematurely because of physical ill-health
- People with a mental health problem are more likely than others to wait longer than 4 hours in an Emergency Department.

1 World Health Organisation. The Global Burden of Disease: 2004 Update.

2 Scottish Public Health Observatory, The Scottish Burden of Disease study, 2015

3 Kessler et al., 2005, Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication

4 Green et al., 2005, Mental Health of Children and Young People in Great Britain 2004, cited in Young Minds key statistics

5 Scottish Youth Parliament, Our Generation's Epidemic, 2016

6 SAMH, Local Councils Manifesto, 2017

7 Scottish Government statistics 2017

Good work is usually good for mental health and well-being.⁸ Mental ill-health accounts for the biggest cohort of people unable to work due to sickness; yet it has the poorest outcomes through the Department for Work and Pensions (DWP) contracted Work Programme.⁹ Similarly, a recent study found that the DWP's Work Capability Assessment had stigma and discrimination against those with mental health problems built into it.¹⁰

Mental Health Officers (MHOs) have a crucial role in making sure people can access their rights, particularly if they are detained under the Mental Health (Care and Treatment) Scotland Act 2003. But there are not enough MHOs.¹¹ A third are aged over 55¹² and every year, more MHOs are leaving the profession than joining it.¹³ More people are being detained on emergency instead of short-term orders.¹⁴ Emergency orders don't require the consent of an MHO. This means people might not be told what their rights are, and might be detained when an MHO would have suggested a different approach.

The Strategy sets out 20 ambitions and 40 specific actions. It is accompanied by at least £150m of funding for each of the two five-year periods for which it will run, profiled at £30m a year. There is also an additional £35m of expenditure to employ an additional 800 mental health workers in hospitals, GP surgeries, every custody suite in every police station and prisons.

The Strategy also includes a commitment that future investment in mental health will grow at a rate above overall growth in the frontline NHS budget. No details are provided and no such commitment is made for council budgets, though of course integration means there may be an impact from this additional investment.

SAMH points out that the percentage share of expenditure on mental health within the overall health budget has fallen from 8.6% to 8% in recent years.¹⁵ The King's Fund quotes the mental health share of expenditure in England as 11%.¹⁶ NHS England's Five Year Forward View sets out a budget for mental health rising to £1 billion annually by 2020/21: this is in addition to existing expenditure.¹⁷

8 Waddell and Burton, *Is Work Good for your Health and Wellbeing?* 2006

9 *Mind, We've Got Work To Do*, 2014, p29

10 Heriot Watt University and Edinburgh Napier University, *Mental Health and Unemployment in Scotland*, 2017

11 Scottish Social Services Council, *Mental Health Officers (Scotland)*, Report 2015

12 Scottish Social Services Council, *Mental Health Officers (Scotland)*, Report 2015

13 Social Work Scotland, *Mental Health Officers in Scotland*, 2016 (unpublished)

14 Mental Welfare Commission, *Scotland's Use of Emergency Detention without the Consent of Mental Health Officers*, 2016

15 SAMH, *New Mental Health Strategy: our response*, 2017

16 King's Fund, *Has the government put mental health on an equal footing with physical health?* 2015

17 NHS England, *Implementing the Five Year Forward View on Mental Health*, 2016

What does this mean for Elected Members?

This Scottish Mental Health Strategy follows on from the 2012-15 strategy.

The Strategy covers:

- Prevention, early intervention and physical wellbeing
- Access to treatment and joined up accessible services
- Rights, information use and planning

The aim to create an Ask Once Get Help Fast approach to mental health will require action from elected members in ensuring services in education, social care and out-of-hours care are able to respond quickly and appropriately to need.

Some of the 40 actions in the strategy will have a particular impact on elected members. These include actions relating to:

- A review of Personal and Social Education, pastoral guidance and services for counselling for children and young people
- Improved mental health training for those who support young people in educational settings
- Reviewing rejected referrals from CAMHS and supporting local services to provide early access to Tiers 1 and 2 support (non-specialist support often located in schools and community groups)
- An increase in support for the mental health needs of young offenders
- Improved arrangements for people with substance misuse and mental health problems (“dual diagnosis”)
- Alleviating pressure on Mental Health Officers
- Reviewing the Mental Health (Care and Treatment) (Scotland) Act 2003 to establish whether it meets the needs of people with learning disabilities and/or autism
- Reforming Adults with Incapacity legislation
- Helping people with mental health problems get a job or stay in work
- Improving the physical health of people with mental health problems.

What Does 'Good Practice' Look like in the Area?

