Adult mental health

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00.01 HOURS
WEDNESDAY 13 SEPTEMBER 2023

ACCOUNTS COMMISSION

AUDITOR GENERAL

Prepared by Audit Scotland
September 2023

Contents

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Audit team

The core audit team consisted of: Leigh Johnston, Eva Thomas-Tudo, Claire Tennyson and Jason Carter, with support from other colleagues and under the direction of Mark MacPherson.

Key facts

About **one in four people** experience mental health problems in any given year.

People with lifelong mental illnesses are more likely to die **15-20 years** prematurely because of physical health problems.

80.8 per cent of people started psychological therapies within 18 weeks of being referred for treatment in 2022/23.

2,742 people waited more than a year to start psychological therapies in 2022/23.

£8.8 billion was the reported cost of poor mental health to the Scottish economy in 2019.

NHS boards spent **£1.2 billion** on adult mental health in 2021/22.

Councils spent **£224.7** million on adult mental health in 2021/22.

The Scottish Government's Mental Health Directorate budget is **£290.2 million** in 2023/24.

Key messages

1 Funding for adult mental health services has increased significantly since 2017. But a lack of data makes it hard to see what impact this increased spending has had. Accessing services remains slow and complicated for many people. The Covid-19 pandemic made this situation worse, particularly limiting access to face-to-face support. NHS boards are still not all routinely offering face-to-face appointments as a choice. The mental health workforce is under pressure, with high vacancy rates and turnover. And progress towards increasing the mental health support available from primary care, which is essential to improving access and relieving pressure on specialist services, has been delayed.

2 Accessing mental healthcare is more difficult for some people, for instance people from ethnic minorities, people living in rural areas and people living in poverty. People living in the most deprived areas are also three times more likely to end up in hospital for mental health issues than those in the least deprived areas. This is a long-standing problem and progress in tackling it has been slow. Mental health services cannot address this alone, and they are not yet working closely enough with other sectors, such as housing, welfare, and employability support services, to address and prevent some of the causes of poor mental health.

3 The Scottish Government does not have sufficient oversight of most adult mental health services because of a lack of information. It does not measure the quality of care or the outcomes for people receiving it. The Scottish Government focuses on only waiting times for psychological therapies to

assess how adult mental health and wellbeing services are performing. Performance against this measure has improved, but NHS boards are still struggling to meet waiting times standards. The system is fragmented, and accountability is complex, with multiple bodies involved in funding and providing mental health services. This causes complications and delays in developing services that focus on individuals' needs.

4 The Scottish Government's progress against commitments in its Mental Health Strategy 2017–2027 is mixed. It has since made further financial, operational and workforce commitments, but it is not currently on track to achieve them. These include increasing mental health funding by 25 per cent, ensuring that ten per cent of front-line health spending is on mental health, and giving all GP practices access to primary care mental health and wellbeing services.

Recommendations

The Scottish Government should:

- implement the recommendations of the independent evaluation of the Distress Brief Intervention (DBI) programme as part of rolling out the DBI programme across Scotland by March 2024 **(Case study 1, page 21)**
- before the end of 2023, publish its guidance on measuring and evaluating outcomes from mental health and wellbeing services in primary care, which was expected to be published in April 2022 **(paragraph 30)**
- publish a costed delivery plan, as soon as possible, setting out the funding and workforce needed to establish and accommodate primary care mental health and wellbeing services across Scotland by 2026, including how these services will work with other sectors to provide holistic, person-centred support **(paragraphs 31 , 32 and 43)**
- in the next 12 months, work with Public Health Scotland to start routinely publishing, at least quarterly, how the Scottish Government's psychological therapies specification and quality standards for secondary mental health services are improving the experiences and outcomes for people who use these services **(paragraph 52)**
- in the next 12 months, work with Public Health Scotland to start routinely publishing psychological therapies performance at Health and Social Care Partnership (HSCP) level as well as NHS board level to improve transparency and accountability for psychological therapies services **(paragraph 55)**.

The Scottish Government and Integration Joint Boards (IJBs) should:

- urgently progress work to improve the availability, quality, and use of financial, operational and workforce data so that:
  - service and workforce planning, particularly in primary, community, and social care, is based on accurate measures of existing provision and demand (paragraphs 14 , 90 and 97)
  - information can be shared between health and social care partners more easily (paragraphs 56–58)
  - they can routinely measure, monitor and report on the quality of mental health services and patient outcomes; the difference that investment is making to patients' outcomes; and how much is being invested in preventative programmes of work and their impact (paragraphs 97–99).

IJBs, HSCPs and NHS boards should:

- provide people with a choice about whether they access mental health services remotely or face-to-face, in line with the commitment in the Digital Health and Care Strategy (paragraphs 25 and 26).

IJBs and councils should:

- urgently improve how mental health, primary care, housing, employability, and welfare support services work together to address and prevent the causes of poor mental health, by developing shared goals and targets, sharing data and jointly funding services (paragraphs 42 and 43).

Introduction

Background

1. Supporting and improving mental health and wellbeing is a significant public health challenge that requires a coordinated response from a wide range of organisations. There is a need to focus on prevention and early intervention while maintaining access to specialist services for those with severe mental health issues. This is a difficult balance to achieve.

2. Mental health problems are very common. About one in four people experience mental health problems in any given year.[1] The Covid-19 pandemic brought additional pressures on the population's mental health (paragraph 15). National lockdowns meant that people were more isolated from family and friends, and access to support and services was impacted.

3. The Scottish Government and the Convention of Scottish Local Authorities (COSLA) identified mental wellbeing as one of six public health priorities for Scotland in 2018.[2] The Scottish Government aimed to give equal priority to physical health and mental health in its Mental Health Strategy 2017–2027.[3] It reported that people with lifelong mental illnesses are more likely to die 15-20 years prematurely.

4. The Mental Health Foundation reported that poor mental health cost the Scottish economy £8.8 billion in 2019.[4] Most of these costs were not incurred by the healthcare sector. For example, 72 per cent can be accounted for by the lost productivity of people living with mental health conditions and costs incurred by unpaid informal carers. £8.8 billion is also likely to be a significant underestimate because of a lack of data. For instance, the figure does not include costs associated with the impact of poor mental health on areas including the criminal justice system, housing, and addictions services.

About this report

5. This report has been prepared on behalf of the Auditor General for Scotland and the Accounts Commission. In 2018, we reported on children and young people's mental health and made a commitment to further audit work on mental health-related issues. This performance audit focuses on mental health services for adults in Scotland.

6. The overall aim of the audit is to answer the question: How effectively are adult mental health services across Scotland being delivered? We have focused on the progress made since 2017, when the Scottish Government published its Mental Health Strategy 2017–2027. This report is in four parts:

- Part 1. Access to mental health support and services
- Part 2. Progress towards improving mental health services
- Part 3. How well resources for adult mental health are managed
- Part 4. Plans and strategic direction.

7. Our findings and recommendations are based on evidence gathered through document review, data analysis, interviews and focus groups. We also carried out more in-depth fieldwork in three geographical areas to better understand local pressures and challenges, and to highlight areas of good practice. These areas were: Grampian – Aberdeen City, Aberdeenshire and Moray; Lanarkshire – North Lanarkshire and South Lanarkshire; and the Scottish Borders. Appendix 1 sets out more detail on our audit methodology.

8. We carried out three focus groups with people with lived experience of mental health problems. We have included quotes from these focus groups throughout the report to help illustrate our audit findings. We would like to thank the participants of these focus groups, and Vox Scotland and the Health and Social Care Alliance Scotland for facilitating the focus groups.

9. The audit focused on mental health support and services for adults in Scotland. The audit was not able to look in detail at specific mental health conditions, or significant topics that require distinct, specific types of support, such as:

- transitions between services for children and young people to adult mental health services
- dementia care
- mental healthcare for prisoners.

10. The independent review of mental health law in Scotland published its final report in September 2022.[5] The Scottish Government published its response to the recommendations in June 2023.[6] This may lead to changes in mental health law, but in this audit we have examined mental health services as they currently stand.

1. Access to mental health support and services

The support that people need for their mental health varies considerably

11. Mental health problems are very common and have a considerable impact on people's lives. These problems can vary from poor mental wellbeing and periods of emotional distress to severe and persistent, diagnosable mental illness. Many factors affect people's mental health including genetics, life experiences, upbringing and environment. For instance, experiencing poverty, homelessness, and living in poor-quality housing all increase the risk of having mental health problems (paragraph 37).

12. The support that people need can also vary considerably, and not all mental health problems require a medical response. Adults access mental health support and services in a variety of settings. Exhibit 1 (page 11) outlines some of the main types of mental health support available in Scotland, although the services available vary throughout the country.

13. The system is complex (paragraphs 56–57). Services are provided by HSCPs, NHS boards, councils and the charity and voluntary sectors. Integration Joint Boards (IJBs) are responsible for planning, commissioning, and monitoring adult mental health services provided in the community and in hospitals. Some IJBs are also responsible for secure mental health services, with NHS boards having that responsibility in other areas.

Exhibit 1.

Examples of mental health support in Scotland

Support for mental health problems varies from self-help to support mental wellbeing, through to highly specialised treatment for severe and enduring mental illnesses.

Patient journey

Prevention and mental wellbeing – Self-help

Support for the population's mental wellbeing.

Types include:

- Promotion of mental wellbeing
- Websites such as NHS inform and Clear Your Head
- Helplines such as Samaritans and Breathing Space
- Community-based activities and peer support groups
- Wider support such as employability and homelessness services.

Primary care – Mostly self-referral

Usually the first points of access for people seeking help for their mental health.

Types include:

- Appointments with GPs and other primary care staff
- NHS 24 Mental Health Hub
- Some psychological therapies
- Distress Brief Interventions

Case study 1.

Secondary care – Requires a referral from primary care

Treatment for people with longer-term or complex mental health conditions that cannot be managed by their GP or other primary care services.

