

Submitted to Equality and Human Rights Mainstreaming Strategy
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Proposed vision and objectives

1 Do you agree with the vision?

Yes

Please explain your answer or provide further information :

The vision of the strategy is commendable and aligns with the ambition of the Royal College of Psychiatrists in Scotland in making Scotland a global leader in equality and human rights. It reflects the need for systemic and cultural change to tackle inequalities. However, a better Scotland will not be achieved solely through policy statements and the articulation of a vision – no matter how commendable. Real progress must be measurable and demonstrable, such as reducing suicide rates, lowering drug-related and alcohol-related deaths, and decreasing child poverty. These measurable outcomes would provide tangible evidence of success and improvement, rather than focusing solely on aspirations.

While the vision is laudable, it risks being a theoretical exercise without clear mechanisms to translate aspirations into action. We have concerns around delivery of these visions into practice. Metrics tied to specific societal improvements, such as – in our area of interest - equitable access to psychiatric services, would significantly enhance its impact. These additions would make the vision more grounded and actionable.

The Scottish Human Rights Commission carried out a comprehensive review of the realisation of human rights in Scotland which highlights a number of initiatives around equality and human rights which already exist but have not been implemented or achieved. We would encourage reviewing and meeting these existing initiatives as a starting point, before developing any new frameworks. It is essential that we focus on tangible outcomes of improved realisation of equality and rights.

People with severe and enduring mental illness die on average 15–20 years earlier than those in the general population. Throughout our response, RCPsychiS wish to focus on inequalities within mental health, primarily in terms of inequity and deprivation in the most severely ill patient groups, and secondarily in terms of the disproportionate cuts and under resourcing experienced by the mental health workforce in comparison with physical health services.

2 Do you agree with the objectives?

Yes

Please explain your answer or provide further information :

The objectives align with the need for systemic change. We agree with the sentiment to address barriers, improve policy decision-making, and promote transparency, all of which are crucial to embedding equality and human rights into public life. However, while these objectives are strong, their success relies on practical implementation. For example, removing systemic barriers and embedding transparency requires measurable commitments, particularly in under-resourced areas like mental health. Additionally, the strategy should ensure alignment between objectives and lived realities, focusing on improving outcomes for marginalised groups – such as those with mental illness or intellectual disability.

The strategy fails to recognise and address the significant barriers to equality and realisation of rights that such marginalised groups often experience. Consideration must be given to what vulnerable groups (such as those with mental illness or intellectual disability) may require to realise their rights: for example, advocacy support. In order to truly provide equality and equity, this must be addressed.

The strategy also does not address the concept of competing rights, and how this should be managed and approached. For example, in clinical practice, situations can occur which require clinical decision-making between competing rights: e.g. when someone is detained under the Mental Health (Care and Treatment) (Scotland) Act 2003, there is a balance made between the right to liberty versus the right to life. This nuanced issue must be given consideration and clear direction in the strategy.

Strengthening leadership

3 Do you agree that strengthening leadership is a key driver for mainstreaming equality and human rights?

Yes

Please give reasons for your answer or provide more information.:

Leadership is indeed critical to mainstreaming equality and human rights.

The strategy's focus on leadership is well-articulated, but its success depends on providing leaders with the tools, resources, and accountability mechanisms necessary for action. Leadership must balance competing priorities while promoting equity and addressing systemic barriers.

Overarching comment on all of the drivers: The ability for effective leadership to occur, and the enactment of the strategy as a whole, is underpinned by the need for sufficient, and successfully targeted funding and resourcing – which must be equitably directed in itself. Our members have provided the

feedback that one of the biggest barriers to enacting the vision, objectives, and drivers as outlined in the strategy is the resource-constrained and understaffed environment that they find themselves working within. These constraints are amongst the biggest perceived barriers to ensuring that patients realise their rights to the fullest potential.

Mental health remains to be a majorly under-resourced area of the frontline NHS spend, despite an exponential rise in demand for mental health services. Mental health services in Scotland are under unprecedented pressure, with demand vastly surpassing resourcing. The 2022 Scottish Census found that the number of people reporting a mental health condition in Scotland has more than doubled since 2011, rising from 4.4% to 11.3% of the population. This upsurge was the largest increase across all health condition types in the Census. Young people are particularly affected, with reports of mental health conditions among respondents aged 16-24 increasing sixfold between 2011 and 2022. Adequate funding is critical in addressing this rising demand, alongside tackling workforce shortages and ensuring timely, equitable access to high quality treatment and care.

