Minister for Social Care, Mental Wellbeing and Sport
Maree Todd MSP
Ministear airson Cùram Sòisealta, Sunnd Inntinn is Spòrs
Maree Todd BPA

T: 0300 244 4000
E: MinisterSCMWS@gov.scot

Scottish Government
Riaghaltas na h-Alba
gov.scot

Richard Leonard MSP
Convener
Public Audit Committee

24 April 2024

Dear Richard,

PUBLIC AUDIT COMMITTEE REPORT ON ADULT MENTAL HEALTH

I am writing to offer a full response from the Scottish Government on the Committee's report on Adult Mental Health, published on 28 February 2024.

Firstly, I would like to thank the Committee for its diligent scrutiny on this issue. This builds on the significant work done by Audit Scotland to inform its report published on 18 September 2023. I believe the two reports are comprehensive, balanced, and highlight issues that we know need to be improved if we are to achieve the Vision of our Mental Health and Wellbeing Strategy: *"of a Scotland, free from stigma and inequality, where everyone fulfils their right to achieve the best mental health and wellbeing possible.*"

I would also like to thank the many witnesses who took the time to give evidence to Committee. I paid close attention to the evidence sessions, and I can see that wide range of perspectives clearly reflected in the report's recommendations.

Mental Health and Wellbeing Strategy

Before listing the Government's response to each of the Committee's 29 recommendations, I did want to begin with a general re-statement of the importance of our Strategy, Delivery Plan, and Workforce Action Plan, in making the improvements to the whole system that we know are required.

As I know the Committee are aware, the Mental Health and Wellbeing Strategy, published jointly with COSLA, sets out our long-term shared Vision for mental health and wellbeing in Scotland.

The Strategy was shaped by extensive engagement with our stakeholders, including a full public consultation and a number of engagement sessions.

Responses from the public consultation were independently analysed. We published a full report, supplementary report, and executive summary online, which are available here for the Committee's background information.

The Strategy covers all ages and all levels of need, and is built around the three pillars of "Promote, Prevent, Provide". The Strategy identifies a set of Outcomes that illustrate what a high-functioning whole system should look like, and the standard of support that anyone should be entitled to expect when they ask for help for any aspect of their mental health.

During the process of developing the Strategy, we placed a particular focus on the voices of lived experience and the role of inequalities.

Although recognising that specialist services will always be a key part of the whole system, the Strategy is equally focused on the principles of prevention and early intervention, with support, care and treatment being delivered in a way that is as local as possible, and only as specialist as necessary. It also focuses on the social determinants and underlying causes of poor mental health, including inequalities. As well as being published jointly with COSLA, it is a cross-Government Strategy. We will require work across portfolios if we are to achieve the transformational change we want to see.

The Strategy identifies ten key Priorities for change that will be necessary to drive improvement. The accompanying Delivery Plan, is built around those Priorities, with commitments laid out under each Priority. It also contains nine strategic Outcomes, which underpin the Vision. They illustrate the things we will need to see change if we are to achieve that Vision.

The Outcomes are also a tool for when we refresh the Delivery Plan, as we will do on a regular basis. We will make an assessment of progress towards those Outcomes at each refresh point, in order to make informed decisions about whether we need to update specific commitments. The first iteration of the Delivery Plan covers 18 months.

For the Committee's information, an assessment of where I believe Delivery Plan commitments map against the recommendations made by the Committee, and the contents of the Audit Scotland report, is included at **Annex A**.

Taigh Naomh Anndrais, Rathad Regent, Dùn Èideann EH1 3DG
St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot

Scottish Government Response to the Committee's Report

I will now offer the Scottish Government's considered response to each of the recommendations contained in the Committee's report.

1. The Committee heard compelling evidence that the demand for mental health care is continuing to rise, with the Covid-19 pandemic and cost-of-living crisis compounding the issues faced by an adult mental health system already under significant strain. To better understand and develop effective approaches to meet these demands, improvements in the collection of quality data is needed. We therefore ask the Scottish Government to work with its partners (including GPs) to put in place improved collection methods and reporting on the demand for adult mental health services.

Our shared aim is to ensure we have robust data on changes in need and demand across the whole population – not just those presenting to NHS services. We 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.

We have also invested significantly in recent years to improve NHS systems for the collection of data on mental health treatments such as psychological therapies and interventions (PT). Having published age, sex and Scottish Index of Multiple Deprivation (SIMD) of referrals to PT since 2021, Public Health Scotland is currently on track to add information on equalities and outcomes in 2025. This progress is reliant on dedicated analytical support provided to Boards, as well as a systematic programme of upgrades to NHS IT infrastructure to be delivered throughout 2024.

Additionally, a programme of work is underway to improve the collection of data on mental health in primary care, as part of the Primary Care Data and Intelligence Platform. This will make data available from all GP IT systems daily for statistical analysis and reporting. Controlled access to the data held in this platform will be made available on a "use case" basis to each Regional Board, PHS, NES and NSS by March 2026.

Notwithstanding the positive work described above, I recognise that there are still gaps in community mental health data, and agree with the Committee's conclusions regarding the extent of those gaps.

2. The Committee is encouraged by the evidence it has heard that more people feel able to seek help for their mental health rather than suffering in silence. This however inevitably places even more strain on adult mental health services. Lower-level support, such as the Distress Brief Intervention (DBI) programme, is a critical way of responding to this demand and can help move some of the pressure away from other services. While the Committee notes that the pilot has now come to an end, we recommend that the Scottish Government continues to monitor how roll-out of the provision of DBIs across Scotland is working in practice.

We are committed to roll DBI out to all NHS Board areas by the end of this month (April 2024). That is well on track at present.

Taigh Naomh Anndrais, Rathad Regent, Dùn Èideann EH1 3DG
St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot

Beyond that, we will continue to monitor progress on the further incremental growth of DBI, for example, the growth of the various pathways to DBI in local areas. It is important to state that DBI is a non-clinical intervention, and so, rather than being a single solution to systems pressures, it should be seen as one component of a much wider series of supports for people experiencing emotional or mental health distress.

We will continue to monitor general progress of the growth of DBI, however it is also important to note that, from April 2024, local provision of DBI will be entirely a matter for local NHS Boards and HSCPs to plan and resource appropriately within the wider context of their local prioritisation of services.

In addition, there are three national pathways to DBI: NHS24, Police Scotland call centres, and Scottish Ambulance Service call centres. We will continue to closely monitor the use of these pathways.

3. The Committee is clear that it is not the role of police officers to fill the gap in the mental healthcare system. The Committee welcomes the benefits of local policing partnership initiatives in helping to reduce the impact on police resources. We also support Police Scotland's scoping exercise to identify initiatives that could be implemented at a national level and recommend that this work is completed as soon as possible. The Committee expects the Scottish Government to respond positively to the outcome of the scoping exercise.

I accept the premise of this recommendation and recognise the need to address the challenges faced by policing identified both within the HMICS thematic review and the Committee's report. I consider that the best way the Scottish Government can respond is through national leadership and direction. The Scottish Government is already working closely and positively with Police Scotland to develop an improvement plan, and we have already committed to delivering a programme of joint work in response to the HMICS Report.

I am keen to see good practice scaled up and adopted across Scotland. The Scottish Government and Scottish Police Authority have established a multi-agency group to implement a comprehensive programme of work, to improve pathways to support those in need to access the right service at the right time, and to reduce demand on officers.

4. The Committee notes the work the Scottish Government is progressing with its partners during 2024 in response to the HMICS Thematic Review of Policing Mental Health in Scotland. The Committee seeks further details of the Scottish Government's planned mental health and policing action plan to be produced, including timescales for its development and implementation.

