SAMH Evidence to Equality and Human Rights Committee inquiry on the impact of the COVID-19 pandemic on equalities and human rights

for Scotland's mental health

Summary

- Many people experiencing mental health problems have been left without support during this crisis. NHS Boards must now begin to offer them reassurance about when and how their support will resume
- Many people with mental health problems do not have access to or cannot use technology, so we must ensure that access to mental health support is not limited to digital services
- The Scottish Government has moved quickly to offer population-level information on mental health and to roll out its Distress Brief Intervention programme nationally
- Emergency powers on both mental health and social work legislation must now be reconsidered, with clarity on when these could be invoked and revoked
- Every effort must be made to ensure that people affected by compulsory treatment measures can participate meaningfully in decisions about their care
- Suicide prevention measures must be a priority in the coming months
- Both mental health and suicide prevention require significant investment to tackle the increased need, particularly in groups who are more at risk of mental ill-health and suicide
- In particular, we need investment in support for children and young people's mental health

Introduction

Around since 1923, SAMH is Scotland's national mental health charity.

Today, in over 60 communities we work with adults and young people providing mental health social care support, services in primary care, schools and further education, among others. These services together with our national programme work in See Me, respect*me*, suicide prevention and active living; inform our policy and campaign work to influence positive social change.

There has been much discussion about the impact on mental health of coronavirus and lockdown, and we have welcomed this. However, it's clear that this impact is not being felt equally across all areas of society. Therefore, in this response we have focused on the needs of people who were already experiencing mental health problems before the pandemic began, and on those whose mental health is likely to be disproportionately affected.

It may be helpful initially to briefly outline SAMH's response so far to coronavirus. SAMH is a major social care provider, with many frontline staff who are defined as keyworkers in the current situation and who have continued to work in the community throughout lockdown. Our services include housing support, care at home, supported accommodation, employability services, therapeutic horticulture services and many other community services. Almost all of our services have remained operational, but we have introduced new models of working in line with Scottish Government guidance. At present, 32 SAMH services are working to a restricted model of delivery, while 22 are

either operating as normal, within appropriate guidelines on social distance and PPE, or delivering a blended approach of telephone and face to face support.

We have also created a web hub which provides information on coronavirus and mental wellbeing. And our information service has remained opened throughout, providing mental health information and signposting via telephone and email contact.

Experience of the people we support

It's clear that coronavirus and its impact has affected the people we support, most of whom have serious mental health problems. We have seen increased signs of distress in our service users, with an increase in incidents of attempted or actual self-harm and suicide attempts in the weeks since lockdown. We wanted to understand what people were experiencing and whether we could do any more to support them, so in May we carried out a survey of 458 of our service users, from across 31 of our services.

Half of respondents said they felt anxious or scared about the virus. Many attributed these feelings to the disruption caused by the pandemic: respondents talked about the cancellation of weekly activities, plans and holidays; being frightened and missing their friends.

In many services, face-to-face support has been replaced by telephone calls. When asked about calls from SAMH, 91% said they found these to be helpful. However, some service users noted that phone calls aren't the same as face-to-face contact and felt that what you can do down the phone is "very limited." When describing the benefits of face-to-face contact, one service user said it "really lifts my spirits seeing someone."

A central point is that almost a quarter (24%) of respondents said they did not have access or know how to use technology. Of these people, 34% said they did not have any technology but would use it if they did. A further 32% of that group said they did not want to use it. The third most common barrier was a lack of knowledge of how to use technology, while 2% said they did not have access to the internet. This is an important point as we develop future services: we cannot rely on digital approaches alone.

As well as discussing SAMH support, we sought to explore the ways in which NHS support and treatment has changed during this time. The most commonly mentioned change was the replacement of face-to-face support and treatment with telephone or video appointments; this was mentioned in 34% of responses.

The second most commonly mentioned change (15.7% of responses) was that there had been no contact with the NHS (including a community mental health team, community psychiatric nurse, occupational therapist or psychologist) during this time. In addition to this, a number of responses spoke of appointments being postponed or cancelled altogether: this was extremely distressing for a number of service users. More anecdotally, our experience is that NHS services are not yet returning to anything approaching normal. For example, CPNs are only visiting people in an emergency. We have also seen some people struggle because their normal care review was not carried out: two people we support have had to go to hospital because of their increased anxiety and difficulties, when we would not normally have expected this to happen.

