

Citizen Participation and Public Petitions Committee

15th Meeting, 2023 (Session 6), Wednesday
25 October 2023

PE1871: Full review of mental health services

Lodged on 21 June 2021

Petitioner Karen McKeown on behalf of Shining lights for change

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

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

Introduction

1. The Committee last considered this petition at its meeting on [8 February 2023](#). At that meeting, the Committee agreed to write to the Cabinet Secretary for Health and Social Care.
2. The petition summary is included in **Annexe A** and the Official Report of the Committee's last consideration of this petition is at **Annexe B**.
3. The Committee has received new responses from the Cabinet Secretary for Health and Social Care, the Minister for Social Care, Mental Wellbeing and Sport and the Petitioner which are set out in **Annexe C**.
4. Written submissions received prior to the Committee's last consideration can be found on the [petition's webpage](#).
5. Further background information about this petition can be found in the [SPICe briefing](#) for this petition.
6. The Scottish Government's initial position on this petition can be found on the [petition's webpage](#).

7. Every petition collects signatures while it remains under consideration. At the time of writing, 1,397 signatures have been received on this petition.

Action

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

Clerk to the Committee

Annexe A

PE1871: Full review of mental health services

Petitioner

Karen McKeown on behalf of Shining lights for change

Date Lodged

21/06/2021

Petition summary

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

Previous action

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

Background information

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

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

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

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

Annexe B

Extract from Official Report of last consideration of PE1871 on 8 February 2023

The Convener: PE1871, which was lodged by Karen McKeown, calls on the Scottish Parliament to urge the Scottish Government to carry out a full review of mental health services in Scotland, to include the referral process; crisis support; risk assessments; safe plans; integrated services working together; first response support; and the support that is available to families affected by suicide.

Members will, of course, recall that we held evidence sessions on the petition with the petitioner, Karen McKeown, and the Cabinet Secretary for Health and Social Care at the end of last year. I thank Karen for coming forward at the time to give evidence to the committee on this difficult subject.

At the session with Karen, we heard about the importance of evaluating and reviewing how Scotland's mental health services perform, and the need for dedicated facilities for people waiting to get mental health support. Then, with the cabinet secretary, we discussed the broader policy context with a focus on the previous and current suicide prevention action plans. The committee also explored waiting times and new pilot services. They were both very enlightening and productive evidence sessions.

In the light of that, the submissions that we have received and the reflections that we have had, and having thought about the evidence, do members have any suggestions?

Alexander Stewart: I agree that the sessions were very informative, but it is now time to follow up on some of that information.

I suggest that we seek details of the 2018 suicide prevention action plan evaluation. It is important that we try to establish where we are and when the outcome framework for the new suicide prevention action plan will be published. It is also important to have specific information on mental health assessment units, including locations, funding, patient uptake and any expansion. We felt very strongly about that, and there is room for more detail on that and for it to be expanded. It would also be useful to have an update on whether the Scottish Government will publish its response to the Scottish mental health law review before summer recess.

Those are some recommendations that I would make on the petition.

The Convener: In relation to the information on the mental health assessment units, it occurs to me that what is available in the public domain seems to be extraordinarily vague. I understand that there are now 13 of those units established, but there does not seem to be any public record of where they are or how they operate, or any more general information regarding them at all. It seems to be lacking the transparency that we would hope for and expect as part of our proper consideration of the actions that have been taken. I particularly want us to emphasise that point that you made, Mr Stewart.

Carol Mochan: I am very supportive of that point. A lot of constituents who contact us on this issue are very distressed. There is a lack of urgency in providing that information, which might give people direction and comfort. It is important that we are strong on the fact that we have had delay in this area for far too long.

The Convener: Colleagues, do we agree to the suggestions?

Members *indicated agreement.*

The Convener: I again thank Karen McKeown. We are keeping the petition open and we will be pursuing some of the issues arising out of the evidence sessions that we had with Karen and with the Cabinet Secretary for Health and Social Care.

