

# VOX

Voices Of eXperience

## Real People Real Cuts



**The effects of budget reviews on people with  
Long-term mental health problems**

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## About VOX

VOX is a national mental health service user led organization based within Scotland which aims to give a voice to mental health service users. We aim to drive policy and practice, facilitate partnership working and strengthen the voice of people who have or have had a mental health problem. We aim to do this by using a range of innovative and accessible consultation methods to involve members.

## Acknowledgements

This report would not have been possible without the support and cooperation of the people who took time to complete questionnaires and attend focus groups, sharing their experiences and concerns regarding recent changes to the services they access. Also thanks to the people and organisations that provided guidance, help and assistance with this support including: Bipolar Scotland; Glasgow Mental Health Network; ACUMEN; Lanarkshire Links; CAPS Independent Advocacy; Highland Users Group; Peer Support Fife; Stirling Users Network; Klacksun; Plus Perth and the staff at both VOX and the Mental Health Foundation.

## About the Author

Chris White is a member of both VOX and Bipolar Scotland with personal experience of living with and recovery from long-term mental health problems. Since returning to work twelve years ago he has been involved in a range of mental health policy areas including:- service user research; welfare benefits; service provision; employability; peer support; and recovery.



# The effects of budget reviews on people with Long-term mental health problems

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# Executive Summary

The last two years have seen significant cuts to public sector spending affecting the social care funding across Scotland. Mental health service user representative organisations (including: VOX, HUG, Bipolar Scotland, ACUMEN, Stirling Users Network, Scotia Clubhouse, Mental Health Network (Greater Glasgow), and Peer Support Fife) have concerns as to the impact that these cuts will have on the lives of people living with a mental health condition, particularly in relation to quality of life, mental health, well-being and recovery.

In October 2010 mental health service users began to report to representative organisations their experiences and concerns regarding local services cuts within their areas, including day centres crises services etc. This research aims to provide evidence on the extent of spending cuts and how they impact on the services people receive, and whether the spending cuts have resulted in negative social outcomes affecting people's mental health and recovery.

The social and economic cost of mental health problems in Scotland is estimated at £10.7 billion per year.<sup>1</sup> Strategic planning of mental health service provision is essential for promoting recovery and well-being, as well as reducing the social and economic costs of mental health problems on the country.

Public sector spending cuts have led to a loss or reduction of services delivered by the NHS, local authorities, and the voluntary sector which are clearly impacting on the quality of life, access to support, services and opportunities for people living with a mental health condition in Scotland.

This includes:-

- Loss of care and support service
- Reduced access to employment and training opportunities
- Reduced social and cultural activities
- Loss of essential public transport services
- Increased financial pressures and hardship

The UN Convention on the Rights of Persons with Disabilities promotes, protects and ensures the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities. This includes access to care and support services; employment and training opportunities; and social and cultural activities. The loss of these services is likely to have a significant negative impact on the nation's mental health, creating greater inequalities and disadvantage rather than creating a more equitable society.

<sup>1</sup>What's it Worth Now? The Social and Economic Costs of Mental Health in Scotland - SAMH 2011

## Recommendations

- 1.** The Scottish Government needs to take urgent action, steps need to be taken to fully measure the impact of spending reviews on mental health services across Scotland.
- 2.** Currently there is very little guidance on local authority statutory duties in the Mental Health (Care and Treatment) (Scotland) Act 2003. As part of the Scottish Government Mental Health Strategy (2011-2015) Consultation the government should address this, particularly in relation to employability; access to training and education and social, cultural and leisure activities.
- 3.** Local authorities should provide educational, training and employability services and employment opportunities as is their statutory duty under sections 25-31 of the Mental Health (Care and Treatment) (Scotland) Act.
- 4.** Local Authorities and Transport planning Authorities should review their provision of transport for people with mental health problems in order to ensure that people are able to attend or participate in services covered by sections 25 and 26 of the Mental Health (Care and Treatment) (Scotland) Act.
- 5.** Local Authorities and the NHS should address the gaps in group advocacy provision in Scotland; and where advocacy needs are identified these should be fully funded.
- 6.** Community Planning Partnerships Should report on how they ensure that key stakeholders including local voluntary sector providers and mental health service users and their carers are effectively engaged in the decisions made on public services which affect them.
- 7.** There should be a statutory requirement placed on public services for service user involvement in the commissioning and procurement of services. This should include investment in service user involved research and service user involvement in the evaluation of services.
- 8.** That the Scottish Government in developing future proposals for a Community Empowerment and Renewal Bill should include the action to build community capacity particularly in relation to mental health and communities facing multiple social and economic disadvantage.



## Methodology

The research was conducted using both a questionnaire and focus groups between May and August 2011. The questionnaire was made available online. 152 people completed the questionnaire. The majority of questionnaires (115) were completed online. In total 9 focus groups were held in Glasgow, Edinburgh and West Lothian. One focus group was cancelled in Fife, as there were insufficient numbers to run a focus group.

The research questions (see appendix) aimed to gather information on the effects of care and support packages, both at home and in community based services; the effects of changes to employment and training provision; the effects on social, cultural and leisure services; and how people perceived these changes effecting their mental health and well-being, recovery and social networks. As well as self-selecting answer options, most questions allowed respondents to provide free text examples of how they viewed the effects of these changes and provide anecdotal evidence.

