Citizen Participation and Public Petitions Committee

19th Meeting, 2022 (Session 6), Wednesday 21 December 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 9 November 2022. At that meeting, the Committee agreed to consider the evidence heard at a future meeting.

2. At its meeting, the Committee will take evidence from the Cabinet Secretary for Health and Social Care; Hugh McAloon, Director of Mental Health; Gavin Gray, Deputy Director, Improving Mental Health Services; and Alastair Cook, Principal Medical Officer.

3. 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**.

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 9th November 2022

The Convener: PE1871 has been lodged by Karen McKeown on behalf of the shining lights for change group. Before we proceed, I should say that, in a moment, we will be discussing suicide and other challenging topics and that, if you are joining or watching our proceedings and know of anyone who is struggling, the NHS 24/7 mental health line can be reached by dialling 111.

The petition calls 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 that is available to families who have been affected by suicide.

We are joined by Karen McKeown. The committee does not routinely hear from petitioners; however, we were certain that having her with us would help us get a proper understanding of the issues, and we also felt that it would give her the opportunity to speak to the committee about why her petition is important. I thank her for coming to Holyrood and for taking the time to speak to the committee.

Karen is joined by Monica Lennon MSP, who I will not say has a season ticket to the committee— she might get a bus pass, at the very least—but is certainly an assiduous supporter of ours. She, too, spoke in support of the petition when we first considered it some time ago. We will invite Monica to contribute to our proceedings after committee members have concluded their questions.

Karen, before we begin, is there anything that you would like to say? My introductory question was to ask whether you would like to talk about your experiences and why you have highlighted them and lodged the petition.

Karen McKeown: I thank the committee for allowing me the opportunity to give evidence in person, and I also thank Monica Lennon for her support, which she has given me from the very start and continues to give.

I am here to be Luke's voice—this is not about me, but about Luke. Sadly, my partner Luke Henderson took his own life on 29 December 2017 after we had asked for help eight times in the week before his death. We were begging for help, as was Luke; he did not want to die, but he felt as though there was no other choice, because nowhere was offering us help. He was very unwell and was having visual and audio hallucinations.

As I have said, no one would help us: every door was closed in our faces. We were at a loss as to what to do. I was that worried and concerned that I stayed awake so that I could try to keep him safe, to the detriment of my own health. I woke up on that dreadful night to find the love of my life— my soulmate and my best friend—dead. Our two children had to be carried by the police over their dad's lifeless body with towels over their heads.

The effects will be for ever in our hearts and our lives.

The events of that night have turned our lives upside down, and we have felt pain that we could never have imagined. We now have to live our lives without Luke in them. We have so many unanswered questions, so much pain and guilt and so much frustration at being let down. My own mental health has suffered and I have become a shell of a person. What support have I had from the NHS? Very little that I have not had to fight for.

The Scottish Government's 2018 suicide prevention action plan—and indeed its 2022 action plan—say that there should be more support for people who have been affected by suicide. I have seen no evidence of those supports, and neither I nor my kids have received them. I have had to fight for every single bit of support that I have got.

I am not telling youse this today to get sympathy—I just want to share a wee bit of what life is like for me and for my family in having to live with this pain. I am no alone. Many people feel exactly as I do—let down—and they are supporting my petition. Those people are happy to speak to the committee separately. We all feel that we have been failed and we all have a common goal for reform.

I will address some of the issues that I feel have gone wrong with the 2022 action plan. It repeats many of the aims of the 2018 plan, but how are those aims and goals assessed? How do we know if the policies that are in place are working? We do not, because there is no assessment process in place. We need to find out what is working and not working, where funding needs to go and what services are doing well so that we can implement them fully throughout Scotland. I should say that I welcome the introduction of addiction and inequalities into the action plan. That is well overdue; it should have happened many years ago.

Recently, I have been doing my own research through freedom of information requests, focusing mainly on NHS Lanarkshire. Previously, I have submitted evidence on the number of beds that NHS Lanarkshire has, and I have asked further questions. It has only 113 general and acute mental health beds. People in crisis cannot get the support that they need, because of the lack of beds. The health board covers an area with a population of more than 600,000. How can you compare that number of beds with the number of people? That is just not possible.