Types include:

- Psychiatry services
- Psychology services
- Inpatient mental healthcare
- Community mental health services
- Crisis resolution services.

Tertiary care – Highly specialised treatment

Highly specialised treatment for people with complex mental illnesses that cannot be managed by primary or secondary services.

Types include:

- Forensic psychiatry – for people who have been, or are at risk of being, violent
- Specialist perinatal mental health services
- Specialist clinics for specific disorders such as eating disorders, mood disorders and personality disorders.

Source: Audit Scotland

The Scottish Government, IJBs and others have insufficient data to fully understand demand for mental healthcare

14. Comprehensive, good-quality data is essential for assessing demand and planning services. Information about demand for mental healthcare in Scotland only covers people already accessing, or trying to access, some mental health services. The Scottish Government estimated that only one in three people who would benefit from treatment for a mental illness was receiving it.[7] This means there is potentially much higher demand for mental health support and services than the available data shows. For instance:

- Data is not available to determine how many people have severe and enduring mental health conditions in Scotland.[8]
- Information is not available to accurately assess demand for mental health support in primary care in Scotland, but it is likely that demand is high. In 2018, a survey of more than 1,000 GPs across England and Wales estimated that 41 per cent of appointments relate to mental health.[9]
- Community mental health teams (CMHTs) provide specialist mental health services, but information on demand, such as referrals and caseloads, is not routinely collected.
- No information is available that shows demand for psychiatric services. The number of appointments taking place is published, but no information is available on the number of referrals, the number of people on waiting lists, how long people are waiting for treatment or the length of treatment.
- The quality, completeness and consistency of NHS boards' submissions to the psychological therapies data set vary significantly, affecting the robustness of information that is available.

There are indications that demand for mental healthcare has increased

15. The Covid-19 pandemic had a detrimental impact on the population's mental health. Results from the Scottish Health Survey showed that mental wellbeing among adults was lower in 2021 than in 2019, and that 22 per cent of adults may have a psychiatric disorder, an increase from 17 per cent in 2019.[10]

16. Referrals to psychological therapies and admissions to inpatient mental healthcare have remained broadly stable since 2017/18. But other measures show that demand for mental healthcare has increased:

- The number of people detained using the Mental Health Act because of an urgent need for treatment for a mental health

disorder increased from 104 to 120 per 100,000 people between 2017/18 and 2021/22. It peaked in 2020/21 during the pandemic.[11]

- The number of police incidents relating to mental health increased by 62 per cent between 2018 and 2022, from 14,394 incidents to 23,259.[12] [13]
- The Scottish Association for Mental Health (SAMH) reported a 50 per cent increase in demand for its information service during the pandemic.[14]
- The number of calls to NHS 24's 111 Mental Health Hub increased by 436 per cent between 2019/20 and 2022/23, from an average of 2,136 calls per month, to an average of 11,457 calls per month. The increase can partly be explained by its expansion from operating eight hours per day to 24 hours per day from July 2020.[15]

17. Referrals for psychological therapies decreased temporarily at the start of the pandemic, but this could have been caused by a reduction in the availability of services during this time and fewer people contacting their GPs.

'Waiting lists even pre-Covid were really ridiculous and at the moment waiting lists are horrendous... a lot of services have been withdrawn or shut down, it's leaving a lot of really vulnerable people with no help and support.'

Focus group participant

Accessing mental health services is slow and complicated for many people

18. Many people find accessing mental health and wellbeing services to be a slow and complicated process. SAMH surveys found that six out of ten people who had tried to access mental health support from their GP or specialist services since March 2021 reported facing challenges.[16]

19. People typically access mental health support in Scotland by visiting GPs for support and onward referral to specialist services. This can be slow, and many people who need mental health support do not meet the thresholds for specialist services. Moreover, the availability and awareness of other support, such as primary care mental health services (paragraphs 27–33), third sector services and peer support, varies across Scotland.

'People seem to go for appointments and be put onto a pathway. That pathway either comes abruptly to an end, through no fault of anyone's – perhaps funding runs out, or one pathway leads to another pathway, but nothing seems to lead anywhere.'

'I was on the waiting list for two years to see a psychologist. I wasn't aware if there were any other people within the NHS I could see or if there was any other help, I was just told about the psychologist.'

'I do really like working with my clinical psychologist but in terms of getting the support in the first place and the waiting times, I found that very, very difficult and it was not a good experience for me.'

Focus group participants

20. People can get information about mental health services through websites such as NHS Inform – Scotland's national health information service – or through third sector organisations such as Samaritans or SAMH. But people can find accessing this information difficult, particularly when they are experiencing poor mental health. Results from a SAMH survey estimated that 800,000 adults in Scotland do not know where to go to get help for their mental health.[17]

'I've asked and asked and I'm getting no help anywhere whatsoever.'

'I think I know more about what's out there than my GP does, even though she's sympathetic and she does her best to help. I just don't know what's out there or what can best help me.'

'I got referred to a community psychiatric nurse but got a letter a couple of weeks later to say that it had been rejected so I was left in the middle of the pandemic looking at all these services online just totally overwhelmed.'

Focus group participant

The Covid-19 pandemic led to a reduction in access to services, particularly face-to-face support

21. Access to mental health services decreased during the Covid-19 pandemic. The number of appointments across a range of mental health services dropped significantly during the first few months of the pandemic (Exhibit 2, page 16). For most services, this has since recovered to at least pre-pandemic levels. For general psychiatry however, the number of appointments has decreased again since mid-2021, after an increase between July 2020 and June 2021. Data is not available to explain this decrease (paragraph 14), for example, whether it is caused by decreasing demand or capacity. The Royal College of Psychiatrists told us that demand for psychiatry services is high.

22. During the pandemic, face-to-face support was offered only where clinically necessary. SAMH published two reports covering the experiences of people trying to access mental health support during the pandemic. The first one found that there was widespread loss of face-to-face support during the pandemic.[18] The second report, based on surveys carried out in late 2021 and early 2022, found that most mental health support was still being provided remotely.[19] In 2022, most psychological therapies appointments took place digitally or by telephone (Exhibit 3, page 17).

23. Views about receiving mental health care and treatment remotely are mixed. SAMH reported that more than three-quarters of people felt that face-to-face support was far better than remote options, both telephone and video consulting.[20] We found that remote options worked well for some people in our focus groups, but not for others.

'You've got vulnerable people who are desperate to access treatment, but they don't want to access treatment because it's being done online when they don't want to do it online. You have to give people the choice.'

'I did find it good because with my disability it's really hard to leave the house. So in some ways it was actually really good to have it and still physically see them and talk to them. But it's also difficult because of connection issues.'

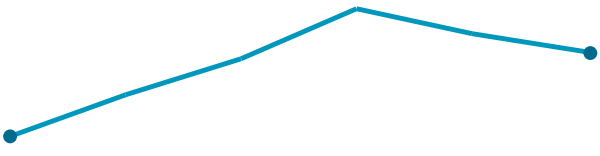
'Being online can be good because it does allow you a bit more flexibility.'

Focus group participants

Exhibit 2.

Mental health services activity

Activity across a range of mental health services decreased during the first few months of the Covid-19 pandemic but most have since returned to at least pre-pandemic levels.

	October to December 2017	March to June 2020	October to December 2022	Percentage change
General psychiatry	52,794		52,276	-1%
Psychiatry of old age	15,574		16,512	6%
Forensic psychiatry	627		1,000	59.5%
	April to June 2017	**March to June 2020**	**January to March 2023**	
Psychological therapies	12,028		19,177	59.4%
	2016/17	**2019/20**	**2021/22**	
Inpatient mental healthcare	44,310		49,180	11%

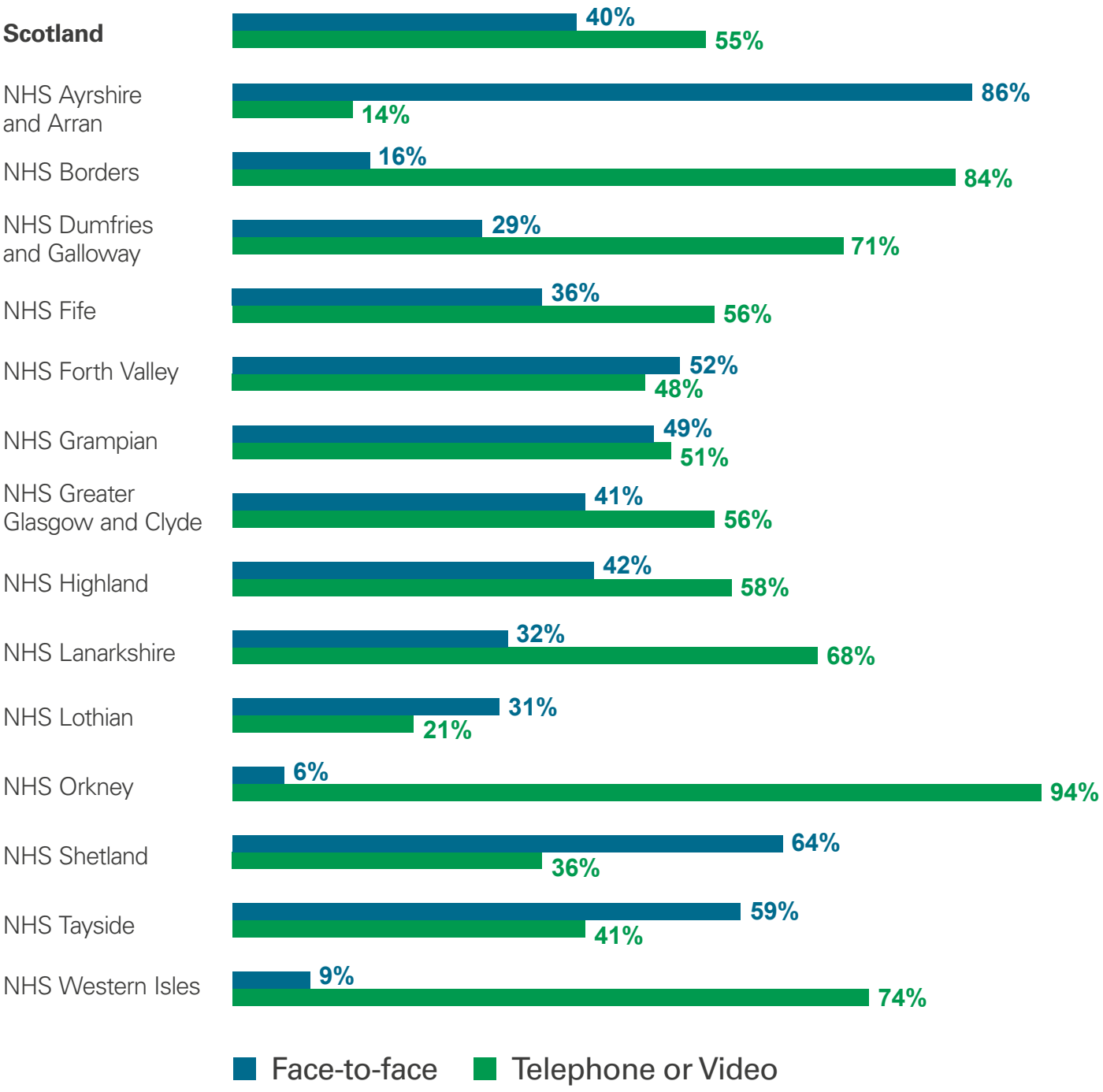
Note: Psychological therapies only includes new appointments; psychiatry specialties include new and return appointments.

