



RCN Scotland

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Dear Eleana

The Royal College of Nursing (RCN) is the UK's largest professional association and union for nurses with around 420,000 members, of which over 39,000 are in Scotland. Nurses and health care support workers make up the majority of those working in health services and their contribution is vital to delivery of the Scottish Government's health policy objectives.

The RCN welcomes the opportunity to contribute to the discussion on the challenges and opportunities for mental health service provision in Scotland and is delighted that the discussion is set within the context of the sustainability statement we recently published in collaboration with the Academy of Medical Royal Colleges and Faculties in Scotland (AMRCFS).

The Scottish Government states that improving mental health is a priority<sup>1</sup> as mental illness remains one of the major public health challenges in Scotland. The RCN believes that Scotland requires a more long-term approach to ensuring skilled staff and sufficient resources are in place to ensure genuine parity between physical and mental health services and to improve outcomes.

The RCN recently published 'Turning back the clock?'<sup>2</sup> a report looking at mental health services across the UK. This report highlights the unprecedented strain that mental health services are under and in particular the fall in nurse numbers. The RCN proposed several recommendations within the report, several of which align with the scope of the summit including:

Governments must ensure there is equal access to mental health services and that the right treatment is available for people when they need it

Governments and NHS providers must ensure that the commitment to parity of esteem is directly reflected in the funding, commissioning of services, workforce planning, and patient outcomes

Local commissioners and health boards must make available enough local beds to meet demand

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<sup>1</sup> Scottish Government | Mental Health Page - <http://www.gov.scot/Topics/Health/Services/Mental-Health>

<sup>2</sup> Turning back the clock - [http://www.rcn.org.uk/\\_data/assets/pdf\\_file/0004/600628/004772.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0004/600628/004772.pdf)

There must be a consistent shift across the UK from inpatient acute care to community-based services which recognises that prevention and early intervention results in better outcomes, reduces the pressure on acute services, and reduces the overall cost to the NHS in the long term

Urgent action must be taken to address the workforce shortages. Resources must be committed to training and recruiting enough mental health nurses who are able to deliver specialist care in the changing health and social care landscape

NHS providers must invest in the current mental health nursing workforce... mental health nurses should be developed to become advance practitioners to deliver effective recovery-led care in mental health services.

There must be a sustainable and long-term workforce planning strategy which acknowledges the current challenges facing the mental health nursing workforce.

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Although the consultation questions call for solutions in part two, we have chosen to integrate our proposed solutions into the challenges to avoid repetition.

All service users must be able to access services easily and swiftly whenever they are required. However, there must be a much greater emphasis on supporting better access for those people with mental health care needs who are experiencing health inequalities, particularly given the correlation between poor mental health and poor life circumstance seen across many parts of the country.

Some improvements could be made simply – for example, by changing how services are advertised or appointments made for those with poor literacy skills. Other improvements require more fundamental service change. In a recent RCN campaign, Nursing at the Edge<sup>3</sup>, the RCN profiled the work of innovative nurses who are creating and delivering health care, including mental health services, to those who are experiencing the effects of health inequalities. The services we highlighted showed that their clients often have chaotic lives and do not fit into the neat arrangements and set opening hours of many current services. If we are to address health inequalities in mental health services, those services must be designed in ways that better suit the users they are trying to reach.

Raising awareness and improving the perception of mental health services remains a key challenge:

Professionals need to be aware of the services that are available for referral, which includes what is being provided by the third sector. Tools such as ALISS<sup>4</sup>, a search and collaboration tool for health and wellbeing resources in Scotland signposting people to useful community support, is one example of attempts to improve referral options. Evaluations of the impact of such innovations on outcomes, and support for up-scaling success, are essential.

Services must ensure that their local population are aware of the range of treatment and intervention options available e.g. self-help through reading, through to emergency support from a mental health crisis team. This information must be communicated in various formats, including social media, to improve access.

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<sup>3</sup> Nursing at the Edge - <http://frontlinefirst.rcn.org.uk/nursingattheedge>

<sup>4</sup> ALISS - <http://www.aliss.org/>

Campaigns like See Me<sup>5</sup> have helped in de-stigmatising mental health care. Politicians should make an ongoing commitment to support such campaigns, which challenge the taboos and negative image of mental health issues and improve the willingness of those with mental health issues to engage with services.

Integration raises some particular challenges and opportunities to improve the sustainability of mental health services, but these are addressed in the next section of this report.

Delays to decisions about care may lead to more complex mental health needs arising. Service users need to be able to access support and treatment at the right time and in the right place.

