SAMH
for Scotland's mental health

ASK ONCE, GET HELP FAST

SAMH Manifesto for the
Scottish Parliament Election 2016

EACH YEAR, 1 IN 4 OF US IN SCOTLAND WILL EXPERIENCE A MENTAL HEALTH PROBLEM

A MENTALLY HEALTHY SCOTLAND

Scotland should rightly aspire to become a world leader in the field of mental health. That is the challenge we are laying down to all political parties ahead of the Scottish Parliament Election in 2016.

We know that each year one in four of us in Scotland will experience a mental health problem. For some of us this can have the most profound impact on our physical health, our work and relationships, often affecting our well-being and quality of life.

In this manifesto, SAMH calls for a 10-year strategy to start in 2016 which transforms the mental health of people living in Scotland. The 2012-2015 Mental Health Strategy set out 36 commitments and yet we have still to see a comprehensive report on its delivery during the lifetime of the strategy. Although there has been progress in some of the commitments there have also been shortcomings. The strategy was inadequately resourced. Nor was it constructed in a way that allowed annual progress to be reported and monitored with plans put in place for remedial action on failing approaches.

Whoever wins the Holyrood election must seize the opportunity to put in place measures to transform the mental health of people living in Scotland – to help us move to a healthier and fairer society. We know that positive changes have happened. It is true that in the last 15 years we have seen mental health being given increased prominence and funding: there have been great strides in cutting suicide rates and attitudes to mental health are starting to change for the better.

However, significant challenges remain – people often don't get the help they need quickly enough and may be passed from pillar to post. Although mental ill-health hits all genders, ages and socio-economic groups, statistics tell us it is three times greater in areas of socio-economic deprivation. Our mental health system still focuses on the acute side of care, rather than early intervention or prevention.

Too many people with mental health problems on benefits are not fairly supported by the existing welfare system. We need one that provides a positive pathway back to productive work, great confidence and independence.

We need mentally healthy workplaces, school and home environments which would allow children, young adults and adults alike to flourish. SAMH wants to see the stigma around mental health come to an end within a generation. And that's why we need a new approach to mental health – a 10 year vision – a system that all political parties will support and unite around. Yes, there are economic challenges ahead. However the preventative steps we put in place now for a mentally healthy Scotland will benefit us all in the longer term.

This document has been shaped by evidence and research gathered through our service users, mental health professionals and members of the public. We spoke to people from across Scotland and all sectors of society. All in all, over 700 people have informed and contributed to this manifesto to highlight the changes they want to see. It is not an exhaustive list of asks but rather concentrates on four key themes: **access to support, employment, suicide prevention** and **children and young people** – thus, many issues of great importance, such as criminal justice, do not feature here. Our collaboration with partners, including Disability Agenda Scotland, See Me and the Scottish Mental Health Partnership will ensure our views on a wider range of issues are represented.

Now is the time to be bold, creative and innovative. The well-being of our country depends on a system that has an **'ask once, get help fast' approach, that removes stigma and prioritises early intervention and prevention.**

Billy Watson
Chief Executive, SAMH

OUR MANIFESTO

Around since 1923, SAMH currently operates over 60 services in communities across Scotland providing mental health social care support, homelessness, addictions and employment services, among others. These services, together with our national programme work in See Me, respect*me*, suicide prevention, sport and physical activity; inform our policy and campaign work to influence positive social change.

With direct support to over 4,000 people annually and a supporter base of over 10,000 people, we aim to represent the voice of people most affected by mental health issues.

For the specific purposes of creating this manifesto, we spoke to many people within this constituency.

The voices of over 700 people from the length and breadth of Scotland have shaped this manifesto.

SAMH calls on the next Scottish Government to listen to their views and meet their aspirations.

500

A survey focusing specifically on psychological therapies was completed by 500 people. Data collected has been used to inform our understanding of waiting times and also informed the relevant sections within this manifesto.

100

100 people attended consultation events held in Glasgow, Perth and Orkney.

40

An internal SAMH consultation was held involving more than forty people, including service managers and Trustee Board members.

30

Thirty people attended focus groups held within SAMH services in Edinburgh, Glasgow, Moray, Angus and Fife.