In 2022, 71 suicide reviews were carried out, which means that 71 people took their own lives while being open to mental health services. That is just not good enough.

Waiting times are far too high. In Lanarkshire, the longest waiting time for child and adolescent mental health services is 904 days. In other words, a child is waiting 904 days to get the mental health support that they need. That is just not good enough.

All of that could be happening, because of a lack of staff numbers. Through my freedom of information requests, I am aware that some of the teams in Lanarkshire have half the staff numbers that they are meant to. That has had a knock-on effect on the staff themselves, causing high burn-out rates, and it also puts off people coming into the profession.

The fact is that the staff do not feel supported. They are having to hot-desk and do the work of three people. They are not being supported by management or Government. I would ask youse to call for anonymous evidence from staff, so that they can be honest about what is happening on the front line. What is down on paper and what is happening on the front line are two different things, because what is down on paper is not transpiring.

Failures in mental health services go back decades and even as far back as world war one, when such services became a thing. They have, for many years, been the Cinderella service of the NHS. Although they have received more funding, what they get is still not equal to what physical health gets. There are a lack of beds, a lack of trained staff and a lack services available for people.

I am calling for a review of mental health services, because I believe that it is the only way of determining whether public money is being spent wisely. Getting such a review is my whole aim today; it is the only way of determining whether risk assessments are working, for example. I do not believe that they are, because my partner was put at low risk of suicide, even though past assessments had put him at high risk, just because of his history. I do not know how he was assessed as being low risk before his death. These things can be manipulated.

Accident and emergency departments are not appropriate places for people in mental health crisis. As we have all read, A and E waiting times have gone through the roof. It is not viable for somebody who is struggling to sit there for 11 hours, trying to get mental health support.

I would love to see a separate hub or accident and emergency unit somewhere in the hospital that people could go to for immediate attention and the help that they require. That would also have a positive effect on NHS waiting times, given that, as I have documented in one of my previous submissions, so many people go to accident and emergency with mental health issues.

I could go on all day about the different failures, but the final point that I want to make is that mental health does not discriminate by age, sex or gender. Any one of us could be sitting in the same position that I am sitting in today. Anybody in this country could be sitting here, given that one in four people suffer from mental health issues. It is highly likely that one of youse will feel the same one day.

On mental health, there is nowhere that we seem to be getting it right—not in the community, not in the Scottish Prison Service, not with the military or ex-military or not with our youth. Our youth are our future—we need to protect our young people and get this right for them.

I am pleading with the committee—please call for a review of the service. Please call for evidence from staff and from the public, so youse can find out where they feel let down and see that what is transpiring on the front line is completely different from what is in the suicide plans.

The Convener: Thank you—that was very helpful. In just a moment, Alexander Stewart will pursue the matter of the scope of the review that you would like to see.

As the Citizen Participation and Public Petitions Committee, we are new to this particular case, but I understand that you lodged a petition in the previous session of Parliament. I want to understand what you feel, in your own mind, are the differences between your previous petition and this one.

Karen McKeown: I would not say that there are many differences. However, the actions that I asked for in the previous petition have not been completed. A hub was put in place, and NHS 24/7 has dedicated mental health advisers that people can call up, but they do not see anybody. We used that service previously with Luke—I called and spoke to the mental health nurse. I know that the service does not work. In order for the team to have been able to assess Luke, they would have had to see how he was presenting and whether he was responding to voices. They cannot do that over the phone. If he had been saying, “Oh, I’m not hearing voices”, they would have been able to see, if they were assessing him in person, whether he actually was responding to voices.

The Convener: In a sense, therefore, whatever assurances were given and whatever conclusions were drawn when the petition was considered in the previous session of Parliament, the delivery and execution of any of that has fallen short or has not materialised, such that those issues need to be brought back to the centre of our attention. Is that essentially the reason for this petition?

Karen McKeown: Yes. In addition, the situation with mental health was bad before Covid, but Covid highlighted a lot of the failures and a lot of negative attitudes with regard to mental health. The situation has continued to get worse, and it will only continue to get worse until we get social policy reform.

