The Royal College of Psychiatrists in Scotland’s Policy Priorities for the 2021-26 Scottish Parliament
Supporting Evidence Document

The challenge

- **Our own survey** -- A recent YouGov poll commissioned by the College revealed 48% of the public think too little is currently spent on mental health, compared to 3% who thought too much was spent. The research also showed 15% thought that mental health services should be the top priority when it comes to investment, compared to other services such as social care (5%) and secondary care (5%). While one third (32%) thought mental health services across Scotland are bad, the survey also showed that for those who had experienced a mental health problem pre-pandemic, one third (33%) said their condition had worsened since March 2020.

- **Covid Tracker** – There are a number of available statistics on the impact of the pandemic on our mental health and wellbeing. The most comprehensive of these is [Coronavirus (COVID-19): mental health tracker study - wave 1 report (Scottish Government, Oct 2020)](https://www.gov.scot/publications/mental-health-tracker-study-wave-1-report/) which is cited in this section. The doubling of psychological distress is based on a comparison between this and the [latest available health survey data compiled by the Scottish Government](https://www.gov.scot/publications/mental-health-tracker-study-wave-1-report/).

- **Other studies on impact on pandemic** – There are also studies which give credence to the survey’s findings in general and for individual groups, such as those with pre-existing mental health conditions:
  - Generation lockdown: a third of children and young people experience increased mental health difficulties (Barnardo’s, June 2020)
  - Mental health during the COVID-19 pandemic in two longitudinal UK population cohorts (Fung Kwong et al, June 2020)
  - Young carers struggling amid lockdown (Carer’s Trust, July 2020)
  - Rapid review of the impact of COVID-19 on mental health (Public Health Scotland, July 2020)
  - Mental health and wellbeing during the COVID-19 pandemic: longitudinal analyses of adults in the UK COVID-19 Mental Health & Wellbeing study (Oct 2020)

- **Accessing treatment** – While our member’s survey will inform our thinking on the need for system change, [survey data from people with pre-existing mental health conditions (SAMH, Sept 2020)](https://www.samh.org.uk/publications/survey-data-from-people-with-pre-existing-mental-health-conditions) highlighted further delays to accessing treatment as a result of the pandemic, as well as a drop in the “quality” of treatment. The RCPsych [has also conducted a survey (RCPsych, Oct 20)](https://www.rcpsych.ac.uk/news-events/press-releases/2020/coronavirus-effect-on-psychiatric-treatment) indicating up to two fifths of people waiting on mental healthcare appointments had to resort to crisis services while waiting.
1. **Build up a workforce that can deliver access for all to mental health care at the point of need**

   - **Our Census** – The Scottish Government doesn’t collect figures on overall psychiatrist workforce. We collect figures through our 2019 census (RCPsyh, Oct 2019) on consultant vacancies, however. This showed that there was around one in ten consultant psychiatry posts vacant across specialties (9.7%). This means vacancy rates have increased by a third since the Mental Health Strategy was introduced in 2017 according to our census at that time (RCPsych, Oct 2017) (the rate of vacancies then was 6.3%).

   - **Our recruitment rates versus rest of health service** – The number of full and part time consultant posts also fell during this period by around 8.6% (from 627 in 2017 to 573 in 2019). For a contrast, recruitment across the health service (Public Health Scotland, Sept 2020) has risen by 7.2% over the past 5 years, and by 0.7% among consultants. Our members also continually report of shifts from inpatient to community care without a sufficient barometer for what the capacity of that community care is.

   - **Lack of a plan** – We therefore lack the planning necessary to identify where across the mental health system, there are gaps in recruitment and to be able to pursue a workforce that meets the needs of Scotland now and in future.

   - **Increased demand** – Demand on limited resources is also very likely to increase post-pandemic. The latest Covid tracker survey (Scottish Government, Oct 2020) for mental health showed that high levels of psychological distress, indicating a potential psychiatric disorder has doubled during the Covid-19 pandemic to 35.6%. This figure shot up to over 67% for those with a pre-existing mental health condition, who are likeliest to need specialist care and support.