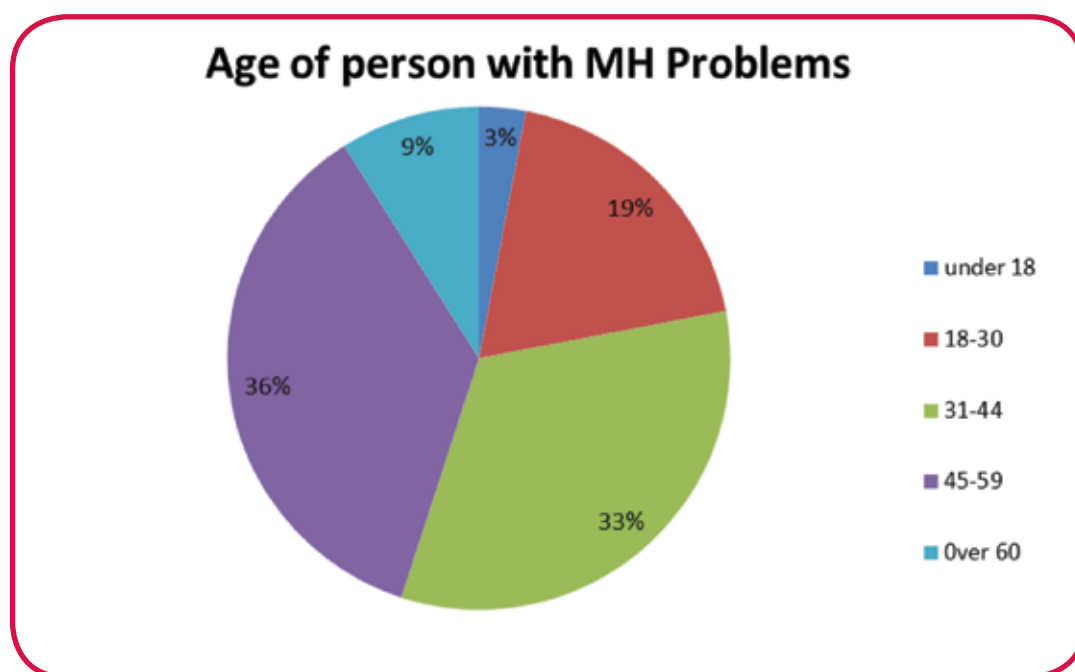
Analysis of the information provided by focus groups is comparative with the information gathered from questionnaire responses, with a high level of similarity around experiences and anecdotal information provided. However because of the differences in the way data was collected the statistical information in the report is based on questionnaire responses unless otherwise stated.

## About the respondents

In total 152 questionnaires have been completed to date, 115 of which were completed online using Survey Monkey. 52% of the questionnaire responses the person living with a mental health problem was female and 48% were male.

116 (76%) were completed by a person with a long-term mental health condition. 37 (24%) were completed by a carer for someone who has a long-term mental health condition. 16 (9%) people described themselves as working in mental health but also described themselves as either someone with a long-term mental health problem or a carer. There were also 9 people who described themselves as both having a long-term mental health problem and a carer.

Respondents came from a wide range of ages although the majority of people (69%) between the age of 31 and 59, however 5 people under the age of 18 and 13 people over the age of 60.



A further 72 people took part in focus groups which had a very similar mix of people attending with 84% describing themselves as having a mental health problem and 16% as carers. There were also a slightly higher percentage of women (57%) attending focus groups.

The majority of people accessed care and support from more than one agency with 70% receiving some form of care and support from the NHS, 47% accessing voluntary sector services and 21% accessing care and support from Local Authority Services.

18% of people were unsure as to who provided some or all of their care and support.

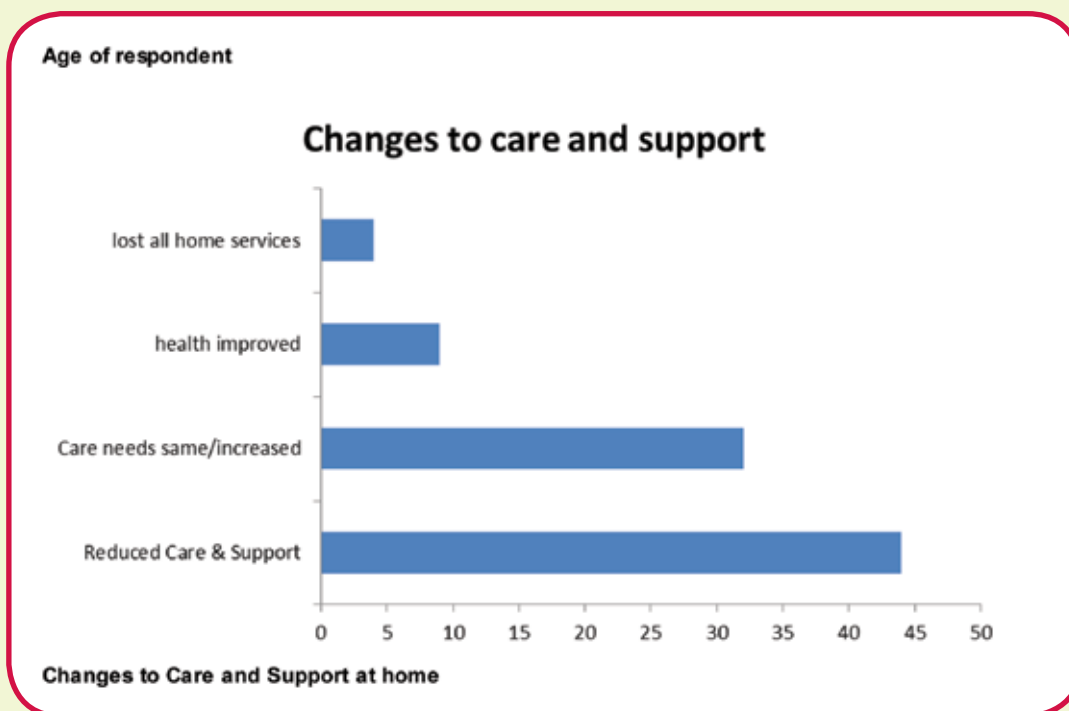
## Care and Support at Home

The UN Convention on Disability Rights aims to ensure that people with disabilities should “have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community”<sup>2</sup>.

In the last 12 months 89 people (58%) received some form of care and support at home. No statistical information was provided on who provided this care and support, or what level of care and support people received.

44 people reported that there had been a reduction in the care and support that they received at home. 32 people felt that either their care needs were the same or had actually increased. Nine people reported that there was an improvement in their health resulting in the change in their support. Four people reported that they had lost all of the care and support that they received at home and in each of these cases this was due to either cuts in staff or changes to the way a service operated.

### Changes to Care and Support



People felt that most of the changes that they saw in relation to home support was as a direct result of funding cuts affecting service provision either in relation to cuts in staffing levels or staff facing pressures to cover other services particularly crisis services.

