



**The Scottish Association for Mental Health
(SAMH)**

UPR Submission

**UK
Session: 2012**

1. SAMH

1.1 SAMH is a mental health charity which provides an independent voice on all matters of relevance to people with mental health and related problems and delivers direct support to 3000 people through 84 services across Scotland. SAMH provides direct line-management to *respectme* (Scotland's anti-bullying service) and 'see me' (Scotland's anti-stigma campaign).

1.2 Respect Protect Fulfil is SAMH's campaign to encourage recognition that human rights underpin our society and our lives. The campaign seeks to improve recognition of the links between mental health and human rights, publicise the human rights of people with mental health problems, and secure human rights protection for individuals and their families.

2. NATIONAL FRAMEWORK

2.1 The Scottish Government is the devolved government for Scotland. It develops and implements policy, and is accountable to the Scottish Parliament. It is responsible for many issues, including health, education, and justice. Local authorities and the wider public sector in Scotland are expected to work towards achieving national outcomes set by the Scottish Government. The central UK Government remains responsible for national policy on all matters that have not been devolved to Scotland, including foreign affairs, defence, social security, and trade.

3. SUMMARY

3.1 Since the Scottish Parliament was established, there has been good progress on mental health. Suicide rates have fallen, as have re-admission rates to psychiatric hospitals, and there is less stigma about mental health problems. New targets have been developed to improve access to psychological therapies and children and young people's mental health services. The Scottish Government has also announced that it is to develop a new Mental Health Strategy for Scotland, which, for the next four years, will help shape the way Scotland approaches mental health.

3.2 However, mental health is still largely seen as an issue solely for the National Health Service (NHS). Outside the health care context, the stigma and misconceptions associated with mental health problems mean that many people experiencing them are marginalised and ostracised from society. They can be excluded from community life and discriminated against in the fields of employment, education, welfare and justice. As a consequence, many people with mental health problems are living in poverty¹ which in turn, affects their ability to gain access to appropriate care, integrate into society and recover.

3.3 We have structured our response to focus on those areas where we believe more could be done to realise the rights of people who experience mental health problems, and to ensure that everyone can enjoy the highest attainable standard of physical and mental health. Many of the issues we raise are relevant to a broad cross-section of the UK's human rights obligations and commitments, including those set out in the United Nations

¹ Office for National Statistics, *The Social and Economic Circumstances of Adults with Mental Disorders 2002*
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Charter, the Universal Declaration of Human Rights, and the range of Human Rights Conventions to which the UK is a party.

4. SPECIFIC COMMENTS

- **Implementation of ICESCR: Article 12 - The right to the highest attainable standard of physical and mental health**

4.1 In 2009, SAMH assisted the UN Committee on Economic, Social and Cultural Rights to monitor implementation of the ICESCR in the UK. The Concluding Observations² recommended action in a number of areas, including: *'immediate steps to address, as a matter of priority, the poor health conditions for persons with mental disabilities, as well as the regressive measures taken in funding mental health services.'*

4.2 SAMH has seen no formal response by the **Scottish Government** to implement this recommendation. Publicly funded services for people who have a mental health problem remain extremely vulnerable in the current economic climate; with many experiencing both cost cutting and closure as local authorities attempt to balance priorities in financially challenging times. Furthermore, SAMH does not believe that the human rights of the people who use these services are always the paramount consideration of local authorities.

4.3 All public authorities in Scotland must be reminded of their ICESCR obligations to invest the maximum amount of their available resources to enable individuals to progressively realise the highest attainable standard of mental health, as well as their obligation to fulfil³ when making regressive decisions such as cutting funding for mental health services despite the evidenced need.

4.4 The Scottish Government, local authorities and the public sector all need to adopt a human rights framework for mental health policies and services to ensure that effective treatment, prevention and promotion programmes are available to people when and where they need them. However, research commissioned by SAMH has identified an absence of evidence that human rights have been used as an ethos and as a way of working to improve the delivery of public services in Scotland.⁴

- **ICESCR: The Right to Work**

4.5 People with mental health problems want to work, but 79% of people with long-lasting mental health problems are currently unemployed⁵. The low rates of employment for people with mental health problems could be the result of a number of factors, including a combination of stigma and discrimination, low expectations, and a lack of appropriate supports.