As above, I accept the premise of this recommendation. We intend to publish the multi-agency action plan (referenced above) in the autumn, and I am happy to share this with the Committee once available.

Taigh Naomh Anndrais, Rathad Regent, Dùn Èideann EH1 3DG
St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot

5. The Committee recognises the key role that GPs play in supporting people with their mental health. We are concerned however that having to first explain their medical symptoms to a receptionist may deter some people from approaching their GP for help. We suggest that the Scottish Government works with NHS Health Boards to develop guidance for GP practices setting out options that can be used to support people wishing to make a GP appointment for their mental health.

While I am sympathetic to the reasons behind this recommendation, it is important to point out that, in order to help patients get the most appropriate care, receptionists need to have an outline of the reason the patient is calling. They do not require a detailed summary. Receptionists are asking patients questions so they can be referred to the best health professional for their needs in the practice's multidisciplinary team, and this may not be a GP. There are many more health professionals working in primary care than GPs (including General Practice Nurses, Allied Health Professionals, and Community Link Workers) and explaining why they want to see a health professional is the best way for a patient to be referred to someone who can provide mental health support.

No data protection laws or protocols or patient confidentiality are breached by discussing a medical situation with a receptionist. Receptionists are employed by the GP practice, who are responsible for that data.

6. While there are many forms of local support available to people seeking help for their mental health, we heard that those working in primary care services, including GPs, are not always aware of them. The Committee encourages the Scottish Government to review its guidance on available support, issued to primary care last year, and update it as necessary to ensure that it remains a reliable and up to date source of information.

I accept this recommendation. One of the workstreams within the new Mental Health in Primary Care and Communities Governance Group (see response to recommendation 7 below) is considering links between general practice and communities. We will publish a progress report by November 2024.

7. We welcome the Scottish Government's ambition to achieve a more preventative primary care-based adult mental health service and its commitment to ensure that every GP practice has access to a mental health and wellbeing service by 2026. The Committee seeks the Scottish Government's assurances that it will provide sufficient funding to ensure greater progress is made against these commitments.

The Scottish Government remains committed to promoting and adopting this model where possible.

As set out in the Delivery Plan, we will continue to work with partners to drive a shift in the balance of care across mental health to ensure a focus on prevention and early intervention in the community. This includes a focus on providing high quality mental health care in General Practice. To deliver this, we have now published guidance on measuring and evaluating outcomes from mental health and wellbeing services in primary care, including data indicators for protected characteristics and deprivation.

We will work collaboratively to improve access to support, assessment and treatment in primary care mental health and wellbeing services. This will include the development of multi-disciplinary teams in general practice, and maximising the role of community mental health teams, digital provision and NHS 24 to make access simpler and quicker, aligning care and quality with the Getting it Right for Everyone (GIRFE) principles.

A Menal Health in Primary Care and Communities Governance Group has been established to deliver this action. It will produce an initial report on progress, which will include equality impacts, by November 2024.

8. The Committee welcomes the Scottish Government's stated commitment to ensuring that people have a choice in the way in which they access services, whether that be digitally or in-person. We are concerned however, that not everyone who prefers face-to-face support is receiving it. The Committee also notes the significant variation among health boards in the number of face-to-face appointments versus remote appointments for psychological therapy. We recommend that the Scottish Government explores in more detail what is driving this variability and to report its findings to the Committee as soon as possible.

As set out in the Scottish Government's Digital Health and Care Strategy, our approach to digital services is one of digital choice. People should not to be forced into using a digital service if it is not right for them - but equally, a digital service will be made available to those who want it. We recognise the challenges in rural areas where digital options may be more accessible than in-person support. We want people, regardless of their background or circumstances, to have the right choices at the right time when they need support for their mental health. To help achieve that, we will set up a programme to implement the National Specification for Psychological Therapies (PTs) and Interventions, published in September 2023.

People should be able to access a range of local options for therapy or interventions, which can take the form of digital, group work, or in-person support. We are engaging with Directors of Psychology to understand where variability in digital uptake arises, and why. The programme of work to implement the Specification will help to ensure that services offer mental health support, including digital therapies, in a more standardised way across Scotland, enabling local flexibility while limiting unwanted variability.

I am happy to keep the Committee apprised of our programme of work to support the ongoing implementation of the specification across all NHS boards. This is due to continue until at least December 2025.

9. The Committee heard mixed views about the merits of the Trieste model of mental healthcare. We invite the Scottish Government to further consider the lessons that can be learned from this 24/7 person-centred form of support, particularly in relation to the development of 24-hour walk-in services, including how this approach could work in rural areas. The Committee recommends the Scottish Government makes its findings public.

Taigh Naomh Anndrais, Rathad Regent, Dùn Èideann EH1 3DG
St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot

Whilst the Scottish Government sets the strategic policy for the NHS in Scotland and local mental health and wellbeing provision, it is important to emphasise that the provision of healthcare services and the delivery of patient treatment and care is the responsibility of local Health Boards and Health and Social Care Partnerships.

This strategic direction is set out in the Mental Health and Wellbeing Strategy and accompanying Delivery Plan. These were developed with extensive consultation with stakeholders, including people with lived experience, and contain no explicit commitment to the Trieste Model of mental healthcare. There are, however, some aspects of the strategy that very much align with the Trieste Model.

The Thrive Model in Edinburgh and Hope Point Mental Health Hub in Dundee are both examples of local developments which have adopted many of the principles of the Trieste approach.

Access to the right treatment for all age groups is at the forefront of our mental health policy, as is treatment at home where possible. This is reflected by the development and implementation of Crisis and Home Treatment Teams ensuring, where possible, people are treated at home with their families and friends around them at times of crisis.

The shift away from hospital inpatient care, the development of integrated community mental health and wellbeing resources, and social inclusion are all at the core of the Trieste Model, are all integral parts of the Mental Health and Wellbeing Strategy. These principles are embraced across the work of local Health and Social Care Partnerships.

10. The Committee recognises the benefits of peer-support and notes that there is scope to expand this form of support. The Committee echoes SAMH's call for the Scottish Government to set a national peer workforce target and set out clearer commitments to expand peer support infrastructure.

I recognise the importance of, and value the role that peer support workers play in supporting mental health and mental wellbeing. We know that peer support can be helpful for particular groups, with evidence showing us the perinatal peer support helping to improve post-natal mental health. However, workforce and service planning is conducted by Integration Authorities according to the needs of their populations. It would therefore not be appropriate to set national peer workforce targets.

We have outlined our commitment to promoting peer support within our Mental Health and Wellbeing Strategy and have included specific actions in our Delivery and Workforce Action Plans to champion the value of peer support across a range of settings, and to work with partners to identify and share learning of its impact. We have also reflected peer support within our Suicide Prevention Strategy and Self Harm Strategy.

11. The Committee also recognises the vital role that community link workers play in supporting people with their mental health. The Committee notes the suggestion made by the National Association of Link Workers for a national campaign to raise awareness of the

support that can be provided by community link workers. The Committee recommends that the Scottish Government takes this forward.

The majority of general practice CLWs in Scotland are funded from the Primary Care Improvement Fund to support delivery of multidisciplinary teams (MDTs) as part of Primary Care Improvement Plans. These Plans are determined by HSCPs, who decide on the composition of MDTs and, so, decide on where to deploy CLWs, which should be in line with population need. However, we are clear that, in future, CLW capacity should be targeted where it is needed most - in communities with the highest levels of deprivation. The Scottish Government has therefore recently begun a review of national CLW policy in primary care, including future funding arrangements.

