



Mental Health Strategy – 10 year Vision A Consultation Response from Support in Mind Scotland

1. The table in Annex A sets out 8 priorities for a new Mental Health Strategy that we think will transform mental health in Scotland over 10 years. **Are these the most important priorities? If no, what priorities do you think will deliver this transformation?**

The priorities listed are all important in terms of addressing specific areas of weakness in current services, care and treatment. However, we do not believe that they are the priorities that will achieve transformational change for people living with mental health problems in Scotland or their families and carers. Transformational change must start with a statement of a shared vision of how we improve people's lives and achieve equality.

Support in Mind Scotland Strategic Vision

Start with communities

Transformational change will only be achieved by a strategic vision that starts with bringing the community, the community and voluntary sector and the statutory sector together to shift the focus away from services and processes to what actually improves people's lives. Services should support people to live well and be part of a supportive community and although the current shift towards health and social care integration is an attempt to do this, in fact this is becoming mired in discussions about process and resources and not involving the local communities who will be the ultimate recipients of the health and social care support that emerges.

Address inequalities

In practical terms, what people need is good housing; a sustainable income, opportunities for meaningful activity without the pressure of having to work when they are not able; access to good and quick physical healthcare; and places to go to have contact with peers and friends – to address the crippling impact of chronic loneliness and isolation experienced by people particularly who have no family networks.

Take a Rights Based Approach

The 8 priorities in this document highlight very specific outcomes that we might try to achieve as part of this transformation but they will not achieve transformation on their own. Addressing inequality, and tackling the discrimination that limits people's lives on a daily basis requires a much more ambitious approach.

Embark on Meaningful engagement

Finally, the current strategic vision suffers from a lack of real and meaningful engagement with people who live with mental health problems and their families. There was not sufficient time or resources allocated to allow the voluntary sector and service user and carer led organisations to talk to people and engage them in the conversation. Unlike the Fairer Scotland conversation of 2014/2015 when the Government allocated considerable time and money to listening to what people think.

Support in Mind Scotland Member Consultation: Setting Priorities

In preparation for submitting comments on the strategy, our organisation has been consulting with members since March 2016 and we have gathered the views of 120 members to inform our comments. From this consultation, we have developed 4 priorities:

1. Early Intervention for people with serious mental illness – with a focus on people with a diagnosis of psychosis. (SG priorities 2 and 5)

We welcome the fact that an early intervention approach permeates the current strategy as there is a significant evidence base that intervening early has massively improved outcomes for individuals. As psychosis most often manifests itself in someone's teens or early twenties, it is also welcome to see a commitment to early intervention for children and young people.

In England, at least 50% of people with first episode psychosis (FEP) are to be treated within 2 weeks (latest data shows around 65% of people are being treated within 2 weeks).

We ask that the Scottish Government make a commitment to a similar 2-week treatment target

2. Improved child and adolescent mental health services (SG priority 2)

As above, we are pleased to see a focus on early intervention for children and young people. However, it is important that we do not lose sight of the fact that some young people will experience serious mental health problems and require specialist assessment and treatment.

Our organisation has been working in partnership with the CAMHS team in Dundee to pilot some work around supporting some young people in this position and we have learned that a key priority has to be greater consideration of how to facilitate supporting young people in community and peer networks from an earlier stage.

We ask that the Scottish Government introduce new, more ambitious stepped targets for young people to access and move through CAMHS services.

3. A new approach to supporting people in distress (SG priority 5 – early intervention)

We are delighted that the Scottish Government has been so visionary with this issue and has developed the Distress Brief Intervention in which our organisation is a Partner. This work encapsulates early intervention and partnership-working in a way that is different from other initiatives.

4. Specific, specialist support for carers of people with mental health problems and mental illness – (not prioritised by the Scottish Government)

The strategy as it stands does not address the needs of carers in any way, and this is a significant weakness. Our organisation feels that we need to have a very clear focus on the needs of carers and family members of people affected by mental health problems and mental illness as their needs are complex and challenging and we know that the physical and mental health of carers is seriously impacted by caring for someone who is mentally unwell.

The Scottish Schizophrenia Survey, produced by our organisation in 2015, showed that 69% of carers of people with schizophrenia felt that caring had a negative impact on their physical health (Scottish Schizophrenia Survey, Simpson and Larkin, 2015) compared to the Scottish Government's statistics of 32% for carers generally (Scotland's Carers: An Official Statistics Publication for Scotland, Scottish Government, 2015).

We have also been leading a campaign to address the very specific needs of carers of people who have serious mental health problems and mental illness and carers have told us that they need *specialist* help from organisations who have expertise around and understanding of the Mental Health Act and the processes that impact on people who are treated.