   - **Exposure for foundation doctors** – One of the key reasons for gaps in the psychiatry workforce is the lack of exposure doctors at the start of their career have with psychiatry. Figures provided by members indicate that the percentage of Foundation Doctors exposed to Psychiatry is only at 33. Unless this is increased, the ability for those starting out as doctors to better understand and be engaged with the opportunities psychiatry offers will be missed for too many.

   - **Increases not enough** – Increases in exposure to Psychiatry in foundation will only rise to 36% with the new FY posts coming online in 2023 and falls well short of the 46% exposure in England.

   - **A significant step to parity of esteem** – By expanding the Foundation Programme for Psychiatry to 50% of Foundation Doctors is not to recruit more Psychiatrists (although this could be a welcome side effect) but is a unique opportunity to create a future generation of doctors with greater mental health literacy. Given the fact that most of the people with mental disorders are not treated by secondary mental health services, this may have a greater impact on the mental health of the population than improvement in specialty recruitment.
2. **Resourcing mental healthcare so access can be provided for all who need it, when they need it**

- **Levels of funding** – The total figures we have available for mental health spend come from the 2019-20 budget (which totalled £1.1bn). This represented an increase, and sufficient to keep up with the Government’s medium-term targets set in 2018 to maintain an 8.1% spend on mental health (Scottish Government, Oct 2018). We would argue, though, that with the increased demand prior to and as a result of the Covid-19 pandemic detailed earlier in this document, the status quo is no longer sufficient.

- **Not sufficient for the level of need** – This is to provide care to up to a quarter of the population who have possible mental ill health (Public Health Scotland, 2019). The Scottish Public Health Observatory (Dec 2019) also estimates that mental ill health is the third biggest cause of death and ill-health. Based on data like the Covid mental health tracker (Scottish Government, Oct 2020), which shows disproportionate effects of Mental distress on vulnerable groups, tackling mental ill health also represents a key equalities issue. Looking across the healthcare system, up to one third of GP consultations focus on mental ill health.

- **Social, economic and cultural costs** – The Scottish Government regularly cites a £10.7bn figure for the economic, social and health costs of mental ill health (SAMH, Oct 2010). The data for this has yet to be updated, but based on a 16% increase in the five years between this and an earlier study, that level of increase replicated per five years since would see this cost rise to £14.4bn today. Considering the numerous societal and economic impacts since then (aftermath of the 2008 recession, implementation of austerity policies, Brexit and now the Covid-19 pandemic), this is very likely to be a conservative rate of increase.

- **What we want right now** – we welcome the £1.8bn which has been invested into health and social care during the pandemic (as announced in the autumn budget revision), to deal with the multitude of issues across the care system. There has, as of yet, been no guarantees the 8.1% proportion will apply to relevant Covid health funding. If the 8.1% figure was applied to spending already committed, this would mean an additional £145m was provided.

- **Need for outcomes measures** – In terms of using these resources, we need the tools to be able to measure and target where these resources can be put to best use. For this, we require Public Health Scotland to go beyond its initial mental health quality indicators (March 2020) and to develop genuine outcomes-focused measures of success for the care and treatment provide. Much of the discussion for what these could look like are captured in a King’s Fund (March 2019) study.

- **What Good Looks Like** – We also hope to start to deliver a greater understanding for both those providing and receiving care through service specifications, modelled on that which was developed for CAMHS (Scottish Government, February 2020). This offers a model, with engagement with those with lived experience, the families and carers, as well as professionals to ensure the resulting specification highlighted what should be expected in localities from the perspectives of both the person receiving and providing care.
3. **Deliver support for people with all forms of mental ill health that is joined up and comprehensive**

- **Balance of care** – The balance of care has shifted towards community support and care networks. The number of inpatient beds in psychiatric settings has reduced by 13.5% in the past five years. ([Scottish Government, Oct 2019](#)).