<sup>2</sup> Article 19, United Nations Convention on the Rights of Persons with Disabilities

Although there had been a significant reduction in home care support provided by voluntary sector organisations, many people reported that they had been affected by changes in the NHS and had seen home visits cut or reduced by their CPN (Community Psychiatric Nurse). Although the government has said that there would be no compulsory redundancies people were reporting that the cuts were due to staff retiring, going off on maternity leave, or finding other employment and not being replaced.

Those who had lost home support reported feeling more vulnerable and isolated and that this was having a significant impact on their ability to cope, putting their mental health at risk.

*“I have been referred to the hospital twice this year and have come the closest to being admitted in years. I did have a nurse attend my home every two weeks for a good number of years up until about a year and a half ago but that was put to an end. I really miss that as I feel it really helped me!”*

Other people reported that they had seen staff replaced by new staff or outsourced to a new care provider. This new care provision was often viewed as being of a poorer quality, and delivered by staff that did not have the same level of training or understanding mental health issues as their previous provider or worker. In some cases this has been the approach taken by local authority social care services and some people viewed it as providing basic services and described it as an example of ‘uncaring caring’.

*“Due to management cuts and staff changes, I felt that the support I recently was given was nowhere near as supportive or friendly. I did have the same workers for all these years, who understood me and treated me like an equal. I am afraid that I found the attitude of the recent workers appalling.”*

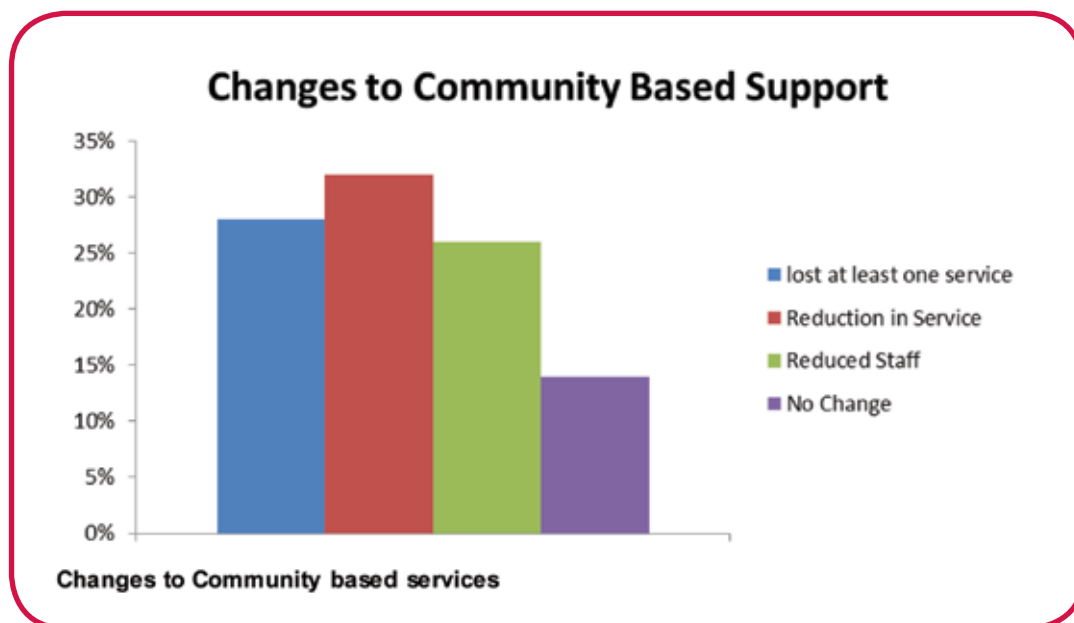


# Community Based Services

The importance of both access to community support services, and assistance with mobility needs <sup>3</sup> are recognised under the UN Convention on Disability Rights. These services are essential for promoting independence and inclusion in the community, and preventing isolation or segregation from the community. The majority of people (75%) responding accessed community based services. Of the 114 people who accessed community-based services. Over 90 people reported that they had seen changes to any of the services they access. The focus groups also highlighted a high level of changes affecting community based services.

Of people who accessed community based services: -

- 28% reported that they had lost at least one service, group, or activity
- 32% felt that there had been a reduction in services, groups or activities that they could access.
- 26% had seen a reduction in the number of staff due to funding cuts



A further 19% of respondents felt that they now needed to travel further to access services

Closure or relocation of services, loss of social activities featured highly in the responses. This appears wide spread and across NHS, local authority and voluntary sector care and support services.

<sup>3</sup> Article 20, United Nations Convention on the Rights of Persons with Disabilities

People expressed concern over the closure or relocation of services, which appeared widespread. This is very closely linked to people feeling that they need to travel further in order to access services. This gave rise to a number of problems. Some people said that they had difficulty using public transport due to their mental health problems therefore such changes increased their anxiety or increased their isolation. For some people the concerns were in direct relation to access to public transport. The relocation of services does not appear to have taken fully into account access by public transport. In order to continue to access a service some people reported that this would require catching more than one bus and travelling into unfamiliar areas. Increased travel costs were also raised as a barrier to access.

*“Loss of support worker in the community mental health team Loss of OT in the community mental health team It appears that neither of these posts are going to be re-filled despite being well used and popular Long term sickness of CPN means I have to travel to see a different one - no-one comes to the house. This entails a round trip of 56 miles and a short ferry crossing each way”.*

Changes to Scotland’s travel card scheme have meant that some people no longer have concessionary travel cards based on their Disability Living Allowance award. Whilst people may be able to claim concessionary travel cards because they are accessing psychological services the fact that people reported increased travel costs indicates that not all people who may be entitled to travel cards have applied for concessionary travel.

*“Closure of local centre and now have to get a bus and travel to another part of city.”*

Access to therapeutic or social activities also seems to have been significantly affected by funding cuts. People reported that activities which may be described as having “soft outcomes” had been lost or significantly reduced. This not only included social activities such as walking groups or outings, but also groups providing daily living skills like cookery groups, or therapeutic groups like relaxation or art groups.



*“The support staff used to run a drop-in which is now stopped, & the relaxation group has also been discontinued”.*

People felt that as well as dealing with the reduction of services or staffing levels they also experienced anxieties of future cuts. In some cases people felt that there was a lack of consultation over changes to services.

