

STANDING UP FOR SCOTLAND'S

SAMH Manifesto: Summary

The Scottish Parliament Election 2021

#StandUpforMentalHealth samh.org.uk/standup





Mental health is a most crucial issue in crucial times: over 2,500 people across Scotland have told us so. At a time when we contemplate the opportunity presented by the Scottish Parliament election of 2021, the first since the 2017 launch of the Scottish Government 10 year Mental Health Strategy and the establishment of a dedicated Mental Health Minister, we must now more than ever see political and government commitment to make mental health an even greater issue of national importance.

As more and more people feel able to speak openly about their mental health and with an unprecedented pandemic period lasting 12 months and continuing, we have seen the population's mental health and the mental health systems designed to support it, challenged like never before.

To many observers and those thousands of people who want to be heard in this election, the progress and outcomes for people during the last term of parliament on the Mental Health Strategy and multiple associated initiatives has just not been good enough, and by some distance. Indeed a great number believe for those many thousands of children and young people still turned away from specialist services and support, the position is worsening and change on the ground has not happened. Adults still wait many months to receive any kind of psychological support. In the last two years, suicide rates have begun to rise again.

It was not meant to be this way. In 2017, the Mental Health Strategy stated, "That there should be parity of esteem between physical and mental health is widely accepted, and through this strategy we aim to ensure that it is more than just a worthy ambition and can be made real....In short, we share the ambition that you should only have to ask once to get help fast". We regret that has not happened but it must now, and not just in terms of esteem but in equity of access, waiting times, delivery and outcomes.

SAMH urges the next Scottish Government to listen to the stories of hope, fear and aspiration we hear daily from people who have experienced mental health problems, and in response begin to act on this manifesto from the first day it is in power. We will be there to offer help when we can, and to challenge when it is necessary. The next Scottish Parliament will see many new MSPs, as well as experienced members returning for a further term. We hope we can rely on each and every one of them to Stand up for Scotland's Mental Health.

BILLY WATSON CHIEF EXECUTIVE, SAMH

This is a summary version of our manifesto and is not inclusive of all of our policy calls. The full publication is available at samh.org.uk/standup.

ROBERT'S STORY

After a suicide attempt Robert finally reached out for support. This led him to 'The Changing Room', a SAMH project which uses the power of football to get men in their middle years talking about mental health.

"2018 was a really bad year for me. It was like the perfect storm, everything built up over a year. By the end of that year I thought the only way to deal with it was suicide.

"After an attempt in early 2019, I opened up to my wife for the first time about how I had been feeling. Telling her was an amazing thing, like I was unburdening myself.

"The next day I went to see my GP, she told me that I might benefit from a support group or counselling. I'd heard about The Changing Room before, which I mentioned and she encouraged me to give it a go. After speaking to the doctor I left feeling even more unburdened, like at least I'm taking control now.

"I'm a lifelong Hearts fan, and I love football. Growing up, my Uncle Danny, who had played for the team, was my hero. My first meeting at The Changing Room was at the Big Hearts offices: there were pictures on the wall of my Uncle Danny, which put me at ease.

"One of the things that's so important about The Changing Room is that it gets past the stigma. Men are reluctant to talk about how they feel. But put it in a stadium where many men already have an attachment and we are already emotionally engaged. This makes it easier to open up about how you feel, because you're already there.

"I felt like I was on my own, but suddenly I was in a room with 10 other people and although we all have our own stories, reasons and lives, there is so much about the experience that is shared: the love of football but also pain, the trauma and the tears, we all have that common thread. Early on I remember thinking I'm worth my place in this group, not only is it helping me feel better but I'm going to be part of making other people in this group feel better. I felt worth a lot, and for a long time I didn't feel like I was worth much.

"The Changing Room completely transformed my life, and it all started with that conversation about mental health."







There have been too many promises on mental health and not enough action. With the added pressure brought about by Covid, we need a radical new plan. We want access to psychological wellbeing support for everyone who needs it, real action on suicide prevention, and a fully resourced commitment that every child and young person who needs help will get it at the first time of asking, without the threat of rejection.

The next Scottish Government must prioritise Scotland's mental health: this manifesto sets out the essential actions required.



