Scrutiny of the Draft Budget 2012-13 and Spending Review 2011

Royal College of Psychiatrists in Scotland

The Royal College of Psychiatrists is the leading medical authority on mental health in the United Kingdom and is the professional and educational organisation for doctors specialising in psychiatry.

The Royal College of Psychiatrists in Scotland welcomes the opportunity to comment on the Scottish Spending Review 2011 and Draft Budget 2012-13 for the Health and Sport Committee.

The Spending Review and Draft Budget highlight the impact on health of alcohol misuse, drug misuse and poor mental health. There is a particular focus on the mental health of young people, including infants, and older people and we welcome this. These mental health issues represent the major health challenge for Scotland. Mental health issues account for 17% of the health burden in the UK each year. The cost to the NHS each year is £10.4 billion and the cost to the economy from working days lost is £77 billion. The budget allocated to mental health is only 6.5% of the UK health research funding each year. Mental Health research should therefore be a high research priority.

Early Years

The College greatly welcomes the Scottish Government’s recognition of the importance of early years on health and other outcomes in childhood and adulthood. The college also welcomes the commitment to invest in improving children’s early years experiences.

The College welcomes that the document specifically mentions a commitment to rolling out the Family Nurse Partnership (FNP) across Scotland from 2 pilot sites. This has been pioneered in the United States with very good outcomes. Alongside this specific pilot, there should be continued emphasis on the importance of access to specific mental health advice and continuing to raise awareness of mental health issues. In many families parenting problems will be related to poor parental mental health, including alcohol and drug misuse. In these circumstances, it is important that there is a broad range of accessible and effective help for adults.

There should also be a review of the FNP pilot focussing on whether the US approach could be modified building on the Health Visitor system in Scotland. This may have the potential to help a greater number of at-risk individuals. The Scottish Government should consider some of the screening ideas being piloted in Glasgow by Dr Phil Wilson and colleagues from the Department of General Practice at the University of Glasgow.

The College welcomes the investment in recent years in Child and Adolescent Mental Health Services (CAMHS) and the continued interest in CAMHS by the Scottish Government.
Page 56 of the Draft Budget refers to the CAMHS target of 26 weeks from referral to treatment, to be achieved by 2013. On page 62, a commitment to sustain the general referral-to-treatment target of 18 weeks is highlighted. The current longer target for CAMHS referral-to-treatment seems inconsistent with the aim of the budget to invest in and improve early years.

Page 56 of the Draft Budget refers to the Survivor Scotland Strategy, which has led to improved support services for adults who experienced sexual abuse in childhood. There is a commitment to build on this but there is no mention of improving or developing similar service for children who disclose sexual abuse. Again, this seems inconsistent with the aim to invest in and improve early years.

Page 68 of the budget makes reference to £10m investment on the Scottish Strategy for Autism. The College would like to see a focus on investment in other neurodevelopmental disorders, in addition to autism.

Dementia

The College welcomes the focus on the National Dementia Strategy, the Change Fund and the ongoing commitment to free personal care. Applying bravely aspirational dementia standards to higher numbers of people diagnosed will require dementia to be an integral part of the Health Quality Ambitions. This is of particular importance in the absence of specific additional funding. Responding to the increasing needs of an ageing population in the face of ongoing efficiency savings needs dementia to be closely associated with the overall Reshaping Care for Older People agenda.

The College believes that it is essential to maximise the potential for keeping people with dementia at home and ensure fewer languish in hospital beds as “delayed discharges” or go prematurely into care homes. There is a long recognised need for a shift in resourcing from general hospitals to community services, this needs to continue to develop real momentum. Dementia requires to be much more explicitly embedded within such an approach, as well as within the increasing integration of health and social care.

In the absence of ring-fenced funding for dementia, by contrast with previous approaches to cancer, it is imperative that it be central to more broadly based approaches to the care of older people. In particular those which focus on general hospitals, reflecting a major plank of our national dementia strategy.

Alcohol Misuse

The impact of alcohol on health, wellbeing, community safety, families is reflected throughout the report. The College welcomes this recognition and the priority the Government continues to give to this issue. We have
consistently advocated effective price controls and welcome the proposals to introduce a minimum price for alcohol. This will be an innovative policy, but the philosophy of the approach is one that is strongly supported by research and there is much interest in Scotland’s policy internationally. Effective monitoring and implementation of a minimum price policy is essential. This will require a mechanism which has full, accurate real-time data on alcohol retail and price pattern and allows adjustment of the price rapidly in response to changing patterns. The Australian practice of quarterly adjustment of alcohol taxes is a model worthy of examination.

Investment in alcohol services has allowed considerable expansion of services. The Scottish Alcohol Needs Assessment (SANA) showed that in 2003 less that 10% of people with alcohol dependence were accessing help in Scotland due to the limited capacity of services. This will have improved, but it is likely that there continues to be a significant unmet need.

The Screening and Brief intervention programme was successfully implemented and should remain a key part of the programme to reduce alcohol misuse. Much of the success of this programme was due to the HEAT target which led to NHS Boards giving this a high priority. We are convinced that the HEAT target must be retained in order to maintain this priority. As with smoking cessation, which has been a HEAT target for many years, alcohol brief interventions should be seen as a long term project.

**Drug Misuse**

The College welcomes the continued priority on reducing drug related harm and the focus on effective interventions, including a focus on recovery. The provision of effective educational and employment programmes at local level is integral to this approach.

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