



# No Wrong Door

The RCPsych in Scotland's Priorities  
for the 2021-26 Scottish Parliament



## The RCPsych in Scotland's policy priorities in a few words...

We call on all political parties to recognise there is no health without mental health, to adopt policies that deliver parity between physical and mental health, and work with partners to ensure there is **no wrong door for all our diverse communities** to accessing the right care, in the right place, at the right time for mental ill health.

### To achieve this, we believe there needs to be;

- By 2022, a multidisciplinary mental health workforce plan, alongside the refresh of the mental health strategy, that provides the staffing needed to provide care at the point of need
- A guarantee mental health receives its share of funding to meet people's need post Covid, and that we move towards 10% of frontline health spend to meet the mental health needs of all Scots
- A national transitions strategy for our most vulnerable young people, ensuring they can transition into adulthood with the right care and support
- A public health-led approach to addressing drug and alcohol addictions, including access to care and treatment for those with a dual diagnosis
- By 2026, use 1% of what we spend on health to support the mental health of our young people through Child & Adolescent Mental Health Services (CAMHS)

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# who we are & what we do

## The Royal College of Psychiatrists in Scotland is the professional medical body responsible for:

- Promoting the appropriate provision of support, care and treatment for people with mental ill health, addictions, intellectual disability and autism within a human rights-based framework
- Setting standards and promoting excellence in psychiatry by supporting and delivering training, education and research
- Leading, representing, and supporting our **1,400** members to deliver positive change to mental healthcare
- Advocating for parity between physical and mental health care and amplifying and promoting the voice of patients, carers and their organisations
- Pursuing a cross-policy approach to preventing mental ill health through a leadership role in Scotland's Mental Health Partnership

# the challenge

Helping a population **which has faced the trauma of a world-changing pandemic, a subsequent shut-down and the resulting economic shock.**

The latest Covid mental health data for Scotland showed:

High levels of psychological distress (indicating a potential psychiatric disorder) has **doubled** during the Covid-19 pandemic to 35.6%

**35.6%**

**67%**

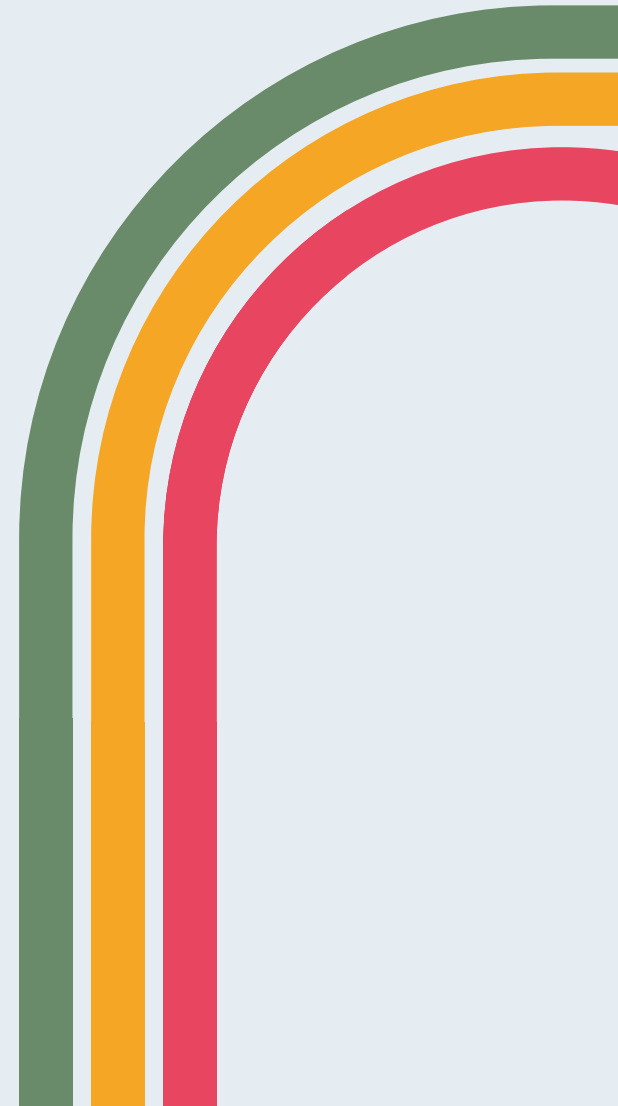
Those most vulnerable to psychological distress (at 67%) were those with pre-existing mental ill health – the population already supported by psychiatrists

Women, young people, ethnically diverse communities and the economically disadvantaged have also been disproportionately affected

