



Briefing for the Public Petitions Committee

Petition Number: [PE1438](#)

Main Petitioner: Lynsey Pattie

Subject: Services for people with mental health problems and stigma surrounding mental illness.

Calling on the Parliament to urge the Scottish Government to provide improved mental health services for those people in hospital and that have been discharged after having a mental health problem, and to actively stop the stigma of mental ill-health to ensure that people with mental health problems do not feel ashamed of their feelings.

BACKGROUND

The petition discusses a number of general concerns around the treatment of those diagnosed and treated with a mental health problem, the ongoing issue of associated stigma, waiting times for treatment, suicide and prevention of poor mental health. In particular the petitioner is concerned with the treatment of people whilst in hospital and their care plan after discharge, as well as the active steps that are taken to address the stigma of mental illness. This briefing provides a summary of key information, and should not be taken as being a comprehensive review of policy and services in this area.

Over the past thirty years or so mental health treatment has tended to move away from hospital based care to individuals receiving treatment in community settings.

It is estimated that there are up to 850,000 people with mental health problems at any one time in Scotland¹. In terms of suicide, there has been a 17% reduction (19% for males and 9% for females) between 2000-02 and 2009-11. There were 772 suicides in 2011, that is, 14.5 per 100,000.² The male suicide rate is three times that for females.

¹ *The World Health Report 2001 – Mental Health: New Understanding, New Hope*, World Health Organisation, 2001.

² 772 is the suicide figure before the changes to the classification are included. From 2011, NRS implemented WHO changes to the classification of drug abuse deaths by "acute intoxication" - these would previously have been counted under "mental and behavioural disorders" but are now counted under "poisoning" and will therefore be counted as probable suicides. 889 is the suicide figure after the changes to the classification are included.

Audit Scotland carried out an [Overview of Mental Health Services](#) in 2009 which found that there was a need to be a better understanding of the care people receive and how resources to support this are best used. The key messages were:

- There is higher risk of mental ill health for people in deprived areas
- Management information on waiting times, staffing, and caseloads etc is needed
- Evidence is needed to better assess community interventions and the associated use of resources
- Individuals receive care from different agencies. Because of different information systems used by NHS Boards and Local Authorities, the ability to deliver joined up and responsive services is limited.
- There is a recognition that there are wider costs associated with poor mental health

There is also a wide variation in the quality of services and staffing provision³ across Scotland in terms of both the NHS and social care. The Scottish Government has acknowledged that there is a lack of consistency of service across Scotland and has been addressing many of the messages and recommendations of the Audit Scotland report in its current strategy (see below).

SCOTTISH GOVERNMENT ACTION

Key Government Strategies

[Delivering for Mental Health](#) 2006 and [Towards a Mentally Flourishing Scotland: Policy and Action Plan 2009 - 11](#) preceded the current [Mental Health Strategy for Scotland 2012 – 15](#). The former set out commitments, targets and action plans regarding mental health care improvement. The focus of the Strategy is mental health promotion and prevention of illness along with supported self-management for those with, or at risk of, poor mental health.

The [Mental Health Strategy for Scotland 2012 – 15](#) highlights seven themes for mental health, under the broader aims that mental health improvement are measured as being person-centred, effective and safe:

- Working more effectively with families and carers: their involvement in policy development and service delivery
- More peer to peer work and support: by trained staff who have recovered from poor mental health themselves
- Increase in self help and self management: e.g. NHS 24 [LivingLife](#) Guided Self Help Service and [co-production](#), which is a relatively new way of conceiving the relationship between services, service providers and users whereby the expertise of the user becomes part of the process of service delivery and improvement.
- Extending the anti-stigma agenda to cover further work on discrimination: within health services themselves as well as in the wider community

³ Personal communication with the Scottish Government

- Focusing on the rights of those with mental illness: building on the principles within the [2003](#) Act.
- Developing an outcomes approach for personal and social as well as clinical outcomes
- Effective use of technology to provide information and evidence based services

HEAT Targets

HEAT Targets are NHSScotland targets for performance in the areas of Health Improvement, Efficiency, Access to services and Treatment that is appropriate to the specific needs of patients.