Annexe C

Cabinet Secretary for Health and Social Care submission of 16 March 2023

PE1871/K: Full review of mental health services

During our session at the Citizen Participation and Public Petitions Committee on 21 December, I promised to write to the Committee with additional detail on the issues raised in relation to the Suicide Prevention Strategy. Specifically, the timescales for implementing and measuring the strategy's outcomes-based approach and how that will enable the strategy's impact to be monitored (including in terms of reducing the number of suicide deaths). I have set that out below, along with some further context on the outcomes approach for suicide prevention that we have taken.

The Committee subsequently wrote to me on 15 February to request further information on a number of other topics, including Mental Health Assessment Units and timescales for the Scottish Government's response to the Mental Health Law Review. I have also included that information below.

Firstly, I would like to express again my gratitude to Karen McKeown for raising this petition and for her very moving testimony. I welcomed our open discussion during the Committee session last December on the important issues surrounding suicide, as well as outlining the Scottish Government's and COSLA's new Suicide Prevention Strategy, [Creating Hope Together](#), and the first three year [action plan](#).

Suicide Prevention - Outcomes Approach

The strategy sets out four long term outcomes, which combine to support the overarching vision 'to reduce the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide'. As

raised by committee members, it is critical we understand the impact the strategy is making on achieving this vision on reducing suicide deaths.

In developing the strategy, we reviewed evidence and listened to key suicide prevention stakeholders who advocated for an outcomes based approach which measures impact through a range of bespoke indicators, rather than a single target for reducing suicide deaths. This approach was considered appropriate given the following:

- The complexity of suicide and the need to tackle the social determinants and inequalities which contribute to suicide
- The need to ensure our environment protects against suicide risk and we build communities which are compassionate and responsive to people who have thoughts of suicide
- The need to provide a range of prevention and intervention activities to ensure the right responses are available for people who are suicidal and to give them a sense of hope
- The need to support anyone who is affected by suicide - this includes people living with thoughts of suicide, as well as people supporting someone who is suicidal.

Development and publication of the outcomes framework

The outcomes framework is currently being finalised and is expected to publish in Spring 2023, as part of the overall implementation of the new strategy and action plan.

The initial outcomes framework will set out a suite of indicators for short term outcomes, which will cover the period of the first three year action plan. The indicators for the intermediate and long term outcomes will continue to be developed over the coming year. These outcomes will act as staging points on the journey to delivering the four long term outcomes. Taken together, these outcomes and indicators will provide a robust and transparent way to measure progress towards delivering the four long term outcomes, and importantly, the overarching vision of reducing suicide deaths.

The framework is being developed with technical expertise from Public Health Scotland and the Suicide Prevention Academic Advisory Group. As with all outcome frameworks, we will continue to ensure the

outcomes and measures remain robust and relevant, including to reflect new and emerging intelligence, or societal changes. Furthermore, we will ensure our growing knowledge of what works in preventing suicide, including the social determinants and intersectionality of factors which make people more or less likely to be affected by suicide, is reflected in our outcomes and priorities. This knowledge will be gained in many ways, including from the routine evaluation we will carry out across our activities, in addition to lived experience insight, research, and insight from practitioners.

Suicide Prevention – Reporting of impact

A reporting cycle will be put in place to track the action plan's delivery and measure the changes across the short, intermediate and long-term outcomes, which underpin the vision. The national reporting approach (and timescales) will be set out alongside the published outcomes framework.

As set out in the strategy, the refreshed National Suicide Prevention Leadership Group will play an important, independent, advisory role for the new strategy. A key part of that role will include appraising progress reports on outcomes and providing an assessment of progress to Scottish Government and COSLA; with advice on any redirection or reprioritisation considered necessary to drive progress, including to reflect societal changes and pressures.

Committee members asked how we plan to monitor the impact of the new strategy in reducing suicide deaths, given the outcomes based approach. We will of course continue to closely monitor suicide statistics and the National Records of Scotland annual suicide death statistics will remain a public measure of our suicide prevention work.

