

## Mental Healthcare in Scotland: Referendum Impacts

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The Scottish Independence referendum brings many questions, only answerable (in either circumstance) once an outcome is known, across the breadth of Scottish life. The issues for mental health care in Scotland - and for its mental health nurses - are no different. There is, however, a prospect of continuity in some regards within the field, which I seek to explore here.



Scotland - a separate legal jurisdiction and devolved country - has a heritage of a differing mental health legislative approach from the rest of the United Kingdom (UK) and, since devolution in 1999, a divergent approach to National Health Service (NHS) policy and service provision from the other home countries. Examples of this (post-devolution) are visible in renewed legislation in the Adults with Incapacity (Scotland) Act 2000 and the radical revamp of mental health law, culminating in the Mental Health (Care and Treatment) (Scotland) Act 2003, both in advance of similar re-provision elsewhere within the UK. Similar elements, given existing autonomy, are likely to be unaffected by the referendum outcome.

Scotland currently does not adhere to NICE guidelines and, in mental health, did not formally adopt Improving Access to Psychological Therapies (IAPT), though it embraces IAPT principles within its raft of mental health policies. Scotland has rates of alcohol-related healthcare challenges and suicide/self-harm, markedly higher than the rest of the UK. There is no likely change, as a consequence of a 'Yes' or a 'No' vote, for issues like these. Other mental health care factors transcend international borders and will not disappear on either outcome: though how nations respond to them may be influenced appreciably by how and whom they are governed. Examples of these include ageing populations and associated numbers of people suffering from dementia, developing community models of care, challenging mental illness

stigma and the growth of the recovery and user-led movements as drivers of care-delivery change and redistribution of the traditional power held by mental health professionals.

Scotland's NHS deviates from the rest of the UK in both organisation and delivery. Free personal care for the elderly, ending postcode lotteries in service provision, differing priorities for waiting times/targets and abolishing prescription charges are difference enough, but successive social democratic governance in Edinburgh since devolution has resulted in a Scottish NHS reflective of its traditional political standpoint. This is in stark contrast to England, in particular, where renewed movement towards a greater public/private funding marks social policy consistent with a more centre-right ideology. A 'Yes' vote is likely to see continuation of this programme in an Independent Scotland, given the existing template. Arguably, there is less certainty on a 'No' vote. In that case, the unionist parties' cloudy views around alteration to the devolution settlement, the 2015 UK General Election, a possible European Union (EU) in/out referendum and then the 2016 Scottish General Election mean the shape of a future Scottish NHS is difficult to predict within this unknown complex interplay of myriad political factors.

Financing uncertainty is another imponderable. A 'Yes' vote requires a series of negotiations to resolve the currency and other transfer arrangements that the current UK government will not pre-negotiate, as they seek to avoid giving credence to the 'Yes' campaign. The already agreed scrapping of the Barnett Formula for Scotland's funding in 2016, resulting in a probable £4bn reduction in the Scottish budget, would impact upon the funding of our NHS. The specter of more private involvement remains a possibility that would impact heavily on all healthcare provision and mental health, as one of the Scottish Government's health priorities, would be unlikely to escape.

A final unknown aspect specific to mental health nursing is the future of field-specific undergraduate preparation. This is an area that has been under review in the UK in the recent past and is likely to become a discussion point again for the Nursing and Midwifery Council<sup>1</sup>. Ireland has steadfastly refused to dispense with its psychiatric nurse programmes under

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<sup>1</sup> Nursing & Midwifery Council (2008). The Code: Standards of Conduct, Performance and Ethics for Nurses and Midwives. London: Nursing and Midwifery Council.

pressure from EU partners for a more universally transferrable nursing qualification and workforce, despite being much more Europhilic than the UK. This does not mean that an Independent Scotland or a continuing UK would make the same decision, but it exemplifies the ability of small nations to arrive at decisions applicable for their own needs.

Whatever the outcome, uncertainty will prevail - politically, economically and professionally. In the face of this lack of clarity, no specific academic position can be reasonably arrived at. That NHS and mental health care will continue to be in transition is more certain, but those situations would exist out with the referendum context. My conclusion is that change and variation in healthcare systems in these islands is inevitable and that uncertainty characterises how this altering and divergent landscape is shaped, on either outcome. Mental health nursing is an adaptable discipline, increasingly embracing change over recent decades and I have confidence that mental health nurses can respond ably to emergent challenges, irrespective of constitutional outcomes. Scottish mental health nurses today already work to different funding, governance, legislative and policy contexts and I am confident this will continue, whatever occurs on September 18.