The Convener: Yes. Thank you.

Alexander Stewart: I thank the petitioner for her evidence and for her courage in saying what she has said today.

You have talked about failures such as being abandoned and being let down by the whole process, and you want to see changes and a review. The Scottish Government has already put in place some measures that you are probably well aware of. We have talked about suicide prevention, and there is also the final report of the Scottish mental health law review. You have probably seen all of those things.

What else would you like to see? You have talked today about some of the experiences of individuals. As we know, men seem to make up a much larger percentage of those who experience suicide situations and circumstances. You have touched on what you would like the review to deal with. I want to go back over where you think the gaps are, and where you would want to see the review progressing.

Karen McKeown: There are a lot of gaps in the system. The review could start at the beginning, with early intervention. Education for our youth has to be a big part of it, because our youth need to know that it is okay to talk and that it is okay not to feel okay. At the minute, they do not know these things. One example is my own daughter; the first time that she heard about mental health was only after her dad died. Tools should be taught in school so that the youth understand these feelings and know that they are okay. That starts with early intervention.

The review could then look at brief intervention, which is a service for mild to moderate mental health conditions. That is not what it is being used for, though; instead, people in crisis are being sent to it. They are being told to use apps, on which thousands of pounds have been spent. I have had a look at those apps, and there is no way that they would help me, never mind someone in crisis.

Once we get into crisis, we cannot get the services that we need, because of the waiting times. I was unable to get information on waiting times for adult services; I managed to get only the waiting times for CAMHS, and I was shocked to see that the longest waiting time in Lanarkshire was 904 days. That will probably be the same across the board, and more needs to be done about that. Staff need to be better supported. Staff are not being supported; instead, they are having to hot-desk. I have spoken to many staff who have left the NHS to go into office jobs, because they cannot take the stress and pressure any more. There needs to be a lot of focus on supporting the staff.

At the point of crisis, there are a lot of gaps. How can someone in psychosis and having hallucinations wait for hours in a busy A and E department? It is unrealistic, and it is harmful to them and to the public. We need a separate hub at accident and emergency—that is, a separate entity where people can go and receive crisis support for their mental health, in the same way that they can for physical health.

Alexander Stewart: The Scottish Government has launched a new suicide prevention strategy, which is its blueprint for what it wants to happen. Do you have any confidence in it?

Karen McKeown: Not if the 2018 plan that the Scottish Government put in place did not work, given that the new strategy has pretty much the same goals. The only difference is that inequalities and addiction have been included. There is a link between addiction and mental health, which has been ignored for many years and has got progressively worse. That is a positive in the action plan, but let us see how it transfers to the front line.

Alexander Stewart: Who should the Scottish Government be talking to? You have given some compelling evidence, as an individual who has experienced trauma, but who else should the Scottish Government try to embrace to capture the real situation and circumstances out there?

Karen McKeown: It should go to the staff, but that needs to be done anonymously, because no staff member wants to whistleblow for fear of a backlash. If it is anonymous, staff can open up and feel that they arenae gonnae get any backlash. Otherwise, staff will not open up. They probably know how bad the services are; they are probably just as scared as I am. I have spoken to quite a lot of staff, and the things that they have told me really scare me. It is scary that these are our youths that we are talking about. These are our future generations—they are this country's future.

The Convener: How we approach mental health has moved on considerably in the lifetime of this Parliament. When I joined, 15 years ago, there was still a tremendous element of stigma around mental health, and a real reluctance even to discuss these issues. Two or three MSPs from different parties were champions of the way in

which the Parliament embraced the need to approach mental health differently. There has been success in the sense that there is a greater willingness now for people to come forward or to talk about mental health issues. That has resulted in a far greater number of people trying to access services, so even as services are expanding, demand is increasing. As I think you have rightly articulated, it has been problematic that the pandemic resulted in a freeze on our ability to take forward a lot of the work that had been in progress.