We already fund the Scottish Community Link Worker Network (SCLWN), hosted by Voluntary Health Scotland, to support the profession. As the provision of CLW services and the demand for CLW support both vary across Scotland, I do not believe that a national campaign would currently be appropriate. The voices, experiences and insight of Community Link Workers themselves are central in helping us to plan future policy, and the SCLWN is key to this.

12. The Committee is concerned at the evidence heard regarding the limited oversight, transparency and accountability in relation to the performance of adult mental health services. We note the Scottish Government's plans for reform of governance structures through the National Care Service (Scotland) Bill and asks for information on how it will ensure greater accountability in relation to adult mental health care through this process.

Governance and assurance is a major driver of the quality and safety of services. We want to have the correct arrangements in place to assess and drive improvement in the quality and safety of services. This in turn will lead to better outcomes for people, and a reduction in any inequalities in experience of, and access to, services.

We recently published the Independent Review of Mental Health Scrutiny and Assurance. The review assessed current scrutiny arrangements, and proposed necessary changes to strengthen the scrutiny system. It also considered the related recommendations from the Mental Health Law Review, as well as possible changes in relation to the new National Care Service (NCS). The review made key recommendations relating to co-ordination, joint working, and information sharing between scrutiny bodies, gaps in scrutiny activity, inspection scheduling and follow-up, and the involvement of people with lived experience in scrutiny and assurance of services.

Following publication, we are now working with key scrutiny bodies and other stakeholders, to develop a framework for mental health scrutiny and assurance. The framework will aim to bring greater clarity to the scrutiny system, foster closer joint working and address gaps in scrutiny activity within mental health services, including adult community services.

The Scottish Government intends to amend the NCS Bill at stage 2 to provide for new national governance structures for social work, social care, and community health, including mental health services. This will create a NCS Board to bring national improvement and

oversight to these services, and to implement shared accountability as part of the process of integrating health and social care. These changes will address recognised issues around oversight and accountability, in those in relation to mental health services.

Further information on the details of the governance changes being introduced by the NCS (Scotland) Bill will be provided to Parliament over the coming months.

13. The Committee welcomes the Scottish Government's commitment to addressing mental health inequalities. However, the evidence we heard highlights that the Mental Health Transition and Recovery plan (MHTRP) lacked timescales and its progress has not been reviewed. We also heard that detail on specific actions is missing from the Mental Health and Wellbeing Strategy and associated delivery plan. We recommend that a review is carried out of progress being made against the MHTRP. This review should also consider where best to set out further detail on the specific actions the Scottish Government will take to address mental health inequalities and the timetable for delivering these actions.

The Mental Health Transition and Recovery Plan (MHTRP) represented the Scottish Government's immediate response to the very particular circumstances of the pandemic. The subsequent development of the Mental Health and Wellbeing Strategy supersedes the policy outlined in the MHTRP, due to the radically different context to the one we were in when the MHTRP was published in October 2020.

That being said, I acknowledge that monitoring progress towards the Strategy is critical to its success. I am also clear that the Government should be held to account for that progress, and that a key function of our governance arrangements should be to allow that to happen.

We have committed to establishing a new Mental Health and Wellbeing Leadership Board, chaired jointly with COSLA, that will amongst other things, ensure our activity delivers clear benefits aligned with the Strategy's Vision, Outcomes and Principles. Our intention is that a first meeting of the Leadership Board will take place during the Summer once membership has been agreed. We intend for membership of the Leadership Board to include representation from a range of Scottish Government portfolio areas, Local Government, NHS Boards, Integrated Joint Boards (IJBs) and the Third Sector. The Board will have direct access to advice from key groups, including the Equality and Human Rights Forum and the Diverse Experiences Advisory Panel, to ensure a focus on equalities and lived experience. Once in place, the new Leadership Board will receive regular updates on progress regarding commitments contained in the Delivery Plan.

More generally, the Strategy and Delivery Plan are informed by data and lived experience, and have tackling mental health inequalities at their core. We worked alongside the Equality and Human Rights Forum to gather evidence and develop an approach to tackling inequalities. This evidence has been published in the Scottish Government Mental Health Equality and Evidence Report.

14. One area of particular concern for the Committee is a reported lack of culturally appropriate services for minority ethnic communities seeking help for their mental health.

We ask the Scottish Government to set out the steps it is taking to address this reported omission.

The Mental Health and Wellbeing Strategy and Delivery plan is informed by data and lived experience and has tackling mental health inequalities at its core. We worked closely alongside our Equality and Human Rights Forum in the development of the Strategy and Delivery Plan to gather evidence and develop an intersectional approach to tackling inequalities. This included engagement with the full range of protected characteristic and other marginalised groups, including minority ethnic groups (BEMIS, Scottish Refugee Council and IYS). The evidence was published in our Mental Health Equality Evidence Report which highlighted several causes of mental health inequalities for minority ethnic communities. Including both social determinants and mental healthcare inequalities such as a lack of culturally appropriate services.

As the Committee knows, the Scottish Government does not deliver services, so issues of accessibility and cultural appropriateness must be tackled by working alongside those delivering services, including NHS Boards, local government, welfare, employability and other public sector bodies. IJBs are responsible for the planning, commissioning and monitoring of adult MH services provided in the community and in hospitals. The key role of the Scottish Government is to provide leadership, and to facilitate and encourage public bodies and Health Boards to use (and act on) equality data and intelligence from user experience in their service design and planning.

That is why in the Delivery Plan, we have committed to focus attention on improving equality of access to and experience of mental health support and services with a specific focus on actions under Priorities 4 and 7. Priority 4 focuses on expanding and improving support available to people in mental health distress and crisis and Priority 7 focuses on ensuring people receive the quality of care and treatment required for the time required. To do so, we will work closely with the Equality and Human Rights Forum and people with lived experience to develop, test and learn from a good practice approach to implementation.

Our Workforce Action Plan contains a range of actions informed by an Equality Impact Assessment (EQIA). These are designed to improve the diversity of the workforce and ensure they have the right skills to meet the needs of the people of Scotland. Actions include;

- improving equality and diversity data collection to ensure inclusive and fair recruitment practices.
- promoting anti-racist resources to the MH&W workforce; improving Equality, Diversity and Inclusion training to incorporate relevant information on equality including anti-racism; and encouraging participation in the Leading to Change programme to promote compassionate leadership practices and ensure appropriately trained and skilled in leadership to promote a culture of hope and security.
- driving cultural change within NHS Scotland to nourish a diverse and inclusive workforce that is adaptive and where staff are involved in decisions that affect them.

I believe all of these actions are positive steps towards more culturally appropriate support and services.

Taigh Naomh Anndrais, Rathad Regent, Dùn Èideann EH1 3DG
St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot

15. The Committee further shares the concerns raised by the Mental Health Foundation that there is currently a lack of provision for new lone parents with mild and moderate mental health problems. We recommend that the Scottish Government urgently undertakes an audit of the support currently available for this at-risk group and identify how any gaps in provision will be addressed.

I recognise the challenge faced by single parents on a daily basis. Supporting all parents in Scotland is key to improving outcomes for children and young people, as well as nurturing the mental and physical wellbeing of the parent. We want to ensure that every child has the nurturing care they need to have the best start in life and to fulfil their potential. Key to this is protecting single parents from stigma, and giving them the resources and help they need where and when they need it.

Following the conclusion of Perinatal and Infant Mental Health Programme Board, and the associated Children and Young People's Mental Health and Wellbeing Joint Delivery Board, COSLA and the Scottish Government have agreed to progress work through a new Joint Strategic Board for Children and Family Mental Health. Four priorities for the Board were identified, and one of these priorities is mental health support during pregnancy and the early years for both parents and infants.

