

Minutes of the Inaugural Meeting of the Cross Party Group on Mental Health on 27 September 2016 at 5.30pm in Committee Room 4 of the Scottish Parliament

1. PRESENT

Clare Haughey MSP; Marie Todd MSP; Maurice Corry MSP; Oliver Mundell MSP; Miles Briggs MSP; Tom Arthur MSP; Monica Lennon MSP

Tim Agnew; David Barclay; Alison Cairns; Lisa Clark; Fiona Collie; Susan Donnelly; Laura Falconer; Barry Gale; Isobel Kerr; Sheila Halliday; Nigel Henderson; Laura Hudson; Peter Jung; Chris Lord; Alison Mahon; Brian Magee; Joe Morrow; Alastair Moodie; Claire Muir; Angela Price; Lauren Purkiss; Frank Reilly; Carolyn Richardson; Lisa Ross; Julie Robertson; Sue Wallace; Hunter Watson; David Wright and Tom Wightman.

In attendance

Karen Addie (Minutes)

2. APOLOGIES

Apologies for absence were received from: Shaben Begum; Mig Coupe; Callum Chomzcuk; Alastair Cook; Alex Cole-Hamilton MSP; Jennifer Fingland; Neil Findlay MSP; Catherine Eadie; Doreen Graham; Heather Johnston; Lee Knifton; Traci Kirkland; Carolyn Lockhead; Cath Logan; Tony McLaren; Robert MacBean; Janis McDonald; Miles Mack; Sara Preston; Frances Simpson; Ian Somerville Vhairi Tollan; and Grant Thoms.

3. ELECTION OF OFFICERS

Clare Haughey MSP and Maree Todd MSP were both elected as Co-Convenors of the Group.

4. PURPOSE OF THE GROUP

The purpose of the previous CPG on Mental Health was read out to the group by Clare Haughey MSP. It was agreed that members of the group would be emailed with the wording and would have the chance to comment on it. The office bearers would consider the comments before re-drafting the wording. Claire Muir said she was not happy with the remit and Clare Haughey replied that she would have the opportunity to comment by email later.

5. CODE OF CONDUCT

The Code of Conduct had been circulated by email and all attendees were given a copy at the start of the meeting. All agreed the Code of Conduct was acceptable.

6. PRESENTATIONS ON PERSONALITY DISORDERS

Tim Agnew, Consultant Psychiatrist, NHS Highland

Lauren Purkiss, Expert by Experience, Glasgow

Tim Agnew outlined what Personality Disorder is. He spoke about the need to raise awareness of it and try to reduce the stigma associated with it. He outlined how common it is with 10% of the population meeting the criteria for PD. 50% of patients in psychiatric inpatient units would meet criteria and 80% of the prison population. Diagnosis is low at only 5% and there are inconsistencies around diagnosis with patients usually being told they have other disorders like anxiety or depression. From recent work in England, Tim explained the amount of huge resource people with PD need, not just in terms of health and social care costs but in loss of productivity. Around £8 billion is the estimated total cost so is a huge public health issue.

Tim went on to explain that PD is treatable and people go on to recover if they get the right treatment. People still think it is untreatable and therefore there is work to be done in educating and raising awareness about the condition.

No drug treatments have been found to be helpful in treating PD but psychological treatments have proved effective. There are many different types of therapy but the main aim is to support the person to be able to self-manage and regulate their emotional responses. Therapists need to work collaboratively with the person in order for treatment to be successful.

Tim finished his presentation by saying that in some places PD used to be a diagnosis of despair, now it is a diagnosis of hope.

Throughout Tim's presentation Claire Muir continued to interrupt him and was repeatedly warned by the Convenor to stick to the Code of Conduct and give respect to the speaker.

Lauren Purkiss spoke about what it is like to have a Personality Disorder and how it has affected her life. For 17 years her life was chaotic with repeated episodes of eating disorders, self-harm, drug use, suicide attempts and entering into abuse relationships. Lauren was unable to sustain her university career and despite 7 years of study did not receive her degree. Her addiction problems were a coping strategy and a response to emotions she did not understand.