Source: Audit Scotland and Public Health Scotland

Exhibit 3.

Psychological therapies appointment types in 2022

The known proportion of appointments taking place remotely varies widely across NHS boards.



Note: NHS Ayrshire and Arran includes data from August to September 2022. Some appointment types are unknown, and so totals may not add up to 100 per cent. NHS Lothian has a particularly high rate of unknown appointment types because of limitations with how their systems recorded this information. The full list of data quality issues can be found in Public Health Scotland's Psychological Therapies Waiting Times data quality publication (March 2023).

Source: Audit Scotland and Public Health Scotland

Remote options have increased access but not all NHS boards routinely offer face-to-face appointments as a choice

24. The Scottish Government has committed to expanding digital mental health services and self-help resources and increasing access to evidence-based psychological therapies and other support.[21] There are also examples of new services being set up that will be provided entirely remotely, such as the Renew service in the Scottish Borders. Renew is a remote primary care service that offers assessment and treatment for patients experiencing mild to moderate anxiety and depression.

25. The Scottish Government and COSLA's Digital Health and Care Strategy (2021) states that people will not be forced to use a digital service if it is not right for them. However, NHS boards reported a range of factors that affected the type of appointment that was offered, including the availability of clinical space, clinical need, and whether people are affected by digital exclusion.[22]

26. Increasing access to mental health support and services is necessary and welcome. But the Scottish Government, NHS boards and others who provide services must ensure that people are routinely given a choice about whether they access services remotely or face-to-face.

Increasing the availability of mental health and wellbeing services in primary care is essential for improving access

27. GPs and wider teams based in primary care play a key role in providing mental healthcare. An estimated 41 per cent of GP appointments involve a mental health issue (paragraph 14). Increasing the availability of mental health and wellbeing services in primary care could help to prioritise prevention and early intervention and decrease pressure on specialist services.

'My GP has done more for me than most psychiatrists have, and she's not a trained psychiatrist. That tells me it's not necessarily to do with the training and the qualifications that these people have.'

Focus group participant

28. The Royal College of General Practitioners told us that GPs need more support to address the mental health needs of patients. At March 2022, only 45 per cent of GP practices across Scotland reported having full access to mental health workers, and 66 per cent reported having full access to **community link workers**.[23] This information was not available in the 2023 publication – GP practices were only asked whether they had any access to these workers, this could vary from minimal access to

Community link workers work with GP practices to help patients access non-medical support for personal, social, emotional and financial issues.

full access. At March 2023, 17 per cent of GP practices across Scotland reported having no access to mental health workers, and 20 per cent reported having no access to community link workers (down from 22 per cent and 24 per cent respectively in March 2022).[24]

'My GP surgery does have a counsellor who works alongside the GP practice but it's mainly working with people who have addiction issues, rather than people with other emotional or psychological issues. More multi-disciplinary team support like that in GP practices would help free up NHS hospital services for people who are more seriously ill.'

Focus group participant

29. The Scottish Government has committed to ensuring that every GP practice has access to a mental health and wellbeing service by 2026.[25] In January 2022, the Scottish Government issued planning guidance to IJBs on developing mental health and wellbeing in primary care services (MHWPCS).[26]

30. The planning guidance outlined that MHWPCS should offer assessment, advice, support, and treatment, provided by a multidisciplinary team. A key part of this guidance that would set out how to measure and evaluate outcomes from MHWPCS was expected to be published in April 2022, but it has still not been published. The Scottish Government should publish this as soon as possible. This is important, as it will allow data to be collected on how these services are improving people's mental health and whether they are supporting the aims of the General Medical Services contract to refocus GPs' roles as expert medical generalists.[27]

31. The planning guidance states that funding for MHWPCS is intended mainly for employing new staff and not for providing additional space to accommodate teams. Two of our in-depth fieldwork sites, North Lanarkshire and Moray, have expressed concerns about a lack of accommodation for their mental health primary care teams. This makes it difficult for staff to complete routine tasks, such as seeing clients and managing caseloads.

32. The Scottish Government's Emergency Budget Review (EBR) delayed progress towards increasing the number of mental health workers and link workers in primary care. It cut funding for improving primary care services by £65 million and mental health funding by £38 million in 2022/23.[28] The Scottish Government should publish a costed delivery plan that sets out the funding and workforce that will be needed to achieve its aim of establishing sustainable and effective MHWPCS across Scotland by 2026.

33. Initiatives across Scotland have successfully increased both in-person and remote access to mental health support in primary care. Examples include the Distress Brief Intervention (DBI) programme (Case study 1, page 21) and the NHS 24 111 Mental Health Hub. The hub was established in 2019 but expanded considerably during the Covid-19 pandemic.

Accessing mental healthcare is disproportionately more difficult for some people

34. Some people, such as people with complex care needs and people with severe and enduring mental health problems, experience inequality in accessing mental healthcare. For example:

- The Mental Welfare Commission reported that some GPs found that referrals to psychiatry services were rejected in the case of patients with substance misuse problems. GPs were advised to refer these patients to addictions services, even when the patient's main problem is their mental illness.[29]
- The Scottish Mental Illness Stigma Study found that people with severe and enduring mental health problems experienced stigma and discrimination when trying to access mental healthcare. For instance, 71 per cent of respondents felt that they had been unfairly denied help for their mental illness because of stigma.[30]

35. Some groups also face practical barriers to accessing mental health and wellbeing services. For instance, access to specialist services in sign language, for people with hearing problems, is limited.[31] Mental health services are less accessible for minority ethnic groups because of language and cultural barriers to communication.[32] Long journeys and limited internet connectivity can make access for rural communities difficult.

'If you live in a rural community or outside of a catchment area you have no services available. You try to access the services where they are available but you're up against a brick wall.'

'Mental health services should be available to everybody when they need it. I wouldn't go around with a broken leg for 20 years, it just wouldn't happen, but you can have mental ill-health for that amount of time. It shouldn't be any different. Mental health should be treated the same as any other part of your body, which just now it isn't.'

Focus group participants

Case study 1.
The Distress Brief Intervention (DBI) programme

The DBI programme is effective at supporting people experiencing distress.

The Scottish Government developed the DBI programme as it recognised that there was a lack of support available for people experiencing distress, who did not require an emergency medical response. The Scottish Government tested the DBI programme between November 2016 and March 2021 across four sites: Aberdeen, Inverness, Lanarkshire, and the Scottish Borders.

The DBI programme takes a two-level approach. Level 1 interventions are provided by trained front-line staff from primary care, Police Scotland, the Scottish Ambulance Service (SAS), Accident and Emergency departments (A&E) and NHS 24. Level 1 interventions aim to help people to cope with their immediate distress and offers the opportunity to be referred within 24 hours to a Level 2 intervention. Level 2 interventions are provided by trained third sector staff who work with individuals, for up to 14 days, to provide support and a personalised action plan for distress management. During the intervention, staff can help people access other services for follow-up support.

An independent evaluation of the DBI programme pilot reported that DBIs work well for most people. Distress decreased during the DBI for 90 per cent of people. A key strength of the DBI programme was its ability to be tailored to individuals' needs, and the Scottish Government's DBI central team was essential to the programme's success. This team coordinated services and communication, and enabled problem-solving.

The evaluation also identified some challenges, including that some existing operational systems could not include DBI referrals. Some staff of existing services doubted the added value of the DBI programme and saw it as a replacement for more specialist services that they considered of greater value. Convincing existing services of the value of the DBI programme is likely to be an ongoing challenge during wider rollout, and effective engagement with them will be important for success.

The DBI programme is now being rolled out nationally. The Scottish Government expects NHS boards to have embedded the DBI programme by March 2024. However, the Scottish Government will no longer provide local areas with dedicated funding for the programme, so partners will be expected to fund this using existing budgets. This creates the risk that the quality and availability of the DBI service could vary across the country, as partners manage increasingly tight budgets.

The Scottish Government and partners involved in providing DBIs should implement the recommendations of the independent evaluation as part of the programme's roll-out across Scotland.

