

Mental Health Strategy for Scotland

Thank you for giving Quarriers the opportunity to respond to this consultation. Quarriers is a major Scottish charity providing practical care and support every day to thousands of people. Through more than 120 services for Adult Disability, Children and Families, Epilepsy and Young Adults in Scotland and a growing number of services in parts of England, we challenge inequality of opportunity and choice, to bring about positive change in people's lives.

For the purposes of this consultation, we sought views from young people experiencing homelessness and practitioners working in youth housing support and youth justice services, and this response is based on their experience.

Question 2: In these situations, we are keen to get your views on what needs to happen next to develop a better understanding of what changes would deliver better outcomes.

Mental health and learning disability

People with learning disabilities experience significant difficulties in accessing appropriate treatment for mental health problems. This includes lack of awareness, knowledge and skills associated with learning disability and mental ill-health, together with negative attitudes of staff. In many cases, any mental health problems are dismissed as being part of the developmental disability, rather than a treatable condition. People with learning disabilities who require inpatient treatment often experience psychiatric wards as unfathomable and hostile environments, unless skilled, specialist support is available.

Mental health and addiction

Clearer joint working strategies and shared protocols for treating comorbid mental illness and addiction issues are required, which are implemented at a level that impacts positively on outcomes for people, rather than the current somewhat artificial separation. There is a lack of support and willingness to take on young people who have both mental health issues and addiction issues. Often the response received is that mental health professionals are unable to accurately assess mental health needs when young people have addiction issues, however likewise addiction services often state similar responses in terms of people able to assess when there are mental health issues. This has on occasions resulted in young people 'falling between the gaps' and often then getting into offending behaviour as a result of addiction and mental health issues escalating and not being assessed or treated. It has often been the case with some of the young people we support that offending was the last thing to happen - often mental health issues and addiction issues have come first and then eventually offending, and rarely has it been the other way round.

Inequality of service provision

It is also clear that geographical location is a major factor in inequality of service provision, and this is particularly prevalent in rural areas. There is a tendency for young people with mental health needs to gravitate to urban areas, where resources are prioritised but where the additional stress can exacerbate their difficulties.

Question 4: What further action can we take to continue to reduce the stigma of mental illness and ill health and to reduce discrimination?

Young people supported by Quarriers who experience mental ill health continue to report discrimination, in particular from statutory agencies with whom they come in contact, and much of it is caused by lack of understanding and awareness. For example, concerns have been raised about a housing provider's lack of sensitivity by allocating a flat at the top of a high rise block to a tenant with a diagnosed mental illness that includes suicidal thoughts. Young people whose mental illness causes behavioural difficulties have been evicted and then allocated a place in hostel accommodation, where their mental illness can make them particularly vulnerable. This does not solve the problem, but merely moves it from one location to another, causing significant distress and disruption. Training for staff would ensure that there was a minimum level of awareness of mental health issues and appropriate responses. In addition, giving housing staff clear guidance about what they should do and who they should contact when they do have concerns about the mental health of a vulnerable tenant would be beneficial.

Question 7: What additional actions must we take to meet these challenges and improve access to CAMHS?

For a young person experiencing ill health, a 26 week wait for CAMHS will be excessively long, and we would recommend that consideration is given to ways of reducing this target. More intensive training in mental wellbeing for GPs might result in reduced need for referrals for specialist mental health services. We believe that there is also potential for a similar training and capacity building programme to be extended to all professionals and practitioners working with children and young people, for example education, family support, criminal justice and health visitors. Given that the lifetime costs of a single case of untreated childhood conduct disorder are in the region of £150,000¹, there is a clear case for investing in a broader approach.

Many of the young people we support have told us their mental health issues were there first and then they began using substances to 'self-medicate' and cope. Often they use cannabis which further confuses and exacerbates the situation given the links it has to deteriorating mental health, so the situation rapidly becomes chaotic and out of control and offending becomes an additional issue in the mix. Prevention of the escalation of mental health difficulties through easier and faster access to CAMHS would be both less expensive and more effective.

¹ Friedli, L. and Parsonage, M.: *Mental health promotion: building an economic case*. Northern Ireland Association for Mental Health, 2007

Question 9: What further action do we need to take to enable people to take actions themselves to maintain and improve their mental health?

Continuity of support and treatment is a key issue for people experiencing mental illness. Having to continuously explain the same symptoms to a succession of different medical professionals is unhelpful and distressing, and consideration should also be given to ensuring a smoother transition from CAMHS to adult services for patients.

Young people would also benefit from having more choice and control over their treatment. The young people supported by Quarriers have expressed clear concern about being prescribed medication with no discussion about other therapeutic alternatives. More accessible advice and support to enable self-help are also required.

It can also be extremely difficult for people with mental illness to make a complaint about their medical treatment and better use could be made of advocacy services.

Community Psychiatric Nurse services are seen as extremely effective in treating mental illness and preventing escalation of problems, but there are lengthy waiting lists, which often results in a deterioration in health.

Question 10: What approaches do we need to encourage people to seek help when they need to?

A more open, flexible approach is needed to promote mental health and prevent escalation of mental illness. Accessible, community based services which are designed to encourage mental well-being, not just treat mental illness, should be made universally available. A single freephone number via which advice and support could be provided would be helpful, rather than the current plethora of phone numbers and websites.

Question 19: How do we support families and carers to participate meaningfully in care and treatment?

Family members and carers need a clear, jargon-free explanation of the person's diagnosis and treatment, including any side affects. Support for families is also essential, particularly on occasions where an acute episode of mental illness leads to relationship difficulties and potential family breakdown. Again, this can have very expensive and hugely damaging consequences including homelessness.

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