NATIONAL MENTAL HEALTH SERVICES ASSESSMENT

LOCALITY REPORT

TAYSIDE

December 2003
Introduction

The remit for the National Assessment means that the focus in the locality reports is on what needs to be done locally to deliver the new provisions of the Mental Health (Care and Treatment) (Scotland) Act 2003. With that in mind the many examples of good care seen across Scotland are not covered in the individual reports. This should not be taken as a negative.

Every effort has been made to achieve consistency in each report. There are however variations in those cases where the local arrangements vary sufficiently to warrant some variety in the presentation of findings. For example not all information was available for or from each area in the same format or with the same coverage and where this is the case it is stated.

The wide-ranging nature of the responsibilities that the Act places on local authorities means that it was virtually impossible to assess the services provided by them or the voluntary sector in a short timescale, although there are examples of services across Scotland in the Final Report. In no way should this be seen as devaluing the local authority contribution or minimising the additional demands placed on the Councils.

The findings arising from the visits and review of existing information can only represent a snapshot in time and in many cases the local situation will now be different. However, the purpose is to provide a shared, validated information base to start from and to plan for the successful and timely implementation of the new legislation. The reports should not be used in the form of league tables or as negative criticism.

These reports will now inform the local planning process and will be useful reference documents in the preparation of the joint local implementation plans announced in the Department’s letter of 19 November 2003 (see Annex A).

Some general principles:

- The Mental Health (Care and Treatment) (Scotland) Act 2003 applies to all age groups, although the greatest number will be adults of working age.

- Where the reports refer to Adult Mental Health Services this covers services and support for those aged 16/18 to 64. Where possible we have been more accurate, but this is the standard definition used by the Information and Statistics Division of the Common Services Agency and the local authorities.

- The year of the data source is stated in each case and represents the latest available.

- Regard was given to the wide range of archive, published and other material throughout the entire Assessment process for ongoing context, progress and other relevant considerations.

- References to the organisation of local authority Mental Health Officer (MHO) services or Responsible Medical Officer services should not be taken as implying or suggesting any preferred structure.
Locality

1. Tayside covers 3,000 square miles and is mainly rural, although 80% of the approximate 387,420\(^1\) population is concentrated in towns. The adult population is approximately 252,000. Mental health services are provided by NHS Tayside and three local authorities; Perth and Kinross Council, Dundee City Council and Angus Council who work in partnership with a wide range of voluntary organisations. These councils together are coterminous with Tayside health services, although internally the social work area teams do not all share boundaries with LHCCs.

2. The Clinical Standards Board for Scotland (CSBS) recorded about 560 people with a diagnosis of schizophrenia in Tayside. In 2002 the Mental Health and Well Being Support Group noted successful resettlement of long-stay patients in the community, reconfiguration of services for mentally disordered offenders and progress in involving service users and carers. Concern was expressed about the lack of a clear plan to develop psychological interventions.

3. Tayside’s mental health services have attracted publicity over recent months due to ongoing consultation about the future configuration of services. This follows proposals for greater centralisation of hospital services in order to fund community developments. A range of options is now being considered.

Use of the Mental Health (Scotland) Act 1984

4. Levels of detention in Tayside are under the national average. There are 20 Tayside patients currently resident in The State Hospital and as at 2003 there were 3 people waiting transfer back to Tayside, 2 of who had been waiting for more than 3 months. This is important given the right to appeal against the level of security from 2006.

Table A - Detentions in Tayside under the Mental Health Act (Scotland) 1984 in 2001-02/2002-03\(^2\)

<table>
<thead>
<tr>
<th>Sections 24 and 25(^3)</th>
<th>Actual no. of detentions in Tayside</th>
<th>No. per 100,000 people in Tayside</th>
<th>Average number per 100,000 people in Scotland</th>
</tr>
</thead>
<tbody>
<tr>
<td>240/379</td>
<td>62/98</td>
<td>85/90</td>
<td></td>
</tr>
<tr>
<td>Section 26(^4)</td>
<td>139/244</td>
<td>36/63</td>
<td>51/56</td>
</tr>
<tr>
<td>Section 18(^5)</td>
<td>50/112</td>
<td>13/29</td>
<td>21/23</td>
</tr>
</tbody>
</table>

5. A rough estimate of the number of Tribunal hearings in Tayside each year is 253\(^6\), however the figure could be higher given the upward trend in long-term detentions (Tables B and C). The number of applications for detention under Part V of the current Mental Health Act has more than doubled in Tayside over the last 9 years.