As highlighted during our session, there are a number of reasons a target can be unhelpful in relation to suicide prevention. These include the inference that a reduction in suicide deaths by a target number is sufficient; that a target does not take account of the many factors affecting suicide; the sense of failure and shame for professionals and families following a suicide death; and the lack of meaningful

interpretation at a local level, where the population size can be small and there can be high degrees of annual fluctuation in deaths.

Delivery of suicide prevention work in Scotland

During our discussion there was interest in the progress of specific suicide prevention actions in Scotland, as set out in the previous suicide prevention action plan, *Every Life Matters*. Members may be interested to read the [fourth annual report](#) from the National Suicide Prevention Action Plan, published in October 2022, which provides such detail.

Mental Health Assessment Units

Mental Health Assessment Units (MHAUs) were established as a new unscheduled care service in 2020 in response to the pandemic and the need to reduce presentations to Acute Hospital Emergency Departments (EDs). These units provided an alternative location to assess and support patients who are experiencing mental health distress or crisis and who require a specialist mental health assessment. They delivered a simpler referral pathway and offered an alternative to ED for those who presented in mental health distress or crisis.

MHAU Locations

All Health Boards are already providing access to a Senior Clinical Decision Maker (SCDM) 24 hours a day, 7 days a week who will triage and/or assess individuals referred to them by, for example, Police Scotland, NHS 24's Mental Health Hub, and ED – essentially providing the core function of the MHAUs.

NHS Forth Valley, NHS Greater Glasgow and Clyde, NHS Lothian and NHS Highland have dedicated MHAUs (otherwise referred to as MH Assessment Hub in NHS Forth Valley) providing the SCDM role, whereas the remaining Boards have repurposed existing services or resources to provide this function.

MHAU Funding

While there is no funding specifically for Mental Health Assessment Services or MHAUs, these services form part of the critical urgent care response. The Scottish Government made £10 million available in 2021/22 to support the RUC priorities, of which mental health was one, and in 2022/23 we invested £50 million in the Urgent and Unscheduled Care Programme, with RUC being a key part of this work.

To support the vital service that NHS 24's Mental Health Hub is providing, the Scottish Government increased the available funding for the Hub from £2.6 million in 2020/21 to nearly £5 million in 2021/22, with similar financial investment continuing for 2022/23.

Significant investment was also made for the delivery of Action 15 of the Mental Health Strategy 2017-27.

This funding supported the development of an Enhanced Mental Health (EMH) Pathway for those in distress or who have mental health concerns who come into contact with frontline services such as SAS or Police Scotland. This pathway enables emergency calls received by Police Scotland or SAS where callers are identified as requiring mental health advice to be directed to the MH Hub. Funding for the EMH Pathway totalled nearly £5.1 million over the lifetime of Action 15's initiative.

Mental Health Unscheduled Care Pathways

This approach has now been absorbed by the Scottish Government's Mental Health Unscheduled Care programme of work which forms part of the Unscheduled and Urgent Care Collaborative's Redesign of Urgent Care (RUC) programme. Through the RUC programme, we have been working with partners, including Police Scotland and the Scottish Ambulance Service (SAS), on improving the unplanned access to urgent assessment and care so that anyone in need of emergency mental health care receives that support quickly, first time, and, wherever possible, close to home.

This is being facilitated by NHS 24's Mental Health Hub which is accessible through the 111 service and provides a 24/7 compassionate service to anyone requiring mental health and wellbeing support or if they are in distress. Psychological Wellbeing Practitioners (PWP), who are specially trained staff and are supported by senior clinicians, will triage people using a psychosocial assessment to either help manage their needs or to direct them to the most appropriate form of support.

Should the Mental Health Hub determine that further assessment or urgent referral to local services is required, the Mental Health Hub will refer the person to a Health Board's SCDM for Mental Health. The SCDM will determine the appropriate onward care and support for any incoming referrals and whether that care can be provided closer to home and will arrange for that care to be put in place.

This is creating national and local routes to ensure that people in crisis or distress and those in need of urgent care are assessed and supported regardless of how they access services, and this will minimise the need to attend ED unless that is where the person needs to be cared for.