- **Providing expertise** – With this burden switching to the community, psychiatrists have played a critical leadership and advisory role in the care provide ‘downstream’ from specialist services. This includes the [Distress Brief Intervention programme (Oct 2020)](#). Established prior to the Covid-19 pandemic, it provides initial mental health first aid, followed by a promise of contact for further face-to-face support within 24 hours. Targeted at people exhibiting signs of severe mental distress and poor wellbeing who do not need in-patient treatment, the programme has been informed and supported by our members, including [Vice Chair, Linda Findlay (Oct 2020)](#). It is now being rolled out nationally following successful piloting.

- **Funding pressures** – The third and community sectors were already facing significant financial pressures. 91% of the third sector ([SCVO, Feb 2019](#)) said their long-term financial future is uncertain even prior to the pandemic, with multi-year funding largely project-based and core funding generally year to year. This heightens recruitment difficulties, with 67% of third sector groups ([SCVO, Feb 2019](#)) stating they foresaw recruitment and volunteering challenges.

- **Exacerbated by Covid** – As we recover from the pandemic, 40% of the third sector say they are now in financial jeopardy, and this will only worsen as budgets tighten. As has been discussed above, though, now is not the time to reduce our investment into mental health but to give these groups the stability they need to fully play their part in early intervention and prevention of mental ill health.

4. **Ensure our most vulnerable children and young people can always access the right care so they can realise their potential**

- **Our census** – Psychiatrists are not specifically identified in the CAMHS workforce statistics published quarterly. Through our 2019 census ([RCPsyh, Oct 2019](#)), the vacancy rate was higher than other specialities, at 17.5% (over one in six). The number of full and part time positions has also fallen by 12.5% between 2017, the introduction of the mental health strategy, and the latest figures in 2019 (from 80 to 70).

- **Compared to overall CAMHS workforce** – The overall CAMHS workforce ([Public Health Scotland, Sept 2020](#)) has increased by 2.7% over the last year up to June to the equivalent of 1080.9 staff. This is just over half as much an increase as the rest of the health service, though, which increased its workforce by 5%. There was the equivalent of 52.2 vacancies in the CAMHS workforce, which was a decrease on last year but still 46.8% higher than it was in 2016. Around 32% of these posts have also been vacant for over 3 months. This shows that there is a recruitment gap that needs filled through a comprehensive workforce plan.

- **Children and young people** – Pre pandemic, Scotland’s children and young people were already suffering poorer mental health year on year. In the government’s [latest wellbeing survey (Scottish Government, June 2020)](#) of young people prior to the pandemic, the percentage of young people responding to a government
psychological survey with borderline or abnormal responses on their mental wellbeing is now at 38%, the highest such rate on record.

- **Particular impact on those with pre-existing conditions** – This was particularly the case for children with those with a long-term physical/mental illness or disability. They were twice as likely to report borderline or abnormal responses as those without. Data also indicates up to one in eight children (Scottish Government, June 2017) and young people have a diagnosable mental health disorder that may require specialist support through CAMHS.

- **Wellbeing** – Pre-pandemic, Scotland’s children and young people were already suffering poorer mental health year on year. In the government’s latest wellbeing survey (Scottish Government, June 2020) of young people prior to the pandemic, the percentage of young people responding with borderline or abnormal responses on their mental wellbeing is now at 38%, the highest such rate on record. This doubled for children with long-term mental ill health, who are likeliest to need specialist care and support.

- **Pandemic’s impact** – The pandemic has had a particular impact on young people. A denial of their ability to normally access education, an inability to properly socialise, resulting uncertainties over their future, these are all facets that have come through.

- **Impact on rates of mental ill health** – We are already seeing evidence this is manifesting itself in the form of mental ill health. A NHS study conducted during lockdown estimated rates of probable mental ill health increased during the pandemic from one in nine children and young people to one in six.

