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Scotland's mental health staff speak out

A UNISON Scotland survey
March 2015

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Introduction

Mental health is one of our greatest public health challenges. This report aims to give a voice to those delivering Scotland's mental health services as they cope with tightening resources and rising demand. The report is the result of work carried out by UNISON Scotland amongst our members who work delivering Scotland's mental health services; in acute wards, in the community, working for the NHS, local authorities and the third sector. It aims to give expression to the concerns they have in their working lives and for the services they provide. Staff in mental health deliver services to people who are often marginalised and stigmatised by society.

The providers of Scotland's mental health services are saying **See Us**.

Mental Health in Scotland

Mental health is a serious public health issue. The Mental Health Foundation estimates that across the UK as many as one in four adults will experience some kind of mental health problem in the course of a year. Exact prevalence is difficult to estimate outside of acute environments, not everyone will seek treatment, and tracking the level of some conditions over time is difficult as statistics do not reflect changes in recording coding information.

http://www.mentalhealth.org.uk/help-information/mental-health-statistics/

Equally, changes in treatment strategies can make comparisons over time difficult (eg the number of admissions to acute care has been dropping fairly consistently since 2000, but this an indicator more of policy direction for treatment in the community avoiding hospital admission rather than a lack of demand for intervention and treatment).

Amidst the plethora of data relating to mental health gathered by the government's Information Services Division (ISD), one statistic will perhaps serve to show the scale of mental health issues. In Scotland a total of 83,687 patients received drug treatment for psychoses and related disorders in 2013/14. This is an increase of 4% compared to 2012/13 (80,479 patients) and an increase of 14.9% since 2009/10 (72,811 patients).

http://www.isdscotland.org/Health-Topics/Mental-Health/Related-Publications/

The Scottish Public Health Observatory published a comprehensive review of Adult Mental Health in 2012. It said that the overall picture over the last decade had been "broadly stable, with a promising level of positive change and only a small, but important, number of negative trends".

http://www.scotpho.org.uk/downloads/scotphoreports/scotpho121019_mhadults2012_fullreport.pdf

As our survey has found, maintaining that stability is becoming increasingly difficult as staff deal with often shrinking resources and look to an uncertain future.

Working in mental health now: cuts, cuts, cuts

Whilst some areas of mental health provision have seen increases in staffing or funding, many have not. The nominal increase in local government spending on adult mental health services between 2009/10-13/14 from £150m to £156m for example is in fact a significant real terms cut. In other areas actual increases in staff may not have corresponded to increased demand. In many cases, actual increases however welcome in no way reflect either need or demand. The 100% increase recorded by ISD in CBT clinical nurse specialists looks a little less impressive when it is realised that this represents the actual number employed going from 4 to 8. http://tinyurl.com/omocqpn

Perception on the ground is unequivocal that resources are getting tighter. 76% of staff surveyed reported cutbacks in their workplace in the last three years. Staff working for charities/third sector report sharp funding cuts and consequent redundancies. Staff in local government and the NHS point to cuts in staffing being carried out via non replacement of staff who leave and there are reports of a failure to adequately cover maternity leave. Nursing staff in particular point to a trend whereby staff leave and are then replaced by staff employed on a lower grade - but with no corresponding reduction in duties or responsibilities. Cutbacks on training and opportunities for Continuous Professional Development (CPD) are also widely reported.

What the staff say

Staff are leaving and not being replaced, or if replaced position downgraded - Community Mental Health Nurse

We got regrading when a post became vacant, staff hours whilst on secondment not fully covered difficulty recruiting and retaining staff to the area - Community Psychiatric Nurse

There is a freeze on vacant posts for both nursing and social care. Posts that require to be filled are then advertised at a lower grade ie band 6s being replaced by band 5s etc - Senior Addiction Nurse

No wage increases for 3 years. Standstill funding each year - cut in real terms - Senior Mental Health Support Worker

Reduction in staff levels, budget for packages of care for clients. Criteria needs only being taken into consideration. Mileage not in line with cost of living. Limited mileage to visit clients - Community Care Assessor Mental Health Team

We have had 1x senior charge nurse post cut plus 1x Band 5 Community Mental Health Nurse post cut - Occupational Therapist

Staff not being replaced and vacant posts on hold - Post Diagnostic Dementia Practitioner

Working in mental health now: impact on workloads

Along with the cuts, people are experiencing an increased workload.

