

Public Audit Committee

Overview of Mental Health Services

Submission from Scottish Association for Mental Health

1. SAMH

SAMH is Scotland's leading mental health charity and is dedicated to mental health and wellbeing for all. SAMH provides both direct services and an independent voice on all matters of relevance to people with mental health and related problems.

SAMH has over 80 services throughout Scotland which address a range of individual needs. Our services support people who have experience of mental health problems and other forms of social exclusion including homelessness and addictions.

SAMH promotes the development of legislation, policy and practice that is based on the real life experiences of people with mental health and related problems and respects their human rights.

2. GENERAL COMMENTS

SAMH has seen a substantial impact on its local authority-funded services in recent months. Our experience suggests that some local authorities are implementing necessary cuts in a short-sighted and possibly counterproductive manner and these cuts do not simply threaten the organisation: far more importantly, they affect the service users whom we support.

It is the needs and views of service users which should be placed firmly at the heart of any changes involving public services, and it is absolutely essential that the voluntary sector's involvement in public service delivery be driven by its mission; and not by funding opportunities or government policy.

3. SPECIFIC COMMENTS

3.1 Efficiency Savings

SAMH is deeply concerned that the voluntary sector will be effectively powerless to safeguard services for vulnerable people should financial constraints continue to be imposed. Funding for voluntary sector services has long been the 'soft target' of any cuts required by Local Authorities, and the entire voluntary sector is currently facing unprecedented upheaval.

Overall funding to mental health services is being reduced, yet international human rights standards place a duty on public authorities to adopt appropriate budgetary measures for the provision of mental health services. SAMH noted with great interest the UN Committee on Economic, Social and Cultural Rights recent recommendation that the Scottish Government *'take immediate steps to address,*

as a matter of priority... the regressive measures taken in funding mental health services' and is looking forward to the Scottish Government's substantive response to this recommendation.¹

SAMH has been under increasing pressure to deliver the same quality of services at a reduced cost. Where 'efficiency savings' need to be identified, the process can be highly intrusive, with cuts being imposed without due consideration or consultation. Where once we would have had some opportunity to negotiate, we are now being presented with required cuts in contract values.

SAMH provides services in 24 out of 32 Local Authority areas, turning over £25million each year. Since the 2007 Concordat was issued, we have seen: more regular retendering of services, with all the attendant uncertainty and disruption this entails for service users; an increasing emphasis on cost rather than quality in service tenders; and budget cuts in several local authority areas made without appropriate planning or assessment of needs.

In recent months, SAMH has lost £2.7 million for services based in Glasgow, Dundee and the Borders. This retrenchment of funds has been carried out in an arbitrary way, generally without negotiation. Services which were in development simply had their funding withdrawn, resulting in job losses and a previously identified need for mental health services in several communities now being unmet.

This is not simply due to the recession; rather, it is a trend which began before the loss of ring-fencing for mental health service funding and has gathered pace since then. Commissioning of mental health services has also been problematic. Increasingly, services are required to provide a certain number of hours assistance (e.g. 30 hours per week) rather than demonstrating the efficacy of the service in enabling people to live independently in the presence or absence of a mental health problem. SAMH is dedicated to the independence and recovery of people with mental health problems; this non-negotiable system of fixed hours results in the maintenance of service users' mental health problems, rather than our goal of reducing their need for mental health services and helping them towards recovery. In short, there is too much focus on the hours provided and not enough on the needs of the service user.

Few charities are currently able to obtain full cost recovery whilst grant giving charities seek to fund 'additional' provision as opposed to 'basic' services; which they feel should be the responsibility of the State. Charities and other voluntary organisations may be using up reserves in order to bridge funding gaps in public service delivery, which is unsustainable and potentially harmful in the long term.

In the development and delivery of publicly-funded services, government along with voluntary and community sectors have distinct but complementary roles. There is added value in working in partnership to common aims and objectives with integrity, objectivity, accountability, openness and honesty.