Prioritising this area of work aims to further enhance cross-organisation working and further develop support. This will span from preconception to 5 years, with a specific focus on the perinatal period (preconception to 1 year) and during infancy (up to the child's third birthday).

I am happy to ask the Joint Strategic Board to consider if an audit for this at-risk group is required.

16. The Committee considers that a whole-of-government approach is essential to ensure progress in addressing mental health inequalities. We heard that one way of doing this could be to require every Government decision to be assessed on its impact on mental health. The Committee invites the Scottish Government to consider how it can best support a whole-of-government approach to tackling this important issue.

We do not currently routinely require formal mental health and wellbeing impact assessments. However, we expect that careful consideration of any effects on mental health is a feature of the formulation of all new Government policy. Mental Health officials routinely link across other Scottish Government Directorates to facilitate this. This is reflected in the cross-Government nature of the Mental Health and Wellbeing Strategy and Delivery Plan.

17. Incomplete and poor-quality data in the public sector is a long-running concern for the Public Audit Committee. In the context of adult mental health services, we are concerned that this lack of data means there is no effective means of measuring outcomes or the impact that the substantial investment in these services is having on the ground. Significant gaps in data will have an impact on the ability to make well-informed decisions about the delivery of mental health services.

Taigh Naomh Anndrais, Rathad Regent, Dùn Èideann EH1 3DG
St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot

As outlined previously in my response, I fully acknowledge the issues raised by the Committee regarding data. It is important to note 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.

Public Health Scotland (PHS) is actively seeking to close national data gaps in its current adult mental health service portfolio. 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 at IJB level has been recognised. There is a range of activity ongoing to improve our data. PHS continue to lead this work and can provide further updates directly to the Committee if required.

18. The Committee therefore welcomes the work the Scottish Government is progressing to address deficiencies in the quality and availability of adult mental health data. We note in particular Public Health Scotland's work to address a lack of information on primary care. The Committee asks the Scottish Government for an update and timetable for completion of this work.

NHS National Services Scotland (NSS) is creating a GP Editorial Board in early May, which will establish the governance, data flows and timescales for primary care data. Additionally and as already mentioned above, the Primary Care Data and Intelligence Platform will make data available on a daily basis from all GP IT systems for statistical analysis and reporting. Controlled access to the data held in this platform will be made available on a "use case" basis to each Regional Board, PHS, NES and NSS by March 2026.

19. To support transparency and scrutiny, we would like to see data relating to the performance of adult mental health services made publicly available. While the Committee welcomes the Scottish Government's involvement in the UK Benchmarking exercise, we urge it to publish as much information from this exercise as soon as possible.

I accept the premise of this recommendation.

At present, the contractual relationship with NHS Benchmarking, and participation from NHS Boards, is designed with the intent that Boards have access to, and use, comparable data to plan and drive the service improvement and redesign required in their own localities. The data collected is not intended to drive performance management discussions with NHS Boards. All fourteen territorial NHS Boards also have relationships with the NHS Benchmarking Network as members, and receive individualised reports which can be requested from NHS Boards.

We are entering the final year of the contract with NHS Benchmarking in 2024-25 and, as part of contractual discussions, will consider what steps can be taken to make the data publicly available going forward. We are also exploring the possibility of producing some short 'insight reports' from the data in this final year for publication.

As also outlined in the response to recommendation 17, it is important to note that NHS Boards already hold - and use - significantly more management information, including data on

demand, for local decision making and service planning, than is collected nationally for publication. The benchmarking data effectively adds to this body of management information, meaning that it is primarily collected for Boards' own use, and has not been subject to the rigorous accuracy checks that apply to official national published statistics.

20. The Committee also welcomes the Scottish Government's commitment to develop a Scottish mental health dashboard during 2024. This information should be made publicly available as soon as practicably possible following quality assurance.

I welcome the Committee's endorsement of Public Health Scotland's commitment to publish Mental Health Quality Indicators in a dashboard format. This project is led by the Public Mental Health team within PHS. The current Mental Health Quality Indicators publication is being adapted to be presented in a dashboard format, incorporating key outputs that match the Core Mental Health Standards. The dashboard will provide a publicly available and user friendly portal for accessing information regarding mental health service quality in Scotland. 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.

PHS is devoting resource to this project in order to ensure that a first iteration of the dashboard is available at the earliest opportunity (this is currently planned for November 2024). This work will help address current gaps in information about the provision of mental health services and outcomes.

21. We ask the Scottish Government to learn any lessons from NHS England and its health and social care partners in its development of such a dashboard approach to demonstrate its performance against a series of mental health indicators.

NHS England's dashboards have been assessed by the Public Mental Health team in PHS and initial lessons have been learned. The team will identify and engage with NHS England colleagues involved in dashboard development to support the design and publication of the forthcoming Scottish mental health dashboard.

22. The Committee notes the development of a child, adolescent and psychological therapies national dataset. We encourage the Scottish Government to work with Public Health Scotland to explore how this work can be replicated for adult mental health services.

Adult Mental Health provision spans a variety of healthcare providers and statutory organisations, meaning it is simply not possible to compile this in a single dataset in the same way the Child, Adolescent and Psychological Therapies National Dataset (CAPTND) is currently produced. The significantly more complex landscape means it will take longer for us to develop solutions for pathways of care that reflect the variety of support that is provided and the range of organisations that provide this support. However, I welcome PHS's attempts to close gaps in current adult mental health services data.

CAPTND was commissioned following the recommendation in the 2018 Audit of Rejected Referrals to CAMHS that patient journeys beyond waiting times are published for these

services. This includes the approx. 70,000 adults referred for psychological therapies and interventions each year.

Psychological therapies are delivered across numerous health and care settings managed by Health and Social Care Partnerships and Health Boards. Data collection is reliant on dedicated analytical support provided to Boards, and a systematic programme of upgrades to NHS IT infrastructure to be delivered throughout 2024 will enable input of mental health-specific referral information, treatments and outcomes.

As at the response to recommendation 1, I recognise that there are still gaps in primary care and community mental health. The collection of these data is even more complex as they additionally span activity in Local Authorities and in GP practices, who use many different patient management systems and tell us they do not have the capacity to duplicate data input for reporting.

PHS is actively seeking to close data gaps in its current adult mental health service portfolio. 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 at IJB level has been recognised.

The range of work being carried out reinforces the complexity of this task, and is the reason why a single dataset encompassing the full complexity of adult mental health services would not be practical, and would not be accurately able to reflect the full range of services being provided. I am therefore not minded to accept this recommendation as currently framed.

23. The Committee supports the development of a NHS mental health workforce statistical publication covering all staff involved in providing mental healthcare. We agree with the Auditor General for Scotland and the Accounts Commission (the AGS/AC) report's findings that this would significantly improve the information available on, and understanding of, the mental health workforce in Scotland, enabling more effective planning and monitoring. We therefore seek assurance from the Scottish Government that this statistical publication will be progressed and made publicly available without further delay.

The Mental Health and Wellbeing Workforce Action Plan sets out actions for improving data collection, including equalities data, for workforce planning purposes.

There is currently no current single source of mental health services workforce data for NHS Scotland, nor is there a single source of data for the mental health and wellbeing workforce. We also know that current data does not identify all workers who have a mental health remit.

Improved workforce data would help to better align current and future population needs and individual workforce, pre-registration education and Practice Based Learning requirements. It will also ensure that there is transparency and a commitment to build inclusive and diverse workplaces that represent the populations that they serve. Improved data should help identify any existing biases, gaps or issues and allow employers to work towards improving them.

We are currently working with key stakeholders, including NES, to scope this work, including on delivery timescales, considering the impact of ongoing budget considerations.

