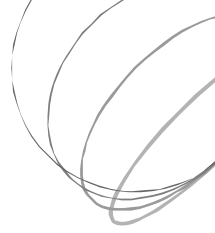


Overview of mental health services

Summary impact report (12 months)

The report findings and recommendations

1. This report provides information about the impact made by the joint Accounts Commission / Auditor General for Scotland performance audit, *Overview of mental health services* published on 14 May 2009.
2. The key messages outlined in the report are:
 - Mental health problems cause considerable poor health in Scotland. Rates of suicide in Scotland are higher than in England and Wales. Mental health problems can affect anyone but people who are likely to be socially excluded, such as people living in deprived areas, are at higher risk.
 - Basic management information on waiting times, staffing levels, vacancies and caseloads is needed for agencies to plan and manage mental health services more effectively. In areas where we carried out fieldwork, we found evidence of children and adolescents waiting a long time to access services. This is likely to reflect the picture across Scotland.
 - There have been significant developments in the last ten years in the way that mental health services are delivered, with a focus on shifting resources from hospitals to the community. 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.
 - People with mental health problems often receive services from more than one agency. Strong partnership working is essential to plan and deliver effective mental health services. Different information systems are used by NHS boards and councils and this limits their ability to deliver joined-up, responsive services. Services out-of-hours and at times of crisis are not well developed in all areas.
 - The wider costs of mental health problems are over £8 billion a year. The NHS spent £928 million on mental health services in Scotland in 2007/08 but this is likely to be an underestimate as there is limited information on the spend on mental health services in the community. The total amount spent by councils on mental health services is unknown.
3. There were 17 recommendations in the report for the Scottish Government, NHS boards, councils and their partners, including the police, the prison service and the voluntary sector. These are listed in Appendix 1, and charted against Audit Scotland's impact criteria.



4. The report also included a self-assessment checklist for all public sector organisations involved in providing mental health services, including the Scottish Government, NHS boards and councils, and other partners where relevant, such as the police, prison service and voluntary sector. The checklist was designed to enable these organisations to assess their performance and identify what actions need to be taken forward.

Media interest

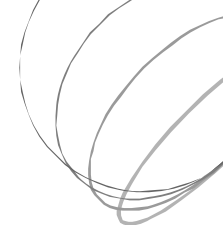
5. Media coverage of publication was in line with the number of items expected for a high profile report. Immediate media coverage highlighted waiting times for psychological therapies and CAMH services. There was also a focus on the lack of out-of-hours and crisis services, a lack of priority for investment into mental health services and inequalities in spend per capita and the range of services available across Scotland. Twelve months after publication, the report had 6,480 downloads from our website - this is almost double the average for Audit Scotland reports.

Parliamentary scrutiny

Public Audit Committee

6. The Auditor General for Scotland gave a briefing to the Parliament's Public Audit Committee on 20 May 2009. The Committee decided to take evidence from representatives from NHS boards and councils in three board areas.¹ Written submissions were received from Community Care Providers Scotland, National Schizophrenia Fellowship Scotland, Penumbra and Scottish Association of Mental Health. Written and oral evidence was also provided by the Director General for Health and representatives from the Mental Health Division at the Scottish Government.
7. The Committee published its report on 19 May 2010 with a number of recommendations, primarily aimed at the Scottish Government. It recommended that the Auditor General for Scotland consider reporting on the new dementia strategy as part of Audit Scotland's future work programme. The Committee also requested updates from the Scottish Government on a number of specific pieces of work.

¹ NHS Greater Glasgow and Clyde, Glasgow City Council and Renfrewshire Council; NHS Lanarkshire, North Lanarkshire Council and South Lanarkshire Council; NHS Highland and Highland Council.



Parliamentary questions

8. In the month following the publication of the report, there were almost 60 parliamentary questions about mental health raised by various MSPs and there have been approximately 100 further parliamentary questions on mental health to date. Many of the questions referred directly to the *Overview of mental health services* report.

Health & sport committee

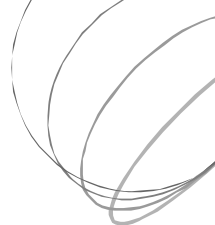
9. The Parliamentary Health and Sport Committee published a report on its *Inquiry into child and adolescent mental health and well-being* on 23 June 2009. The report highlights issues raised in the *Overview of mental health services* around long waiting times for child and adolescent services and staffing levels affecting the availability of mental health services. The Committee asked the Government to accelerate its work towards setting a waiting times target for CAMH services (the national target is now in place) and to establish the number of CAMH staff per 100,000 of population in each NHS board area, review its plans in the light of this and report to the Committee and the Parliament on its findings.

