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 2 report (Scottish Government, Feb 2021). This Wave 2 study took place during July and August, at the stage where Covid-restrictions were eased. Key findings include:
    - 24.1% reported high levels of depressive symptoms (compared to 25.3% in Wave 1) and 16.9% reported high rates of anxiety (compared to 19.1% during Wave 1).
    - 28.8% reported high levels of psychological distress (indicating potential signs of mental ill helath). This was around a 7% fall from the first tracker.
    - rates of suicidal thoughts went up from Wave 1 (9.6%) to 13.3%
    - A higher proportion of young men (18-29 years) reported experiencing suicidal thoughts, though this finding should be treated with caution due to small sample size at Wave 2.
    - A change in working status (16.5% versus 10.6%) and being a key worker (17.1% versus 12.5%) were indicators of a greater likelihood of having suicidal thoughts
    - Those in a low socio-economic group were 5.4% likelier to report high levels of psychological distress (32.2) versus those in a high socio economic group (26.8%).
    - For those with pre-existing mental ill health, a higher proportion reported suicidal thoughts in Wave 2 (36.7%) than Wave 1 (25.2%). Having pre-existing mental ill helath was the likeliest indicator of suicidal thoughts.
    - Those with pre-existing mental ill health reported an increase mental wellbeing from Wave 1 (Mean score = 16.20) to Wave 2 (Mean score = 17.29).

- The number of those with pre-existing mental ill health reporting high rates of psychological distress was down from Wave One (62.5%), but still over half of respondents (51.3%).

- **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) 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) 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%).
- **Latest workforce statistics** -- Workforce data up to December 2020 has been published for NHS Scotland. In the Dashboards section, you can access some sections that give breakdowns within some psychiatric professions (defined as full time equivalents):
  - In **Forensic**, there were 69.1 staff, with 57.6% being consultants. This was down by around 3staff on December 2019.
  - In '**General Psychiatry'**, there was 773.5 staff, 40.7% of whom are consultants. This was an increase on a year previously, where it was at around 738 FTE staff.
  - **Old Age** had 114.7 staff, 53.2% of whom are consultants. This was down on a year ago, where it was at 120.5.

    - **LD Psychiatry** had 70.8 staff, 63.7% of whom were consultants. This was up by over 10 FTE staff since December 2019.
    - In **Child & Adolescent Psychiatry**, there were 103.8 staff. 57.1% of whom are consultants. Staff totals were down by around 8 full time equivalents since December 2019
    - It's worth stressing there were concerning vacancy rates across all professions, however, it was stressed this data isn't 100% accurate due to Covid delays.

- **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 (NES Turda, Mar 2021) has risen by 7.5% over the past 5 years, and by 0.3% 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.
- **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 **£1.1615bn**). 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. This **is 1% below the rest of the health service**, which got a 6.6% increase overall.

- **Of overall budget** – of the overall budget, it represents 8.48% of 'frontline' spend. This means the proportion of frontline spend on mental health **has actually fallen from 2018-19** (where it was at 8.53%).
- **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.
- **What it means** – It does mean that mental health spending has increased in real terms for the first time in 11 years, but a smaller proportion is going to mental health of the overall budget than previously. It also means CAMHS is increasing, but not at nearly a fast enough rate.
- **A potential flatlining of investment** –That we are only talking "in excess" of £1.1bn means that, in the two years since the Scottish Government committed £1.1bn in the 2019-20 Budget, there appears to have been limited change to the funding allocation for mental health. This is in spite of the pressures we have seen emerge since.
- **A less than rosy picture** – we have also conducted analysis that suggests, in real terms, the amount spent on mental health services directly has fallen since 2009-10 (where it was **£1.068bn** in real terms) to **£1.076bn** in 2019-20 (latest available total)[1]. Adding in direct government investment, it is **£1.1615bn** in total on mental health.
- **Still not accounted for pandemic spend** – We still do not know if the substantive increase in health spending during the pandemic will be passed onto mental health services, in line with the 8.1% minimum commitment.
- **Future increases in mental health up in the air** – the future framework for funding mental health has yet to be finalised, with the next Medium Term Financial Framework for Health & Social Care to be updated.