The pandemic's impact has also been exacerbated by a **mental healthcare system that can be confusing, disjointed and creates delays to treatment**. We remain a long way away from parity between physical and mental health care, particularly for those **with severe mental ill health**, and our members tell us of patients:

- Going through multiple channels to be referred to the right professional or service, only for delays in people being seen
- Attending appointments with the wrong professional or service, resulting in people redirected back to the starting point
- Having to travel many miles to access the specialist care they need, or requiring admission out with their local area

To address these challenges, we need the next Scottish Government to work to ensure there is no wrong door to people with mental ill health **accessing the right care, in the right place and at the right time.**



# **our policy priorities**

**for each candidate at next year's Scottish  
Parliament Elections**



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## Build up a workforce that can deliver access for all to mental health support, care and treatment at the point of need

Staffing of mental health services needs urgently addressing to meet the safe staffing obligations set in legislation, and to ensure people are not forced to wait for care any longer than they have to.

1 in 10

Nearly one in ten consultant psychiatry posts **were vacant** in our last census in 2019, an increase of almost a third. This extends across mental health staffing of key services **such as CAMHS**, which has a one in six consultant vacancy rate

33%

One of the key reasons for gaps in the psychiatry workforce is the lack of exposure doctors at the start of their career have to psychiatry, with only 33% getting such experience in their foundation training

## We call for all parties to;

Commit to working with the RCPsych and other key partners, on a **multidisciplinary, multi-agency mental health workforce plan** that complements the review of the Mental Health Strategy in 2022.

Work with NHS Education for Scotland to ensure at least **half of all Foundation Doctors have a placement in Psychiatry by 2025.**

As part of this plan, enable the full use of **clinician expertise in supporting government, community and third sector initiatives**, such as social prescribing.

# 2.

## Resourcing mental healthcare so access can be provided for all who need it, when they need it

To ensure people can access the right care and treatment for their mental ill health, there needs to be the resources available to meet demand across the care pathway.

**8.1%**

While there has been welcome funding increases, only £1.1bn of the health budget in 2019-20 was on mental health, just above the absolute 8.1% minimum set out by government in its medium term financial framework

**25%**

Greater resources were already needed prior to the pandemic to meet the needs of **up to 25%** of the population who experience mental ill health and tackle the **third biggest cause of ill-health** and early death

**£1.8bn**

It is yet to be confirmed if the 8.1% minimum applies to the £1.8bn already spent on healthcare during the pandemic. Applying it would see up to £145m invested to meet the already recognised increases in mental ill health

## We call for all parties to;

Guarantee mental health **receives its fair share of additional healthcare funding**, in order to meet the recognised increases in mental ill health during the pandemic.

Set as a priority **by the end of 2022 to create patient outcomes-focused measures** of mental healthcare activity at Integration Joint Board level.

Combine the creation of these measures and other proposals in this manifesto with a **longer-term commitment to deliver 10% of frontline health spend to mental health** in the next medium-term financial framework for health and social care.

Ensure those with mental ill health can know **what care and support they can expect to be provided in their area through national service specifications and standards.**

# 3.

## Ensure support for people with all forms of mental ill health is joined up and comprehensive

**As a result of financial pressures, many of the organisations who provide essential mental healthcare and support in our communities are dislocated from the wider mental healthcare system. They are restricted in their ability to contribute to the system by financial barriers.**

**91%**

91% of the third sector said their long-term financial future is uncertain even prior to the pandemic

**40%**

As we recover from the pandemic, 40% of the third sector say they are now in financial jeopardy



## We call for all parties to;

Enable IJBs to commit to **multi-year funding** for **community/ third sector groups** who provide mental health care and support.

Introduce a **statutory duty** for IJBs to **provide care in the community** for people in psychiatric hospitals who could be supported in their communities.

Create defined **community pathways of care and support** ensuring people can be **swiftly directed** to the most appropriate place or person for care.

# 4.

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

While measures such as a national service specification for CAMHS are welcome, our children and young people in many cases remain unable to get access at the point of need. This harms their health and their life chances.

**0.56%**

Only **around 0.56% of health spend** is directed towards CAMHS. This is despite potentially **one in six of young people** suffering from mental ill health, **over a third** of whom now wait over 18 weeks upon referral to first access CAMHS

**9 in 10**

Our most vulnerable young people transitioning to adult mental health services do not get sufficient support. Nearly nine in ten families whose children had additional support needs reported their child **didn't have a transition plan** in place

## We call for all parties to;

Deliver a national transitions strategy which provides **access to smooth, person-centred transitions planning** for all young people with mental ill health.