Source: Audit Scotland and Scottish Government

36. People with mental health problems also experience inequality in accessing physical healthcare. People with lifelong mental illness have a 15–20-year-shorter life expectancy because of physical health problems.[33] The Royal Pharmaceutical Society reported that reasons for this include poorer access to, or uptake of, physical healthcare.[34]

Mental health inequality is a long-standing problem and progress addressing this has been slow

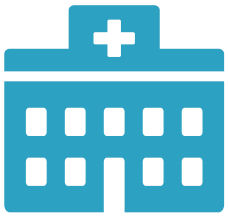
37. Many inequalities in mental health arise because of inequalities in society. For instance, the Mental Health Foundation reported that experiencing poverty, homelessness, living in poor-quality housing and having limited access to green space all increase the chances of having a mental health problem.[35] Experiencing prejudice, discrimination, bullying and social exclusion also increases the risk.

38. Mental health inequalities are a long-standing problem and have been made worse by the Covid-19 pandemic and cost-of-living crisis.[36] The Mental Health Foundation reported that the cost-of-living crisis could have a negative effect on mental health on a similar scale to the Covid-19 pandemic. Our Local government in Scotland overview 2023 highlighted that persistently high levels of poverty and financial hardship is increasing pressure on local services, at a time when councils' finances are under severe strain. Some people have a much greater risk of experiencing poor mental health. Exhibit 4 (page 23) provides some examples of this.

Exhibit 4.

Examples of mental health inequalities

Some people are at greater risk of experiencing poor mental health.



Deprivation

People living in the most deprived areas are three times more likely to receive inpatient mental healthcare than people living in the least deprived areas.

Deprivation

39% of emergency detentions using the Mental Health Act happened to people from the 20% most deprived areas of Scotland

Long-term illness

Mental wellbeing is lower among people with a long-term illness that limits their activities than for people with no long-term illness.

Young people

Younger people are more likely to experience anxiety – 22% of people aged 25-34 years reported experiencing at least two symptoms of anxiety, compared with 6% of people aged 65-74 years.

LGBT+

54% of LGBT+ people have a self-reported mental health problem.

Learning disabilities

Mental ill health is significantly more prevalent in adults with learning/ intellectual disabilities than in the general population.

Note: In the Scottish Health Survey 2021, long-term conditions are defined as a physical or mental health condition or illness lasting, or expected to last, 12 months or more.

Source: Audit Scotland, Mental Health Foundation, See Me, Mental Welfare Commission, Scottish Government, NHS Greater Glasgow and Clyde, NHS Lothian and Public Health Scotland, Scottish Learning Disabilities Observatory

39. The Scottish Government recognises the importance of addressing inequalities in mental health, but the impact of its commitments is not always clear:

- Its Mental Health Strategy 2017–2027 highlights the importance of taking a human rights-based approach (HRBA) to the actions set out in the strategy and improving access to mental health services for people most in need. But the Scottish Government is not clear about how it will adopt a HRBA in practice. For example, there is limited reference to incorporating the voices of lived experience throughout the commitments in the strategy.
- Its Mental Health Transition and Recovery Plan (MHTRP), published in October 2020, aims to tackle inequalities through actions targeting employment, socio-economic inequalities and women and girls' mental health.[37] However, the plan did not outline timescales for all the actions and the Scottish Government has not carried out a review of progress towards meeting the plan's objectives.

40. In 2021/22 the Scottish Government allocated £21 million, through the Communities Mental Health and Wellbeing Fund (CMHWF), to support some of the aims of the MHTRP. Third Sector Interfaces were responsible for distributing this funding. One of the key aims of the CMHWF is to prioritise 'at risk' groups, such as women, adults with a long-term health condition or disability and people facing socio-economic disadvantage. The Scottish Government allocated a further £15 million for 2022/23 and £15 million for 2023/24.

41. The Scottish Government has made good progress in considering mental health equalities and human rights in policy and practice:

- It established a Mental Health Equalities Forum in February 2021, which aimed to ensure that equality and human rights are a central part of mental health policy and provision of services. The forum has contributed to key pieces of work, such as the CMHWF.
- It also developed internal equality champions in its **Mental Health Directorate** to raise awareness of mental health inequalities. It has not yet, however, shown that mental health inequalities are being considered enough outside of the Mental Health Directorate.

The Scottish Government's Mental Health Directorate leads on mental health policy and on delivering the Scottish Government's commitments relating to mental health.

The social factors that lead to poor mental health must be addressed to decrease mental health inequalities

42. Mental health services cannot address mental health inequalities alone. They need to work more closely with other sectors, such as housing, employment, and welfare support, to address and prevent the causes of poor mental health. To do this effectively, these sectors need to develop shared goals and targets, share data and information, and

jointly fund services. This work should be informed by people with lived experience of mental health issues and the third sector.

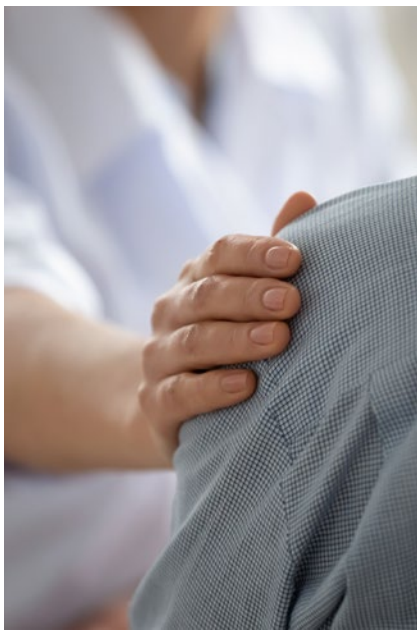
'People develop addictions or mental health issues because of unemployment or poverty or other social issues. It's important to recognise the more holistic influences on our mental, emotional, and physical health and wellbeing and start to address them properly.'

Focus group participant

43. Primary care services have an important role to play. It is vital that work to increase MHWPCS (paragraphs 27–33) involves considering how these services will work jointly with other sectors to provide holistic, person-centred support. Scotland could also learn from good practice around the world, such as the person-centred model used in Trieste, Italy (Case study 2, page 26).

44. The Scottish Government and COSLA recognise the need for a more collaborative approach. In June 2023, they signed up to a new agreement that aims to support better joint working.[38] It sets out how the Scottish Government and councils will work together, including by focusing on achieving better outcomes, collaborating as early as possible on relevant policy areas and increasing the flexibility of how funding can be spent on local priorities. This agreement has the potential to enable a more joined-up approach in areas such as mental health, but it is too soon to see how well this will work in practice.

Case study 2.
Trieste model of mental healthcare



The Trieste model provides timely, person-centred and holistic mental healthcare.

The public, community-based mental healthcare system in Trieste, Italy, takes a person-centred, human rights-based approach to care. It has been recognised by the World Health Organization as an example of best practice.[39] [40]

The main point of entry into mental health services in Trieste is through a network of community mental health centres (CMHCs). They operate 24 hours a day and provide holistic, comprehensive mental health support for anyone who asks for it. There are no waiting lists and no referral criteria – anyone can access this support.

CMHCs provide services including walk-in clinics, home treatment, day care, psychological and social support, medication, overnight crisis care, rehabilitation services and residential services including supported housing. Use of inpatient care is very low, people are supported in their own homes and neighbourhoods as much as possible.

The Trieste model recognises the value of including people in daily activities in their communities and of interpersonal relationships. CMHCs have links with other services, community organisations and peer and social networks, and connect people with education and employment opportunities and recreational activities.

Each person using a CMHC is assigned a small multidisciplinary group of staff responsible for their care and support. Services are provided by a range of professionals, including psychiatrists, psychologists, social workers and nurses, and involve family members, friends, volunteers, and local organisations.

People are actively involved in their own care. They help to develop personalised care plans, which consider a wide range of needs, not only clinical needs, including housing support, personal hygiene, finances and work.

The model has improved user satisfaction and health outcomes for people with mental health conditions. Suicide rates and involuntary admissions have fallen, and stigma about mental health has decreased. The CMHC network is also significantly cheaper than the service provided before, costing just 37 per cent of the cost of the asylum it replaced.

Source: Audit Scotland and the World Health Organization

2. Progress towards improving mental health services

Waiting times for psychological therapies have improved but NHS boards are still struggling to meet waiting times standards

45. Scotland's performance against the national waiting times standard for patients referred to psychological therapies being seen within 18 weeks has improved from 76.5 per cent to 80.8 per cent between 2017/18 and 2022/23 (Exhibit 5, page 28). But it remains below the standard of 90 per cent. Despite an overall improvement in performance, the number of people who waited over a year to start treatment more than doubled from 1,171 people in 2017/18 to 2,742 in 2022/23. Numbers steadily increased from 2017/18, peaking in 2020/21, during the pandemic, at 3,837 people.

46. The proportion of people who waited over a year to start psychological therapies varies considerably between NHS boards. In 2022/23, 17.6 per cent of patients waited over a year in NHS Forth Valley, compared with zero per cent in NHS Lanarkshire and NHS Orkney.

'It's almost like you have to predict when you're going to be ill. If you go to your GP and ask to be referred for something like talking therapies, you need help at that point not two years later.'

Focus group participant

47. The Scottish Government has been providing support to NHS boards to help them meet the psychological therapies waiting times standards, particularly to help them address long waits. It identified four NHS boards in spring 2022 in need of tailored support: NHS Forth Valley, NHS Grampian, NHS Highland and NHS Lothian. The Scottish Government told us that the tailored support for the identified boards had started but work in Grampian was delayed because of a vacant position of director of psychology (Case study 3, page 30).

Exhibit 5.

Psychological therapies waiting times performance: percentage of patients seen within 18 weeks 2017/18–2022/23

Most NHS boards have improved their waiting times performance since 2017/18 but are still struggling to reach the 90 per cent standard.

	2017/18	2022/23	Percentage point change 2017/18 to 2022/23	Percentage point change 2021/22 to 2022/23
Scotland	76.5%	80.8%	4.2	-3.7
NHS Ayrshire and Arran	81.2%	87.6%	6.3	-2.3
NHS Borders	62.3%	84.3%	22.1	-1.3
NHS Dumfries and Galloway	72.7%	69.1%	-3.6	-10.1
NHS Fife	70.2%	74.6%	4.4	-7.5
NHS Forth Valley	56.1%	67.7%	11.6	3.0
NHS Grampian	65.6%	68.8%	3.2	-15.1
NHS Greater Glasgow and Clyde	93.3%	86.8%	-6.5	-5.4

Cont.