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\(^1\) ISD Scotland. Population figure covers all age ranges as of 2002

\(^2\) Mental Welfare Commission Annual Report 2001-02/2002-03

\(^3\) Sections 24 and 25 are emergency sections lasting 72 hours

\(^4\) Section 26 is a 28 day order that can be used when an emergency section has expired

\(^5\) Section 18 is a long term order, 6 months in the first instance with the agreement of the Sheriff Court

\(^6\) Scottish Executive Implementation Team
Table B - Detentions and prediction of Tribunal numbers

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>Population size</th>
<th>% of Scottish detentions over 8 years</th>
<th>Estimated Tribunal hearings under the 2003 Act</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dundee</td>
<td>144,180 (94,670 adults)</td>
<td>3.98%</td>
<td>120</td>
</tr>
<tr>
<td>Perth and Kinross</td>
<td>135,160 (85,913 adults)</td>
<td>3.01%</td>
<td>91</td>
</tr>
<tr>
<td>Angus</td>
<td>108,130 (69,348 adults)</td>
<td>1.37%</td>
<td>42</td>
</tr>
</tbody>
</table>

Table C - Applications under Part V of Mental Health 1994 Act from 1994-2002

<table>
<thead>
<tr>
<th>Year</th>
<th>Dundee Sheriff Court</th>
<th>Arbroath Sheriff Court</th>
<th>Perth Sheriff Court</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1994</td>
<td>33</td>
<td>7</td>
<td>24</td>
<td>64</td>
</tr>
<tr>
<td>1995</td>
<td>39</td>
<td>5</td>
<td>37</td>
<td>81</td>
</tr>
<tr>
<td>1996</td>
<td>34</td>
<td>2</td>
<td>24</td>
<td>60</td>
</tr>
<tr>
<td>1997</td>
<td>34</td>
<td>28</td>
<td>37</td>
<td>99</td>
</tr>
<tr>
<td>1998</td>
<td>52</td>
<td>15</td>
<td>37</td>
<td>104</td>
</tr>
<tr>
<td>1999</td>
<td>70</td>
<td>9</td>
<td>28</td>
<td>127</td>
</tr>
<tr>
<td>2000</td>
<td>50</td>
<td>23</td>
<td>31</td>
<td>104</td>
</tr>
<tr>
<td>2001</td>
<td>37</td>
<td>17</td>
<td>33</td>
<td>87</td>
</tr>
<tr>
<td>2002</td>
<td>60</td>
<td>18</td>
<td>5</td>
<td>133</td>
</tr>
</tbody>
</table>

6. There are 53 psychiatrists in Tayside who are currently approved under Section 20\(^7\) of the 1984 Act. The number of consultant psychiatrists is shown in Table D. For a point of reference, the number of general adult psychiatrists is one more than the Royal College of Psychiatrists’ suggested figures for services that do not have adequate back-up from other specialties or community developments. Rehabilitation, substance misuse and liaison psychiatry are treated separately. This figure does not include a weighting for a rural population and consultants are worried about the possibility of having to drive to remote areas to prevent or initiate short-term detentions and therefore having to cancel routine clinics and ward rounds.