Mental Health Unscheduled Care Data

Demand for the NHS 24 Mental Health Hub has remained consistently high. Since July 2020, it has responded to over 200,000 calls, and continues to regularly receive over 2,500 calls a week.

The Scottish Government does not hold any data on the referrals to the Health Boards' SCDM. We are in the process of working with Health Boards and Public Health Scotland on developing data indicators to monitor local unscheduled care pathways for mental health, and we will continue to monitor the national data already available.

Review of Mental Health and Incapacity Law in Scotland

Finally, the Committee asked whether the Scottish Government still expects to publish a response to the final report of the Mental Health and

Incapacity Law Review before summer recess. I can confirm that the Scottish Government's response should be published in Summer 2023¹.

I hope this additional information is useful to the Committee.

Cabinet Secretary for Health and Social Care, Humza Yousaf MSP

¹ Note by the Clerk: The [response](#) was published on 28 March 2023.

Minister for Social Care, Mental Wellbeing and Sport submission 28 June 2023

PE1871/L: Full review of mental health services

Citizen Participation and Public Petitions Committee: Follow-up information on the Suicide Prevention Strategy (linked with PE1871)

During a session with the Citizen Participation and Public Petitions Committee on 21 December 2022, Humza Yousaf MSP – in his previous capacity as Cabinet Secretary for Health and Social Care – offered to provide the committee with additional information on a number of issues raised in relation to the Scottish Government’s and COSLA’s new Suicide Prevention Strategy, [Creating Hope Together](#), and the first three year [action plan](#). The additional information was sent to the committee in February 2023, along with a covering letter which referred to an outcomes framework, as a key element of our approach to implementation of the new strategy and action plan. I am delighted to let you know that the Outcomes Framework will be published on Wednesday 28 June, and will be available [here](#).

To provide the committee with some context, the outcomes framework was developed with technical expertise from Public Health Scotland and the Suicide Prevention Academic Advisory Group. It recognises – and gives visibility to – the range of changes (outcomes) that we understand are needed to prevent suicide and achieve our vision. This is expressed in the four [outcomes](#) set out in the strategy. The outcomes framework, sets out how our actions will build over the 10 years of this strategy to deliver these outcomes, and the overarching vision, which is:

To reduce the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide.

To achieve this, all sectors must come together in partnership, and we must support our communities so they become safe, compassionate, inclusive, and free of stigma.

Our aim is for any child, young person or adult who has thoughts of taking their own life, or are affected by suicide, to get the help they need and feel a sense of hope.

The value of using the outcome-focused approach set out in the framework allows for priorities to be reviewed in a systematic and ongoing basis, drawing on clear evidence of impact and any significant changes to the context in which we are operating. The approach we have taken to developing a rolling suite of action plans also provides built-in opportunities to refocus activity over the 10 year period, to ensure our approach is driving change across the long term outcomes and vision. We will use the framework to prioritise our work, measure progress, and assess where we may need to adjust our plans. We will also use it to report progress against, and will publish the first annual report in July 2024.

I am also attaching an update on our delivery priorities for the current year, as well as membership of our new National Suicide Prevention Advisory Group, and the organisations we have appointed to lead in the strategic delivery of the four long-term outcomes, and details of our key new post of Suicide Prevention National Delivery Lead, working jointly for Scottish Government and COSLA.

I hope this information is of interest, and I would be more than happy to provide further detail if required.

**Minister for Social Care, Mental Wellbeing and Sport, Maree Todd
MSP**

Creating Hope Together – Scotland’s Suicide Prevention Strategy (2022-2032)

The Scottish Government’s vision is to reduce the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide. This is reflected in our ambitious new 10 year suicide prevention [strategy](#) and action plan, which we published jointly with the Convention of Scottish Local Authorities (COSLA) in September 2022.

In 2021, we committed to doubling the funding for suicide prevention from £1.4 to £2.8m, by 2026.

An outcomes based model is used in the strategy to set out the range of changes (outcomes) that we understand are needed to achieving this vision.

