



SAMH response to Health and Sport Committee: Health and Sport Budget 2017-18

Introduction

SAMH is the Scottish Association for Mental Health. Around since 1923, SAMH 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, respectme, suicide prevention, sport and physical activity; inform our public affairs work to influence positive social change.

Responses to Committee questions

- 1. Do you consider that the Scottish Government's health and sport budget for 2017-18 reflects its stated priorities (as set out in the National Performance Framework, the LDP standards and the National health and wellbeing outcomes)? If not, how could the budget be adjusted to better reflect priorities?**

Ahead of the 2016 elections, SAMH called for an [Ask Once, Get Help Fast](#) approach to mental health. This approach is based on the knowledge that many people have to ask repeatedly, in different settings, before receiving any help, and then may have to wait a long time before help is forthcoming. Asking for help with mental health takes courage and this should be respected.

The World Health Organisation estimates mental ill-health is the third most important cause of disease burden worldwide.¹ This is supported by recent data from the Scottish Public Health Observatory, which found that depression causes more years of poor health than all but two other diseases.² It would therefore be reasonable to expect substantial expenditure in this area of health.

We are delighted that the Scottish Government's mental health strategy commits to the creation of an Ask Once Get Help Fast approach. However, this approach needs both funding and commitment. We have concerns about the resource currently available although we recognise the Scottish Government's good intentions.

We commend the Scottish Government for its commitment that mental health expenditure in the NHS will rise above £1 billion for the first time in 2017-18. And we note the First Minister's recent statement that expenditure on mental health has increased by 42% over the period 2006-07 – 2015-16.³

¹ World Health Organisation. *The Global Burden of Disease: 2004 Update*.

² Scottish Public Health Observatory, [The Scottish Burden of Disease study](#), 2015

³ First Minister's Questions, 18 May 2017

The First Minister recently announced £35m of expenditure to employ an additional 800 mental health workers in A&Es, GP surgeries, every custody suite in every police station and prisons. This is extremely welcome, although clearly this would need to be a recurring budget to ensure the continued employment of these workers.

However:

- We calculate that the overall budget share for mental health has reduced, from 8.6% in 2015-16⁴ to 8% in 2017-18.⁵
- Overall NHS expenditure increased by 45% over the period 2006-07 – 2015-16⁶, suggesting that an increase of 42% in mental health funding is in fact a sign that expenditure has fallen behind

We also note and welcome the commitment in the mental health strategy that future investment in mental health will grow at a rate above overall growth in the frontline NHS budget.⁷ It would be most helpful to have some details on this, such as:

- What is the target rate of increase?
- For what period does this commitment apply?
- Will any specific conditions be attached to this budget uplift?

We are concerned that funding for mental health is not sufficient to achieve the ambitions set out in the Mental Health Strategy and is not keeping pace with investment elsewhere in the UK. The King's Fund quotes the mental health share of expenditure in England as 11%.⁸ And NHS England's Five Year Forward View sets out a budget for mental health rising to £1 billion annually by 2020/21: this is in addition to existing expenditure.⁹ An equivalent investment in Scotland would stand at £100m annually. Instead, the Mental Health Strategy sets out an additional £30m per year. We say more on this in response to question 3.

2. For the health and sport budget for 2018-19 where do you suggest any additional resources could be most effectively deployed and where could any further savings be found? What evidence supports your views?

As above, we suggest that mental health overall requires a greater percentage of health expenditure. We hear regularly from people who have waited many weeks for first appointments, who then wait a further lengthy period for follow-up appointments, and experience enormous frustration through appointments delayed or cancelled because of sickness absence or staff moving on. Beyond this we suggest there are specific areas where additional funding is required.

⁴ Based on figures from Table R340, [NHS Cost Book](#) 2015-16

⁵ Based on figures from Scottish Government [Draft Budget 2017-18](#)

⁶ Based on figures from [NHS Cost Books](#) 2006-2016

⁷ Scottish Government, [Mental Health Strategy](#), 2017

⁸ King's Fund, [Has the government put mental health on an equal footing with physical health?](#) 2015

⁹ NHS England, [Implementing the Five Year Forward View on Mental Health](#), 2016

Psychological therapies

The most recent figures show that in the quarter ending March 2017, just three NHS Boards met the target for starting a psychological therapy within eighteen weeks of referral. During that period 11,208 people started treatment: but at the end of the quarter 20,952 people were waiting to start treatment. Over a quarter of these people had been waiting for more than 18 weeks.¹⁰ We would therefore suggest that psychological therapies urgently require greater investment.

CAMHS

We would also like to see greater investment in children and young people's mental health. Half of all adults who are mentally ill experienced the onset of their mental health problems by the age of 14.¹¹ By the time they're 16, roughly 3 children in every class will have experienced mental health problems.¹² This is why SAMH has launched a campaign on children and young people's mental health, [Going To Be](#).