Lauren went on to say that although she still found relationships difficult she was doing much better now. Lauren had always been motivated to engage with services and a long-term contact with therapy has been really helpful. Short-term interventions, like CBT, had no impact as they did not allow enough time for her to start understanding herself. Lauren had seen a lot of psychiatrists and she felt that this has had a negative impact on her as it served to reinforce the idea that she was severely mentally ill.

She was not given a diagnosis of PD until she came into contact with a Professor at her University who worked with her for 3 years giving her counselling. During a period of homelessness Lauren came into contact with the Glasgow Homeless Personality Disorder Team and she still has contact with them.

The team arranged for her to have mentalisation therapy which has been very helpful and makes sure she knows what to focus on.

Lauren spoke about the difficulties with stigma and lack of understanding from people in general but particularly from employers. Awareness is growing and Lauren hopes that there will be less stigma in the future.

Clare Haughey thanked both speakers and opened the floor to questions.

Q&A

Alastair Moodie asked about childhood trauma and wondered whether Tim Agnew looked at causes of PD. He added that he came across a lot of unmet need in his work as a psychotherapist and wondered what services can do to meet that.

Tim Agnew acknowledged the part environmental factors and genetic vulnerability play in someone developing PD.

In terms of unmet need Tim said that PD is under recognised and treatment offered less frequently than it would be for other mental disorders so even within mental health services PD does not have parity of esteem. He went on to say that shifting resource to early intervention would be helpful.

Tom Wightman asked about autism and Tim Agnew answered that people with autism often display signs of anxiety but so do people with PD and other mental disorders.

Hunter Watson said that both talks had been excellent and asked Lauren some personal questions about her past which she chose not to answer.

Claire Muir asked about drug treatment trials. Tim Agnew confirmed that randomised control trials are carried out with patients volunteering and giving informed consent to participate. Trials have proved that drug treatments are ineffective in PD.

Sheila Halliday suggested there is a clear business case to shift resource and wondered how the MSPs could influence that. Clare Haughey replied that it is for Health Boards in Scotland to decide where to spend their health budget. Tom Wightman added it is not possible to gather evidence to prove the need for a shift of resource as record keeping and analysis of data is so poor.

Hunter Watson asked about the use of the Mental Health Act and Tim Agnew acknowledged that sometimes you need to use the legislation in order to save someone's life but he would only use it for the shortest time possible and only as a last resort. In treating PD, the most important thing is collaboration and getting the patient to a stage where they can self-manage. Hunter then asked if PD should remain a criteria for detention under the current legislation as this will be considered by the Scottish Parliament next year. Tim replied that is a difficult question and emphasised again the Act would only be used very rarely but that it may be to safeguard someone's life. As soon as possible the doctor would be looking to stop the detention and get someone to engage voluntarily with treatment.

Laura Falconer said she was pleased the topic was being discussed. As Barnardos work with vulnerable children and young people, she suggested voluntary organisations partner with Child and Adolescent Mental Health Services to bring the two systems together but not in a medical model. Tim replied that Child Psychiatry has so far been reticent about PD as young peoples' personality is still evolving and they diagnose with caution in under 18s.

Tim went on to say it is important to give staff in Children and Young People services the right skills and in Highland they are working on a training package for mental health workers in schools and educational psychologists. Laura added that a lot of work is already being undertaken in this area.

Nigel Henderson welcomed the messages of hope in both presentations and suggested a change of language may be needed as "Personality Disorder" is often an unhelpful and stigmatising label. He would prefer for people to look at causes rather than symptoms. Tim agreed with this and said the diagnostic category is set out in ICD10 but a lot of patients don't like it. Tim always advises them not to focus on the name but to concentrate on what they can do to address their difficulties. In Highland, the service looks at 3 main phases: stabilisation and what is happening now; the past and how the person got there; the future and how can they work with the person to develop what keeps them well.

Lauren added that the language didn't matter to her and what is more important is getting the right support to help her move forward.

7. DATE AND TIME OF NEXT MEETING

The next meeting will be in January and a date will be arranged. The topic will be Veterans' Mental Health as that topic was due to be discussed at a meeting of the previous group in March 2016 and had to be cancelled.

The meeting following the January date will be on Dementia.

Clare Haughey asked members to send in ideas for future topics to the Secretariat via email. (Karen Addie)