SAMH is Scotland's mental health charity. We're here for your mental health and wellbeing providing local mental health support and always accessible information. We listen to what matters in each local community, and campaign nationally for the changes that make the big and little differences in life. Now more than ever, we need to make change happen.

We're standing up for Scotland's mental health.



IN PREPARING THIS MANIFESTO, WE HEARD FROM ALMOST 2,500 PEOPLE ACROSS SCOTLAND.

It is these voices, among the many others that we listen to every day, that have helped to build these proposals.

- We ran a Mental Health Matters survey, which included people who are supported by SAMH.
- Survey respondents then took part in focus groups which explored five themes: access to support; talking about mental health; mental health funding; mental health in education and work; and suicide prevention.
- We conducted research that explored people's experiences of seeking treatment and support for depression.
- We ran a consultation about the future of social care, including people who receive support from SAMH.
- SAMH staff took part in webinars and policy huddles to share their ideas for improving Scotland's mental health.
- We undertook research which explored how Covid restrictions have affected mental health support and treatment.



There are three key areas where we must see action over the next Scottish Parliamentary term.

Ensure children
and young people
get help at the
first time of asking
without the threat
of rejection

Covid led to a 55% reduction in referrals to Child and Adolescent Mental Health Services (CAMHS) at a time when children and young people needed more support than ever.¹ Despite this reduction in referrals and the commitments from government, one in five young people continue to be rejected from support, and left with little to no help for their mental health.²

Expand
psychological
wellbeing
support, to
enable quick
access in
communities
without the need
for referral

It still takes too long and is too difficult to get help for a mental health problem.

People have told SAMH that it is very difficult to access psychological wellbeing support through the NHS.³

For those who do access such support, around one quarter will have to wait over four months before their first appointment.⁴

Build capacity in our communities to prevent suicide by providing nationwide access to support and suicide prevention training

Despite the progress made over the last decade, two people still die by suicide every day in Scotland.⁵ SAMH welcomes the work of the National Suicide Prevention Leadership Group, but we must acknowledge the increase in suicides over the past two years and redouble our efforts to prevent deaths by suicide.

CHILDREN & YOUNG PEOPLE'S SERVICES

Many children and young people wait over four months for their first CAMHS appointment and the average waiting time is consistently over two months, while many are rejected from CAMHS altogether.⁶

These rejections often happen after a paper-based referral without any inperson contact. Children and young people feel like they have to be in crisis, which often means feeling suicidal or self-harming, in order to get help. ^{7,8}

This is a persistent problem, yet there is little evidence to indicate that access to support has improved. Despite the Scottish Government committing to the recommendations in the 2018 Audit of Rejected Referrals report and investing £4 million to recruit 80 new CAMHS workers, the rate of children and young people who are rejected has remained steady at one in five. Even when referrals to CAMHS decreased by 55% in the months following lockdown, there was still a slight increase in the rate of rejected referrals.

SAMH has a vision for children and young people's mental health support that would end rejected referrals, and instead connect children and young people to the help they need as quickly as possible. We want every local authority to develop community-based mental health triage for children and young people, so that they can be quickly assessed by a multi-disciplinary team and be connected to the right support.

For triage to be effective we also need more support services. The Scottish Government has committed to developing community mental wellbeing services for children and young people. Yet it has only promised £17 million over two years to develop and implement this service§. This amounts to 0.1% of local government funding, with no clear plan to fund the service beyond 2023. SAMH wants the next Scottish Government to immediately double the initial investment in the community mental wellbeing services it has promised, and ensure the support provided is focussed on improving mental health.

"I waited a year for my CAMHS assessment, and it lasted 20 minutes. It was the school nurse who told me a few weeks later that I wasn't being referred, they never sent me a letter. I asked why not and apparently it was because I wasn't suicidal. But they never asked if I was suicidal."

ACTIONS NEEDED

By the end of the first year of the parliamentary term, each local authority must have community-based mental health triage for children and young people who need support that is not readily available to them in the community - where they are quickly assessed by a multidisciplinary team and connected to the support they need without the threat of rejection

CAMHS to be part of an expanded system of mental health support for children and young people, so it is not the only option and does not need to reject referrals

Immediately double the investment in community mental wellbeing services for children and young people, and ask Local and Integration Authorities to include sustainable funding for these services in their financial plans for each year in the next parliamentary term

PSYCHOLOGICAL WELLBEING SUPPORT

On average, around a quarter of adults seeking mental health support will wait over four months for their first therapy appointment.

