



PE1438/E

SAMH response to Public Petitions Committee on [PE1438](#)

SAMH (Scottish Association for Mental Health)

SAMH is a mental health charity which provides an independent voice on all matters of relevance to people with mental health and related problems, and delivers direct support to around 3000 people through over 80 services across Scotland. SAMH provides direct line-management to *respectme* (Scotland's anti-bullying service) and 'see me' (Scotland's anti-stigma campaign).

SAMH response to Public Petitions Committee on Petition PE1438

Thank you for asking SAMH to comment on Petition PE1438 as follows:
Calling on the Scottish 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.

What are your views on what the petition seeks?

SAMH welcomes the petition lodged by Lynsey Pattie and congratulates her on highlighting the importance of appropriate support for people with mental health problems both in hospital and in the community, and welcomes her call to challenge the stigma of mental ill health.

Further to previous submissions from SAMH on improving mental health in Scotland, and in the context of the recent launch of the Mental Health Strategy for Scotland 2012-2015, there are a number of points we would highlight in support of the issues raised in the petition and the subsequent evidence session to the committee.

First and foremost, SAMH very much welcomed the new strategy and believes that it offers opportunities to address some of the points raised in this petition. However, we are yet to see a timetable for achieving the commitments made in the strategy, and we would like to see such a timetable published in the very near future.

1. Improved access to psychological therapies for people with mental health problems:

- The petition specifically refers to patients in hospital. A full range of treatment options must be made readily available to people in hospital but also in their local communities, such as counselling and physical activity programmes. This will require investment by the Scottish Government, NHS and Local Authorities. Third Sector organisations with expertise or specialist experience should, wherever appropriate, be involved in the design and delivery of these options.
- Increasingly, care for people with mental health problems is being delivered in the community. Information about community resources

which can support mental health and wellbeing should be collated and made publically available, so that people can find out what is available to them locally. This will require collaborative working between NHS Boards, Local Authorities and the voluntary sector.

- There should also be better training and awareness of social prescribing opportunities for GPs. The NHS should ensure that GPs know what services are available in their communities and are able to refer people to them. SAMH would also like to see an extension of GP training to include more focused training on mental health. Given that around a third of GP consultations relate to mental health, it's essential that GPs feel confident in dealing with the subject, but it is currently not a major feature of GP training.
- The Scottish Government has set a target of providing psychological therapies within 18 weeks of referral by December 2014. SAMH very much welcomes this and would like to see an audit of current provision and waiting lists for psychological therapies in each health board, to establish current availability.

2. Increasing the number of Child and Adolescent Mental Health Wards in hospitals, and reducing the waiting time to see a CAMHS professional further than the current 26-week waiting time:

- SAMH would place emphasis on the quality of treatment for children and adolescents in hospitals. As above, access to psychological therapies and other non-pharmaceutical supports is vital.
- SAMH welcomes the commitments in the Mental Health Strategy for Scotland 2012-2015 on CAMHS, particularly Commitment 11 on ensuring waiting time targets for 2013 (26 weeks) and 2014 (18weeks) are met, and Commitment 12 on reducing admissions of under-18s to adult wards.
- As described above, a full range of treatment options must be made readily available to people in hospital but also in their local communities' i.e. counselling and physical activity programmes. This, in conjunction with increased social prescribing, access to psychological therapies, and improved signposting and referral from GPs and NHS staff would help reduce the numbers of admissions and improve the quality of care provided in hospitals.

3. Better support in the community for people with mental health problems, including those leaving hospital:

- Person centred care needs NHS, voluntary sector and local authority staff to link up, without budgets or structures presenting barriers- highlighting the importance of linkages between areas of government policy such as personalisation, employability, health and social care integration and alcohol. Strong, accessible community services and effective, properly resourced crisis centres are key.
- Improved education and training on mental health for employers in conjunction with support for people with mental health problems to get back into appropriate work and the promotion of workplace wellbeing could help reduce the estimated £2million lost to the Scottish economy every day as a result of sickness absence from work.

- Local Authorities have a duty under sections 25 and 26 of the Mental Health Act to not only care for and support patients with mental health problems, but also to promote their wellbeing and social development. As yet there has been no evaluation undertaken to assess compliance with these duties, nor any clarity on who holds responsibility for assessing if these duties have been met. SAMH would like to see clarification of responsibility and a timeline for assessment.
- Again there is a need for health care professionals to be aware of potential social prescribing opportunities to enable patients more participation in their own care- such as local walking groups or volunteering opportunities- as well as local services available for referral, including practical information such as referral criteria.

4. Tackling stigma around mental health:

- Stigma remains a real challenge in Scotland, and better education and training across sectors, including NHS, Education sector, Criminal Justice sector and others would help reduce stigma.
- While mental health education is included in the Health and Wellbeing strand of the Curriculum for Excellence, it is not clear that teachers are provided with adequate training and resources to deliver effective mental health education. SAMH believes that investment is needed in training and supporting teachers in leading classroom discussions on mental health in order to achieve the Health and Wellbeing outcomes in Curriculum for Excellence.
- Improved training, resources and education on mental health reduces stigma and contributes towards ensuring people with mental health problems are able to be part of the community, receive appropriate and timely help and support, and underlines the fact that everyone has mental health which must be looked after.

SAMH also notes and welcomes Commitment 4 of the Mental Health Strategy for Scotland, which acknowledges the important work of see me in tackling stigma and commits to developing the work of see me from 2013 onwards.

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