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To whom it may concern

The Royal College of Nursing (RCN) is the UK's largest professional association and union for nurses with around 420,000 members, of which around 40,000 are in Scotland. Nurses and health care support workers make up the majority of those working in health services and their contribution is vital to delivery of the Scottish Government's health policy objectives.

The RCN welcomes the opportunity to provide comment on the draft Mental Health Strategy, and has made comments below in response to the three consultation questions.

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?**

Scotland is known as a world leader in mental health policy, and has a reputation for bold moves forward in providing person-centred and rights-oriented mental health services.

This century alone there have been several moments of policy and legislative change in Scotland which have been historic shifts in mental health services. Many of these were a result of the 2001 Millan Review which emphasised the need for more community based services, and respect for human rights in mental health, including improving service user and carer involvement in decision making.

The new Mental Health Act in 2004 was historic, emphasising as it did the need for community based care with a focus on service users' rights and service user involvement. Meanwhile the first national review of mental health nursing, resulting in the report *Rights, Relationships and Recovery* in 2006, included a particular focus on recovery and solidified an understanding of what a recovery approach means for nursing practice.

The new ten year strategy is an opportunity to again take an ambitious future focus and to make clear where the Scottish Government aims to be by 2026 in terms of mental health and wellbeing outcomes.

The Royal College of Nursing (RCN) does not feel that this draft strategy reaches that level of ambition.

The final strategy must be explicit about the outcomes against which the Government expects to see improvement and the measures which will be used to evaluate improvement. As all actions within the strategy should support the achievement of those outcomes, the strategy should also set out the evidence for their inclusion.

Ensuring an effective and transformational strategy

The draft strategy rightly identifies the need to take a human-rights based approach, but this – and the Scottish Human Rights Commission’s *PANEL* principles – must be more firmly embedded in the final strategy as the overarching principle for all action.

The recent Mental Health Foundation report on Scotland’s mental health services provides insight into where progress has been made since the last mental health strategy and where further work is required.¹

Some of the key lessons from the report which the RCN does not feel have been sufficiently addressed in the consultation draft strategy include the development of systematic approaches across health services design and funding, and addressing mental health inequalities and responding to the mental health needs of vulnerable groups.

More broadly, however, it is the understanding of the RCN this is not solely a mental health services strategy, but rather a wider strategy to improve mental health and wellbeing in Scotland. This is not clear in the current priorities, which are focused on health and social care services.

With all of the above in mind, the RCN believes the final strategy must better identify the health and wellbeing outcomes the government aims to deliver over the next decade, and steps to be taken by all sectors to achieve these outcomes. As such, this response will describe the thematic and structural changes the RCN believes should be made within the final strategy, rather than focusing on detail within the consultation draft.

Firstly, to improve mental wellbeing for the wider Scottish community, the strategy must set out how the Government intends to develop an environment which enables and promotes good mental health and wellbeing, and prevents poor mental health and distress. This requires a whole government health improvement approach, with particular alignment across policy directorates with responsibility for areas such as criminal justice, housing, education, food systems, job security, environment and town planning. In the early years, it will be tied closely to Getting it Right for Every Child (GIRFEC).

Secondly, the strategy must look at how prevention and support services can be delivered more effectively to support people experiencing an episodic or short term mental health problem, and to prevent the development of poor mental health. Again this will involve non-health and social care partners.

¹ Mental Health Foundation. 2016. A review of mental health services in Scotland: Perspectives and experiences of service users, carers and professionals

Finally, the strategy must ensure sustainable, high quality services and support to improve health and wellbeing for people with long term mental health conditions. The RCN has made a number of specific comments below on how this can be achieved.

Delivering mental health services which meet identified need

The current draft strategy does not set an overarching vision for the mental health services that will be available for people in Scotland. The final strategy must describe how investment over the next ten years will support the development of a framework which enables simple care pathways and improved access.

Within integration, services will be locally planned and delivered across all sectors to ensure that people using services experience continuity of care. Within this, all people should be able to access mental health services and resources at the level of support they need, close to home and without unnecessary delay. Services should enable people to achieve the outcomes that matter to them.