The vast majority - some 84% - of the respondents to our survey said that their workload had increased in recent years.

Much of this is put down to a combination of fewer staff or increasing demand or both.

Many staff report that stress is a constant feature of their working life. One element of this stress is frustration at being able to spend less time with each patient. That staff are putting more effort in, but being less effective than previously is an irony that they are all too painfully aware of.

One feature of the increased workload - and lack of direct contact with patients - is a perceived increase in paperwork and reporting for statistical purposes. This results in many staff feeling they are either spending “too much time in front of the computer” or struggling at the end of a shift to ensure that the requisite admin has been done.

The rolling out of self directed support is flagged by a number of respondents as putting burdens on staff as many mental health patients struggle to either cope with or understand the process.

A more mundane, but nonetheless real, source of extra bureaucracy is that some areas have cut back on admin staff. The work these staff did for ‘client facing professionals’ has not of course gone away - staff just have to do it themselves, often more slowly.

What the staff say

(We) are subjected to regular staff shortages and high stress - Community Psychiatric Nurse

Off with work related stress for three months last year due to trying to do three people's jobs to statutory deadlines and not succeeding - Mental Health Officer

It has made the job even more stressful - Nursing Assistant

Increased stress levels as just don't have enough time to meet all deadlines. Also spending ore and more time on non patient related activities - Deputy Charge Nurse

There is an increase in the paperwork for statistical purposes. Physical and verbal violence has increased which increases my time spent filling in datix forms - Registered Mental Nurse

Higher caseloads with fewer staff leads to higher stress and people being incompletely treated reducing job satisfaction and increasing frustration - Occupational Therapist

We have unrealistic waiting time targets and difficulty maintaining standards of clinical recording without admin support. Increased demand to provide evidence of clinical activity without admin systems or support. Difficulty supporting staff who experience same pressures. Reduced quality and frequency of clinical support and supervision. Increase in personal stress and increase in (unpaid) work. Expectation that increasingly complex cases are seen by less experienced staff - Lead Occupational Therapist

Expected to complete more statutory duties as well as other tasks due to there being fewer / less support and practitioner staff available - Mental Health Officer

Stress, increased sickness rates, working extra unpaid hours, lack of time for CPD/training/supervision - Psychological Therapist.

Working in mental health now: impact on patients

There are observable signs that the system is under a degree of pressure. Figures from ISD show that 22% of patients are waiting more than the 18 week target.

http://www.isdscotland.org/Health-Topics/Waiting-Times/Publications/2014-11-25/2014-11-25-WT-PsychTherapies-Report.pdf?89139956236

The Mental Welfare Commission has commented on a lack of social circumstance reports (SCR) being provided for in the event of an emergency detention of a patient saying that “We are concerned that the lack of provision of SCRs shows that MHO services indicate that are struggling to cope with the duties imposed by mental health, incapacity and adult protection legislation”. They also note that most health boards are struggling to meet the Scottish government commitment to avoid the admission of children with mental health issues to non specialist wards.

http://www.mwcscot.org.uk/publications/statistical-monitoring-reports/

The difficulties reported by the staff are of course reflected in the quality of the services that they are delivering.

The most frequently voiced complaint by the staff is that their clients and patients are being denied the service they are entitled to and that staff want to deliver. This manifests itself through a straightforward lack of contact, or sometimes by patients having to make do with group therapy even though it is believed individual therapy would be more effective.

Some staff report that what used to be thought of as crisis management is now considered normal. There are reports from a number of areas that they are able to do less work on a sustained longer term basis because they are diverted to dealing with patients who present with acute needs. Others report being compelled to drop observation levels because of a lack of staff.

What the staff say

There are no consistent referral criteria regarding referrals to community mental health teams in my health board. Patients with severe and enduring mental illness are being neglected in favour of keeping statistics high by seeing the "worried well" - Community Psychiatric Nurse

General lack of appropriate resources including suitable accommodation - Mental Health Officer

Less resources to provide support services for clients in order for them to leave hospital and live in the community - Mental Health Officer

Not enough young person centred services. Not enough accessible therapeutic services. Few or no short term therapeutic services. I've seen MPs in England speaking about reducing waiting times but in many parts of Scotland there are no services to wait for! - Young Persons Mental Health Social Worker

Not enough staff to provide patients with quality 1:1 input. Wards look worn and dreary. Not replaced activities nurse in Adolescent Mental Health unit which was a well used and beneficial service. – Deputy Charge Nurse

There are no young person specific therapeutic services within the adult mental health services. There is no counselling service for adults, other services such as psychotherapy and psychology have waiting lists and strict criteria, which will often mean young people do not meet the criteria. The transient nature of the client group does not bode well with long waiting lists. Many voluntary organisations who worked alongside us are no longer in existence due to lack of funding - Social Worker

The future of mental health services

Staff are concerned about the future. As well as worries about future funding and the impact this will have, there are two very specific concerns in the form of the forthcoming Mental Health Act, and the integration of health and social care.

