

Issues for non-executive  
NHS board members

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# Overview of mental health services



Prepared for the Auditor General for Scotland and the Accounts Commission  
May 2009

# Introduction

1. Audit Scotland published its national report, *Overview of mental health services*, on 14 May 2009. This document accompanies that report and sets out some issues that non-executive members may wish to consider in relation to how mental health services are managed within their own boards. It also aims to help them pose questions they may want to ask of executive directors to seek assurance about local service delivery.
2. Copies of the national report can be downloaded from our website [www.audit-scotland.gov.uk](http://www.audit-scotland.gov.uk)

Reference to main report	Issue	Questions for non-executive board members to consider
<b>Part 2. Accessibility of mental health services</b>		
p11-15	Limited information on mental health staffing, vacancy levels and caseloads shows that there are high vacancy rates for certain professional groups and particular problems in recruiting staff in some areas. This affects the availability of services and can lead to long waiting times for services.	<ul style="list-style-type: none"> <li>▪ Do we collect and monitor data on mental health services staff, including details about caseloads and vacancies?</li> <li>▪ Is this information being used to identify problem areas and improve our services?</li> <li>▪ Is this information shared across the NHS and councils to benchmark staffing levels and help to plan services?</li> </ul>
p12-13	Basic management information on waiting times is needed for agencies to plan and manage mental health services more effectively. We found evidence of children and adolescents waiting a long time to access services.	<ul style="list-style-type: none"> <li>▪ Do we routinely collect data and monitor waiting times for mental health services?</li> <li>▪ What action are we taking to address services with long waiting times?</li> </ul>
p13-15	The provision of specialist child and adolescent mental health (CAMH) services across Scotland varies considerably. Waiting times have been recognised as a problem in these services along with a lack of early intervention and prevention work. We found gaps in mental health services for older people, particularly in psychology and crisis services.	<ul style="list-style-type: none"> <li>▪ Are there gaps in services, including services for children, adolescents and older people, or gaps in psychological therapies? <ul style="list-style-type: none"> <li>– do we have an action plan in place to address these gaps?</li> </ul> </li> <li>▪ Do we provide child and adolescent services up to the age of 18, in line with national guidance?</li> </ul>
p15	NHS boards and councils consult with service users and carers but this is not always carried out routinely or consistently for all groups of people using mental health services. Routine attempts are not made to identify unmet need or people not already in contact with services.	<ul style="list-style-type: none"> <li>▪ Do we routinely seek the views of service users and carers, including people who are likely to be excluded?</li> <li>▪ Are the views and needs of service users and carers considered as part of service development?</li> </ul>
p15	The voluntary sector is a key player in the provision of mental health services but is not always included in planning services.	<ul style="list-style-type: none"> <li>▪ Do we involve the voluntary sector in the development and planning of mental health services?</li> </ul>

Reference to main report	Issue	Questions for non-executive board members to consider
p15-16	People who are likely to be socially excluded find it more difficult to access mental health services than the rest of the population. This includes people from minority ethnic groups, those with sensory impairment, homeless people, prisoners and people with drug or alcohol problems.	<ul style="list-style-type: none"> <li>▪ Do we collect information on personal characteristics of people using mental health services, such as age, gender, ethnicity and sexual orientation, to allow monitoring of equality and diversity and to develop services to meet their needs?</li> </ul>
<b>Part 3. Delivery of mental health services</b>		
p18-19	The number of psychiatric inpatient beds has reduced over time. There is evidence of variation in bed occupancy rates across Scotland, and high occupancy levels in some specific services, including services for adolescents.	<ul style="list-style-type: none"> <li>▪ Have we reviewed bed numbers and occupancy levels for mental health services to ensure that resources are being put to best use?</li> <li>▪ Have we reviewed the number of adolescent inpatient beds and taken action to ensure that provision meets demand?</li> </ul>
p19-21	Community services have developed in the last ten years but there is insufficient information about how well resources are being used and what difference they are making, to assess how well they are working.	<ul style="list-style-type: none"> <li>▪ Do we collect information about community mental health services to support the planning and development of services? Including: <ul style="list-style-type: none"> <li>- the number of people receiving treatment</li> <li>- what treatment is being provided, for whom and for how long</li> <li>- outcomes for people being treated</li> <li>- size of caseloads</li> <li>- staffing levels and vacancies</li> <li>- the amount of joint funding by the NHS, councils and other partners.</li> </ul> </li> </ul>
p21	People with mental health problems often need support from more than one professional or organisation or need to access care outside normal working hours. A number of different information systems are used in the NHS, including those for mental health services, and NHS boards and councils collect information differently.	<ul style="list-style-type: none"> <li>▪ Do we have systems in place to share information about people with mental health needs to ensure they receive coordinated and joined up care?</li> <li>▪ Do we have plans in place to address any gaps or risks identified?</li> </ul>
p22	Crisis services differ across Scotland in the way they are provided and when they are available. Not all services provide out-of-hours cover. Crisis services are predominantly provided for adults and few include dedicated provision for children and adolescents and older people.	<ul style="list-style-type: none"> <li>▪ Do we have crisis services in place which meet local demand for all age groups, in line with national guidance?</li> <li>▪ Have we reviewed crisis and out-of-hours services and have plans in place to address any gaps?</li> </ul>

p22-23	<p>ACPOS raised concerns about getting people to a place of safety, particularly in remote and rural areas, and poor access to psychiatric services to have someone assessed.</p> <p>There is no consistent process for referring people with mental health problems being released from prisons to community mental health services.</p>	<ul style="list-style-type: none"> <li>▪ Do we work with partners, including prisons and the police, to deliver joined up services with clear referral processes for people with mental health problems?</li> </ul>
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#### Part 4. Expenditure on mental health services

p29-30, 32	<p>It is difficult to calculate the exact amount spent on mental health services due to the lack of information about spend on community health services and general practice and by councils.</p>	<ul style="list-style-type: none"> <li>▪ Do we know how much is spent on mental health services, including hospitals and community care?</li> <li>▪ Do we have processes in place to plan and monitor how much is spent on mental health services? In particular, do we: <ul style="list-style-type: none"> <li>- have clear links between budgets and mental health strategies and service plans?</li> <li>- involve key staff providing mental health services in the financial planning process?</li> </ul> </li> <li>▪ Can we provide evidence of effective use of resources and demonstrate value for money?</li> </ul>
p31	<p>Resources have shifted over time from hospitals to community care, although the majority of expenditure on mental health is still on hospital services. There is variation across Scotland in the balance of spend on specialist mental health services provided in hospitals and the community and the amount of resources transferred to councils.</p>	<ul style="list-style-type: none"> <li>▪ Are we monitoring the shift in the balance of care from hospital to community mental health services to ensure that resources to support this change are transferred as necessary, including money transferred to councils?</li> </ul>
p33	<p>The uptake of self-directed support for people with mental health problems is low.</p>	<ul style="list-style-type: none"> <li>▪ Do we promote self-directed payments to ensure people with mental health problems can take a more active role in their recovery?</li> </ul>

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