	2017/18	2022/23	Percentage point change 2017/18 to 2022/23	Percentage point change 2021/22 to 2022/23
NHS Highland	85.3%	87.4%	2.1	-1.2
NHS Lanarkshire	81.6%	84.9%	3.2	0.8
NHS Lothian	69.5%	78.7%	9.2	0.2
NHS Orkney	60.2%	93.9%	33.6	19.1
NHS Shetland	56.3%	62.4%	6.1	13.0
NHS Tayside	59.6%	82.1%	22.5	-6.1
NHS Western Isles	89.6%	83.3%	-6.3	-6.4

Note: From April 2019 NHS Ayrshire and Arran has been reporting on only psychological therapies as defined by Public Health Scotland, with wider services included before April 2019. NHS Greater Glasgow and Clyde, NHS Orkney and NHS Tayside did not submit all data for every month in 2017. The full list of data quality issues can be found in Public Health Scotland's Psychological Therapies Waiting Times data quality publication (June 2023).

Source: Audit Scotland and Public Health Scotland

Case study 3.
Grampian's psychological therapies performance

A review of psychological services across Grampian was delayed, but improvement work is now under way.

Grampian's performance against the psychological therapies waiting times standard has improved slightly, from 65.6 per cent of people being seen within 18 weeks in 2017/18 to 68.8 per cent in 2022/23. This is still lower than the Scottish average. Like in many other board areas, the number of people experiencing long waits in NHS Grampian increased between 2017/18 and 2022/23. In 2017/18, 25 people waited more than a year to be seen, increasing to 181 in 2022/23. Grampian has since made good progress with reducing long waits throughout 2023.

A review of psychological services was delayed because the director of psychology position was vacant for two years, but this work has now started. The position has now been filled on an interim and part-time basis. The director of psychology from NHS Lothian is supporting the NHS Grampian interim director.

NHS Grampian established a Psychological Therapies Improvement Board in September 2022 to monitor progress with Grampian's psychological therapies improvement plan. The plan identified actions that needed to be taken to meet the national waiting times standard for psychological therapies, with a particular focus on addressing long waits. The plan highlighted several risks to achieving the waiting times standard, including demand pressures and recruitment and retention challenges, particularly for clinical psychologist posts.

NHS Grampian also faced issues with the quality of its psychological therapies data. For instance, some areas were not entering details of psychological therapies appointments into the waiting times data set. NHS Grampian has been working to improve the quality of the data. For instance, it is rolling out a new system for recording and reporting activity data. It expects to complete this rollout by 2024. This will improve the reliability of the data and make it possible to monitor other things, such as length of treatment.

Source: Audit Scotland, Public Health Scotland and NHS Grampian

The Scottish Government does not measure the quality of mental healthcare or the outcomes for people receiving it

48. The Scottish Government does not measure the quality of services or outcomes for people receiving mental healthcare. For instance, it does not track whether services or interventions improve people's mental health and wellbeing. There are some examples of local services measuring mental health outcomes, but this is not happening routinely across Scotland:

- Aberdeenshire's Mental Health Improvement and Wellbeing service uses a tool to assess progress in outcome measures including patients' lifestyle, family and friends and feeling positive, following targeted work with a community link worker.
- Lanarkshire's Assessment Plus service uses clinical outcome measures, such as level of psychological distress, before and after the patient receives support from an assistant psychologist for up to four sessions. An internal evaluation found that it was effective in improving patients' symptoms.

49. Scotland can learn from performance measures used elsewhere. For instance, NHS England uses a 'recovery rate' to assess a person's experience of anxiety or depression after a talking therapy service, with the target that a minimum of 50 per cent of people who complete a course of treatment should recover.[41]

The Scottish Government lacks sufficient oversight of most adult mental health services

50. The Scottish Government does not have sufficient oversight of most adult mental health services because of a lack of information. The only national performance measure of adult mental health services is waiting times for psychological therapies. This means that insufficient focus is given to the wide range of mental health support and services that people with mental health problems rely on.

51. The Scottish Government recognises that psychological therapies waiting times do not provide sufficient information to assess how well adult mental health services are performing. It has been working to improve the way performance is measured and to improve the experiences of and outcomes for people accessing psychological therapies and secondary mental health services. To do this, it is developing the following:

- **National specification for psychological therapies and interventions (psychological therapies specification)** – this aims to ensure that people who use these services receive the right information, care and support, at the right time, with the

individual being involved in decisions. Measuring the quality of services is a key aim of the specification.

- **Quality standards for adult secondary mental health services** – these aim to ensure that secondary mental health services meet the needs of everyone. The standards are focused on key themes including access to services; assessment, care planning, treatment, and support; moving between and out of services; workforce; and governance and accountability, that is, the way services are managed and who is accountable for this.

52. The psychological therapies specification and the quality standards are expected to be published in autumn 2023. The Scottish Government must work with NHS boards and HSCPs to embed these and start routinely publishing data on their impact on patients' outcomes.

53. These pieces of work have the potential to improve transparency about how psychological therapies and secondary mental health services are performing. The Scottish Government must also improve its oversight of mental health support provided in primary care (paragraph 30) and by the third sector.

Limited information about the performance of mental health services affects the extent to which IJBs are held accountable

54. The Scottish Government's lack of oversight of most adult mental health services means that there is limited transparency and accountability nationally for how they are performing. Even for psychological therapies services, where more performance information is available than for most adult mental health services, the Scottish Government does not attribute accountability to the appropriate bodies. The Scottish Government holds NHS boards accountable, even though IJBs are responsible for planning, funding and overseeing the provision of these services, and operationally they are managed by HSCPs. For instance:

- Public Health Scotland publishes psychological therapies data by NHS board area, meaning IJBs are not held publicly accountable for psychological therapies waiting times performance
- the Scottish Government identified NHS board areas for tailored support, rather than IJB areas, that were struggling to meet waiting times standards
- the Scottish Government provided funding so that all NHS boards could have a director of psychology who is professionally responsible for psychological therapies services.

55. The Scottish Government should work with NHS boards and IJBs to improve accountability arrangements, by scrutinising services

performance at the appropriate level, and publishing performance data of mental health services, including psychological therapies waiting times, at HSCP level as well as NHS board level. This would:

- allow people to see how mental health services in their local area are performing, making it easier to hold IJBs to account
- make it easier to identify where additional support and resources are needed the most, for example if one HSCP area has consistently higher waiting times than others.

Adult mental health services are fragmented, making it more difficult to develop person-centred services

56. Multiple organisations are involved in planning, funding and providing adult mental health services, including IJBs, HSCPs, NHS boards, councils and third sector organisations. Challenges that arise from this fragmented structure, including issues with information sharing and complicated governance and approval processes, make it more difficult to develop and provide person-centred services.

57. The arrangements for managing and providing adult mental health services in our in-depth fieldwork sites vary, but we identified some common challenges. Some of these challenges are not specific to mental health services. For example, representatives across our in-depth fieldwork sites told us the following:

- The roles and responsibilities of health and social care partners are not always clearly distinct. This means that there is a lot of duplicate reporting through different governance and approval routes, which is inefficient, delays improvement projects, and delays patients' access to appropriate support.
- Sharing data and information between health and social care partners is a barrier and can cause significant delays to improvement projects in some areas. Problems arise when health and social care partners use different IT systems that are incompatible with each other. This makes truly integrated working more difficult.

58. Sharing data is a long-standing problem. In our 2018 report, Health and social care integration: Update on progress, we recommended that the Scottish Government address problems with data and information sharing, recognising that national solutions are needed. The Scottish Government has planned improvements as part of the development of the National Care Service, but these improvements will take several years to implement.

59. Case study 4 (page 34) summarises the progress made in Tayside since an independent inquiry into mental health services identified issues across a range of themes, including complex and unclear governance arrangements and challenging relationships between partners.

Case study 4.
Independent inquiry into mental health services at NHS Tayside

Complex governance arrangements and challenging relationships between partners were identified in the independent inquiry of NHS Tayside's mental health services.

In September 2018, NHS Tayside commissioned an independent inquiry into mental health services, following widespread concerns raised in the Scottish Parliament in May 2018 regarding the accessibility, safety and standard of Tayside's mental health services. In February 2020, the independent inquiry published its final report, which made 51 recommendations across five themes:

- **Strategic service design** – services had focused on inpatient services and short-term issues, to the detriment of wider community services, and less priority had been given to early intervention and prevention.
- **Clarity of governance and leadership responsibility** – governance arrangements for the planning and provision of services were complex and unclear.
- **Engaging with people** – staff, including in the third sector, and patients and carers felt that they were not listened to or respected.
- **Learning culture** – there was a culture of blaming and attributing fault rather than fostering a supportive environment for staff.
- **Communication** – trust between partners, staff, patients, families, carers and communities had broken down.

In October 2021, the Scottish Government appointed an independent oversight and assurance group to assess the progress towards addressing the issues that were identified. The group's final report, published in January 2023, found that good progress had been made in some areas. It noted significant changes to the leadership of mental health services, with a new integrated leadership group that is working well.

In addition, it found that reviewing and revising the three integration schemes across Tayside improved the clarity of health and social care partners' roles and responsibilities for mental health services. The planning and commissioning for inpatient mental health services is delegated to the three IJBs, and one IJB has taken a leading role in coordinating this across Tayside.

The report also outlined areas where little progress had been made, including an urgent need to improve governance and public performance reporting, and to develop greater trust with communities.