[1] Spending data: Public Health Scotland, Cost Book data from 2008/09 to 2019/20 inclusive (R300 and R340), February 2021. Real terms adjustments used: HM Treasury, GDP deflators at market prices, and money GDP September 2020, 1 October 2020.

	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Inpatient care	£546,826	£516,226	£512,705	£532,971	£526,411	£528,110	£551,246	£555,398	£553,679	£569,688	£599,076
Outpatients	£49,954	£55,499	£60,542	£58,883	£60,341	£67,196	£61,248	£49,755	£52,539	£51,676	£56,229
Day Patients	£32,440	£27,927	£26,328	£26,771	£24,915	£18,588	£20,945	£19,476	£19,441	£15,030	£13,749
Community Psychiatry	£176,095	£181,237	£192,541	£194,920	£202,116	£207,623	£210,981	£228,106	£247,790	£264,261	£287,752
Day Cases			£31	£16							£1
Resource Transfer	£85,226	£86,264	£84,885	£85,519	£82,928	£83,432	£84,525	£83,871	£93,589	£116,547	£120,157
Total	**£890,541**	**£867,154**	**£877,034**	**£899,081**	**£896,711**	**£904,950**	**£928,946**	**£936,606**	**£967,038**	**£1,017,201**	**£1,076,904**
Real terms (2019/20 prices)	**£1,068,291**	**£1,021,528**	**£1,017,736**	**£1,022,416**	**£1,001,655**	**£997,108**	**£1,015,264**	**£998,915**	**£1,013,525**	**£1,042,053**	**£1,076,904**
Percentage of net spending on general psychiatry	**9.57%**	**9.27%**	**9.12%**	**9.22%**	**8.98%**	**8.74%**	**8.61%**	**8.33%**	**8.36%**	**8.54%**	**8.49%**

- **Social, economic and cultural costs** – The Scottish Government regularly cities 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 a proportional increase in mental health spend would mean** – By committing to 10% of health spend on mental health, this would take the Scottish Government away from its initial commitment to maintain its real-terms level of spend at 8.1% (Scottish Government, Oct 2018) and start to move to a genuine recognition of parity of esteem in care for our mental and physical health. We could expect at a minimum to see £235 million additional resources being invested into mental health by the end of the five-year parliament.
- **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. Ensure support for people with all forms of mental ill health 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 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 bene 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).
- **CAMHS workforce –** The CAMHS workforce increased by 1.1% between (Turda, Mar 2021) December 2019 and December 2020 to 1069 whole time equivalent staff. There were increases of 5.3% in the psychology workforce and a 0.5% increase in nursing, but there was a 2.7% decrease in the 'medical' professional group, within which psychiatrists feature. Around 41% 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.
- **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 England 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. Based on figures from the Centre for Mental Health, we can expect up to **145,000** young people in Scotland requiring new and/or additional mental health support as a result of the pandemic.[2]

- **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 0.61% (of NHS funding, and this has only increased by 0.15% in the past 8 years, there is a need to radically upscale CAMHS funding to ensure these transitions can be delivered. Based on recent data from Young Minds, this compares to **0.97%** of health funding in England.

- 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) 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.