Significant developments

10. In May 2009, Tom McCabe lodged a parliamentary question asking the Scottish Government: whether it considers its funding and policy initiatives in relation to mental health services to be correct, in light of Audit Scotland's report, *Overview of mental health services*. In the response Shona Robison said: "We are aware of the issues raised in the report and have already been taking action in particular on the integration of services, improving information, developing the workforce and reducing waiting times for child and adolescent services and psychological therapies. We will continue to work with our partners in the NHS, local government and the voluntary sector to take forward the recommendations in the report and look forward to Audit Scotland's further work in this area".

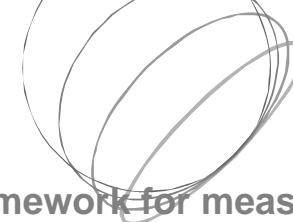
Waiting times for access to CAMH services and psychological therapies

11. The report highlights long waiting times for access to CAMH services and psychological therapies. Since the report was published the Scottish Government has established a national target that no one will wait longer than 26 weeks to access to specialist CAMHS by March 2013. It is also investing £6.5 million over three years to increase the number of psychologists working in specialist CAMH services and further £2 million per year is available to NHS boards on a recurring basis to accelerate the development of specialist CAMH services. The Scottish Government has also committed to developing an access target for psychological therapies for inclusion in the national NHS targets in 2011-12.



Dementia

12. The Scottish Government launched a dementia strategy in June 2010 and has also committed to develop national standards of care for people with dementia. The strategy includes a focus on improving the support given following a diagnosis of a dementia and improving hospital care. It also commits the Scottish Government to continuing its support for dementia research. The Scottish Government is forming a steering group and framework to implement and monitor the strategy.



Appendix 1. Summary of report impact against Audit Scotland’s framework for measuring impact

HOLDING TO ACCOUNT AND HELPING TO IMPROVE	Assurance and accountability	Planning and management	Economy and efficiency	Quality and effectiveness
General Impacts				
Action taken by the Scottish Parliament Public Audit Committee	●			
Numerous parliamentary questions raised following publication of the report	●			
Invitations to disseminate findings of report (e.g. at meetings and conferences)		●		●
Impact of report’s recommendations				
The Scottish Government and local partners should collect national comparable data on mental health services staff, including details about caseload and vacancies. These data should be used to benchmark staffing levels across Scotland and identify where staffing levels are affecting service availability.		●	●	●
Local partners should work together to identify and address any gaps in services, including services for children and young people and older people and the availability of psychological therapies.	●	●		●
Local partners should ensure that data on waiting times for mental health services are collected and reported routinely. Action should be taken to address services with long waiting times.	●	●	●	●
Local partners should ensure that the views and needs of service users and carers, including people who are likely to be socially excluded, are considered as part of service development.		●		●
Local partners should involve the voluntary sector in developing and planning mental health services to meet the needs of the local population.		●		●
Local partners should ensure that child and adolescent mental health services are provided up to the age of 18, in line with national guidance.		●		●
Local partners should 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.		●		●



HOLDING TO ACCOUNT AND HELPING TO IMPROVE	Assurance and accountability	Planning and management	Economy and efficiency	Quality and effectiveness
The Scottish Government and local partners should develop systems across NHS boards and councils to allow them to share information about people with mental health needs and ensure that they receive coordinated and joined-up care.		●		●
The Scottish Government and local partners should monitor whether national standards for crisis services have been implemented and ensure that the services provided meet local demand.		●		●
The Scottish Government and local partners should ensure that they work together to deliver services for people with mental health problems which are joined up and that appropriate services are provided on the basis of need.	●	●	●	●
The Scottish Government and local partners should collect information about services in the community to enable better planning and development of services.	●	●	●	●
The Scottish Government and NHS boards should review the number and location of inpatient beds for adolescents and ensure that provision meets demand.	●	●	●	●
NHS boards should review bed occupancy levels and identify how to make best use of available resources.		●	●	●
Local partners should address gaps in crisis and out-of-hours services in all areas.	●	●	●	●
The Scottish Government and local partners should promote self-directed payments and improve the referral system to increase uptake by people with mental health problems so they can take a more active role in their recovery.	●	●	●	●
Local partners should continue to monitor and develop the move from hospital to community services, ensuring that the resources to support this change are transferred as necessary.	●	●	●	●
Local partners should monitor the funding for mental health services following the removal of ring-fenced funding so this can be matched to outcomes and ensure that services are delivered based on local need.	●	●	●	●