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\(^7\) Medical practitioners approved by the NHS Board as having special expertise in the diagnosis and treatment of mental disorder
Table D - Consultant psychiatrists in Tayside

<table>
<thead>
<tr>
<th>Speciality</th>
<th>Number of consultants</th>
</tr>
</thead>
<tbody>
<tr>
<td>General adult psychiatry</td>
<td>15</td>
</tr>
<tr>
<td>Old age psychiatry</td>
<td>9 + 2 vacancies</td>
</tr>
<tr>
<td>Learning disability</td>
<td>3</td>
</tr>
<tr>
<td>Child and adolescent psychiatry</td>
<td>5</td>
</tr>
<tr>
<td>Addictions</td>
<td>2</td>
</tr>
<tr>
<td>Forensic psychiatry</td>
<td>3</td>
</tr>
<tr>
<td>Psychotherapy</td>
<td>1 vacancy</td>
</tr>
</tbody>
</table>

7. Difficulties are anticipated in recruiting associate specialists and staff grade doctors to provide senior medical cover and perhaps the on-call consultant will have to cover all of Tayside for their day/night on-call. The need for redrafting consultant job descriptions is understood and there is acceptance that the impact of the new Act will have to be considered as part of the job planning exercise under the new consultant contract. It was pointed out that increasing advocacy services would be likely to further increase the consultant workload. “Advocates always want to see the consultant” - an area that needs to be assessed and audited.

8. The number of Mental Health Officers on a rota varies considerably between the councils, with Dundee having a disproportionately small number. In total in Tayside there are 51 MHOs, although only two-thirds are ‘active’ and a minority work full-time in mental health. The differential payment between the councils troubles social workers and managers alike, since all services are already strained with recruitment and retention problems and ‘drift’ by staff to other areas might occur. No figures were available for checking, but the position needs to be monitored.

9. Social workers (including MHOs) felt that they could not take on any extra burden and were already stretched with the additional work for the recent Adults With Incapacity Act.

Table E - Mental Health Officers in Tayside

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>No of MHOs</th>
<th>Practising MHOs</th>
<th>MHOs working in mental health</th>
<th>Additional payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dundee City Council</td>
<td>21</td>
<td>9</td>
<td>3 (+ 3 LD)</td>
<td>No</td>
</tr>
<tr>
<td>Perth and Kinross Council</td>
<td>12</td>
<td>10</td>
<td>4</td>
<td>Yes</td>
</tr>
<tr>
<td>Angus Council</td>
<td>16</td>
<td>16</td>
<td>5</td>
<td>No</td>
</tr>
</tbody>
</table>
**Hospital Services**

10. In 2002 the Scottish Health Advisory Service (SHAS) reported that admission beds in Tayside were under increasing pressure due to gaps in community services, although viewed the acute response team in Dundee as a model for adoption elsewhere. It said that urgent action was needed to develop community services in Perth and Kinross, but as yet no significant action has been taken.

11. Services are provided from four hospital sites and consist of:

**Five acute admission wards**

- Two wards at Murray Royal Hospital, Perth
- Two wards at Carseview Centre, Ninewells Hospital, Dundee
- Two wards at Sunnyside Royal Hospital, Angus

**Three Intensive Psychiatric Care Units (IPCUs)**

- Carseview (Ninewells Hospital)
- Murray Royal Hospital
- Sunnyside Hospital

**Five continuing care wards**

- Murray Royal Hospital (1 ward)
- Royal Dundee Liff Hospital (2 wards)
- Sunnyside Hospital (2 wards)

**Three rehabilitation wards**

- Murray Royal Hospital
- Royal Dundee Liff Hospital
- Sunnyside Hospital

**Two forensic psychiatry wards**

- Murray Royal Hospital

**Six day hospitals**

- Birnam Day Centre (forensic)
- Leonard’s Bank
- Alloway Day Services
- Sunnyside Day Unit
- Threshold

12. Some services are provided Board-wide, including TAPS (Tayside Alcohol Problems Service), Tayside Drug Problems Service and Tayside Forensic Services.
13. Tayside’s staffed adult bed numbers have continued to reduce over the last three years. There are 161 beds per 100,000 in Tayside for all psychiatric specialties, which remains the second highest number in Scotland, which has an average of 141 and a range between 101 and 205. At 68 per 100,000 adult beds Tayside is now approaching the Scottish average, 64 per 100,000. Delayed discharge does not seem to be a major issue for this group with only five delayed discharges occurring in general psychiatry in July 2003.