However, many will wait longer, with some people left on waiting lists for over a year. Often it is a struggle to even get added to a waiting list for therapy. Fortyeight per cent of the 281 respondents to a SAMH survey indicated that they had not been referred for therapy after seeking help for their mental health, and 46% were not offered any choice of support.

"They refused to put me on the waiting list for counselling as they said with the waiting list in my area there was no point."

At SAMH, we believe that people should be able to access psychological wellbeing support without the need for either a referral or waiting lists. We know that people who wait longer for help are more likely to experience a deterioration in their mental health, so we need to provide support at the earliest opportunity. 12 To achieve this, we need an expanded network of psychological wellbeing services at a local level, which the third and voluntary sector is well-placed to deliver.

We also want to see a mental health triage system in every community in Scotland. In the wake of Covid, Mental Health Assessment Centres were established across the country. These centres sought to rapidly assess people's mental health, in order to connect them to the right support for them. We want to see this model, and others like it, continue, so that GPs and other health professionals can have confidence that people will be connected to appropriate support quickly.

In order to achieve this expansion, we need increased in investment in community health and social care budgets. Audit Scotland reports that the share of expenditure for community based support has remained unchanged since 2012/13.¹³ If people are to receive help at the earliest opportunity, we need the proportion of investment in community based support to increase in each year of the next parliamentary term.

ACTIONS NEEDED

An expanded network of psychological wellbeing supports, based within the third and voluntary sector, which can be accessed quickly through self-referral, community-based triage or GP referral

An increase in the proportion of funding for community-based health and social care in each year of the next parliamentary term, to help increase and diversify psychological wellbeing and social care support



On average, two people a day die by suicide in Scotland. In 2019 alone, 833 people in Scotland lost their life to suicide, an increase of 6% compared to 2018.

While suicide affects all communities, we know that particular groups are at increased risk. Men are three times more likely to die by suicide than women and suicide is also strongly linked to poverty. Worryingly, in 2019 we saw an increase in young people dying by suicide.¹⁴

During the next parliamentary term, Scotland has the opportunity to refocus suicide prevention efforts. The current national suicide prevention action plan – Every Life Matters¹⁵ - concludes at the end of 2021. SAMH strongly welcomes the call from the National Suicide Prevention Leadership Group (NSPLG) for a long-term suicide prevention strategy. We believe this should be a 10-year strategy to enable systematic change that reduces deaths by suicide.

Access to high quality suicide prevention training is also key. The Scottish Government has historically licensed the ASIST (Applied Suicide Intervention Skills Training) and safeTALK training packages, which have a strong evidence base. Currently there is an unacceptable lack of clarity over the long-term availability of this training in Scotland, with fewer than 150 trainers for each course in Scotland. We want the next Scottish Government to retain the ASIST and safeTALK courses, and double the number of trainers by the end of the next parliamentary term.

There have been positive developments throughout the Covid pandemic, namely the rapid implementation of support through Distress Brief Intervention (DBI). SAMH welcomed the roll out of DBI, an action which recognised that the pandemic was likely to increase mental health problems at a time when access to health services was limited by lockdown restrictions. DBI provides people with a 14 day intensive intervention that connects them to sustained support within the community, reducing the likelihood of another mental health crisis.

Due to Covid, DBI is primarily telephone based at present. While we understand this, we want to see a return to face to face delivery as soon as it is safe to do so. We also want the next Scottish Government to immediately commit to nationwide access to DBI through both first responders and NHS 24's mental health hub.

ACTIONS NEEDED

The next Suicide Prevention
Strategy should cover a 10year period and include actions
on reducing suicide stigma,
understanding the drivers of
suicide and means restriction, in
particular medicine management

An immediate commitment to retain ASIST and SafeTalk, with a commitment to double the number of ASIST and SafeTalk trainers by the end of the next parliamentary term

An immediate commitment to retain national access to DBI through both first responders and NHS 24, with a return to face-to-face support as soon as it is safe to do so

ENDNOTES

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