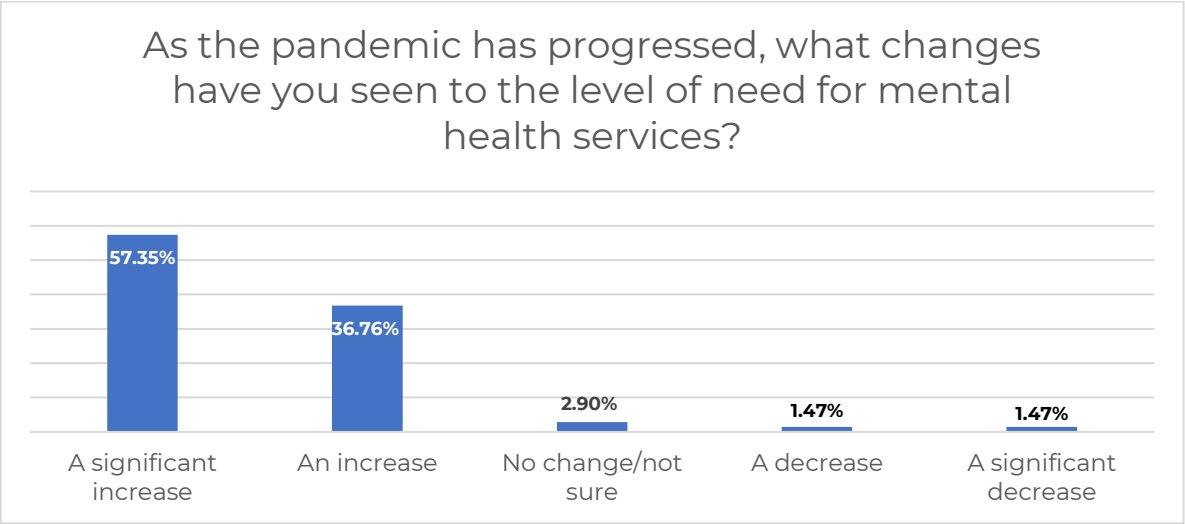
- **'Lost generation'** – the economic and social impacts are yet to tell for this group, and it is in danger of being a lost generation. This is particularly the case for those with pre-existing mental health conditions, already more predisposed to anxiety and depression and poor employment outcomes.

- **Transitions Bill** The Scottish Parliament has been considering a Bill (Scottish Parliament, Oct 2020) 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.

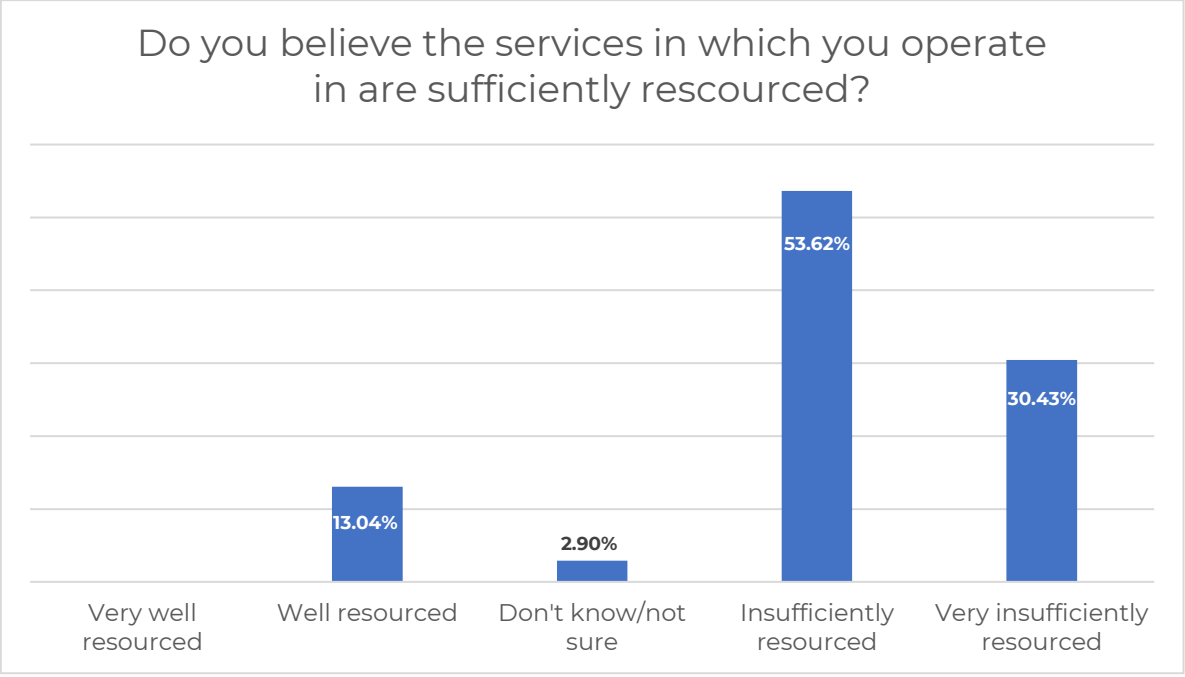
[2] This is based on using the Scottish population as a proportion of the English population (9.7%)

