HEALTH AND SPORT COMMITTEE

WHAT SHOULD PRIMARY CARE LOOK LIKE FOR THE NEXT GENERATION?

SUBMISSION FROM SAMH (Scottish Association for Mental health)

Introduction

SAMH has represented the voice of people most affected by mental health problems in Scotland for more than 90 years.

Today, in over 60 communities we work with adults and young people providing mental health social care support, services in primary care, schools and further education, among others. These services together with our national programme work in See Me, respectme, suicide prevention and active living, inform our policy and campaign work to influence positive social change.

SAMH is dedicated to mental health and wellbeing for all: with a vision of a society where people are able to live their lives fully, regardless of present or past circumstances. SAMH welcomes the Committee’s approach to this inquiry, which recognises the importance of listening to people’s lived experiences. Over 20 people who use SAMH services responded to the Committee’s survey and we hope to continue engaging with the Committee as this inquiry progresses.

1. Considering the Health and Sport Committee’s report on the public panels, what changes are needed to ensure that the primary care is delivered in a way that focuses on the health and public health priorities of local communities?

Mental health support as a key aspect of primary care provision was frequently highlighted by both survey respondents and the public panels. This is not surprising, with research showing that one in three GP appointments now involve mental health.

SAMH agrees that the provision of mental health services, including through the third sector, should be an integral part of primary care.

Access to services

Ahead of the 2016 elections, SAMH called for an Ask Once, Get Help Fast approach to mental health, to which the Scottish Government has committed in its Mental Strategy. This approach is based on the knowledge that many people have to ask repeatedly, in different settings, before receiving any help, and then may have to wait a long time before help is forthcoming. Asking for help with mental health takes courage and this should be respected.

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1 RCGP, Scotland Policy Paper on Mental Health, 2012
2 SAMH, Ask Once Get Help Fast, 2017
It is clear from the work of the public panels and from the work of the Scottish Youth Parliament (SYP) that access to services – in particular for mental health support – remains an issue for both adults and young people. All three public panels indicated that referral processes need to be improved; there needs to be better signposting; and people need to be directed to the most appropriate support.

The findings of the public panels and the SYP in relation to access to services are supported by other research. The Scottish Government audit into CAMHS rejected referrals, which was undertaken by SAMH and ISD Scotland, analysed how many children and young people were being rejected from CAMHS services before receiving support, and explored what – if any – alternative support children and young people were then signposted to. The audit found that only 42% of respondents felt they had been signposted following rejection from CAMHS services, while one in five young people continue to receive a rejection. Similarly, a SAMH survey on NHS clinical governance found that 60% of respondents felt that they were not offered the most appropriate care at the right time within the last year.

Since the pilot in 2014, Community Links Worker (CLW) programmes have been helping to address the issue of access to services by providing non-clinical support for people, linking them in with support services and resources in local communities. This can be a particularly helpful service for people experiencing poor mental health linked to personal or environmental circumstances, who may not benefit solely from clinical support. SAMH is currently delivering CLW programmes in North Lanarkshire and in Aberdeen.

SAMH welcomed the commitment in the Scottish Government’s National Health and Social Care Workforce Plan to have ‘at least’ 250 Community Link Workers (CLW) working within GP practices across Scotland by the end of this parliament. However, given that CLW programmes are locally-determined and delivered based on local need, SAMH would like to see an option for recruitment to continue beyond the 250 workers where this is needed in order to address health inequalities, including in mental health. At the moment delivery of CLW programmes varies substantially. SAMH would like the Scottish Government to provide clarity over the CLW role and also over where CLW programmes will be delivered.

SAMH is also calling for the Scottish Government to commission an independent inquiry into the failure of NHS Boards to meet the 18 week waiting time target for psychological therapies. While Scotland was the first country to introduce a waiting time target for psychological therapies, NHS Boards consistently fail to meet the target, with none of Scotland’s NHS Boards meeting the target last quarter. We know that people who receive therapy faster and who feel like their treatment has lasted long enough are more likely to feel it has helped. As such, increasing access to psychological therapies has to be a

3 Scottish Government, *Rejected referrals to child and adolescent mental health services: audit*, 2018
4 ISD Scotland, *Child and Adolescent Mental Health Services in Scotland: Waiting Times*, 2019
5 SAMH, *Response to call for evidence on clinical governance*, 2017
6 ISD Scotland, *Psychological therapies waiting time in NHS Scotland*, June 2019
7 SAMH, *Talking It Out*, 2015
priority. The Scottish Government should give serious consideration to the Youth Commission’s recommendation for an eight week waiting time target.\(^8\) It is unacceptable that anyone waits 18 weeks or more for support for their mental health when they need it most.\(^9\)

In order to improve access to mental health services for children and young people, SAMH would like the Scottish Government to outline a timetable for the urgent development and implementation of the community mental wellbeing services for 5-24 year olds, which was promised in the 2018/19 and 2019/20 Programmes for Government. We would also like to see the implementation of a multi-agency assessment system for referrals, to ensure that every young person is directed to appropriate support; this was one of the recommendations from the audit of CAMHS rejected referrals, which was accepted by the Scottish Government.

