

## Scottish Government Mental Health Strategy Consultation – SAMH Response

For almost a century SAMH has supported Scotland's mental health. 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, respectme, suicide prevention and active living, inform our policy and campaign work to influence positive social change. We aim to play our part in helping to shape national priorities; our views are always informed by the conversations we have with people who are experts by experience.

We welcome the opportunity to respond to the Scottish Government's consultation on the upcoming mental health and wellbeing strategy - which we are presenting as a paper.

### 1. A new strategy

World events are creating enormous challenges for people across the country; in particular, the pandemic and rising cost of living has impacted, and will continue to impact our mental health and wellbeing. The pandemic has profoundly shaped how mental health services and supports are delivered and experienced. In this context the proposed refresh of Scotland's mental health strategy is timely and critical, however, we believe a refresh is not enough. We must build a new, accessible and fully-resourced mental health service to support Scotland's recovery from the pandemic. We believe this will require a paradigm shift in how we design, resource and deliver mental health care including preventative actions and support for people with severe and enduring mental health problems.

The pandemic, cost of living crisis and long term structural problems in our mental health system leaves Scotland vulnerable to the very significant mental health challenges ahead. The Centre for Mental Health forecasts that the NHS will need two to three times its current capacity to adequately meet and treat the expected increase in mental health problems in the coming years.<sup>1</sup> While this report was focused on NHS England, it is safe to assume a similar situation applies in Scotland. Bold action is needed now to radically increase capacity both inside the NHS and in wider community supports, to meet this growing demand.

We know that significant problems in accessing support for mental health long predate the pandemic, with Scotland as a whole never meeting the 18-week waiting time targets for CAMHS or adult psychological services. Easily accessible and timely mental health support for people in the community, including preventative and early intervention support, must be a top priority in any new strategy.

Despite longstanding commitments to shift the balance of care and resource from acute and inpatient settings to community and preventative actions, progress is slow. Audit Scotland reported in 2018 that the share of expenditure for community based health and social care support has remained unchanged since 2012/13.<sup>2</sup> To achieve the laudable strategic vision of 'Better Mental Health and Wellbeing for All' Scotland needs a radical new mental health strategy.

Our 2021 manifesto<sup>3</sup>, informed by 2,500 engagements, sets out three key priorities: a significant expansion of psychological wellbeing support, accessible to all who need it in the way which works best for them; prioritisation of children and young people's mental health with no young person rejected from support; and ongoing commitment to tackle mental

---

<sup>1</sup> Centre For Mental Health [CentreforMH\\_NowOrNever\\_PDF.pdf \(centreformentalhealth.org.uk\)](https://www.centreformentalhealth.org.uk)

<sup>2</sup> Audit Scotland, Health and Social Care Integration Update, 2018, [https://www.audit-scotland.gov.uk/uploads/docs/report/2018/nr\\_181115\\_health\\_socialcare\\_update.pdf](https://www.audit-scotland.gov.uk/uploads/docs/report/2018/nr_181115_health_socialcare_update.pdf)

<sup>3</sup> <https://www.samh.org.uk/get-involved/standing-up-for-scotlands-mental-health/samh-manifesto>

health stigma. Furthermore, to achieve meaningful positive change, we must ensure mental health support – statutory, and support delivered by the third sector – is sustainably funded to meet demand, with a workforce that is sufficient and valued.

We are particularly positive about the commitment to move to an outcomes-based model as set out in the consultation. We must do more to measure the impact of interventions on people's mental health and wellbeing and share good practice. We welcome positive moves in this regard with the ongoing expansion of Public Health Scotland's Mental Health Indicator project.<sup>4</sup> This work must continue at pace and align to relevant outcomes in the upcoming mental health strategy. It is critical that all outcomes in the strategy are measurable and aligned to actions, with transparent budget and clarity on responsibility for each action. On measurement of outcomes, particularly at an individual and system level, learning should be taken from other parts of the UK, such as England's IAPT service where outcomes on treatment - including recovery rates - are routinely measured and published allowing greater evaluation of the service.

## **2. System redesign**

Over the past five years of the existing mental health strategy there have been significant positives. Examples include: the introduction and expansion of the link workers project and Distress Brief Intervention (DBI) programme; continuation of anti-stigma activities through See Me; ongoing expansion of the mental health workforce through Action 15; and more recently the introduction of both the adult and young people's 'Communities Mental Health and Wellbeing' funds.