I do not quite understand how all this operates in practice. In acute medicine, there is a difference between somebody who has suffered a heart attack and requires to be dealt with and somebody who is having elective surgery for a knee replacement. However, in the hierarchy of mental health, is there an assessment of the severity or nature of the mental health issues with which individuals present? Does someone who is in need of acute and immediate support find that, in essence, they are simply in a bus queue, without anyone necessarily understanding where the priorities lie in the way that might happen in traditional medicine?

Karen McKeown: Definitely. There is an assessment process. Once the referral goes in from the doctor, there is a multi-agency meeting involving the health services to discuss what is appropriate—for example, whether it is psychology or a community psychiatric nurse. However, the staff are up against it, because there are not enough staff and case loads are already through the roof, so they cannot take on more cases. Even when they know that somebody is in crisis and needs immediate help, their backs are against the wall because they do not physically have the capacity to see those people. That is why there are a lot of missed opportunities to save people's lives.

The Convener: You talked about some people presenting at A and E, which in your view is not the right place for them even though they were presenting with what we would call an emergency in mental health terms. Is it your argument that the ideal scenario would be to have somewhere else in hospital where people in that acute situation could present?

Karen McKeown: Yes. There needs to be somewhere where people can present immediately and get immediate support. When you phone NHS 24 to get help for mental health or speak to an out-of-hours doctor or anything like that, you are told either to contact the police if you feel that you cannot keep yourself or someone else safe, or to attend accident and emergency. That is the advice.

I put figures in one of my written submissions on the number of people who attended accident and emergency in the past three years. The figure was rather high. Those people presented at accident and emergency, but the number who went to mental health beds over a three-year period was something like 600-odd. I do not have the exact figures, but I put that in my most recent submission.

The Convener: Marie McNair would like to ask a question. Unfortunately, we do not have a video link, so it is likely to be an audio-only contribution.

Marie McNair (Clydebank and Milngavie) (SNP): Good morning, Karen. I give you my condolences for the sad loss of your partner in such horrific circumstances. You

previously raised the issue of risk assessments, which you felt were not adequate. Are you aware of any improvements in that area since you last gave evidence on it?

Karen McKeown: I do not believe that there have been any improvements. The risk assessments can be manipulated. That is based not just on seeing it with Luke; when I was a student mental health nurse, the risk assessments could be manipulated—you were actually told to manipulate them so that you did not have to bring people in or place them as being at high risk. I do not think that anything has changed with risk assessments. They are very dangerous, and they do not pick up the risks.

Marie McNair: Thank you.

The Convener: Just out of interest, and following on from Marie McNair's question, what was the experience in relation to that risk assessment?

Karen McKeown: Luke had had to go into hospital a few times to get mental health help and, with every previous risk assessment, because he had a history of suicide attempts, abuse and other things, that put him at higher risk. So, even before we went to that service, he should have scored as high risk for self-harm or suicidal ideation.

I have a report from 2016 that says that he was at high risk of suicide at some point. However, Luke's risk assessment scored him as a low risk on the night before he took his own life. They changed his assessment to medium because I was not happy with that, so it can be manipulated.

The Convener: Thank you. That has been helpful. We have covered quite a lot of ground, and we understand where you would like to see us move in relation to that. Monica, would you like to contribute?

Monica Lennon (Central Scotland) (Lab): I am sure that you will agree that Karen McKeown is a hard act to follow, and I want to thank her for the time and effort that she puts into this. Karen mentioned some of the FOI requests that she submitted, particularly to NHS Lanarkshire. I have to admit that, when I saw some of the answers and the detail of some of the long waiting times, I said that we needed to go back to ask whether the figures were correct or whether they had not understood the question. Therefore, what we see in black and white is frightening.

Through the work that she does locally with others with lived experience and through voluntary work, Karen speaks to a wide range of people. She has also been very fair in trying to identify where there has been progress. The inclusion in the strategy of addiction and inequalities is good. Two years ago, we met the former Minister for Mental Health, who explained, "Ah, the addiction side—that's for my public health colleagues," so there was fragmentation in the approach. There is now a better understanding that we need a holistic approach. However, as we have heard from Karen and in written submissions from, I think, the Royal College of Psychiatrists and others, the capacity is just not there.