24. It is vital that this Parliament is able to track the Scottish Government's commitment to increase spending on mental health. The Committee therefore agrees with the AGS/AC report's finding that Public Health Scotland should include spending by all services that provide adult mental healthcare when reporting NHS spending on adult mental health.

We are working with Public Health Scotland to help improve the quality of data reported through publication of the Scottish Health Service Costs publication.

25. We note the Scottish Government's commitment to ensure that 10% of the front-line NHS budget is spent on mental health by 2026. We are disappointed at the evidence we heard that progress against this commitment is poor. We ask the Scottish Government to set out how it plans to make greater progress against this commitment, particularly against a backdrop of financial constraint.

A real terms uplift to Health funding has been prioritised in the opening Budget position for 2024-25. Despite this investment, the system is under extreme pressure as a result of the ongoing impacts of Covid, Brexit and inflation, and UK Government spending decisions. This means that hard choices, greater efficiencies and savings, all need to be made as we work within a finite funding envelope.

The funding provided in the Spring Statement falls far short of what we need to address the financial challenge. Despite the Chancellor pointing to real terms growth in Public Spending the core Block Grant (resource and capital) is still less in real terms in 2024-25 than in 2022-23 by around £0.5 billion (1.1%).

Health consequentials of £237m resulting from the Spring Statement are less than the £470m in-year Health funding received for 2023-24 – and less than is needed given the pressures we face. Our focus must therefore be effective targeting to ensure that available funding is directed to where is will have the greatest impact on the delivery of our three core missions, as set out in the Policy Prospectus.

While investment has increased for mental health, the proportion of spend is impacted by relatively more investment being made in other services provided by the NHS.

We will continue to focus on delivery of our Mental Health and Wellbeing Strategy and Delivery Plan, which includes commitments around mental health supports and services and specific programmes of work around learning disability and autism, and cross-cutting trauma work. As I have described above, the Delivery Plan has been produced against the backdrop of significant budget challenges across Scottish Government.

We will maintain our focus on progressing key commitments to support mental health, including working to address CAMHS and psychological therapies waiting times backlogs, and delivering community-based mental health and wellbeing support for children, young people and adults.

Taigh Naomh Anndrais, Rathad Regent, Dùn Èideann EH1 3DG
St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot

We remain committed to working with NHS Scotland to deliver the commitment over this Parliament and we are monitoring progress in the Public Health Scotland annual Scottish Health Service Costs Publication. We regularly engage with individual NHS Boards around meeting the target via our routine engagement and in-year/end-year reviews. Through our routine Board engagement and in discussion with Public Health Scotland, we will aim to ensure a consistent benchmark for future monitoring of this commitment.

26. The third sector plays a significant role in supporting people with their mental health. It is therefore of considerable concern to the Committee that the nature of this funding is fragile and unpredictable. While recognising that the Scottish Government itself does not receive multi-year funding settlements, we ask it to consider how more certainty can be provided to the third sector for the funding that it receives, such as providing outline multi-year spending plans. Not only will this enable organisations to plan their services more effectively, but crucially, it will provide reassurance to those using these services.

I fully acknowledge the vital role the third sector plays in supporting the mental health of children, families and adults in communities right across Scotland. This is why we have announced a further £15 million for the Communities Mental Health and Wellbeing Fund for Adults in 2024-25, to be distributed by the Third Sector Interface network, working in partnership with others. This announcement means we will have made available £66m through our Communities Mental Health and Wellbeing Fund for adults since 2021. This fund supported an estimated 300,000 people across Scotland in its first year alone.

In addition, the third sector also plays a key role in the delivery of children and young people's community-based mental health and wellbeing supports, managed through local authorities. Again, we have committed £15 million to these supports in 2024-25. The Scottish Government's investment in community-based supports – for children, young people and adults – now totals over £130 million since 2020.

Third sector organisations are also key partners in the implementation of our work on distress, self-harm and suicide prevention; with third sector bodies, for example, taking key Delivery Lead roles in the implementation of Scottish Government and COSLA's Creating Hope Together suicide prevention strategy. In publishing the world-first dedicated Scottish Government/COSLA Self-Harm Strategy and Action Plan in November 2023, we announced £1.5 million investment across 2024/25 and 2025/26 in third sector provision.

We recognise that the third sector needs stability of funding, and the opportunity for longer term planning. In line with our Fairer Funding commitment to embed a multi-year grant approach on all third sector grants by 2026, the First Minister has committed to increasing the number of two-year grants, and longer where possible.

Progress has been made. For example, our Children, Young People and Families Early Intervention & Adult Learners and Empowering Communities (CYPFEI & ALEC) and our Children, Young People, Families and Adult Learning (CYPFAL) third sector funds are providing £1.5 million to 10 organisations specifically delivering mental health services. We confirmed this core funding in March 2023 and it will continue until end of March 2025 in order

to provide stability to those funded organisations and continuum of support to children, families and adult learners. Likewise, as part of our commitment to tackling mental health stigma, we are currently mid-way through a multi-year £1million per annum commitment to See Me.

However, as the Committee acknowledges, in the face of uncertainty around Scottish Government budgets, significant challenges remain. We are required to deliver a balanced budget each year, and direct mental health programme funding, like all other funded programmes and services throughout government require to be assessed against policy prospectus outcomes which are reviewed on a year-by-year basis.

Nonetheless, we will continue to explore options regarding funding on a multi-year basis where this is possible. In March 2023 we announced that that the next round of the Perinatal and Infant Mental Health (PIMH) Fund was open for applications through Inspiring Scotland, with funding continuing until the end of March 2026. We are providing £1.5 million to third sector organisations who support babies, parents and carers affected by, or at risk, of perinatal and infant mental health issues in Scotland. Over 10,000 parents, expectant parents and infants have been supported since 2019. At the same time, we also announced that third sector organisations can now apply for the latest round of grants from the Survivors of Childhood Abuse Support (SOCAS) Fund, enabling groups to enhance or expand their current services in the period to March 2026.

27. The Committee recognises that community link workers are a critical part of the primary care services workforce. Indeed, they will play an integral role in supporting the Scottish Government's commitment to ensure that every GP practice has access to a mental health and wellbeing service by 2026. We therefore welcome the additional funds secured to protect the Glasgow Link Workers service and seek assurances regarding the funding of community link workers across all areas of Scotland, urban and rural.

Community Link Workers (CLWs) are at the forefront of our efforts to address health inequalities and we will make every effort to support the continued sustainability of that role. As described at the response to recommendation 11, we have recently started to review national policy on primary care CLWs, including funding arrangements and have made clear that CLW capacity should be targeted where need is highest, in our most disadvantaged and deprived communities.

28. It is crucial that the Scottish Government publishes a costed delivery plan setting out the wider funding and workforce that will be needed to achieve its aim of establishing sustainable and effective mental health and wellbeing in primary care services (MHWPCS) across Scotland by 2026. This should include the number of community link workers that it will recruit. We ask whether the Scottish Government is on course to produce a costed delivery plan by November this year as planned.

The Mental Health and Wellbeing Strategy provides a framework for prioritising resources across the system. Achieving the shared Vision set out in the Strategy requires a cross-

Government, whole system, sustained response. We are committed to working with, and investing alongside, our local and national partners (public, private and third sector).

Decisions on the prioritisation of funding and evaluation of the impact of investment will be built into the new governance arrangements for the Strategy, as described in the response to recommendation 13.

29. The Committee is deeply concerned by the workforce crisis facing psychiatrists in Scotland. It is also troubling to hear that there is an over-reliance on locum psychiatrists. This approach represents poor value for money and poses a risk to the quality of the services provided. We note that the Scottish Government told us that it is actively working to increase the number of psychiatry training places, which is welcome. As part of its wider workforce considerations, the Committee recommends that the Scottish Government undertakes a longer-term review and costed workforce financial plan of the recruitment and retention of psychiatrists in Scotland, as suggested by the AGS during oral evidence.

