

Public Audit Committee

Overview of Mental Health Services

Submission from the National Schizophrenia Fellowship Scotland

Preamble

NSF (Scotland) works to improve the wellbeing and quality of life of people affected by schizophrenia and other mental illness. This includes those who are family members, carers and supporters. We do this through campaigning, education and the provision of practical help, support and information.

We are a membership organisation and our constitution requires that the majority of our Board members (i.e. our governance structure) are people personally affected by mental illness as carers and/or as service users.

As well as our national policy influencing function, we provide services in a number of areas around Scotland, the majority outwith the central belt. These include (not exhaustively) resource centres, and support services for carers. Therefore we have a dual role as service provider and in policy influencing. For example, in our policy influencing role our Chair was a member of the Advisory Group for the production of the Auditor General's report and as an organisation we also facilitated access to a focus group of carers for those undertaking the review.

Our feedback below reflects this dual role.

NSF (Scotland)'s feedback below follows the letter sent to Annie Gunner Logan on 14 October by the Public Audit Committee. In that letter, Annie was asked to provide feedback on a number of issues from a voluntary sector perspective. Having received this information from CCPS, NSF (Scotland) would like to make its own comments and feedback available to the Committee and we hope that this will be helpful to the Committee in its deliberations.

We would like to clarify first of all that no voluntary organisation, including NSF (Scotland), provides a service to councils. We provide services to people identified by councils as requiring support, where councils have contracted or in other ways funded voluntary organisations to provide these support services. Voluntary organisations are accountable to councils for the best possible use of public monies, but the services themselves are for people. This is an important distinction.

Efficiency savings

Questions:

- What actions are voluntary service providers able to take to safeguard services for vulnerable people in light of any financial constraints?
- How are voluntary service providers working with local authorities to identify and implement efficiency savings in the services they provide to councils?
- Has there been an impact on service delivery as a result of efficiency savings? If so please provide details.

- Do you anticipate that voluntary organisations will be able to identify further efficiency savings should this be required?
- Could councils be working better in partnership with the voluntary sector?

NSF (Scotland) feedback:

One person's efficiency saving is another's cutback. The funding we receive for services covers the bare essentials – salaries, premises, utilities, insurance etc. as well as the service's contribution to shared infrastructure costs for the management and support of services from National Office. NSF(S) applies Full Cost Recovery (FCR) for what is a very stretched resource at the National Office – efficiency savings there are simply not practicable either and the application of FCR is essential to our survival as a service provider.#

The majority of activities in services, other than core 'opening the door and putting the light on', rely on additional fundraising. Where 'efficiency savings' have taken place they have therefore resulted in service reductions because of reductions in staffing. The timescale for response does not allow a detailed breakdown of service reductions but to give one example, this year our Outreach Service for Wester Ross (which was provided by one full time worker covering a huge area) had to cease because it was no longer possible to provide it within the resources available.

Where there are staff changes, for example a staff member moving on from a post, NSF(S) always uses this opportunity to review how the service is being delivered and whether there are more cost effective ways of doing so. This is becoming increasingly difficult over time.

On partnership working:

While councils are aware of these issues, and the link people we work with are often very sympathetic, this does not mean that additional resources are made available.

Our experience of commissioning of services, along with communication and partnership working, is variable and sometimes extremely demanding in terms of reporting requirements for what are sometimes very small amounts of money. In truth, our relationships with councils, through commissioners and other link people, is often highly dependent on the personal qualities, attitudes and attributes of individual personnel.

We would like to see the voluntary sector compacts held by local authorities being honoured in practice and not solely in terms of commitment and intent.

Monitoring and best value

Questions:

- How do voluntary organisations monitor their services to ensure that they are being delivered efficiently and effectively?

- How do they demonstrate that councils are getting the best value for money when using their services?
- How will they ensure that councils are getting more value for money for services in the long term?

NSF(S) feedback:

Our services are monitored and evaluated in both quantitative and qualitative terms. Each develops an annual plan in collaboration with those using the service and this provides an opportunity for regular review. Monitoring activity, and evaluation reports and plans, are always submitted to funders. In terms of best value the services and the national organisation continually strive to maximise effectiveness in terms of outcomes for the individuals using them.

