

The Scottish Women's Convention's
response to the Scottish Government's
consultation on:

Quality Standards for Adult Secondary Mental Health Services



March 2023

Premise

Secondary mental healthcare services are generally services which require a referral from a GP or another healthcare service, and are made-up of community mental health teams and adult in-patient mental health wards. At the moment there are no national standards for adult secondary mental health services in Scotland, which has been recognised as a barrier to the delivery of good quality care and support.

As a result, the Scottish Government have proposed standards which aim to ensure individuals, families and carers know what to expect from their service-providers, and to improve the experience and outcomes for people who use mental health secondary services. This consultation asks one to consider whether the proposed standards are appropriate, and will truly achieve these aims.

After the Scottish Government have received consultation responses, they shall consider alterations that are required and rectify their plan accordingly – incorporating suggestions made.



The Scottish Women's Convention (SWC)

The SWC is funded to engage with women across Scotland to ensure that their views are represented in policy and decision-making processes. The SWC uses the views of women to respond to a variety of parliamentary, governmental, and organisational consultation papers at Scottish, UK, and international levels.

The SWC gathers information using different methods, including roadshows, thematic conferences, surveys, and both in-person and online roundtable events. This submission presents the views of a range of women, reflecting their opinions, ideas and lived experience. Working together with many other equalities organisations and community groups, we use our broad network to ensure that women from a range of backgrounds are heard and acknowledged. We are continually reviewing innovative ways of engaging with women and developing our trauma-informed and culturally sensitive practice to support vital contributions from as many women as possible.

General Standards

Please share with us any of your thinking on your answers above and give us your views on the standards overall.

We hold concern over the language used throughout the proposed standards. By using 'I', a great deal of onus is placed upon an individual to understand their own rights and responsibilities. This is valuable in many cases, with the empowerment of the general public being of the utmost importance across healthcare settings. However, those who are suffering from poor mental health, may not always be in the correct headspace within which to challenge health professionals or vocalise concerns about their treatment. There is also a lack of detail surrounding where complaints can be posed if a patient does have problems with their care. It would therefore be valuable for the Scottish Government to fully detail the proper complaints procedure, and how healthcare professionals will be held to account to fully incorporate a human rights based approach to secondary mental health services.

Access

Do you have any suggestions how the access standards could go further to help ensure that services meet everyone's needs?

Despite admirable goals - that community must become more integrated in healthcare - the access standards do not properly consider the current financial landscape that many community projects exist within. Due to significant budget cuts in recent years, third sector and community-led organisations have had to cut services and as such have less availability. Therefore, proposals which look to defer mental health support to community schemes in the present climate are far-fetched. Instead, the Scottish Government must commit to increasing support for these vital services, which could create a better multi-agency network.

- "...there's still a lot to be done, and I think that community groups are being leant on very heavily to provide what the mental health services aren't providing"
- "All the services you relied on had their funding cut, so they couldn't afford to keep supporting me."

Furthermore, online resources can be valuable for some with complex mental health needs. However, elderly women have explained that online resources can contribute to anxiety and stress, as they do not feel capable, or lack the online literacy to properly navigate sites. Women from rural communities also experience poor Wi-Fi connections, particularly those living on Scottish Islands. Therefore, more commitments should be made, to ensure that online resources do not become the standard reaction to an individual reporting poor mental health, as it has been explained by women that these resources do little to help.

- “I think there’s a frustration as well around... an assumption that technology is going to help, but is it really?”
- “I don’t know how many times I’ve said to them, that Zoom doesn’t work. I’ve had other people trying to help me and the system just doesn’t accept me, but they’re adamant I need to do it that way... but then I’m getting frustrated and that impacts my mental health”
- “One of my friends has been getting counselling...and every appointment has been either on the telephone or by zoom, and she’s not making any progress”

Assessment, Care Planning, Treatment and Support

Do you think there is anything missing from assessment, care planning, treatment, and support standards?

Women have highlighted the significant toll the menopause has on their mental health, explaining that due to stigma surrounding the issue, and a lack of education, they are ill-equipped to handle it. They have stated that they regularly experience ridicule at work, and that they do not feel that they can openly discuss the issue with family members and friends. It would therefore be valuable if the proposals included a specific standard relating to the menopause - similarly to addiction - to show menopausal women that the Scottish Government are working to fully incorporate the Women’s Health Plan across health legislation. Women have also stated to us that they would like to see Menopause Champions put in place across workplaces and healthcare environments. This would ensure those experiencing menopause are better supported, and their views considered.

- “I felt completely alone, I thought nobody else was going through it...we’re all suffering in silence because that’s what we’ve been told to do.”
- “I wasn’t prepared for how low my moods would go.”
- “...they think it’s hilarious when you’re late for a meeting...I’ve had that horrible feeling when you’re making a point and then you just lose it, and you’re in a room filled with 20 people, usually men, and it’s gone. It’s just awful and humiliating”
- “I think one of the things that we need to do urgently, is we need to have menopause champions in workplaces. We need the government to support that”

Do you have any suggestions for how the assessment, care planning, treatment, and care standards could go further to help ensure that services meet everyone’s needs?

The work being made to empower mental health patients is admirable, as we believe that through full empowerment, most individuals can effectively challenge social inequalities in healthcare. However, we hold some concerns around the commitments made around trauma-informed standards, with some women feeling that promises can

be made, however are rarely carried through in practice. Women have explained that institutions can be intimidating and be associated with trauma. This has been particularly obvious for women from ethnic minorities, who face intersectional levels of disadvantage. These women feel that they are not believed, and due to the major stigma attached to mental health amongst some ethnic minority communities, they face disadvantage across the public and private. Therefore, work has to be done to reinforce trust between women and healthcare professionals to mitigate historical damage.

