

# ASK ONCE GET HELP FAST

**SAMH**  
**Local Councils**  
**Manifesto**  
**2017**



## INTRODUCTION

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In 2016, SAMH called for a ten-year strategy to create an Ask Once, Get Help Fast approach to Scotland's mental health. We did this following consultation with over 700 people, who told us that it was too hard and took too long to get help for a mental health problem.

The Scottish Government has promised to act on our proposals. But a national strategy is only part of the solution.

Local authorities have control over education, social care and suicide prevention.<sup>1</sup> Each of these areas can have an effect on local residents' mental health.

So now we are calling on Scotland's councillors to do five things to create an Ask Once Get Help Fast across our local authorities.



# GET INVOLVED

We need every single person standing for local election to know that Scotland's local communities deserve an Ask Once Get Help Fast approach to mental health.

## SUMMARY:

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What do councils need to do to create an Ask Once Get Help Fast approach?

**1** **ACT ON CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH NEEDS**

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**2** **FOCUS RESOURCES ON SUICIDE PREVENTION**

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**3** **REVIEW EMPLOYABILITY SERVICES SO THEY WORK FOR PEOPLE WITH MENTAL HEALTH PROBLEMS**

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**4** **MAKE SELF DIRECTED SUPPORT ACCESSIBLE TO PEOPLE WITH MENTAL HEALTH PROBLEMS**

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**5** **RECRUIT, TRAIN AND RETAIN ENOUGH MENTAL HEALTH OFFICERS**

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## IN DETAIL:

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# What do councils need to do to create an **Ask Once Get Help Fast** approach?

## SUPPORT CHILDREN AND YOUNG PEOPLE

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Half of all adults who are mentally ill experienced the onset of their mental health problems by the age of 15.<sup>2</sup> So there is an opportunity to make a real difference, if we can identify and support young people who need help early on.

But the statistics are sobering. By the time they're 16, three children in every classroom will have experienced mental health problems.<sup>3</sup> There were a thousand cases of school aged children self-harming in Scotland last year.

And three quarters of young people don't know what mental health information and support is available locally.<sup>4</sup>

We cannot close the attainment gap unless we address the mental health needs of children and young people.

### We need councils to:

- ✔ Educate teachers in mental health
- ✔ Invest in school-based mental health services
- ✔ Commit to tackling stigma and discrimination in schools, using resources from the See Me anti-stigma programme
- ✔ Ensure local authority anti-bullying policies are robust and in step with the National Approach, using resources from respectme, Scotland's Anti-Bullying Service, and ensure that these inform school anti-bullying policies locally

## FOCUS RESOURCES ON SUICIDE PREVENTION

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There were 672 deaths by suicide in Scotland in 2015.<sup>5</sup> Men are far more likely to die by suicide than women, and living in a deprived area is an additional risk factor.

We have made good progress in tackling suicide, with an 18% reduction since 2000-2002.<sup>6</sup> But we must keep up our efforts, or we risk going backwards.

Local Choose Life Coordinators in each of Scotland's 32 local authorities have a vital role in implementing local suicide prevention action plans. But we do not know the dedicated time or budget available to each local coordinator. Responses to recent SAMH FOIs make clear not every councils now has a full-time Choose Life co-ordinator.

There is little transparency in local suicide prevention activities, with resources for suicide prevention bundled into councils overall funding package from central government.

What's more, people we consulted told us that there are too few accessible crisis services and that too many people receive an inadequate and stigmatising response from frontline staff when they seek help with mental health.

### We need councils to:

- ✔ Demonstrate and account for suicide prevention spending and activities, including providing adequate resources to local Choose Life Coordinators
- ✔ Develop joint crisis arrangements and pathways with other stakeholders and statutory bodies – including emergency services; NHS and third sector care providers
- ✔ With Health and Social Care Integration Boards, commission peer support services to tackle health inequalities relating to men and suicide



## REVIEW EMPLOYABILITY SERVICES SO THEY WORK FOR PEOPLE WITH MENTAL HEALTH PROBLEMS

Good work is usually good for mental health and well-being.<sup>7</sup> With new employability programmes coming to Scotland, there is an opportunity to help people with mental health problems into work.

