

# **PE1871/P: Full review of mental health services**

## **Minister for Social Care, Mental Wellbeing and Sport written submission, 21 October 2024**

I would like to thank the Committee for their letter of 31 October and for the opportunity to provide further information on data consistency, workforce wellbeing and training.

Through the information that was previously provided by Ms McKeown on the traumatic loss she experienced, I understand why she continues to call for this petition to be considered. I would like to reiterate that every suicide is an enormous tragedy with a far-reaching impact on family, friends, and the wider community. In addition to the points addressed below, I remain committed to the work on suicide prevention outlined in previous submissions.

### **Data to Demonstrate Effectiveness and Consistency**

I would like to begin by responding to the efforts made by Ms McKeown to better understand the effectiveness of Scotland's mental health system using the data obtained through Freedom of Information requests, in particular, the points she raised about the importance of data to demonstrate effectiveness and consistency.

I would like to reassure Ms McKeown that we recognise robust data is required to plan, manage and improve services as well as to demonstrate the effectiveness of Scotland's mental health system.

The Scottish Government is working with PHS to publish an online, interactive dashboard containing data from the Mental Health Quality Indicators, incorporating key outputs that report on the Core Mental Health Standards. It is also designed to be a one-stop-shop for data on mental health services in Scotland, with new data sets being added in due course. This will allow for more subnational breakdowns of the data and the addition of data sources to provide a more coherent and comprehensive picture of mental health services in Scotland. The dashboard will provide a publicly available and user friendly portal for accessing information regarding mental health service quality across Scotland.

We have invested significantly in recent years to improve NHS systems to improve the collection and consistency of data on mental health treatments such as psychological therapies and interventions (PT). The Child, Adolescent and Psychological Therapies National Dataset (CAPTND), which Public Health Scotland (PHS) are developing, will provide a comprehensive evidence-base for CAMHS and PT services in Scotland.

Additionally, a programme of work is underway to improve access to primary care data through the implementation of a Primary Care Data and Intelligence Platform. This will make

data available from all GP IT systems daily for statistical analysis and reporting, and will include any data captured in relation to mental health.

We also continue to invest in detailed studies, such as the annual Scottish Health Survey, which estimate prevalence of a number of mental health indicators in various population groups and regions of Scotland.

However, I recognise there is still more to be done to improve data. PHS are therefore actively seeking to close data gaps in adult mental health services. Areas such as community mental health, primary care, psychiatry referrals and quality indicators are being prioritised, while data quality improvement and the need to publish more local data at NHS Board and Local Authority level has been recognised. Adult Mental Health provision spans a variety of healthcare providers and statutory organisations. This complex landscape means it will take longer for us to develop data streams that reflect the variety of support that is provided and the range of organisations that provide this support.

It is important to note also that NHS Boards hold and use significantly more management information, including data on local demand for decision making and service planning, than is collected nationally for publication. This data reflects the local services in that area and is designed to support management of those services within boards. This means that data collected to meet local needs may not always be consistent across all NHS Boards. As we have not been able to validate the data received through the FOI process we are unable to comment on its consistency, however we would welcome any opportunity to review the data received from NHS Boards and to compare it with the data collated nationally.

### **Attendance at Emergency Departments and Admittance to Mental Health Acute Beds**

Ms McKeown advises the data suggests there is a need for more acute mental health beds in Scotland based on comparing the number of acute beds, Emergency Department (ED) attendances, how many people are admitted and where they are admitted to.

As noted in previous submissions, the Mental Health Unscheduled Care improvements, which we continue to progress, are aimed at ensuring that anyone requiring urgent or unplanned mental health support is able to get the right care, in the right place, the first time regardless of when or how they access care. This includes ensuring that people can receive care as close to home as possible and do not have to attend ED to receive that care, unless that is where it can be better provided. When an individual does present at ED, there are many clinical factors that will inform the decision to discharge an individual, including whether it is assessed as safe to do so.

### **Workforce Wellbeing**

Ms McKeown's submission highlights the findings from the Freedom of Information responses pertaining to NHS employee sick leave. I am likewise deeply grateful for the continued strength, determination and courage of our health, social care and social work workforce.

We continue to work with leaders across health, social care and social work, as well as hearing directly from staff, to understand where the current pressures are, and what further actions can be taken to mitigate their impact on staff.

Staff wellbeing is paramount, and it is critical that staff can take rest breaks and leave to which they are entitled, as well as being given time to access wellbeing support, to help avoid burnout. National funding of over £2.5 million has been committed to support the wellbeing of health and care staff in 2024-25. Prioritising these treatment and therapeutic programmes reflects the commitment to offer care and support to those staff most in need.