*“A support group for women I attend will lose its worker in the next 2 weeks and there are doubts about the group continuing”.*

Accessing information was very difficult and people felt that there was a lack of information about the effects of funding. In some cases this appears to be because services themselves were uncertain about the future, but in some instances people felt that they were just not being informed about what was happening.

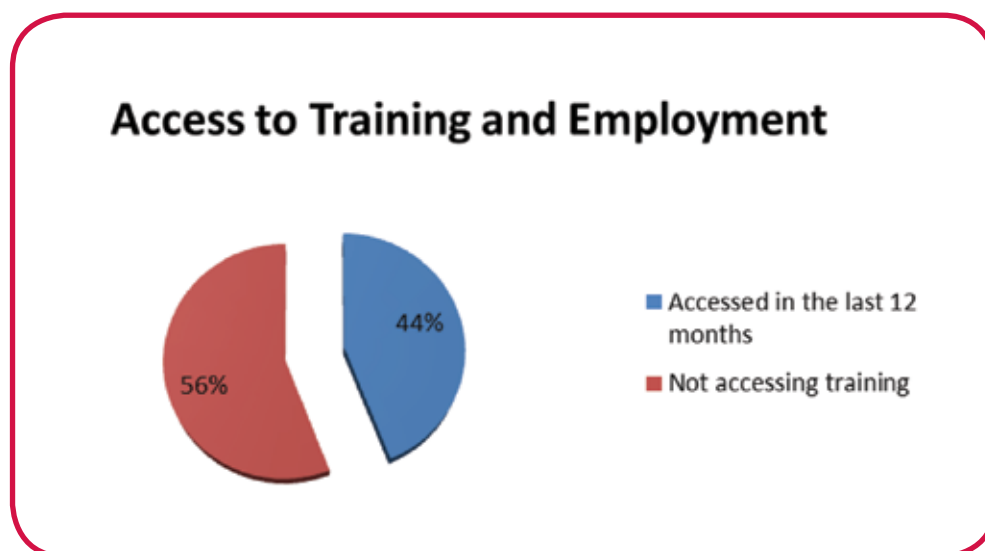


# Training and Employment

Across the UK only 20% of adults with long-term mental health problems are in work <sup>4</sup>. There is a recognised link between unemployment and poor mental health. Mental illness can restrict a person’s educational and employment potential. Paid employment, voluntary work and access to training are key parts of recovery, and of being able to live a meaningful and satisfying life <sup>5</sup>.

Disabled people have an equal right to work and there should be provisions ensure access to employability, vocational and education training services <sup>6</sup>. Local authorities have a statutory duty to make provision for education and training services for people with mental health problems <sup>7</sup>.

Only 66 (44%) of people had accessed training and employment services in the last 12 months. However of those people who had accessed training 19% said that the service they accessed had closed and another 19% said that there had been reductions in staffing levels.



Over the last 12 months there have been changes in the way the DWP funds training and employment services. 12% of people accessing training had seen a change in their provider.

*“I was hoping to get a placement at a local training provider; however I have been told they are no longer accepting referrals as their funding is under review”.*

<sup>4</sup> Labour Force Survey, Jan-March 2009, Office for National Statistics

<sup>5</sup> P Coutts; Mental Health, Recovery and Employment, Discussion Paper 5: Scottish Recovery Network 2007

<sup>6</sup> Article 27, United Nations Convention on the Rights of Persons with Disabilities

<sup>7</sup> Section 26(2b), Mental Health (Care and Treatment) (Scotland) Act (2003)

Although transport issues were raised by respondents this was less of an issue than for people accessing community based supports with only 6% of people saying that transport was an issue for them.

However although only 44% of people had said that they accessed training or employment services there were issues raised that affected a wider number of respondents. Access to information on training was a major issue with people feeling that there was a lack of information on what was available locally. Some people felt that they were continually going around in circles trying to get information but not making any progress.

*“Service changes have meant people no longer have any support, and the new Work Programme isn’t up and running yet. The providers of the Work Programme are operating under tight budgets and are going to be very target-driven (because that’s how they get paid) rather than person-orientated”.*

People felt that staff in Jobcentre Plus or in private sector services had a real lack of understanding about mental health issues. This has made some people feel undervalued or that they are just there so that someone can “tick a box”. For some people this lack of understanding has meant that where they have accessed employment this has been a negative experience impacting on their overall mental health because of being “squeezed into inappropriate work”.

*“I work and one of my friend’s works I jumped through hoops to get my support but my job is great I really enjoy it. My friend hates her job and because of the cuts she has been left with no support she is made to work most weekends”.*

Access to support whilst in employment was also highlighted as an issue with the closure or loss of staff in supported employment services.

Access to further education or community education was also highlighted as a problem. People felt that there is a reduction in part-time or leisure courses which would be a useful part of their individual journey back into work or an important part of managing their mental health and recovery.

*“Cuts to other training and employment services have made it more difficult for us to move people on”.*

Funding was also raised as an issue with access to education. In some cases people reported that they would now have to pay to access classes and courses provided free whilst for other people changes to their benefit entitlement had affecting their ability to access educational courses.

## Social, Cultural and Leisure

Local authorities have a statutory duty to actively promote health and well-being for people with mental health problems. This includes the provision social, cultural and recreational activities <sup>8</sup>. The Convention on the Rights of Persons with Disabilities gives people the right to have the opportunities to develop and utilize their creative, artistic and intellectual potential, and access social, cultural and leisure activities <sup>9</sup>.

Social, cultural and leisure services have been highlighted as an important factor in everyone's mental health and wellbeing and an important factor in the recovery from mental health problems.

Around 16% of people reported that there had been a loss of local services due to funding cuts, including local groups, facilities and community centres. Another 20% of people reported a reduction in opening hours restricting access to services and having a significant impact on them. In particular, changes to opening times seem to be around quieter times of the day. People said that if they do access leisure services it tends to be at the quieter times as their mental health causes them problems at other times, especially where people have anxieties or problems around other people.

