Mental Health
Midlothian Health & Social Care Partnership

Midlothian’s Health & Social Care Partnership welcomes the opportunity to respond to the Health and Sport Committee’s call for views on mental health services support and strategy. This response has been prepared following consultation within the Health & Social Care Partnership and with members of the Midlothian Mental Health Strategic Planning Group.

We need to ensure that there is less of a focus on mental health services in the next strategy. We do not need a mental illness strategy; the prevention of Mental Health problems and the promotion of positive mental health and wellbeing need greater emphasis. Consideration should be given to changing the focus of the current model and moving spending upstream to prevent problems occurring. With a focus on earlier intervention there is greater scope to mitigate the negative impact on lives, reduce recovery times and reduce the strain on the current model when Mental Health problems do occur.

We do however need to ensure that when people do need to access services (these will be some of the most unwell/ most vulnerable people) that they receive services that are provided safely and in line with quality strategy. The challenge is to do both ends of the spectrum well and the Strategy needs to be clear about what efficient/ effective services look like.

The strategy should not be located solely within the NHS, it needs to take a broader view of mental health and relate to strategies for education, the community justice system, poverty and employment.

Currently there is too much of a focus on statutory services, we need to develop stronger partnerships with a range of public, private and voluntary agencies and have a more sustainable long term approach to funding third sector initiatives. At the moment many third sector providers are not funded by statutory services, this makes them vulnerable. If they lose funding this can have major impacts on statutory sector especially CAMHS and Children’s Social Work.

We agree that demand for specialist mental health services is increasing and primary care services do not always meet the needs of people experiencing mental health problems. New models of supporting people with mental health problems, involving peer workers, offer opportunities to provide a less medicalised and more person-centred approach.

It has been suggested that a lack of regular monitoring and review has been a fundamental flaw of the current strategy, with many of the commitments reported on infrequently or not at all and that efforts should be made to address this concern. The proposed development of indicators to measure clinical and personal mental health outcomes is welcomed but it is ambitious to expect this to be introduced within the suggested timescale.
Proposed Priorities

a. **Focus on prevention and early intervention for pregnant women and new mothers**
   This is welcomed.

b. **Focus on prevention and early intervention for infants, children and young people:**
   We believe that there has been too heavy a focus on CAMHS and not enough recognition of the multi-sector effort required in working with young people and their families. Whilst CAMHS is recognised as effective for treatment and care, the vast majority of children and young people do not require health service intervention.
   We need to increase the availability of information and advice as well as easily accessible, low intensity, non clinical and non medical interventions for Children and Young People. Mental health promotion can occur through schools, youth work and leisure activities.
   We are concerned that the focus on CAMHS waiting lists will detract from the preventative agenda and will in the long term impact adversely on adult services.
   Improving transitions from Children’s services to adult services should also be a priority.

   At the other end of the spectrum we need to ensure equal access to services for older people

c. **Introduce new models of supporting mental health in primary care**
   Easier access to services is needed. More social prescribing, giving people a range of options is also required. We also need agencies to provide joined up responses to people in distress.

d. **Support people to manage their own mental health**
   Important to ensure that the new strategy takes a Recovery approach

e. **Improve the physical health of people with severe and enduring mental health problems**
   This is welcomed however there also needs to be a focus on the 30% of people with a long term condition who have a mental health problem

f. **Ensure parity between mental health and physical health**
   We need to continue with a holistic/person centred approach to care – especially as now so many people present with co-morbidity, both physical health /mental health and substance misuse / mental health.

g. **Improve access to mental health services and make them more efficient.**
   This is welcomed.

h. **Realise the human rights of people with mental health problems.**
A human rights based approach is welcomed. We need to ensure that people with mental health issues are treated as equals, with dignity and respect.

The Declaration of Rights for Mental Health in Scotland clearly sets out what these rights are and suggests a programme of action designed to make the Declaration’s aspirations and demands more real in the lives of people affected by mental health issues in Scotland.

Other Issues

- Employment was included in the last strategy. Whilst some positive steps have been taken, much more progress needs to be made in this field.
- The new national strategy needs to reflect the integration agenda. The creation of new Health and Care Partnerships provides an opportunity for the most significant change in decades to how health and care is delivered. It is important that we grasp this opportunity to transform service delivery.
- Recognition needs to be given to the unprecedented pressures on health and social care services and the need to change and prioritise budgets. We are disappointed that additional funding allocated is only £150 million over 5 years. A move from treatment to prevention requires a serious amount of investment.
- Addressing inequalities: This links with the Good Mental Health for All initiative. There needs to be explicit reference to other sectors and policies contributing to Mental Health in Scotland. Much of the work carried out in Scotland to tackle Mental Health issues is not carried out in the NHS, particularly in the promotion of good Mental Health, in the prevention sphere and in low-level interventions. We should continue health promotion strategies for reducing stigma – this may encourage people to engage with services more.
- Better responses to trauma, targeted in delivery and population wide in access should be included.
- There is no mention of substance misuse and dual diagnosis. There is a need to strengthen joint working between mental health and substance misuse services. We would suggest that this is made a priority area.