The [strategy](#) is supported by an initial three year [action plan](#) (from 2022-2025), and each year we set annual priorities, which are selected to progress delivery of our outcomes and vision. We are measuring our progress against an outcomes framework, which will be published today.

Creating Hope Together: our priorities for 2023 to 2024

Our priorities for the first year of the action plan (2023 to 2024) have been informed by stakeholders, research, and importantly people with lived experience.

Our year one priorities are:

1. We will activate the whole of Government and society policy package – so that a wide range of Government policies and their delivery on the ground are working to prevent suicide. We will make the strongest connections possible with policies which address the social determinants of suicide, such as poverty and homelessness. We will also make sure we use all the touchpoints that people have with services to proactively be alert to suicide risk, and offer compassionate support.

2. We will focus on improving safety at key locations of concern for suicide.
3. We will build on the Time Space Compassion approach, to keep improving the way people are supported and cared for when they are suicidal. We will focus our work in primary care, unscheduled care, and community settings.
4. We will support new peer support groups right across Scotland.
5. We will build more understanding of suicide risk and behaviour amongst children and young people, and use that to improve responses.
6. We will keep raising awareness and improving learning about suicide. We will target our work so we build this understanding in sectors that support groups with a higher risk of suicide. Our current work in West Highlands and Skye will help us build greater understanding of what encourages particular groups to seek help.
7. We will develop an online portal which hosts information and advice on suicide, to help people who may be suicidal and anyone worried for someone, as well as professionals.
8. We will roll-out suicide reviews and improve data to help redesign the way support is given to people who are suicidal - ensuring that support is both timely and effective.
9. We will work with partners in high risk settings for suicide, to build effective and compassionate suicide prevention action plans.
10. And last but not least, we will step up our United to Prevent Suicide social movement with a new focus on boosting employer engagement, and reaching groups most likely to be affected by suicide. We will continue to be creative, using different mediums, such as sport and social media, to tackle stigma and create ways for people to talk safely about suicide.

In taking forward these actions we will continue to put lived experience at the heart of our work. Our lived experience panel, youth advisory group, and local groups too, will continue to shape every step we take.

Alongside these priorities we will also continue to deliver the previous suicide prevention action plan, which includes rolling out bereavement support for families bereaved by suicide.

Delivering our strategy

Whilst the Scottish Government and COSLA have joint responsibility for delivering the strategy, we greatly value the expertise and value of partnership working. Also, given the complexity of suicide and the fact it is rarely caused by one single factor, it is critical that all sectors, communities and the workforce, work together to achieve change.

We have created **Suicide Prevention Scotland** to deliver the action plan, ensure national, local and sectoral actions are well co-ordinated and mutually supportive, and create a community open to anyone across Scotland working on suicide prevention to share, learn and connect.

Suicide Prevention Scotland includes people at a national and local level, as well as within key sectors and particular settings. We greatly value lived experience and academic research which we will continue to benefit from as we prioritise, deliver and communicate our work.

Key roles

The delivery of the action plan is led by our Suicide Prevention National Delivery Lead, Haylis Smith, who also heads up **Suicide Prevention Scotland**.

To build a partnership approach, we have selected a range of partners to lead the strategic delivery of each of the strategy's four outcomes. They will also build further partnerships as they deliver the priority actions.

The Strategic Outcome Lead partners are:

- Creating a safer environment that protects against suicide – Samaritans Scotland
- Improving understanding of suicide and tackling stigma – SAMH

- Providing compassionate support for anyone affected by suicide – Penumbra & Change Mental Health
- Working in a connected way, that always draws on evidence and lived experience – Public Health Scotland.

Our outcomes approach to suicide prevention

In developing our strategy we drew on a range of evidence and insights to understand the range of changes that need to occur across society to prevent suicide. This is expressed in the four [outcomes](#) set out in the strategy.

We have published (on 28 June 2023) an outcomes framework, which sets out how our actions will build over the 10 years of this strategy to deliver these outcomes, and the overarching vision.

We will use this framework to prioritise our work, measure progress, and assess where we may need to adjust our plans. We will also use it to report progress against, and the first annual report will publish in July 2024.