*“One of the public sports halls I visited with friends (it was smaller and not as busy/intimidating as others) has been closed. Last time I tried to go with them to a larger one I cried and had to leave early”.*

A number of people linked access to social, cultural and leisure services to their personal finances. Most people who commented felt that their travel costs had increased and services had increased their charges. Loss of benefit entitlement also restricted access to social cultural and leisure activities.

*“Everything now costs more and they have increased the costs of leisure passes and bus fares, after everything else that has gone up I can no longer afford these activities”.*



<sup>8</sup> Section 26(2a), Mental Health (Care and Treatment) (Scotland) Act (2003)

<sup>9</sup> Article 30, United Nations Convention on the Rights of Persons with Disabilities

# Impact on Mental Health and Recovery

Almost 60% of people felt that the changes they were experiencing had a negative impact on their mental health and recovery particularly in relation to access to support. Even where people felt that they had not seen significant cuts at this stage there was a high level of concern over what cuts would be made in the future.

*“They haven’t happened yet but they are on the horizon and have me very worried indeed”.*

*“There is less help available and my health is depreciating significantly due to the stress of having to appeal benefit decisions when all my evidence shows clearly that I am entitled to support - it is simply outrageous!”*

Although a small number of people (4%) reported that there had been an improvement in their mental health over the last 12 months, it is clear that most respondents felt that they felt less supported and more socially excluded and that their ability to participate in key activities that are important to their mental health and recovery have been restricted over the last 12 months. Research has shown that social networks are important to promoting mental health and wellbeing, and coping with living with a mental health problem. However, 55% of people also felt that changes were having a negative impact on their social networks.

Mental ill health is both a cause and consequence of exclusion and there are complex relationships between poverty, disadvantage and mental illness. People living with a mental health problem are much less likely to be in work and, living on low incomes and facing other forms of poverty and inequality. 50% of people felt that they were facing increased financial difficulties causing additional stress in their lives because of increased costs. At the same time as dealing with these additional financial costs many of the respondents felt that this was likely to become worse due to changes to the benefits system and limited chances of being able to find work.

*“I’m worried about being transferred from incapacity benefit to ESA, and that I am going to fail the assessment as it is not a fair system especially for mental health disabilities. I could be either forced to find a job or have my benefits cut substantially which could lead to me being a high suicide risk again”*

## Conclusion

The social and economic cost of mental health problems in Scotland is estimated at £10.7 billion per year across society in employment, human costs and health and social care <sup>10</sup>.

The voluntary sector is a major provider of care and support services in Scotland, but is facing increased financial pressures. Some local authorities are imposing cuts on care service providers of up to 20% for 2011/12 – with some cuts going even higher and 33% of organisations had seen a decrease in their annual turnover in the last three years <sup>11</sup>. SCVO has estimated that Scottish third sector organisations income reduced by £96m in 2010 and a quarter of charities in Scotland have reduced in size <sup>12</sup>. In the report 45% of third sector organisations also felt that their financial situation was likely to face further pressures over the next 12 months, and 76% expected to see an increase in demand for the services they provide.

Public sector spending cuts are clearly impacting on the quality of life, access to support, services and opportunities for people living with a mental health condition in Scotland. Our findings highlight that the majority of people reported that they have seen a reduction or complete loss of care and support services they had previously accessed with very little consultation or assessment of their needs. Local Authorities have a statutory duty to work in partnership with other services including NHS and voluntary organisations in relation to the provision of care and support services <sup>13</sup>.

Although not directly asked in the survey many people expressed concerns over their financial situation, particularly in relation to welfare reforms introduced by the UK government. People with a mental illness are among the most excluded in our society and are nearly three times as likely to be in debt <sup>14</sup>.

Access to employment and training opportunities are essential to promoting wellbeing and recovery. A recent report by the Mental Welfare Commission for Scotland highlighted that very few people receiving treatment in the community on a compulsory treatment order were in paid or voluntary employment, and recommended that “Local authorities must take the lead, as per their statutory duties under the 2003 Act, in doing more to promote wellbeing and social development and, in particular, to help people obtain employment” <sup>15</sup>.



<sup>10</sup> What's it Worth Now? The Social and Economic Costs of mental Health in Scotland - SAMH 2011

<sup>11</sup> Employability Conditions in the Scottish Social Care Voluntary Sector - Workforce Unit, Strathclyde University 2011

<sup>12</sup> State of the Sector Report. Scottish Council for Voluntary Organisations (SCVO), October 2011

<sup>13</sup> Section 30, Mental Health (Care and Treatment) (Scotland) Act (2003)

<sup>14</sup> With Inclusion in Mind - Scottish Government 2007

<sup>15</sup> Lives less restricted - Mental Welfare Commission for Scotland 2011

Respondents felt that often there was little or no consultation in relation to cuts in service provision. There appeared to be little evidence of the use of group advocacy to address specific concerns over changes or cuts to services. The Scottish Independent Advocacy Alliance recently reported that over half of their member organisations had received new requests for advocacy services but a third of all requests did not include funding and one fifth of all new advocacy work did not include funding <sup>16</sup>.

In September 2011 the Scottish Government launched a consultation on a new Mental Health Strategy for Scotland <sup>17</sup>. There is recognition that there is a “need to support and enable people to keep well and take responsibility for their mental health”, and that when people do experience mental ill health, “services should be able to intervene quickly”, and that “services should put the person, their families and carers at the centre of care and treatment”.

There is a clear policy intention that there needs to be a joined-up systematic approach to delivering mental health services and support across Scotland. The Scottish Government has been committed to the involvement and participation of service users, carers, and voluntary sector organisations on mental health policy and strategic planning. However, over the last two years due to the economic constraints faced by the statutory and voluntary sectors there appears to have been a lack of consultation with service users on the effects of budget cuts, particularly where organisations are faced with the need to make savings due to funding cutbacks.

Organisations at every level from statutory services to third sector voluntary sector organisations have faced significant pressures and in some cases have lost substantial elements of their funding. As each organisation or service has looked to reduce costs there appears little evidence of a joined up approach which has looked at the whole picture for individual people, their families or their carers.