Despite these very welcome achievements longstanding systemic challenges to our mental health system persist, including long waiting times, confusing care pathways (both in health and social care) and a lack of community provision. The recently published waiting times for adult psychological therapies demonstrate these challenges with nearly 20% of people waiting more than 18 weeks before starting treatment.<sup>5</sup>

The outcomes framework describes 'changing the foundations' and whilst we are keen to understand this intention, our interpretation is it would not lead to the systems change we believe is necessary.

In undertaking a redesign, we believe there are a number of priority areas that the new strategy needs to include:

- **Psychological Wellbeing**

People should be able to access psychological wellbeing support without the need for either referral or subsequent waiting list. 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. Models such as our Time for You service,<sup>6</sup> delivered in partnership with Glasgow Caledonian University, provide opportunities for learning.

- **Peer Support**

Central to future redesign of the mental health system should be a wholesale increase in mental health peer support. As a deliverer of peer support we know it works. To support the expansion of peer support we would like the strategy to include a national peer workforce

---

<sup>4</sup> PHS Mental health indicator development 2022 [Mental health indicator development \(publichealthscotland.scot\)](https://www.publichealthscotland.scot/publications/mental-health-indicator-development-2022/)

<sup>5</sup> PHS [Psychological therapies waiting times - Quarter ending June 2022 - Psychological therapies waiting times - Publications - Public Health Scotland](https://www.publichealthscotland.scot/publications/psychological-therapies-waiting-times-quarter-ending-june-2022/)

<sup>6</sup> [Time for You – SAMH Mental Health and Wellbeing Support | SAMH](https://www.samh.org.uk/time-for-you/)

target, a commitment to expand peer infrastructure and a shared understanding of what peer support is - to be delivered by a funded National Leadership Group on peer support for mental health

- **Access**

The pandemic fundamentally changed how people received mental health care and treatment, with a shift to remote delivery. SAMH conducted research during this time reaching more than 1500 people who were in receipt of care and treatment for their mental health. The report is due to be published and reveals that a return to face to face support was the top priority for over half of people taking part in the research with many finding remote support challenging and distressing.<sup>7</sup> The research also highlights that more needs to be done to improve people's confidence in the support they need being available.

The forthcoming strategy must ensure easy and timely access to support and advice for mental health becomes a reality rather than aspiration. The mode of delivery must be determined according to the wishes of the person seeking support rather than constrained by systemic or budgetary challenges. As set out in our response to the Scottish Government's proposals for a National Care Service (NCS) we believe the NCS has potential to reduce unnecessary complexity in accessing the community health and social care system.<sup>8</sup> More broadly we would like the strategy to prioritise easy access and choice across health and social care sectors.

For both adults and young people, we would like to see a multi-disciplinary community-based mental health triage model introduced which can quickly assess and connect someone to the right support, without the threat of rejection. This would broaden traditional referral and assessment routes beyond statutory assessment practices (from primary care to secondary mental health services) and ensure the full scope of community wellbeing assets are embedded and utilised when someone first tries to get support for their mental health.

We know that primary care continues to be a key route to access support for mental health. As such we welcome the Government's recent commitment to implement new Mental Health and Wellbeing Primary Care Services, backed by £40 million of funding by 2024-25.<sup>9</sup> We agree that these services should be multi-disciplinary with the link worker playing a central connective role.

SAMH currently delivers all Aberdeen City's link workers and recognises the benefit of their support of often vulnerable people in accessing community resources. Of the 6,000 people supported by the service to date, over a quarter (26%) of all referrals are due to poor mental health, followed by 13% for isolation.

Link workers must be fully recognised and resourced in the proposed mental health and wellbeing workforce plan. As the community link worker programme has developed, we have seen divergences across health boards in the function and responsibilities of the role. For example, not all Community Link Practitioners are embedded within GP practices and, depending on their role, they may not have access to patient medical records.<sup>10, 11</sup> This variation is not good for patient care and consistency of service delivery. The proposed

---

<sup>7</sup> SAMH Still Forgotten? (Publication Forthcoming autumn 2022)

<sup>8</sup> [National Care Service consultation - SAMH Response.pdf](#)

<sup>9</sup> [Increasing mental health support in GP practices - gov.scot \(www.gov.scot\)](#)

<sup>10</sup> Scottish Parliament, Health and Sport Committee Official Report, 2019, <https://www.parliament.scot/parliamentarybusiness/report.aspx?r=12311&mode=pdf>

<sup>11</sup> NHS Lothian, Community Link Workers in Edinburgh, 2016, <https://www.evoc.org.uk/wordpress/wp-content/media/2017/02/Edinburgh-Community-Link-Worker-Report-PUBLISHED.pdf>

strategy and workforce plan provides the opportunity to extend the Community Link Practitioner programme across Scotland and standardise the Community Link Practitioner role.