Health and social care integration

The prospect of the integration is a concern for many staff - and 70% of our respondents believe they will be involved in some way. Some of these concerns are ones which it might be reasonable to expect in the face of a large scale reorganisation namely a degree of uncertainty and trepidation about what may be involved.

It does seem the case that in many areas these are being added to by poor communication. Staff in some areas are simply not being kept abreast of what is happening. The irony of information sessions being arranged, to which they are not allowed to go because staff numbers aren't sufficient is not lost on people. Others report not knowing who their line manager is going to be.

Although concerns won't be addressed without more information and cooperation this in itself may not be enough to ensure a smooth transition. Worries are expressed both by those whose background is social care and those from a health care background that their approaches are not sufficiently acknowledged by the other.

Whilst on the ground relationships are usually described as good or working well, confidence in management tends to be low. Several health staff flag up that the NHS has partnership working - but they will soon have managers with no experience of this way of working.

Overarching all these concerns is that the desire to create a more effective service will son be superceded by a drive to create a cheaper service. Confidence in either the motivations or competency of senior management is, putting it kindly, not high.

What the staff say

Although health and social care integration is a great thing on paper, in reality the freeze on social care posts means that there can be an expectation that nurses will cover the work instead! This results in blurring of roles and resentment when asked to carry out tasks by social care managers that are clearly not nursing roles. Unfortunately this can then be seen by management that you're being awkward and obstructive (and compromising patient care!). In my experience this causes great resentment on the part of nursing staff and a decrease in job satisfaction - Staff Nurse

This is closely tied up with the building of a new hospital in my area, the new hospital will be smaller, whether the community services which are supposed provide an alternative are up to the job remains to be seen - Mental Health Officer

We have not as yet been informed of the potential consequences. The lack of information from management is causing considerable stress - Social Worker

There has been a huge lack of communication regarding how this might look for front line services in our area. Ailing and overwhelmed social work departments trying to be integrated into therapeutic teams with two very different models of working. With the best will in the world people in both camps are swamped and busy and it's never going to work the way it's been set up. There is a total lack of care and understanding for senior management in both camps which is inevitably frustrating for front line staff - Applied Psychologist

More paperwork expected. Less time with patients - Community Psychiatric Nurse

Constant changes and uncertainties about what is going to happen and how it will work - Social Worker (MHO)

The future of mental health services

Mental Health Bill

The Scottish Parliament is currently considering the Mental Health (Scotland) Bill.

http://www.scottish.parliament.uk/parliamentarybusiness/81786.aspx

One of the aims of the bill is "to provide a better system for the review of conditions of security to which patients are subject". This will involve a significant increase in the workload of Mental Health Officers. Their response is a bewildered "How do we get time to do that?"

The final detail of the legislation is not yet clear. But what can be said is that if this new bill is to be a success, then ensuring the funding to local government and health boards to make it so should be every bit as much a priority as passing the legislation.

Conclusion - See us

The frustration felt by the staff surveyed for this report is palpable.

Time and again, in differing ways they make the same point. Had they had more time to spend with patients in the first place therapies would be more effective, and patients more resilient - and this would both help reduce future demand and give staff the satisfaction of knowing that they had used their skills as effectively as possible.

This is not only an issue of proper resourcing - but it is an issue that can not be resolved without proper resourcing.

All that mental health staff are asking for is to be allowed to do their jobs properly. Unless and until they do we as a society will never tackle the massive public health issue that is mental health. Those who deliver mental health services are the best placed people to advise and instruct us on the future development of those services.

They deserve to be noticed - and seen.

WORTH*it*

Valuing public services and the people who provide them

For more information on UNISON's Worth It campaign
www.unison-scotland.org.uk/worthit

For further information contact
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