

**PE1611/A**

Petitioner Letter of 26 October 2016

### **Opening Statement**

A service user arrived at the immediate help service at a mental health association extremely anxious to the point he had to leave. The person who was helping him advised him it was fine and he could come back when he felt ready. He did so two weeks later. Having left home at the age of 16 after living with an abusive father, the service user was staying with a friend. Sanctioned by the job centre, having very little food and not registered with a GP as he had recently moved. His previous GP had told him he had been referred to psychiatry but an appointment never came and he could no longer chase this up, the mental health association stepped in and the service user started attending their young person's counselling service. They also helped him register with a new GP and arranged a food parcel from the foodbank. Since then the service user has been in contact with Citizens Advice and was also referred on to an advocacy service to ensure he had support at his next benefit appointment. The service user also met with Y-People at the mental health association once a month for housing advice.

The above is an example of the work a community based service carries out and just how valuable a centre like it can benefit so many in different ways. So why are so many Scottish communities left with limited or no services? The government claim they are investing an additional £150 million over the next 5 years into improving mental health services in Scotland but where is this money going?

### **Mental Health Strategy**

Having read "Mental Health in Scotland – a 10 Year Vision" I have concerns that this additional funding is not being used in a sufficient way. I will explain my reasoning on a point by point basis in the order in which they appear on the report.

- **Focus on prevention and early intervention for infants, children and young people.**

The Scottish Government states that over the next year that a range of evidence based programmes targeted to promote good mental health and support key vulnerable populations, which will then be delivered by 2018/19 will be developed. Which group does the Scottish Government class as the most vulnerable? Mental health issues can and do affect many regardless of class and other social aspects. The Scottish Government are also hoping to see improvements between CAMHS and other children's services. Yes, this would be a very beneficial outcome and one that would help many, however, having spoken to parents who have attempted to gain access to CAMHS via their GP, health visitor or social worker, getting a child help the help they need proves to be very difficult. I recently carried out a survey, shared via social media, asking people their experiences of gaining access to psychological services and what they would like to see implemented and one response stood out which I believe the Scottish Government should take note of.

“The funding for CAMHS was stopped so I was having to travel 130 miles each way every two weeks for my son to see someone. Then they referred my son to a mental health worker who is so busy it took months to get an appointment. My son won't speak to her as he needs to build up a bond and can't speak about problems as they arise, as the time between appointments is far too long.”

Why stop funding for such an important service? Children need specialised care; they should not be expected to see someone who “fits them in” whenever possible. It should be continuous care with the same support worker. The government should be giving part of this extra funding to CAMHS to ensure every child who needs the service will be seen. Waiting times for young people are also something that need fixing as soon as possible. With only 73% of children out of the 90% target set by the Scottish government starting treatment within 18 weeks' is a sad statistic. Children should not be expected to wait up to 18 weeks, with some waiting longer. CAMHS waiting times need to be reviewed as a matter of urgency.

With that said, community based services would also benefit young people who are perhaps not in need of intense therapies and are of an age where they are not classed as adolescent but are still too young to receive therapy suited for adults. Care could be adapted to suit the individual. I spent the day at FDAMH back in April and was surprised to find that many young people attended the centre. They had been turned away by CAMHS and their GP's had no real idea how to help them.

- **Introduce new models of supporting mental health in primary care.**

By 2019-20, the Scottish Government hope to have delivered a programme of work on improving access to mental health services and address waiting times. Is this not something that, again, should be addressed now rather than 3 years down the line? In fact, this should not even be an issue at all. What happens between now and then when the targets are not met and people are being failed by the healthcare system? With regards to rolling out online cognitive behavioural therapy nationwide, I agree it will help some people but surely talking therapies such as counselling will also be needed so the person can talk about their problems and get to the root cause? Both would work to compliment the other. Expecting someone to go online every single week without some sort of guidance and support when they are in a depressed state or highly anxious is not reasonable. Used alongside face to face counselling where their online activity could be followed up then yes it would be very beneficial but only where appropriate and would need to be reviewed on a case by case basis.

- **Realise the human rights of people with mental health problems.**

As someone who lost a job that I loved in 2006 after being told that I was not fit enough to carry out my duties and was no longer suited to the company after returning to work with the support of my GP and CPN, I fully agree that more needs to be done by employers to support staff with mental health conditions. That said, this is something that employers should have been doing for many years. More training for key employees for example should be introduced, mental health first aid training should be mandatory in all work places and educational sessions for all staff

should be introduced to help reduce stigma and to ensure those with the conditions feel fully supported and welcome.

### **Community Based Services and The Benefits**

Over the last few months, I have spoken to many people face to face and on social media to ask what they would like to see in their communities and what improvements they would like to see with regards to accessing psychological services. Many did not know of any local services other than their GP or large charities such as SAMH or See Me Scotland but they do believe that more community based services would a massive benefit to them and so many others.

