



Consultation of RCPsych in Scotland Members – Views on the Mental Health and Wellbeing Strategy’s Delivery Plan

Submission date: Friday 1 September 2023

Overarching Comments

The Royal College of Psychiatrists in Scotland welcomes the Scottish Government’s ongoing efforts to improve the mental health of the nation amongst increasingly challenging circumstances.

In order to accomplish the priorities set out in the Mental Health and Wellbeing Strategy’s Delivery Plan, the support of the mental health workforce is essential. Stakeholders need to be given the time and space to engage. Allowing this would give the mental health workforce a greater sense of ownership of the Delivery Plan’s priorities and actions.

Need for Further Detail

The College in Scotland stated in our response to each draft of the Mental Health and Wellbeing Strategy that, although we supported the overall vision of the strategy, further detail would be required to bring this vision to life. In its current format, we feel that the Delivery Plan still does not provide the detail necessary to do so.

Time for Meaningful Stakeholder Engagement

The lack of time given to engage during consultation exercises has become a worrying trend over the last year, which we highlighted in our responses to both the Mental Health and Wellbeing Workforce Action Plan in March and the Mental Health and Wellbeing Strategy in May. Such short timeframes severely hinder our ability to consult with our membership.

As a College, we represent 1400 psychiatrists in Scotland with a vast range of expertise and experience. It is vital that our members are given the chance to

take part in consultation exercises such as this one, which have the potential to impact upon the way they work and how services are delivered to patients.

Consideration for Mental Illness

The College in Scotland is seriously concerned by the Delivery Plan's lack of explicit consideration for the needs of people with mental illness and, in particular, people who live with a severe and enduring mental illness. They are some of the most vulnerable members of our society who face poor outcomes in almost every domain, including in having a reduced life expectancy. We are deeply concerned that their needs, and those of their families and carers, appear to have almost been entirely overlooked in this Delivery Plan.

We are aware, through our role in Scotland's Mental Health Partnership, that this concern is shared widely by several other mental health organisations in Scotland, and in particular those which represent people with lived experience of mental illness.

This lack of consideration raises the question of whether a separate strategy and delivery plan is required to adequately address the needs of people with severe and enduring mental illness.

Alcohol and Other Substances

We were surprised that, whilst many social determinants of mental ill health are discussed in the Delivery Plan, there is no mention of alcohol problems.

In light of the role of alcohol in suicide and self harm, in 'self-medication' for untreated mental disorders, and its effects on public mental and social wellbeing, this is a major omission. We are aware of the work done by the Scottish Government to mitigate alcohol harms and would like to see it better integrated into this consideration of mental health.

Likewise, we recommend that the contribution of misuse of other substances is included in the Delivery Plan.

Long Term View

The College in Scotland recognises the current financial challenges in Scotland. However, we would warn against allowing these current constraints to shape long term planning and decision making.

The College in Scotland would welcome more ambitious, long-term actions in the Delivery Plan which go beyond the next five years. These require consideration and planning now.

Priority One

Stigma

We support this priority's stated aim to 'tackle mental health stigma and discrimination where it exists.' As it stands, this priority does not feature any reference to severe and enduring mental illness. People with severe and enduring mental illness continue to face stigma and discrimination, as evidenced in [See Me's Scottish Mental Illness Stigma Study](#). Furthermore, they are also often multiply disadvantaged because of intersectionality issues.

It is essential, therefore, that this priority includes actions which address the stigma faced by people with severe and enduring mental illness. This should include reference to people's potential psychiatric needs.

Priority Two

Digital Resources

We are concerned that there is currently an overreliance within this priority, on digital resources. Whilst it is important that a range of options are provided to allow people to interact with mental health services, an overemphasis on digital resources could potentially create barriers for the most vulnerable groups, older people and people who live in rural areas. Moreover, many digital resources are still inadequately researched. It would be wasteful and even potentially harmful to spend precious resources on materials until they are properly evaluated.

Priority Three

Lack of Ambition

In its current form, priority three lacks ambition with many of its actions simply continuing existing workstreams.

Prevention and Early Intervention

Although action 3.3 emphasises the need for prevention and early intervention, none of the associated actions explain what will be done to prevent mental illness.

Mental Health in Primary Care Funding

It is disappointing that no reference is made to the 'Mental Health in Primary Care' programme. This programme played an important role in efforts to expand primary care services' capacity to provide mental health support and early

intervention, and was a key policy area for the Scottish Government before its funding was withdrawn in last year's Scottish Budget.

Language

Greater clarity is required in terms of the language used within this priority, as primary care and general practice are often used interchangeably.

For example, action 3.3 references general practice but not primary care. Early intervention will take place in primary care, but not exclusively within general practice. Greater appreciation is required of the breadth of work taking place across primary care.

To provide greater clarity in terms of language, the College in Scotland would recommend that a glossary is incorporated into the Delivery Plan.

Priority Four

High Risk Groups

It is highly concerning that the high risk groups specified in action 4.1 do not include people with existing mental illness. This reflects a trend throughout the Delivery Plan, where the needs of people with severe and enduring mental illness appear to be overlooked.

The available evidence base clearly highlights that people with pre-existing mental illness are at a greatly increased risk of death by suicide. To have the highest impact, it is vital that the available evidence is utilised to develop a greater understanding of which high risk groups to target.