The National Suicide Prevention Advisory Group

The National Suicide Prevention Advisory Group (NSPAG) has been established to champion and drive suicide prevention in Scotland, by:

- providing independent assurance and advice to Government and COSLA on the strategy's progress, and whether any redirection may be needed (using the evidence of progress reported through the outcomes framework)
- providing strategic advice on delivery to the National Delivery Lead, to support progress.

Members of the Group have been selected to help us understand suicide better – the complexity, intersectionality and inequality of suicide.

As such the Group's membership represents many of the sectors who are leading work on the social determinants of suicide, such as poverty, as well as partners who are working in key sectors affected by suicide – such as the criminal justice sector.

The Group's membership is:

- Rose Fitzpatrick CBE QPM, Chair
- Cath Denholm, Equality and Human Rights Commission
- Dr Linda Findlay, Royal College of Psychiatrists Scotland
- Louise Hunter, Who Cares? Scotland
- Dr Douglas Hutchison, Association of Directors of Education Scotland
- Peter Kelly, Poverty Alliance
- Sheriff David Mackie, Scottish Association Care and Rehabilitation of Offenders (SACRO)
- Catherine McWilliam, Institute of Directors Scotland
- Brendan Rooney, Healthy n Happy Community Development Trust
- Dr Andrea Williamson, Professor of General Practice and Inclusion Health, University of Glasgow

How did we get here?

Over the last 20 years, suicide prevention has been a strategic priority for the Scottish Government. The Choose Life strategy (2002) laid the groundwork for suicide prevention in Scotland. Since then, there have been a number of strategies and action plans building on this foundation, including [Every Life Matters](#), which we published in 2018.

Every Life Matters established strong foundations on how we deliver suicide prevention in Scotland, including, the extensive contribution and insight from people with lived experience of suicide, through the Suicide Prevention Lived Experience Panel, and the Youth Advisory Group; the grounding in research and evaluation, supported by the Suicide Prevention Academic Advisory Group; and our community of national

and local practitioners who are driving change across communities. These elements will continue to be crucial to our success going forward.

Thank you

Thank you to everyone who has been part of the journey so far, and who will continue to work with us as we strive to deliver on our shared vision.

Petitioner submission of 13 October 2023 PE1871/M: Full review of mental health services

I would like to thank the committee for considering the petition and would like to thank all the submissions to date. I once again urge the committee to call for a review of the mental health services. I feel this is the only way we can determine what services are working and what services are draining money. Over the course of all submissions, I have not seen an evaluation of the suicide action plan 2018. I feel to determine what benefit the plan achieved it's important to carry out a review. From my experience, there seems to be a gap with what is written in policies and what transpires on the front line. From my own experience, there is still no support for people who have lost a loved one to suicide. However, the same goal and target from the 2018 plan is being proposed in the new plan. How has this target been met and where is the support? I would certainly take the opportunity to access this support if it was available.

I would like to note my concern on the new framework that has been proposed which states the delivery of mental health service will now fall onto the 3rd sector. This is deeply concerning as I do not feel this will be appropriate for people who are in crisis. People who are in crisis need professional intervention, however, they are being referred to volunteer lead organisations. I agree that peer support is a vital aspect of mental health and provides better service. However, I do not think this is appropriate for all cases. Mental health cannot have a universal service for all, we need a patient centred approach which I do not feel we have

just now. Mental health has been a Cinderella service for many years and unless the issues is addressed, it will continue to deteriorate.

I would like to note that there are some services that are beneficial. My own GP practise is a good example of this. GPs are often the first response when it comes to mental health but only have a very short space of time to really tackle any of the issues. A referral would be made which impacts on the waiting times. However, in my own GP practice, we have a dual trained GPs/psychiatrists. This allows the patients of the practice who are experiencing poor mental health to be assessed and the appropriate care plan put in place. I feel if this could be replicated in other practices, it could really help toward better services. Therefore, I would argue that to find good services like this, a review must be carried out.

I once again urge the committee to call for a review of mental health services.