- **Social Prescribing & Prevention**

A redesigned mental health system must prioritise actions and interventions to prevent mental illness and enhance public health approaches to self-management and early intervention. We welcome many of the proposed outcomes for the strategy reflecting these goals. Utilising the role of sport and physical activity in supporting our mental health and increasing social prescribing opportunities to a range of community activities is key. SAMH believes that social prescriptions like gym membership should be free, just as medical prescriptions are.

A good example of the use of physical activity to promote better mental health and wellbeing was our behaviour change programme: Active Lives Become Achievable (ALBA). Under action 31 in the current strategy, ALBA was funded by the Scottish Government between 2016 and 2019. ALBA supported adults who have a mental health problem to increase their levels of physical activity, mental health and wellbeing. The evaluation of ALBA found the programme had a significant effect on self-reported physical activity, self-efficacy for exercise, patient activation and mental wellbeing, which was sustained over the follow-up period of 6 and 12 months.<sup>12</sup> It is regrettable that despite positive results, Scottish Government funding for ALBA was not maintained over the lifetime of the existing strategy. We would like to see funding for this and other programmes like it made available as we move into the next strategic period.

### **3. Populations we have the most concern for**

Along with our own research, we supported the Scottish Covid-19 Mental Health Tracker Study<sup>13</sup> which found that the whole population's mental health has been negatively affected by the pandemic and a number of groups were at particular risk of negative mental health outcomes.

#### **Children and young people**

It is imperative that the proper emphasis is given to children and young people in the new strategy. SAMH is on record over many years making the case of the failure of the CAMHS system. Of greatest concern is the rejected population: we know that CAMHS rejected referrals remain consistent at around 20-25% of total referrals. If rejected referrals are not given a positive destination as a matter of priority, we risk losing a generation to mental health problems or worse.

While some local authorities have made progress in establishing community mental health facilities for those age 5-25, these services do not have sustainable funding. Furthermore, very few of these services report CAMHS as a referrer, which leaves children and their parents still having to navigate through a confusing and unstable landscape.

#### **People living with mental health problems**

The pandemic impacted all of us, but it has, and continues to have, a particularly negative affect on people living with mental health problems. To explore the impact of the pandemic

---

<sup>12</sup> SAMH [Evaluation of ALBA February 2020 - FINAL.pdf \(samh.org.uk\)](#) 2020

<sup>13</sup> Scottish Government [Scottish COVID-19 Mental Health Tracker Study: Wave 5, Final Report \(www.gov.scot\)](#) 2022

on people accessing support for their mental health SAMH undertook a significant piece of research, with phase one findings published in 2021 and final findings due for publication this autumn.<sup>14, 15</sup> Key findings across the two year research project include: the challenges associated with a substantial shift to remote (telephone and digital) mental health support; a perception that mental health support has been deprioritised; and a lack of professional continuity and consistency in mental health care and treatment.<sup>16</sup> The final report is due to be published soon and we will share a copy with you.

## Women

The Scottish Covid-19 Mental Health Tracker Study Wave 5 report<sup>17</sup> found that young women were at highest risk of poor mental health. Indeed, when considering women of all age groups at most waves, women reported higher rates of depressive symptoms, anxiety symptoms, and lower mental wellbeing than men.<sup>18</sup>

SAMH endorses recommendations in the Wave 5 report including the need for policy initiatives to target young people and people from other risk groups including women, particularly those with unpaid caring responsibilities and young dependants.<sup>19</sup>

## People experiencing poverty

The link between poverty, inequality and mental health is longstanding and much discussed. We know that mental health outcomes are poorer for people experiencing poverty. The 2019 Scottish Health Survey (last one prior to the pandemic) found that 21% of people in our most deprived communities reported two or more symptoms of depression compared to 8% in our least deprived areas. Similar findings were reported for anxiety and loneliness.<sup>20</sup>

With the cost-of-living crisis likely to deepen over the coming years, urgent action is needed to focus resource and support – beyond direct mental health support – in our communities experiencing poverty. We welcome that the impact of poverty is reflected in a number of the draft outcomes for the strategy, and actions underpinning these will be essential. This will require a cross-government and society approach. Key areas include embedding mental health and wellbeing policy initiatives in areas such as social security, housing, debt advice and education.

## 4. The mental health workforce & third sector

SAMH welcomes the commitment from the government for a mental health and wellbeing workforce plan. Longstanding pressure compounded by the pandemic and Brexit have placed increasing strain on the third sector mental health workforce across health, social care and community settings.

