

PE1651/N

Scottish Government submission of 4 August 2017

The Scottish Government has worked to reduce the stigma faced by people with mental health problems. As this stigma declines we would expect more patients to seek help from their GPs for problems such as depression. People with mental illness should expect the same standard of care as people with physical illness and should receive medication if they need it. We are also committed to improving access to alternatives, such as psychological therapies, that increase choice and best accommodate patient preference.

We have seen more people being prescribed antidepressants as a result of reduction in stigma attached to mental health, and better diagnosis and treatment of depression by GPs, and reflects the sustained rise in demand for mental health services across Scotland. The total number of antidepressant prescription items dispensed increased by 5.0% between 2014/15 and 2015/16 (from 5.8 to 6.1 million items). This has increased fairly consistently over the last ten years, rising by 72.4% overall (from 3.5 million items in 2005/06). Based on five-year rolling averages, the suicide rate decreased: between 2001-05 and 2011-15, there has been a downward trend in suicide rates, with an overall decrease of 18%. Dispensing of antipsychotics, antidepressants, drugs for ADHD and drugs for dementia has been steadily increasing over the past ten years. Dispensing of hypnotics and anxiolytics has remained stable in the past ten years although there was a small decrease (1.6%) in 2015-16, the most recent year for which data is published.

The responses posted online to the petition also highlight the issue of appropriate prescribing. In terms of guidance for prescribing of mental health drugs within Scotland the Scottish Intercollegiate Guidelines Network (SIGN) provides evidence based clinical practice guidelines for the National Health Service (NHS) in Scotland. SIGN guidelines are derived from a systematic review of the scientific literature and are designed to bring new knowledge into action to meet our aim of reducing variations in practice, and improving patient-important outcomes. These guidelines are produced in collaboration with patients, carers and members of the public. While pharmacological interventions for children and adults may be recommended by the guidelines as effective interventions in some circumstances, prescribing decisions in individual cases are always the responsibility of practitioners, in consultation with loved ones and other professionals involved in an individual's care. All GPs prescribing is monitored and discussed individually through annual appraisal. Audit of prescribing in mental health commonly occurs involving Health Board pharmacy departments.

We would recommend that if a patient is having problems with their prescribed medication they should in the first instance go to the prescriber, or their GP for help. Problematic medication withdrawals are best managed by routine, day time services that provide continuity of advice and contact. Emergency advice is unlikely to be necessary but is available from standard out of hours and NHS 24 services. Primary care and specialist mental health services already exist with expert substance misuse advice and support if needed. In addition health services and prescribers are very aware now of the problems associated with long term benzodiazepine use and medical student teaching now emphasises that benzodiazepines have an important

place in treatment but should not be overused or continued indefinitely and decisions to use them should always involve the patient so that they understand both the potential benefits and risks in making a decision to take them.

In terms of alternatives to medication SIGN 114 provides assessment of, and presents the evidence base for, the efficacy of non-pharmaceutical therapies, encompassing psychological therapies, structured exercise and lifestyle interventions, and a range of alternative and complementary treatments in the management of depression. And can be viewed at: <http://www.sign.ac.uk/assets/sign114.pdf>. Depression Alliance Scotland proposed the development of this guideline based on feedback from service users who were seeking information about interventions other than prescribed antidepressants. The Scottish Government also supports the services provided by Breathing Space and NHS Living Life to people experiencing depression and anxiety, and is a key element of wider work across Scotland to intervene early and prevent problems from becoming worse. This will be making a big difference to people and aligns well with our policy on improving prevention and intervening early. The Scottish Government earlier published "*Key information on the use of antidepressants in Scotland*" this is available at: <http://www.gov.scot/Resource/0045/00456540.pdf> .

In closing you may also wish to be aware that in March of this year we published a new 10 year strategy to transform mental health services in Scotland. Our guiding ambition for mental health is simple but, if realised, will change and save lives - that we must prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems. We want to create a Scotland where all stigma and discrimination related to mental health is challenged, and our collective understanding of how to prevent and treat mental health problems is increased. We want to see a nation where mental healthcare is person-centred and recognises the life-changing benefits of fast, effective treatment.