We have gathered nearly 300 signatures on a petition calling for the right to Rights, Recognition and Advocacy for carers or people with mental health problems and mental illness as carers in this area are the only carers where someone can be detained against their will and compulsorily treated which impacts not just on rights of the individual but on the rights of the whole family. The individual who is unwell has a right to independent advocacy but their carer does not.

We ask that the Scottish Government introduce a specific right to independent advocacy for any carer who is caring for someone being treated under the Mental Health Act.

5. Equal Access to good quality physical healthcare for people with mental illness (SG priorities 3,4,5,6,7).

In the Support in Mind Scotland consultation we found the 3 out of 5 people with psychosis had not received an annual physical health check even though this is something that the Government has prioritised. More than 4 in 5 respondents believe the Scottish Government should place more emphasis on ensuring people with lived experience of mental health issues such as psychosis receive an annual physical health check-up.

We are pleased to see this important commitment in the strategy as we know that people with mental illness have a life expectancy of up to 20 years' earlier than they should due to poor physical health.

Support in Mind Scotland and Bipolar Scotland are managing a project to raise awareness of this issue and to ensure that the focus is on addressing the serious inequalities that drive this issue, and creating the healthy, equal and positive environment needed to support people to live well.

Our experience is that current practice and approaches focus on changing or modifying the lifestyle choices and behaviours of individuals and this is impossible for people who face multiple inequalities and complex barriers to making healthy choices.

We ask the Scottish Government to work with people with serious mental illness to develop a strategy based on taking a rights' based approach to physical health

2. The table in Annex A sets out a number of early actions that we think will support improvements for mental health. **Are there any other actions that you think we need to take to improve mental health in Scotland?**

Action 2: Focus on prevention and early intervention for infants, children and young people

As we are almost through 2016/2017 we do not believe that there is enough time to consult on and so develop 'a range of evidence-based programmes targeted to promote good mental health...' An overall weakness in the strategy is the lack of engagement with people with lived experience and this action risks being weakened by the same lack of engagement.

We welcome the commitment to 'improved recognition and treatment of first episode psychosis through early intervention services'. There has been much debate about the nature and principles of what an 'early intervention' service is and we believe that this is the discussion that must take place to understand what is needed to improve outcomes for people with first episode diagnosis.

We ask the Scottish Government to commit to a new 2-week target for treatment for first episode diagnosis to be achieved within the first 3 years of this strategy.

Action 3: Introduce new models of supporting mental health in primary care

Primary care is the gateway to services for people with mental health problems and the issues that are raised by our members include lack of understanding of GPs of mental illness and/or not being believed or taken seriously; this leads to delay in diagnosis and treatment and compounds mental health problems by undermining confidence and self esteem. GPs are also the first port of call for physical illness and

are crucial in picking up when symptoms relate to physical illness and not to factors related to mental illness leading them to be overlooked.

We ask the Scottish Government to work with individuals, families and GPs to consider a response that could include ensuring that every Practice has mental health professionals embedded within the primary care team to see patients quickly.

Action 4: Support people to manage their own mental health

We agree that link workers and peer support is an important aspect of enabling people to manage their own health and live positively with or without ongoing symptoms of mental illness. The Equal Opportunities Committee produced a report in 2015 on loneliness that raises the issue of loneliness and the role of community projects in addressing this issue.

There is growing evidence that community-based projects and facilities have a significant role to play in supporting people to live full and happy lives in their local community, providing essential 'social support' that:

- Addresses loneliness and isolation
- Provides a safe and accessible place to go where people feel accepted and valued
- Provides opportunities for peer support
- Provides a trusted single point of contact for information
- Is part of an early-warning system for people who may be becoming unwell without noticing it themselves and who can then be encourage and supported to seek help
- Promotes healthier lifestyles through educating people about looking after their physical as well as emotional health

We ask the Scottish Government to work with people with lived experience and the community sector to implement the recommendations of the Equal Opportunities Committee's 2015 report that calls on the Scottish Government to prioritise loneliness and isolation alongside issues such as poverty and poor housing as part of the public health agenda in Scotland.

Action 5: improve access to mental health services and make them more efficient, effective and safe, which is also part of early intervention

Early intervention requires a fundamental shift in how health and social care is resourced to allow expensive 'front end' treatment to be put in place quickly to provide long term economic gains as well as improving outcomes for people.

Young people have the best possible chance of living a full and active life if they receive the help they need quickly. The current target for accessing CAMHS is welcome even though we know that it is not being met in some areas of Scotland – but it does not go far enough.

