

## Disabilities and Mental Health Needs

The following table provides a breakdown of the expenditure within Disabilities and Mental Health Needs services.

Disabilities & Mental Health Needs	2004/2005	2005/2006	2006/2007
Assessment Casework care management etc.	2,210	375	492
Respite care residential	188	184	226
Care Homes Non Respite	1,759	2,256	2,594
Other home care (non respite)	1,674	173	167
Other daycare (non Respite)	2,457	3,119	3,131
Other equipment & adaptations	171	145	182
Other services to support carers	195	144	143
Other services	411	1,836	2,176
<b>TOTALS</b>	<b>9,065</b>	<b>8,232</b>	<b>9,111</b>

In terms of Learning Disability, budget pressures have arisen due to the following:

- Children living longer into adulthood. Disability generally accompanied by chronic physical disorders that are increasingly treatable. 30 years ago many would have died before adulthood. A small number of cases are inherited from child care every year with little or no turnover in the budget and the costs can range from £30k - £150k per annum and inflationary increases tend to be much higher than the normal inflation rate;
- Adults in residential placements are living longer for same reasons. These are expensive placements with little or no turnover;
- Adults in the community are increasingly living independently from their parents either by choice or because they have outlived parents. Both are patterns that have evolved over the last 10-15 years. Consequently 24 hour care packages are often required where previously they would have been at home with parents; and
- Closure of long term NHS hospital provision, for example, Merchiston & Lennox Castle. Alternative care often requires 24 hour care packages. Although Resource Transfer is available from Health, invariably the costs of the care packages are higher than the transfer of resources.

In terms of Mental Health, budget pressures have arisen due to the following:

- Closure of NHS Mental Hospitals creates a pressure for Social Care provision. Assisted via Mental Health Resource Transfer from NHS and ring fenced revenue from Scottish Executive. e.g. SMIG;
- From above expensive care packages within the community;
- Increased demand of older people with Mental Health problems, dementia. We would normally cover this from older persons budget as against mental health spend though there will be some crossover;
- Increase in alcohol related brain damage. A national problem though significant within Argyll& Bute;
- Significant change in culture. Clients and carers more open to ask for assistance as stigma of mental illness is not what it was 30 years ago; and
- Legislative changes, Mental Health ( Care and Treatment) (Scotland ) Act 2003 and Adults with Incapacity ( Scotland ) Act 2000 have made more explicit duties on the council to assess and provide services.

The following table provides detail regarding the number of residential placements, which have been and continue to be funded:

Residential / Nursing Placements	2004/2005	2005/2006	2006/2007
Learning Disability	23	23	22
Physical Disability	5	5	4
Mental Health	22	20	12
<b>TOTALS</b>	<b>50</b>	<b>48</b>	<b>38</b>

As you can see, the numbers of placements for learning and physical disability have remained fairly static, however, the number of mental health placements has reduced by almost 50%. The mental health placements include placements in respect of recovery from alcohol / substance misuse and the number of these placements are unpredictable. It is possible that the number for 2006/2007 will increase by the year-end as the placements are normally only for a set period of time, for example, 12 weeks.