

## MENTAL HEALTH DEBATE, 6 JANUARY 2015

### Key messages

- A focus on mental health should be key to the provision of all health services. Mental ill-health affects many people, sometimes impacting on daily life and resulting in poor physical health. Many people with physical health conditions, like cancer and heart disease for example, can also experience poor mental health as a result of their condition. Good mental wellbeing should be promoted across all services.
- Yet mental health is often the poor relation to physical health when it comes to priority and funding within the NHS
- Latest figures show that the 18 week referral to treatment waiting time targets for access to psychological therapies and to child and adolescent mental health services are still some way from the 90% mark required by this March.
- People with poor mental health need support to be given swiftly by people with the right skills. Sustainably funding Advanced Nurse Practitioners, who have expertise and authority to make decisions, would help people access the care they need and support people's recovery effectively.
- The socioeconomic circumstances of an individual can affect their mental health (as well as physical health): people living in the most deprived circumstances are more likely to live with mental ill-health than counterparts in well-off areas.
- While poor mental health can affect anyone, Scotland could do much to reduce inequalities in health by focusing greater attention on improving both the physical *and* mental health of those in the most vulnerable circumstances.

### The link between mental health and health inequalities

The Scottish Public Health Observatory has reviewed mental health data and found clear inequalities in mental health, by socioeconomic status, age and gender

They report: "Socioeconomic inequalities were particularly extensive; of the 50 indicators for which equalities analysis was possible, a poorer state of mental health and less favourable contextual factors were associated with greater socioeconomic disadvantage for 42. Only two indicators – unrealistic time pressures at work (demand) and drinking within the weekly alcohol limits – were more favourable in more deprived areas."

(*Scotland's mental health: Adults 2012*, Sonnda Catto, NHS Health Scotland).

### Tackling mental health inequalities – some examples

The RCN Scotland campaign on health inequalities, Nursing at the Edge, demonstrates the importance of promoting mental wellbeing and treating mental ill-health in reducing health inequalities. People in significant distress can turn their lives around with the right support provided at the right time.

One of the services featured in the campaign is that of Caring Over People's Emotions (COPE), in Glasgow's Drumchapel. A nurse left the NHS to set up this third sector mental health charity which provides a range of therapies and support for people who urgently require help but are faced with long waiting lists. COPE sees people within 10 days of them getting in touch, or more urgently if needed. The charity also works on health improvement, wellbeing, and developing community resilience. As Elspeth, who came to COPE when feeling suicidal, says: "Life has immensely changed for me. This time last year I didn't think I'd be able to do any of this. Now I'm going for a job interview."

Another example is that of the work done by Fife's homeless liaison team. This team provides mental health care for homeless people, typically younger men whose family relationships have broken down and have nowhere to call home, so move from sofa to sofa. As a result their physical and mental health suffers.

Members of the team act as advocates for the people they work with to ensure they get the care they need, as well as working with others such as housing and social work to put in place other support.

A further example is that of the nurse-led service in police custody in Lothian. Many of the people who are held in police custody have mental health problems, and once they have been identified as being at risk, this service puts in place support and care to ensure their health is looked after while they are held in custody at a time of great stress. Since the service was set up in 2009 there has not been a single accidental death (such as from an overdose) in the custody suites where these nurses work.

Investment in nurses such as these with advanced skills is a sound investment in people's good mental health.

### **Nursing at the Edge – key asks**

Given the strong relationship between mental health and health inequalities, RCN Scotland believes if the following issues were addressed, it would improve Scotland's record on mental health.

#### *Funding*

Where new health and social care integration bodies make difficult decisions based on sound evidence to prioritise funding to reduce health inequalities – in line with the national outcome – politicians of all parties must support them to carry out these changes.

#### *Timing*

The new integration authorities must consult staff and users of services that reduce health inequalities to ensure such services are provided quickly enough and in a way that suits users to make a lasting difference.

#### *Staffing*

Integration bodies must ensure that services aimed at reducing health inequalities employ enough nurses, including nurses with relevant experience and expertise, to provide a stable and well staffed service to the people who use them.

#### *Authority*

Integration authorities should ensure that nurses, and other professionals, can make swift decisions to help people living in the most deprived circumstances to improve their health and wellbeing. This will mean frontline staff, like nurses, controlling appropriate resources and using efficient, non-bureaucratic referral routes

#### *Training*

Training/qualifications for all health and social care staff, whatever setting they work or intend to work in, should include a compulsory element of training – preferably workplace-based – on health inequalities. People using services should be directly involved in this training.

#### *Understanding*

The Scottish Government should invest in research to demonstrate what works best to reduce health inequalities at the individual level. Integration authorities can then adapt this knowledge for their local areas and deliver against the national outcome on health inequalities, ending short term funding and uncertainty.

For more information and to support our sign our petition on health inequalities go to: [www.rcn.org.uk/nursingattheedge](http://www.rcn.org.uk/nursingattheedge)