

PE1438/B

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Ur faidhle/Your ref: PE1438
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Dear Colleagues

I am writing in response to the Public Petitions Committee consideration of Petition PE1438. Mental health is a priority for the Scottish Government. The petition and the Committee's discussion covered a number of important aspects of mental health. I have provided information about the Scottish Government's approach to mental health, set out in more detail the Mental Health Strategy, and highlighted a number of issues that were covered specifically in the Committee's discussion. I hope this is helpful in considering the petition further.

Mental Health Strategy

We published our new [Mental Health Strategy](#) in August 2012. It brings our mental health improvement work and work to improve mental health services together for the first time in a single strategy. It sets out the work that we have already started and will continue; together with our ambitions to increase the pace of change and focus on key changes and improvements for the future within a clear performance and accountability framework.

Balance Between Community, Inpatient and Crisis Services

The Mental Health Strategy recognises that a well functioning mental health system will have a range of community, inpatient and crisis services and recognises the considerable redesign of mental health services across Scotland to reflect the move from hospital to care which is now mostly delivered in the community.

We know that admission to an inpatient service has social and economic implications. We have through delivery of the former readmissions HEAT target seen a 25% reduction in psychiatric readmissions over 2004-09. Building on that work, a key change area in the strategy will be a focus on improvement across community, inpatient and crisis services. This includes specific commitments to identify the key components of crisis prevention approaches; to better respond to first episode psychosis; to develop indicators of quality in

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community service to reduce variation across services and further reduce readmission to hospital; and to conduct an audit to better understand the use of psychiatric beds across Scotland. A focus on these areas will help inform NHS Boards to make better strategic decisions on service structure and redesign to further improve efficiency and deliver better outcomes for individuals.

Child and Adolescent Mental Health

Much work has been undertaken nationally over the past 3 years to improve access to specialist CAMHS. This followed the setting of a HEAT target which states "no patient shall wait longer than 26 weeks between referral and treatment for specialist CAMHS by March 2013". That target will reduce to 18 weeks by December 2014, in line with the access to psychological therapies target which covers people of all ages.

We are on track to deliver the HEAT target, reflecting a significant service improvement and reduction in waiting times. The target is intended to reduce waiting times and improve access to CAMH services overall, but it does not remove the role of clinicians in deciding when a child needs to access a service more quickly. Waiting time data is produced by ISD on a quarterly basis and the most recent data (up to September 2012)

<http://www.isdscotland.org/Health-Topics/Waiting-Times/Child-and-Adolescent-Mental-Health/> shows that 89% of patients started treatment within 26 weeks and the average wait was 8 weeks (using adjusted waits).

A decision to admit a young person to an adolescent unit will be made only if admission is deemed the only safe and appropriate option available for the patient. It is important therefore that beds are available when required. In order to ensure that this is the case two approaches are being taken nationally. Firstly a decision of the North of Scotland NHS Boards to build a new 12 bedded unit in Dundee to replace the current 6 bedded unit will increase the bed base from 42 to 48 beds and improve the quality of the estate. Secondly a new model of care and treatment has been introduced. This new approach to addressing the issue of capacity has seen the development of CAMHS intensive 'hospital at home' type service delivery in a number of NHS Board areas.

In the Mental Health Strategy we make a commitment to tracking variance in lengths of stay in the child and adolescent units, and focus on reducing admissions of under 18s to adult wards, with a new commitment to reduce admissions across Scotland to a figure linked to current performance in the South of Scotland area which has demonstrated significant improvements through service development in the community and inpatient unit over the last 5 years.

Access to Psychological Therapies

We set a HEAT Target for access to psychological therapies: 'Deliver faster access to mental health services *by delivering 18 weeks referral to treatment for Psychological therapies from December 2014*'. NHS Boards are already collecting and submitting data (data quality is improving and we hope to publish in 2013) to measure progress towards meeting the HEAT target. The target is complex, as psychological therapies for mental illness are delivered by a number of different services and professional groups e.g. by community mental health teams, substance misuse services, psychology services and highly specialist teams e.g. learning disability.

Scotland is the only country to have set itself an access target for psychological therapies. Boards are making good progress towards meeting the target. We are aware that waiting times have historically been long for psychological therapies, with variation between different

areas and services. Therefore, the 18 week target has been set as a realistic goal as a maximum time to wait. Many patients will experience shorter waiting times than this.

Reducing Stigma and Discrimination

see me is Scotland's campaign to tackle the stigma and discrimination which can surround mental ill health. It is fully funded by the Scottish Government. Its work includes: challenging and eliminating stigma and discrimination; raising general public awareness of mental health issues and seeing those with mental health problems as people; making people more aware of mental health problems so they seek help earlier; helping achieve more responsible media reporting of mental health problems. We have made a commitment in the Mental Health Strategy to work with see me to continue to support and extend this agenda.

see me monitor the national press regularly for reporting standards on mental health, and challenge or congratulate where appropriate. They have seen a trend towards more sensitive and positive reporting over the years, and have had several notable successes in having offensive terminology removed or corrected.

see me run a media volunteers programme on behalf of themselves and other Scottish Government fully funded mental health improvement organisations (Choose Life, Scottish Recovery Network, and Breathing Space). They train and support volunteers with lived experience of mental ill health and their carers, who are willing to be called upon to talk about aspects of their experience to the media.

see me launched their 'What's on your mind?' campaign in February 2012. This campaign is aimed at 13-15 year olds, and see me has provided curriculum packs to every secondary school in Scotland. These packs contain classroom resources and activities which address concerns and misconceptions pupils and teachers may have about mental health in an appropriate way, and can be delivered through the Curriculum for Excellence. The campaign shows how being there for a young person with mental health concerns can make all the difference, whether you are a teacher, a friend, or a parent.

Curriculum for Excellence

Good health and wellbeing is essential for successful learning and happy lives for children and young people. The Curriculum for Excellence recognises that how children and young people feel about themselves will have a huge impact on their learning and success in life. It is up to Local Authorities and schools to determine how they will deliver the curriculum to best suit the children and young people in their area. Curriculum for Excellence seeks to empower the teaching profession, enabling practitioners to teach more creatively and providing flexibility so that teachers, schools and Local Authorities can identify and pursue their own approaches to meeting the Curriculum experiences and outcomes.

Curriculum for Excellence emphasises the importance of nurturing learners to help them develop the knowledge and skills they need for positive mental, emotional, social and physical wellbeing at school, and in their everyday lives - which will be sustained into adult life. School should be a caring environment that enables learners to develop confidence and positive relationships based on mutual respect and to gain knowledge to make healthy lifestyle choices. Learning through health and wellbeing promotes confidence, independent thinking and positive attitudes and dispositions.

Schools across the country are developing imaginative ways of ensuring that health and wellbeing is high on their agenda and that young people are experiencing approaches across their learning which are interactive and engaging. Young people develop at their own pace, so learning is planned to suit their stage of development, maturity and ability, not age.

Under the Curriculum's health and wellbeing experience and outcome (HWB 06a), teachers must ensure that children and young people understand the importance of mental wellbeing and that this can be fostered and strengthened through personal coping skills and positive relationships.

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