To complement the support available at a local level, we provide access to a range of national wellbeing resources. Wellbeing resources include the 24/7 compassionate listening service through the National Wellbeing Helpline, The National Wellbeing Hub which offers a range of self-service resources for staff, including peer support resources to help teams support each other, confidential mental health treatment through the Workforce Specialist Service, and access to psychological therapies and interventions through the Workforce Development Programme which supports staff to treat anxiety, depression and improve issues like difficulty sleeping.

### **Training for the Wider Mental Health and Wellbeing Workforce**

Ms McKeown rightly points out that there are many professions who could have a role in supporting an individual's wellbeing who are employed in a wide range of sectors. The Mental Health & Wellbeing Workforce Action Plan, which we published in November 2023 to support the delivery of the joint Scottish Government and COSLA Mental Health and Wellbeing Strategy, defines the wider mental wellbeing workforce as including wider public, third, and independent sectors which, although not directly employed in providing mental health services, support and treatment, play an important role in supporting someone's mental health and wellbeing and can also play a significant role in promoting good mental health for all. Examples include, but are not limited to, employers; health, social work and social care staff; community link workers; peer support, police officers; community group leaders; faith leaders; and school staff.

To support the development of the Workforce Action Plan, a Mental Health and Wellbeing Workforce Education and Training Advisory Group was established in 2023. The Group is chaired by NHS Education for Scotland (NES) and brings together senior leaders from key

sectors and organisations to develop a shared understanding of the critical areas where education and training will support the wider ambitions of the Mental Health and Wellbeing Strategy.

The Group is exploring opportunities to increase awareness, uptake and accessibility of existing, reliable mental health training resources and support decision-making on what further resources might be required to best meet the training needs of the wider workforce. This includes the development of an induction training framework for the wider mental health and wellbeing workforce, volunteers and carers. It is our intention that the mental health induction training framework will include promotion of informed level mental health and wellbeing training and resources and will be accessible across sectors.

### **Whole System Review of Mental Health Services**

I would like to end by turning to Ms McKeown's continued call for a full system review of mental health services, in particular, to the reference to a similar recommendation made by His Majesty's Inspectorate of Constabulary of Scotland (HMICS) following their thematic review of policing and mental health published in October 2023. In addition to the information contained in previous submissions setting out how the Mental Health and Wellbeing Strategy and Delivery Plan seek to promote the whole system, whole person approach by helping partners to work together, I would also like to set out how the Scottish Government is responding to the HMICS recommendations.

We know that individuals experiencing distress or crisis, and who may need unplanned care, can first present at a service that is not best placed to meet their needs; this might be via the police, at a clinical healthcare service, social care, or wider community-based supports and services. Supporting individuals to get the right care they need in a person-centred and trauma-informed way is critical and of high importance for all partners involved.

Since publication of the HMICS Review, the Scottish Government, Scottish Police Authority and Police Scotland have established a Partnership Delivery Group (PDG) to develop and take forward activity relating to the recommendations made. This cross sector groups grounds itself in partnership working across organisational boundaries to identify and deliver interventions that can deliver in a person centred and trauma informed way. There will be two main initial outputs from this work; a Framework for Collaboration and a cross sector owned Action Plan.

The Scottish Government, along with PDG members have developed a draft Framework for Collaboration (FfC) aimed at health, social care, social work, police, SAS, and third sector services setting out principles for a multi-agency collaborative approach to supporting individuals experiencing distress or crisis. The aim for this framework is to promote a whole-

system approach through multi-agency working, with an ambition that partners work in a way that minimises service-level boundaries, builds relationships and trust between services to ensure that the individual receives the support they need from the most appropriate agency or provider as soon as is practicable. Work is currently underway with wider stakeholders to refine the draft framework, with the aim of publishing it by the end of the year.

The PDG are also developing an action plan, due for publication by the end of the year, which encompasses the range of activity across partner organisations. This will set out short, medium and longer-term ambitions on mental health and policing and detail how these will be achieved through a series of thematically based actions.

This will build on improvements already made through our collaboration with Police Scotland to improve the support available to them when they come into contact with an individual who needs mental health support. Since 2020-21, the Scottish Government has provided nearly £10m to Police Scotland, NHS 24, and the Scottish Ambulance Service to support the delivery of an Enhanced Mental Health Pathway for those in distress or in need of mental health support. The Pathway enables emergency calls to SAS or Police Scotland control centres, where callers are identified as requiring mental health advice, to be directed to the Mental Health Hub within NHS 24.

In addition, Health Boards in Scotland are providing Police Scotland access to a mental health clinician 24 hours a day, seven days a week. The clinicians provide clinical telephone triage and offer urgent face to face assessments, when needed

I would like to thank the Committee again for the opportunity to provide further information on continued improvement work support people presenting in distress and crisis, workforce training and wellbeing and data. I trust that this response was sufficiently comprehensive to support your consideration of the petition.

**MAREE TODD**