14. The number of older people’s beds remains the second highest in Scotland. This may be due partly to a local commitment that patients should not leave hospital for a care home unless vigorous attempts have been made to keep people at home with intensive support (not available currently). There are 38 older people whose agreed discharge has been delayed.

### Table F - Hospital bed numbers Tayside and Scotland

<table>
<thead>
<tr>
<th>Hospital Beds</th>
<th>Tayside Actual beds</th>
<th>Tayside Number per 100,000</th>
<th>Scotland Number per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>All psychiatric specialties</td>
<td>868</td>
<td>795</td>
<td>681</td>
</tr>
<tr>
<td>Adults under 65 years</td>
<td>383</td>
<td>367</td>
<td>296</td>
</tr>
<tr>
<td>Older people</td>
<td>445</td>
<td>391</td>
<td>348</td>
</tr>
<tr>
<td>Forensic services</td>
<td>26</td>
<td>26</td>
<td>26</td>
</tr>
<tr>
<td>Child Psychiatry</td>
<td>7</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Adolescent Psychiatry</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
</tbody>
</table>

15. Due to high acute adult bed occupancy rates it was said that people may often be admitted to hospital away from their home area, within Tayside itself or even further away (mainly Fife). This applies even for patients needing to be admitted to an intensive psychiatric care unit. In practice Tayside treats more people from elsewhere than it transfers out. In 2000-01 a total of 74 people who came from elsewhere in Scotland with a mental illness were discharged from psychiatric care, compared to 27 sent outwith Tayside. In the year ending March 2002 there were 75 people transferred in and 36 people sent elsewhere. Tayside has a high number of beds, but these are used to make up for lack of capacity elsewhere. The majority of out-of-area people treated in Tayside come from Grampian, which has a low number of beds.

16. The emergency readmission rate (within 28 days of discharge) might indicate people being discharged too early, or a breakdown in discharge arrangements and community supports, so leading to increased admissions and high occupancy. For adults the emergency readmission rate in 1998 was 4.46%, rising to 10.43% in 2000 before coming down again to 8.46% the next year (above the 2001 Scottish average of 7.36%). The Tayside rate over all

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8 ISD
9 SMR04 returns
10 Provided on request from ISD to compare with the Accounts Commission findings in 1998
four years is 6.86% compared to 7.27% in Scotland overall, so Tayside appears to be doing well in this regard. However, it will be important to work out why the rate fluctuated so much and to continue to monitor the figures. With current data collection it was not possible to check any correlation between readmissions and inadequate community services, or to determine how many of these readmissions were compulsory.

Table G - Hospital admissions in Tayside for adults 16 - 65¹¹

<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>First admission</td>
<td>550</td>
<td>463</td>
<td>453</td>
<td>415</td>
<td>400</td>
</tr>
<tr>
<td>Readmission within one year</td>
<td>1329</td>
<td>1330</td>
<td>1226</td>
<td>1172</td>
<td>1161</td>
</tr>
<tr>
<td>Readmission rate within 28 days</td>
<td>4.46%</td>
<td>4.57%</td>
<td>10.43%</td>
<td>8.46%</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Readmission rate = (emergency readmissions/discharges) x100

17. The closure of the small number of children’s beds has raised concerns given the overall shortage of children’s beds in Scotland. It is now recognised that child and adolescent services have to be planned on a national basis through a managed clinical network. In terms of the Act the key importance is age-appropriate services, to avoid children with mental health problems being placed in paediatric wards or adolescents admitted to adult wards. Tayside needs to resolve this problem by linking with other areas in Scotland.

18. Admission to hospital when appropriate is not the only criterion for judging the ‘reciprocity’ of services to justify compulsory treatment; there must be the full range of therapies available. Currently some inpatient facilities are unable to provide basic recreational or diversional activities to patients and staffing levels in both nursing and occupational therapy are showing growing vacancy rates. Many wards lack adequate activity rooms and quiet spaces.

