The Royal College of Psychiatrists is the statutory body responsible for supervising the training and accreditation of psychiatrists in the UK and for providing guidelines and advice regarding the treatment, care and prevention of mental and behavioural disorders. Among its principal aims are to improve the outcomes for those with mental illness and to improve the mental health of individuals, families and communities.

The College has over 1200 members in Scotland, including doctors in training and retired members. Our members provide the backbone of the local psychiatric service, offering in-patient, day patient and out-patient treatment, as well as specialist care and consultation across a large range of settings.

We call on Scottish political parties to give high priority in the next parliament to the prevention of, treatment of, and recovery from, mental illness and the promotion of mental well-being.
FOREWORD FROM THE CHAIR

There is no health without mental health. The impact of poor mental health on our well-being and on general health outcomes is significant for every member of the population, a fact which has been increasingly recognised. The attention given to mental health by political parties is to be welcomed; however, the next Scottish parliament needs to be prepared to convert these good intentions into actions.

The Royal College of Psychiatrists in Scotland has produced this document to urge parties in the lead up to this year’s Scottish parliamentary elections to consider five big ‘asks’. At the core of those asks is a recognition that mental and physical health are inextricably linked and need to be given equal priority if we are going to address some of the deep inequalities that we face as a society.

We have made considerable progress in improving awareness of the need for good mental health and well-being in Scotland, and many aspects of the services we deliver to those with mental health needs have been transformed. We recognise, however, that there is still considerable work to do and as part of the Scottish Mental Health Partnership we support the view that now is the ideal time to take a fresh look at how we can generate a step change in that process of transformation.

Our asks include the recognition of the need to look at support and intervention for families at the earliest stages of life, as these can have lifelong effects on health outcomes. We also recognise that the physical health of those with serious mental health problems remains consistently poor, with premature death too frequently the result. As a nation, we are still too slow to acknowledge the impact that poor mental health has on outcomes for those undergoing treatment for all other health conditions, and the benefits that could follow more effective intervention.

Good outcomes for people with mental health problems will require leadership from those with expertise and knowledge in the field of mental health. The changes we are calling for in this document will depend on our ability to recruit and retain those experts in Scotland, so we seek support in making changes that will help us to attract the best young doctors into psychiatry; and keep them within Scotland to contribute to the changes we have outlined here.

Dr Alastair Cook
Chair, Royal College of Psychiatrists in Scotland
Vice-President, Royal College of Psychiatrists
ASK 1
Improving the mental health of mothers and babies for Scotland’s future

Maternal mental health problems affect 1 in 5 women in pregnancy or after childbirth.¹ They cause significant harm to women and their families, and can have an adverse impact on children growing up.² Mental illness is one of the leading causes of maternal death in the UK.³ With good services, there are opportunities for preventing the onset of some of the most severe illnesses and ensuring the best early years outcomes for infants. The Royal College of Psychiatrists in Scotland is currently highlighting the importance of good maternal mental health through its ‘Healthy Start Healthy Scotland’ campaign.

There is huge inequity in the provision of maternal mental health services in Scotland. While most women have access to specialised mother and baby units, where they can receive in-patient care while their baby stays with them, only a minority can access specialised community services. These services provide prevention, early detection and expert management of mental illness, and work across boundaries between maternity, primary care and mental health. At present, access to such care varies significantly across different regions of Scotland.⁴ Providing specialist services is cost-effective. The costs of not treating mental illness far outweigh those for the provision of high-quality care.⁵ In recognition of this, other UK nations have committed to equitable specialist service provision in areas where gaps exist.⁶

We call for the next government to:

» increase provision of community maternal mental health services in each NHS board area
» evaluate different models of community maternal mental healthcare provision in remote and rural areas
» develop a national maternal mental health clinical network to coordinate the delivery of high-quality specialised care.
ASK 2

Equal consideration for mental and physical health across all health and social care sectors

Mental health plays a central role in Scotland’s overall health. The College has long campaigned for equal recognition for mental health alongside physical health. This means equal amounts of funding, proportionate to the burden of disease. Poor mental health equates to high costs for Scotland in terms of lost productivity and increased dependence on state benefits, to say nothing of the human cost and the negative impact on individuals and their families. It is our belief that all types of care must consider and value mental and physical health equally if people are to have the treatment required to enable them to make a good recovery, or so that they can be supported to live as full a life as they possibly can.