While much progress has been made in increasing the NHS mental health workforce, with an 88% increase in the CAMHS workforce since 2006,<sup>21</sup> we know demand continues to outstrip capacity. In social care and community services we are in the midst of a workforce crisis. Audit Scotland and the Accounts Commission both highlight challenges to recruitment

<sup>14</sup> [Forgotten - Mental Health Care and Treatment During the Coronavirus Pandemic - research\\_report.pdf \(samh.org.uk\)](#)

<sup>15</sup> SAMH Still Forgotten? Due for publication Autumn 2022

<sup>16</sup> [Forgotten - Mental Health Care and Treatment During the Coronavirus Pandemic - research\\_report.pdf \(samh.org.uk\)](#)

<sup>17</sup> Scottish Government [Scottish COVID-19 Mental Health Tracker Study: Wave 5, Final Report \(www.gov.scot\)](#) 2022

<sup>18</sup> Scottish Government [Scottish COVID-19 Mental Health Tracker Study: Wave 5, Final Report \(www.gov.scot\)](#) 2022

<sup>19</sup> SAMH [Scottish COVID-19 Mental Health Tracker Study: Wave 5, Final Report \(www.gov.scot\)](#) 2022

<sup>20</sup> Scottish Government [The Scottish Health Survey: 2019 edition - volume 1 - main report \(www.gov.scot\)](#) 2020

<sup>21</sup> NHS Scotland NES [06 September 2022 CAMHS | Turas Data Intelligence \(nhs.scot\)](#)



and retention, putting immense pressure on providers and placing essential care at risk.<sup>22</sup> The third sector delivers a significant proportion of mental health care and support in Scotland in an increasingly challenging environment. Short term commissioning practices and tightening budgets contribute to challenges in embedding fair work practices to retain, recruit and support staff in the sector. To ensure mental health and particularly social care is recognised as an attractive profession we need a culture - and resource - shift to fully recognise and support people working at all levels of the system, recognising the life changing role our social care workforce plays in supporting independent living and recovery.

The forthcoming mental health and wellbeing workforce plan must provide full recognition of the crucial and substantial role the third sector plays in mental health care and support. While many of the draft workforce outcomes are welcome, including commitments to fair work practices, it is not clear how these will be applied to the full mental health and wellbeing workforce beyond the statutory sector.

It will be critical in developing the workforce plan that the Scottish government engages in genuine co-production, with mental health staff and providers from the third sector on an equal footing with staff and representatives from statutory partners.

## 5. Resources

Finally, we have some observations on the resources and budget to deliver. Whilst we welcome commitments from the Government to increase mental health spend over the course of the parliament by 25%, ensuring that at least 10% of frontline NHS spend goes to mental health, we don't believe this is sufficient to realise the ambition.<sup>23</sup> To achieve the radical redesign that is urgently needed, funding for mental health must match spend (as a % of total NHS spend) with other parts of the UK.

While a commitment to 10% of frontline NHS spending on mental health is an improvement on the current position, we note that this lags behind spending in England. In 2021/22 under NHS England's Long Term Mental Health Plan, 13.8% of local health spend is being allocated to mental health (including learning disabilities and dementia).<sup>24</sup> In Scotland we should be aiming to at least match this level of spend.

Furthermore, analysis undertaken by Scotland's Mental Health Partnership found that Health & Social Care Partnerships spend £233m on mental health care and support. This is the equivalent of barely 20% of the total spend nationally on mental health services.<sup>25</sup> Sustainable funding for local services including those provided by the third sector is essential if we are to genuinely shift the balance of care to preventative and community approaches.

Whilst we acknowledge the resource challenges, we believe to fulfil the ambition in the strategy a reassessment of mental health spending must be a key priority for both Scottish and local government.

## 6. In conclusion

SAMH welcomes the development of this new strategy and we stand ready to continue to support this work over coming months. There is good work and learning to build on from the previous strategy. As one of the largest third sector providers of mental health support our

---

<sup>22</sup> Audit Scotland [Social care briefing \(audit-scotland.gov.uk\)](https://www.audit-scotland.gov.uk) 2022

<sup>23</sup> [A Fairer, Greener Scotland: Programme for Government 2021-22 \(www.gov.scot\)](https://www.gov.scot)

<sup>24</sup> [NHS England » NHS mental health dashboard](https://www.nhs.uk)

<sup>25</sup> SMHP [Local Election Manifesto 2022](https://www.smhp.org.uk)

perspective is always rooted in our engagements with experts by experience and their ambitions for the future delivery of mental health support, care and treatment.