Community Services

19. Sections 25 to 27 of the new Act give local authorities a clear duty to provide a full range of care and support services to ensure leisure, recreation, employment, training and housing options for people who have, or have had, significant mental health problems. This will complement the core treatment services, although increasingly care and treatment services are becoming aligned within the community.

20. Community services vary across the region. Angus has three long-established multidisciplinary teams and there are four in Dundee City. Dundee also has an acute response team and a community rehabilitation, integration and support service. Perth and Kinross lags far behind with a small fledgling team. This will make it extremely difficult to allow the option of a community-based Compulsory Treatment Order instead of admission to hospital. Appeals against the level of security that will be allowed from 2006 do not only apply to The State Hospital but to all parts of the service.

21. There are many good examples of voluntary organisations providing supported accommodation, sheltered employment and training opportunities, befriending and drop-in

¹¹ ISD provisional data from SMR04 returns
support, however users and carers require an improved level of services at all stages in their care. A far from comprehensive list of such services includes a community workshop, Fourways Project, Gateway Enterprises, Perth City Locality Day Service and Gowanlea Project Day Support. There are community mental health support posts and supported accommodation (Scottish Association for Mental Health).

22. Service carers and staff view Tayside Forensic Voices positively, and have lobbied strongly to improve forensic services in Tayside. People Like Us (PLUS) has a paid development worker taking forward the Users and Carers Action Plan, but lack of investment has reduced the potential impact. Angus Mental Health Association provides drop-in, group and individual support. The Motivators Angus Project in Kirriemuir provides support and advice to people experiencing mental health problems.

23. In March 2002 the Clinical Standards Board for Scotland noted that carers did not have access to advocacy services. Independent advocacy services are now established in each local authority areas, for service users mainly. The adequacy of current services to meet potential demand following the new Act will need to be assessed carefully.

Priorities of Users and Carers in Tayside

24. The main issues raised by users and carers were:

Users

Arbroath

• Training for staff and users in mental health awareness, appropriate treatment, person-centred planning, rights of users and partnerships in treatment and planning.
• Greater emphasis on recovery.
• Appropriate evaluation and monitoring of services to give the best evidence about what needs to develop.

Perth

• Acute beds in Murray Royal Hospital to be retained.
• A 24-hour helpline staffed by people with a background in mental health.
• Better information.
• Certainty that there are adequate outpatient and community services available before discharge from hospital.

Carers

• Locally based hospitals.
• Day services based around the community mental health team.
• Opportunities to get employment and to challenge discrimination.
• Access to services in every small centre of population.

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12 Scottish Health Advisory Services, Review of Adult & Speciality Mental Health Services in NHS Tayside 2002
Comments

25. Key issues that will challenge Tayside when implementing the new legislation are as follows:

- Perth and Kinross has minimal community services, so that community-based Compulsory Treatment Orders would not be safe and therefore not an option, denying a person’s rights under the Act.

- There are not appropriate secure facilities and services for people with learning disabilities or for women with a mental illness. Access to a medium secure unit will be necessary. The differential role and functions of IPCUs and the forensic services is not clear.

- The problem of capacity within Tayside’s workforce will challenge both health and social services and the solution of differential payments to allow market forces to work needs to be carefully monitored.

- The consultation and strategic planning about reconfiguring the service is taking up considerable senior management time and there is the possibility that insufficient time will be available for the important operational task of ensuring compliance with the Mental Health (Care and Treatment) (Scotland) Act 2003. The high numbers of out-of-area admissions will be an important issue to be addressed.

- There needs to be access to inpatient services for children and adolescents, and for mothers and babies.