The guiding ambition underpinning the new strategy is:

"We must prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems".

- Challenges to stigma and discrimination
- An increase in the collective understanding of how to prevent and treat mental health problems
- Person-centred mental healthcare
- An Ask Once Get Help Fast approach

Good practice will therefore involve:

- ✓ Engaging with the See Me anti-stigma and discrimination programme
- ✓ Using a rights-based approach to decision-making on service provision and operation
- ✓ Ensuring all staff working in schools have mental health training
- ✓ Ensuring children have access to appropriate mental health support in schools and communities
- ✓ Addressing and preventing bullying behaviour in line with the Scottish Government's National Approach and with support from respectme
- ✓ Working with NHS partners to develop clear referral pathways which are well communicated
- ✓ Working with NHS partners to offer health screening and smoking cessation to people with mental health problems
- ✓ Allocating appropriate budget to mental health social care services and preventative approaches
- ✓ Ensuring people with mental health problems are fairly assessed for Self Directed Support and considering ways to make SDS more appropriate: for example by awarding contracts on an annualised, not weekly, basis, given the fluctuating nature of mental health problems
- ✓ Working with service users to review and develop new services
- ✓ Supporting the workforce in social care and education
- ✓ Recruit dedicated practice assessors who can supervise Mental Health Officers in training
- ✓ Consider joint recruitment and retention strategies with other local authorities
- ✓ Measuring outcomes as well as time taken to access a service

Key Questions for Elected Members to consider

Some Integrated Joint Boards' (IJBs) budgets have included disproportionate cuts to mental health services.

What level of funding is currently provided to adult and young person's mental health social care services?

Is this commensurate with the level of need and priority level of this issue?

Can children in schools easily access on-site counselling services?

Do staff working in schools receive appropriate mental health training?

Are there sufficient Mental Health Officers to make sure people with mental health problems know their rights and how to access them, particularly if they are detained under mental health legislation?

Do NHS colleagues know how to reach Mental Health Officers, including out of hours?

How long does it take to access social care support for a mental health problem? Are routes into services clearly explained?

Is there sufficient out-of-hours provision for mental health social care services?

The Strategy recognises that poverty is the single biggest driver of poor mental health. What welfare advice provision does your local authority

What work does the local authority do in helping employers support and recruit staff with mental health problems?

What training is available to staff on the rights of people with mental health problems (e.g. as illustrated in Rights in mind)?

What opportunities are there for people with experience of mental health problems to participate in the design and delivery of services?

Is there a strategic approach to learning from people's experiences of health and social care services, including, but not limited to, feedback and complaints?

Summary

This briefing provides a basic background to the provisions of the Scottish Mental Health Strategy 2017-27. Elected members will want to ensure that they understand the current process of implementation in their own area and consider their role and interest across seven key areas:

- Defining acceptable timescales for referrals to services and monitoring timescales and outcomes
- Developing joint referrals procedures with NHS colleagues to ensure fast access to appropriate services
- Communicating rights with staff and service users and ensuring there are mechanisms for rights to be upheld
- Reviewing funding levels to mental health services and requiring council officers to avoid disproportionate cuts to these services, and to direct additional funding received for Mental Health Strategy commitments as intended
- Reviewing the level of mental health support and education provided in schools and for children and young people not routinely in school
- Developing employment opportunities for people with mental health problems
- Ensuring equal access to physical healthcare for people with mental health problems.

Further support and contacts

The Scottish Mental Health Strategy 2017-27 is available [here](#).

In 2016 SAMH published [Ask Once Get Help Fast](#), setting out what is needed to make it faster and easier to get help for a mental health problem.

In 2016, See Me, Scottish Recovery Network, Voices of Experience launched the [Rights for Life Declaration](#) and [Change Agenda](#), after extensive consultation.

In 2017 SAMH launched a campaign on children and young people's mental health, [Going to Be](#). Policy analysis and recommendations are [available](#).

The [See Me in Work Programme](#) supports employers to improve the lives of employees with mental health problems, encourages equal and fair recruitment, and ensuring those returning to work following ill-health are fully supported.

[respectme](#) is Scotland's anti-bullying service.

See Me's [schools programme](#) aims to help young people understand the importance of good mental health and how it affects them, and build their confidence to talk openly about it. Environments free from mental health stigma and discrimination are developed through providing support and training to staff and students, and empowering young people to advocate for their own mental health and that of their peers.

See Me's [health and social care programme](#) aims to influence conditions and practice to ensure people with experience of mental health problems have their rights respected and receive fair and equitable access and experience of health and social care, services and support.

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April 2018

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