In order to do so, integration authorities will need to have a full understanding of their population needs. The mental health strategy should set out how the Government intends to improve our understanding of people's mental health needs across Scotland, particularly the needs of vulnerable groups of people, over the next decade.

The RCN suggests that in consideration of the long term of this strategy, priority 7 – which states the Scottish Government's intention to ensure parity between mental health and physical health – is not sufficiently ambitious. The Government should aim to end the mortality and morbidity gaps experienced by people with long-term mental health conditions.

For health and social care services, parity will mean that support and interventions available for people with mental health problems are equivalent to those available for people with physical health problems.

The final strategy must make clear what interventions will be routinely available across all parts of Scotland when people develop mental health problems. Further, it should identify the skilled individuals who will be available in communities to provide these interventions and the training and support required. For example, when people are experiencing bereavement or endogenous depression, it may be that a service level between primary care and specialist mental health services, with appropriately trained staff, could best deliver the care required and support their recovery.

An integrated approach means services are designed and delivered on the basis of need and work in association to ensure seamless and appropriate care. For example, last year the RCN led the 'Special needs' work as part of the Primary Care Out of Hours review, which included mental health. Frontline mental health staff who took part recommended that increased availability of local services such as third sector emotional support and practical advice services overnight and at weekends could greatly reduce the demand on specialist out of hours care as well as delivering better outcomes for people accessing services.

However, both in and out of hours, some people will still need to access specialist services including community mental health teams and in-patient care.

At present the draft strategy provides very little detail on the Government's plans for specialist mental health services for adults. There are, however, actions to be taken to ensure specialist mental health services are sustainable and effective – for example, in addressing the significant variation in access to inpatient beds across Scotland.

The final strategy should describe what the Scottish Government envisions as the role of specialist mental health care within integrated health and social care services and what investment is required to support this role.

Child and adolescent mental health services (CAMHS)

The Scottish Government must continue to prioritise child and adolescent mental health care and support. While there has been an increase in the CAMHS workforce in recent years, further investment is required to ensure access to appropriate services.

With rising demand for CAMHS including in-patient psychiatric care, and regional differences in access, there is a continuing need to ensure services are available at all levels of need and without unnecessary delay.² This will include crisis response and in-patient care – close to home – for children and young people in Scotland if and when they need it.

The RCN welcomes the commitment under priority 2 to enhance early intervention and prevention for children and young people, which reflects what the RCN has been calling for.³ However, with one in five young people still waiting more than 18 weeks to be seen by CAMHS services,⁴ there is a clear and pressing need for continued additional investment in specialist mental health services for children and young people.

Sufficient and appropriate staffing

Ensuring access to the right care when and where it is needed requires sufficient and appropriate staffing. There is a pressing need to increase capacity within mental health services.

The Mental Health Foundation's review urged the Government to "Ensure that any future restrictions on funding do not negatively affect staff culture by reducing staff time with service users". The RCN seconds this view. For practitioners to deliver on the vision of the strategy, and provide care which is person-centred and recovery oriented, a sufficient workforce must be employed, trained and supported. Mental health nurses and partner professionals the RCN have spoken with report frustration in being unable to provide some of the early intervention and routine care people need because of short staffing and time constraints.

To ensure people can get the care they need, the strategy should set forward a plan for how its recommendations will be resourced and staffed, with a government-led workforce and skills impact assessment carried out.

Health inequalities

Health inequalities within Scotland are substantial, particularly with regard to mental health. The Scottish Government has prioritised addressing health inequalities and this week the Health and Sport Committee also made clear its intention to test all activity against the impact it has on health inequality.

The mental health strategy should explicitly address how the Government intends to provide more targeted services, support and access to meet the needs of vulnerable people and those affected by

² Mental Health Foundation. 2016

³ <https://www.rcn.org.uk/professional-development/publications/pub-005619>

⁴ ISD Scotland. September 2016. Psychological Therapies Waiting Times in NHS Scotland: Quarter ending June 2016

health inequalities, including low income households, LGBTI people, refugees and asylum seekers, looked after children and people within the criminal justice system.