The Royal College of Psychiatrists in Scotland is calling for increased funding to address Scotland's national crisis with mental health. In their 2021 election manifesto, the SNP committed to 'ensure that, by the end of the parliament, 10% of our frontline NHS budget will be invested in mental health.' This commitment was then reiterated in the Scottish Government and Scottish Green Party's shared policy programme. Unfortunately, every year since the 10% budget allocation commitment was made (2021), NHS frontline spend has moved away, not toward, the Government's spending commitments.

In 2011/2012, 9.12% of NHS spending went towards mental health, over a decade later (and since the commitment to 10% has been made), the share of overall NHS funding has decreased to 8.53% in 2022/23 (the latest available data). In 2022/23, no health board achieved the 10% spending target set by the Scottish Government to achieve over this parliamentary term and only one board hit the target to invest at least 1% of its funding into CAMHS.

NHS Territorial Boards were allocated £14.387bn in the 2025-26 Budget. Despite the Scottish Government commitment to dedicate 10% of this spend to mental health, there is still no mechanism in place to ensure that this target is met. Government representatives have explained to us that the onus is on individual Boards to enact the division of NHS funding, but our own Managers in the Boards tell us they have no basis to insist on their share of funding, and are often expected to enact disproportionate cuts to mental health services. We require a mechanism to cut this cycle. RCPsychiS is calling for the implementation of a legislative mechanism to ringfence this budget – recognising the importance of protecting and delivering investment in mental health (akin to measures in place in England and Wales). This would mean the mandatory spending of at least 10% of allocated budgets to mental health by each health board and 1% on CAMHS, alongside the mandatory reporting of this.

Taking 2022/23 as an example (the latest available data), NHS health boards would need to have invested an extra £238.5m into mental health services in order for the 10% pledge to have been fulfilled. This funding gap could cover the cost of*:

- 1775 more consultant psychiatrists (based on consultant pay scales, pay points 4-8 – including national insurance).
- 5,400 more mental health nurses (based on the 2024/25 band 6 A4C pay, pay point 1 – including national insurance).
- 55,827 more patients treated by Community Mental Health Teams.
- 3,272 more patients treated through crisis resolution.
- 17,112 patients treated through assertive outreach services.
- 1084 additional adult acute.

*The above was calculated by RCPsych based on the NHS Staff Pay 2024 to 2025 and NHS Benchmarking Network, Adult and Older People's Mental Health Services 2024 report. This is calculated for each item, and is either or.

We are calling for:

- Delivery of the Scottish Government's committed allocation of 10% of NHS frontline spend to mental health and 1% to CAMHS.
- The implementation of a legislative mechanism to ringfence this spend.
- Mandated reporting from health boards confirming this spending target has been met.

Realisation of the right to health, equitable treatment and care will be unfeasible without this resourcing.

4 Do you agree with the focus on different levels of leadership?

Yes

Please give reasons for your answer or provide more information.:

The focus on political, executive, and public sector leadership is appropriate and necessary. Leadership at multiple levels is essential for comprehensive change. However, leaders must be trained in understanding intersectionality and equipped to navigate competing rights (as outlined above). Political leadership, in particular, must demonstrate a clear commitment to equality and human rights by prioritising these values in resource allocation.

5 Have we captured the core elements of strengthening leadership within the context of mainstreaming?

Yes

Please give reasons for your answer or provide more information.:

The strategy addresses the key aspects of leadership – including the importance of empowering leaders to prioritise equality and human rights. However, it could further highlight the need for leadership training and the role of leaders in addressing stigma and improving access to services, particularly in mental health.

6 What actions would you recommend to ensure strengthening leadership as outlined above will contribute to mainstreaming?

Please give us your views:

- Leadership training should include intersectionality, human rights, and the reconciliation of competing priorities and rights.
- Leaders should be held accountable through measurable outcomes tied to their roles.
- Adequate funding and resources must be provided to ensure leaders can effectively implement change.