**Prevention, health promotion and early intervention**

Through our children and young people’s campaign – Going To Be – SAMH has been calling for a refocus on and investment in early intervention services, to help children and young people with their mental health at the earliest opportunity. We know that only a quarter of young people know where to go for support for their mental health,\(^10\) but that the number of young people experiencing psychological distress\(^11\) and contacting Childline about suicidal thoughts is increasing,\(^12\) clearly demonstrating the need for such investment.

Our focus on early intervention aligns with the priorities outlined by the survey respondents to the Committee’s inquiry and the public panels. Early intervention and prevention was a key theme running through the feedback received from participants in stage one of the inquiry, in particular in relation to mental health. The public panels highlighted the opportunities presented by schools and education, with suggestions like wellbeing spaces for pupils and having teachers trained in mental health.

These gaps in early intervention and prevention services have also been highlighted by SAMH. Our research found that 66% of teachers who responded to our survey felt like they had not been given sufficient training in mental health to carry out their role properly. The same research also found that only 34% of school staff said their school had an effective response to pupils experiencing mental health problems.\(^13\)

To start addressing this gap in service provision, SAMH called for the provision of school based counselling in all of Scotland’s schools. As such, we welcomed the Scottish Government’s investment of £60 million in additional school counselling services, which was announced in its 2018/19 Programme for Government. Part of this investment is

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8. [Youth Commission on Mental Health Services](#), May 2019
9. [Youth Commission on Mental Health Services](#), May 2019
11. [SAMH, Going to Be All Right](#), 2017
12. [NSPCC, The courage to talk: Childline annual review 2017/18](#), 2018
13. [SAMH, Going To Be Well Trained](#), 2017
going into the creation of 350 counsellors in schools, ensuring that all of Scotland’s secondary schools have a counselling service.

SAMH has also been calling for a national training programme in mental health for all school staff. While the Scottish Government has committed to offer all local authorities training for teachers in mental health first aid, this does not go far enough. SAMH wants to see a national approach to mental health training for school staff, that ensures that all staff working in schools feel equipped to have non-stigmatising and supportive conversations. This training should not seek to provide staff with skills in counselling, but should seek to build confidence within the school workforce, so staff can recognise when a pupil is struggling, appropriately respond to pupils in distress and signpost to support when young people ask for help.

SAMH has created an e-learning resource for teachers, which is designed to provide teachers with an introduction to mental health; equip them with the skills and knowledge to recognise and respond to a pupil who is experiencing a mental health problem; and lead a conversation about positive mental health. This resource is not an answer to the lack of training and resources in mental health for school staff, but it does provide a tool that teachers and school staff can use at the moment to help them develop their knowledge in mental health and skills in having effective conversations.

In addition to our work on children and young people’s mental health, SAMH also delivers services in sport and physical activity. Improved social prescribing, including to physical activity programmes, was recognised by the participants in stage one of the inquiry as a priority. It was seen by participants as a means of preventing or alleviating certain health problems, as well as a way of promoting healthy living more generally.

Indeed, being physically active has been proven to protect mental wellbeing, as well as improve a person’s quality of life when experiencing a mental health problem. But in Scotland, one in three people do not currently meet the World Health Organisation’s guidelines for physical activity. People experiencing mental ill-health are less likely to be physically active than those experiencing a high level of mental wellbeing. Studies consistently show doing more physical activity reduces the likelihood of experiencing low mood, depression, tension and worry.

While both the Scottish Government’s Mental Health Strategy 2017-275 and A More Active Scotland: Scotland’s Physical Activity Delivery Plan, have actions to increase physical activity to benefit Scotland’s mental health, SAMH wants to see more done in primary care to link people who are struggling with their mental health to physical activity opportunities. Specifically we want the Scottish Government to make exercise referral schemes available nationwide, with sufficient provision of evidence-based services that are accessible without

14 Bauman, A., Updating the evidence that physical activity is good for health: an epidemiological review 2000–2003, 2004
15 Scottish Government, Health of Scotland’s population – Physical Activity
16 Shor, R & Shalev, A, Barriers to involvement in physical activities of person with mental illness, 2014
17 Royal College of Psychiatrists, Physical Activity and Mental Health
cost to the participant. Moreover, we want to see continued Scottish Government funding and support for Action 31 of the Mental Health Strategy 2017-27, with funding for the ALBA programme due to come to an end late this year.

2. What are the barriers to delivering a sustainable primary care system in both urban and rural areas?

Funding

We are delighted that the Scottish Government’s mental health strategy commits to the creation of an Ask Once Get Help Fast approach, which SAMH called for. However, this approach needs both funding and commitment to be realised. We have concerns about the resource currently available for the provision of mental health services, including those that are accessed within and through primary care.

