



Consultation on a new mental health strategy for Scotland 2011-15

Response from Alcohol Focus Scotland, the national charity working to reduce the harm caused by alcohol.

Improving mental health and wellbeing by reducing alcohol misuse

1. A new strategy for Scotland's mental health must acknowledge the complex relationship between alcohol misuse and mental health problems.

Scottish Government statistics show that up to 1 in 2 patients with an alcohol problem may also have a mental health problem. In 2008/09 there were 4,177 alcohol-related discharges from psychiatric hospitals in Scotland, with the rate of alcohol-related discharges 9 times higher for patients living in the most deprived areas of the country¹.

Alcohol Focus Scotland welcomes the whole population approach adopted by the Scottish Government in 'Changing Scotland's relationship with alcohol: A framework for Action'. Policy measures aimed at reducing overall consumption, such as minimum unit pricing and further restrictions on licensing, will reduce health and social harm and consequently have a positive impact on mental health and wellbeing.

In 2003 the *Mind the Gaps* report considered the complexity of the relationship between alcohol misuse and mental health problems and what policy and practice measures were required to best meet the needs of people for whom these issues co-occurred. Although this report was well received a subsequent report in 2007, *Closing the Gaps* recognised that there was little evidence that the recommendations made were being implemented.² A further set of six recommendations were made in *Closing the Gap* offering practical advice on action needed to move the joint agenda forward and support joined-up local service delivery.

2. Self-harm and suicide is much more common in people who drink excessively. As many as 65% of suicides have been linked to heavy drinking and almost a third of suicides among young people occur when the person has been drinking.

The Scottish Government has successfully reduced suicide rates since introducing its Choose Life strategy. The strategy should continue suicide prevention work beyond the end of Choose Life in 2013, and in particular provide suicide intervention training outwith the NHS, as most people who complete suicide are not known to the mental health system³.

¹ Alcohol Statistics Scotland 2011; ISD, NHS Scotland, 2010

² Scottish Government, Mental health in Scotland Closing The Gaps - making a difference 2007

³ National Confidential Inquiry into Suicide and Homicide by People with a Mental Health Problem, Lessons for mental health care in Scotland, 2008

3. The double stigma of mental illness and alcohol problems can prevent people seeking help and support at an early stage. Further work to raise awareness and tackle stigma through the 'See Me' campaign should form part of the new mental health strategy.

There needs to be continuous improvements in joint working between alcohol/addiction services, mental health services and wider community support services. Services also need to identify where other family members may be negatively affected by the alcohol/mental health problems of a service user and make appropriate referrals.

Recovery rates are improved by early identification of certain conditions, including Alcohol Related Brain Damage (ARBD), so effective action to reduce rates of alcohol dependence and effective interventions to help behaviour change in alcohol dependent individuals is imperative. It has now been established that recovery of memory and other cognitive function in ARBD occurs more frequently than was previously thought⁴.

4. The Scottish Prisons Commission has found that around one in nine young men from the most deprived communities in Scotland will spend time in prison before they are 23, highlighting substance misuse and mental health problems as contributory factors⁵. As the NHS is now responsible for healthcare within prisons, a strategy for Scotland's mental health should take the opportunity to improve mental healthcare in prisons and young offenders' institutions.

5. The new strategy must recognise the impact of living with a problem drinker on the mental health of children, young people and other family members.

The negative impact on children's mental health and wellbeing can include feelings of anxiety, confusion, stress and anger about the parent's drinking and what might happen to them and their family. Children affected by other people's drinking can have difficulties making friends at school, and can experience bullying because their family is different.⁶

Children and young people need to be able to share their worries with a trusted adult and informal opportunities to talk are just as important as more formal support services. There needs to be clear guidance for practitioners, such as those working in universal services like education, on identifying and addressing the issue of harmful parental drinking and judging how and when to make appropriate interventions.

Services must work together more effectively to share knowledge and identify children at risk. Early coordination and integration of responses by all services involved with children where alcohol misuse is an issue is critical. Building resilience and coping mechanisms in children and young people affected by alcohol can have a lasting positive effect on their emotional wellbeing.

⁴ Mental Health in Scotland – closing the gaps Op. cit.

⁵ Scottish Prisons Commission: Scotland's Choice, 2008

⁶ Untold Damage: Children's accounts of living with harmful parental drinking, SHAAP and ChildLine in Scotland, 2009.

Summary of action:

- A new strategy for Scotland's mental health must make clear links between alcohol policy and wider mental health policy, implementing existing strategies and focusing particularly on people from deprived backgrounds.
- *Closing The Gaps: Making A Difference Report* in 2007 provides an excellent foundation with six recommendations offering practical measures and advice on what action needs to be taken to move the joint agenda forward and support joined up local delivery. Revisit and review these recommendations to assess the level to which they have been implemented and to ensure their on-going fit with current best practice and service delivery structures.
<http://www.scotland.gov.uk/Resource/Doc/206410/0054849.pdf>
- Continue to build on Choose Life strategy by providing suicide intervention training outwith the NHS, as most people who complete suicide are not known to the mental health system.
- There needs to be continuous improvements in collaborative working between alcohol/addiction services, mental health services and wider community support services to improve outcomes for service users and their families.
- For the mental well being of children and young people, there needs to be clear guidance for practitioners, such as those working in universal services like education, on approaching the issue of harmful parental drinking and judging how and when to make appropriate interventions.

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