

MINUTES OF THE FIFTH MEETING OF THE CROSS PARTY GROUP ON MENTAL HEALTH HELD ON 17 JANUARY 2013 IN THE SCOTTISH PARLIAMENT

1. PRESENT

Malcolm Chisholm MSP (Convenor); James Hendry (Secretary)

Shaben Begum; Shane Buckeridge; Graham Burgess; Roderick Campbell MSP; Jude Clark; Alistair Cooper; Iain Freer; Laura Gibson; Ian Mark Kevan; Doreen Graham; Peter Glissov; Eddie Kelly; Cath Logan; Brandilee Lough-Dennell; Brian Magee; Robert MacBean; Andrew Muir; Fiona MacLeod MSP; Willie MacFadyen; Gwen McCreath; Graham Nisbet; Irene Oldfather; Lisa Ross; Margaret Ross; Richard Simpson MSP; Chloe Swift; Alison Thomson; Norman Wallace; Hunter Watson.

In attendance

Dr Gillian McLean (speaker)
Malcolm Kane (Falkirk Seniors' Group)
Diane Stewart (Falkirk Seniors' Group)
Marion Wright (Falkirk Seniors' Group)
Ann Ward (Falkirk Seniors' Group)

Karen Addie (Minutes)

2. APOLOGIES

Apologies for absence were received from: Martin Adam; Chrys Muirhead; Joe Morrow; Alison Cairns; Stephen McLellan; Fiona Forbes; Donnie Lyons; Jacqueline Wilson; Richard Jones; Julia Clarke; Susan Donnolly; Joyce Mouriki; Lisa Archibald; Traci Robertson; Julia Braun; John Wilson MSP; Illena Day; Suzie Vestri; Mig Coupe; Karen Martin; Pat Scrutton; Chloe Swift.

3. MINUTES OF THE MEETING AND AGM HELD ON 20 SEPTEMBER 2012 (previously circulatd)

The minutes of the meeting held on 20 September were accepted as an accurate record of the meeting with the following change:

Page 4 regarding Hunter Watson's point about Tribunals he didn't ask a question about named persons he asked about people wishing to speak at a Tribunal and the reply given by Joyce Mouriki was correct.

KA clarified that Andrew Muir's speech was circulated with the minutes to members of the group.

4. MATTERS ARISING

Hunter Watson said he didn't need to be a member he was happy to be an observer as he is allowed to speak and his comments are minuted.

He went on to say that a complaint he had previously raised is now being considered by the Ombudsman.

Jude Clarke asked for clarification on the rules on membership. Malcolm Chisholm confirmed that national organisations could apply to join as organisational members and if the group agreed to their application their membership would be approved. He also added observers can attend meetings and participate in discussions but they cannot vote, the group very rarely votes so this is not likely to be an issue.

5. MEMBERSHIP OF THE GROUP

Application to join from Division of Clinical Psychology in Scotland and Division of Counselling Psychology in Scotland (British Psychological Society Scotland)

Application to join from Autism Rights

Applications for the above groups were approved by the group.

6. AGE DISCRIMINATION IN MENTAL HEALTH SERVICES

Dr Gillian McLean, Consultant Psychiatrist in Old Age from NHS Forth Valley gave a presentation to the group (attached to the minutes)

Mr Eddie Kelly gave a presentation on the Falkirk Seniors' Group (attached to the minutes).

In discussion following the presentation: -

Mr Kane, a member of the Falkirk Seniors' Group spoke about his own experiences of mental illness and how being part of the Seniors' Group had helped him to recover. Marion Wright, also a group member, spoke about her own experiences and the difficulties she had in transition from General Adult services to Older People Services. She commented that transition should be planned for well in advance to make it easier for people as they have to get to know new staff and services. Services have to be set up to suit individuals as there is a large range of abilities across different age groups and older people deserve a quality of life the same as everyone else.

Willie McFadyen asked if any deaf people attend the group. One person does attend and all the meetings are deliberately held in Forth Valley Sensory Centre to make it easier for deaf people to access the group. Willie added that the needs of older deaf people, especially sign language users are not being met by services, it is too difficult for them to communicate with services.

The incidence of mental illness in deaf people and older deaf people is up to 4 times higher than the rest of the population. Agencies need to recognise communication difficulties more and make services for deaf older people easier to access.

Marion Wright added that people with learning disabilities are not considered in these services. With the population living longer these issues will become more problematic.

Malcolm Chisholm asked at what age do people move over to older people services. Dr MacLean explained that it varies across services and each general adult psychiatrist does it differently. One of the problems is resource often doesn't come with the patient when they graduate into older people services. Gillian talked about stigma and how older people getting ill for the first time find it hard to access services because of the stigma. There are more support services for patients with dementia but not functional illness. Lots of older people in general hospital have treatable psychiatric illness. Services like general hospital liaison and intensive home treatment teams don't treat those over 65.