We recognise that the Scottish Government is spending over £1 billion on mental health services this year; however, it is very difficult to track this funding and know where it is invested. For example, we do not know what proportion of this funding is being invested in primary care, or what proportion of the overall primary care budget it being spent on mental health services beyond Community Mental Health Teams. Similarly, it is unclear how much funding is going into CAMHS tiers 1 and 2 services, beyond funding announcements for individual initiatives like school-based counselling. Indeed, Audit Scotland’s report into children and young people’s mental health found that ‘[m]ental health funding has primarily been used for specialist services.’. 18

Total health expenditure in Scotland in 2018/19 was over £13 billion, 19 meaning that expenditure on mental health – at just over £1 billion – made up only around 8% of the overall health budget. The World Health Organisation estimates mental ill-health is the third largest cause of disease burden worldwide. 20 This is supported by data from the Scottish Public Health Observatory, which found that depression causes more years of poor health than all but two other diseases. 21 It would therefore be reasonable to expect substantial expenditure in this area of health.

Indeed the Lancet Commission on Global Mental Health and Sustainable Development has urged high-income countries to spend 10% of their healthcare budget on mental health. 22 At a mental health spend of around 8% Scotland should clearly be doing better, in particular given that NHS England has successfully met the 10% target and sustained it for three years. 23 It is also worth noting that the Lancet Commission recommends that spending on mental health should be redistributed from hospitals to community-based services, with a focus on early intervention and integration with established services.

18 Audit Scotland, Children and young people’s mental health, 2018
19 Scottish Government, Government Expenditure and Revenue Scotland 2018-2019, 2019
22 The Lancet Commissions, The Lancet Commission on Global Mental Health and Sustainable Development, 2018
We hear regularly from people who have waited many weeks for first appointments, who then wait a further lengthy period for follow-up appointments, and experience enormous frustration through appointments delayed or cancelled because of sickness absence or staff moving on. Increased sustainable investment in mental health, that is proportionate to the population need is required if these issues, many of which are experienced in primary care, are to be resolved.

**Service design**

All of SAMH’s services take a person-centred approach, based on an ethos of recovery. We would like to see all mental health services in Scotland, including those linked to primary care, take this approach. However, it is clear from the findings of the survey and the public panels that many primary care services are not always designed with people in mind, with a person-centred approach highlighted as a priority for primary care development by participants in stage one of the inquiry. The Youth Commission similarly found that young people do not feel that mental health services are person-centred.\(^24\)

This is supported by SAMH’s own research, which shows that more needs to be done to improve person-centred approaches in mental health services. Our research showed that almost two fifths of respondents were not as involved in decisions about their care as they would like to be, and almost 80% had never been asked what mental health services they would like in their area.\(^25\) To be effective and sustainable, primary care services need to meet the needs of people in local communities; this is not achievable unless patients are involved in decisions about their own care, as well as in decisions about mental health service design and delivery.

Indeed, providing services and support that people want to use and that are aligned with their preferences, is key to achieving the Ask Once Get Help Fast approach. In contrast, at the moment we know that people who are struggling with their mental health are often forced to recount their experience multiple times to different healthcare professionals before getting the support they need, which is also aligned with what they want. Furthermore, we know that giving people more choice over what their support looks like increases the likelihood of the patient benefitting from that support.\(^26\)

Many of the suggestions made by the survey respondents and the public panels are about increasing patient choice. For example, there was strong support from respondents for alternative GP opening hours, as well as for appointments by video and telephone consultation. This was balanced with support for existing opening hours for GP surgeries and face-to-face contact with clinicians, indicating that people do not necessarily need services to be completely changed, but that they simply need more choice.

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\(^24\) [Youth Commission on Mental Health Services](https://www.gov.scot/publications/youth-commission-mental-health-services/), May 2019  
\(^25\) SAMH, [Response to call for evidence on clinical governance](https://www.gov.scot/publications/response-call-evidence-clinical-governance/), 2017  
\(^26\) Mind, [We still need to talk](https://www.mind.org.uk/), 2013
3. How can the effectiveness of multi-disciplinary teams and GP cluster working be monitored and evaluated in terms of outcomes, prevention and health inequalities?

We note that in England, expenditure on mental health is one of the metrics in a scorecard which measures Clinical Commissioning Groups' performance. We would welcome a similar approach in Scotland.

We would also like to see patient satisfaction included within the evaluation process for multidisciplinary teams and GP cluster working. Measuring patient satisfaction with health services is crucial if primary care wants to see the continual improvement that’s needed to ensure effectiveness. While measurable clinical objectives are useful in many ways, people will not always be seeking or require only clinical support. As such, it is equally important to seek to evaluate patient experience separate to clinical outcomes, with a view to delivering care that is not just effective, but also compassionate and empathic.

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27 The Kings Fund, Outcomes for mental health services: What really matters?, 2019