² Concluding Observations of the Committee on Economic, Social and Cultural Rights, Forty-second session 4 - 22 May 2009

³ The obligation to fulfil means that States must take positive action to facilitate the enjoyment of basic human rights

⁴ Delivering Human Rights in Scotland, SAMH, SWA, SRC and AI, February 2011 & Public Authorities and the Human Rights Act, Scottish Executive Central Research Unit, 2001.

⁵ [Scottish Government, Disability and Employment in Scotland: review of evidence base, 2005](#)

4.6 The **Scottish Government** must encourage employers to recognise and fulfill their responsibilities. Fewer than four in ten employers would consider employing someone with a history of mental health problems, compared to more than six in ten for candidates with physical disability⁶. Initiatives to address misunderstandings about mental health among employers and employees should be supported. This could include improving the range of support and advice available to employers, and encouraging awareness training for staff to increase knowledge and understanding of mental health.

- **Convention on the Rights of Persons with Disabilities**
Article 28 - Adequate standard of living and social protection

4.7 At the root of many mental health problems lies poverty and deprivation, and people from the most deprived areas have the highest proportion of mental health problems⁷. The UK Government has announced a radical welfare reform programme intended to target support for disabled people at those with the greatest need. The UK Government has also announced a concurrent objective to achieve an overall reduction in the Disability Living Allowance (DLA) budget of 20%, which has formed the basis of DLA reform.

4.8 SAMH believes that this reform should be based on supporting disabled people to lead fulfilling lives and not primarily concerned with reducing costs. Furthermore, as DLA becomes targeted on those with the ‘greatest needs’ it is likely that some disabled people, who still need support, will receive reduced support. People with mental health problems, particularly those with long-term problems, are among the most socially excluded groups of people. The **UK Government** must reconsider its welfare reform programme to ensure that disabled people are not further disadvantaged and pushed into poverty by the effects of welfare reform.

- **Convention on the Rights of Persons with Disabilities**
Article 6: Women with disabilities

4.9 Scotland has one of the fastest-growing female prisoner populations in Europe and in the past decade, it has more than doubled.⁸ A report on Cornton Vale (Scotland’s woman only prison) concluded that 98% of the inmates had drug addiction problems and 80% had mental health problems.⁹ The same report also highlighted that the conditions remand prisoners face could be very threatening for women who may have addiction or mental health problems.

4.10 SAMH is particularly concerned that women with mental health problems are disproportionately found within the criminal justice system as community services are failing to address their needs. One study has found that some Scottish women face such huge problems that they regard a jail term as "a refuge"; some choosing jail to escape abusive partners, others using a prison term to try to stabilise debt problems or drug

⁶ C Manning and PD White, *Psychiatric Bulletin*, 19 (1995).

⁷ Taulbut, M., Parkinson, J., Catto, S. and Gordon, D. *Scotland’s Mental Health and its Context: Adults 2009*. Glasgow: NHS Health Scotland, 2009.

⁸ EU Report, *Female drug users in prison and after release: A five-country follow-up study in Europe on relapse prevention*, 2007

⁹ HM Inspectorate of Prisons, HMP & YOI Cornton Vale 19-20 March, 2007

addiction.¹⁰ The **Scottish Government** should urgently review the range and quality of mental health services which are available to women before, during and after custody.

- **Convention on the Rights of Persons with Disabilities**
Article 7: Children with disabilities

4.11 SAMH does not believe that children accessing mental health services always get services that are appropriate to their needs. Legally, NHS boards are obliged to provide appropriate accommodation and care for those under 18, but the Mental Welfare Commission for Scotland (MWC) has raised concerns that this is still not happening in some areas.¹¹ The MWC has also recently reported that the likelihood of a young person being treated in a specialist unit varies, depending on the person's age and where they live.¹² The **Scottish Government** should ensure appropriate mental health services are available to children and young people across Scotland.