Source: Audit Scotland, The Independent Inquiry into Mental Health Services in Tayside and the Independent Oversight and Assurance Group on Tayside's Mental Health Services

The Scottish Government's progress towards implementing its Mental Health Strategy 2017–2027 is mixed

60. The Scottish Government's Mental Health Strategy 2017–2027, published in March 2017, aims to 'prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems'. Of the 40 actions in the strategy, 25 relate to adult mental health.

61. The strategy has a clear ambition but the intended outcomes of most of the strategy's actions are not clear. For instance, actions that commit funding or support do not make it clear what impact this funding or support is intended to have. Many actions do not include planned completion dates, which makes it difficult to assess whether the Scottish Government is on track to achieve them.

62. The Scottish Government has published three progress reports, the second of which was published in November 2019, just before the start of the Covid-19 pandemic. At this time, the Scottish Government reported that nine of the 25 actions relating to adult mental health had been completed. The Scottish Government is not clear in these progress reports about the impact of completing many of these actions or how they have contributed to achieving the overarching aim of the strategy. For instance:

- **Action 15: Increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to prisons. Over the next five years increasing additional investment to £35 million for 800 additional mental health workers in those key settings**. By April 2022, 958.9 whole time equivalent (WTE) staff were recruited using Action 15 funding, exceeding its target. The Scottish Government is not, however, able to demonstrate that this has achieved the ambition of giving all A&Es, every police custody suite, and prisons, access to dedicated mental health staff. It did not achieve the aim in relation to all GP practices. In March 2022, 22 per cent of GP practices in Scotland had no access to mental health workers.[42]
- **Action 29: Work with partners who provide smoking cessation programmes to target those programmes towards people with mental health problems.** Guidance, developed by Action on Smoking and Health (Scotland), was issued to all NHS boards, and training was being provided for staff. Progress reports do not make clear what difference this has made to the number of people with mental health problems who smoke.

- **Action 38: Develop a quality indicator profile in mental health which will include measures across six quality dimensions – person-centred, safe, effective, efficient, equitable and timely.** The quality indicator profile was launched in 2018. The second progress report committed to regularly report on all 30 quality indicators by January 2021. In the latest release in April 2023 however, just 19 indicators were published, and just 12 of those included updated data. The publication is marked as experimental and there are several data quality problems. It is not clear when these indicators will be sufficiently robust and regularly reported.

63. In some cases, the Scottish Government has gone further than its commitments in the 2017–2027 strategy. For instance, the Scottish Government has made a lot of progress in improving perinatal mental health services across Scotland (Case study 5, page 37).

64. The Covid-19 pandemic affected the progress and priorities of the strategy. The Scottish Government published its MHTRP in October 2020. This included more than 100 actions, including updated outstanding actions from the 2017–2027 strategy. It is not clear what progress has been made towards the commitments in the MHTRP (paragraph 39). In its third progress report, published in March 2021, the Scottish Government outlined five actions from the 2017–2027 strategy that it continued to prioritise during the pandemic. Three of these relate to adult mental health.

Case study 5.
Perinatal and infant mental health

Access to perinatal and infant mental health support has improved since 2019.

Perinatal mental health problems are very common and include a wide range of conditions, from postnatal depression to postnatal psychosis. They are estimated to affect up to one in five mothers, and one in ten fathers. Ten to 22 per cent of babies and young children are also estimated to experience mental health problems.

In March 2019, the Scottish Government committed £50 million, across four years, to improve perinatal and infant mental health services in Scotland. The Perinatal and Infant Mental Health Programme Board was established to oversee and manage this investment until 2023.

By December 2022, over £18 million had been allocated to fund 23 new perinatal and infant mental health services and expand four existing services. A further 11 services were in development. The Scottish Government has not published information on the remaining £32 million. From 2023, NHS boards will receive £8 million in recurring funding for these services.

In October 2020, the Scottish Government launched the Perinatal and Infant Mental Health (PIMH) fund. This fund provided 34 charities with a total of £2.5 million to provide one-to-one and group-based support to parents, carers, and new babies between October 2020 and March 2023. An additional £1 million has been committed for 2023/24. Feedback from Inspiring Scotland from early 2022 showed that the PIMH fund is helping charities make a difference in people's lives:

- 5,444 people have been supported
- 86 per cent of people said that they were less isolated
- 77 per cent of people felt better able to meet the needs of their infants and children
- 80 per cent of parents and carers received information or training about building a warm relationship with their infants.

Although the availability of perinatal and infant mental healthcare has improved across Scotland, a 2023 report from the Maternal Mental Health Alliance found that only two out of 14 boards currently meet UK-wide quality standards for specialist perinatal mental healthcare. Since the Programme Board formally ended in March 2023, it is unclear how future service improvements will be monitored.

Source: Audit Scotland, Scottish Government, Inspiring Scotland, and the Maternal Mental Health Alliance

3. How well resources for adult mental health are managed

Adult mental health spending has increased since 2017/18

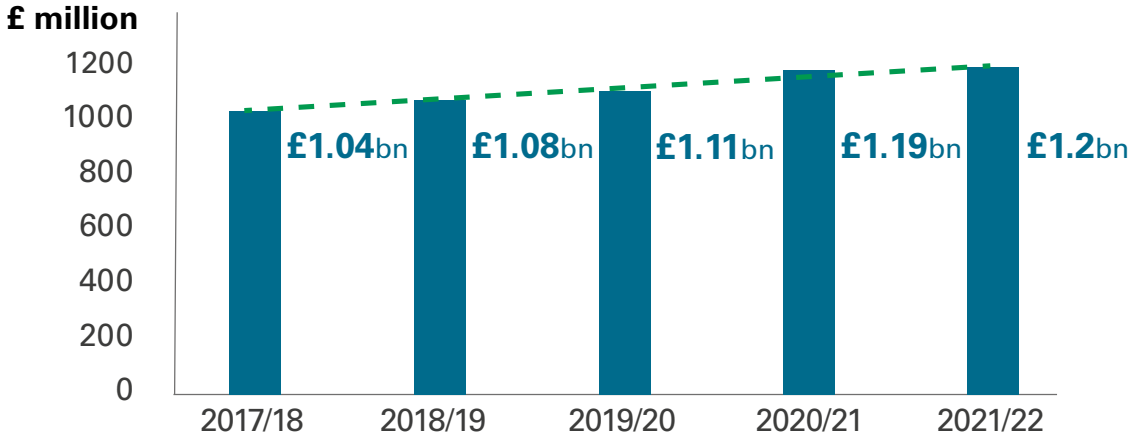
65. In 2021/22, NHS boards reported that they spent £1.2 billion on adult mental health services, a 16 per cent increase in real terms since 2017/18 Exhibit 6.[43] In 2021/22, councils reported that they spent £224.7 million on adult mental health services, a 14 per cent increase in real terms since 2017/18.

66. These figures do not include spending by NHS 24 and SAS. NHS 24 recorded that it spent £10.8 million in 2022/23, a 472 per cent increase since 2017/18 in real terms.[44] SAS recorded that it spent £570,877 in 2021/22, a 253 per cent increase since 2019/20 in real terms.[45] NHS 24 and SAS spending on mental health has increased significantly in recent years because they have expanded the mental health services that they provide. The estimated cost to policing of incidents relating to mental health in Scotland is £14.6 million per year.[46]

Exhibit 6.

NHS boards spending on adult mental health services 2017/18–2021/22

Spending on adult mental health services has increased in real terms.



Note: A small proportion of the totals presented include spending on children and young people's mental health; information is not available to split this spending between child and adult services. Spending data for clinical psychology is not available for 2020/21 and 2021/22, so is not included in totals for those years. This accounted for five per cent of total spending in 2019/20.

Source: Audit Scotland and Public Health Scotland

67. The Scottish Government has set the target that, by 2026, ten per cent of front-line health spending by NHS boards should be on mental health services (paragraph 92). In their 2023/24 Annual Delivery Plans, NHS boards were required to include their current percentage of frontline spending on mental health, and their planned trajectory towards the ten per cent target. However, NHS boards highlighted challenges in completing this work. For instance, the Scottish Government did not define front-line spending and mental health spending in guidance to NHS boards, so boards were not clear about what spending should be included. Further work is therefore taking place to collect and collate the information from NHS boards.

Limited data and inconsistency in how spending is categorised make it difficult to track spending on adult mental health

68. Long-standing issues with the availability, consistency and quality of data make it difficult to track spending on adult mental health. For instance, there is variation in the way that mental health spending is reported, and detailed spending data has not been available since 2019/20 because of pressures caused by the Covid-19 pandemic. These issues need to be addressed. More detail about these issues can be found in Appendix 2.

69. Public Health Scotland should include spending by all services that provide adult mental healthcare in its reporting of NHS spending on adult mental health. This should include spending on clinical psychology and spending by NHS 24 and SAS. This will enable the Scottish Government to report more accurately on progress towards meeting its commitment to increase spending on mental health.

'There's all this information about X amount of money has been allocated to whatever service it is, and it sounds like an astronomical figure and yet you wonder how that money is spent and where that money goes, and what accountability there is for those spending decisions.'

Focus group participant

The Scottish Government has significantly increased funding for mental health and wellbeing

70. Between 2017/18 and 2023/24, the Scottish Government's Mental Health Directorate budget increased significantly, from £63.6 million to £290.2 million, a 356 per cent increase in real terms (Exhibit 7, page 40). This budget is used to fund national programmes and commitments, such as the Scottish Mental Health Law Review and the Mental Health Recovery and Renewal Fund.

71. The Scottish Government allocated £120 million Recovery and Renewal funding in 2021/22 to support the commitments in the MHTRP. Examples of this include:

- £21 million for supporting community mental health and wellbeing through the CMHWF (paragraph 40)
- £9 million for psychological therapies
- £4.5 million for emergency Covid funding for eating disorders
- £1.5 million for mental health and wellbeing services in primary care.