- Advocacy services need to be developed.
Visiting Team

Dr Sandra Grant OBE  Project Director
Consultant Psychiatrist/Psychotherapist, NHS Greater Glasgow

Gill Urquhart  Deputy Project Director
Head Occupational Therapist, The State Hospital

Dr Tom Murphy  Associate Medical Director, NHS Lothian

Stephen McLellan  Chief Executive Renfrewshire Association for Mental Health

Dr James Strachan  Consultant Psychiatrist, NHS Lothian

Bill Clark  Head of Strategy, West Dunbartonshire Council
Dear Colleague

MENTAL HEALTH (CARE AND TREATMENT) (SCOTLAND) ACT 2003

We are writing jointly to invite the co-operation of NHS Boards and Local Authorities in planning for implementation of the Mental Health (Care and Treatment) (Scotland) Act 2003.

Ministers have now confirmed that the majority of the Act’s provisions will come into effect in April 2005. A copy of the Press Release of 19 November is enclosed. This means that we have just under 18 months to ensure that the necessary processes are in place, that staff have been trained and that the appropriate range and quality of mental health services are in place. The Department has also published an Introduction to the Act, together with the second of a planned series of newsletters on implementation. This Guide is intended to contribute to plans to put in place the processes necessary to deliver the Act’s provisions. This letter deals specifically with planning for mental health services.

Dr Sandra Grant’s Assessment

As you will recall, Ministers commissioned Dr Sandra Grant to carry out a comprehensive assessment of existing mental health provision. Dr Grant is completing an Interim Report which sets out key themes from her work together with individual locality reports for each NHS Board area. The Interim Report will be published shortly. However, we thought it would be helpful to set out next steps on implementation now.

Joint Implementation Plans

We would be grateful if you could draw on evidence about the services in your area, including Dr Grant’s assessment when it is available, to prepare a joint implementation plan. This plan should set out how NHS Boards and Local Authorities, with other partners, intend jointly to ensure that services will be ready to meet the requirements of the new Act, without detriment to the generality of mental health services. The plans should build upon and adopt the principles set out under the Joint Future initiative not least to reflect joint management and joint delivery approaches. The structure in place already for joint agency working will be of benefit in the preparation and planning of these plans.
Resources

Significant resources have already been allocated to Local Authorities to support developments necessary to implement the new Act. The Department’s letter of 16 January 2003 referred to £2m capital in each of the next two financial years and included the following table:

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Improvements in packages of care</td>
<td>0</td>
<td>2.0</td>
<td>2.0</td>
</tr>
<tr>
<td>Improved day &amp; after care</td>
<td>0</td>
<td>7.0</td>
<td>7.0</td>
</tr>
<tr>
<td>Additional MHOs</td>
<td>0</td>
<td>2.5</td>
<td>2.5</td>
</tr>
<tr>
<td>LA training for MHOs</td>
<td>0.7</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>New duties to support advocacy</td>
<td>0.5</td>
<td>1.0</td>
<td>1.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>£m</strong></td>
<td><strong>12.5</strong></td>
<td><strong>13.0</strong></td>
</tr>
</tbody>
</table>

Ministers expect that NHS Boards will need to invest additional monies in mental health services in order to ensure effective implementation of the new Act. This investment will need to be drawn primarily from planned increases in overall allocations to NHS Boards.

However, Ministers have also decided to allocate new money to NHS Boards to assist with service planning and development. This fulfils commitments in Partnership for a Better Scotland. The additional resources are:

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</thead>
<tbody>
<tr>
<td></td>
<td>£m</td>
<td></td>
<td></td>
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<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>8</td>
<td></td>
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</tr>
</tbody>
</table>

In the current year, the Executive will retain some £250,000 to support national initiatives. The remaining £750,000 will be distributed to NHS Boards on an agreed formula basis to support preparation of joint implementation plans.

Resources in future years are likely to be allocated in a similar way, but this will be informed by the joint implementation plans.

Process, Timetable and Monitoring Arrangements

We would like joint implementation plans to be developed by NHS Boards in partnership with local authorities, voluntary organisations and local user and carer representatives. The process and outcomes should reflect and build upon joint management and joint delivery approaches and follow the principles set out under the Joint Future initiative. The plans should identify priorities for developments in services and set out in clear terms the individual actions proposed which should be costed, timetabled and show agreement on agency responsibilities for delivery.