In September this year the Christie Report <sup>18</sup> highlighted that “public services of the future must not only continue to provide a safety net for the vulnerable, but make a coherent contribution to a stronger, healthier, economically viable and more equitable society”.

The Christie Commission made recommendations that services need to be built around people and communities and that public service organisations need to work together to deliver integrated services which help to secure improvements in the quality of life, and the social and economic wellbeing, of the people and communities of Scotland. The Commission further recommended that developing future proposals for a Community Empowerment and Renewal Bill should include the action to build community capacity particularly in relation to and communities facing multiple social and economic disadvantages.

The loss or reduction of services delivered by the NHS, local authorities, and the voluntary sector following spending reviews has not been limited to care and support service, but has extended into other services which are essential for promoting recovery, inclusion, participation and an active meaningful life. This includes access to transport, training opportunities and social and cultural activities, running the risk of creating greater inequalities and disadvantage for people living with a mental health condition. These losses will potentially have an adverse effect on people’s ability to manage their conditions and is likely to have a significant negative impact on people’s mental health and recovery rather than creating a more equitable society.

<sup>16</sup> Funding new opportunities in advocacy - Scottish Independent Advocacy Alliance March 2011

<sup>17</sup> Mental Health Strategy for Scotland: 2011-15 Consultation - Scottish Government, Sept 2011

<sup>18</sup> Commission on the Future Delivery of Public Services - Scottish Government 2011



In many of the survey responses and throughout the focus groups many people said that at this stage they had not experienced significant cuts, but that they were concerned that they would see a major reduction in services in the coming years. The current economic outlook suggests that these are very real fears. Government policies on personalisation and self-directed support will also have a major impact on how services are accessed and delivered therefore it is the intention of VOX to conduct a similar survey in future years.

## Recommendations

- 9.** The Scottish Government needs to take urgent action, steps need to be taken to fully measure the impact of spending reviews on mental health services across Scotland.
- 10.** Currently there is very little guidance on local authority statutory duties in the Mental Health (Care and Treatment) (Scotland) Act 2003. As part of the Scottish Government Mental Health Strategy Consultation the government should address this, particularly in relation to employability; access to training and education and social, cultural and leisure activities.
- 11.** Local authorities should provide educational, training and employability services and employment opportunities as is their statutory duty under sections 25-31 of the Mental Health (Care and Treatment) (Scotland) Act.
- 12.** Local Authorities and Transport planning Authorities should review their provision of transport for people with mental health problems in order to ensure that people are able to attend or participate in services covered by sections 25 and 26 of the Mental Health (Care and Treatment) (Scotland) Act.
- 13.** Local Authorities and the NHS should address the gaps in group advocacy provision in Scotland; and where advocacy needs are identified these should be fully funded.
- 14.** Community Planning Partnerships Should report on how they ensure that key stakeholders including local voluntary sector providers and mental health service users and their carers are effectively engaged in the decisions made on public services which affect them.
- 15.** There should be a statutory requirement placed on public services for service user involvement in the commissioning and procurement of services. This should include investment in service user involved research and service user involvement in the evaluation of services.
- 16.** That the Scottish Government in developing future proposals for a Community Empowerment and Renewal Bill should include the action to build community capacity particularly in relation to mental health and communities facing multiple social and economic disadvantage.

## Relevant Local Authority Duties

Mental Health (Care and Treatment) (Scotland) Act (2003)

<http://www.legislation.gov.uk/asp/2003/13/contents>

### 25: Care and support services etc.

(1) A local authority—

(a) shall—

- (i) provide, for persons who are not in hospital and who have or have had a mental disorder, services which provide care and support; or
- (ii) secure the provision of such services for such persons; and

(b) may—

- (i) provide such services for persons who are in hospital and who have or have had a mental disorder; or
- (ii) secure the provision of such services for such persons.

(2) Services provided by virtue of subsection (1) above shall be designed to—

- (a) minimise the effect of the mental disorder on such persons; and
- (b) give such persons the opportunity to lead lives which are as normal as possible.

(3) In subsection (1) above, “care and support”—

(a) includes, without prejudice to the generality of that expression—

- (i) residential accommodation; and
- (ii) personal care and personal support (each of those expressions having the meaning given by section 2(28) of the Regulation of Care (Scotland) Act 2001 (asp 8)); but

(b) does not include nursing care.

(4) In section 59(1) of the Social Work (Scotland) Act 1968 (c. 49) (duty of local authorities as respects provision and maintenance of residential or other establishments), for the words “or under” there shall be substituted “sections 25 and 26 of the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13) or”.



## 26: Services designed to promote well-being and social development

(1) A local authority—

(a) shall—

- (i) provide, for persons who are not in hospital and who have or have had a mental disorder, services which are designed to promote the well-being and social development of those persons; or
- (ii) secure the provision of such services for such persons; and

(b) may—

- (i) provide such services for persons who are in hospital and who have or have had a mental disorder; or
- (ii) secure the provision of such services for such persons.