Developing accountability and transparency

7 Do you agree accountability and transparency are a key driver for mainstreaming equality and human rights?

Yes

Please give reasons for your answer or provide more information.:

Accountability and transparency are essential for ensuring commitments to equality and human rights lead to meaningful action.

Transparency fosters trust and enables stakeholders to hold institutions accountable. However, accessible reporting formats and adequate resources are necessary to make accountability effective. Transparency should also include clear communication of measurable outcomes, as we have outlined in our answer to question 1.

8 Have we captured the core elements of accountability and transparency within the context of mainstreaming?

Yes

Please give reasons for your answer or provide more information.:

Yes, but with some caveats.

While the strategy includes internal and external accountability mechanisms, it should emphasise making information accessible to marginalised groups and ensuring progress is tied to tangible, measurable, and evidenced (through data if possible) goals.

9 What actions would you recommend to ensure greater accountability and transparency contributes to mainstreaming?

Please give us your views:

Accountability frameworks should include periodic evaluations tied to clear, measurable outcomes – evidenced by data if possible. Additionally, accessible reporting mechanisms should be prioritised, ensuring marginalised and vulnerable communities can understand and engage with the information.

Ensuring effective regulatory and policy environment

10 Do you agree that ensuring an effective regulatory and policy environment is a key driver for mainstreaming equality and human rights?

Yes

Please give reasons for your answer or provide more information.:

An effective regulatory and policy environment is critical to achieving systemic change. The regulatory and policy environment must integrate equality and human rights considerations at every stage. However, the strategy must balance aspirations with practical implementation, especially given resource constraints.

11 Have we captured the core elements of ensuring an effective regulatory and policy environment within the context of mainstreaming?

Yes

Please give reasons for your answer or provide more information.:

Yes, with some areas for improvement.

The focus on EQIAs and continuous improvement is positive, but the strategy could benefit from pilot programs to test regulatory changes before scaling up. This would ensure policies are practical and effective.

12 What actions would you recommend to ensure that an effective regulatory and policy environment will contribute to the achievement of mainstreaming?

Please give us your views:

Policymakers should receive specialised training on equality frameworks. Pilot initiatives should be conducted in targeted areas to identify gaps and best practices. Collaboration with marginalised groups and individuals with lived experience should be prioritised to ensure policies meet their needs.

Utilising evidence and experience

13 Do you agree that using evidence and experience is a key driver for mainstreaming equality and human rights?

Yes

Please give reasons for your answer or provide more information.:

Evidence-based policymaking is essential for ensuring strategies are effective. Lived experience provides valuable insights, but the diversity of these experiences must be carefully represented. For example, lived experience panels tend to be those who can articulate and advocate for themselves, but may not be representative of the whole range of lived experience. The voices of the most vulnerable in society are often the voices we hear the least from, who in fact often require the most attention and resourcing. This must be accounted for.

Additionally, learned experience from professionals and officials should be valued alongside lived experience to create a holistic understanding.

14 Have we captured the core elements of utilising evidence and experience within the context of mainstreaming?

Yes

Please give reasons for your answer or provide more information.:

Yes, but with some areas for enhancement.

While the strategy emphasises evidence and lived experience, it should also address gaps in representation on lived experience panels. Efforts should be made to include underrepresented voices and balance lived and learned perspectives.

15 What actions would you recommend to ensure that utilising evidence and experience as outlined above will contribute to the achievement of mainstreaming?

Please give us your views:

Invest in mechanisms to gather data from underrepresented groups. Ensure panels are carefully designed and chaired to prevent the silencing of less vocal perspectives. Use both lived and learned experience to inform policymaking.

Enhancing capability and culture

16 Do you agree that enhancing capability and culture is a key driver for mainstreaming equality and human rights?

Yes

Please give reasons for your answer or provide more information.:

Cultural transformation is critical to embedding equality and human rights into everyday practice.

The strategy correctly emphasises training and behavioral change, but workforce constraints and resource limitations must be addressed for these changes to be meaningful.

17 Have we captured the core elements of enhancing capability and culture within the context of mainstreaming?

No

Please give reasons for your answer or provide more information.:

The strategy highlights important aspects of capability and culture but should include more detail on addressing recruitment and retention challenges, particularly in under-resourced sectors – such as psychiatry.