- **Transition plans** – There are transition care plans (Healthcare Improvement Scotland) in place for young people transferring to adult mental health services. These were introduced in 2018. They also include a responsibility for services to deliver this, with a checklist of steps to take.

- **Resourcing** – The reality, though, has been that these are not yet being followed. This is largely due to disconnects between CAMHS and adult mental health services, the latter of which are unable to devote resources to transitions until the person specifically qualifies for adult services at 18. Considering CAMHS is only receiving 0.56% (Scottish Parliament, Dec 2019) of NHS funding, and this has only increased by 0.1% in the past 8 years, there is a need to radically upscale CAMHS funding to ensure these transitions can be delivered.

- In meeting the 1% target we have set by 2026, would see an average (Scottish Parliament, Dec 2019) of around £10.6 million additional investment a year based on current levels of spending. This would:
  - Create capacity in the system to effectively deliver on policies like a transitions strategy
  - Enable the level of demand for specialist mental health care among children and young people to be fully met
  - Allow psychiatrists to fully contribute their expertise and knowledge to the wider care system, including third sector and community support
• **Pandemic's impact on transitions** – it is also worth highlighting a report from the [Scottish Transition Forum (July 2020)](https://www.stf.org.uk) during the height of the pandemic, which surveyed carers and parents and of young people with additional support needs. It found that 70% hadn’t had a transitions meeting and nearly nine in ten families didn’t have or know about a transition plan.

• **'Lost generation'** – the economic and social impacts are yet to tell for this group, and it is in danger of being a lost generation. This is particularly the case for those with pre-existing mental health conditions, already more predisposed to anxiety and depression and poor employment outcomes.

• **Transitions Bill** – The Scottish Parliament is due to [consider a Bill (Scottish Parliament, Oct 2020)](https://www.scottish.parliament.uk) which would obligate the Government, within a year, to develop a national transitions strategy for all young people with a disability. This includes setting obligations to health boards on what they need to comply. At the moment, disability is defined in the bill as including severe and enduring mental. We believe, though, that a clear argument can be made that a wider definition of mental ill health should be explicitly acknowledged in the Bill.

5. **Challenge inequalities for our most disadvantaged accessing and receiving care**

• **Physical health inequalities** – Despite the ambitions of the Mental Health Strategy to provide access to physical health care, people with mental ill health still live 20 years less ([Public Health Reform, June 2019](https://www.scotland.gov.uk/Topics/Health/PrimaryCare/PublicHealth/)) on average than the rest of the population.

• **Addictions** – Those with alcohol and drug additions have seen their support networks curtailed, at a time when both [drug (ISD Scotland, Oct 2020)](https://www.isdscotland.org) and [alcohol (ISD Scotland, Nov 2019)](https://www.isdscotland.org) hospital admissions are on the rise. We have also had regular reports from members and other key stakeholders throughout the pandemic of addictions services being reduced.

• **Ethnically diverse communities** – Our ethnically diverse communities have suffered particularly adverse mental as well as physical health impacts ([Scottish Government, Oct 2020](https://www.gov.scot)) as a result of the pandemic, exacerbating pre-existing systemic inequalities. BAME communities are proportionately 25% less likely ([Scottish Government, Nov 2019](https://www.gov.scot)) to access specialist mental health services, based on comparing rates of access to percentage of the population ([Scottish Government, June 2011](https://www.gov.scot)).

• **Lived experience voices** – In February, the [Trust and Respect: Final Report of the Independent Inquiry into Mental Health Services in Tayside](https://www.gov.scot) highlighted systemic issues that led to quality gaps between intended practice and the reality on the ground. The 'Listen. Learn. Change.' partnership has already made progress addressing these issues and its action plan sets out a number of expectations for how services are delivered that are relevant to this project. A key recommendation was that services must demonstrate a meaningful input of the professional, lived experience and carer’s voices into decisions around planning, governance, and whistleblowing.