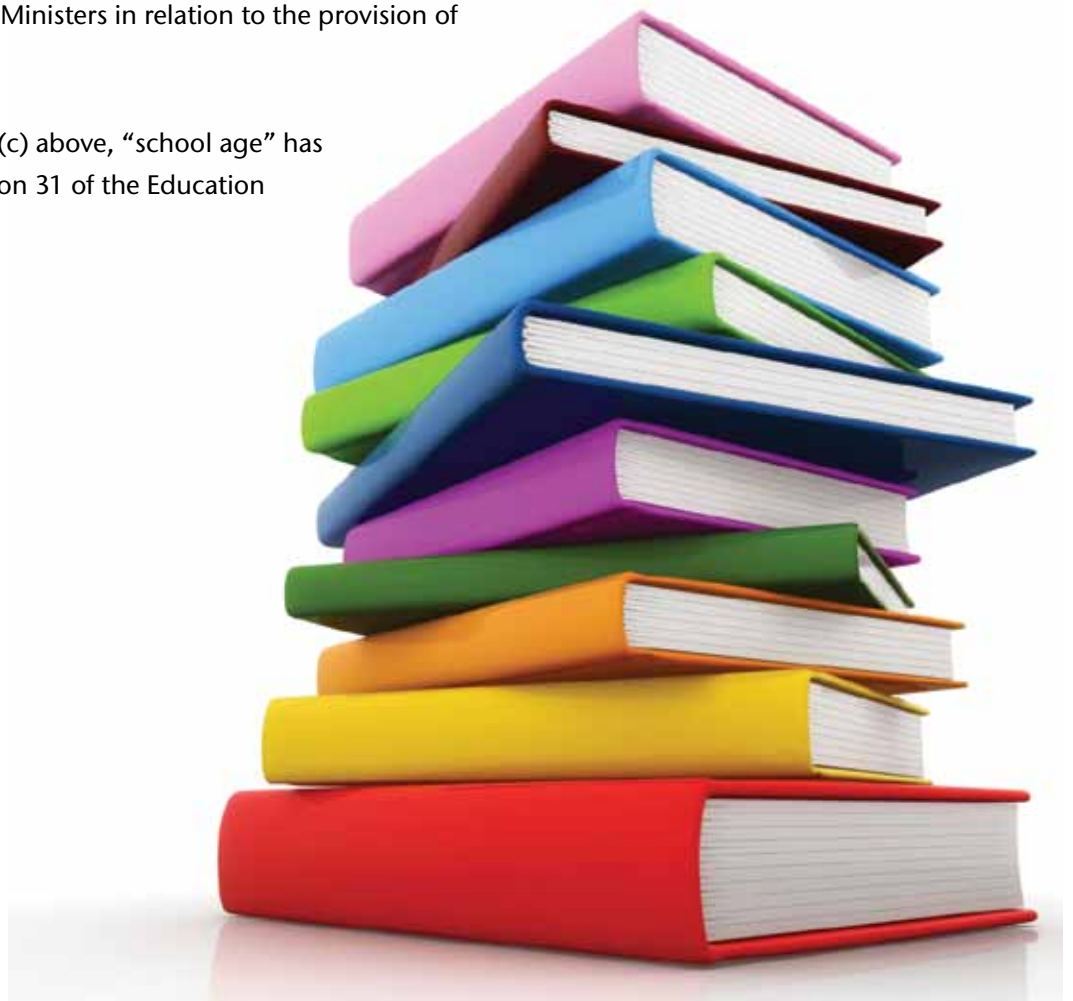
(2) Services provided by virtue of subsection (1) above shall include, without prejudice to the generality of that subsection, services which provide—

- (a) social, cultural and recreational activities;
- (b) training for such of those persons as are over school age; and
- (c) assistance for such of those persons as are over school age in obtaining and in undertaking employment.

(3) Subsection (1) above is without prejudice to the operation of—

- (a) section 1 of the Education (Scotland) Act 1980 (c. 44) (duties and powers of education authorities in relation to the provision of social, cultural and recreative activities and vocational and industrial training); and
- (b) section 1 of the Further and Higher Education (Scotland) Act 1992 (c. 37) (duty of Scottish Ministers in relation to the provision of further education).

(4) In subsection (2) (b) and (c) above, “school age” has the same meaning as in section 31 of the Education (Scotland) Act 1980 (c. 44).



## **27: Assistance with travel**

A local authority—

(a) shall—

- (i) provide, for persons who are not in hospital and who have or have had a mental disorder, such facilities for, or assistance in, travelling as the authority may consider necessary to enable those persons to attend or participate in any of the services mentioned in sections 25 and 26 of this Act; or
- (ii) secure the provision of such facilities or assistance for such persons; and

(b) may—

- (i) provide such facilities or assistance for persons who are in hospital and who have or have had a mental disorder; or
- (ii) secure the provision of such facilities or assistance for such persons.

## **30: Co-operation with Health Boards and others**

(1) In providing services for a person under any of sections 25 to 27 of this Act, a local authority shall co-operate with any—

- (a) Health Boards;
- (b) Special Health Boards;
- (c) National Health Service trusts; or
- (d) voluntary organisations,

that appear to the authority to have an interest, power or duty mentioned in subsection (2) below.

(2) Such an interest, power or duty is—

- (a) an interest in the provision of services by the local authority under any of sections 25 to 27 of this Act; or
- (b) a power or duty to provide or secure the provision of services, or an interest in the provision of services, for the person.

# The UN Convention on Disability Rights

<http://www.un.org/disabilities/>

The United Nations (UN) International Human Rights Convention on the Rights of Disabled People plays an important part in protecting and promoting disabled people's human rights around the world. The convention provides a recognised international standard for disabled people's human rights

Countries that ratify the convention have to report regularly to the UN about the steps they are taking to protect and promote disabled people's rights.

The UK ratified the convention on 8 June 2009 and its optional protocol on 7 August 2010.

## Article 19 - Living independently and being included in the community

States Parties to the present Convention recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community.

## Article 20 - Personal mobility

States Parties shall take effective measures to ensure personal mobility with the greatest possible independence for persons with disabilities

## Article 27 - Work and employment

States Parties recognize the right of persons with disabilities to work, on an equal basis with others; this includes the right to the opportunity to gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities. States Parties shall safeguard and promote the realization of the right to work, including for those who acquire a disability during the course of employment, by taking appropriate steps, including through legislation.

## Article 30 - Participation in cultural life, recreation, leisure and sport

States Parties recognize the right of persons with disabilities to take part on an equal basis with others in cultural life, and shall take all appropriate measures to ensure that persons with disabilities





## Survey Questions:

### Q.1 About you

- I am someone who has a long-term mental health condition
- I am a carer for someone who has a long term mental health condition
- Other (please specify)

### Q.2 I/the person I care for is:

- Male
- Female

### Q.3 I/the person I care for is:

- Under 18
- 18-30
- 31-44
- 45-59
- Over 60

### Q.4 Who provides or has provided your care and support? (Please tick all that apply)

- Local Authority
- Voluntary Organisation
- NHS
- Don't know

### Q.5 In the last year the care and/or support I receive at home has (Please tick all that apply)

- Reduced, but the need for care and support has remained the same or increased
- Reduced, but the need for care and support has reduced
- Increased due to additional support needs
- Remained the same
- Lost completely due to funding cuts
- Do not receive care and/or support services at home

How do you feel these changes have impacted on your life? (Optional)