Poor mental health can have a significant impact on the outcomes for people with other health conditions, and 60% of people over 65 admitted to hospital have or will develop a mental health problem during their stay. Good mental health assessment and intervention can lead to improved outcomes and reduced lengths of stay in hospital.

We welcome the recent announcement of extra investment in mental health services by the Scottish government, but it by no means addresses years of underfunding and the effect that cuts have had on vital social care services. In order to keep people well and out of hospital, they need access to good community services and they especially need programmes that offer them social interaction and activities, including support to gain meaningful employment.

Katharyn Barnett, one of the carer representatives who sits on the RCPsych in Scotland Executive Committee said:

“As a former and current carer of relatives with mental health issues, and as a carer support worker for carers of loved ones with physical and mental illness, I can say with complete certainty that those with mental ill health suffer from slow rates of diagnosis, sporadic access to health and social services, poor continuity of support, social dislocation, and stigmatisation compounded by unemployment and poor prospects. Mental illness rarely affects just the sufferer: those who care for them, those who defend and provide for their needs, ultimately become ensnared in the same dark web. Why? Because the particular demands of caring for mental illness are great: care is 24/7, 365 days of the year and it spans decades and sometimes, a lifetime. Too often, mental ill health cleaves families in two. Surely it is time to take stock of these real and documented needs and to provide support for the most vulnerable in our communities”.

A key component of ensuring that people can live well with their mental health condition is the delivery of good primary care health services. Mental health consultations form a large part of the daily workload of general practitioners (GPs), and it is important to acknowledge the impact that the problems of recruiting to general practice and the lack of GPs with specialist mental health knowledge and expertise have on the mental well-being of the population. Furthermore, in order to provide adequate care in the community, more needs to be done to ensure there are sufficient numbers of community psychiatric nurses (CPNs), and that people have good access to crisis and out-of-hours care.

Dr Miles Mack, Chair of the Scottish council of the Royal College of General Practitioners, adds:

“In Scotland GPs provide much of the care for patients with mental health issues and are relied on heavily to meet many of the physical health needs of people with severe and enduring mental illnesses. I am increasingly concerned that a continued failure to recruit GPs and an increasing reliance on other professionals could swamp specialist mental health services and significantly affect the treatment of mental health issues in GP practices”.

We call on the next government to:

» ensure mental health is considered in equal terms with physical health in terms of funding and staffing
» improve training in mental health for GPs
» address the current recruitment and retention crisis in general practice
» ensure that good mental health services are readily accessible within all our general hospitals.
ASK 3
Improve life expectancy for people with mental health conditions

People with serious mental health problems die 15–20 years earlier than the population average. The contribution of suicide, drug misuse and alcohol (including the rapidly rising rates of alcoholic liver disease) to premature mortality and other health inequalities in Scotland is now well recognised. The poor general health of people with psychiatric illness, including their high rates of tobacco use, has become increasingly evident and leads to premature mortality. Despite much work to reduce stigma, it remains the case that people with mental health conditions often do not receive adequate care for their physical health, leading to poor outcomes including early death. NHS Health Scotland, in a report on improving the physical health of people with mental illness, stated: “It is important to consider the response that an individual with severe or enduring mental illness will get when using mainstream services. There is an onus on local authorities, working with third and private sector providers, to provide appropriate support for this client group, and consideration of mental health awareness training for service providers should be a priority.”

There is a need for targeted, appropriate public health interventions for those patients, delivered by primary and community care. Multidisciplinary mental health teams may need specific training; for example, occupational therapists and physiotherapists could play a key part in helping to support the patient’s programme to improve their physical health. Reducing tobacco and alcohol dependence, and increasing physical activity and social contact can all contribute towards reduced mortality rates and improved health outcomes.