¹ Concluding Observations of the Committee on Economic, Social and Cultural Rights, Forty-second session 4 - 22 May 2009

The voluntary sector makes a major contribution to ensuring the meaningful involvement of service users in the design and delivery of services, provides advice and information and acts as advocates for people who have no voice. The distinctive skills, expertise and experience of the voluntary sector risk being lost through inflexible contracting with public authorities who may have bureaucratic commissioning processes and unrealistic service specifications. There can also be a clash of cultures and misunderstanding between the public and voluntary sectors, and there remains a need to educate public sector staff about the nature and role of the voluntary sector.

Where services are taken 'in house', it would be beneficial to know how these services are being better delivered and where the voluntary sector has fallen short.

Local Authorities need to be more transparent, and communication and consultation between the voluntary sector and councils could be much improved.

3.2 Monitoring and best value

SAMH fully recognises that receipt of public funds carries with it responsibilities to the funding body and to the public, and is subject to a range of assessment and scrutiny processes.

We work closely with the Care Commission to ensure that our services are of a high standard and that we provide a very high quality of care for service users. Recent Care Commission figures show that voluntary sector services are consistently graded higher on quality of staffing, care and support and quality of management and leadership than those provided by local authorities or other companies.² We gather evidence of this internally and also work with our stakeholders to continually drive up standards.

There needs to be greater clarity as to what a quality service consists of. If greater weight is placed on pre-specified input standards than personalised services and outcomes, we risk stifling the capacity of the voluntary sector to innovate and place service users at the heart of services; service users should be empowered to determine their own needs and 'outcomes' and providers must be able to respond appropriately.

It is also the case that a focus on 'best value' often equates to a focus on lowest cost; which is reflected in monitoring and contractual processes. Often costs are based on outdated figures and there is an increasing gap between allocated budgets and the reality of the funding situation. There needs to be greater consideration as to what defines the 'value' of a service. Recently, SAMH refused to sign a contract where it was clear that operating within the proposed financial constraints would mean compromising the quality of service to an entirely unacceptable degree.

² [Local Government and Communities Committee Official Report 10 June 2009](#)

3.3 Spending on mental health services

SAMH, along with other third sector organisations, has expressed growing concern over developments since the 2007 Concordat was agreed. In particular, questions remain as to whether and how mental health services will be funded in future and how local authority expenditure and fulfillment of SOAs will be effectively tracked.

While it was hoped that the development of SOAs would allow for local outcomes relevant to local priorities, it does not appear that local authorities have given equal priority and consideration to mental health in this context. The voluntary sector and indeed mental health services continue to absorb the impact of cuts.

There needs to be a review of the Concordat and SOAs, which encompasses the current spending situation and the impact that this having on local authorities, NHS and the voluntary sector, in the delivery of mental health services.

3.4 Early Intervention

SAMH has long recognised the importance of early intervention and the need to identify and address mental health problems at an early stage. SAMH line manages 'See me', Scotland's national campaign to end the stigma and discrimination of mental ill-health. By challenging the stigma of attached to mental health, it is more likely that people will feel able to come forward for support. SAMH also has a number of services which intervene early to prevent mental health problems from developing to crisis point.

SAMH welcomes a focus on early intervention and believes that this could ultimately result in the need for fewer resources. However, this change would only occur over a protracted timeframe and it is vital that services are readily available for those already experiencing mental health problems. A focus on early intervention should not be at the expense of, or divert funding from, existing mental health services.

4. CONCLUDING COMMENTS

SAMH is by no means alone in the experiences outlined in this response. The end result is that there are fewer services for those who need them. The cuts in services highlighted above are likely to contribute to difficulties in meeting HEAT targets, and therefore run counter to government policy as well as international human rights standards.

Local authorities should respond to the very real budget pressures they are facing by working with voluntary sector providers to identify areas where savings can be made, rather than imposing cuts without discussion.