

Public Audit Committee: Adult Mental Health - additional written evidence from SAMH

Mr Richard Leonard MSP
Convener
Public Audit Committee
Scottish Parliament
Edinburgh
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Dear Convener,

I am writing to you following my appearance at the Committee on 9 November 2023 with regard to the Committee's work on Adult Mental Health. We very much appreciated the opportunity to share our thoughts with the Committee and assist it in its vital work. In line with your offer, we have provided some more information below which we hope is helpful.

Primary care funding

During the evidence session we discussed the GP Community Link Worker programme, including our own positive experience of providing link workers in all Aberdeen City GP practices. I would like to offer a clarification regarding GP link worker funding. The link worker provision provided by SAMH in Aberdeen is not under threat and has recently been successfully re-tendered, something we very much welcome.

Our concern is regarding sustainable funding and scaling up of the link worker programme at a national level. The Committee will be aware that the Scottish Government 2022 Emergency Budget Review made significant cuts to both mental health and primary care funding, with £38m cut from the mental health budget and £65m from the primary care budget.¹ The 'Emergency Budget Review: Summary of Evidence on Equality and Fairness' published alongside the budget highlighted that due to cuts to the primary care budget: "planned increases in Community Links and Mental Health Worker (CLW) numbers will not be taken forward this financial year."² The introduction of community link workers has been a real positive in recent years so we are extremely concerned about any delay to expanding this vital programme so that it is available in all communities.

Sustainable funding for contracted services

As mentioned in the evidence session, short-term annual funding cycles for many community health and social care services delivered by the third sector is a significant challenge. Short-term funding represents a clear barrier to long-term planning and innovative service design and delivery. It also does not provide stability for the workforce, care providers and most importantly does not provide stability and continuity for people supported by community and social care services.

We believe, and have called for many years, for a shift to a five year statutory minimum contract length for publicly-funded community health and social care services.³ This will allow social care providers, Integrated Joint Boards and the Scottish Government to focus on delivering the best outcomes for people, necessitating a shift in resources as longer-term

¹ [Emergency Budget Review: 2022-23 \(www.gov.scot\)](https://www.gov.scot/publications/emergency-budget-review-2022-23/pages/1-introduction-and-summary.aspx)

² [Emergency Budget Review: Summary of Evidence on Equality and Fairness \(www.gov.scot\)](https://www.gov.scot/publications/emergency-budget-review-2022-23/pages/1-introduction-and-summary.aspx)

³ SAMH [Manifesto: Scottish Parliamentary Election 2021](#)

planning is required. Social and health care providers, including third sector providers also need to be involved in the design of care services, not just the delivery.

Priorities for adult mental health policy and delivery

We would like to take this opportunity to expand on our oral evidence to the Committee and briefly set out what we believe should be key priorities for mental health in Scotland, in light of the recent publication of the Scottish Government and COSLA's new mental health strategy and delivery plan.

In regards to resourcing, we believe it is essential that the Scottish Government at a minimum meet their own commitment that by 2026, ten per cent of front-line health spending by NHS boards will be on mental health services. Progress against this target has been poor, with Audit Scotland highlighting that the proportion of spend on mental health has actually decreased over recent years.⁴ It is essential that the Government reverse this trend through the upcoming 2024-25 budget.

Though our engagement with the Scottish Government during the development of the mental health strategy and delivery plan we set out key principles and areas of focus we believe will best support Scotland's mental health:⁵

- **Radical reform of the mental system**

We believe that piecemeal reform of the mental health system will not be sufficient to meet the growing needs of Scotland's population. While recent initiatives such as the publication of various national service specifications and standards (for example the psychological therapy national specification) have welcome elements, they do not represent the step change needed to ensure people can easily access timely support at the first time of asking. Changes we would like to see include:

- **A rapid expansion of psychological wellbeing support** without the need for either referral or lengthy waits to receive support. To achieve this, we need an expanded network of psychological wellbeing services at a local level, which the third and voluntary sector is well placed to deliver. Models such as our Time for You service,⁶ delivered in partnership with Glasgow Caledonian University, provide opportunities for learning.
- **Introduction of multi-agency triage** for adults and young people which can quickly assess and connect someone to the right support, without the threat of rejection. This would broaden traditional referral and assessment routes beyond statutory assessment practices (from primary care to secondary mental health services) and ensure the full scope of community wellbeing assets are embedded and utilised when someone first tries to get support for their mental health.
- **An expansion of peer support.** While the Scottish Government and COSLA mental health strategy and delivery plan have welcome commitments to enhancing learning and capacity around peer support there are no clear resource commitments. We would like to see a national peer workforce target and clearer commitments to expand peer support infrastructure.
- **Social prescribing and prevention.** We are disappointed that social prescribing does not feature prominently in the new national strategy and

⁴ [Adult mental health \(audit-scotland.gov.uk\)](https://www.audit-scotland.gov.uk)

⁵ SAMH [Scottish Government Mental Health Strategy Consultation – SAMH Response](#) 2022

⁶ SAMH samh.org.uk/about-us/our-work/time-for-you

delivery plan. Social prescribing has a clear evidence-based role to play in supporting recovery and acting to prevent mental illness. One area in which we know social prescribing works is physical activity and sport, recognising the vital role that physical activity can play in supporting someone's mental health. Our Achieving Active Lives programme (previously Active Lives Become Achievable (ALBA)) provides one example of this.⁷ The evaluation of ALBA found the programme had a significant effect on self-reported physical activity, self-efficacy for exercise, patient activation and mental wellbeing, which was sustained over the follow-up period of 6 and 12 months.⁸

- **Employment and Employability.** Appropriate high quality employment is beneficial to mental health. The Individual Placement and Support (IPS) model is the most effective employability programme at supporting people with severe and enduring mental health problems into sustained employment. IPS is unique to other employability programmes because IPS specialists are based within Community Mental Health Teams to better understand and support the needs of participants. IPS was intended to be embedded in Fair Start Scotland (FSS), but less than 2% of FSS clients have received an IPS service.⁹ We strongly believe that the Scottish Government should reconsider its decision, following the lengthy review of IPS delivery through FSS,¹⁰ not to run a national IPS Service funded through health, as exists in England. We know discrete IPS programmes produce the best evidence for helping people with mental programmes achieve sustainable work.

- **Outcomes and measurement**

As mentioned in my evidence to the Committee, reform of the mental health system must be accompanied by a shift to not only measuring inputs (such as referral numbers and waiting times) but also measuring people's outcomes. Routine gathering of patient/service user experience and outcomes data will allow the effectiveness of mental health interventions to be evaluated.

The NHS Talking Therapies for Anxiety and Depression programme in England (previously called IAPT) provides one model of how this can be achieved at scale.¹¹ This programme has rapidly grown with 1.9 million people per year due to access it by 2023/24.¹² A key component of the programme is the use of standardised outcome monitoring on a session by session basis. This includes recording and measuring of 'recovery', 'reliable improvement' and outcomes related to employment/employability. The outcomes for the service as a whole are published on a monthly basis to ensure public transparency and identification of service variations to improve shared learning and increased quality.¹³

We believe there is much to be learned from the approach of the Talking Therapies for Anxiety and Depression programme in England, which could be adapted to a Scottish context.

⁷ samh.org.uk/about-us/our-work/achieving-active-lives

⁸ SAMH [Evaluation of ALBA February 2020 - FINAL.pdf \(samh.org.uk\)](#) 2020

⁹ [Fair Start Scotland - individual placement and support review: findings - gov.scot \(www.gov.scot\)](#) 2023

¹⁰ [Fair Start Scotland - individual placement and support review: findings - gov.scot \(www.gov.scot\)](#) 2023

¹¹ [NHS England » NHS Talking Therapies, for anxiety and depression](#)

¹² [NHS England » NHS Talking Therapies, for anxiety and depression](#)

¹³ [NHS Talking Therapies Monthly Statistics Including Employment Advisors - NHS Digital](#)

I hope this additional information is helpful to the committee in your work on Adult Mental Health. I very much appreciated the opportunity to provide oral evidence to the Committee on 9 November and this opportunity to provide further written evidence. Please do get in touch if we can be of any more assistance.

Yours Sincerely

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