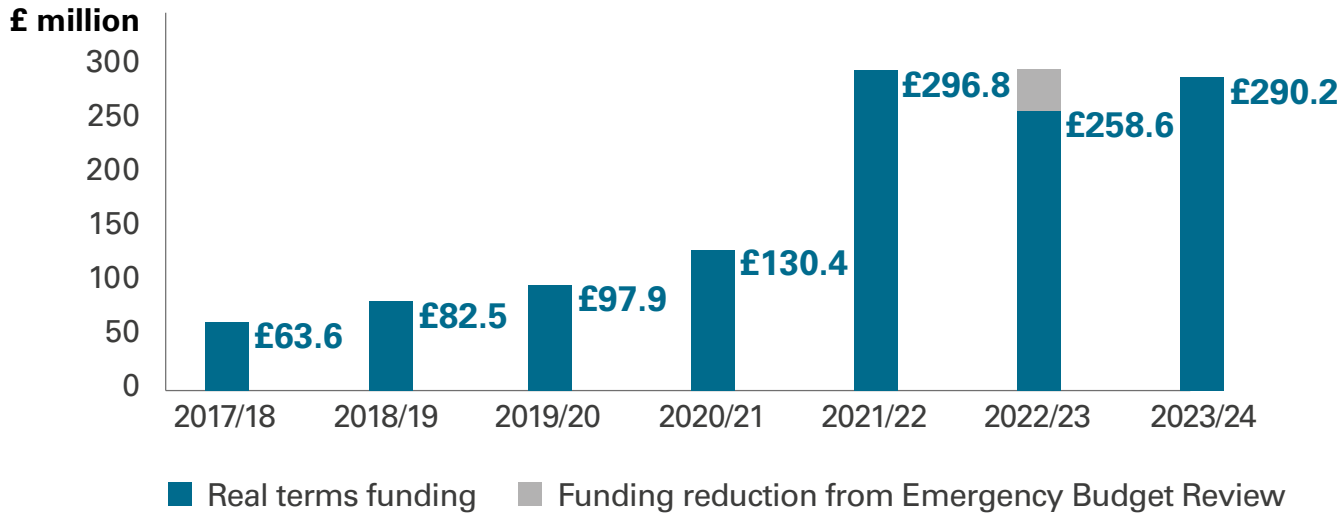
72. Initially, this funding was provided on a one-off basis. This made it difficult to fill vacancies as many positions were available only on a fixed-term basis, which can be less desirable to applicants. The funding has now been incorporated into the recurring mental health budget and represents a significant increase in overall funding for mental health.

73. In November 2022, the Scottish Government announced a £38 million reduction in its Mental Health Directorate's budget for 2022/23 as part of the EBR (paragraph 32). This means that the budget was 13 per cent lower, in real terms, than in 2021/22. The Scottish Government is considering the implications of these funding cuts on work to achieve waiting times standards, and on progressing the commitments within the new mental health strategy.

Exhibit 7.

The Scottish Government's Mental Health Directorate budget 2017/18–2023/24 in real terms

The Scottish Government's Mental Health Directorate budget has increased substantially.



Note: Mental health funding reduced by £39 million in real terms in 2022/23 (£38 million in cash terms) as part of the emergency budget review.

Source: Audit Scotland and Scottish Government

Spending on medicines used for mental health has decreased over the last five years

74. NHS boards report on five types of medicines that are used to treat mental health problems. These are hypnotics and anxiolytics; drugs used in psychosis and related disorders; anti-depressant drugs; drugs for attention deficit hyperactivity disorder; and drugs for dementia.[47] Spending on mental health prescribing should be interpreted with caution, as medicines used for mental health problems can also be used to treat other conditions.

75. Spending on mental health medicines within the community fell in real terms from £117.7 million in 2017/18 to £90.4 million in 2021/22.[48] [49] More items were dispensed in 2021/22, meaning that the fall in spending was caused by a decrease in the cost of these medicines. For instance, the cost per item for antipsychotics and related drugs was significantly higher in 2017/18 because of shortages of these medicines. Anti-depressants account for 43 per cent of total spending on mental health prescribing, a total of £38.8 million in 2021/22.

Recruitment difficulties and high vacancy and turnover rates are putting pressure on the mental health workforce

76. Between 2017 and 2023, the WTE workforce increased for mental health nursing and psychological services roles, but the number of WTE general psychiatrists decreased (Exhibit 8, page 42). In addition, the estimated shortfall in WTE mental health officers (MHO) doubled between 2017 and 2021.[50]

77. Pressure on staff is increasing because of high vacancy and turnover rates and difficulties in filling vacancies Exhibit 8. Recent decreases in vacancies are only partly explained by increases in the number of WTE employed. NHS boards are having to compete with one another to recruit people for these roles. For example, there is a national shortage of psychologists and vacancies for general psychiatry consultants are the highest of all medical and dental consultant roles in Scotland. The Royal College of Psychiatrists also raised concerns that most NHS boards rely on locums who are not consultants to fill vacant consultant psychiatry posts.

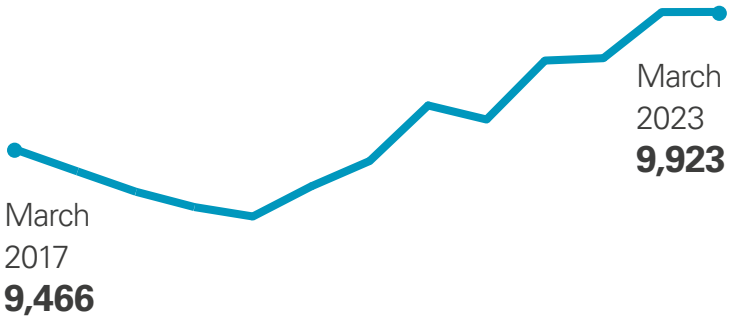
78. Vacancies for mental health nurses have more than doubled between March 2017 and March 2023, and the turnover rate has reached a record high. The Scottish Government told us that not enough students are coming into mental health nursing despite an increase in funded places. The third sector also plays an important role in providing mental health services, but short-term funding and contracts affects their ability to recruit and retain staff.[51]

Exhibit 8.

The mental health workforce: March 2017 – March 2023

The mental health nursing and psychological services workforce has grown since March 2017, but so have the number of vacancies.

Mental Health Nursing Staff (WTE)

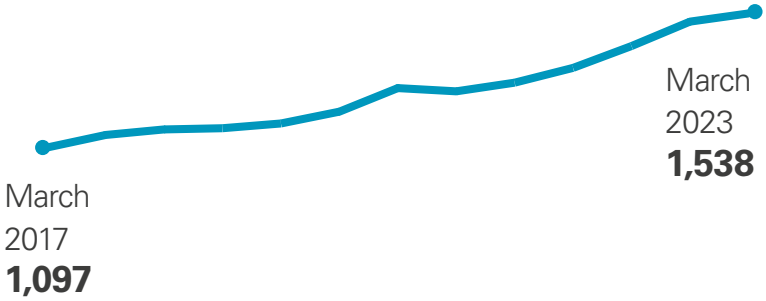


8% Vacancy Rate

12% Turnover Rate

Vacancies (WTE)

Psychological Services Staff (WTE)

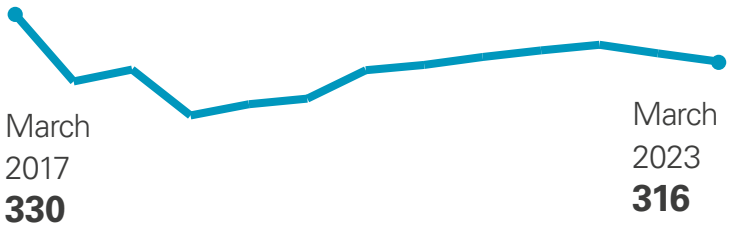


9% Vacancy Rate

10% Turnover Rate

Vacancies (WTE)

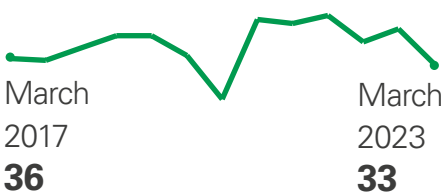
General Psychiatrists (WTE)



9.5% Vacancy Rate

9% Turnover Rate

Vacancies (WTE)



Note: Data collection of nursing and midwifery and consultant vacancies was disrupted during the Covid-19 pandemic. Some data providers were not able to supply this data, therefore figures for mental health nursing and general psychiatrists will be under-reported.

Source: Audit Scotland and NHS Education for Scotland (NES)

79. The workforce plans of our in-depth fieldwork sites reflect these pressures. Borders is having difficulty recruiting to psychiatry posts and is relying on locums to fill gaps.[52] Grampian is relying on locums to provide inpatient mental health services, and its spending on agency mental health nurses has increased.[53] Lanarkshire has concerns about its ability to recruit to psychiatry, psychology and mental health nursing posts.[54] It has also struggled to recruit nursing and dietetics staff to offer specialist treatment for adults with eating disorders.

80. The Scottish Government has not made progress with its commitment to help councils to address the shortfall in MHO capacity.[55] From 2019 to 2022, the Scottish Government provided £1.89 million in funding to councils to train an additional 47 WTE MHOs. In 2021/22, a further £2.78 million was allocated to increase available MHO capacity by 53 WTE. Despite additional funding, the estimated shortfall grew. The Scottish Government has allocated a further £3.71 million in 2022/23 to address the shortfall.

Some progress has been made with investing in innovative workforce roles

81. Since 2017, the Scottish Government has made progress towards reforming mental health services by investing in new mental health workforce roles. These new roles include:

- enhanced psychological practitioners, who are trained on a six-month graduate-level course to provide psychological interventions for mild to moderate mental health difficulties
- trained DBI staff from the third sector, who provide timely and efficient help for people experiencing distress (Case study 1, page 21)
- psychological wellbeing practitioners, who provide telephone-based support at the NHS 24 111 Mental Health Hub
- community link workers, who help patients to access a range of local, non-clinical services in the community to get support for issues that affect their mental health or wellbeing (for example financial or housing issues).

