CONSULTATION RESPONSE: A NEW MENTAL HEALTH AND WELL-BEING STRATEGY (Scotland)
Scottish Families Affected by Alcohol and Drugs
09/09/2022

Introduction and General Comments

Scottish Families Affected by Alcohol and Drugs welcomes the opportunity to comment on the Mental Health and Wellbeing Strategy and the idea of a refresh, five years since the beginning of the Strategy. Our response will focus on the links between alcohol, drugs and mental health, and the impact on family members, who are often overlooked. The Strategy contained little about the links between alcohol and drugs and mental health, nor were families discussed in any detail. We would like to highlight the proposed 'refresh' of the strategy provides an opportunity to further embed alcohol and drugs into the Strategy to support those who have a dual diagnosis and their families. We hosted a meeting with Scottish Families staff and family members to discuss the Strategy, which has largely informed our response.

In reference to the two Actions relating to alcohol and drugs in the 2017 Mental Health Strategy[1], those at our meeting categorically agreed that little to no change had been achieved for either Action statement since 2017. Although since the implementation of the Medical Assisted Treatment (MAT) standards, some Scottish Families staff have noted that small changes are starting to come into place, such as increasing the workforce for alcohol and drugs and mental health, however the impact of this is yet to be felt on the ground. We are still hearing accounts of people who use alcohol or drugs and have a mental health condition being rejected by both mental health and alcohol and drugs services and being constantly passed from pillar to post. When this happens, neither service takes responsibility for care, treatment or support, and it is families who are left acting as case worker, care worker, advocate, mentor etc. It is frustrating that five years into the strategy, families and their loved ones are still facing these impossible challenges.

Furthermore, we would like to highlight the lack of recognition of families and unpaid carers in the strategy, who work tirelessly and harbour a great of responsibility for their loved one's care. Part of our discussions around this centred upon discharges from hospital and other residential centres, often when the individual is not ready and/or appropriate care packages have not been put in place, leaving families and carers responsible for managing and responding to potential risks at home. The strategy discusses ending stigma, however there is no mention of addressing internalised stigma in services. Daily we hear from family members about their loved ones facing stigmatising attitudes and discrimination within services, whether that be because of their substance use or their mental health. We would hope the Scottish Government has plans to address stigma in services as well as in wider society.

[1] Action 27 and Action 28, Mental Health Strategy 2017.

For children and young people, we know from our Routes young person's service that waiting times for initial appointments with CAMHS can be extremely long, particularly for young people waiting on a diagnosis for neurodevelopmental conditions such as Autism or Attention Deficit Hyperactive Disorder (ADHD). Our staff who work with adult family members have heard many experiences from families with loved ones who have gone undiagnosed into adulthood, and this has resulted in substance use as a form of self-medication. Our staff have not noticed an improvement on these timescales over the past three years (when our Routes young person's project began). Self-medication through alcohol and drugs should be recognised as a coping strategy for both young people and adults with any mental health condition who have been unable to access appropriate support.

In order to improve, more front-line staff are necessary to cope with the demand and reduce waiting times for people who desperately need to access help. Greater partnership working between a range of services, such as mental health, alcohol and drugs, homelessness, criminal justice etc. is needed to implement a 'no wrong door policy', so no one is 'falling through the cracks.' A focus on early interventions and improvements to CAMHS are needed to support young people and for long-term better mental health for all, alongside funding for family specific services, helping young people from as early as possible. People who have experienced trauma (whether in childhood or as adults) need to access alcohol and drug support and mental health support simultaneously, in order to achieve the best outcomes for people and their families.

Vision

Starting with the vision, our staff and families found this difficult to comprehend. The vision, although well meaning, comes across as simplistic, insensitive and woolly. People are striving for better health for their loved one, but this is difficult to achieve due to systems in place that prevent people who have a dual diagnosis, and people who cannot get a diagnosis, from accessing the care they need. We feel the vision is too broad, especially for a five-year period. Someone at our meeting described it as more of a dream than a vision. We feel that striving for better access to services for all might be a more achievable vision and concrete for the near future.

Definitions

In terms of the definitions provided in the consultation document regarding 'mental health', 'mental wellbeing', 'mental health conditions' and 'mental illness', we feel it is important to state that **everyone** has mental health. We feel these definitions place a lot of responsibility on the individual, and it would be helpful to create a broad definition that covers both mental health and mental wellbeing, rather than separating the two. We agreed with the Royal College of Psychiatrists definition of 'mental wellbeing' included in the Scottish Governments definition and would suggest creating the overall definition around this statement.

Our discussions surrounding 'mental health conditions' and 'mental illness' centred mainly around the focus on diagnosis within the definitions. We feel it may be helpful to discuss symptoms, rather than focus solely on diagnosis. Our staff and family members highlighted that often people who use substances can go without a diagnosis for prolonged periods of time due to the impact of what they may be using, how this can impact their mental health, and challenges accessing diagnostic services. The absence of a diagnosis can has extreme consequences and people cannot get the support they need under the Mental Health Act 2007.

Key Focus Areas and Outcomes

In relation to key focus area two, we feel that simply signposting to people who are in crisis is rarely effective. People in crisis require more support than signposting to access the help they urgently need. Once signposted, there will be further barriers due to waiting times or barriers relating to substance use. In our experience, support needs to be immediate, proactive, and person-centred, offering a 'no wrong door' approach, to ensure as many people as possible can access the support they need. This is relevant in relation to key focus area three. There needs to be a multi-agency response led by a named key worker in order to remove barriers and ensure seamless access to services.

Furthermore, early intervention and people's rights are omitted from the key focus areas. We would stress that these should be additional areas of focus, in order to step anywhere near the proposed vision. It can often be impossible due to the restraints in the Mental Health Act, to keep people who do not have a diagnosis safe and for them to access effective treatment.

In terms of the outcomes, we take issue with the word 'tolerance' used in outcome two, as it carries negative connotations and would be better replaced with a word such as 'support'. We believe that a step beyond tolerance should be strived for, and mental health should be more than tolerated in society. Overall, 34 outcomes (including 17 outcomes for people) are far too many, suggesting a lack of focus and prioritisation in the strategy, and there is inevitably some repetition and overlap. To be meaningful, each outcome will need to be accompanied by set of detailed actions (What are we going to do?) and indicators (How will we know we have succeeded?), creating an unmanageable and unachievable plan. With clearer focus and prioritisation, successful implementation and real accountability for change is possible. Otherwise, we fear that we will be having the same conversations with families in another five years' time.

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