



The British Psychological Society



Mental Health Foundation



Royal College of General Practitioners



Why Mental Health Matters to Scotland's Future

A Scottish Mental Health Partnership Special Briefing Paper

The Scottish Mental Health Partnership believes it is time for a significant shift in Scotland's approach to mental health. This means moving from a system primarily focused on crisis intervention and maintenance towards prevention of distress and the promotion of good mental health and wellbeing for everyone in Scotland, by right. We are therefore calling for a high level Commission of enquiry to lead and inform the transformation we need to place mental health at the heart of Scotland's future. We also recognise that there are immediate challenges to address alongside the process of co-producing this future direction.

The Scottish Mental Health Partnership

The Scottish Mental Health Partnership provides a collective, strategic voice for organisations with an interest in mental health in Scotland.

The 14 memberⁱ organisations all have a national remit undertaking a variety of roles. These include health and social care provision; public health, social justice and advocacy roles as well as the representation of people affected by mental health issues.

The Partnership came together as a result of a growing collective sense that Scotland needs to recommit to mental health, as a critical health, socioeconomic and political issue for our times. Member organisations bring different perspectives, and there is healthy debate. We are united in the belief that Scotland must take a world leading position in innovation, vision and action in mental health.

We believe that there is an appetite, and need for a significant shift in our approach to mental health in Scotland and that by working in unity complex change may be more achievable. This is driven both by a desire to reduce the incidence of mental health issues and to improve outcomes and experiences for people experiencing mental health issues.

We aim to:

- Increase awareness of the prevalence and consequences of poor mental health in Scotland and influence public attitudes towards people experiencing mental health issues.
- Improve the provision, accessibility and quality of mental health services and supports in Scotland, which are person centred, rights based and empowering.
- Take a positive approach to considering the potential for systems level and transformational change in support of improved mental health.
- Promote parity of esteem between mental and physical health provision and ensure that mental health is considered across policies.

We support the development of rights-based and recovery-oriented mental health services and believe general practice and community-based support will be central to the future of mental health in Scotland. However, we also promote public mental health approaches which unlock the social determinants that underpin major challenges like health inequalities and poverty.

Five years ago the Christie Commissionⁱⁱ on the future of public services recommended that public services should prioritise failure demandⁱⁱⁱ, address inequality, and target services to those most in need. We believe there is a need to renew our commitment to these principles, in the context of mental health.

Mental Health in Scotland – Our Analysis

We welcome the current unprecedented level of public and political interest in mental health in Scotland but believe that to translate this interest into positive change will require that we think very differently about our approach to mental health across the Scottish population.

It is time to transform our approach to mental health by moving from the old systems which are primarily focused on crisis intervention and maintenance towards prevention of distress and the promotion of good mental health and wellbeing for everyone in Scotland, by right. We are absolutely clear that mental health needs to be central to forthcoming reforms in primary care, as well as in health and social care integration, where mental health is not always as well understood as it should be.

Our specialist mental health services play a vital role in supporting people experiencing more significant mental health issues but remain overly focused on a medicalised approach. Despite some progress, there is a long way to go in our efforts to develop a modern, accessible and recovery focused system. This is a challenge which is being tackled in the face of unprecedented demand on services (e.g. demand for psychological services has increased by 26% in a year^{iv}) and real time cuts in services^v. These factors have combined to create a crisis in access. This is perhaps clearest in relation to Child and Adolescent services (CAMHS) where over a quarter of young people are not seen within the 18 week waiting target. An additional 20% of referrals from GPs are rejected outright, which equates to over 1200 children and young people who are experiencing significant distress being denied help in a three month period^{vi}. We need to be able to offer new alternatives to our young people and indeed to anyone experiencing significant distress. Quite aside from the human costs of our inability to help people in need as a society, a failure to intervene early can often lead to the need for longer-term and more costly interventions.

A Whole Population Approach to Mental Health

It is clearer than ever that the mechanisms for creating a mentally healthy Scotland are primarily beyond the confines of the mental health service sector. While we have some way to go in achieving a consensus that mental health should be an overarching policy concern, there is strong evidence to suggest that mental health lies at the heart of solving the attainment gap, building a strong economy, and addressing health inequalities and early mortality.

For all

We need to prevent the distress that leads to isolation, discrimination and, too often, an early grave. For most, that will mean creating opportunities to thrive in work, as parents, as learners or as citizens building our resilience and ability to cope with adversity and to know when and where to seek support when we need it. This means recognising the role mental health plays in achieving Scotland's agreed national outcomes across the board. Continuing to back early years provision, preserving key resources like libraries and leisure facilities, and creating opportunities for safe and affordable housing and employment all help build wellbeing across the population.

For people most at risk

Inequality in mental health means the unequal distribution of and exposure to protective factors that promote positive mental health and risk factors that are known to be detrimental to mental health. Our unequal society and the cost of this to mental health should be a central concern for us all; it leads to an unequal distribution across population groups of mental health conditions and illness and in people's ability to recover and lead fulfilling lives. If we want a fairer and more just society, we need to address the chronic stress that having less power, status and control brings, and to work with people to build strong communities and empowering services.

