

Scottish Women's Convention

Mental Health in Scotland – a 10 Year Vision

September 2016

The Consultation

The Scottish Government is seeking views on its proposed framework and priorities to transform mental health in Scotland. The new mental health strategy will be published in late 2016 and will cover a 10 year period. The Scottish Government has already carried out engagement with people and groups to help shape and develop the new strategy. They are now seeking views on:

- Priorities for transforming mental health in Scotland;
- The early actions they propose to take to deliver this transformation; and
- How the Scottish Government should measure success over the 10 year period.

The framework sets out the priorities that will deliver significant improvements in the mental health of the population on Scotland. It is organised around life stages:

- **Start Well** – ensuring that children and young people have good mental health and that the Scottish Government act early when problems emerge.
- **Live Well** – supporting people to look after themselves to stay mentally and physically healthy, to get help quickly when they need it, and to reduce inequalities for people living with mental health problems.
- **Age Well** – ensuring that older people are able to access support for mental health problems to support them to live well for as long as possible at home.

This framework does not reflect all of the activity that is taking place to support mental health, however it focuses on the 8 priorities that the Scottish Government has identified for the next strategy. These are:

1. Focus on prevention and early intervention for pregnant women and new mothers.
2. Focus on prevention and early intervention for infants, children and young people.
3. Introduce new models of supporting mental health in primary care.
4. Support people to manage their own mental health.
5. Improve access to mental health services and make them more efficient, effective and safe – which is also part of early intervention.
6. Improve the physical health of people with severe and enduring mental health problems to address premature mortality.
7. Focus on 'All of Me' – ensure parity between mental and physical health.
8. Realise the human rights of people with mental health issues.

Introduction

The Scottish Women's Convention (SWC) welcomes the new Mental Health strategy, which aims to transform mental health in Scotland over 10 years. The importance of recognising and addressing the wide range of mental health issues which impact on women cannot be underestimated. The SWC believe this strategy provides the opportunity to tackle outdated, entrenched misconceptions. It also has the potential to significantly improve the situation for those who deal with mental health problems on a daily basis.

From the outset, the SWC calls for all aspects of the framework to have a strong gender focus. Women can experience mental ill health at various stages in their lives and for varied and diverse reasons. These must be taken into account when the Scottish Government begins to implement actions to deliver this ambitious plan for mental health in Scotland.

Question 1

The 8 priorities for a new Mental Health strategy are set out in the introduction. Are these the most important priorities? If not, what priorities do you think will deliver the transformation?

- Focus on prevention and early intervention for pregnant women and new mothers

The SWC welcomes a focus on early intervention for pregnant women and new mothers. There is a real stigma around post natal depression which can deter many women from seeking help. Too many believe that it is something *"which happens to other women"*, often because they are not given enough information and guidance during pregnancy.

"I remember someone making a really innocent comment after my son was born, about the love between a mother and their child. The reality was I couldn't even bear to look at my baby, never mind try and establish a bond with him. Before he was born I was so ready and excited to become a mum. My head was turned upside down after the birth but I couldn't recognise that was because I was suffering from post natal depression. It just wasn't something I thought would ever happen to me."

In attempting to realise this priority, the Scottish Government must encourage more dialogue and discussion around post natal depression. Health visitors and midwives should be given the time and resources to enable them to discuss the potential for this before a woman has her baby, as well as once the child is born. Many do not realise or recognise that the way they can feel post partum is post natal depression.

"Referring to post natal depression as the 'baby blues' makes it out to be something which shouldn't be taken seriously, as opposed to a very real form of mental illness. My health visitor knew there was something wrong. Without her support and guidance I wouldn't be able to say now, two years later, that I had post natal depression. There's no shame in a new mum saying she needs help, but unfortunately too many are made to feel as if there is."

These conversations should aim to break down the misconceptions which surround post natal depression, which make it something of a *"taboo subject"*. More awareness raising around the issue, making clear that it is common amongst many women, would also be extremely helpful.

- Focus on prevention and early intervention for infants, children and young people

Young women today are subject to different pressures which come in many forms, such as through peer groups, families, teachers and the media. They have spoken about the difficulties in challenging stereotypical and unrealistic images presented in the media, as well as peer pressure to conform. The increased use of social media perpetuates views of how young women should look and act. It also allows anonymous comments and images to be posted of impressionable and vulnerable people.

These pressures can have a hugely negative effect on how young women see themselves and how they think others see them. This, in turn, can have a detrimental impact on their mental health.

“Nobody is perfect; everyone has something they don't like about themselves. But views that everyone must think, act and look a certain way before they are accepted have to stop. Too many young women are becoming both physically and mentally ill trying to conform to society's idea of perfection. It's so sad to see 14 and 15 year olds with significant mental health issues because of the pressure they're put under.”

The Scottish Government must, as part of this 10 year Mental Health Strategy, recognise the often devastating impact that the sexualisation of young women has on their mental health. It must take steps to address and tackle the perception of young women. The media, for example, has a huge role to play. The proposed strategy must recognise this. It must also factor in prevention work which needs to be undertaken with young people. Both young men and young women need to be educated on and given the opportunity to talk about how these issues impact on their mental health.

- Introduce new models of supporting mental health in primary care
- Support people to manage their own mental health.
- Improve access to mental health services and make them more efficient, effective and safe – which is also part of early intervention.

Primary care providers must be more aware of mental health issues and the impact they have on people. More recognition of the support required would be welcome.

“When I sought help from my GP I was referred to guided self-help which did not help me at all. I didn't really know where to go for the support I really needed.”

While some women have commented on positive experiences of accessing mental health services, as well as strong support and guidance from GPs, others have not. Issues around a lack of involvement in processes have a significant impact.