**Q.6 In the last year have any of the mental health services, groups or activities that you access in the community been affected by cuts in funding?** (Please tick all that apply)

- I do not access any community-based services
- No change
- Reduction in services, groups or activities that I can access
- Reduction in the number of staff due to funding cuts
- Loss of services, groups or activities that I can access
- Need to travel further to travel to access services

Please give further details of any changes that you have indicated in Question 6

**Q.7 In the last 12 months have any Training and Employment Services you do or have accessed been affected by cuts in funding?** (Please tick all that apply)

- Have not used training or employment services
- No change
- Closure of training or employment services
- Reduction in the number of staff employed in the service
- There has been a change to who provides the service
- Need to travel further to travel to access services

Please give any other comments about how you feel any changes have impacted on you mental health and recovery



**Q.8 Has there been any changes to social, cultural and leisure services, (such as sports centres, museums and art galleries and libraries) that you feel have impacted on your mental health and well being.** (Please tick all that apply)

- Do not access social, cultural or leisure services
- No changes that have affected me
- Reduced opening hours
- Loss of services
- Need to travel further to travel to access services
- Other

Please provide any additional details

**Q.9 What impact (if any) overall do you feel changes to services due to spending reviews have had on your mental health and recovery?**

	Strong positive impact	Slight positive impact	No impact	Slight negative impact	Strong negative impact
Your Recovery					
Your mental health					
Your social networks					
Access to support					
Access to employment and training					
Access to cultural and leisure activities					
Your personal finances					

Please provide additional comments on how you feel this has impacted on your life (Optional)



**Q.10 What Local Authority Area do you live in?**

- |  |  |
|--|--|
| <input type="checkbox"/> Argyll and Bute       | <input type="checkbox"/> Inverclyde          |
| <input type="checkbox"/> Aberdeen              | <input type="checkbox"/> Na h-Eileanan Siar  |
| <input type="checkbox"/> Aberdeenshire         | <input type="checkbox"/> North Ayrshire      |
| <input type="checkbox"/> Angus                 | <input type="checkbox"/> North Lanarkshire   |
| <input type="checkbox"/> Clackmannanshire      | <input type="checkbox"/> Midlothian          |
| <input type="checkbox"/> Dundee                | <input type="checkbox"/> Moray               |
| <input type="checkbox"/> Dumfries and Galloway | <input type="checkbox"/> Orkney              |
| <input type="checkbox"/> East Ayrshire         | <input type="checkbox"/> Perth and Kinross   |
| <input type="checkbox"/> East Dunbartonshire   | <input type="checkbox"/> Renfrewshire        |
| <input type="checkbox"/> East Renfrewshire     | <input type="checkbox"/> Scottish Borders    |
| <input type="checkbox"/> East Lothian          | <input type="checkbox"/> Shetland            |
| <input type="checkbox"/> Edinburgh             | <input type="checkbox"/> South Ayrshire      |
| <input type="checkbox"/> Falkirk               | <input type="checkbox"/> South Lanarkshire   |
| <input type="checkbox"/> Fife                  | <input type="checkbox"/> Stirling            |
| <input type="checkbox"/> Glasgow               | <input type="checkbox"/> West Dunbartonshire |
| <input type="checkbox"/> Highland              | <input type="checkbox"/> West Lothian        |



**Q.10 How would you describe your ethnic background?**

- White Scottish
- Other White British
- Irish
- Eastern European
- Other European
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Caribbean
- African
- Arab
- Gypsy/Traveller
- Other ethnic group  
e.g. Indian Scottish,  
Japanese, American  
(please Specify)



## Further Reading

- What's it Worth Now? The Social and Economic Costs of Mental Health in Scotland, SAMH. 2011  
[http://www.samh.org.uk/media/174228/what\\_s\\_it\\_worth\\_now\\_full.pdf](http://www.samh.org.uk/media/174228/what_s_it_worth_now_full.pdf)
- Labour Force Survey, Jan-March 2009, Office for National Statistics  
<http://www.ons.gov.uk/ons/rel/lms/labour-market-statistics/june-2009/index.html>
- P Coutts, Mental Health, Recovery and Employment, Discussion Paper 5: Scottish Recovery Network, 2007  
<http://www.scottishrecovery.net/Download-document/88-Mental-Health-Recovery-and-Employment.html>
- State of the Sector Report. Scottish Council for Voluntary Organisations (SCVO), October 2011  
[http://www.scvo.org.uk/wp-content/uploads/2011/10/SCVO\\_StateoftheSector\\_Report.pdf?dm\\_i=2V4,L40D,2N5HZG,1ROEW,1](http://www.scvo.org.uk/wp-content/uploads/2011/10/SCVO_StateoftheSector_Report.pdf?dm_i=2V4,L40D,2N5HZG,1ROEW,1)
- Employability Conditions in the Scottish Social Care Voluntary Sector - Workforce Unit, Strathclyde University 2011  
<http://www.scvo.org.uk/wp-content/uploads/2011/04/Employment-Conditions-Report.pdf>
- With Inclusion in Mind, Scottish Government 2007  
<http://www.scotland.gov.uk/Publications/2007/10/18092957/0>
- Lives less restricted - Mental Welfare Commission for Scotland 2011  
<http://reports.mwscot.org.uk/nmsruntime/saveasdialog.aspx?IID=1544&slD=652>
- Funding new opportunities in advocacy - Scottish Independent Advocacy Alliance March 2011  
[http://www.siaa.org.uk/images//fundingnewopportunities\\_apr11.pdf](http://www.siaa.org.uk/images//fundingnewopportunities_apr11.pdf)
- Mental Health Strategy for Scotland: 2011-15 Consultation - Scottish Government, Sept 2011  
<http://scotland.gov.uk/Publications/2011/09/01163037/9>
- Commission on the Future Delivery of Public Services - Scottish Government 2011  
<http://scotland.gov.uk/Publications/2011/06/27154527/0>
- Mental Health (Care and Treatment) (Scotland) Act (2003)  
<http://www.legislation.gov.uk/asp/2003/13/contents>



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**MENTAL HEALTH NETWORK (GREATER GLASGOW)**

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