There is also a clear need to improve the training of health and social care staff to take into account the particular difficulties patients with mental health conditions have in addressing their physical health needs; for example, specific psychiatric medications which may hinder the ability to lose weight easily or the interaction between tobacco use and some antipsychotic medicines.

We call on the next government to:

» encourage the expansion and promotion of interventions that will improve the physical health of patients with mental health conditions

» consider whether setting an explicit goal of reducing the gap in life expectancy for those with mental health problems would be helpful in encouraging statutory bodies to take such action.
Recruitment and retention of psychiatrists in Scotland

The delivery of further transformation in the way Scotland promotes good mental health will require leadership from those with expertise in the field.

Recruitment in psychiatry has been problematic across the UK for a number of years now, with particular difficulties in Scotland in the past 2 years in recruiting to more senior training posts. The specialties that have been most affected are intellectual disability, child and adolescent psychiatry, and old age psychiatry. There are also vacancies at consultant level, mostly outwith the central belt, with high numbers of psychiatrists retiring at 55 and not enough trained doctors coming through the system and applying for posts. A large percentage of these vacancies (from our census of the Scottish psychiatry workforce carried out in 2015 and soon to be published) are in general adult psychiatry.

There is evidence that very early experience in a specialty has a positive influence upon trainees’ career choices\(^2\) and the College in Scotland has been pushing for more foundation doctor (first 2 years after medical school) posts to have experience of psychiatry, with little success to date. There is a government-backed target for this in England and Wales which has successfully increased numbers of foundation posts in psychiatry and improved recruitment levels, but as yet, no target in Scotland. Currently, foundation programme numbers do not take account of the fact that the proportion of foundation graduates progressing to core training in Scotland is lower than in England. The number of foundation training places in Scotland ought to be increased to compensate for the historically lower retention rates.

There are other aspects of medical recruitment that could be improved in order to try to turn around this deficit. Unfortunately, the current promotion of Scotland as a place to live and work has not resulted in an increase in the number of applicants from elsewhere in the UK or abroad. Working in mental health settings is often stigmatised by other health professionals as well as the public.\(^3\) This is a particular issue when it applies to young people viewing psychiatry as a possible career, as a number of myths about psychiatry and mental illness are perpetuated, for example, they may be told that psychiatric patients do not ever recover. The College and the profession are working hard to redress this through numerous initiatives aimed at explaining the positives of working with this patient group to medical students and young people.

We call on the next government to:

- increase the number of foundation posts in psychiatry
- improve the promotion of Scotland as a place to work and live
- work with healthcare professionals to reduce stigma and promote working in mental health.
ASK 5
Support the development of a strategic vision for Scotland’s mental health

There has been huge progress in the past few decades in changing the way mental health services are delivered in Scotland. Institutional care is largely a thing of the past and services are mostly delivered in communities with the involvement of a variety of health and social care disciplines in partnership with the voluntary sector. There is, however, a sense that the momentum for change in the way we deliver services has slowed in recent years. There is a lack of a clear vision about where we go next to develop services that are truly centred around individuals and their needs, empowering communities to deliver improved mental health for all and encouraging mentally healthy schools and workplaces.

The RCPsych in Scotland is the host of the Scottish Mental Health Partnership, a coalition of 14 mental health organisations in Scotland. We would like to endorse the briefing paper prepared by the Partnership and particularly the request 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 believe that this should be a commitment in the next mental health strategy.

Gordon Johnston, Chair, Voices of Experience (VOX) (members of the Partnership) said:

“The Scottish Mental Health Partnership produced its briefing paper by bringing together all of our individual priorities and ideas of how best to improve the mental health of Scotland’s people. Between the organisations represented we have a great deal of knowledge of what people affected by mental health issues want and need, and we’ve worked hard to ensure this is reflected in our joint paper.”

We call on the next government to:

» convene a high-level commission of enquiry to lead the creation of a new vision for mental health services in Scotland.
REFERENCES

4. Galloway S, Hogg S. Getting it Right for Mothers and Babies: Closing the gaps in community perinatal mental health services. NSPCC, 2015.

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