Within overall NHS mental health expenditure, our latest calculations show spending on children and young people stood at £55,627,378 in 2015/16: around 0.5% of NHS expenditure.¹³ This is slightly less to the percentage of spend in England, which is 0.7%.¹⁴ The Five Year Forward View in England will provide an additional £460m by 2020/21.¹⁵

We suggest at least doubling CAMHS expenditure to £152m per year. This would allow greater funding for tiers 1 and 2, which the Health Committee has previously heard is in need of investment.

Counselling in schools

England, Wales and Northern Ireland all have strategies on counselling services in secondary schools. Children in Wales and Northern Ireland have guaranteed access to schools-based counselling. In Scotland there is no clear strategy, despite the 2005 Scottish Mental Health of Children and Young People Framework calling for the provision of schools based counselling.¹⁶ The Scottish Government's 2017-2027 Mental Health Strategy commits to reviewing the provision of counselling in schools.¹⁷ An evaluation of schools-based counselling in Wales showed that counselling was associated with significant reductions in psychological distress across each of the areas in which it was introduced.¹⁸ Based on costs from England, SAMH estimates that providing counselling in all Scotland's secondary schools would require an initial investment of £9m. We suggest this is an investment well worth making and call upon the Scottish Government to ensure that, by 2020, counselling services are provided across Scotland's secondary schools.

¹⁰ ISD Scotland, [Waiting times for Psychological Therapies January to March 2017](#), June 2017

¹¹ Kim-Cohen et al., 2003; Kessler et al., 2005

¹² Green et al 2005, Mental Health of Children and Young People in Great Britain 2004, cited in [Young Minds key statistics](#)

¹³ Based on figures from [ISD Cost Book](#) tables RO4LSX, SFR 8.3 and R300, as referenced in [PQ S5W-05018](#)

¹⁴ CentreForum Commission on Children and Young People's Mental Health: [State of the Nation](#), 2016

¹⁵ NHS England, [Implementing the Five Year Forward View for Mental Health](#)

¹⁶ Scottish Executive, [The Mental Health of Children and Young People](#), 2005

¹⁷ Scottish Government, [Mental Health Strategy 2017-2027](#)

¹⁸ Welsh Government, [Evaluation of the Welsh School-Based Counselling Strategy](#), 2011

Training staff working in schools

Health and wellbeing is one of eight core areas in the Curriculum for Excellence.¹⁹ But despite a 2005 promise to train teachers, there is no comprehensive programme of mental health training for staff in schools.²⁰ The Scottish Government's 2017-2027 Mental Health Strategy commits to rolling out improved mental health training for those who support young people in an educational setting.²¹

The UK Government has pledged to roll out mental health training for all secondary school teachers in England.²² Based on costs for existing mental health training, SAMH estimates that training all schools staff in mental health would require an initial investment of £4.4m. We call for the creation of a programme to train all school staff in mental health by 2018.

Extension of CAMHS to age 25

Despite a HEAT target to be met from December 2014²³, almost a fifth of children and young people who are referred to Child and Adolescent Mental Health Services (CAMHS) wait more than 18 weeks to be seen.²⁴ Most NHS Boards provide CAMHS services up to the age of 18, though in some the cut-off is 16 unless the young person is in full-time education.²⁵

Despite guidance²⁶ on managing transitional support between child and adolescent and adult mental health services, studies have shown this is patchy and often not prioritised by mental health services.²⁷ The Scottish Youth Parliament reports that young people find the transition from CAMHS to adult services difficult, because neither service feels right.²⁸

A previous Health Committee heard that the criteria for accessing CAMHS are significantly different to those for adult services.²⁹ The Committee urged the Scottish Government to consider establishing a transition service straddling the older adolescent and younger adult age groups.³⁰ Other such services exist in the UK.³¹

Care-experienced young people may now continue to receive support from children's services until the age of 25 and we believe this precedent should now be applied in CAMHS.³² Our initial estimate is that letting young people choose to remain in CAMHS until age 25 would require an initial investment of £19m. We call on the Scottish Government to

¹⁹ Education Scotland, [Curriculum for Excellence](#), accessed April 2017

²⁰ Scottish Executive, [The Mental Health of Children and Young People](#), 2005

²¹ Scottish Government, [Mental Health Strategy 2017-2027](#)

²² [BBC report of speech by Theresa May](#), 2016

²³ ISD, <http://www.isdscotland.org/Health-Topics/Waiting-Times/Child-and-Adolescent-Mental-Health/>

²⁴ ISD, [CAMHS Waiting Times](#), March 2017

²⁵ ISD, [CAMHS Workforce in NHSScotland](#), March 2017

²⁶ NICE guidance, [Transition from children's to adults' services](#), February 2016