Hunter Watson commented that it is a breach of article 14 if people are discriminated against on age grounds. Dr McLean responded by saying RCPsych has published a paper on it which had been circulated to the group members. Gillian added she didn't think it was ever intentional but it does happen. Hunter Watson went on to say quite often older people suffer from isolation and loneliness and this can't be medicated for.

There was a brief discussion on the use of Antipsychotics – especially in care homes. Dr McLean clarified that people with dementia do get delusions which are often not psychotic in nature but more them living in the past as their recent memories disappear. For the majority of people who need psychotic medication their symptoms are primarily psychotic delusional.

James Hendry added it makes no sense to demarcate services on the basis of age whilst recognising older people have particular needs and services need to be aware of those needs. Dementia is often the topic of government strategies such as HEAT targets etc but functional illness is often largely ignored. Eddie Kelly confirmed that 4 out of the 36 commitments in the Government's Mental Health Strategy relate to older people and it should be ensured that these are delivered.

Gwenn McCreath from Health in Mind spoke about the change fund. Her view was that Local Authorities are different from the NHS and they are often more flexible in what they can deliver. Gillian McLean said she finds social work more rigid than health when it comes to the age demarcation.

Alison Thomson, asked Eddie Kelly if he felt the local group is competing with dementia for attention and resources? She went on to say in no small part Scotland's achievements in relation to dementia are largely due to the Scottish Dementia Working Group. She felt that the Falkirk group could have enormous potential in contributing to improvements in services for older people elsewhere.

Eddie Kelly replied that the first principle of the group is not to compete but they do accept the seriousness of dementia and the need to improve the services offered to people with this diagnosis.

Iain Mark Kevan commented that commented that the presentations highlighted a lack of access to the evidence based psychological therapies for issues like panic attacks etc. and thought that there is under-resourcing in applied psychology staff trained specifically to work with older adults. The group noted that NHS Education Scotland (NES) may have an agenda for training people to have the competences to work in this specialist area. Gillian McLean commented she thought the best results would come from staff having specialist experience and considers herself very lucky in having 2 of her nurses in her own team who are CBT trained. It takes a lot to persuade services to invest in this and allow people time away from the day job to train and there are not enough psychologists who specialise. In Mental Health Strategy a report is referred to on psychological therapy for older people which gives 7 principles of care. Malcolm Chisholm added there is a debate next week on the Mental Health Strategy and the MSPs on this group will definitely mention older people.

Jude Clark said that the Change Fund is important but you need to check the interface with the 3rd sector is working effectively. If the Government is funding something it should be checked there are outcomes from the funding. Eddie Kelly replied you have to demonstrate you can make a difference, the change fund money is finite and locally they need to ensure the group can continue.

Andrew Muir stated that the money currently spent on lawyers in the mental health system should be diverted to psychological therapies. He also mentioned sex discrimination and how 83% of people in west Dunbartonshire on anti psychotics are female.

Alistair Cooper asked about autism. Gillian McLean responded by saying not many of those patients come through her service so she has little experience of it. The Falkirk Seniors Group is open to any older people with any mental illness.

Malcolm Kane was asked about his panic attacks and whether being part of the group gives him the feeling he is doing something positive about his illness. Malcolm described his panic attack as very frightening. When he suffered his first episode it was at a time when mental illness wasn't talked about. He now feels older people have a voice and the staff involved in mental health services locally are listening and the group members have a say. He advised people they should fight for these services to be available in the future.

Eddie Kelly asked if the FSG could get observer status on this CPG, Malcolm Chisholm replied this would be possible.

Malcolm Chisholm thanked all the contributors and said he had definitely learned more about this topic and would be happy to raise some of the issues in the debate next week.

7. ANY OTHER COMPETENT BUSINESS

(i) Hunter Watson raised the issue of the Code of Conduct for Solicitors. The European Court of Human Rights has ruled it is unlawful to detain someone unless it can be said they are of unsound mind. He has looked at transcripts of Mental Health Tribunals and he can't see where it says the patient is of unsound mind. He thinks the solicitor should be able to challenge the RMO to spell out symptoms as set out in ICD10 and DSMIV.

(ii) Shaben Begum informed the group that the latest edition of the Scottish Advocacy Map is available on their SIAA website. This gives a breakdown on who accesses independent advocacy and the spend by area. Members may find this of interest.

8. DATE AND TIME OF NEXT MEETING

13 March 5.30PM – TOPIC – Mild to Moderate Mental Health Problems

23 May 12.30pm – TOPIC – Long Term Conditions

11 September 5.30pm - TOPIC TBA

