



Royal College of Psychiatrists in Scotland – Response to the publication of the 2022-23 Budget

10/12/2021

Executive summary

- This Budget retains the step forward last year's represented through continuing the £120m Mental Health Recovery & Renewal Fund.
- We as College called for this [prior to the Budget's publication](#), and we welcome this and a reaffirmation of the commitment to 10% of health spending going to mental health.
- Based on last year's figures, though, this Budget may represent a flatlining in investment.
- This is in spite of the increase in poor wellbeing and mental ill health during the pandemic, and the Scottish public's support for greater investment.
- If we apply a '10% principle' to frontline health spending, we should expect mental health services to see **a £69m increase**.

We would urge the Scottish Government to provide assurances that mental health is getting it's fair share of funding in this Budget.

What we said prior to the Budget

- Prior to the Scottish Parliament Elections, we successfully called for all political parties and the Scottish Government to commit by 2026 to **10% of health spending to go to mental health** and **1% to go to CAMHS**.
- This funding is essential to help ensure there is **no wrong door** to accessing **the right care, in the right place, and at the right time for mental ill health**.
- We also played a key role in advocating for the **£120m Mental Health Recovery & Renewal Fund** to meet the immediate impacts of the Covid-19 pandemic on mental ill health.

- Ahead of the 2022-23 Budget, we wanted to help inform discussions around mental health spending, including a poll demonstrating **the public, cross-party demand for increased investment** into mental health and wellbeing.

We are calling on the Scottish Government to commit to:

1. **Retain the £120m Mental Health Recovery & Renewal Fund into next year**
2. **Begin in this Budget to map out how it will meet its target for 10% of NHS spend on mental health by 2026, as well as its 1% target for CAMHS**
3. **Provide greater clarity on where mental health spending goes and its impact, including in our communities**
4. **Establish a '10% principle' on health spending to go to mental health, and for this to apply to winter resilience funding**

We believe these proposals would signal a willingness **to do what is necessary** for the mental health of the nation and for our most vulnerable citizens, both now and as we recover from this pandemic.

What is proposed for mental health in this Budget

- **Recovery & Renewal Fund:** The main positive headline is the Mental Health Recovery & Renewal Fund has been renewed. This was one of our primary asks ahead of the Budget, as it has seen significant investment challenged into CAMHS, primary care and preventative care and support. It means the gains made last year from this funding can be built on, and means **2.5 times more direct investment** by the Scottish Government since 2020-21.

Clarity on the renewal process and how it would apply to funding which has already been delivered to services will be needed.

- **10% target:** The Scottish Government has pledged to deliver its 10% health spend to mental health target by 2026, which they committed to following our No Wrong Door campaign. This reiteration is welcome, though as we cover below, the Budget may not represent a significant step towards this. The SNP manifesto funding pledges are below:

| Mental health Manifesto funding pledge | Frontline health funding by end of Parliament | Total proposed spend for mental health |
|--|---|--|
| 10% of frontline budget | At least £14.74bn | At least £1.47bn |

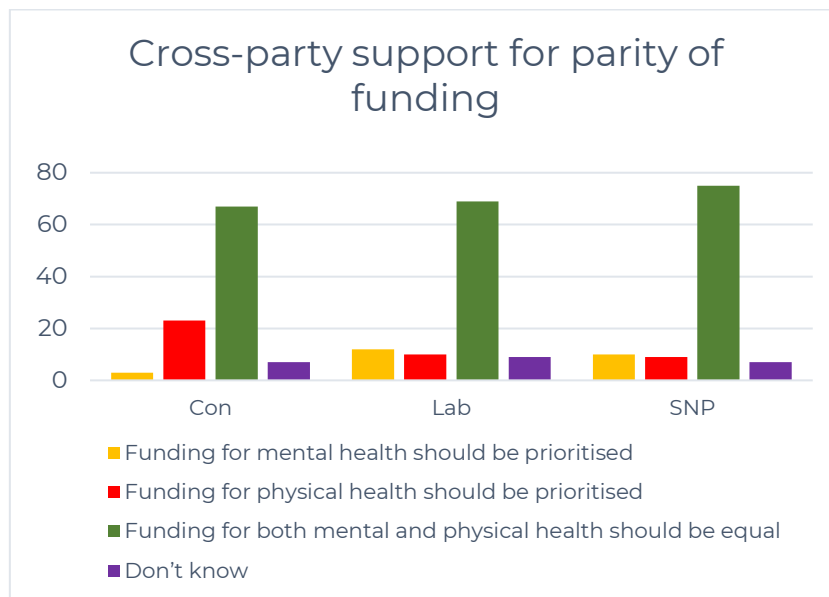
- **Further planning** – there is a commitment to publish a long-term resource spending review in May 2022. We expect the Medium-Term Financial Framework for Health & Social Care to sit alongside this.

The 10% ambition needs to be properly detailed in that Framework, as well as the 1% of health spending to CAMHS target.

- **Spending total:** mental health spending will be ‘in excess’ of £1.2bn. We cannot say to what extent this is an increase on the previous year’s Budget, which was “in excess of £1.1bn” prior to the further £120m from the Mental Health Recovery & Renewal Fund. We therefore don’t know if this is a substantive increase or potentially a relative flatlining in investment.

| Budget | Overall pledges to mental health |
|---------|---|
| 2021-22 | ‘In excess’ of £1.1bn + £120m Recovery & Renewal Fund |
| 2022-23 | ‘In excess’ of £1.2bn |

- **Public support for a fair share** – Ahead of the budget we highlighted public polling indicating 70% of people felt mental and physical health care should be equally prioritised in spending. This fits the commitment from all political parties to parity of esteem between physical and mental healthcare. There was also cross-party support for this, including among SNP supporters (75%).



We therefore need clarity on whether mental healthcare has received its fair share of funding in this Budget.

- **Topline health spending:** £12.93bn is pledged to health boards (representing a £690.3m increase since last year).

*If the '10% principle' were to apply to this, we should expect mental health services to see a **£69m increase in frontline investment.***

- **Addictions** – There's £147.6m to address drug and alcohol addiction – including £61m to address drugs deaths. This represents a significant down payment on addressing these issues and we will support efforts to ensure it enables a public health approach to be taken towards addiction.
- **Focus on community and prevention** – Over £18bn goes to the health and social care portfolio, with over 50% of to community services. In a mental health context, this can help ensure all forms of poor wellbeing and mental ill health can be met.
- **Social care** – £1.6bn is proposed for social care integration and £846.6m will be transferred to local authorities, including into mental health services. This is to be welcomed, but issues remain around the capacity of social care to deliver packages for those with severe mental ill health. Without this, we will continue to see delayed discharges in patients who no longer need to be in an in-patient setting unable to return to the community.

We would urge that building the mental healthcare capacity in our social care services is prioritised.