²⁷ Paul et al, [Transition to adult services for young people with mental health needs: a systemic review](#), 2014

²⁸ Scottish Youth Parliament, [Our Generation's Epidemic](#), 2016

²⁹ Scottish Parliament Health Committee [Inquiry into Child and Adolescent Mental Health and Wellbeing](#), 2009

³⁰ Scottish Parliament Health Committee [Inquiry into Child and Adolescent Mental Health and Wellbeing](#), 2009

³¹ NHS Camden and Islington Foundation Trust [18-24 transitions service](#)

³² [Children and Young People's \(Scotland\) Act 2014](#)

ensure that by 2020, young people using mental health services can stay until age 25, if they choose. In the long term, a specialist service for 16-25 year olds should be developed.

3. Is sufficient information available to support scrutiny of the Scottish Government's health and sport budget? If not, what additional information would help support budget scrutiny?

There are some areas where there is a lack of information. For example, we do not know what percentage of primary care expenditure relates to mental health. We also do not know what current expenditure is on Tiers 1 and 2 of CAMHS.

We would appreciate greater clarity on the allocation and timeframe of the additional £150m budget on mental health. An additional budget was first announced in August 2015, with £100m of new money for the period 2015-20.³³ In January 2016 this was increased to £150m.³⁴ The Scottish Government now states that this budget is for 2017-22 and is currently being allocated, with £30m profiled for each of the first five years of the strategy.³⁵ We understand from a recent parliamentary answer that there will now be two budgets of £150m each, one from 2016-20 and one from 2017-2022.³⁶ The same answer states that the £25.4m that was spent before 2017-18 is now additional to the £150m set out in the most recent Programme for Government – so it appears that the additional budget is now £175m. This answer further explains that £30m of the £150m is available for 2017-18 and that allocations for this and future years are under consideration.

However, a parliamentary answer in August 2016 stated that £84.3m of the £150 million additional mental health budget had already been committed.³⁷ This was broken down as follows:

- £54.1m to support CAMHS and psychological therapies
- £10m for mental health in primary care
- £15m for the Mental Health Innovation Fund
- £1 million to SAMH's physical activity programme
- £4.2m for people in distress who turn to frontline services.

We are unclear whether the initial £150m is still available for allocation, given the breakdown above. We would welcome some clarity on this issue.

We note that in England, expenditure on mental health is one of the metrics in a scorecard which measures Clinical Commissioning Groups' performance. We would welcome a similar approach in Scotland.

4. What impact has the integration of health and social care budgets had on ensuring resources are directed at achieving the Scottish Government's desired outcomes?

³³ Scottish Government, [Investment in Mental Health](#), 25/08/15

³⁴ Scottish Government, [Mental Health Funding](#), 12/01/16

³⁵ [PQ S5W-07722](#), answered 16 March 2017

³⁶ [PQ S5W-09255](#) answered 2 June 2017

³⁷ [PQ S5W-01768](#) answered August 2016

We welcome the principle of health and social care integration. However in reality, it appears to us that there is little actual integration of budgets, with council and NHS budgets presented separately within IJB budgets. As the Committee is aware, a number of IJBs still do not appear to have approved their 2017/18 budget, making analysis of planned spending challenging. Where budgets have been approved the level of publically available detail on areas of spend, including mental health, varies greatly between IJBs.

We are concerned at recent, seemingly disproportionate, cuts to mental health services within some IJBs. For example, Glasgow City IJB has recently cut £3.9m from its planned mental health expenditure: this accounts for over half of its planned cuts to health and social care. Similarly budget proposals from NHS Tayside to Perth IJB in March 2017 proposed a £2.8m, 10% cut to mental health inpatient spend.³⁸ This was rejected by the IJB as unachievable, delaying the 2017/18 budget sign off.

A small number of IJBs have introduced longer term budget forecasting. For example Aberdeen City IJB in their 2017/18 budget outlined a notional 5 year budget position with projected spend broken down annually to 2021/22 by care group, including mental health.³⁹ This is to be welcomed and encouraged. Longer term financial planning provides more clarity to people using health and social care services and providers delivering services. It also allows IJBs greater scope to align their strategic activities to the National Health and Wellbeing Outcomes, rather than operating in the uncertainty of annual budget cycles.

Nationally, expenditure on adult mental health services stands at 3% of total social work expenditure.⁴⁰ We do not believe this reflects the importance of mental health in our communities.

Further information

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³⁸ Perth & Kinross Council [Integration Joint Board - 24 March 2017](#)

³⁹ Aberdeen City Council [Integration Joint Board Tuesday 7th March 2017](#)

⁴⁰ Audit Scotland, Social Work in Scotland, 2016