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**DATE:** **16 September 2016**

**RESPONSE OF:** **The Royal College of Psychiatrists in Scotland**

**RESPONSE TO: Scottish Government Consultation: Mental Health in Scotland – a 10 Year Vision**

We are pleased to respond to this consultation. This consultation was prepared by the Royal College of Psychiatrists in Scotland. For further information please contact: Karen Addie on 0131 220 2910 e-mail [karen.addie@rcpsych.ac.uk](mailto:karen.addie@rcpsych.ac.uk)

The Royal College of Psychiatrists is the leading medical authority on mental health in the United Kingdom and is the professional and educational organisation for doctors specialising in psychiatry.

1. **ARE THESE THE MOST IMPORTANT PRIORITIES?**

The priorities set out in the consultation are laudable and each of them will help to improve mental health services. They do not, however, amount to “transformation”.

To define the priorities that will deliver transformation we must first define what transformation we are looking to achieve.

The College, in partnership with others in the mental health community in Scotland, believes that this strategy provides an opportunity to set out a new and ambitious vision for a more mentally healthy Scotland.

The interest in improving mental health within society is now widespread. There is greater political and media support for improvements in mental health and a growing realisation across the public sector that good mental health is a vital aspect in all policy areas. Health and Social care integration gives us an opportunity to consider how we can direct locality planning to promote the development of mentally healthy communities.

A priority for the new strategy should be to define what transformation means, describing what a more mentally healthy Scotland would look like and how it could be achieved. This requires a process that involves much greater engagement of stakeholders than has been delivered to date.

This consultation has prompted a significant response from College members and unsurprisingly, each Faculty has quite specific priorities and comments. Below are some key points which have emerged; the responses from Faculties and individual members of our Executive Committee can be found as appendices attached to this paper.

* Whilst we appreciate that there are separate strategies for Dementia and Suicide, their intrinsic link with mental health is such that there should be mention of both within this strategy, and suicide prevention should remain a key priority
* The investment of £150 million over five years is welcomed, however, there should be greater detail on how this will be allocated. There is little acknowledgement of the considerable amount of extra resource which will be required to implement the strategy’s priorities - there needs to be a clear commitment to funding for this.
* The strategy does not demonstrate an understanding of the fact that people with psychiatric disability in the community will often need long term care packages tailored to their need. Given the advancement of integration, there is a need for adequate skilling and resourcing of social care and third sector services to allow complex individuals to be cared for in the community.

1. **ARE THERE ANY OTHER ACTIONS THAT YOU THINK WE NEED TO TAKE TO IMPROVE MENTAL HEALTH IN SCOTLAND**

The strategy needs to broaden its scope to look at the potential benefits of including mental health as an aspect of all policy making. Policies relating to education, welfare, employment, sport and leisure, local planning etc. all have an impact on mental health in our communities and the potential to deliver improved outcomes if the mental health impacts of the policies were considered fully and addressed at an early stage.

We have several other concerns, namely:

The priorities outlined in the strategy cover a number of topical subjects, however, the strategy fails to prioritise those most often at need, such as hard to reach communities and those most marginalised and disadvantaged in society.

There is no mention of the recruitment and retention of mental health professionals, a matter which is absolutely fundamental if the strategy’s objectives are to be delivered.

1. **WHAT DO YOU WANT MENTAL HEALTH SERVICES IN SCOTLAND TO LOOK LIKE IN 10 YEARS’ TIME?**

The vision for a mentally healthier Scotland will not in itself remove the need for effective services for those that need them. In 10 years mental health services need to provide a wide range of supports and interventions. For many in the population the requirement will be for information, support and help that is delivered through self-management, peer support and other assets embedded in communities and workplaces that are accessed easily and without stigma. For some there will be a requirement for a range of social care and healthcare interventions that are provided in a system that is integrated with all other health and social care provision in localities. For a few there will be a requirement for more specialised treatment and intervention at a higher level.

One aim of the strategy should be to set out a map or framework of how such a whole system might work, engaging those who have used and will use the system fully in setting out that map.

**Additional Comments:**