- **Member's survey** – Ahead of Children's Mental Health Week, we issued a survey[3] to our Child & Adolescent Faculty members to get their perspective on the pandemic and its impact on the care they provide to our most vulnerable children and young people:

1. **Demand** – Around **94%** of respondents had seen either an increase or a significant increase in the level of need for mental health services during the pandemic.

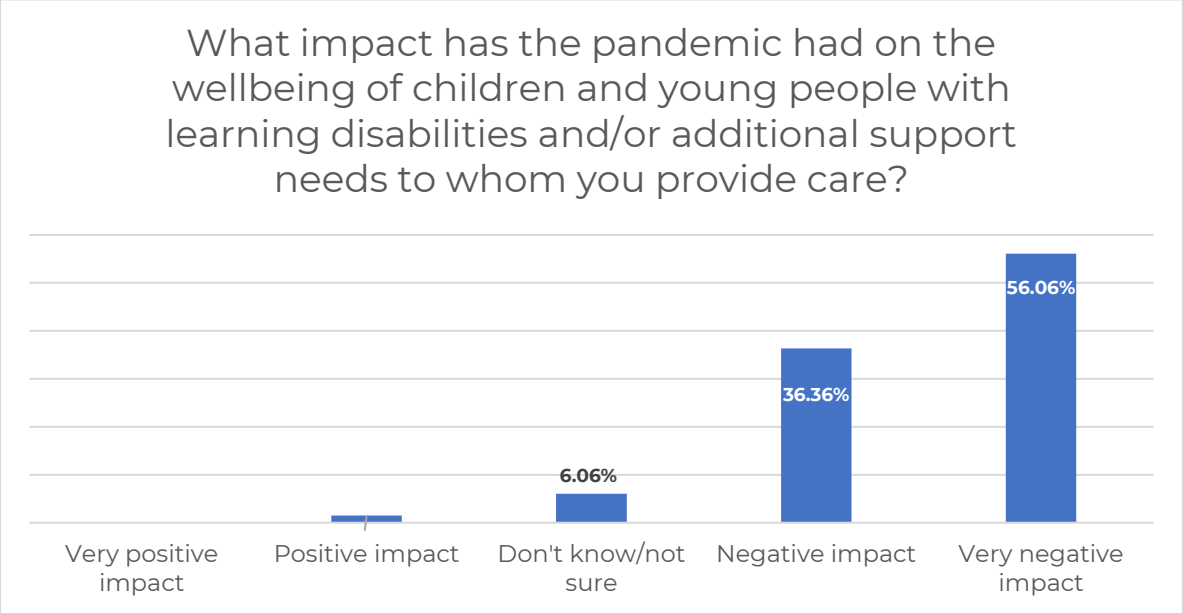


2. **Resourcing** – **Over 84%** of members who responded said the services in which they operated insufficiently or very insufficiently resourced. Furthermore, **44.5%** also reported the resourcing situation had gotten worse over the past year.



[3] Of the 138 members who received the survey link, 75 responded anonymously. For further details on this survey, please get in touch.