One of the ways that nursing is evolving to meet these needs is the development of Advanced Nurse Practitioners (ANPs) who have advanced clinical expertise and the ability to act as a senior clinical decision maker, with the authority and autonomy to make complex decisions about a service user's care. RCN Scotland has launched a report,

<sup>6</sup>, illustrating the vital contribution of nurses in senior clinical decision-making roles in improving outcomes for patients and the health service as a whole.

A current example of how ANPs are improving mental health services is highlighted in one of our case studies on the NHS Grampian Moray Mental Health Service ANP team<sup>7</sup>. Since 2004 it has built a respected reputation for its depth of knowledge, comprehensive clinical skills and impressive problem-solving abilities.

The report and case studies identify the clear need to invest in the development of our ANP workforce to ensure sustainable, multi-disciplinary services, fit for the future.

Funding new ways of working in a sustainable way can be challenging within the realistic assessment of the current funding settlement. We need to be creative when designing mental



the beginnings of radical reform. There is a need to ensure that professionals are genuinely involved in the reforms and are fully aware of the changes being made to services across the health service.

The RCN in 2012, launched our <sup>12</sup> which are still relevant today as we transition to integrated services by April 2016. A recurring theme

The Public Bodies (Joint Working) (Scotland) Act states the principles of how services should be planned and delivered<sup>14</sup>. It is important to fully implement the full range of the principles to ensure that services are integrated from the perspective of the service user, taking account of their individual needs, rights and safety. Mental health nurses have a long tradition of working within a context of supporting a human rights approach in healthcare and their experience will be an important contribution to changing the culture of service delivery in the future.

Across the UK, over the last 5 years, there has been a significant reduction in the number of available beds in mental health services.

Although this reduction appears to be a natural consequence of government policies focused on shifting more care into the community, if community services are not also reconfigured and expanded many people will not be able to access the assertive outreach or early intervention services they need, risking them presenting with more complex needs later on and requiring inpatient care.

We have not seen the concerted shift in resources and investment in the community workforce needed to underpin a move away from acute care and in some areas there are simply not enough beds to meet acute inpatient demand<sup>15</sup>. A recent Audit Scotland review of Reshaping Care for Older People<sup>16</sup> found little evidence of progress in moving money to community-based services. Pressures on budgets are putting the sustainability of services at risk, as Audit Scotland highlighted in its overview of NHS finances published in October 2014<sup>17</sup>. Moving services to the community will increase the activity in these areas and, without sufficient funding, community capacity pressures will increase.

It should also be noted that, whilst integration should enable more patients to be treated in the community, the patients that will require inpatient services are then likely to have more complex health needs impacting on the numbers and skills sets of nurses needed on mental health wards to cope with the increase in patient acuity.

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In Northern Ireland, the Government has proposed a new single mental capacity act, which the RCN has supported.<sup>18</sup>

In Scotland, we are mindful that we have just undertaken a significant overhaul of our extensive, pre-existing mental health legislation. Given the significant resources that would be required to re-visit this in the next parliament – and the emphasis of this Liberal Democrat debate on improved sustainability - the RCN would assess any future proposals for further amendment or amalgamation, in consultation with our members, on the basis of how

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<sup>14</sup> Public Bodies (Joint Working) (Scotland) Act | Principles for integration - <http://www.gov.scot/Resource/0046/00466005.pdf>

<sup>15</sup> Turning back the clock - [http://www.rcn.org.uk/\\_data/assets/pdf\\_file/0004/600628/004772.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0004/600628/004772.pdf)

<sup>16</sup> Audit Scotland | Reshaping care for older people - [http://www.audit-scotland.gov.uk/docs/central/2014/nr\\_140206\\_reshaping\\_care.pdf](http://www.audit-scotland.gov.uk/docs/central/2014/nr_140206_reshaping_care.pdf)

<sup>17</sup> Audit Scotland | NHS Financial Performance 2013/14 - [http://www.audit-scotland.gov.uk/docs/health/2014/nr\\_141030\\_nhs\\_finances.pdf](http://www.audit-scotland.gov.uk/docs/health/2014/nr_141030_nhs_finances.pdf)

<sup>18</sup> Proposals for new mental capacity legislation in Northern Ireland: September 2014 [http://www.rcn.org.uk/\\_data/assets/word\\_doc/0007/606985/Mental-capacity-legislation-September-2014.docx](http://www.rcn.org.uk/_data/assets/word_doc/0007/606985/Mental-capacity-legislation-September-2014.docx)