The RCN's 2014 report *Nursing at the Edge* set out our recommendations on how integrated health and social care services can work better to reduce health inequalities, including prioritising services for more vulnerable members of society, and ensuring timely access to highly skilled staff for people living with severe health inequalities.⁵

Involving people with lived experience

A human rights approach includes enabling people with lived experience to be active participants in planning the services they access and/or are delivered in their local area. This is enshrined within both the Public Bodies (Joint Working) (Scotland) and Community Empowerment (Scotland) Acts. At present the strategy does not include a priority on enhancing service user or carer engagement.

As public and user engagement is a key role of the new integration authorities, the RCN would suggest that a priority of the plan might be to support people with lived experience to engage with their local Integration Authority. This is aligned with the recommendation of the Mental Health Foundation that the Government “ensure that [service user] involvement is more systematically inclusive at regional level for all aspects of strategic and operational planning”.

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?**

As noted above, the RCN believes that this strategy must develop a longer term vision for the future. While the strategy sets out some early pieces of work to be undertaken, it is not clear to the RCN if these are the actions which will achieve change, or what the evidence is for the inclusion of these actions.

The RCN would recommend a review of all actions in the draft plan, with reference to what evidence suggests will achieve the outcomes the Government wants to see, and to the PANEL principles.

Many of the actions are very specific, and could be broadened to represent a more holistic programme of work. For example, the computerised CBT noted under priority 5 may be a helpful tool, but it would be of greater value to include an action around identifying and investing in the digital technologies which will improve mental health care, support and self-management.

As discussed above, the RCN would like to see a broad vision for mental health services which sets out the interventions and services people can expect will be in place regardless of where they live in Scotland.

Priorities 2, 6 and 7 all set out actions to deliver an environment in Scotland which enables positive mental health and wellbeing outcomes, but the RCN does not believe the included actions are sufficiently broad reaching or address underlying issues such as health inequality. For example, under priority 2, there are large scale preventative actions which should be included – such as the development of greater mental health education and resilience support for nursery and school aged

⁵ <https://www.rcn.org.uk/about-us/policy-briefings/sco-pol-nursing-at-the-edge-main-report-time-to-change-report>

children – which would fit with the Government’s Children and Young People’s Health and Wellbeing strategy and with the GIRFEC framework.

The actions also need to be more closely tied to the Government’s broader policy agenda and work streams underway at present. Some of these will include self-directed support, GIRFEC, the National Clinical Strategy, the Chief Medical Officer’s *Realistic Medicine*, and the Chief Nursing Officer’s framework - *Transforming Nursing Roles*. Other mental health policy documents – such as the national Suicide Prevention Strategy and National Dementia Strategy – must reflect the ambitions of the overarching 10 year plan.

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?**

Scotland has been recognised in the past as a world leader in transformational mental health policy, and this strategy provides an opportunity to continue that tradition. However the RCN believes many of the results expected within the draft strategy are not sufficiently aspirational for a ten year strategy.

Again, it is the recommendation of the RCN that the final strategy must focus on outcomes. The strategy should set out a vision of a mentally healthy and well Scotland in 2026, identify the outcomes the Scottish Government aims to achieve for the Scottish population and people experiencing mental health problems. It should describe what actions will be taken to get there, and how the Government intends to measure success.

Two issues raised by the Mental Health Foundation in their review may have some lessons for the development of the new strategy. Firstly, the Foundation reported a lack of data to measure policy impact and develop conclusions about the effectiveness of past approaches. Secondly, several participants in the review commented that the 2012-15 strategy “appears more fragmented and less calculated than previous strategies, due to its attempts to address a large number of specific issues and individual target groups.”

The Government must ensure that the new strategy does not appear similarly fragmented, but instead delivers an aspirational vision for the future which focuses on better outcomes for Scotland and the results of which can be easily measured and evaluated.

Thank you for the opportunity to provide comment. For further information or to discuss any of the points raised please contact Alice Gentle, Policy Officer, on 0131 662 6177 or at alice.gentle@rcn.org.uk.

Yours sincerely



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