Scotland is facing a psychiatric workforce crisis. The workforce is not growing sufficiently to keep pace with the well-documented rising scale of demand for services. As such, our workforce is overwhelmed and stretched to its absolute limit. Clinicians are increasingly finding themselves having to work in untenable conditions. As a result of this, we are experiencing a critical loss of our substantive (permanent) psychiatric workforce, jeopardising the ability of our services to provide safe care and treatment to patients.

There is a major shortfall in psychiatrists able to fill roles in Scotland, and vacancy rates for consultant psychiatry roles are as high as 46% in some parts of the country. These workforce gaps have led to the widespread recruitment of locum psychiatrists as a temporary solution. An average of 1 in 4 consultant psychiatry positions are estimated to be vacant or filled by a locum across Scotland.

Some of the major issues arising from the growing dependence on locum psychiatrists to cover gaps in the substantive workforce include:

1. Quality assurance and patient safety: Loopholes in hiring legislation have allowed for the appointment of Consultant Psychiatrists who do not hold the appropriate qualifications for the role. The appointment of non-qualified locums with the title of 'Consultant Psychiatrist' presents issues around transparency and confidence in the health service: people have the right to know that the individual they are being treated by has the necessary qualifications and training to undertake that role, and this is currently not clear in all circumstances. The appointment of often short-term temporary locum doctors also holds implications for the continuity of patient care - individuals are not always seen by the same regular consultant at each appointment. Continuity of care is essential in psychiatry: continuity strengthens therapeutic relationships, and this is associated with improved quality of care and patient outcomes. This was made clear through the VOX Scotland report on patient experiences of locum psychiatrists.

2. Morale and stress of substantive colleagues: Our members continually report high levels of stress/burnout due to patient safety concerns caused by staffing issues.

3. Cost: There is no enforceable fixed cost or cap on the payment of agency contracted locum psychiatrists, which has led to health boards spending excessive amounts to fill these posts.

The RCPsychiS sent out a survey in summer 2024 targeted at locum psychiatrists in Scotland. The main purpose was to gain a better understanding, and be able to demonstrate, the reasons driving people to choose locum over substantive posts.

The findings of our survey make clear the untenable and unsustainable circumstances our substantive workforce is facing, and the reasons why some individuals are choosing locum roles. Some of the key findings to highlight including:

- Nearly all of the qualified individuals we surveyed (that weren't currently in a substantive post) had left a substantive role to assume a locum position (97.5%).
- More than half of the qualified individuals who had previously held substantive roles (and weren't currently substantive) had been in their role for more than 20 years. Nearly a third had been in their roles for more than 30 years. This means that we are losing our highly experienced, qualified substantive staff to locum positions.
- On the other side of this, 13% of individuals left their substantive positions after just 5 years or less. This means that we are losing workforce at both ends of the psychiatry career path.
- Nearly 1 in 5 of the respondents did not hold the appropriate qualifications for the role.
- Of these unqualified individuals, 75% of those without MRCPsych had held the title of 'consultant' and 50% of those without CCT/CESR had held the title of 'consultant'. This presents major issues with transparency.
- Locum respondents did not carry out all of the responsibilities required of a substantive consultant when working as a locum (only half had carried out supervision, 50% teaching, 39% training).
- People are leaving their roles because of stress, burnout, disillusionment, unsustainable job plans, overwhelming workload, a skewed work: life balance, and patient safety concerns (often stemming from staffing shortages).
- Our retiring and returning workforce are choosing locum posts over substantive roles. Perceived benefits of locum posts include: more flexibility, freedom, control, a better work-life balance, less stress, and increased pay.

RCPsych in Scotland recommendations on this:

1. Delivery of the 10% and 1% respective adult and CAMHS funding allocation from frontline NHS spend (alongside ringfencing)
2. A focus on recruitment and retention: Our State of the Nation report outlined a comprehensive set of recommendations for addressing the current workforce crisis within psychiatry.
3. Gradual cessation of non-qualified locums acting as consultant psychiatrists.

18 What actions would you recommend to ensure that enhancing capability and culture as outlined above will contribute to the achievement of mainstreaming?