- **The Right to life**

4.12 In Scotland, suicide is one of the leading causes of death among young people,¹³ and research shows that the suicide risk is raised for people experiencing virtually all mental health problems.¹⁴ Encouragingly, the suicide rate in Scotland has reduced by 14% between 2000-02 and 2009-10.¹⁵ However, there were 781 suicides in Scotland in 2010, which is an increase on the 2009 figure; equating to an age-sex-standardised rate of 14.7 per 100,000 population.¹⁶ There is still much more to do to reduce suicide, to prevent both the loss of life and the devastation it causes to families and friends.

4.13 Local Authorities in Scotland have committed to reducing suicide rates in Scotland by 20% by 2013, in line with the targets laid out in National Outcomes. This work is primarily carried out using funding from the Choose Life programme, to provide suicide prevention training and awareness raising. This funding and these targets should be maintained but there is currently no requirement on Local Authorities to spend Choose Life funding on suicide prevention activities. SAMH is concerned that, particularly in the context of widespread cuts to public spending, Local Authorities may be under pressure to divert these funds to other areas.

- **Convention on the Rights of Persons with Disabilities**
Article 16: Freedom from exploitation, violence and abuse

4.14 SAMH greatly welcomed a recent strengthening of Scottish law to help protect disabled people from hate crime. People with mental health problems are 11 times more

¹⁰ Female drug users in prison and after release: A five-country follow-up study in Europe on relapse prevention, EU Report, 2007

¹¹ Our Annual Report, The Mental Welfare Commission for Scotland, 2007-2008

¹² Our Annual Report, The Mental Welfare Commission for Scotland, 2009-2010

¹³ Information Services Division, [Suicide Statistics 2010](#), 05/08/2011

¹⁴ Harris, C, and Barraclough, B, (1997), "Suicide as an Outcome for Mental Disorders", British Journal of Psychiatry, 170, 205-28

¹⁵ Information Services Division, [Suicide Statistics 2010](#), 05/08/2011

¹⁶ Information Services Division, [Suicide Statistics 2010](#), 05/08/2011

likely to be victimised than society as a whole¹⁷. Recent survey research¹⁸ uncovered that 71 per cent of respondents with mental health problems had been the victim of a crime in the last two years and felt this to be related to their mental health history.

4.15 Although disability related hate crime is now recognised in legislation, there remains a deep lack of awareness about hate crime committed against people with mental health problems. More needs to be done by the **Scottish Government** to prevent hate crime occurring and to ensure that people are able to access support and justice when it does. SAMH would also like to see guidance issued to sentencers about the new hate crime legislation, as well as regular reviews to monitor the implementation and impact of the Offences (Aggravation by Prejudice) (Scotland) Act 2009.

4.16 Time and again, people with mental health problems tell us that stigma and ignorance about mental health problems is rife. Stigma can range from being ignored and excluded to verbal and physical harassment and abuse. Whilst stigma is reducing in Scotland, there is still not enough public understanding about the difficulties facing people with mental health problems. The **Scottish Government** must continue to fund anti-stigma work if it is to achieve real and lasting progress in this regard.

5 Conclusion

5.1 There is an absence of action plans to implement human rights in Scotland which makes the process of monitoring, evaluation and accountability very difficult. However, SAMH believes that much more remains to be done to ensure that people who experience mental ill-health are fully able to access their human rights. This includes taking action to ensure that people with mental problems have equal opportunities to work, access safe and effective health services, move out of poverty, and live their lives free from violence and abuse.

5.2 In this submission, we have highlighted the areas and actions which we believe should be a priority for the Scottish and UK Governments. SAMH would urge the Human Rights Council to make these recommendations to the relevant governments in order to progress human rights and mental health and wellbeing for all.

17 People with mental illness more often crime victims. *Psychiatric news*, Volume 40, No. 17, pp16, Levin 2005

18 Another assault, *Mind*, 2007