Mental Health in Scotland – a 10 year vision

Response from MWC to Scottish Government consultation

1. The table in Annex A sets out 8 priorities for a new Mental Health Strategy that we think will transform mental health in Scotland over 10 years. **Are these the most important priorities? If no, what priorities do you think will deliver this transformation?**

It is important to be clear that having the right priorities will not, in itself, 'deliver this transformation'. The strategy needs a credible path to the desired results, and this will require more development than seems likely in the timescales and process currently envisaged.

We feel these priorities are, at best, a framework to improve mental health services. A strategy to transform mental health in Scotland would need to be broader, and involve government and society working together to address the social determinants of mental ill-health in Scotland, including poverty, inequality and discrimination. It would include work to develop resilience in children and young people, strengthen communities and transform workplaces.

A specific example of an area which could and should be included in a government-wide mental health strategy would be to improve the response of the justice system to people with mental health needs. The police, the prosecution service, the prison service and the courts have all expressed a wish to respond better to this group, whether as offenders, victims or witnesses.

We appreciate that there are other government initiatives which address these issues to some degree. However, unless we link these strategic challenges to a clear and measurable vision of improving mental health in Scotland, we may find in ten years that little has changed.

Within the limited frame of reference of the document, we welcome the fact that most of the priority areas in the MWC submission to the government have been identified.

Mental Welfare Commission proposed priorities

The most significant omission is our proposal that mental health services need to respond better to those who do not fit our current service approaches.

Our visits and investigations repeatedly show worse services and poor outcomes for people with complex or unusual needs, including people with autistic spectrum disorders, acquired brain injury, a personality disorder label, a dual diagnosis (e.g.

learning disability plus mental illness), or women and young people needing secure care. Developing an adequate response to these small but highly vulnerable populations often needs to be at a regional or national level, and requires a greater degree of co-ordination and strategic direction than often appears to be the case at the moment.

Although the document states that it is organised around three priorities of Start Well, Live Well and Age Well, there is little in the priorities or the proposed actions which specifically addresses the needs of older people.

2. The table in Annex A sets out a number of early actions that we think will support improvements for mental health. **Are there any other actions that you think we need to take to improve mental health in Scotland?**

(2) *Prevention and early intervention for infants, children and young people*

We would like to see specific actions targeted at looked-after young people, given the hugely unequal outcomes this group experience.

(4) *Support people to manage their own mental health*

The potential of self-directed support to allow people greater control of their mental health support has yet to be realised, and there are significant practical and legal barriers for people with mental health issues which should be tackled to make this a realistic option for more people.

(5) *Improve access to mental health services*

We would like to see greater acknowledgement that, over the next ten years, we will need significant shifts in resources and changes to models of care. The document is silent on the integration of health and social care, which is likely to continue to be the strategic focus of health boards and local authorities for several years.

Improved access needs to include being able to move to the right level of support as needs change. We see considerable evidence of people ‘stuck’ at different points in the system, notwithstanding the attention given to delayed discharge.

Better responses needs to be developed across the range of non-specialist services which support people in crisis, particularly Accident and Emergency departments, but also services such as NHS24 and the police. This would contribute to the ‘result’ of integrated service provision between community, primary, secondary and acute settings, and needs early action if it is to be achieved.

(6) *Improve physical health of people with severe and enduring mental health problems*

We welcome this commitment, but believe it needs a more serious and systematic programme of intervention, particularly in ensuring support for healthy lifestyles within mental health services.

(7) *Parity between mental and physical health*

We would like to see early action to address the point in our submission that 'we see ward environments that would never be tolerated in health settings for physical conditions, and people kept in hospital for much longer than they need to be, sometimes with little meaningful activity in their day.'

(8) *Realise human rights*

This section would benefit from more actions on how existing protections for human rights will be secured, including the safeguards provided by mental health officers. As we have reported (see link below), there has been a significant reduction in MHO involvement in emergency detentions and the provision of social circumstances reports, both of which are important human rights safeguards.

Emergency detention certificates without MHO consent

We welcome the Government's positive response to our recommendations for improvement, but we need a clear action plan to ensure that MHOs are able to deliver a timely and effective service.

The early actions are rather disconnected and do not go beyond commitments made last summer during the passage of the Mental Health (Scotland) Act 2015. Early actions should also include consideration of the implications of the UN Convention on the Rights of Persons with Disabilities, particularly as the UK's compliance with the Convention is likely to be reviewed soon. As the Commission argued in its response to the consultation on the Adults with Incapacity Act, that requires a more fundamental review of incapacity, adult protection and mental health law, of which the current reviews would form part.

The outcome over the ten year timeframe should be a new rights-respecting legislative framework which respects international human rights norms (see also our comments below in response to Q3).

Advocacy and advance statements are also important mechanisms to protect the human rights of people with mental health problems, and there should be some early action in furtherance of the new responsibilities on local authorities, health boards and the MWC in the Mental Health (Scotland) Act 2015.

3. The table in Annex A sets out some of the results we expect to see. **What do you want mental health services in Scotland to look like in 10 years' time?**

The 'results' of the strategy should not just be about what we want mental health services to look like – but about what we want Scotland to look like.

The process of getting there is important – there needs to be commitment over several parliaments from all involved, including agencies for whom mental health is not the main focus. The vision to sustain this over time needs to be developed and owned by the mental health community and wider civil society.

It is important that the strategy demonstrates how planned actions will achieve the desired results. Otherwise, the risk is that this simply becomes a way of ordering a set of un-strategic initiatives and interventions so that they appear more coherent. The strategy needs to drive activity, not just categorise it.

The current drafting of the 'results' at Priority 8 is in some respects unambitious (e.g. 'less' discrimination, and 'fewer' health inequalities and 'improved' employment could all be met by minor improvements), and the meaning of the second paragraph is obscure.

They would be improved by drawing more explicitly on the 'impact' section of the logic model in the SHRC/MWC report on human rights in mental health care, namely:

> (a) service users and carers [can] enact their rights;
> (b) the human rights of all service users and carers are fully met at every point in the mental health and social care pathway;
> (c) there is full compliance with international human rights norms;
> (d) all of which contribute to a Scotland where care is person-centred and self-directed, which is free of mental health stigma and discrimination, in which recovery is a reality for all, and which is just and inclusive.

Human rights in mental health care in Scotland

The closing section on 'Making a difference' talks of indicators across 'a range of services', but we would like to see some measurement of whether the mental health of the population and particularly vulnerable groups has improved. (We are aware that the National Performance Framework contains an indicator for mental wellbeing, but this has remained essentially static for several years, so some more targeted measures may be required.)

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