Where services are registered with the Care Commission they are also subject to external scrutiny over and above that from funders.

We find it hard to imagine how we can *increase* the value for money councils get from our services, particularly in the context of continuing 'efficiency savings'.

Spending on mental health services

Question:

- What can voluntary organisations do to ensure that spending on mental health services is more transparent going forward?

NSF(S) feedback:

The funding received by NSF(S) is subject to regular reporting, and we are accountable for the use of these public monies through the councils who provide funding. This information is therefore as transparent as it could get.

Voluntary organisations can do nothing to *ensure* that spending is more transparent (this is not in our gift). The problem is something NSF(S) is aware of at a national policy influencing level and it is a source of some frustration.

Early intervention

Questions:

- What part does or could voluntary organisations play in early intervention?
- Do you consider that earlier intervention could ultimately result in the need for fewer resources?

NSF(S) feedback:

As service providers: if this is an area where funding is available to the voluntary sector, we believe that the voluntary sector could make a considerable contribution.

As a policy influencing organisation, we believe that there requires to be a firm policy commitment within the Scottish Government to early detection and early intervention and, indeed, this is an area where we have made rep[resentations for some time. A copy of a (one page) statement by NSF(S) regarding early intervention for those experiencing first episode psychosis is sent along with this response. This highlights not only the potential savings to the NHS and other care services, but also the savings in 'social' costs such as long term dependence on welfare benefits that might otherwise be avoided.

Why Early Intervention Services for Young People Experiencing Their First Episode of Psychosis are so Important

Key points

- 1 Early intervention for the above group is essential. Failure to provide such services will represent a fundamental flaw in the development of effective systems for mental health care and treatment in Scotland.
- 2 Delays in interventions (and consequent trauma) are experienced as a matter of course for the majority of young people experiencing their first episode of psychosis. The impact of this can have long lasting effects on their recovery; their future mental health; future demands on mental health services; their family/social relationships; and their ability to engage with learning and employment opportunities.
- 3 It is crucial to reduce the Duration of Untreated Psychosis (DUP) for humanitarian *and* economic reasons. Although not cheap, early intervention represents front loading of NHS investment, with subsequent savings (including in 'social' costs) at later stages. Early recognition leading to early intervention needs to include non mental health services and indeed non health services – for example, schools, colleges/ universities and other resources accessed by young people. Staff in these settings should be able to access advice and support if they have concerns about a young person. Otherwise, there will be no assessment of their needs if the young people concerned are not in contact with, and/or refusing contact with, standard adult mental health or primary care services.
- 4 Paradoxically, lack of contact with mental health and primary care services is most likely to occur in young people who are most acutely ill and in need of assessment and services. NSF (Scotland) knows of many examples of families trying desperately to access services for a young family member when s/he first becomes ill. Their lack of success in doing so is often because the young person refuses to access services, even primary care services. Services often refuse to respond to parents' help-seeking because the young person is aged 16+, or for some other reason (e.g. because s/he is using non prescribed drugs). All too often this situation continues until there is a crisis, at which point the young person's first introduction to mental health services may be through the use of compulsion under mental health law.
- 5 With the best will in the world, GPs may not be best placed to diagnose psychosis in a young person. Psychosis is far less common than other mental health problems in young people, and non specialist services can find it difficult to identify. NSF (Scotland) knows of a number of cases where the diagnosis by primary care was of some other mental health problem such as anxiety or depression, and where treatment was given via primary care. Again, this led in time to a crisis situation.
- 6 With regard to (5) above, important lessons can be learned from existing services for young people experiencing first episode/early onset psychosis

such as the ESTEEM service in Glasgow and the Early Psychosis Support Service at the Royal Edinburgh Hospital.

- 7 Strong evidence now exists within these services - and those in other parts of the UK and beyond - of the short, medium and long term benefits to all of such services.
- 8 Support for young people experiencing first episode psychosis, and for their families, is needed across Scotland. Such support needs to reflect Scotland's young population as a whole, including those living in remote and rural areas.