As I previously mentioned, I visited Falkirk's mental health association after being invited along by the general manager. She had heard about my petition and wanted me to see what happened daily at their centre. I was amazed at what I heard when I arrived. They offer immediate help where people can be sent by their GP or walk in off the street and ask for help if they are in crisis. They wait a matter of minutes before being seen by a trained and qualified member of staff. They also offer: counselling, befriending, third age befriending, mental health and wellbeing drop in, social prescribing, arts and activities and a welfare benefits officer.

In the period 1<sup>st</sup> April 2015 – 31<sup>st</sup> March 2016, over 2,200 people were seen at the centre. With 25 staff and 103 volunteers this is an incredible achievement. I was also amazed to find out the centre needs £600,000 to operate. This is the equivalent of 4 salaried psychiatrists working in the NHS. Surely money from the additional funding should be going into maintaining and starting services like this across Scotland. The first two years of operation would cost £500,000. During my research, I also found that the Glasgow mental health association had a 40% budget cut meaning they had to reduce the services they offered and that the users only had access for 6 months. How is this acceptable?

Cumbernauld in North Lanarkshire has no local service other than Elament which is an online self-help website. With a population of 51,610 and with mental health affecting 1 in 4, going with that statistic, 12,903 people from that community have nowhere to go where they can access decent services that will help their recovery. With a town of that size, the government should be looking to give those people a service of their own. How many other towns do not have a local service? What will it take for the Scottish Government to take notice and do something about this? £600,000 a year is nothing to run an incredibly vital lifeline for a community. Not only that but with so many people visiting a centre like FDAMH, where GP's send their patients to, they also refer people to NHS based services such as Psychiatry. Community based services and the NHS work in unison, supporting each other.

Would it be possible to operate a pilot scheme based on the FDAMH model in Cumbernauld? Let it run for a year, get GP's involved as that will also help unload the burden they carry and will give them somewhere to send their patients too rather than sitting them on a waiting list in the hope someone will help them soon. I firmly believe this would be a successful service in a town where it is needed badly.

## **The NHS and Mental Health**

Very recently, a local woman contacted me asking me to share her story with you. She presented at a hospital in a depressed and anxious state asking to be admitted for help due to suicidal thoughts. Whilst on the ward, she did not see anyone for the first 3 days, left in a room alone. Once there a little longer, she noticed a shortage of staff and one staff member admitted they were 8 staff members short. She had to help look after the older ladies on her ward, helping them to change, making sure they had a cup of tea and inviting them to her room for movie nights as they had no other stimulation from the staff at all. After complaining she was moved to another hospital which had more staff, but during the weeks she had been in hospital, she received only 2 counselling sessions. She was given a weekend pass so she could be at home with her family. When she returned on the Monday, she waited hours for the doctor who was due to see her only for him to not turn up at all. She was then given a pass for one night and returned the next day. A nurse on the ward believed she still needed help and should not be discharged. The doctor believed she should be and guaranteed that a CPN would visit her at home within a week, 2 weeks later she was still waiting and called to find out what had happened to be told her CPN was on holiday and there was no-one to cover.

I understand from various reports by the government that money is given to the NHS to increase staff numbers which in turn improves the quality of patient care. If that is the case, why then is a mental health ward short of 8 staff members leaving patients there for support and care looking after others?

GP's are dealing with numerous people presenting with mental health conditions daily yet they can only do so much. They refer them to psychological services and they may, given it is the beneficial thing to do, prescribe antidepressants or beta-blockers. Money should go into placing mental health workers into GP surgeries to give extra support to both the patient and the GP.

Accident and emergency department staff are dealing with many patients who have arrived at the department in crisis as they feel they have nowhere else to turn and believe they will receive the help they so badly need. A&E staff can only do so much and again they need to call on someone from the mental health team to come and give an evaluation which most the time sees the patient being told to make an appointment with the GP. It then becomes a vicious circle.

This is where, yet again, community based services would be of massive benefit. Those people would have somewhere to go, they would feel supported and valued.

## **Closing Statement**

I firmly believe more can be done to improve mental health services across Scotland. Creating new and supporting established community based services is one of many ways to improve access to psychological services. GP's and Accident and Emergency staff need more support and guidance when dealing with patients presenting with mental health conditions. Employers need to be more understanding

and supportive, given the correct training to carry that forward to support not only staff with conditions but to improve staff wellbeing meaning less sick days and more importantly encouraging those with mental health conditions back into the work place without fear of discrimination. Children and adolescents being treated in the correct way and given quicker access to psychological services with improvements to accessing CAMHS. I ask the Scottish Government to make these changes and to revise the way the funding is distributed.