82. Our in-depth fieldwork sites are also introducing innovative workforce roles that could improve the way services are provided. Borders is introducing advanced nurse mental health practitioners and has already introduced peer support workers with lived experience of mental health problems. Aberdeen City has introduced a wellbeing practitioner as part of its GP practice-based mental health and wellbeing service and wants to expand this role further. Lanarkshire is planning to develop a remote psychological therapies team to help address difficulties with recruitment. It is too soon to be able to assess what impact these roles are having.

Gaps in mental health workforce data limit the ability to effectively plan future workforce needs

83. Data on the mental health workforce in Scotland is fragmented and limited to only some roles providing mental healthcare. For instance, data on the mental health workforce in primary care, community mental health teams and the third sector is not routinely collected.

84. The Scottish Government commissioned the NHS Benchmarking Network to establish a baseline position on the composition of Scotland's adult mental health workforce. This one-off piece of work found that, in March 2021, 12,351 WTE mental health staff were working across Scotland's 14 regional NHS boards. This includes staff in adult mental health inpatient services, adult community mental health services and psychological services. It does not include staff working in primary care and Child and Adolescent Mental Health Services.[56]

85. The Scottish Government has asked NHS Education for Scotland (NES) to develop a dedicated NHS mental health workforce statistical publication. This would cover all staff involved in providing mental healthcare across the NHS, including primary care staff. NES would then look into ways of collecting and publishing data on mental health staff in social care and the third sector.

86. This work would significantly improve the information available on, and understanding of, the mental health workforce in Scotland, enabling more effective planning and monitoring. The NHS statistical publication was originally expected to be completed in 2023 but has been delayed. The Scottish Government has not provided NES with funding for this work because of reductions in funding following the EBR. NES told us that this work, once under way, will take about two years to complete.

Workforce planning for mental health roles remains inadequate

87. Workforce planning for mental health roles has not improved since the publication of the Mental Health Strategy in 2017. The Scottish Government and COSLA's Integrated Workforce Plan for Health and Social Care (2019) only includes modelling for how demand for MHOs and clinical psychologists is likely to grow.[57] But this modelling is flawed:

- It does not consider the difference between the time available for MHO work by exclusive MHOs, who work on only MHO duties, and by non-exclusive MHOs, who have other social work duties. This means that the number of WTE MHOs needed to meet shortfalls is likely to be significantly greater than predicted in the plan.

- For clinical psychologists, it assumes an unrealistically low rate of annual growth in demand for psychological therapies, of 2.5 per cent, despite the historical trend of demand growing by an average of four per cent each year since 2013.

88. The workforce plans of our in-depth fieldwork sites do not provide clear or detailed projections of the size or composition of the mental health workforce that will be needed in the future.

89. The Scottish Government plans to publish a mental health workforce action plan setting out immediate, medium- and longer-term actions for the mental health workforce, and timeframes for achieving outcomes. Its approach to workforce planning will be based on the National Workforce Strategy for Health and Social Care in Scotland – to plan, attract, train, employ and nurture.[58]

90. The Scottish Government's mental health workforce action plan should be informed by modelling of the numbers and roles of mental health workers that will be needed across primary and secondary care and the third sector. This modelling should include estimated numbers of staff for newly created roles, such as community link workers.

4. Plans and strategic direction

The Scottish Government has made ambitious commitments, but it is not on track to achieve them

91. The Scottish Government has made ambitious commitments relating to adult mental health services. For example, it has committed to significantly increasing funding for mental health, and to ensuring that all GP practices have access to primary care mental health and wellbeing services by 2026 (paragraphs 27–33).

92. The Scottish Government has committed to increasing the Mental Health Directorate budget by 25 per cent and ensuring that ten per cent of the front-line NHS budget is spent on mental health by the end of the current parliament, in 2026.[59] [60] The Scottish Government is facing considerable financial constraints (paragraph 96), and it is not currently on track to meet these commitments:

- Before accounting for inflation, the Scottish Government's Mental Health Directorate budget would need to reach £342 million by 2026/27. But the 2022/23 and 2023/24 budgets are lower than it projected would be needed to meet this target.
- The Scottish Government's own projections showed that mental health spending would decrease as a proportion of front-line NHS spending by 2026, from 9.8 per cent in 2021/22 to nine per cent in 2026/27.

93. The Scottish Government and COSLA published a new, joint, mental health and wellbeing strategy in late June 2023. The strategy outlines its vision 'of a Scotland, free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible'.[61] The strategy being published jointly is a positive and promising development. It recognises the importance of a whole-system approach to supporting mental health and wellbeing and provides a foundation for better joint working.

94. The strategy sets out high-level outcomes and priorities to support the delivery of its vision. But there is no detail in the strategy about how and when the priorities will be achieved. The Scottish Government plans to publish a delivery plan and mental health workforce plan to set out this detail. These documents are not expected to be published until autumn 2023.

95. In these documents, the Scottish Government needs to be transparent and realistic about what it can achieve, particularly given that the Scottish Government, IJBs, NHS boards and councils are facing increasingly tight budgets. The messages in our NHS in Scotland 2022 report and Local government in Scotland overview 2023 were similar, and our Integration Joint Boards financial analysis 2021/22 report also outlined the financial challenges that IJBs are facing.

96. Our briefing paper, Scotland's public finances: challenges and risks, reported that the Scottish Government will face difficult choices setting the 2023/24 budget. It highlights that a balance must be struck between short-term necessities and longer-term priorities. It also states that the Scottish Government will need to revisit its priorities if the economic and fiscal conditions worsen.

The lack of comprehensive, good-quality financial, workforce and operational data makes it difficult for the Scottish Government and others to make informed decisions about priorities

97. In this report, we have highlighted the impact of limited or poor-quality financial, workforce and operational data. The Scottish Government should work with health and social care partners and the third sector to address this, to enable it to make informed decisions about priorities. This will allow the Scottish Government to effectively monitor its progress against the commitments in its new strategy. Improvement work should focus on demonstrating how it is measuring and monitoring:

- the quality of mental health services and patient outcomes
- what difference investment is making to patient outcomes
- how much is being invested in preventative programmes of work and the impact of this on demand for mental health and wellbeing support.

98. The Scottish Government and health and social care partners should learn from NHS England, which publishes more detailed information on mental health services regularly. Although data quality and completeness are still problems that NHS England needs to address, information is now routinely published on service activity and performance, spending and inequalities.[62] For example, NHS England publishes a mental health dashboard that covers:

- access to, and associated spending on, a range of mental health services, including talking therapies, perinatal mental health services, crisis and acute care, and uptake of physical health checks
- a recovery rate for patients accessing talking therapies (paragraph 49) which demonstrates the proportion of people accessing this service who recover following treatment

- progress towards its commitment to increase the share of mental health spending, indicated by local spending on mental health and the proportion of areas that are meeting the commitment.

99. The Scottish Government and health and social care partners should consider how they can incorporate similar measures as part of regular reporting of activity, performance and spending on mental health services.

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Appendix 1

Audit methodology

This performance audit covers the whole system of adult mental health and wellbeing services in Scotland, including the services provided by NHS boards, HSCPs, councils and their partners. It covers:

- access to mental health and wellbeing support
- progress towards improving mental health and wellbeing services
- how well resources for mental health services are managed
- plans and strategic direction for mental health and wellbeing services.

Our findings are based on evidence from sources that include:

- the Scottish Government's Mental Health Strategy 2017–2027 and associated documents
- other relevant Scottish Government strategies, plans and internal documents
- activity and performance data published by Public Health Scotland
- workforce data published by NHS Education for Scotland
- publicly available information, including Mental Welfare Commission reports, third sector organisation reports and survey results
- interviews with stakeholders from organisations including the Scottish Government, Public Health Scotland, the Mental Welfare Commission, Royal College of General Practitioners, Royal College of Psychiatrists, NHS boards, HSCPs, the third sector and councils
- Three focus groups with people with lived experience of mental health problems, and two focus groups with community link workers.

We also carried out more in-depth fieldwork in three areas to gain a better understanding of local pressures and challenges, and to identify areas of good practice. We covered mental health and wellbeing services provided by the NHS boards, HSCPs and councils across these areas. We interviewed staff and reviewed local documentation and data. The in-depth fieldwork sites were:

- Grampian: Aberdeen City, Aberdeenshire and Moray
- Lanarkshire: North Lanarkshire and South Lanarkshire
- Scottish Borders.

Appendix 2

Problems with the quality of data reporting on mental health spending

NHS spending data

NHS spending is reported annually by Public Health Scotland, using submissions from NHS boards. The information submitted by boards and how this spending is categorised vary. Many of the categories have not been updated for many years, so no longer reflect the way that services are being provided. Submissions were much less detailed than usual in 2020/21 and 2021/22 because of pressures caused by the Covid-19 pandemic. For instance, data on spending on clinical psychology is not available for these years, which means that reported spending on adult mental health is not comparable with previous years.

Councils' spending data

The Local Financial Return (LFR) data set on social work includes spending on mental healthcare for adults aged 18-65. The Scottish Government and councils have identified problems with the quality of this data. There are no criteria for what should be included under adult mental health and councils' submissions are based on best estimates. There is possible duplication between data recorded on adult mental health and other categories, such as adults with learning disabilities. Information is also not available on how much is spent on mental healthcare for adults aged over 65 years. In 2021/22, information on specific services within the adult social care data set, including spending on adults with mental health needs, was published separately because of data quality concerns. It was recognised as less robust than the rest of the LFR.

IJB spending data

The level and detail of data on spending on adult mental health and wellbeing services in IJBs annual accounts vary across Scotland. Some IJBs record mental health within the same category as spending on other services, such as large hospital services, and addictions services. This means it is not possible to use IJB accounts information for reporting spending on adult mental health and wellbeing across Scotland.

Adult mental health

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ISBN 978 1 915839 21 3 AGS/2023/7