There is a [HEAT](#) target to 'Deliver faster access to mental health services by delivering 18 weeks referral to treatment for Psychological therapies from December 2014'. This was approved by the Scottish Government in November 2010 for inclusion in HEAT from April 2011.

In 2009 another [HEAT](#) target was introduced stating that 'By March 2013 no one will wait longer than 26 weeks from referral to treatment for specialist Child and adolescent mental health services'. This was approved by the Scottish Government for inclusion in HEAT from April 2010.

In recognition of relatively high suicide statistics, a [HEAT](#) target was originally set out in 2002 under the [Choose Life](#) campaign to reduce the suicide rate between 2002 and 2013 by 20 per cent. Since 2002 a wide range of suicide prevention activity has taken place across Scotland both nationally and locally. This has included action by the NHS, Local Authorities and the voluntary sector.

Campaigns and initiatives

The Scottish Government has advised that it recognises that stigma and discrimination still blight the lives of people with mental health problems, not only in the wider community, but in health care settings themselves and they are taking active steps to address this through various commitments contained in the current mental health strategy (see above). This includes a commitment for the Scottish Government to working with partners to develop a service response that focuses more on the distress of those who present to services in order to promote better engagement. This means working with all services that respond to people in distress such as the police, social workers, and staff in Accident and Emergency units for example.

[Choose Life](#) is the Scottish Government funded NHS Health Scotland's initiative to address suicide and self-harm. Their work includes public campaigns and the programme has co-ordinators within local authorities, NHS, not-for-profit organisations and other key organisations such as the police, prisons and universities. Scottish Government will soon begin an engagement process to develop a successor strategy to build on Choose Life.

There is a national campaign '[See Me...](#)' to end the stigma and discrimination associated with mental ill-health. It is an alliance of five Scottish mental health

organisations: Scottish Association of Mental Health, Highland Users Group, Support in Mind Scotland, Penumbra and the Royal College of Psychiatrists – Scottish Division.

[Healthy Working Lives](#) is an NHS Health Scotland initiative which is aimed at improving overall health in the workplace, partly through an award scheme that supports employers and employees to develop health promotion and safety themes in the workplace. Under the [health promotion](#) information, stigma and discrimination around mental health is highlighted as a potential theme for employers to consider.

Review of the Mental Health Act

The Mental Health Act 2007 was a major review of the [Mental Health \(Care and Treatment\) \(Scotland\) Act 2003](#) legislation and covers those who enter hospital voluntarily and those placed under Compulsory Treatment Orders. A limited Review was carried out in January 2008 when the then Minister for Public Health, Shona Robison MSP, announced the establishment of a group, headed by Professor Jim McManus. It looked specifically at five areas: advance statements; independent advocacy; named persons; Tribunals; and, medical matters.

The review presented its [report](#) to Ministers in March 2009, and it included a number of recommendations, some of which require primary legislation. This led to the Scottish Government publishing a consultation in August 2009. It published its [response](#) in October 2010, and agreed that some topics would require primary legislation to amend the 2003 Act. It is expected that a Bill will be forthcoming during this Parliamentary session.

SCOTTISH PARLIAMENT ACTION

The Health and Sport Committee carried out an inquiry on [Child and Adolescent Mental Health Services \(CAMHS\)](#): The Committee [published](#) its report entitled [child and adolescent mental health and well being](#) on 23 June 2009. The Committee received a [response from the Scottish Government](#) to the findings and recommendations of this report on 31 August 2009. The Scottish Parliament held a [debate on the Committee's report](#) on 6 January 2010.

The Equal Opportunities Committee carried out a post-legislative scrutiny of The Mental Health (Care and Treatment)(Scotland) Act [2003](#) and reported to Parliament on 24th June 2010 and received a [response](#) from the Scottish Government on the 9th September 2010.

There have also been a number of other debates in Sessions 3 and 4 on mental health issues.

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25th October 2012

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