

**MINUTES OF CROSS PARTY GROUP ON MENTAL HEALTH JOINT MEETING  
WITH THE CROSS PARTY GROUP ON HEALTH INEQUALITIES HELD ON 5  
DECEMBER 2013 AT 12.30pm IN COMMITTEE ROOM 4, SCOTTISH  
PARLIAMENT**

**1. PRESENT**

Mary Scanlon MSP (Co-Convenor) (Chair) Malcolm Chisholm MSP (Co-Convenor); James Hendry (Secretary); Karen Addie (Minutes); Alana Atkinson; Fiona Barlow; Shane Buckeridge; Justine Hampton; George Kappler; Aileen MacLeod MSP; Rebecca Middlemiss; Bruce Nicol; Chris O'Sullivan; Will Pickering; Elizabeth Reilly; Claire Stevens; David Wright; Alison Wren

Speakers: Alastair Cook (RCPsych in Scotland)

The group noted that Andrea Williamson had not been able to attend the meeting to give her presentation on the Deep End project because of the weather conditions and resulting travel disruption.

**2. APOLOGIES**

Apologies for absence were received from: Martin Adam; Jackie Baillie MSP; Shaben Begum; Alison Cairns; Jude Clarke; Mig Coupe; Ilena Day; Susan Donnolly; Jacquie Forde; Tom Jennings; Isabella Goldie; Doreen Graham; Donnie Lyons; Louise Marryat; Alison McInnes MSP; Fiona MacLeod MSP; Stephen McLelland; Joe Morrow; Graham Morton; Alastair Moodie; Chrys Muirhead; Andrew Muir; Traci Robertson; Frances Simpson; Richard Simpson MSP; Fiona Sinclair; Steven Smith; Rachel Stewart; Kathleen Taylor; Hunter Watson; Stacey Webster; Andrea Williamson.

**3. THE CONTRIBUTION OF MENTAL HEALTH SERVICES TO TACKLING  
HEALTH INEQUALITIES**

Please see Dr Cook's presentation attached to these minutes.

The following points were raised in the discussion:

Mary Scanlon asked about SIGN guidelines and said she was aware many recognise the need for psychological input to treatment for various conditions but this is largely ignored by services. Mary then went on to ask about GIRFEC (Getting it Right for Every Child) which had been piloted in Highland and seemed to be working well. Alastair Cook replied that GIRFEC is being implemented across Scotland but this is still patchy and he did not think adult mental health services were well engaged with it.

Mary also spoke about the Health Committee enquiry into Child and Adolescent Mental Health Services 5 years ago and reported that Phil Wilson had informed the Committee it was easy to predict which 2 and 3 year olds would end up in the criminal justice system or psychiatric services in their teenage years. Alastair responded by saying some work had been done around this issue but it has not had a great impact.

James Hendry asked about tobacco use amongst mental health patients and whether all hospitals should be smoke-free and also about some kinds of psychiatric drug treatments causing weight gain and leading to poorer physical health.

Alastair responded saying he thought all hospitals should be smoke free and smoking cessation help should be made available to patients on admission to psychiatric wards and for the whole time they are in hospital. He acknowledged that some treatments can be a factor in health issues, particularly among those with more severe symptoms but people should be made fully aware of the risks of medication and staff should promote compliance with a healthier lifestyle at the same time as offering drug treatments.

Anne Marie Barry asked about the diagnostic overshadowing and what can be done to address this. Alastair stated that some of it is about educating healthcare staff but also educating the public about mental health and trying to reduce stigma. Regarding SIGN guidelines he thought it was difficult to quantify which psychological treatments are most effective.

Mary Scanlon asked about dual diagnosis and people with mental illness and addiction problems. Alastair said again that much work had been done on this but he still felt care was not well co-ordinated and handovers were still problematic in some places.

Malcolm Chisholm asked about social deprivation and whether the inverse care law applied in mental health too. Alastair confirmed that it does and people with more severe mental illness often drop down social classes because of their disability.

David Wright mentioned the physical health programme for mental health services running in NHS Greater Glasgow and Clyde which is run in liaison with the general hospital and involves health promotion as well as regular physical health checks. Although this is a challenging area it seems to be addressing at least some of the problems.

The Committee discussed the General Practice contracts and noted that GPs get paid incentives to provide physical health checks for their patients with mental health problems but Alastair Cook added he thought this was more about just monitoring rather than action and outcomes. It was also noted that in the future this part of GP work may be moved to the core contract which means it would no longer be incentivised and this would be a cause for concern.

Mary Scanlon expressed frustration at the lack of change in recent years despite all the various initiatives.

George Kappler spoke about the Mental Health Act and how parental mental health is meant to be considered as part of someone's overall care when they are detained. The Mental Welfare Commission did some work on this surveying nurses and it showed a lack of age appropriate education material and also a lack of family-friendly facilities for those visiting in hospital.

Shane Buckeridge said he was interested in the pyramid model in Alastair's presentation. With regard to early interventions he thought it was the case that children and young people will only get help if CAMHs have diagnosed them. In Scotland the structure of the concordat makes it difficult to have uniformity of services across the country.

Faye Keogh asked about the links between the medical approach and other social care/3<sup>rd</sup> sector agencies. Alastair agreed the approach needs to be across the whole network around the individual.

The Committee moved on to discuss integration and agreed this is a unique opportunity to unify health and social care systems under one umbrella. Concern was expressed that if communities are not invested in the whole integrated approach the service for individuals won't improve. Chris O'Sullivan suggested the current work being done by the Scottish Government on distress may bring some solutions to the problem. He referred to the "Living Better" work being done by the Mental Health Foundation, leading physical health charities and General Practice. There is good evidence that Living Better is working but it is currently only a pilot and it would be good to find out how it can be rolled out across the country. It aims to improve the mental health of people with long term physical health problems using the same peer support model used in mental health.

There was a short discussion on the issues of transgender people accessing health services but not being entirely open about their distress and how this could be addressed. Alastair Cook agreed this is a problem and practitioners need to be more aware of these problems.

#### **4. FOLLOW UP ACTIONS**

Mary Scanlon asked the group to send any suggestions for follow-up actions to Karen Addie by email. It was agreed that this very important topic should be the focus of a 2014 meeting perhaps in March where members of the Cross Party Group on Health Inequalities would also be invited to attend and Andrea Williamson invited to give her presentation.

#### **5. DATE AND TIME OF NEXT MEETING**

**The dates of CPG on Mental Health are as follows:**

26 March 2014 5.30pm  
12 June 2014 12.30pm  
24 September 5.30pm  
4 December 2014 12.30pm