“This year I was discharged from my psychologist without being involved in the decision. As someone with a long-term mental illness this has obviously had a negative effect on how I manage my condition. When I complained, I was advised I would have to start the process again and be referred by my GP. I had great support for a number of years which was taken away from me without any consultation. My GP has referred me again, give them their due, but I am now on an 18 week waiting list. I am lucky not to be in crisis at the moment otherwise it could have been a very different story.”

More also needs to be done to recognise the varying levels of support required by those who suffer from mental health issues. Some GPs have been criticised for prescribing medication, as opposed to seeking a holistic approach to treatment.

Support services which are available to those with mental health issues are highly valued. They *“should never be underestimated”*. At present, support, guidance and services are not as readily available as they should be. This is particularly the case in rural areas, where mental health services are centralised and can be difficult for many to physically access.

“My mental health referral appointment is taking place at the hospital in Inverness, which means a three hour round trip on a bus. I’m already anxious about travelling all the way there myself, not to mention the cost of doing so. It’s not helping my mental health at all.”

Stigma around mental health is also often more acute in rural areas and is more likely to ‘stick’ to a person due to a perceived *“small town mentality”*. These attitudes can deter many from accessing the support they are entitled to receive. As a result, many are living with mental ill health and are becoming *“hidden group in society”*.

The role of the family, friends and carers in tackling mental illness is vital. As well as the provision of information for these invaluable support networks, the work done by carers, the majority of whom are women, must be recognised, valued and adequately supported. Their mental health often suffers as a result of their caring responsibilities.

Access to services for anxiety and depression, such as talking therapies, Cognitive Behavioural Therapy (CBT) and peer support, is considered *“invaluable”*. Unfortunately, this type of assistance is not available in all areas of the country. As a result, many are missing out. The increase of people suffering from mental health problems with little or no support at the early stages of their illness is also a concern.

“My son has severe anxiety and depression, but there is limited assistance for him where we live. I find that he’s leaning on me more and more and it’s taking its toll on my health. I’m his mother, I would never not help him, but it’s getting to the stage where talking to me isn’t enough. I’m worried he will end up on a real downward spiral unless he gets more support.”

Benefits for those with long term conditions and their carers are to be devolved to the Scottish Parliament under the Scotland Act 2016. There must, therefore, be dialogue between health and social care, who will have responsibility for delivering the actions in the new mental health strategy, and Scotland’s new social security system. The Scottish Government has a duty to ensure that the new benefits system supports and assists those who rely upon it and does not have a detrimental or exacerbating impact on mental health issues.

It is clear from conversations with women throughout Scotland that the focus on introducing new models of supporting mental health in primary care is vital. Early intervention, for example, is extremely important for both mental and physical health and wellbeing.

“Everyone would benefit from a more holistic approach to health from the outset. Treatment and cure are often the only way to deal with a number of illnesses. There are, however, so many conditions which could be prevented if the people of Scotland were given more realistic information about how to take responsibility for ensuring healthy minds and bodies.”

The Scottish Government should continue to focus on finding ways for people to feel empowered to look after their own health and wellbeing. This can be done through, for example, offering more ways for people to join groups, clubs and other community based activities. More needs to be done around this, particularly in rural areas, where people can often be isolated because of where they live.

- Focus on 'All of Me' – ensure parity between mental and physical health.

The lack of services to assist those with mental health issues, as well as a perceived unwillingness or inability of many primary care providers to recognise and adequately deal with mental ill health, are a key priority for women.

“Physical and mental health should be treated equally, but the sad fact is they are not. Everyone has mental health, yet when there are issues they are often treated as a secondary problem. Physical health affects mental health and vice versa. This needs to be recognised.”

Question 2

What do you want mental health services in Scotland to look like in 10 years time?

Women in Scotland have outlined their key priorities for the future of mental health services. In order to be effective in addressing and tackling mental ill health, as well as supporting and advising those who require assistance a number of measures must be taken.

- All services should recognise the differences between men and women’s mental health issues. The specific needs of women must be taken into account.
- New mothers and the healthcare practitioners involved following birth must be able to recognise, discuss and treat the symptoms of any mental health issues.
- The stigma should be removed from post natal depression through public awareness raising campaigns and targeted, individual discussions.
- Prevention and awareness raising work should be undertaken in schools, outlining the negative influences of sexualisation and unrealistic body image, in order to reduce mental health issues amongst young women.
- Women who suffer from mental ill health must be able to receive a speedy diagnosis, support and, where necessary, treatment. This should be the case regardless of their geographical location.
- Primary healthcare providers must be more acutely aware of mental health issues. They should give these the same regard and attention as they would physical health problems.
- All patients should be able to access support from a specialist mental health practitioner within their local GP surgery or health centre.
- Treatments prescribed by GPs in particular should be patient specific, using holistic therapies where appropriate, as opposed to an automatic reliance on medication.
- Services which provide mental health support outwith the health and social care sector must be adequately resourced. Their guidance and assistance is described as *“invaluable”* by service users and funding for such organisations should reflect this.

- Specific services should be made available to carers, the majority of whom are women. Access to advice and support regarding both their mental health and that of the person they care for should be an integral part of the wider carer's strategy.
- No person who experiences mental ill health should have to wait on advice, support and treatment which are dependent upon the part of the country they live in. Services must take into account the unique geography of Scotland and ensure that no patient is left behind because of this.
- Early intervention must be a key focus in undertaking the new strategy.
- There needs to be integration between mental health services, the new Scottish social security agency as well as, for example, housing and employment. This will mean that those who suffer from mental health issues have joined up support, advice and assistance.

The Scottish Women's Convention engages with women using numerous communication channels including Roadshow events, Thematic Conferences and regional contact groups. This submission paper provides the views of women and reflects their opinions and experiences in a number of key areas relevant to mental health in Scotland.

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