



Mental Health Strategy
Room 3ER

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To whom it may concern

The Royal College of Nursing (RCN)

nurses with around 420,000 members, of which around 40,000 are in Scotland. Nurses and health care support workers make up the majority of those working in health services.

The new ten year strategy is an opportunity to again take an ambitious future focus and to make clear where the Scottish Government aims to be by 2026 in terms of mental health and wellbeing outcomes.

The Royal College of Nursing (RCN) does not feel that this draft strategy reaches that level of ambition.

The final strategy must be explicit about the outcomes against which the Government expects to see improvement and the measures which will be used to evaluate improvement. As all actions within the strategy should support the achievement of those outcomes, the strategy should also set out the evidence for their inclusion.

Ensuring an effective and transformational strategy

The draft strategy rightly identifies the need to take a human-rights based approach, but this and the *PANEL* principles must be more firmly embedded in the final strategy as the overarching principle for all action.

into where progress has been made since the last mental health strategy and where further work is required.¹

Some of the key lessons from the report which the RCN does not feel have been suffid10(al)6(ua)3(t)-4(e i)6(,4-

Finally, the strategy must ensure sustainable, high quality services and support to improve health and wellbeing for people with long term mental health conditions. The RCN has made a number of specific comments below on how this can be achieved.

Delivering mental health services which meet identified need

The current draft strategy does not set an overarching vision for the mental health services that will be available for people in Scotland. The final strategy must describe how investment over the next ten years will support the development of a framework which enables simple care pathways and improved access.

Within integration, services will be locally planned and delivered across all sectors to ensure that people using services experience continuity of care. Within this, all people should be able to access mental health services and resources at the level of support they need, close to home and without unnecessary delay. Services should enable people to achieve the outcomes that matter to them.

The final strategy should describe what the Scottish Government envisions as the role of specialist mental health care within integrated health and social care services and what investment is required to support this role.

Child and adolescent mental health services (CAMHS)

The Scottish Government must continue to prioritise child and adolescent mental health care and support. While there has been an increase in the CAMHS workforce in recent years, further investment is required to ensure access to appropriate services.

With rising demand for CAMHS including in-patient psychiatric care, and regional differences in access, there is a continuing need to ensure services are available at all levels of need and without unnecessary delay.² This will include crisis response and in-patient care close to home for children and young people in Scotland if and when they need it.

The RCN welcomes the commitment under priority 2 to enhance early intervention and prevention for children and young people, which reflects what the RCN has been calling for.³ However, with one in five young people still waiting more than 18 weeks to be seen by CAMHS services,⁴ there is a clear and pressing need for continued additional investment in specialist mental health services for children and young people.

Sufficient and appropriate staffing

Ensuring access to the right care when and where it is needed requires sufficient and appropriate staffing. There is a pressing need to increase capacity within mental health services.

restrictions on funding do not negatively affect staff culture by reducing staff time with service

CN seconds this view. For practitioners to deliver on the vision of the strategy, and provide care which is person-centred and recovery oriented, a sufficient workforce must be employed, trained and supported. Mental health nurses and partner professionals the RCN have spoken with report frustration in being unable to provide some of the early intervention and routine care people need because of short staffing and time constraints.

To ensure people can get the care they need, the strategy should set forward a plan for how its recommendations will be resourced and staffed, with a government-led workforce and skills impact assessment carried out.

health inequalities, including low income households, LGBTI people, refugees and asylum seekers, looked after children and people within the criminal justice system.

Nursing at the Edge set out our recommendations on how integrated health and social care services can work better to reduce health inequalities, including prioritising services

children
Wellbeing strategy and with the GIRFEC framework.

The actions also need to be more closely aligned with the streams underway at present. Some of these will include self-directed support, GIRFEC, the *Realistic Medicine*, and the Chief Nursing Officer's *Transforming Our NHS for the People*. The strategy must reflect the national Suicide Prevention Strategy and National Dementia Strategy must reflect the ambitions of the overarching 10 year plan.

3. The table in Annex A sets out some of the results we expect to see. **What do you want mental health services in Scotland to look like in 10 years' time?**

Scotland has been recognised in the past as a world leader in transformational mental health policy, and this strategy provides an opportunity to continue that tradition. However the RCN believes that