As a first step, can you please let David Bolger or Phil Harley in the Mental Health Division (0131 244 3749) know as soon as possible the name and details of the lead officer for development of the plan. The target for completion of the plans, which are also to be submitted to the Mental Health Division, is 31 March 2004.
Please also contact David or Phil if you have any queries about this letter.

Progress on the plans, and in particular additional investment in services, will be closely monitored.

Yours sincerely

TREVOR JONES
Head of Scottish Executive Health Department

DR ANDREW Goudie
(Acting) Head of Scottish Executive Finance and Central Services Department
MINISTER OUTLINES WAY FORWARD FOR IMPLEMENTATION OF MENTAL HEALTH ACT

- Chisholm announces further £15 million funding for mental health services -

Health Minister Malcolm Chisholm today confirmed the implementation dates for provisions of the Mental Health (Care and Treatment) (Scotland) Act 2003 and announced new funding of £15 million for mental health services in Scotland.

He confirmed that, following a consultation exercise earlier this year, the Act’s main provisions will become effective in April 2005. In addition, he confirmed that:

• provisions to allow service users to appoint Named Persons and to draw up Advance Statements will be introduced in October 2004;
• the right of appeal for patients detained in excessive security will be implemented in May 2006.

The Minister also announced that the additional £15 million will be made available to partner agencies, through NHS Boards, to work together to meet Partnership Agreement commitments for developing mental health services, including crisis services. This means a total of £45 million funding - £30 million has already been allocated to local authorities - to support planning and implementation of the new Act.

Mr Chisholm said:

“The Royal Assent of this groundbreaking Act represented the conclusion of one stage for renewing mental health law in Scotland and the beginning of another. The implementation of the new Act is about ensuring the benefits offered by the Act are achieved in reality. A great deal of progress has already been made both nationally and by local agencies, and we are supporting all the agencies involved to work together to achieve the goals of the Act.”
“At the heart of the success in achieving the aims of the new legislation will be the development of services and support which meet the needs of those with mental health problems in communities in Scotland in the 21st century. I am pleased to announce that £15 million of Partnership Agreement funds will be allocated to meeting the commitments for planning and delivering mental health services set out in Partnership for a Better Scotland.

“Joint Local Implementation Plans are to be prepared by April 2004 and this new, additional money will also help NHS Boards, local authorities and their partners in voluntary organisations - and of course users and carers - in the development of these. The plans will identify those priorities for the provision of services and set out the actions to be taken to ensure these are delivered. It is important these joint plans reflect and build upon the joint management and delivery approaches which follow the principles of the Joint Future initiative.”

The Executive’s guide to the Act - Introduction to the Act - and the second edition of the Reforming Mental Health Law newsletter are also published today. These provide further information on provisions of the new legislation and are intended to help all those involved in the implementation of the Act and in the planning and use of services.

The Minister added:

“The measures I have announced today run alongside other developments for mental health services already underway. For example, work is in progress to support users and carers to ensure independent advocacy is available as envisaged by the Act. Furthermore, the new National Mental Health Workforce Group is working to address issues of recruitment, retention and training for those involved in providing care and support to those with mental health problems.

“I am also pleased to say that the Mental Health and Well Being Support Group will now have an enhanced role. The Group will co-ordinate the Executive’s work on service development at national level and will provide support to NHS Boards and their partners for their local planning.”

Notes to Editors


2. Introduction to the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Newsletter ‘Reforming Mental Heath Law’ can be accessed at www.scotland.gov.uk/health/mentalhealthlaw. Paper copies can be obtained from Ryan Stewart on 0131 244 2591 or e-mail ryan.stewart@scotland.gsi.gov.uk
3. The £15 million Partnership Agreement funds will support commitments made in Partnership for a Better Scotland and will be allocated for a three year period. Partnership Agreement funds were announced on 11 September 2003.

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