As part of this strategy, ensure that **young people moving** from home to a new area have uninterrupted access to care, potentially through digital provision.

Ensure **by 2026 at least 1% of all health spend** is allocated directly to CAMHS so our most vulnerable children and young people are provided the care and support they need.



# 5.

## Challenge inequalities for our most disadvantaged accessing and receiving care

We welcome the Mental Health Transition & Recovery Plan's equalities focus, but life-limiting discrimination faces people with mental ill health when trying to access the care they need. This is a denial of their rights.

**20 years**

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** on average than the rest of the population

**25%**

Our ethnically diverse communities appear to **be 25%** less likely to access mental health care

Those with alcohol and drug additions have seen their support networks curtailed, at a time when both drug and alcohol hospital admissions are on the rise

## We call for all parties to;

Set in guidance a priority to care providers to **identify and tackle any disparity of access to physical health care for those with mental ill health**. This includes people with learning disabilities and autism.

Evaluate **admissions to mental health services by ethnicity** and why our ethnically diverse communities **are proportionately 25% less likely** to access specialist mental health services.

Take a **public health led, evidence and rights-based approach to tackling drug and alcohol addictions** across policy areas, including in access to care and treatment.

To consult by 2022 on guidance to Health Boards and IJBs on an obligation to **demonstrate a meaningful input of the professional, lived experience and carer's voices** into decisions around planning, governance, and whistleblowing<sup>1</sup>.

Explore the potential for **'Maggie's Centres' in in-patient mental health settings**, providing a positive wellbeing environment for those receiving care.

This was deemed essential by Trust and Respect: The Final Report of the Independent Inquiry into Mental Health Services in Tayside<sup>1</sup>.

# what you can do

## **As RCPsych members,**

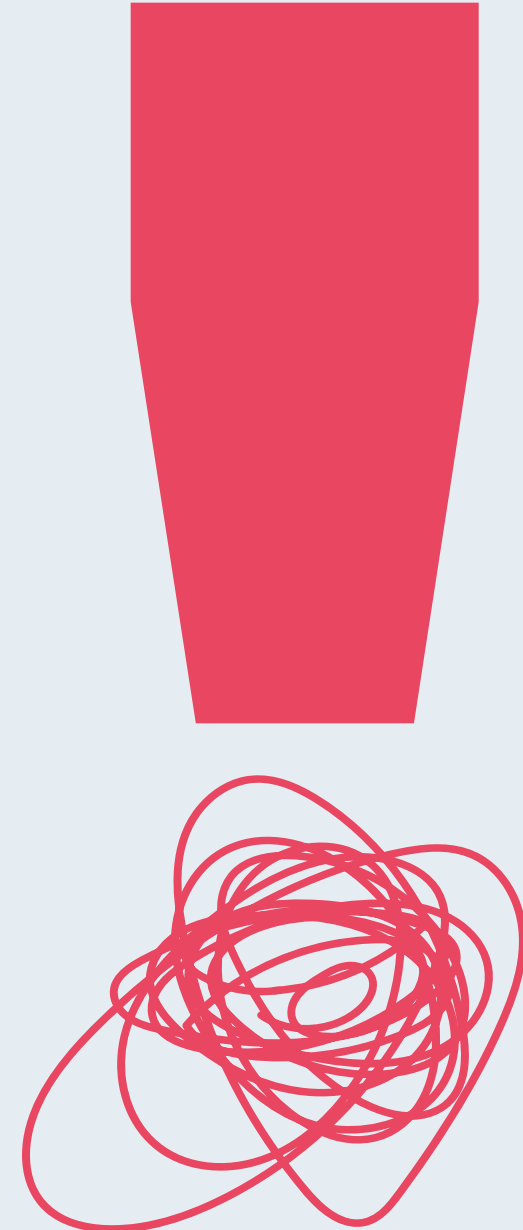
you can advocate to your prospective MSPs the importance of the priorities set in this document, and to raise awareness of the contribution psychiatry makes to societal mental health and well-being.

## **As people who have been or know others who have been provided care in a mental health setting,**

you can engage with our members and with health and care providers to discuss how they can act now on these priorities.

## **As prospective MSPs,**

you can advocate to your colleagues, to your membership and to your constituents the importance of prioritising mental health across policy issues and for this prioritisation to be reflected in your manifesto.





[rcpsych.ac.uk/members/devolved-nations/  
rcpsych-in-scotland](https://rcpsych.ac.uk/members/devolved-nations/rcpsych-in-scotland)