3. **Impact on those we provide care to** – only **3%** of respondents weren't sure whether the pandemic had had a negative impact on the wellbeing of the children and young people they provide care to. The rest either reported seeing a negative or very negative impact. The proportion reporting negative impacts did decrease by around 10% for children with learning disabilities and or an autistic spectrum disorder.



What our members said?

"CAMHS is extremely under resourced and has been for many years resulting in waiting times not being managed timeously. This situation has been exacerbated with COVID -19."

"Providing mental health care during the pandemic has been extremely stressful. A number of factors have contributed to this including understaffing/staff sickness, lack of third sector supports and lack of sufficient unscheduled care service".

"Providing good mental health care during the pandemic has required clinicians to enhance their skills and the ways in which we use technology to access and support our clients. Without the right resources at the right times, it makes it very challenging for those involved in direct patient care to ensure they are able to provide the best care at times when it is needed."

"Our service is currently only able to offer high priority input to yp (young people) at risk and routine work has had to be paused due to this negative impact on capacity. There is never enough staff resource relative to demand for a service for yp."

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) 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) and alcohol (ISD Scotland, Nov 2019) 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.
- **Drug deaths** – The National Records for Scotland have published delayed figures for drug-related deaths in 2019:
    - 1,264 people lost their lives due to drugs in 2019. This was a 9% increase on 2018 and means drug-related deaths have more than doubled since 2013.
    - Around 1.8 people per 10,000 in Scotland died as a result of drugs. This is the highest rate reported by any EU country, and three and a half times higher than the UK as a whole.
    - The increase is largely down to increases in deaths among people in the 35-44 age group, with around seven out of ten of those dying male
    - Around 3 in every 10,000 people in the Greater Glasgow area are dying as a result of drugs, the highest in the country
    - Heroin and/or morphine was cited in 645 deaths, representing 51% of the total. Opiates as a whole accounted for 86%.
- **BAME** – Our BAME population has suffered particularly adverse mental as well as physical health impacts (Scottish Government, Oct 2020) as a result of the pandemic, exacerbating pre-existing systemic inequalities. BAME communities are proportionately 25% less likely (Scottish Government, Nov 2019) to access specialist mental health services, based on comparing rates of access to percentage of the population (Scottish Government, June 2011)

Inequalities – The Scottish picture within the College

- **Gender** – in overall members, we are almost proportionately represented (528% female, 47.2% male). As women make up proportionately greater portions of the younger membership, this is likely to increase rather than decrease. The concern remains, though as to how many women don't complete their training and foundation posts compared to men, or who don't make it to senior roles. Men make up 75% of the honorary fellow roles in the College, despite only being 47% of the membership.
- **Ethnicity** – while proportionately, the college is better performing on membership from our ethnically diverse communities (19% of the membership), there are concerns this is not as reflected in older members who are likelier to have senior roles. Only 6% of fellows in the College are from an EDC, suggesting a gap in attaining senior roles. Of further concern is the high rates of people not reporting their ethnicity, with 50% of honorary fellows refusing to disclose this information.

Inequalities – The Scottish picture external to the College

- **Ethnicity** – In the Scottish Government's Covid mental health tracker study, ethnicity was the second strongest indicator of likelihood of moderate to severe depressive symptoms. 37.4% of people from a EDC reported this, compared to 31% of those from our most deprived communities. 17.9% reported suicidal thoughts. This translated into increased emergency detentions according to the Mental Welfare Commission (although ethnicity recording decreased).
- **Gender –** women reported worse mental helath outcomes than men. They were likelier to be severely depressed (27.6%), and four in ten women reported high levels of psychological distress indicative of mental ill health.
- **LGBTQ+** -- A pre-pandemic report from Stonewall Scotland indicated half of LGBT people (49 per cent) have experienced depression in the last year, including seven in ten trans people (72 per cent). One in four LGBT people (27 per cent) also experienced healthcare staff having a lack of understanding of specific lesbian, gay and bi health needs.