Building on a number of pieces of work that were already underway, the Mental Health and Wellbeing Workforce Action Plan outlines the work we will undertake to ensure commitments in our Mental Health and Wellbeing Strategy are underpinned by a resilient and sustainable workforce, that feel valued and supported to promote better mental health and wellbeing.

The Action Plan acknowledges the challenges facing the workforce, including psychiatrists. To address the challenges involving the recruitment and retention of psychiatrists in Scotland, we have established a dedicated working group to consider how we can better support our workforce and ultimately make psychiatry a more attractive career choice.

The group consists of members from the Scottish Government, NHS Education for Scotland (NES), Royal College of Psychiatrists (RCPsych), the Senior Medical Managers in Psychiatry Group and Directors of Medical Education. Trainee representation is also integral to discussions. The work of this group is being carried out on a phased basis; the initial phase has been looking at the recruitment and retention of trainee doctors at Core and Higher Specialty training level. The second phase, will consider the wider workforce including consultant grade doctors. The group has met four times and will next meet in May 2024.

It is critical that we secure best value whenever we are delivering services within NHS Scotland, allowing us to maximise the impact that our investment has on the quality and availability of patient care. Our recently-concluded Medical Workforce Sustainability Group identified a number of actions designed to ensure NHS Scotland has a resilient supply pipeline of medical practitioners, thereby reducing reliance on medical locums.

We always seek to secure best value when delivering services within NHS Scotland, allowing us to maximise the impact that our investment has on the quality and availability of patient care. Accordingly, we are working with colleagues across NHS Scotland to explore how we can reduce our reliance on medical locums. As part of that, work is now underway to establish a new group, chaired by the NHS Fife Chief Executive, to ensure that NHS Boards are securing best value whenever they access medical locum support. This group will align with the psychiatry working group.

A number of additional actions are underway to future-proof supply in psychiatry and ensure services are equipped to meet rising demand. Examples include:

- We are taking steps to further strengthen the pipeline of psychiatrists coming through the system, and have created a number of additional places on psychiatry training programmes in line with recommendations made by the Scottish Shape of Training Transition Group (SSoTTG).
- The SSoTTG makes evidence-based recommendations to Scottish Ministers re the need to create extra training posts for junior doctors. Members include SG, NES, BMA Scotland, Scottish Academy of Medical Royal Colleges and various NHS Scotland Health Board representatives including Directors of Medical Education, Medical Directors and regional workforce planners.
- The group's recommendations have led to the creation of 878 additional trainee doctor posts since 2014, including 153 which are being created this year. This represents the largest annual expansion to date and is being supported by more than £42m of SG funding over the next four years.
- 10 additional Core Psychiatry posts were created in 2022, followed by another 15 in 2023. As part of this year's expansion we will be adding a further 12, along with 2 extra run-through training posts in both Intellectual Disability and Child & Adolescent Psychiatry (16 psychiatry posts in total).
- Recruitment into Core Psychiatry has improved drastically in recent years. With the exception of one unfilled post in 2020, 100% of entry-level posts have now filled for a fourth consecutive year (up from 63% in 2018). This includes all additional posts referred to previously.

I hope you have found this response helpful. I am happy to provide further updates on any specific questions or points of detail if the Committee would find this useful.

Yours sincerely,

Maree Todd MSP

Taigh Naomh Anndrais, Rathad Regent, Dùn Èideann EH1 3DG
St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot

No.	Recommendation	Strategy Outcome	Delivery Plan Theme	Delivery Plan Action	Audit Scotland Report Recommendation and Links
1	To better understand and develop effective approaches to meet these demands, improvements in the collection of quality data is needed. We therefore ask the Scottish Government to work with its partners (including GPs) to put in place improved collection methods and reporting on the demand for adult mental health services.	8. Better access to and use of evidence and data	Data & Digital Infrastructure	6.5	Urgently progress work to improve the availability, quality, and use of financial, operational and workforce data so that: – service and workforce planning, particularly in primary, community, and social care, is based on accurate measures of existing provision and demand (paragraphs 14 , 90 and 97) – information can be shared between health and social care partners more easily (paragraphs 56–58) – they can routinely measure, monitor and report on the quality of mental health services and patient outcomes; the difference that investment is making to patients' outcomes; and how much is being invested in preventative programmes of work and their impact (paragraphs 97–99).
2	Lower-level support, such as the Distress Brief Intervention (DBI) programme, is a critical way of responding to this demand and can help move some of the pressure away from other services. While the Committee notes that the pilot has now come to an end, we recommend that the Scottish Government continues to monitor how rollout of the provision of DBIs across Scotland is working in practice.	3. Improved access to appropriate support	Access to High Quality Care & Services	4.3	Implement the recommendations of the independent evaluation of the Distress Brief Intervention (DBI) programme as part of rolling out the DBI programme across Scotland by March 2024 (Case study 1, page 21)

Taigh Naomh Anndrais, Rathad Regent, Dùn Èideann EH1 3DG
St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot

3	The Committee welcomes the benefits of local policing partnership initiatives in helping to reduce the impact on police resources. We also support Police Scotland's scoping exercise to identify initiatives that could be implemented at a national level and recommend that this work is completed as soon as possible. The Committee expects the Scottish Government to respond positively to the outcome of the scoping exercise.	6. Increased availability of timely, effective support, care and treatment	Enhanced Support in Primary and Community Care Settings	4.5	Paragraph 16 - The number of police incidents relating to mental health increased by 62 per cent between 2018 and 2022, from 14,394 incidents to 23,259
4	The Committee notes the work the Scottish Government is progressing with its partners during 2024 in response to the HMICS Thematic Review of Policing Mental Health in Scotland. The Committee seeks further details of the Scottish Government's planned mental health and policing action plan to be produced, including timescales for its development and implementation.	6. Increased availability of timely, effective support, care and treatment	Enhanced Support in Primary and Community Care Settings	4.5	Paragraph 16 - The number of police incidents relating to mental health increased by 62 per cent between 2018 and 2022, from 14,394 incidents to 23,259
5	We are concerned however that having to first explain their medical symptoms to a receptionist may deter some people from approaching their GP for help. We suggest that the Scottish Government works with NHS Health Boards to develop guidance for GP practices setting out options that can be used to support people wishing to make a GP appointment for their mental health.	3. Improved access to appropriate support	Enhanced Support in Primary and Community Care Settings	3.3	Before the end of 2023, publish its guidance on measuring and evaluating outcomes from mental health and wellbeing services in primary care, which was expected to be published in April 2022 (paragraph 30)

Taigh Naomh Anndrais, Rathad Regent, Dùn Èideann EH1 3DG
St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot

6	While there are many forms of local support available to people seeking help for their mental health, we heard that those working in primary care services, including GPs, are not always aware of them. The Committee encourages the Scottish Government to review its guidance on available support, issued to primary care last year, and update it as necessary to ensure that it remains a reliable and up to date source of information.	3. Improved access to appropriate support	Enhanced Support in Primary and Community Care Settings	3.3	Before the end of 2023, publish its guidance on measuring and evaluating outcomes from mental health and wellbeing services in primary care, which was expected to be published in April 2022 (paragraph 30)
7	We welcome the Scottish Government's ambition to achieve a more preventative primary care-based adult mental health service and its commitment to ensure that every GP practice has access to a mental health and wellbeing service by 2026. The Committee seeks the Scottish Government's assurances that it will provide sufficient funding to ensure greater progress is made against these commitments.	4. Better equipped communities	Enhanced Support in Primary and Community Care Settings	3.3	Before the end of 2023, publish its guidance on measuring and evaluating outcomes from mental health and wellbeing services in primary care, which was expected to be published in April 2022 (paragraph 30)