Therefore, if the review is going to happen, it needs to look at the real-terms resource and the backlog that we face in dealing with the challenges. There was an

urgent question in Parliament last night about accident and emergency waiting times. Those figures give a good window into what is happening in the entire system. NHS Lanarkshire, which we have talked about today, has reached an all-time record low in dealing with those waiting times.

Karen is absolutely right that, for people who are in crisis, being in that A and E environment is not suitable. In fact, it can make everything worse and put them more at risk. Where are the trauma-informed services? Where are the quiet spaces? I would like to hear more from Police Scotland colleagues. I know from speaking to police officers on the front line in my region that they feel the pressure. Some good training has been rolled out across police and other front-line services, but that pressure is another sign that the system is not working.

We know how hard it is to get face-to-face contact in primary care—not just with general practitioners but with others. We know about the role of community pharmacists and advanced nurse practitioners. I do not doubt the good intentions of the Scottish Government and those working at a high level to run our health services. However, we need to factor in the backlog and the whole recovery agenda—we need to create that space in order to have an honest, independent look at what is happening.

Karen touched on the need for education, prevention and early intervention. Convener, you are absolutely right to talk about the journey that we have been on in this country to try to destigmatise mental health issues and to make it easier to have those conversations.

However, we must also recognise that there is a spectrum, and Karen is right to say that, for someone who has low mood that is very temporary or low-level anxiety, some of the apps and signposting that we know about are probably appropriate. However, for other people with other mental health conditions that do not always get the attention and understanding that they need, that is not helpful. In fact, it is probably counterproductive. Therefore, it is really great that the committee has invited Karen today. I notice that it is not normal practice, but I think that it shows that, in the Parliament, all members understand that. Sadly, the experience of Karen and Luke will resonate, because we all know constituents who have been through similar experiences and tragedies. I just want to back up everything that Karen has said.

I know that in Parliament we struggle to find the capacity in our committees and in the chamber to give issues the time that they deserve. I hope that when the committee hears from the cabinet secretary or the minister—I think that it will be the cabinet secretary—the Government will not be defensive.

I know Karen very well—we have been working together for a few years now. All the constituents who come to me are not looking for reform out of anger and are not looking to blame people. Karen spoke with great affection for the staff—those on the front line who are trying to hold it together— and it is often their mental health that suffers.

Therefore, we owe it to everyone in Scotland, including the workforce, to really step back from this, so I hope that the Government will not be defensive. I think that we all

recognise that there are very good intentions, but there is a gap between the high-level strategy and policy and the actual resource and experience on the ground. We know that we have to train the workforce, but when are people getting the time to do that, right now?

Alexander Stewart mentioned a couple of the relevant reports and strategies—that work is very welcome and we have been speaking about it a lot. I did not print it off because it ran to something like 900 pages, but the Scottish Mental Health Law Review report is a massive document—I think that the summary was about 113 pages. That tells you that the issue is complex. There are so many layers to it.

However, to go back to where Karen started, Luke did not want to die; he wanted to live. He loved his family; he loved Karen; he loved his children. He wanted to live. There are so many other families that carry that in their hearts, so suicide prevention work is important. It is also about making sure that everyone can live well and live their best life, and that our NHS continues to be the success story that we all want it to be. I will end by saying that I fully support Karen. I thank the committee again for all its work on the petition.

The Convener: Thank you, Monica. You said that the report is 900 pages long—that is almost as big as the number of days on the waiting list. It occurred to me that Parliament will potentially have dissolved before some people are at the top of that waiting list. It is getting close to 2026 before people will be seen, which is an indication of the scale of the issue.

Before we close, does Karen McKeown want to say anything in conclusion?

Karen McKeown: Just that I would really like to see a fit-for-purpose mental health service—that is my aim. It is not out of anger or anything; I do not want any other family to have to feel the pain that we have to feel every day, because it is horrible and I wouldnae wish it on anybody. We need a fit-for-purpose mental health service so that this stops happening.

The Convener: We have the cabinet secretary at our next meeting, where we will be able to pursue a number of the issues. Thank you, Karen, for your courage and resilience. It has been a privilege to have you with us this morning to discuss the issues. I know that I speak on behalf of all the committee when I wish you and your family every happiness in the future.