



Carers Scotland response to “Towards a Mentally Flourishing Scotland: the future of mental health improvement in Scotland”

Carers Scotland is the voice of carers. Carers provide unpaid care by looking after an ill, frail or disabled family member, friend or partner.

Carers give so much to society, yet as a consequence of caring, they experience ill health, poverty and discrimination. Carers Scotland is an organisation of carers fighting to end this injustice.

Carers Scotland welcomes the opportunity to respond to the Scottish Government’s consultation “Towards a Mentally Flourishing Scotland”. We agree with the content and direction of the discussion paper, in particular the recognition of the importance of good mental health as an integral part of good overall health and wellbeing.

We subscribe to the approach laid out in the report, highlighting the need to promote and improve mental ill health and prevent its occurrence, targeting specific groups to address health inequalities. Furthermore, we welcome the holistic approach outlined to the provision of support, and the identification of a range of measures to address the exclusion experienced by people with a mental illness.

However, we would like to promote the need to include unpaid carers as a specific target group and to incorporate their needs within each of the proposed action areas.

Carers and Mental Health¹ examined the prevalence rates for common mental disorders (neurotic disorders, such as anxiety, depression and phobias) among adults aged 16 and over who were providing care. The research found that carers experience higher rates of mental ill health than the general population; in particular, women who are carers are more likely to report neurotic symptoms than women in the general population as a whole. Nearly a tenth (8%) of carers in the

study were taking a psychoactive medicine, including antidepressants (6%), hypnotics and anxiolytics (sleeping tablets and sedatives) (2%) and drugs used in treating psychoses (1%).

This reflects the evidence of other studies. For example, "Hearts & Minds: the health effects of caring"² found that carers who provide full time care have an risk of psychological distress which was 60% higher for women and 40% higher for men than the general non-carer population. More recently, a survey of 5000 carers found that 91% of carers experienced stress and worry whilst more than half experienced depression.³

Furthermore, this research also identified that carers experience significant distress in the early stages of caring. Women face an almost threefold increase in the risk of experiencing psychological distress whilst men face a twofold risk. Every year 178,000 become carers and it essential therefore that the mental health of carers is included when planning the early intervention specified within "Towards a Mentally Flourishing Scotland".

Carers face mental ill health as a direct consequence of their caring role. Recent research⁴ has identified a number of factors linking inequality of finances, support and opportunity to poor health. Carers who are struggling financially are more likely to be in poor health. Furthermore, carers reported that their frustrations in accessing services, and the limited support they receive, contribute to poor health. There is also a very clear relationship between health, caring and the hours of care given. For both men and women, and for those working full or part-time, self-assessed health deteriorates as weekly hours of caring increase⁵. And, a variety of conditions, including stress-related illnesses are commonly experienced by carers.⁶

With caring affecting 3 in 5 of the population at some time in their lives, the impact of caring as a major cause of health inequality must be explored and action developed as part of supporting good mental health for carers.

Specific planned activities should also be considered to address the mental health needs of carers who are additionally disadvantaged by ethnicity, rurality, age and/or sexuality.

Finally, Carers Scotland would recommend that planning should incorporate specific targets to address to needs of young carers. Although around 16,000 young carers were identified in the Census 2001, it is estimated that there could be around 10 times this many – hidden and unsupported. These young carers may be the least likely to access health services and at risk of poor health in the future. Young carers face a range of issues, including⁷.

- **A significant proportion of young carers receive no formal support** - one fifth of young carers and their families receive no support other than contact with a dedicated young carer service.
- **Being a young carer affects educational achievement** - 27% of secondary school age young carers missed school and experienced educational difficulties and for primary school age young carers the proportion was 13%. Four in 10 children caring for someone who misuses drugs or alcohol have educational difficulties.
- **Many young carers are caring for a significant number of hours each week** - one third of young carers provide between 10 and 20 hours of care each week, 16% over 20 hours and 2% more than 50 hours.

Carers Scotland is aware that the Scottish Government aims to support young carers more effectively and ensure that they are enabled to be children and young people first and foremost. However, it is essential that mental health services identify their key role in ensuring young carers are able to access services and activities to promote good mental health and, utilise opportunities to work in partnership with social services, education and the voluntary sector to positively impact on the lives of young carers.

In conclusion, we would reiterate our broad support for the content and direction of the discussion paper and would welcome any further opportunities to discuss full inclusion of carers needs within "Towards a Mentally Flourishing Scotland".

Carers Scotland
27 February 2008

About carers in Scotland

- There are 660,000 carers in Scotland saving the economy £7.6 billion each year.
- 110,000 carers provide 50 hours of care or more each week.
- 178,000 people become carers every year.
- 3 in 5 of the population will be carers at some point in their lives.
- 250,000 carers juggle their caring responsibilities with employment.
- Carers often face significant poverty with a third in debt and a further third cutting back on food or heating. More than half of carers say that financial worries are affecting their health.
- By 2037 there will be an estimated 1 million carers in Scotland

About Carers Scotland

Carers Scotland is an organisation of carers fighting to end the injustice of carer ill health, poverty and discrimination. We will not stop until people recognise the true value of carers' contribution to society and carers get the practical, financial and emotional support they need.

Carers Scotland is here to improve carers' lives.

- **We fight for equality for carers.** We want carers to have the same rights as everyone to an ordinary life – a fair level of income, access to support to protect their health and wellbeing and access to the world of work, leisure and education.
- **We seek to empower carers.** We want carers to be actively involved in the design, development and delivery of services. We want carers to be recognised and involved as key partners in the provision of care.

Carers Scotland achieves this by:

- campaigning for the changes that make a real difference for carers.
- providing information and advice to carers about their rights and how to get support
- mobilising carers and supporters to influence decision makers.
- gathering hard evidence about what needs to change.
- transforming the understanding of caring so that carers are valued and not discriminated against.
- providing carer awareness training for staff in health, social care and the voluntary sector
- promoting training for carers to maximise their skills and experience.

References:

¹ Mental Health of Carers, TSO 2002 (The mental disorders considered in Mental Health of Carers are neurotic disorders, sometimes known as common mental disorders, such as depression, generalised anxiety disorder and phobias. These are characterised by a variety of symptoms such as fatigue and sleep problems, forgetfulness and concentration difficulties, irritability, worry, panic, hopelessness and compulsions which are present to such a degree that they cause problems with daily activities and distress. The prevalence of neurotic symptoms and disorders in the week prior to the interview were assessed using the revised version of the Clinical Interview Schedule (CIS-R). A score of 12 or more indicates the presence of significant neurotic symptoms and this was the threshold used in the report.)

² Hearts & Minds: the health effects of caring, Carers Scotland and the University of York, 2004

³ Carers Week Survey 2006

⁴ Yendell S et al "Diversity in Caring: towards equality for carers", University of Leeds and Carers UK, 2007

⁵ Bucker L & Yendell S "Who cares wins: statistical appendix", Carers UK (2006)

⁶ Mackenzie, CS et al "Cognitive Functioning Under Stress: Evidence from informal carers of palliative patients", Journal of Palliative Medicine (2007)

⁷ Dearden C & Becker, "Young Carers in the UK: the 2004 report", Carers UK and The Children's Society, 2004

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