We understand that the current situation is unprecedented, but it's essential that NHS Boards now begin to offer reassurance about when and how mental health support will resume.

We can also draw some learning from our information service, which has seen an increase in people with suicidal thoughts accessing the service, and in people presenting with depression, anxiety and stress. Our average call time has increased in the last few months, as people have needed a greater emphasis on emotional support. We have also heard from some callers that they had been due to begin receiving psychological therapies which had now been cancelled, leaving them feeling unsupported.

Impact of coronavirus so far on people with mental health problems

So far, there is limited data available on the impact of coronavirus and lockdown on people with pre-existing mental health problems, beyond the sources we have described above.

There are many efforts underway to understand this impact: in partnership with Samaritans and the University of Glasgow, SAMH is involved in a new study into the mental health and wellbeing effects of the pandemic in adults across the UK.

The study will aim to understand the impact of the pandemic, and the social distancing measures introduced across the country, on mental health indicators such as anxiety, depression, loneliness, self-harm or positive mental wellbeing. Led by Professor Rory O'Connor, the team has recruited 3,000 adults from across the UK and will track their mental health and wellbeing – as well as their experience of COVID-19 – over the next six months and beyond. This will allow researchers to track mental health during and after the lockdown period, as well as what works to help keep people's mental health stable in such difficult circumstances. While this is a population-level study, it will include people who were already experiencing mental health problems, and should allow us to identify any differences in their experiences from the general population. We should see the first findings from this longitudinal study in the coming weeks and, along with our research partners, will use them to inform policy and practical responses.

SAMH has also recently commissioned Scottish-specific research into the experience of adults with pre-existing mental health problems. This will allow us to track the impact on this group, and to make recommendations to tackle the issues they are facing. We hope to explore the ways in which the care and treatment people in Scotland receive for their mental health changed due to the coronavirus pandemic, the impact these changes have had and any impact on specific demographics, including children and young people.

SAMH is also part of a Glasgow Caledonian University group which is specifically exploring young people's knowledge, understanding and experiences of seeking mental health help during the pandemic.

The policy context

The Scottish Government has moved quickly to provide population-level information about protecting mental health at this time. We support its Clear Your Head campaign and were pleased that a mailout to every household earlier in the year included signposting to sources of information on mental health.

We are also pleased to be part of the national expansion of the Distress Brief Intervention (DBI) programme. DBI provides an 'ask once – get help fast' early intervention for people 16 and over in distress or emotional pain who do not need urgent medical treatment. The

DBI programme was being piloted in Lanarkshire, the Borders, Inverness and Aberdeen, and a national roll-out was not expected in the near future. As part of the Scottish Government response to coronavirus, the programme has now been rapidly expanded to cover the whole of Scotland. SAMH will provide the service in Greater Glasgow and Clyde, Fife and Forth Valley and Scottish Borders.

However, there are elements of the policy context to coronavirus that we find worrying.

In particular, emergency powers relating to the Mental Health Act and related legislation, introduced as part of the Coronavirus Act 2020, need further consideration. The Schedule 9 provisions within the Coronavirus Act allow a number of changes to the Mental Health Act, which governs when and under what circumstances people can be treated on a compulsory basis.

We were consulted by the Scottish Government on the proposed changes to the Mental Health (Care and Treatment) (Scotland) Act 2003 as a result of the coronavirus pandemic. We made clear that we were prepared to support changes in the short term, and called for an oversight group and transparency over the decision making process for triggering and revoking the changes. While we were pleased that a Scrutiny Group was established by the Mental Welfare Commission to review any use of the legislation, we were disappointed that no review process specific to the use of these changes was built into the legislation. Without a review process built into legislation, there is a risk that people could be subject to these changes for longer than necessary.

In August 2019, the Scottish Government consulted on possible emergency changes to mental health legislation in the event of a pandemic. SAMH responded to this consultation and, among other points, argued that there should be a specified level of absence required in order to trigger emergency changes. We also wanted to see Scottish Government adopt the definition of "emergency" within the Civil Contingencies Act 2004 and the World Health Organisation definition of "pandemic", so there could be no doubt about when such powers could be deployed. We continue to believe that there should be clear circumstances governing when the emergency legislation would be triggered and revoked.

In a previous consultation on the same topic in 2009, the Scottish Government proposed a two- tier system, which we supported. We therefore suggest that any future legislation on a pandemic should include such a two tier system, with different amendments to the existing regulations depending on the level of crisis. This would help to ensure that people's rights are not infringed beyond what is absolutely necessary.

The emergency powers have not yet been triggered, and it appears increasingly unlikely that they will be required, but they exist within legislation that lasts for two years. We support the Committee's recommendation to Scottish Government that these powers should be reconsidered.

We note that current circumstances have required that Mental Health Tribunals, which make decisions about compulsory care, operate remotely. We understand this but have serious concerns about the impact on the ability of the person concerned to participate meaningfully in the process. Participation is one of the ten Millan principles which underpin the Mental Health Act, and requires that people "should be fully involved, to the extent permitted by their individual capacity, in all aspects of their assessment, care, treatment and support... Patients should be provided with all the information necessary to enable them to participate fully. All such information should be provided in a way which

renders it most likely to be understood."[1] We are worried that it is not possible for this principle to be upheld fully during telephone or other remote proceedings.

We have similar concerns about the emergency powers on social care assessments, which mean that local authorities do not have to carry out the usual standard of assessment. In contrast to the emergency mental health powers, these measures have been enacted and have been used by at least five Health and Social Care Partnerships.[2] The regulations will remain in operation only "while absolutely necessary to protect people".[3] We do not believe this is sufficiently specific, and want to see clarity on what circumstances will lead to the revocation of these powers.

Looking to the future

Mental health services were already struggling to meet demand before the pandemic. It seems inevitable that this demand will now increase substantially: a forecasting brief on the UK's mental health needs and risks by the Centre for Mental Health suggests that, if the economic impact is similar to that of the post 2008 recession, then we could expect 500,000 additional people experiencing mental health problems across the UK, with depression being the most common.

This briefing also points out that the mental health impact of Covid-19 will not be experienced equally: people with existing mental health difficulties and risk factors for poor mental health are likely to be affected disproportionately.[4]

Other groups are also at risk of disproportionate impact on their mental health, such as health and care workers, and also BAME groups, because they appear to be disproportionately affected by coronavirus, and also overrepresented in the frontline workforce.[5]

It's also likely that we will see an increase in Post-Traumatic Stress Disorder (PTSD) diagnoses, given that 20% of survivors of intensive care routinely experience PTSD.[6]

A study by the Institute for Fiscal Studies (IFS) estimates that during the first two months of lockdown, mental health in the UK worsened by 8.1% on average as a result of the pandemic , and by much more for young adults and for women. The study argues that these groups already had lower levels of mental health before coronavirus, and that it is therefore clear that inequalities in mental health have been increased by the pandemic.[7]

The IFS also report that people who had seen a fall in earnings and people who had children experienced a significant deterioration in mental health, was largely driven by

[1] NHS Education for Scotland, Learning Resource, Mental Health (Care and Treatment) (Scotland) Act 2003
[2] Scottish Government, The Coronavirus Acts: Two Monthly Report to Scottish Parliament June 2020
[3] Scottish Government, The Coronavirus Acts: Two Monthly Report to Scottish Parliament June 2020
[4] Centre for Mental Health, Covid-19 and the Nation's Mental Health, 2020
[5] Centre for Mental Health, Covid-19 and the Nation's Mental Health, 2020
[6] Righy et al, Prevalence of Post-Traumatic Stress Disorder symptoms in adult critical care survivors, 2019
[7] Institute for Fiscal Studies, The Mental Health Effects of the First Two Months of Lockdown and Social Distancing during the Covid-19 Pandemic in the UK, 2020

women. There was no significant difference in deterioration between the different nations and regions of the UK.[8]

There is also the risk of an increase in suicide. The newly-established COVID-19 Suicide Prevention Research Collaboration argues that,

"Suicide is likely to become a more pressing concern as the pandemic spreads and has longer-term effects on the general population, the economy, and vulnerable groups."[9]

Their paper draws on some evidence that deaths by suicide increased in the USA during the 1918–19 influenza pandemic, and among older people in Hong Kong during the 2003 severe acute respiratory syndrome (SARS) epidemic.

It's therefore clear that the need for mental health support will be substantial in the months and years to come. We will need robust data to inform our response, and note with concern that the annual figures on the number of suicides in Scotland, due for publication this summer, appear to have been postponed with no date currently listed for publication.

We share the concerns raised by the Equalities and Human Rights Commission regarding unmet demand concerning mental health services, their concern that access to such services is likely to worsen during and after the pandemic and their call for the Scottish Government and NHS Scotland to monitor demand for health services from groups sharing protected characteristics during the pandemic and seek to make resources available to meet these needs.

The long-term effects of coronavirus and lockdown on mental health are not yet known, but what is clear is that mental health support must be made a priority now and in the coming months, to ensure people get help when they need it. And while we're keen to retain some positive elements from service delivery during this time, such as the ability to participate in care and treatment digitally, we must ensure that digital care does not become the default, given what we know about lack of access to technology and skills.

As a minimum, it's essential that the Scottish Government meets its pre-existing commitments on expanding access to mental health services. This includes a commitment to introduce school-based counselling by September 2020, which we understand to be on track for delivery[10]. The need for this will now be even greater than before, but the practicalities of providing access to school-based counsellors when many children will not be in school are challenging. We would like to see plans to ensure as many children and young people as possible have quick access to counsellors from autumn 2020 onwards.

[8] Institute for Fiscal Studies, The Mental Health Effects of the First Two Months of Lockdown and Social Distancing during the Covid-19 Pandemic in the UK, 2020
[9] Gunnell et al, Suicide Risk and Prevention during the COVID-19 Pandemic, 2020
[10] Parliamentary Question S5W-29483, answered 9/6/20

Mental health support needs substantial investment if we are to ensure that people receive the help they need as we come out of lockdown. Health Boards were already missing psychological therapies and Child and Adolescent Mental Health Services (CAMHS) waiting times targets before this crisis.

The most recent figures on psychological therapies show that none of the territorial Health Boards met the 18 week waiting time target (NHS 24 did meet the target, but only saw 87 people.) Those figures, covering the period January – March 2020, show an overall 10.1% decrease in referrals from the same quarter ending March 2019.[11]

SAMH research published earlier this year found that people with depression were struggling to access psychological therapies and did not feel as involved in decisions about treatment as they would like. Forty-eight per cent of the 300 respondents had not been referred for a psychological therapy and 46% had not been given any options for treatment and support.[12]

On CAMHS, the most recent figures show that only the Island Boards met the waiting times target.The number of referrals was 9.1% lower than the same quarter in 2019.[13] The next quarter's statistics will show the full effect of the pandemic, but this early indication shows that both adults and children are receiving less support than before.

There continues to be a significant issue in accessing CAMHS, with one in five referrals routinely being rejected. For several years, SAMH has been calling for urgent action on children and young people's mental health. Almost two years ago, Scottish Government published an audit of rejected referrals to CAMHS, which included 29 recommendations for improving the experience for children, young people, and their families.[14] Responding to the report at the time, the Cabinet Secretary for Health and Sport described the current system of rejecting referrals as "completely unacceptable", accepting all recommendations and announcing £5 million of investment for a new CAMHS Task Force.

In the months that followed, it was frustrating to see the lack of real action on the ground. In particular, we regularly hear of young people being told that CAMHS isn't the right service for them, but that they haven't been referred elsewhere. CAMHS isn't, and shouldn't be, the only answer, but we do need a more joined up approach so that no young person is left behind. The audit recommended introducing a 'multi-agency assessment system' – a central referral hub in which young people are guaranteed an initial, face-to-face, assessment in the first instance. This would help determine the most appropriate support for that person's needs – whether it's CAMHS or something else. This will be even more important in the months to come as more young people come forward for mental health support. It is now essential that the Scottish Government deliver on all of its commitments for young people.

We understand that the Scottish Government has written to NHS Boards highlighting mental health as a clinical priority and asking them to set out plans for reinstating services, and to work with partners to estimate the anticipated rise in mental health need in the population. We welcome this and want to see the opportunity seized to address the serious problems in mental health services that predated coronavirus, with enhanced services and support to ensure we do not end up in a worse position than before.

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[11] Public Health Scotland, Psychological Therapies Waiting Times, June 2020
[12] SAMH, Decisions were made about me not with me, 2020
[13] Public Health Scotland, CAMHS Waiting Times, June 2020
[14] Scottish Government, Rejected Referrals to CAMHS audit, 2018

Carolyn Lochhead

Head of Public Affairs and Communications, SAMH

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