Taigh Naomh Anndrais, Rathad Regent, Dùn Èideann EH1 3DG
St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot

8	The Committee welcomes the Scottish Government's stated commitment to ensuring that people have a choice in the way in which they access services, whether that be digitally or in-person. We are concerned however, that not everyone who prefers face-to-face support is receiving it. The Committee also notes the significant variation among health boards in the number of face-to-face appointments versus remote appointments for psychological therapy. We recommend that the Scottish Government explores in more detail what is driving this variability and to report its findings to the Committee as soon as possible.	6. Increased availability of timely, effective support, care and treatment	Access to High Quality Care & Services	3.3	Provide people with a choice about whether they access mental health services remotely or face-to-face, in line with the commitment in the Digital Health and Care Strategy (paragraphs 25 and 26)
9	The Committee heard mixed views about the merits of the Trieste model of mental healthcare. We invite the Scottish Government to further consider the lessons that can be learned from this 24/7 person-centred form of support, particularly in relation to the development of 24-hour walk-in services, including how this approach could work in rural areas. The Committee recommends the Scottish Government makes its findings public.	6. Increased availability of timely, effective support, care and treatment	Access to High Quality Care & Services	3.3	Case Study on Trieste included in report.

10	The Committee recognises the benefits of peer-support and notes that there is scope to expand this form of support. The Committee echoes SAMH's call for the Scottish Government to set a national peer workforce target and set out clearer commitments to expand peer support infrastructure.	9. A diverse, skilled, supported and sustainable workforce	Workforce & Training	2.3	Publish a costed delivery plan, as soon as possible, setting out the funding and workforce needed to establish and accommodate primary care mental health and wellbeing services across Scotland by 2026, including how these services will work with other sectors to provide holistic, person-centred support (paragraphs 31 , 32 and 43)
11	The Committee also recognises the vital role that community link workers play in supporting people with their mental health. The Committee notes the suggestion made by the National Association of Link Workers for a national campaign to raise awareness of the support that can be provided by community link workers. The Committee recommends that the Scottish Government takes this forward.	9. A diverse, skilled, supported and sustainable workforce	Workforce & Training	3.1, 3.2, 3.3	Publish a costed delivery plan, as soon as possible, setting out the funding and workforce needed to establish and accommodate primary care mental health and wellbeing services across Scotland by 2026, including how these services will work with other sectors to provide holistic, person-centred support (paragraphs 31 , 32 and 43)
12	The Committee is concerned at the evidence heard regarding the limited oversight, transparency and accountability in relation to the performance of adult mental health services. We note the Scottish Government's plans for reform of governance structures through the National Care Service (Scotland) Bill and asks for information on how it will ensure greater accountability in relation to adult mental health care through this process.	5. More effective cross-policy action	Leadership, Governance and Planning	6.1, 7.1	In the next 12 months, work with Public Health Scotland to start routinely publishing psychological therapies performance at Health and Social Care Partnership (HSCP) level as well as NHS board level to improve transparency and accountability for psychological therapies services (paragraph 55)

Taigh Naomh Anndrais, Rathad Regent, Dùn Èideann EH1 3DG
St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot

13	The Committee welcomes the Scottish Government's commitment to addressing mental health inequalities. However, the evidence we heard highlights that the Mental Health Transition and Recovery plan (MHTRP) lacked timescales and its progress has not been reviewed. We also heard that detail on specific actions is missing from the Mental Health and Wellbeing Strategy and associated delivery plan. We recommend that a review is carried out of progress being made against the MHTRP. This review should also consider where best to set out further detail on the specific actions the Scottish Government will take to address mental health inequalities and the timetable for delivering these actions.	7. Better informed policy, support, care and treatment,	Leadership, Governance and Planning		Paragraph 39 - The Scottish Government recognises the importance of addressing inequalities in mental health, but the impact of its commitments is not always clear.
14	One area of particular concern for the Committee is a reported lack of culturally appropriate services for minority ethnic communities seeking help for their mental health. We ask the Scottish Government to set out the steps it is taking to address this reported omission.	3. Improved access to appropriate support	Reform of Legislation & Human Rights	6.6	Paragraph 39 - The Scottish Government recognises the importance of addressing inequalities in mental health, but the impact of its commitments is not always clear.

Taigh Naomh Anndrais, Rathad Regent, Dùn Èideann EH1 3DG
St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot

15	The Committee further shares the concerns raised by the Mental Health Foundation (MHF) that there is currently a lack of provision for new lone parents with mild and moderate mental health problems. We recommend that the Scottish Government urgently undertakes an audit of the support currently available for this at-risk group and identify how any gaps in provision will be addressed.	4. Better equipped communities	Access to High Quality Care & Services	2.4, 4.4, 5.1, 5.2	Paragraph 39 - The Scottish Government recognises the importance of addressing inequalities in mental health, but the impact of its commitments is not always clear.
16	The Committee considers that a whole-of-government approach is essential to ensure progress in addressing mental health inequalities. We heard that one way of doing this could be to require every Government decision to be assessed on its impact on mental health. The Committee invites the Scottish Government to consider how it can best support a whole-ofgovernment approach to tackling this important issue.	5. More effective cross-policy action	Leadership, Governance and Planning	5.1	Publish a costed delivery plan, as soon as possible, setting out the funding and workforce needed to establish and accommodate primary care mental health and wellbeing services across Scotland by 2026, including how these services will work with other sectors to provide holistic, person-centred support (paragraphs 31 , 32 and 43)

17	Incomplete and poor-quality data in the public sector is a long-running concern for the Public Audit Committee. In the context of adult mental health services, we are concerned that this lack of data means there is no effective means of measuring outcomes or the impact that the substantial investment in these services is having on the ground. Significant gaps in data will have an impact on the ability to make well-informed decisions. about the delivery of mental health services.	8. Better access to and use of evidence and data	Data & Digital Infrastructure	6.5	Urgently progress work to improve the availability, quality, and use of financial, operational and workforce data so that: – service and workforce planning, particularly in primary, community, and social care, is based on accurate measures of existing provision and demand (paragraphs 14 , 90 and 97) – information can be shared between health and social care partners more easily (paragraphs 56–58) – they can routinely measure, monitor and report on the quality of mental health services and patient outcomes; the difference that investment is making to patients' outcomes; and how much is being invested in preventative programmes of work and their impact (paragraphs 97–99)
18	The Committee therefore welcomes the work the Scottish Government is progressing to address deficiencies in the quality and availability of adult mental health data. We note in particular Public Health Scotland's work to address a lack of information on primary care. The Committee asks the Scottish Government for an update and timetable for completion of this work.	8. Better access to and use of evidence and data	Data & Digital Infrastructure , Enhanced Support in Primary and Community Care Settings	6.5	Urgently progress work to improve the availability, quality, and use of financial, operational and workforce data so that: – service and workforce planning, particularly in primary, community, and social care, is based on accurate measures of existing provision and demand (paragraphs 14 , 90 and 97) – information can be shared between health and social care partners more easily (paragraphs 56–58) – they can routinely measure, monitor and report on the quality of mental health services and patient outcomes; the difference that investment is making to patients' outcomes; and how much is being invested in preventative programmes of work and their impact (paragraphs 97–99)

Taigh Naomh Anndrais, Rathad Regent, Dùn Èideann EH1 3DG
St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot

19	To support transparency and scrutiny, we would like to see data relating to the performance of adult mental health services made publicly available. While the Committee welcomes the Scottish Government's involvement in the UK Benchmarking exercise, we urge it to publish as much information from this exercise as soon as possible.	8. Better access to and use of evidence and data	Data & Digital Infrastructure	6.4	
20	The Committee also welcomes the Scottish Government's commitment to develop a Scottish mental health dashboard during 2024. This information should be made publicly available as soon as practicably possible following quality assurance.	8. Better access to and use of evidence and data	Data & Digital Infrastructure	6.5	Urgently progress work to improve the availability, quality, and use of financial, operational and workforce data so that: – service and workforce planning, particularly in primary, community, and social care, is based on accurate measures of existing provision and demand (paragraphs 14 , 90 and 97) – information can be shared between health and social care partners more easily (paragraphs 56–58) – they can routinely measure, monitor and report on the quality of mental health services and patient outcomes; the difference that investment is making to patients' outcomes; and how much is being invested in preventative programmes of work and their impact (paragraphs 97–99)

21	We ask the Scottish Government to learn any lessons from NHS England and its health and social care partners in its development of such a 'dashboard' approach to demonstrate its performance against a series of mental health indicators.	8. Better access to and use of evidence and data	Data & Digital Infrastructure	6.5	Urgently progress work to improve the availability, quality, and use of financial, operational and workforce data so that: – service and workforce planning, particularly in primary, community, and social care, is based on accurate measures of existing provision and demand (paragraphs 14 , 90 and 97) – information can be shared between health and social care partners more easily (paragraphs 56–58) – they can routinely measure, monitor and report on the quality of mental health services and patient outcomes; the difference that investment is making to patients' outcomes; and how much is being invested in preventative programmes of work and their impact (paragraphs 97–99)
22	The Committee notes the development of a child, adolescent and psychological therapies national dataset. We encourage the Scottish Government to work with Public Health Scotland to explore how this work can be replicated for adult mental health services.	8. Better access to and use of evidence and data	Data & Digital Infrastructure	6.5	Urgently progress work to improve the availability, quality, and use of financial, operational and workforce data so that: – service and workforce planning, particularly in primary, community, and social care, is based on accurate measures of existing provision and demand (paragraphs 14 , 90 and 97) – information can be shared between health and social care partners more easily (paragraphs 56–58) – they can routinely measure, monitor and report on the quality of mental health services and patient outcomes; the difference that investment is making to patients' outcomes; and how much is being invested in preventative programmes of work and their impact (paragraphs 97–99)

23	The Committee supports the development of a NHS mental health workforce statistical publication covering all staff involved in providing mental healthcare. We agree with the Auditor General for Scotland and the Accounts Commission (the AGS/AC) report's findings that this would significantly improve the information available on, and understanding of, the mental health workforce in Scotland, enabling more effective planning and monitoring. We therefore seek assurance from the Scottish Government that this statistical publication will be progressed and made publicly available without further delay.	9. A diverse, skilled, supported and sustainable workforce	Workforce & Training		Urgently progress work to improve the availability, quality, and use of financial, operational and workforce data so that: – service and workforce planning, particularly in primary, community, and social care, is based on accurate measures of existing provision and demand (paragraphs 14 , 90 and 97) – information can be shared between health and social care partners more easily (paragraphs 56–58) – they can routinely measure, monitor and report on the quality of mental health services and patient outcomes; the difference that investment is making to patients' outcomes; and how much is being invested in preventative programmes of work and their impact (paragraphs 97–99)
24	It is vital that this Parliament is able to track the Scottish Government's commitment to increase spending on mental health. The Committee therefore agrees with the AGS/AC report's finding that Public Health Scotland should include spending by all services that provide adult mental healthcare when reporting NHS spending on adult mental health.	1. Improved mental wellbeing	Leadership, Governance and Planning		Paragraph 69 - Public Health Scotland should include spending by all services that provide adult mental healthcare in its reporting of NHS spending on adult mental health. This should include spending on clinical psychology and spending by NHS 24 and SAS. This will enable the Scottish Government to report more accurately on progress towards meeting its commitment to increase spending on mental health.

Taigh Naomh Anndrais, Rathad Regent, Dùn Èideann EH1 3DG
St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot

25	We note the Scottish Government's commitment to ensure that 10% of the front-line NHS budget is spent on mental health by 2026. We are disappointed at the evidence we heard that progress against this commitment is poor. We ask the Scottish Government to set out how it plans to make greater progress against this commitment, particularly against a backdrop of financial constraint.	1. Improved mental wellbeing	Leadership, Governance and Planning		Paragraph 69 - Public Health Scotland should include spending by all services that provide adult mental healthcare in its reporting of NHS spending on adult mental health. This should include spending on clinical psychology and spending by NHS 24 and SAS. This will enable the Scottish Government to report more accurately on progress towards meeting its commitment to increase spending on mental health.
26	The third sector plays a significant role in supporting people with their mental health. It is therefore of considerable concern to the Committee that the nature of this funding is fragile and unpredictable. While recognising that the Scottish Government itself does not receive multi-year funding settlements, we ask it to consider how more certainty can be provided to the third sector for the funding that it receives, such as providing outline multi-year spending plans. Not only will this enable organisations to plan their services more effectively, but crucially, it will provide reassurance to those using these services.	4. Better equipped communities	Leadership, Governance and Planning	5.2	

27	The Committee recognises that community link workers are a critical part of the primary care services workforce. Indeed, they will play an integral role in supporting the Scottish Government's commitment to ensure that every GP practice has access to a mental health and wellbeing service by 2026. We therefore welcome the additional funds secured to protect the Glasgow Link Workers service and seek assurances regarding the funding of community link workers across all areas of Scotland, urban and rural.	9. A diverse, skilled, supported and sustainable workforce	Workforce & Training	3.1, 3.2, 3.3	Publish a costed delivery plan, as soon as possible, setting out the funding and workforce needed to establish and accommodate primary care mental health and wellbeing services across Scotland by 2026, including how these services will work with other sectors to provide holistic, person-centred support (paragraphs 31 , 32 and 43)
28	It is crucial that the Scottish Government publishes a costed delivery plan setting out the wider funding and workforce that will be needed to achieve its aim of establishing sustainable and effective mental health and wellbeing in primary care services (MHWPCS) across Scotland by 2026. This should include the number of community link workers that it will recruit. We ask whether the Scottish Government is on course to produce a costed delivery plan by November this year as planned.	9. A diverse, skilled, supported and sustainable workforce	Workforce & Training	3.1, 3.2, 3.3	Publish a costed delivery plan, as soon as possible, setting out the funding and workforce needed to establish and accommodate primary care mental health and wellbeing services across Scotland by 2026, including how these services will work with other sectors to provide holistic, person-centred support (paragraphs 31 , 32 and 43)

29	The Committee is deeply concerned by the workforce crisis facing psychiatrists in Scotland. It is also troubling to hear that there is an overreliance on locum psychiatrists. This approach represents poor value for money and poses a risk to the quality of the services provided. We note that the Scottish Government told us that it is actively working to increase the number of psychiatry training places, which is welcome. As part of its wider workforce considerations, the Committee recommends that the Scottish Government undertakes a longer-term review and costed workforce financial plan of the recruitment and retention of psychiatrists in Scotland, as suggested by the AGS during oral evidence.	9. A diverse, skilled, supported and sustainable workforce	Workforce & Training		Publish a costed delivery plan, as soon as possible, setting out the funding and workforce needed to establish and accommodate primary care mental health and wellbeing services across Scotland by 2026, including how these services will work with other sectors to provide holistic, person-centred support (paragraphs 31 , 32 and 43)