An overall target has the unintended negative impact of driving ambition down to the lowest common denominator and we believe that we should set a more ambitious and dynamic target for young people.

We ask the Scottish Government to consider new, stepped targets for young people who exhibit early mental health problems to ensure that over the life of the strategy we move to a majority of young people being seen within 2 weeks.

Action 6: Improve the physical health of people with severe and enduring mental health problems to address premature mortality and

Action 7: Ensure parity between mental health and physical health

We have already stated that this is a priority for our organisation in the coming year. However, whilst we welcome the commitment to programmes to support individuals, we do not believe that this issue will be addressed by placing full responsibility for change on those individuals.

We ask the Scottish Government to convene a cross-party group to address physical health as an equalities issue, requiring cross-departmental support and action, and not as a service issue that focuses on individual interventions.

Action 8: Realise the human rights of people with mental health problems

We recognise the value of each of the stated actions in the strategy but we believe this is not an approach that will fundamentally address the need for improvement in how people with mental illness experience health and social care. What is needed is a fundamental commitment to engagement, involvement and empowerment – a shift in power from thinking about services to thinking about how people manage their lives.

We asked our respondents about rights and how the Government could transform the system to improve their lives and the most significant response was the need for the Government and Ministers to better engage with people with lived experience and their carers – especially when formulating new policy.

People experienced services in more or less positive ways, but a common experience was the feeling of being excluded and having no, or very little, control over decisions that affect them; and carers specifically quote the barrier of ‘confidentiality’ that prevents them knowing anything about their relative’s situation, or contributing the valuable insight they have into the person’s behaviour.

Respondents also spoke about the need to audit the Strategy’s implementation with the involvement of people with lived experience telling the Government how well it was going from their perspective.

Some respondents spoke about a potential pitfall being that many people, particularly with serious and enduring mental illness, can require lifelong care and support, and that their health “cannot be turned round by some short term, results

based strategy". People with serious conditions can feel marginalised by a strategy that focuses on interventions and not on quality of life.

In order to take a rights based approach:

We ask the Scottish Government to make a firm commitment to~

- ***Engage with people with lived experience routinely and meaningfully through the life of this strategy, with time and resources allocated to allow this to take place***
- ***Ensure that this strategy is inclusive of people with serious mental illness and does not focus on single results-based interventions but on fundamental equalities issues that impact on quality of life***

Carers' Rights

As stated at the beginning, this strategy is weakened by having no firm commitments to recognising the needs of carers of people with mental health problems and this is a significant omission given the specific, complex challenges that people face and the impact that caring for someone with mental illness has on the lives of whole families.

We ask the Scottish Government to make a commitment to introduce a right to Independent Advocacy for carers of people with serious mental illness who are being treated under the Mental Health Act (and so subject to compulsory measures/detention)

3. The table in Annex A sets out some of the results we expect to see. **What do you want mental health services in Scotland to look like in 10 years' time?**

Thinking in terms of services in 10 years' time is at the crux of why this strategy is neither visionary nor ambitious. The individual themes and priorities are to be welcomed as these are current issues and priorities that have been highlighted by our members and those whom we support as needing to be addressed to bring about immediate improvement in their experience of current services.

However, we believe that a visionary strategy would start with the community in which it sits and with those whom the strategy is intended to support, and begin a conversation with those people about what they want their lives to be like in 10 years time. This would then help us to frame the actual services and interventions that are needed to bring about that vision.

The Fairer Scotland conversation is a model we would welcome, where the whole population was invited to express their views about their lives and their futures and not just about services. Services are a necessary and inevitable outcome of such a conversation as we do need to put in place support for people to ensure that everyone has equal opportunities to enjoy a good quality of life.

However, if we start at the end of the process and focus on the services as the outcome, we risk simply improving what we have and doing more of the same, rather than developing new approaches that would have much more significant impact. This is a huge weakness as we then risk at best simply continuing to meet the needs of those currently accessing services as by definition, these are the people for whom the current services ‘work’.

We believe that over the next 10 years we would want to see within the first 2 years:

- A conversation with people with lived experience about the vision *they* want to change in the short, medium and long term
- A response to the recent review of mental health services as this will have lessons for the future and links what we do next to what we did before in a logical way
- A dialogue defining what is meant by some fundamental concepts such as ‘early intervention’,
- A process to link into other major policy developments that have developed since the previous strategy – such as the report on loneliness; SDS; health and social care integration – and so to understand how this new strategy for mental health dovetails with those
- A practical guide for all agencies to understand what taking a ‘rights-based approach’ means.

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