For many people who are most disadvantaged in society, who experience inequality, exclusion and other life challenges, addressing mental health means acting early to educate about the importance of looking after mental wellbeing, to prevent distress, to encourage and to nurture. This is key for people who have experienced trauma, or have been affected by bullying or other risk factors. It is critical for groups like refugees and asylum seekers, care leavers, LGBTI people, offenders and other marginalised populations, who are at increased risk of mental ill health.

For people living with mental health conditions

An increased focus on population mental health and wellbeing must be complemented by a continued focus on addressing mental health conditions when they arise. Many people experiencing mental ill health are finding it increasingly hard to access the sort of timely and effective help and support that can aid longer-term recovery

and too often the people who are able to get help and support report negative experiences. These include a lack of compassion, choice, an over-medicalised approach and difficulty in raising concerns.

For people living with mental health conditions, 'prevention' means support to live a fulfilled life, as free as possible from the disabling effects of ongoing mental ill health. This requires flexible, equitable access to health and social care services that act early, hold hope, and focus on the creating the circumstances for a person to thrive, not merely exist. That in turn is critical for avoiding the economic and social impact of health inequalities that can lower life expectancy by 20 years^{vii}.

Our Ask

We are calling for a high level Commission of enquiry to lead and inform the transformation we need to place mental health and wellbeing at the heart of Scotland's future.

This would have two objectives:

- To fully understand and map out how mental health promotion, prevention and support and treatment is recognised across the policy mainstream.
- To undertake a root and branch review of the way all public and third sector services support mental health and wellbeing from the perspective of people using them, drawing on best practice globally to describe a vision of what mental health promotion, prevention and support and treatment services should look like by 2020, and 2030.

This Commission must be independent, fully informed by people with experience of mental health issues and of wider inequalities, and be able to make binding recommendations for change, backed, where necessary by legislative reforms. We call for cross party support for the commission and an appropriate allocation of funding^{viii} to enable it to be launched as a commitment in the forthcoming mental health strategy. Its recommendations should be enacted through the lifetime of the pending and future mental health strategies.

Though we are unanimous in our agreement that our vision and direction needs to be defined for the future, we also recognise that there are immediate challenges to address alongside the process of co-producing the future direction.

We are calling on the Scottish Government to make an immediate commitment to:

- Adopt a rights based approach to the development of the next Mental Health Strategy, as recommended by the Mental Welfare Commission and the Scottish Human Rights Commission^{ix}.
- Operationalise the Christie Commission recommendation to ensure that all public services assume a responsibility to address inequalities first, by recognising the complex bidirectional relationship which sees inequality drive down mental health, and poor mental health drive-up inequality. Mental health inequality should be considered explicitly in all equality impact assessments, and in all future strategy development^x.
- Ensure that the process of delivering primary care reform and health and social care integration has due regard for mental health, both in terms of the public mental health agenda and the equal status of mental health in health and social care funding and access.
- Support a shift towards services and supports which are focused on evidence-informed prevention and early intervention, self-management and peer support. The approach to this should be co-produced by a wide range of stakeholders, including the diversity of people in Scotland who experience mental health conditions. One route might be an innovation process or processes that tested promising concepts at scale, with robust evaluation against key output, process and impact outcomes. It is critical that pilot projects which show promise find support for scale development that includes the reallocation of resources where necessary. It is highly likely that to achieve this, additional investment in the development of lived experience leadership, research, and development will be necessary.

Notes

ⁱⁱ Christie Commission on the Future Delivery of Public Services, 2011. Available at <http://www.scotland.gov.uk/Resource/Doc/352649/0118638.pdf>

ⁱⁱⁱ Failure demand means preventing future public service use in areas such as criminal justice or health by addressing determinants of offending, health inequalities etc at an earlier life stage. Investment in early years support is a good example of this.

^{iv} ISD Scotland, 2015. Psychological Therapies Waiting Times in NHS Scotland: Quarter ending September 2015. Available from www.isdscotland.org

^v Recent Scottish Government announcements of new investment in mental health services in no way makes up for their historical under-funding or for the combined effect of frozen NHS budgets combined with significant cuts to vital social care provision.

^{vi} ISD Scotland, 2015. Child and Adolescent Mental Health Services Waiting Times in NHS Scotland: Quarter ending 30 September 2015. Available from www.isdscotland.org

^{vii} Rethink Mental Illness, 2013. Lethal Discrimination: Why people with mental illness are dying needlessly and what needs to change. Available from www.rethink.org

^{viii} We suggest the Commission be allocated a budget of at £1 million over two years.

^{ix} Scottish Human Rights Commission & The Mental Welfare Commission for Scotland, 2015. Human rights in mental health care in Scotland. Available from <http://www.mwscot.org.uk/>

^x This should include proposals to address discrimination, parity of esteem and premature mortality.