- “White is the default privilege setting in western society and white people hate admitting that. Take all the issues women have to deal with and multiple the trauma and gaslighting for women of colour.”

Furthermore, women have stated that they have experienced gaslighting across medical settings, with their opinions and complaints not being properly considered. This is more evident when it comes to mental health, due to wider stigma, and a general consensus that it is less important than physical health. To tackle this, it would be valuable to fully train all healthcare staff to consider trauma, and how social inequalities can be precursors to poor mental health. This combined approach, would ensure that healthcare staff were empathetic to the varied reasons as to why an individual may be suffering from poor mental health.

- “Women experience medical gaslighting as a matter of course. So, it’s a fight to be believed...Things are often blamed on hormones...and this means women are absolutely out of fight”
- “...A&E is nothing like it used to be, there’s a lot of gaslighting”

Moving Between and Out of Services

What should a standard around substance use contain?

Women experiencing substance misuse have complex needs, with poor mental health being both a contributing factor, and an outcome of substance use. Women are increasingly turning to forms of addiction, such as drugs, alcohol, and gambling, to manage the stress and anxiety associated with poverty and deprivation. Women are also more likely to experience stigma if they have an addiction, with deep-rooted gender expectations contributing. It is therefore vital, that the Scottish Government incorporate a specific standard surrounding substance use and gambling harms to incorporate addiction in its many forms. This standard should consider women’s unique experience of addiction, which can differ from that of addicted men. For example, the impact on family members is more likely to be visible, as women tend to be primary carers for children and elderly parents. It would also be valuable if the standard included language which aimed to reduce stigma, accepting that addiction is the by-product of wider societal issues. By carrying out this approach, the Scottish Government can work to empower women, rather than defining them by their addiction.

Workforce

Do you have any suggestions for how the workforce standards could go further to help ensure that services meet everyone's needs?

We are aware that the proposed workforce standards are focused on how the mental health workforce can ensure good service for the wider community. However, there is a lack of concentration on the workforce themselves. The mental health workforce is predominantly made up of women, and the recent Covid-19 pandemic alongside tightening healthcare budgets and Brexit, have caused increased occurrences of burnout. During our recent Brexit Conference, we heard from the ALLIANCE, who highlighted the extreme staff shortages which face healthcare services, and how this has had an inevitable impact on women staff. It is therefore vital that any reform made works to reduce strain on the workforce, providing them with increased support through their workplace. It would also be valuable for the Scottish Government to consider how they can effectively tackle recruitment issues which have been caused by Brexit. This could be through increased educational opportunities for young people, or by continuing to challenge the UK Government to increase devolved powers, such as immigration.

- "...looking at staffing in health and social care. There have been major issues across recruitment, and the labour pool has shrunk since Brexit...we know that women are disproportionately represented in the health workforce, being about 77%"
- "We only talk about service-users, but the pandemic also affected the staff as well."

Implementation and Measurement

Overall, what support do you think services will need to implement the standards?

Currently, waiting times for mental health services are unacceptable. Individuals have incredibly long waits for vital care, preventing initial support which can then lead to more complicated mental health situations. This is largely due to wider thought-processes around mental health, which places less priority upon it, however, poor financing is also culpable. Mental health services have been squeezed by budget cuts, worsening the already poor service provision. We, therefore, recommend increasing financial support for this sector. This would also assist in reducing pressure on the third sector, who are regularly filling gaps for the people of Scotland. An alternative would be to increase support for third sector organisations so that they can continue their vital work across communities.

- "Everything has been heightened by Covid...we're seeing a level of demand on mental health services, that is also an issue"

- “...I think the community groups are being leant on very heavily to provide what the mental health services aren't providing”
- “It comes back to resourcing and implementing things and providing funds and access. We already had a crisis in our mental health systems for young people. Referrals to CAMHS is the highest it's ever been. If you look at other agencies, we're all struggling to keep up with the demand, so funding has to be available for it.”

How would you suggest that we support services to reduce inequalities in the outcomes and experiences of people who use services, including in the measurement of the standards?

By fully incorporating an intersectional approach across healthcare settings, the Scottish Government and NHSScotland can reduce inequalities. Intersectionality works to understand the unique experience of every individual, and how this contributes to their social dis/advantage. If healthcare professionals were properly educated on intersectionality, and wider policy utilised this, social disadvantage could be better understood and therefore, tackled. Women have echoed this view, with some explaining that they believe an intersectional, women-led approach would create a better system. It was also highlighted that current structures tend to ignore the needs of women, with healthcare being no different, therefore, incorporating women's voices from the outset could alleviate concerns.

- “...more data collection on inequalities as affecting women from an intersectional lens would be good”
- “Thinking about the system, it's not built around person-centred care. People have to fit the structures...people have to fit with the systems, rather than the other way around.”

Conclusion

Having listened to women, our three key recommendations on this topic are:

- Increased funding is vital in improving mental health services for the people of Scotland, while also reducing pressure on staff and third sector organisations.
- Make commitments to provide in-person mental healthcare rather than online resources, while also increasing online literacy for older women.
- Incorporate a menopause standard to tackle the significant impact the menopause can have on women's mental health.

The SWC is grateful for the opportunity to respond to the Scottish Government's consultation on **Quality Standards for Adult Secondary Mental Health Services**. As an organisation, we will continue to work with women from across Scotland to gather voices and experiences relating to this topic and its effects on women's equality.

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