Recent Public Health Scotland statistics show that, of the suicide deaths between 2011 and 2021, 12% of people had been discharged from psychiatric inpatient/day care in the 12 months prior to their death. Focused investment that appropriately addresses the continued shortfalls in specialist provision of crisis and inpatient care is urgently required to meet the needs of this population.

Self Harm Strategy

The link between self harm and suicide should be carefully considered as self harm is a strong predictor of suicide.

Crisis Services

The College in Scotland strongly supports the aim of improving 'unplanned and urgent mental health care.'

The recommended actions propose continuing 'to invest in NHS 24's Mental Health Hub. And whilst this is important, the Mental Health Hub does not deliver interventions. Rather, it signposts people to local services. It is critical, therefore, to provide the additional resources required to allow local specialist crisis resources to manage the volume of demand.

Priority 4 mistakenly conflates distress, mental health crisis and suicidality with psychiatric emergency. The responses that are required to address each of these are often very different.

Action 4.5 describes a multi-agency approach which involves 'Health Boards, Scottish Ambulance Service, Police Scotland and third sector.' This action should be amended to explain that Health and Social Care Partnerships are responsible for local crisis responses, as this is a health and social care response, not just a health response.

Priority Five

Consideration of mental health inequalities neglects the experiences of people with severe and enduring mental illness and issues of intersectionality. This priority must feature greater appreciation of the inherent set of inequalities which come with having a severe and enduring mental illness.

Priority Six

Recognition of All Mental Health Services

Priority 6 aims to improve 'mental health and wellbeing in a wide range of settings.' However, the actions which follow focus exclusively on CAMHS and psychological therapies.

Greater recognition is required of the full range of mental health services which support people in Scotland. The College in Scotland believes that efforts should be made to improve access to all services, reducing waiting times and improving outcomes across the board.

This continued emphasis and focus on CAMHS and psychological therapies targets is to the detriment of the needs of the vast majority of people with serious mental health problems. It fails to appropriately acknowledge that these two areas only cover a small minority of mental health care and provision. This narrow and unbalanced focus carries dangers of unintended neglect and deprioritisation of equally important clinical needs.

There is a particular omission of the needs of the largest mental health specialty, general adult psychiatry. This service is struggling more than any other to meet ever-increasing demands.

Inpatient Care

It is concerning that this priority does not feature any reference to inpatient care, a critical and often lifesaving aspect of psychiatric care.

The shrinking number of available beds, to levels well below those in other Western European countries, has been to the detriment of well-functioning services at all levels. Colleagues on inpatient units speak of having to function as 'crisis holding' sites, so that they do not feel or function like the therapeutic environments they might otherwise provide. Crisis admissions oblige staff to discharge often still severely unwell patients prematurely to make space. Meanwhile in the community, our members tell us they cannot provide preventative care, routine care or early intervention because of having to 'firefight' for patients who need the more intensive care only inpatient settings can offer.

General Adult Service Specification

Action 6.2 proposes the development of 'Quality Care Standards for Mental Health Services.'

For such standards to make the intended improvements, they will need to be resourced and implemented alongside a corresponding service specification for adult secondary mental health services informed by those who work within these services. We are therefore disappointed to note that there is no mention of service specification development for these services which make up the majority of the mental health estate, with the focus instead on psychological therapies, CAMHS and eating disorders.

Priority Seven

Community Mental Health Teams

The College welcomes the Scottish Government's focus on this critical priority, Community Mental Health Teams are facing the biggest challenge in their history and require a timely review of how they can best serve the needs of the Scottish population.

Balance of Care

We welcome the continued commitment to much needed improvements to the inpatient environment, and urge that this action recognizes both the physically therapeutic environment and the role of well-trained, supported and supervised workforce.

Equally, we would urge consideration of the built environment in which outpatient care is delivered, to ensure confidentiality and dignity for all our patients.

Priority Eight

Action 8.1 states that the recommendations of the Barron Review will be implemented. Many of these recommendations were agreed over two years ago. The College in Scotland would welcome a more detailed update on how these recommendations will be taken forward.

Priority Nine

Consideration of the needs of children and young people is vital and welcomed, however, we are concerned that this priority and corresponding actions appear to overlook the needs of neurodivergent adults. It does not capture the significant challenges in resources and capacity to deliver care for neurodivergent adults.

We believe that this represents a missed opportunity to address both historical waiting lists and gaps in service provision.

Priority Ten

Physical Health

People with serious mental illness die up to twenty years younger because of preventable physical disorders, and so we strongly support the aim to 'support the physical health and wellbeing of people with mental health conditions.' We would call for further consideration of how Scotland will address this gap.

Older People

At present, this priority focuses on dementia alone, which does not reflect the range of experiences and needs of people over the age of 65. Greater consideration of the needs of mental health services which support older people is required in the Delivery Plan. Particularly as, after General Adult Psychiatry, this is the area of psychiatry with the most unfilled posts.

Summary

In summary, we welcome the aspirations of the new Mental Health and Wellbeing Strategy and the Scottish Government's ongoing efforts to meet its electoral commitments to Scotland's mental health. We would strongly caution against allowing short-term financial constraints to limit much needed longer

term thinking and transformation. We look forward to continued close engagement in this task.