30

A further thirty people were heard within a session held at the See Me and Scottish Recovery Network 'Rights to Life' Conference.

A Vision for the Future

Scotland needs a longer term mental health vision with a ten year plan (2016-2026).

We ask that all political parties sign up to a longer-term Mental Health Strategy which would ensure a consistent and collaborative approach across two parliamentary terms. The strategy should operate across Scottish Government departments, with buy-in from local authorities, the NHS, the third sector and business.

This integrated Mental Health Strategy should place early intervention, prevention and societal well-being at the heart of mental health service planning, including commissioning and delivery, improving awareness and expanding choice across health services, community support, education and employment.

Critical to the effectiveness and development of the new Mental Health Strategy is good quality accurate baseline information about mental health in Scotland. This must include a full evaluation of the 2012 – 15 strategy commitments. A lack of regular monitoring and review has been a fundamental flaw of the current strategy, with many of the commitments reported on infrequently or not at all. This cannot be repeated.

In line with our proposal for a long-term vision, the 10-year plan must have momentum and be responsive; co-produced on a cross-sector basis; with built-in planning milestones and a clear framework for reporting and review. Such milestones should be annual or bi-annual.

ACCESS TO SUPPORT

It is SAMH's call that by 2020, everyone who needs mental health support will be routed to an appropriate recovery-focused source of help at the first time of asking, within a clear timescale.

Our consultation events with SAMH service users, mental health professionals and the public highlighted timely access to high quality support as key to a successful future Mental Health Strategy. Participants reported that while services reacted positively when available, disparity of provision based on where you live, with limited choice of treatments, confusing care pathways and waiting times that were still far too long, all exist in Scotland today.

Scotland must do more to develop a wide-ranging variety of quickly accessible mental health services; with health and social care professionals and third sector partners having the funding and support to provide services to their full potential.

CHOICE OF TREATMENT

Everyone's experience of mental health is unique. It is essential that patients are treated as an equal partner in the management of their health and are provided with a variety of evidence-based treatment options.

These treatments, as well as providing options for medication and talking therapies, also need to reach beyond GP surgeries to include supported social prescribing and self-management. For example, by investing in peer support – where people who have been through mental ill-health can help others put in place strategies to return to better health; or in therapeutic horticulture and physical activity, which have all proved to be effective in improving mental health. More of us need access to these options.

GPs are most often the first point of contact when people first experience a mental health problem, so we must ensure that they all have a good knowledge of mental health and the community services available in their area. With this knowledge, GPs can quickly offer their patient a wider choice in the treatment they will receive. Having a choice in treatment can be the first step to recovery for some people as they are making decisions and taking control over their lives.

SAMH believes that to make the best of the ongoing integration of health and social care, the voices of people using mental health services should be heard in the design and choices around financing, commissioning and delivery of services.

SOCIAL PRESCRIBING

One in three GP appointments have a mental health component and in deprived areas this rises to one in two. Now is the time to target resources and innovate around the type of treatments people can be referred to, complementing existing, longer-established care and treatment pathways.

SAMH believes that supported social prescribing can provide an effective pathway to recovery. It involves referrals to programmes like art classes, walking groups, peer support, therapeutic horticulture and talking treatments for help.

"It was a very difficult period in my life, and has become exacerbated through the waiting and (being) unable to receive the correct help at the time I needed it most."

The previous Mental Health Strategy (commitment 15) called for an increase in local knowledge of social prescribing opportunities, but progress has been slow. 85% of GPs told SAMH that there were gaps in service provision for patients and 87% of responding GPs said they wanted more information on local social prescribing services.[1]

It is time to make a significant investment across Scotland in social prescribing and ensure health care professionals know where to signpost people and ensure sustained help comes quickly. Learning from successful projects like the ALLIANCE, SAMH, Royal College of General Practitioners (RCGP) and GPs at the Deep End Link Worker Programme pilots, should be used to develop a dedicated mental health supports infrastructure that would ensure that people who need help are quickly routed into social prescribing opportunities like physical activity programmes, arts programmes, self-management programmes and volunteering opportunities.

PSYCHOLOGICAL THERAPIES

Our survey with 500 people across Scotland showed that psychological therapies work; although the longer someone had to wait, the more likely it was that their mental health deteriorated.

Three-quarters of those who took part in our survey said it had helped at the time, and almost two-thirds said it still helped them now.

Too often people did not have an active role in what therapy they were offered, with a fifth of those referred not knowing what type of therapy they received. This must change.

It is therefore time for a radical new approach in Scotland to how psychological therapies are delivered and their impacts measured. It is unacceptable that nine out of fourteen Health Boards failed to meet the 18 week waiting time target as of August 2015. The Scottish Government should use learning from the Increasing Access to Psychological Therapies (IAPT) programme in England, where recovery rates are traced and economic gains in terms of people returning to work are measured, as well as waiting times. The programme reports recovery rates in excess of 45% and an expected net financial benefit of £4,640 million by the end of 2016/17, with 61% of people seen within 28 days.[2]

IAPT has a dedicated budget and workforce and sits between primary and secondary healthcare services. Access is maximised by patients being able to self-refer or be referred by their GP or mental health team. This approach should be adapted for Scotland. For this to succeed it is essential that psychological services and their workforce are resourced to meet the need.

SAMH KEY ASKS:

DURING 2016

The Scottish Government should commission an independent inquiry into the failure of Health Boards to meet current 18 week waiting time targets for people to receive a psychological therapy and report back its findings by May 2017. Using those findings, Health Boards should be supported towards an interim 12 week target, giving mental health treatment parity with treatments for other illnesses.

BY 2017

All GPs must have received extensive information about all the mental health services in their area, with ALISS (A Local Information System for Scotland) fully updated, as called for in the Mental Health Strategy 2012-2015. The range and rate of social prescribing by Health Boards should be measured, and analysis undertaken to determine the impact on waiting times for other services.

DURING 2016/17

The Scottish Government must fund further demonstration sites to give acceleration, scale and diversity to the Links Worker Programme already established.

BY 2020

All GP surgeries must have access to a dedicated mental health support service, which can refer and support patients to undertake a variety of social prescribing and community opportunities that are run by the third sector and other bodies.

BY 2020

All Health and Social Care Partnerships will provide a range of peer support and social prescribing programmes that people can refer themselves on to without a diagnosis.

BY 2020

The Scottish Government, with NHS Scotland, must develop a minimum data set on outcomes of psychological therapies, to allow measurement and reporting of their effectiveness.

"The IPS programme really helped me to feel like I was a person again...

I really felt like I was at the centre of things and my IPS worker had my best interests at heart but also respected my wishes. I got a job that I really love and feel more confident than I have in years. Working has really helped me deal with my anxiety and I feel like I can do even more now."

EMPLOYMENT

79% of people with severe and enduring mental health problems are not in work; this statistic has not shifted for decades. A new approach is needed, to help people into work, to keep people well in the workplace, and to ensure that individuals who are too unwell to work can participate in society and live dignified, fulfilled lives.

SUPPORT WITHIN SOCIETY

As a member of Disability Agenda Scotland and the Scottish Campaign on Welfare Reform, we believe that every member of society should receive their full entitlement to support, to enable their participation in and contribution to society. The current social security system does not treat disabled people with dignity and respect. While not everyone will be able to undertake paid employment, their contributions to society and their communities need to be acknowledged.

Many of the individuals SAMH supports are not currently well enough to work. The UK Government's welfare reforms have been detrimental to their mental health and well-being.[3] People with disabilities, and especially mental health problems and other fluctuating conditions, have been poorly served by the Work Capability Assessment; too often wrongly assigned to the incorrect Employment and Support Allowance (ESA) group; disproportionately sanctioned; and ongoing reforms will see tens of thousands of people living in Scotland lose all, or part, of their much-needed support through changes to benefits.

It is simply not acceptable to stand by while some of the most vulnerable people in society are pushed further into poverty and ill health.

SUPPORT INTO WORK

With the highest unemployment rate of any group in Scotland, people with mental health problems have been poorly served by successive UK Government 'into work' programmes. As the Scottish Government takes over responsibility for employment programmes in 2017, now is the time to be bold, ambitious and fair in order to help those people who can realise their potential in the workplace. The approach taken by the Westminster Government not only did not recognise the problems facing people with mental health conditions or support them (back) into work but produced significantly poorer results than for any other group.

There is the opportunity to make smart investments which treat individuals with respect and safeguard their health. Over 50% of ESA claimants in Scotland have a mental health problem as their primary condition, which accounts for approximately 33,000 individuals in the Work Related Activity Group.[4] More personalised, specialist support will tackle the root cause of their unemployment; lead to reduced pressure on health and public service spending, increased tax income for the state through employment, and reduced spend on welfare budgets.

The Individual Placement and Support (IPS) model is such an evidence-based programme,[5] with far more impressive results than other employability programme operating in Scotland for individuals with mental health needs.[6]

"You need to make people aware of the opportunities available to them when they do not have the confidence to enter employment."

This approach should be funded and rolled out across Scotland, both as a dedicated programme within Work Choice, and within all Community Mental Health Teams (CMHTS). Current coverage is only around 15% of CMHTs. Local authorities should also be audited to demonstrate how effectively they are spending public funds to help people into employment.

SUPPORT WITHIN WORK

Many people with mental health problems still struggle to get and retain jobs due to ineffective employment support. Furthermore, many people in work still face discrimination on the grounds of their mental health, and work can be a leading cause of stress and poor mental health, leading to low productivity, sickness absence and unemployment. SAMH's 2011 research[7] placed the costs of output losses to the economy from poor mental health at £3.2bn per year. As a managing partner of See Me, SAMH welcomes their focus on reducing stigma and discrimination against people with mental health problems in the workplace. With around 40% of employers stating that they would not employ someone with a mental health problem,[8] it is clear this vital work must continue.

We need to ensure that if someone's employment is being impacted by their mental ill-health, they should only have to ask once to get help fast. They should be helped to stay in work, rather than losing their skills, experience and potential. We believe better links are required between the NHS and employers, to enable this process, as well as the promotion and funding of in-work support programmes, including Fit for Work. GPs, health professionals and the third sector can help to keep people well and in work.

Employability should become a key priority for the NHS, with an ongoing measure of the number of individuals in employment in contact with community mental health services built into the next strategic plan following on from the 2020 vision. SAMH recommends that outcomes are focused on helping these individuals to retain or find employment. The Scottish Government should create, expand and improve referral pathways from General Practice to employability support programmes and job clubs with the use of links workers and peer supported social prescribing and self-development/self-management programmes.

Additional support for individuals at risk of redundancy, in terms of their well-being as well as future training and job-seeking support, should also be rolled out.

SAMH lobbied for the devolution of Access to Work to Scotland, as part of the Scotland Bill. We note that people with mental health problems only account for 4% of the Access to Work budget, and more must be done to ensure that this vital fund reaches disabled workers who need support with their mental health. Better links between employers, employability programmes and the Access to Work programme must be created.

SAMH KEY ASKS:

FROM 2016

The Scottish Government should continue to fund the See Me campaign to tackle stigma against people with mental health problems.

BY 2016

The Scottish Government must promote and fund in-work support programmes to support people's mental health at work.

BY 2016

The Scottish Government must do all it can to prevent disabled people being detrimentally harmed by the UK Government's welfare reforms, especially in terms of the Work Capability Assessment, sanctions regime and Personal Independence Payment (PIP) rollout; and encourage uptake of Access to Work within Scotland.

BY 2017

The devolution of employability programmes must lead to an evidence-based approach to supporting people into work and an audit of current employment spending. IPS should be funded and rolled out across Scotland, both as a dedicated programme within Work Choice, and within all Community Mental Health Teams (CMHTS)

BY 2020

The Scottish Government must ensure that employment is included as a health outcome for people in the next NHS Strategic Plan.

SUICIDE PREVENTION AND SUPPORTING PEOPLE IN CRISIS

An average of two people die by suicide in Scotland every day, with 696 deaths across Scotland in 2014 – each one a tragedy, devastating families and communities.

Scotland's suicide rate has been falling over the past decade to the point where we no longer have the highest suicide rate in the UK. An 18% drop is a big achievement - just short of the 20% government target. However much remains to be done to prevent suicide and tackle the risks associated with suicide, including the need for an effective, humane and immediate response for people who are in distress or crisis. The Scottish Government has prioritised these areas through its Suicide Prevention Strategy[9] - the outcomes and achievements of this strategy must be explored when it concludes in 2016, to build on future work in this area.

Our consultation in preparation for this manifesto highlighted that there are too few accessible crisis services and that too many people receive an inadequate and stigmatising response from frontline staff. While suicide affects everyone and cuts across all populations, those living in poverty and men in their 30-50s are particularly at risk. Much more must be done to target and support these groups, both in providing gender-sensitive crisis support but also in tackling the underlying reasons for their increased risk.

KNOWING WHERE TO ACCESS HELP

Suicide is often a response to crisis or emotional distress. Unfortunately we know that people in crisis or distress often do not know where to access help and too frequently experience a stigmatising response - and that stigma can prevent people from seeking help in the future.

Early intervention is key. SAMH calls on the Government to develop a *Scottish Mental Health Crisis Care Agreement*: a national partnership outlining standards of crisis care delivered locally, providing support from the point of distress through to maintaining mental wellbeing. This requires joint working and clear pathways between bodies including the NHS, Health and Social Care Partnerships, police and other emergency services, social care, the third sector and housing. Local crisis plans must be regularly evaluated to gain learning and increase effectiveness. The Scottish Government should look at the situation in England, where a *Mental Health Crisis Care Concordat*[10] was established in 2014.

Crisis service provision must be increased. For example, access to Intensive Home Treatment Teams have been proven to reduce admissions to psychiatric hospitals as well as facilitating earlier discharge for people admitted,[11] but these are not universally available to those who would benefit from them. In addition, the pilot service and distress tools approach taken by NHS Greater Glasgow City and the Suicide Research Laboratory in A&E in Glasgow in 2015 should be rolled out across Scotland following a positive evaluation.

We need immediate action to stop people in acute distress being held in police cells. In 2012-2013, 561 people were held under a Place of Safety Order in police custody – this is unacceptable. SAMH believes there is an urgent need to develop sustainable service provision including the use of 'community triage', where mental health professionals are embedded with the police and can support people who would otherwise find themselves detained in police custody due to their mental health.

Pilots in Greater Glasgow and Clyde,[12] as well as from Cleveland and Scarborough in England, found significant reductions in the number of people in distress detained in police custody (from 427 to 294 during first 10 months of the Cleveland pilot[13]). The *Crisis Care Agreement* should provide the framework for this service infrastructure.

"We need to give crisis intervention training to a wider section of society."

SUICIDE PREVENTION – KEY TARGETS

While SAMH believes suicide prevention must continue to take a whole-population approach, as suicide impacts upon all of Scotland's communities, statistics show deprived areas have up to three times the rate of suicide than the national average – and the suicide risk is also raised for people experiencing virtually all mental health problems.

Men are three times more likely to complete suicide than women. It is therefore essential that added focus is made in the following areas:

Primary Care
Suicide prevention needs to be better built into primary care, including allied health professions such as pharmacy, physiotherapy and occupational health. This is essential, given that 56% of people who die by suicide have received a prescription for their mental health in the preceding twelve months. Opportunities to discuss suicide and distress should routinely and sensitively be available when attending a GP or receiving mental health prescriptions, with pharmacists trained in suicide interventions and able to provide signposting, resources and advice where appropriate. This could be developed in partnership with *Community Pharmacy Scotland*.

A partnership approach is essential to tackling suicide. Clearer pathways into community support from primary care must be developed, with this support adequately resourced. The third sector already provides a number of effective services to support people living with suicidal thoughts. SAMH's Community Support and Peer Support networks, which provide facilitated peer support to people with suicidal thoughts and those supporting people with suicidal thoughts, are an excellent example of this.

Men
Figures show that men are more than three times more likely to take their own life than women, with men aged over 40 particularly affected. Wider access to support services including peer support and activity based services which have been shown to have better outcomes for men need to be resourced.

GPs and other health professions must be supported to recognise signs of distress in men, and make sure they have access to a range of support services.

Deprivation
Suicide and socio-economic deprivation are linked, with people living in the most deprived areas over three times more likely to die by suicide than people living in the least deprived areas. Suicide prevention must be embedded in a future Scottish Government's wider anti-poverty agenda. The Scottish Government should work with partners such as *GPs at the Deep End* to support enhanced suicide prevention activities in Scotland's most deprived areas.

SUICIDE PREVENTION SPENDING

The Scottish Government must act to ensure spending on suicide prevention activities and funding is transparent. Local authority funding for suicide prevention is no longer ring-fenced, but incorporated into local authorities' wider funding package from the Scottish Government.

This makes it very difficult to establish how much money is actually spent. Worryingly not all local authorities have incorporated suicide prevention objectives into their Single Outcome Agreements (SOAs), making evaluation of local suicide prevention work challenging. The Scottish Government must act to ensure funding for suicide prevention, both to the statutory and non-statutory sectors is transparent, with local authorities and Health and Social Care Partnerships accountable for suicide prevention work they are obliged to undertake under Single Outcome Agreements (SOAs).

In addition, the Scottish Government must keep under review the resources provided for NHS Health Scotland activities on suicide prevention, including Choose Life, to ensure they are adequate, impactful and delivered in conjunction with the third sector and other partners.

SAMH KEY ASKS:

BY 2017

A national Scottish Crisis Care Agreement must be developed and enacted, with all local Health and Social Care Partnerships developing and implementing local delivery plans by 2018.

BY 2017

Allied Health Professionals must be provided with suicide intervention training, both as part of core training and continual professional development.

BY 2017

Suicide prevention spending by NHS Health Scotland, Local Authorities and Health and Social Care Partnerships must given higher priority and become more transparent. Local Authorities and Health and Social Care Partnerships must be able to evidence that they are supporting and financing initiatives to reduce suicide in their local areas.

BY 2018

Scottish community triage pilots must be evaluated and if successful be funded by the Scottish Government and rolled out across the country.

BY 2020

Health and Social Care Partnerships must commission evidence-based, gender sensitive services, including peer support and activity based services, to tackle health inequalities impacting men and suicide. It is vital that the first roll out of these should happen in areas of deprivation where greater risk factors exist.

CHILDREN AND YOUNG PEOPLE

Half of adults who are mentally ill experienced the onset of their mental health problems by the age of 15. Prevention is the key. We need to help young people before they become unwell.

In our consultation events, an overwhelming number of people believe there is still a lack of education about mental health and that it is essential for children and young people to learn about mental health at a young age.

THE RIGHT SUPPORT FOR EVERY CHILD

SAMH believes the time is right to review, refocus and invest in early intervention and preventative support for children and young people. As 50% of mental illness in adult life starts before the age of 15,[14] we need to ensure children and young people get the help they need, when they need it.

Most children will never come into contact with specialist mental health services, but all children have mental health. Diagnosis of a mental health problem should not be the only mechanism to trigger support, but it is often at that late stage when interventions take place. We need to act faster. Improving the self-esteem, resilience and well-being of all our young people must be an urgent priority.

All children require appropriate support to provide them with knowledge of mental health, and enable their development of coping skills and emotional resilience, as they navigate their futures towards adulthood. We need to support their ability to ask for help and to be heard, and to ensure their rights are respected and upheld. Parenting, schooling, community, health and care services all have key roles to play. Going forward, Named Persons must be able to recognise how adverse childhood events affect children in a holistic way, and be equipped to respond appropriately.

Children and young people need better support when they are in crisis. Admissions due to self-harm are rising[15] and eating disorders represent the most common reason for Children and Adolescent Mental Health Services (CAMHS) treatment[16] and better responses are needed. Education and training about self-harm and eating disorders is urgently required for key professional groups (including GPs, NHS staff especially in A&E settings, and teachers), as well people working and living within the broader community. Parents must be offered support. Where appropriate, children and young people should be supported to understand the reasons why they are harming themselves and to gradually find alternative, less dangerous ways of coping, whilst not putting them under pressure.

Young people face enormous challenges – there are insufficient college places, employment rates for school leavers are low and housing is unaffordable; all reducing hope and opportunities for their future. For young people living in deprivation, the impact of austerity has reduced their life chances yet further. In addition, evidence is emerging about the potential negative impact on well-being of social media and technology. The impact of bullying and the insufficient response to help children and young people recover from bullying, also can have a long term effect on self-esteem.[17,18]

More positively, we also know that more young people are volunteering, and that risk-taking behaviours in terms of smoking, alcohol and drug use are lower than in previous generations. Young people are clearly striving to make the most of their lives. What is clear is that current support is not adequate to deal with the myriad challenges faced by children and young people, nor does it help them to develop their own pathway towards healthy adulthood.[19]


SAMH
for Scotland's mental health
More education in schools is essential. We need to educate our young people about Mental Illness.
Stop the stigma ♡ Chloe, 25.
www.samh.org.uk
SAMH
for Scotland's mental health

SUPPORT PARENTS AND TEACHERS

Children and Young People are affected by their own mental health, the mental health of peers and the mental health of the adults in their lives; in particular the quality of parental mental health plays a significant role in children's lives.[20] The delivery of the Triple P and Incredible Years Parenting programme should be evaluated and the investment in support for parents and carers should be expanded beyond the infant mental health stage, in order to promote attachment and positive relationships. Parents must be enabled to become true partners in the delivery of positive outcomes of SHANARRI[21] and GIRFEC.[22]

In our schools and colleges, health and well-being must be on an equal footing to literacy and numeracy within the Curriculum for Excellence. While it is a central plank of the curriculum, it too often slips down the priority list. In order to improve the delivery of this fundamental aspect of the curriculum, mental health education must be a compulsory and comprehensive aspect of teacher training. As part of a whole school approach, teachers should be given more support and ongoing professional development to deliver these outcomes of the Curriculum for Excellence, which will raise attainment for all. Mental health and well-being standards must be included in the inspection of schools, and progress reported on annually.

REFORM CAMHS

SAMH believes the time is right for a wholesale review of Children and Adolescent Mental Health Services (CAMHS), and a longer term, recovery-focused approach which builds on the work to date, and drills down into how this is helping young people to recover.

We recognise that spending on CAMHS has been prioritised in the last number of years, but these services are still not meeting the needs of too many young people. We query whether this money is being spent in the most appropriate way.

At present, when we talk about the mental health of children and young people, it often becomes a discussion about waiting times for diagnosis-led treatment, and age-appropriate care in hospitals. This is fundamental – children still wait too long for support for their mental health. **They should only have to ask once, and then get help fast.** But we also need to focus on the quality of the support they receive – the adequacy of staffing, the availability and range of community based services, and the interaction between health, social services, advocacy and education.

Transition from children's to adult services can often set back the recovery of young people. The Scottish Government's Children and Young Person's Act 2014 recognised that some young people require support beyond their 18th birthdays, and this principle should extend to mental health care and treatment for those vulnerable young people. SAMH recommends that access to CAMHS, for those young people who need this support, should be extended until the young person is 25, in order to cement their recovery.

Above all, the next Scottish Government must strive to provide help to children and young people before they are hospitalised. Preventing poor mental health would save vital funds on treatment and recovery time, and immeasurably improve their lives.

SAMH KEY ASKS:

FROM 2016
The Scottish Government must commit to a wholesale review of Children and Adolescent Mental Health Services (CAMHS), and a longer term, recovery-focused approach; including by 2020 extending the right to access CAMHS treatment to people aged up to 25.

FROM 2016
The Scottish Government must ensure that the next Mental Health Strategy includes and extends support for parents, as well as children and young people, with a focus on promoting attachment and preventing poor mental health.

FROM 2016
The Scottish Government must commit to improving mental health education, through a whole school approach, by increasing its focus within the Curriculum for Excellence, better teacher training by 2019, and a more focused inspection regime.

FROM 2016
The Scottish Government should commit to providing information and training for parents and key professional groups about self-harm and eating disorders.

ENDNOTES

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