Please give us your views:

Retention and recruitment strategies should be prioritised – as above. Training programs should be tailored to the specific needs of different sectors. Continuous evaluation of cultural initiatives should be undertaken to ensure their effectiveness.

19 Do you agree that this Strategy will provide a foundation to influence a culture of mainstreaming equality and human rights within Scottish Government and the wider public sector?

Not Answered

Please give reasons for your answer or provide more information.:

Improving capacity

20 Do you agree that improving capacity is a key driver for mainstreaming equality and human rights?

Yes

Please give reasons for your answer or provide more information.:

Capacity is fundamental to implementing the strategy effectively. Capacity-building requires adequate funding, resource allocation, and workforce. Without sufficient capacity, other drivers of change cannot be realised. Please see answer to questions above for more on this.

21 Have we captured the core elements of improving capacity within the context of mainstreaming?

No

Please give reasons for your answer or provide more information.:

See answers above. The strategy effectively distinguishes capacity from capability but should provide greater clarity on how resources will be allocated to address capacity gaps.

22 What actions would you recommend to ensure that improving capacity will contribute to the achievement of mainstreaming?

Please give us your views:

As detailed in answers above. Increase funding for marginalised sectors. Prioritise recruitment and retention efforts. Support third-sector organisations to build capacity.

How will the strategy support real change?

23 Do you think the proposed approach to a collated Action Plan will drive change?

No

Please give reasons for your answer or provide more information. :

A consolidated plan may improve transparency and accountability but efforts should instead focus on measurable outcomes rather than aspirational goals.

24 Do you think there is a need for a cross public sector toolkit to support mainstreaming of Equality and Human Rights?

No

Please give reasons for your answer or provide more information. :

From our experience, toolkits are not effective in driving change. An extensive evidence-base already exists in this area and resources should not be allocated to creating another toolkit, but should instead be allocated and prioritised towards driving real, measurable change - by addressing the barriers to realisation of one's rights in Scotland.

25 What practical steps would you include to make the toolkit an effective resource?

Please give us your views:

If created, the toolkit should include case studies, practical examples, and interactive self-assessment tools. Regular updates should reflect best practices and evolving needs.

Reporting

26 What are your views on additional reporting requirements?

Additional stand-alone reporting requirements should not be created

Please give reasons for your answer or provide more information.:

Existing reporting mechanisms are sufficient. Creation of additional requirements risks diverting resources from measurable improvements to administrative tasks.

Overall Reflections

27 To what extent do the drivers capture the full range of activity required to mainstream equality and human rights?

Captures some of the range

Please give reasons for your answer or provide more information. :

The drivers are comprehensive as top-level aspirations, but must be grounded in addressing foundational needs and tackling current barriers to equality and realisation of rights.

Human rights, much like Maslow's hierarchy, begin with foundational needs: the right to life, adequate housing, access to health care, and basic support structures. These are the areas where the most critical and immediate problems are often found, yet the strategy does not sufficiently address them. For example, ensuring equitable access to mental health services, addressing workforce shortages, and improving living conditions for marginalised groups are essential first steps in realising broader equality and human rights goals. Without addressing these fundamental rights and barriers, the higher-level strategies and aspirations outlined in the document risk being ineffective or inaccessible to those who need them most.

In essence, while the drivers are important and provide a solid framework for achieving cultural and systemic transformation, they fail to sufficiently address the foundational challenges that underpin many systemic inequalities. To fully capture the range of activities required, the strategy must prioritise these foundational needs, ensuring the base of the pyramid is strong enough to support the higher-level goals it seeks to achieve.

28 Please provide any further information that you think would be useful, which is not already covered in your previous responses.

Please give us your views:

About you

1 What is your name?

Name:

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3 Are you responding as an individual or an organisation?

Organisation

4 What is your organisation?

Organisation:

Royal College of Psychiatrists in Scotland

5 The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

Publish response with name

6 We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

Yes

7 I confirm that I have read the privacy policy and consent to the data I provide being used as set out in the policy.

I consent

Evaluation

1 Please help us improve our consultations by answering the questions below. (Responses to the evaluation will not be published.)

Matrix 1 - How satisfied were you with this consultation?:

Please enter comments here.:

Matrix 1 - How would you rate your satisfaction with using this platform (Citizen Space) to respond to this consultation?:

Please enter comments here.: