

Citizen Participation and Public Petitions Committee

4th Meeting, 2022 (Session 6), Wednesday 9
March 2022

PE1871: Full review of mental health services

Note by the Clerk

Lodged on 21 June 2021

Petitioner Karen McKeown on behalf of Shining lights for change

Petition summary Calling on the Scottish Parliament to urge the Scottish Government to carry out a full review of mental health services in Scotland to include the referral process; crisis support; risk assessments; safe plans; integrated services working together; first response support and the support available to families affected by suicide.

Webpage <https://petitions.parliament.scot/petitions/PE1871>

Introduction

1. The Committee last considered this petition at its meeting on [22 September 2021](#). At that meeting, the Committee agreed to write to the Cabinet Secretary for Health and Social Care. The Committee also agreed to write to the Royal College of Psychiatrists, Samaritans and the Scottish Association for Mental Health.
2. The petition summary is included in **Annexe A** and the Official Report of the Committee's last consideration of this petition is at **Annexe B**.
3. The Committee has received new responses from the Royal College of Psychiatrists, Scottish Association for Mental Health, the petitioner and Cabinet Secretary for Health and Social Care which are set out in **Annexe C**.
4. Written submissions received prior to the Committee's last consideration can be found on the [petition's webpage](#).

5. Further background information about this petition can be found in the [SPICe briefing](#) for this petition.
6. The Scottish Government's initial position on this petition can be found on the [petition's webpage](#).

Action

The Committee is invited to consider what action it wishes to take.

Clerk to the Committee

Annexe A

PE1871: Full review of mental health services

Petitioner

Karen McKeown on behalf of Shining lights for change

Date Lodged

21/06/2021

Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to carry out a full review of mental health services in Scotland to include the referral process; crisis support; risk assessments; safe plans; integrated services working together; first response support and the support available to families affected by suicide.

Previous action

I have contacted my MSP Monica Lennon who raised the issue at first minister questions. I also met with Clare Haughey MSP, then Minister for Mental Health, and raised my concerns.

Background information

My partner Luke Henderson died by suicide in December 2017 after asking for help up to eight times in the week before his death. I feel mental health services and the risk assessment failed Luke in his hour of need.

Luke's situation is not unique and now families are joining together to push for a fit for purpose mental health service. All these families had someone who tried to access mental health service prior to their deaths and were turned away with no help, resulting in them taking their own life.

With so many people slipping through the crack, we want a fit for purpose mental health service to ensure no other families feel this pain.

The review should also look at the process for people who died by suicide and had been in contact with mental health service within seven day prior to their death and support service for families who lost a loved one to suicide.

Annexe B

Extract from Official Report of last consideration of PE1871 on 22nd September 2021

The Convener: The next new petition is PE1871, which was lodged by Karen McKeown on behalf of the shining lights for change group. We are joined for consideration of the petition by our parliamentary colleague Monica Lennon MSP—good morning and welcome, Monica. The petition calls on the Scottish Parliament to urge the Scottish Government to carry out a full review of mental health services in Scotland, which should include consideration of the referral process, crisis support, risk assessments, safe plans, how integrated services work together, first response support and the support that is available to families affected by suicide.

The Scottish Government’s submission details the work that is under way to improve the quality, access and variety of support that is provided for mental health. That includes tailored programmes to support national health service boards with long waiting lists, the establishment of 24/7 mental health assessment units and the distress brief intervention programme.

In response, the petitioner provided a very powerful submission—anybody who read it will have been naturally affected by it—in which she shared the story of her partner, Luke Henderson, who died in 2017, and their experience of seeking support from mental health services prior to his loss.

In response to deliverables against the suicide prevention action plan, the petitioner notes that the target to reduce the number of suicide deaths by 20 per cent by 2022 does not “appear to be on track”.

I understand from advice that I have received that our predecessor committee considered a petition along these lines from the petitioner previously.

I invite Monica Lennon to speak in support of the petition to assist us in our consideration.

Monica Lennon: Good morning. I thank the committee for the opportunity to speak in support of PE1871.

Karen McKeown is a constituent of mine in Central Scotland. As I explained to your predecessor committee, she has become a friend through the most tragic of circumstances. Karen emailed me on 30 December 2017, just hours after Luke had taken his own life in the family home, with the children in bed. Members will have read in Karen’s submission that what happened was not through a lack of speaking out. We are all encouraged to speak out and to be open about our mental health. We hear that it is okay not to be okay. However, Karen and Luke tried to get help multiple times—about eight times, I think.

Sadly, Luke is not here, but Karen is still fighting, and not only for herself and her family. The outcome for them will never change, but when I spoke to Karen two minutes ago from outside the committee room, she impressed upon me that what

happened to her family is not unique. I do not need to tell the committee that; we are all MSPs who represent communities and have our own mental health.

Karen is looking not for sympathy but for system change and action. She has become the go-to person for many other people who have sadly gone through the same tragic loss that she has gone through. Karen is supporting another constituent of mine—I will not give the person's name—whose son was suicidal and was very vocal about how he felt. When he went to the crisis team, he was given a leaflet. That boy is not here today. That is why Karen's petition is so important.

I acknowledge that the Scottish Government understands how serious the issue is and that it is a priority, but we are not getting things right. It is not just about putting more money into the system—although there are parts of the system that need more resource. There is a workforce crisis.

There are areas where crisis support does not exist, risk assessments are not being carried out, people do not have safe plans and pathways are not fully in place. We know from speaking to colleagues in Police Scotland that they are under increasing pressure. For someone who is in crisis or experiencing psychosis, it is not really the most helpful thing to have the police coming through their door. It is a tough job for the police, too.

I am grateful for the opportunity to speak to the petition today and to echo some of Karen's sentiments. The issue is a national crisis, and it is really important. Clearly, it was an issue before the pandemic, and Karen's petition predates Covid-19. The harms and issues around isolation, mental health and alcohol and substance use must all be considered. We need to give a space in the Parliament for people to share not just their experience but what they believe to be the solutions. We are fortunate that there are people in Scotland who care deeply and who support one another in their communities, and we should hear from people on the front line.

I am very concerned about the mental health and wellbeing of people who work in our national health service, in community services and in the police. They have to turn people away with leaflets, and that brings them their own stress and anxiety. Sadly, a young doctor in Lanarkshire completed suicide recently, and following that I received a lot of emails from doctors and other people in the health service.

I will make one last point. Our general practitioners have been doing and continue to do a wonderful job during the pandemic, but the video or telephone consultation does not work for everyone with complex mental health needs, and we need to consider that in any review of mental health services.

I hope that colleagues will take this opportunity. It is not about sitting here and criticising ministers or the NHS, as everyone is trying really hard, but we are not getting it right, and people are losing their lives.

I reiterate my support for the petition, which I hope provides an opportunity for people to contribute their thoughts and solutions so that we can get this right and save lives in Scotland.

The Convener: Thank you. I was quite struck by the petitioner's submission, and I am grateful to the petitioner for bringing the petition back. I understand that evidence was taken on the petition in the previous session. I did not hear that evidence, but I was quite affected by the petitioner's submission. I noted the difficulties that the petitioner continues to experience in relation to family members and other individuals whom she is seeking to support.

I very much take the point that we do not properly understand what additional impact the pandemic may have had on the Scottish Government's programme and on what the Government is trying to achieve, or the way in which the pandemic has compounded the difficulties that people are experiencing and our ability to deal with them. I start from that position.

Tess White: I was deeply moved when I read the petition. The petitioner, Karen McKeown, has been through a deeply distressing experience. I am concerned to hear that her partner repeatedly tried to seek mental health support in the days before his death.

I know that the Public Petitions Committee closed a similar petition from the petitioner in November 2019, I think, on the basis that the Scottish Government was undertaking significant work to address mental health services. However, given that almost two years have passed and that the petition predates Covid-19, as Monica Lennon said, it is important to assess what progress, if any, has been made.

The petitioner also raises the issue of suicide prevention, and, in her submission, the problems around accessing appropriate child and adolescent mental health services for her family following her partner's death. It is important that we note that, and the committee should consider pursuing those issues further in any correspondence with the Scottish Government.

I propose that we write to the cabinet secretary seeking an update on progress on the suicide prevention action plan and on the expansion of the distress brief intervention programme, including, importantly, whether the Scottish Government is on track to achieve its target of reducing the number of suicide deaths by 20 per cent by 2022.

It may also be worth contacting stakeholders such as the Scottish Association for Mental Health, the Royal College of Psychiatrists in Scotland, Samaritans Scotland and others to get their views. I would like to take a wider look. As Monica Lennon said, it is a crisis, it will not go away, it predates Covid-19, and we need to take action.

The petitioner's submission also refers to delays in relation to access to child and adolescent mental health services for self-harming behaviour, as well as minimal support for her autistic child. It would also be appropriate to follow up on those issues. Those are my recommendations.

Paul Sweeney: I echo the moving testimony from Monica Lennon in representing her constituent; it is an incredibly touching issue. We have all had interactions with constituents and others in the past, with the same themes repeated around how, when people feel that they are in a crisis situation, help is not there. That is a

devastating realisation for a lot of people, who perhaps assumed that, if the worst came to the worst, someone would be there to help.

I echo the useful points that Tess White made about the need to widen our investigation and inquiry. I think that we should pursue that.

I suggest that we also include prisons in the scope of our inquiry. I visited Barlinnie relatively recently and experienced the mental health crisis in the midst of our prison system. People who are suffering severe mental disability and mental health problems are incarcerated in conditions that are not appropriate for their condition. People who are suffering acute mental illness are, in effect, being warehoused in prisons. That is another element that needs to be discussed. I therefore suggest including the Scottish Prison Service in the organisations that we invite to discuss the issue with us.

David Torrance: I agree with my colleagues. We could also ask the Health, Social Care and Sport Committee whether the issue will be included its work programme, as that committee might be best suited to take the petition forward. I agree that we could write to and get information back from all the different organisations that have been mentioned. However, if that committee is to dedicate time to the issue, there is no point in two committees doing so. If the petition is to be pursued, I would like it to be passed on to the Health, Social Care and Sport Committee.

Tess White: I go back to a point that Monica Lennon made. My concern is that, should we pass the petition to another committee, it is important that we receive that committee's review and that the petition does not get lost. This is a crisis and we cannot simply kick it into the long grass. It is really important that this committee sets a date on which it will review the petition—if that is members' joint view. It should not and must not be lost.

The Convener: I will sum up. We should very much keep David Torrance's suggestion in mind, although I think that he agrees with colleagues that, in the first instance, we should seek information on what the status of all the issues is, as Tess White and other colleagues have suggested.

I would like to frame those questions around asking for a candid assessment of where things were before the Covid pandemic happened and what the pandemic has done. What impact has it had on delivery? If the impact has been prejudicial, what steps are being taken to get back on track? In response to our inquiry, I do not want to be told, "Of course, we've had a pandemic." We all know that we have had a pandemic—I do not need to be told that. I would like to have a candid understanding of the pandemic's impact and the plans that are in place to resolve that, in relation to all our questions. We could get something back that tells us what we already know; I would rather find out what we are going to do about the situation. We will keep the petition open.

Thank you very much for joining us, Monica. Are you happy with the course of action that we will take?

Monica Lennon: Yes. I thank colleagues for their considered thoughts. Tess White helpfully mentioned work that is being done on suicide prevention and distress brief

interventions. For young people, I am troubled that CAMHS waiting lists are at their highest-ever level. To say, “Well, it’s a pandemic,” is not a good enough answer; we need to know what plans are in place.

Today’s discussion has been important, because people are contacting the Parliament to look for action and support. As I said, we are talking not about sympathy and warm words but about how we deliver system change. If the Health, Social Care and Sport Committee has an interest, too, that will be welcome. I appreciate this committee’s insight and interest today.

Royal College of Psychiatrists submission of 20 October 2021

PE1871/F: Full review of mental health services

1. **What progress, if any, has been made in the provision of mental health services since the previous petition was closed in 2019 and the impact of such progress;**

While acknowledging we have so much more to do to deliver parity of esteem between physical and mental health care, the College and its membership has successfully advocated for and helped facilitate developments which can improve the provision and availability of specialist mental health care for those who need it. This includes:

- A Managed Clinical Network to develop perinatal mental health services for new and expectant mothers, backed by £50m.
- The creation of a Personality Disorder National Improvement Network to ensure our mental health services can better meet the needs of people with this condition.
- Developing a CAMHS service specification which maps out expectations for patients and their families as to the support, care and treatment they can expect across the various tiers of CAMHS.
- A national review of eating disorder services, which is now in the process of having its recommendations delivered by the Scottish Government.
- The creation of a Workforce Specialist Service for registered health and social care practitioners, recognising the stigma they can face when seeking mental health services' support.
- We hope these developments create the capacity for better and more person centered care for a number of those with severe mental ill health.

2. **The extent to which the Covid-19 pandemic has impacted on the Scottish Government's ongoing work to address issues identified in the petition; and**

There are a number of issues now impacting those with severe and potentially enduring mental ill health to a greater extent than before. This reflects the pandemic's particular toll on this group, and we support the calls from Scotland's Mental Health Partnership for a radical

refresh of the current Mental Health Strategy in recognition of this increased need.

Those with moderate to severe mental ill health were already marginalized and had a 20-year lower life expectancy than the rest of the population and, due to a lack of understanding of their conditions, are often overlooked in policy discourse.

Based on the Scottish Government's latest mental health tracker:

- Over a quarter of those with a pre-existing mental health condition (who are likeliest to require specialist care) reported suicidal thoughts, compared to 8.5% of the rest of the population
- Nearly two thirds (63.5%) reported depressive symptoms, compared to 17.5% of the rest of the population
- Over half (52.8%) reported levels of psychological distress indicative of a psychiatric disorder. Of concern is that 29.43% of those without a pre-existing condition also reported this.

The negative trends in the mental health workforce have also been exacerbated by Covid. After a period of incredible strain, the increased demand illustrated above will further stretch a tired workforce, in in-patient settings and beyond.

Initiatives the government had underway therefore need to be fast tracked, such as safe staffing legislation, as well as proposals around a healthcare workforce strategy and a mental health workforce plan.

The problems cannot just be addressed at the specialist end either. We require a whole-systems approach that ensures, for young and old, clear pathways to the right care and support, in the right place, and at the right time are in place.

3. Whether the Covid-19 pandemic has impacted on access to mental health services and ways in which this could be addressed.

Across mental health services, there have been issues with accessing services during the pandemic.

This includes those who rely on group therapies, which have not been able to run physically since the outbreak of the pandemic. The development of a national online platform that is accepted in all health

boards has yet to be finalised, meaning a postcode lottery for people who need kind of therapy.

While the development of self-help material like Clear Your Head has been widely welcomed, this does not meet the needs of this population. They need the kind of group therapies that can only be offered through an easy-to-use national platform, and their inability to access this will likely have led to their condition worsening.

The other group who have seen particular adverse impacts are young people transitioning from CAMHS to adult mental health services. A report from the Scottish Transition Forum during the height of the pandemic found that 70% of families whose child had a disability (including severe mental ill health) hadn't had a transitions meeting and nearly nine in ten families didn't have a transition plan.

At what is a critical stage in that young person's life, support to ensure they can adapt to a new care setting and that their needs are understood requires a robust transitions planning process.

That's why we're calling for the Scottish Government's commitment to a national transitions strategy for children and young people with mental ill health to be prioritised. This should be done with the voices of lived experience and the clinicians who provide them care at its heart. We would also urge consideration for how other such transitions can be better handled across the lifespan.

Scottish Association for Mental Health submission of 21 October 2021 PE1871/G: Full review of mental health services

Introduction

SAMH is grateful for the opportunity to respond to PE:1871. We would like to pay tribute to Karen McKeown and those involved in the Shining Lights for Change campaign for continuing to push for change following the loss of their loved ones.

1. What progress, if any, has been made in the provision of mental health services since the previous petition was closed in 2019 and the impact of such progress?

The last few years have brought many promises on mental health, and yet, very little has changed in relation to people's experiences of Scotland's mental health system. This is reflected in official statistics, which show that almost one in four adults continue to wait longer than four months to be seen by psychological therapies; the number of times people were detained for mental health treatment has risen since 2019; and the five-year average suicide rate increased from 13.4 per 100,000 population in 2015-19 to 13.9 in 2016-2020. ([Public Health Scotland](#), [Mental Welfare Commission](#), [Public Health Scotland](#))

This lack of progress was also conveyed in the Cross Party Group on Mental Health's [review of the Scottish Government's Mental Health Strategy](#), which it conducted between 2019 and 2021. The Group, of which SAMH is the Secretariat, heard examples of progress and good practice, however this was not consistent across the country. Overall, the CPG found a disconnect between progress outlined in the Scottish Government's Mental Health Strategy Progress Reports and people's experiences of accessing mental health support.

2. The extent to which the Covid-19 pandemic has impacted on the Scottish Government's ongoing work to address issues identified in the petition?

There is no doubt that the Covid-19 pandemic has disrupted ongoing work on mental health. For example, the recent launch of the National Suicide Prevention Leadership Group's (NSPLG) suicide bereavement support pilot in North Ayrshire and the Highlands had to be delayed because of the pandemic.

At SAMH, we were particularly frustrated by the delay in the publication of statistics on deaths by suicide in 2020 and again in 2021. As an organisation seeking to be there for people's mental health, it is important we have up-to-date data to help us do this.

Nevertheless, the coronavirus pandemic has demonstrated that the Scottish Government can act quickly and decisively. In particular, we welcomed the national roll-out of the Distress Brief Intervention (DBI) programme, which rapidly connects people in distress to sustained support in their community. We must see more of this type of quick and ambitious action as we move out of the pandemic.

3. Whether the Covid-19 pandemic has impacted on access to mental health services and ways in which this could be addressed?

In 2020, SAMH commissioned [longitudinal research](#) into people's experiences of mental health treatment during the pandemic. Ultimately, we found that systemic changes to the delivery of this care have resulted in increased feelings of mental ill health while also affecting people's ability to cope.

In terms of accessing support, of participants who had tried to speak to their GP about their mental health since March 2020, over one in ten (13%) had been unsuccessful. Worryingly, over a quarter (27%) of respondents to our final survey indicated that their specialist treatment and support had stopped altogether because of the pandemic. Where the delivery of people's care had changed, people described feeling isolated, abandoned and fearful as well as confused about how to access support.

On top of this, over half (54%) of respondents indicated they didn't want to bother professionals about their mental health because of the pressure on the health service caused by the pandemic. In one survey many people felt that mental health was less of a priority now for the NHS (54%) and the Scottish Government (35%) compared to before March 2020.

We also heard issues concerning crisis support, which many people explained had deteriorated. In particular, participants highlighted a lack of consistency concerning the delivery of this type of support and a reliance on telephone crisis lines. Additionally, people described the crisis support they had received as being short-term and perfunctory. In some cases, people's withdrawn specialist support had been replaced with a number for a telephone line that was ill-equipped to meet their needs.

Mental health services were struggling before the pandemic. Therefore, recovering and renewing the previous system will not be good enough. Now is the time for radical and ambitious change: we must see greater investment in psychological wellbeing support, accessible help for children and young people, and long-term plans for suicide prevention. While remote support has its benefits, it does not work for everyone. That's why we are also calling for in-person support to be firmly embedded in the review of the Mental Health Strategy 2017-2027, due to take place in 2022.

Petitioner submission of 9 December 2021 PE1871/H – Full review of mental health services

Under the freedom of information act I requested information NHS Lanarkshire. The question and response from NHS Lanarkshire are detailed below.

1. How many suicide reviews have took place within Lanarkshire from 2018 to 25/10/2021?

71 reviews have been carried out and concluded for suicide incidents within the period of 01/01/2018 to 25/10/2021

2. How many people attended A&E at all three hospitals in Lanarkshire with mental health related illness? Out of the number that attempted how many were admitted to hospital?

The number of patients attending A&E with a mental health related attendance, broken down by the number requiring admission to hospital for attempted suicide is outlined below.

- 2018 – out of 8011 patients, 1,983 were admitted and 6,026 were not
- 2019 – out of 8161 patients, 2,042 were admitted and 6,119 were not
- 2020 – out of 7,191 patients, 1,988 were admitted and 5,192 were not
- 2021 up to 25 October – out of 5,621 patients, 1,441 were admitted and 4,180 were not

Between 2018 and 2021 (up to 25 October) 7,365 patients were admitted to hospital after attending A&E at all three hospitals in Lanarkshire and 21,619 were not.

3. Out of the people admitted to hospital, how many were to medical/general bed and how many were mental health beds?

Following a mental health attendance at NHS Lanarkshire emergency departments, 6,709 patients were admitted to non-mental health beds and 626 were admitted to mental health beds.

4. How many mental health beds are available?
NHS Lanarkshire has 274 beds.

Let me put that into perspective, in the full of Lanarkshire both North and South there are only 274 beds for mental health. According to the Office of National Statistics, in 2018 North Lanarkshire had an estimated population of 340,180 and South Lanarkshire 319,020. That is 659,200 sharing 274 mental health beds. The mental health services are on its knees. They can not cope with the demands on their services.

With so little beds, I am shocked at the number of people who have been admitted to mental health beds. Only 626 people out of 28984 people went to mental health beds for 3 years. There are simply not enough beds to support demand and this is just NHS Lanarkshire.

A suicide review is carried out if a person dies by suicide and it either open to the mental health services or took their own life within a mental health service. This is to have an opportunity to review the case and learn lessons. In my experience with suicide review, they do not learn lessons from past mistakes. The review carried out with my partner found all policies and procedure were followed. If this is the case then policies and procedure need reviewed, as my partner Luke asked for help and was turned away. He completed suicide not even 24 hours after seeing a mental health professional. If lessons had been learned and people had not slipped through the cracks, then the amount of reviews being carried out would be lower than 71. To me this suggest the system is broken and needs fixed. Risk assessments are failing. Staff have high case loads and over worked. Demand for service has increased and the service can not take much more.

Cabinet Secretary for Health and Social Care submission of 10 February 2022

PE1871/I - Full review of mental health services

Further to the submission that the Scottish Government provided on 8 July 2021, I am writing to the Committee with additional information as requested.

I would like to start by conveying my sincere condolences to Ms McKeown, the petitioner. Every suicide is a tragedy, felt by family, friends, colleagues and the wider community. I understand Ms McKeown's passion and drive to ensure that we have a mental health system that is responsive to all. The Scottish Government fully supports and shares this

ambition. I am also sympathetic to Ms McKeown's specific ask for a full review of mental health services – however, I believe that work already committed to by this Government, across multiple levels of need, will amount to the transformational change that the petitioner is calling for.

The petition covers a range of issues, from the referrals mechanism for mental health services, to suicide prevention. The Committee requested additional information on several of these topics.

I hope it is helpful if I outline the wide range of work that the Scottish Government is taking forward to ensure we have a mental health system where the right help is available, in the right place, at the right time. This is especially critical given that we know the mental health impacts of the pandemic will continue to emerge and evolve over time. The help and support available must be similarly flexible and innovative to respond appropriately.

Improving the Mental Health System

Although transforming mental health services is a fundamentally important focus for this Government, our work focuses just as much on supporting and creating the conditions for everyone to have good mental wellbeing.

In 2020 we published our Mental Health Transition and Recovery Plan, which set out how we intend to support Mental Health through the pandemic and beyond. In financial year 2021-22, this is supported by our £120 million Mental Health Recovery and Renewal Fund – the single largest additional investment in mental health in the history of devolution.

The Scottish budget, published on 9 December, continues record levels of investment to match our ambition, with direct funding for mental health in 2022-23 of over £290 million – a 6% increase on this year, and a 139% increase on 2020-21.

By the end of this Parliament, we have pledged to increase direct mental health funding by 25%, and ensure that 10% of all front-line NHS spend goes to mental health, with 1% directed specifically to children and young people.

Details of how we are using this funding to support a whole-system approach - including ensuring that people receive the support they need at the earliest possible opportunity - are set out below.

How the System Works Together

Primary and Community Care Teams have a pivotal role to play in supporting mental health. As frontline practitioners, GPs and their teams are often the first port of call for people seeking professional help for mental health issues. However, the range and complexity of mental health presentations in primary care do not all fit existing pathways of care. That is why, on 12 January 2022, I set out plans to ensure that every GP Practice will have access to a mental health and wellbeing service, funding 1,000 additional dedicated staff who can help grow community mental health resilience and direct social prescribing by 2026.

These multi-agency Mental Health and Wellbeing in Primary Care Services will provide assessment, advice, support and some levels of treatment for people who require a mental health, distress or wellbeing response. The Services will be designed according to local need, based on a set of national principles underpinning service delivery; and could include Occupational Therapists, Mental Health Nurses, Psychologists and Enhanced Practitioners.

These teams would connect to the range of community assets within local areas, linking to other forms of support such as physical activities, addiction services, family support and peer networks. It will be a requirement for all funded roles to directly support wellbeing and social prescribing, and for each practice to have dedicated link worker resource to support wellbeing.

This commitment has the potential to achieve real, and positive, transformational change and will be supported by significant investment, increasing year on year to 2026 and reaching an expected £40 million per year by 2024-25. Funding of £1.5 million has already been allocated this year from the Mental Health Recovery and Renewal fund to support the establishment of local planning groups, enabling the development of long term plans for the implementation of these Services.

We recognise the importance of social determinants such as poverty for suicide and mental health more generally. The pandemic has exacerbated pre-existing structural inequality in society, putting some communities disproportionately at risk and having more adverse impacts on the mental health of some parts of the population. The Mental Health Transition and Recovery Plan, and our Communities Mental Health and

Wellbeing Fund for adults, have a particular focus on addressing these issues.

Care, Quality & Standards

We want to ensure that individuals, their families and carers know what they can expect from mental health services, and will develop a set of standards for adult secondary mental health services this year. The standards will provide an opportunity to build a collective understanding of performance and enable effective benchmarking to drive improvements in quality of care. As well as helping reduce the scope of unwanted variation of quality of care, whilst also contributing to improving experiences and outcomes of patients. We expect the standards will also provide a basis for continual improvement though enabling greater scrutiny and assurance of services against the standards.

We are working with partners, including people with lived experience of adult mental health services, to develop the standards. The Mental Health and Wellbeing Standards Working Group is supporting their development and delivery. The Group consists of people with lived and living experience of using services and their carers, the mental health and social care workforce and organisations who commission mental health services. This partnership approach will enable a broad range of expertise to inform the standards and ensure they are comprehensive and impactful.

Improving the Referrals Process

In February 2020, we published our [National Child and Adolescent Mental Health Service \(CAMHS\) Specification](#), which sets out the levels of service that children, young people and families can expect from CAMHS across Scotland. As part of this year's additional investment through the Mental Health Recovery and Renewal Fund, we have provided £40 million for to NHS Boards to improve CAMHS. Specifically, we have provided £16.4 million funding to support NHS Boards to implement the CAMHS Specification.

The Specification includes a clear expectation that services should have appropriate re-engagement policies in place. Children and young people whose referral is not accepted are sensitively and appropriately signposted to a more suitable service within their community.

Additionally, we have provided £15 million of extra funding to local authorities to deliver locally-based mental health and wellbeing support for 5-24 year olds in their communities. These services offer an alternative to CAMHS for children and young people, where appropriate, by providing support for emotional distress delivered in a community setting. Further information is provided below.

Distress Response

Distress Brief Intervention (DBI) is a ground-breaking, award winning programme which provides a fast, personalised and compassionate response to people in emotional distress who don't need a clinical intervention. Since it launched in 2016 in four pilot areas it has expanded into many new areas and we are committed to ensuring that it will be available in all parts of Scotland by 2024.

DBI is available to people 16 years and over and we are testing how it can support children aged 14/15. Core funding for DBI in the current financial year is just under £4.1m.

The DBI has two levels: Level 1 is provided by trained front-line staff (Police Scotland, Scottish Ambulance Service, Accident and Emergency and Primary Care) and involves a compassionate response and offer of referral (where individuals are assessed as appropriate) with confidence, clarity and guarantee of support within 24 hours. Level 2 is provided by trained third sector staff who contact the person within 24 hours of referral and provide compassionate community-based problem solving support, wellness and distress management planning, supported connections and signposting for a period of up to 14 days – connecting people to the supports that help them over time.

As part of our wider response to the pandemic, in 2020 we opened up a national pathway to DBI via NHS24. Since launch in 2016 the DBI programme has provided support to over 23,000 people, including over 6,000 via the NHS24 pathway.

Suicide Prevention

Suicide prevention is a key priority for this Government. In August 2018, we published the Suicide Prevention Action Plan "[Every Life Matters](#)" and set up a National Suicide Prevention Leadership Group (NSPLG) - to harness the expertise, insight and contributions from Scotland's key suicide prevention partners, academic community, public sector

organisations, clinicians - and most importantly people with lived experience.

Since 2018, many aspects of the Action Plan have been successfully delivered including: establishing a new social movement and awareness-raising campaign 'United to Prevent Suicide'; producing workforce learning resources to support suicide prevention; developing a local action planning toolkit, and launching a pilot bereavement support service for individuals who have been bereaved by suicide. The pilot suicide bereavement service is currently running in NHS Ayrshire & Arran and NHS Highland, and is designed to provide early advice and assistance to bereaved families, and is also intended to help reduce suicide, as evidence shows that up to 10% of people bereaved by suicide may go on to attempt to take their own lives. This includes practical support, and advice on financial issues and the Crown Office and Procurator Fiscal (COPFS) investigation process. At the heart of the service is assessing the needs of families, ensuring safety plans are in place, and connecting families to local organisations which can provide further assistance and support to meet their needs. The Scottish Government is providing £510,000 for the pilot, which will run initially for two years, with a view to national expansion. The Scottish Government is also investing in suicide bereavement support in workplaces, to ensure compassionate support is available to staff who have been affected by the suicide death of a colleague.

The Action Plan also included a focus to improve suicidal crisis support, and that work is now moving to implementation stage following National Suicide Prevention Leadership Group (NSPLG)'s publication of 'Time, Space, Compassion - Three simple words, one big difference: Recommendations for improvements in suicidal crisis response' in October 2021. A Suicidal Crisis Support Action Group has been established which is an independent, time limited group led by the Scottish Government to agree and advise on activity to implement the recommendations with the aim of enabling improvements in suicidal crisis support right across Scotland.

The group is currently working to draw together lived experience, expertise and evidence from a wide range of sources to advise on the most effective actions and approach to support change and remove barriers. The NSPLG recommendations deliberately do not recommend a particular model of crisis support. Instead, it sets out an approach which sees suicidal crisis response as a human reaction, not a service model, and sets out the principles of Time, Space, Compassion as the basis of

improvement in support people in suicidal crisis – across a range of settings, from statutory services to communities. The Suicidal Crisis Support Action Group has recently commenced and will be working over the next 18 months to deliver on these recommendations.

Reviewing deaths by suicide also forms part of the Action Plan, and good progress is being made to set up pilot reviews in 3 local authorities areas over the coming months. These reviews will provide valuable information about the factors and circumstances leading to a suicide to inform national and local suicide prevention efforts. The Government is also committed to preventing suicide deaths in custody and has accepted in principle all of the recommendations in the Independent Review of the Response to Deaths in Prison Custody, published in November 2021.

Beyond the Action Plan, through the £120m Recovery and Renewal Fund, the Government has increased its investment in local suicide prevention activities with six new implementation roles to support local suicide prevention planning, delivery and evaluation. Our new Communities Mental Health and Wellbeing Fund, described in more detail below, also provides £15m for 2021/22 to invest in community support for adults to support initiatives that tackle priority issues and at risk groups in line with local needs. Suicide prevention, social isolation and loneliness, prevention and early intervention are all key priorities for the fund.

Looking to the future, the Scottish Government and COSLA will publish a new Suicide Prevention Strategy in September 2022, accompanied by an initial Action Plan. This Strategy will build on the learning from the current Action Plan, and will be outcomes-focussed. The development of the strategy is being directed by the voices of people with lived experience as well as data and evidence of what works. The Government has also committed to doubling the annual funding for suicide prevention by the end of this Parliamentary term, from £1.4m per annum to £2.8m per annum.

Community Mental Health and Wellbeing Support for Adults

The Scottish Government supports and greatly appreciates the valuable work that community groups and organisations do to support the mental health and wellbeing of our communities, in particular the important role that small, grass roots, community groups play. We want to build on the excellent examples of good practice we have seen emerge throughout the pandemic, and on 15 October 2021 we announced a £15 million Fund to

support adult mental health and wellbeing in communities across Scotland. This funding is expected to be in place for two years.

The funding reflects the importance that the Scottish Government places on promoting good mental health and early intervention for those in distress, ensuring that individuals can access a range of different types of support to match their needs.

The Fund supports the development of an integrated culture of mental wellbeing and prevention within local communities and across Scotland, building on and developing capacity within community organisations and grass roots groups and supporting the mental health and wellbeing of individuals.

The Fund focuses on:

- Tackling issues within the Mental Health Transition and Recovery Plan such as suicide prevention, social isolation and loneliness and prevention and early intervention;
- Addressing the mental health inequalities exacerbated by the pandemic and the needs of a range of 'at risk' groups such as women (particularly young women, and women and young women affected by gender based sexual violence); people with a long term health condition or disability; people who are or have been on the highest risk (previously shielding) list; people from a Minority Ethnic background; refugees and those with no recourse to public funds; people facing socio-economic disadvantage; people experiencing severe and multiple disadvantage; people with diagnosed mental illness; people affected by psychological trauma (including adverse childhood experiences); people who have experienced bereavement or loss; people disadvantaged by geographical location (particularly remote and rural areas); older people; and Lesbian, Gay, Bisexual and Transgender and Intersex (LGBTI) communities
- Supporting small grass roots community groups and organisations to deliver such activities, thus providing opportunities for people to connect and revitalise communities, to build trusted relationships within communities; and
- Building on communities' own efforts throughout the Covid-19 pandemic and examples of good practice and innovation which emerged.

Community Mental Health and Wellbeing Support for Children & Young People

Children and young people have told us that they need more support for mental and emotional distress, and for their wellbeing and resilience, delivered in a community setting.

The Scottish Government is committed to improving access to community mental health and wellbeing support. Last year, a new fund was established to provide Local Authorities with an additional £15 Million per annum to deliver new and enhanced supports and services for children and young people aged 5-24.

There are now over 230 new and enhanced services in place which provide support for mental and emotional distress, alongside preventative support for wellbeing and resilience. Services are based on a [Framework](#) developed through two years of engagement with stakeholders, and in response to recommendations from the Children & Young People's Mental Health Taskforce, Youth Commission, Audit Scotland report on Children and Young People's Mental Health and the Audit of Rejected Referrals.

We are committed to continuing to expand community based support, and will double the budget for these services for children and young people to £30 million per annum within this Parliamentary term.

Lived Experience Panel

Finally, we are committed to ensuring that all of this work is taken forward with lived experience at its heart.

We are currently working with the Health and Social Care Alliance and Mental Health Foundation to set up a Lived Experience Panel to advise and inform mental health policy. Membership for the Lived Experience Panel will be open to individuals with lived experience of mental health problems, disadvantages, and/or discrimination that puts them at risk of developing a mental health problem. The recruitment is planned for Spring 2022 and the panel is due to have its first meeting in April 2022.

Conclusion

I hope that this summary of our ongoing work reassures the Committee that this Government is committed to transformational change for mental health. We want to see a whole system which responds appropriately whenever anyone asks for help – whether that involves clinical services, or community support. Embedded within this must be a focus on reducing stigma, suicide prevention, and on involving the voices of lived experience. We will also continue our focus on addressing the social determinants of mental health, and on prevention and earlier intervention. This is our opportunity to ensure that issues do not escalate into mental ill-health wherever possible.

I once again wish to offer my sincere condolences to Ms McKeown, and commend her for her work to bring this fundamentally important issue to the Committee.

Petitioner submission of 23 February

PE1871/J - Full review of mental health services

I thank the Cabinet Secretary for Health and Social Care for the submission and condolence. I would like to address a few points that have been raised. Although the outline of additional funding is welcomed, I would like to stress the importance on how the funding gets used. Which is why I feel a review is necessary to determine which areas are failing and need restructured. I strongly believe a specialist crisis centre for mental health is needed to help people in crisis. This would allow them to be assessed without having to go through an accident and emergency.

When Luke was in crisis, I had a hard time keeping him safe. We sat in an A&E waiting room as Luke was so unwell, we felt everyone around him was against him. This is not the right environment and needs to be addressed. I did not feel listened to as a family member. I was begging them to help me, and they told me he was ok. He was not ok. I knew Luke best, but my option was not considered. Luke was not given medication or admitted, simply turned away and we felt abandoned. We had no help or support. Luke went on to take his own life.

Something is wrong with the system. Covid-19 has just made the mental health service worse, but it was not much better before Covid. Our local health board is NHS Lanarkshire. In my previous submission I highlighted statistics from NHS Lanarkshire since 2018 pre-covid and during Covid. However, Lanarkshire was piloting the distress brief intervention (DBI) at the time of Luke death. This suggests that it is not working and the only way to determine that is to review all services. Luke's case sadly is not isolated and so many families feel the same. Both in Lanarkshire and throughout Scotland. We want to see change and do not believe the Government is doing enough for mental health. Luke sadly is no longer here; I feel it is my right as his partner to fight for him. To ensure that no other family must feel this pain if I can prevent it. If carried out, a review can make service better and save lives. Luke will not have died in vain.

I would like to plead with the committee to call for evidence from others. Ask members of the public who have lost loved ones or who are struggling to get mental health support. Ask the mental health front line staff if what is written on paper is happening on the frontline. Staff are over worked as there is not enough trained staff. Ask Police Scotland Officers if they feel they have enough training to deal with a mental health crisis.

Lastly, suicide prevention is very important. Learning health coping strategies from a young age will give youth a tool to use throughout their lives. Through education we can learn it's ok not to be ok. That it is safe to talk about your feelings. It is important to teach our youth a way to deal with stress in life.