Mental ill health accounts for the biggest cohort of people unable to work due to sickness; yet it has the poorest outcomes through the Department for Work and Pensions (DWP) contracted Work Programme.<sup>8</sup>

Approximately £670m<sup>9</sup> is spent on employability support in Scotland but much of this is spent by local authorities with little transparency about the outcomes achieved. Yet we know that the Individual Placement and Support (IPS) programme is the most effective approach: it gets more people with mental health problems into sustained employment than any other programme.<sup>10</sup>

### We need councils to:

- ✔ Review their employability provision to make sure it works for people with mental health problems
- ✔ Consider commissioning Individual Placement and Support services

## MAKE SELF-DIRECTED SUPPORT WORK FOR PEOPLE WITH MENTAL HEALTH PROBLEMS

Self-Directed Support (SDS) is a good idea. It is supposed to give people more control over the money that funds their social care.

But it has been badly implemented in many areas. Very few people with mental health problems have their own budget: just 3% of spending on SDS goes to people with mental health problems.<sup>11</sup> And there are suggestions that the amount spent on someone's social care reduces substantially if they move to self-directed support.<sup>12</sup>

Social care is still mostly based on providing a certain number of hours of support per week – not on helping people achieve their goals. Mental health problems can come and go: people may be well for weeks but then be extremely unwell for a time. So it makes no sense to tie people into weekly hours of support.

Care Managers are responsible for people's care. But these staff are under pressure and do not always have time to spend getting to know someone before assessing their needs.

### We need councils to:

- ✔ Focus on achieving outcomes with people, not carrying out tasks
- ✔ Allow annualised contracts so that people with mental health problems can receive support when they need it, not when the council says they should
- ✔ Find ways to involve third sector providers or primary care staff in assessments

## RECRUIT, TRAIN AND RETAIN ENOUGH MENTAL HEALTH OFFICERS

Mental Health Officers (MHOs) are specially trained social workers. They make sure that people are only detained under the Mental Health Act when it is absolutely necessary, and that they are told their legal rights.

But there are not enough MHOs.<sup>13</sup> A third of are aged over 55.<sup>14</sup> And every year, more MHOs are leaving the profession than joining it.<sup>15</sup>

More people are being detained on emergency instead of short-term orders.<sup>16</sup> Emergency orders don't require the consent of an MHO. This means people might not be told what their rights are, and might be detained when an MHO would have suggested a different approach.

### We need councils to:

- ✓ Recruit MHOs every year
- ✓ Recruit dedicated practice assessors who can supervise MHOs in training
- ✓ Offer meaningful career development and progression options
- ✓ Review their out of hours service to make sure MHOs are always available
- ✓ Consider joint recruitment and retention strategies with other local authorities

## NOTES

- 1 Local authorities may have sole control over these areas, or they may share power with health boards under the new Integrated Joint Boards created following the Public Bodies (Joint Working) (Scotland) Act 2014
- 2 Kessler et al, [Lifetime prevalence and age-of-onset distributions of DSM-IV disorders](#), 2005
- 3 Green et al, [Mental Health of Children and Young People in Great Britain](#), 2004
- 4 Scottish Youth Parliament, [Our Generation's Epidemic](#), 2016
- 5 Choose Life [Suicide Statistics in Scotland](#) accessed 11/01/2017
- 6 Scottish Government, [Suicide Prevention Strategy](#) 2013/2016
- 7 Waddell and Burton, [Is Work Good for your Health and Wellbeing?](#) 2006
- 8 Mind, [We've Got Work To Do](#), 2014, p29
- 9 Cambridge Policy Consultants, [Review of the Allocation of Employability Resources in Scotland](#), 2014
- 10 Centre for Mental Health, [Doing What Works](#), 2009
- 11 Audit Scotland, [Self-Directed Support](#), 2014
- 12 CCPS, [Providers and Personalisation Research Project](#), 2016
- 13 Scottish Social Services Council, [Mental Health Officers \(Scotland\), Report](#) 2015
- 14 Scottish Social Services Council, [Mental Health Officers \(Scotland\), Report](#) 2015
- 15 Social Work Scotland, [Mental Health Officers in Scotland](#), 2016 (unpublished)
- 16 Mental Welfare Commission, [Scotland's Use of Emergency Detention without the Consent of Mental Health Officers](#), 2016

## TALK TO US

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SAMH's Public Affairs team covers all areas of mental health policy, from benefits and employment to social care and education. If you want to know more, get in touch: email [publicaffairs@samh.org.uk](mailto:publicaffairs@samh.org.uk).

## ABOUT SAMH

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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 public affairs work to bring about 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.

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