

Citizen Participation and Public Petitions Committee
Wednesday 11 September 2024
13th Meeting, 2024 (Session 6)

PE1871: Full review of mental health services

Introduction

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>

1. [The Committee last considered this petition at its meeting on 25 October 2023](#). At that meeting, the Committee agreed to write to the Minister for Social Care, Mental Wellbeing and Sport.
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 written submissions from the Minister for Social Care, Mental Wellbeing and Sport and 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 gave its initial response to the petition on 8 July 2021](#).
7. Every petition collects signatures while it remains under consideration. At the time of writing, 1,449 signatures have been received on this petition.

Action

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

Clerks to the Committee
September 2024

Annexe A: Summary of petition

PE1871: Full review of mental health services

Petitioner

Karen McKeown on behalf of Shining lights for change

Date Lodged

21 June 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 PE1874 on 25 October 2023

The Convener: The second petition, PE1871, which was lodged by Karen McKeown on behalf of the shining lights for change group, calls on the Scottish Parliament to urge the Scottish Government to carry out a full review of mental health services in Scotland, including 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.

Following our evidence session with the then Cabinet Secretary for Health and Social Care, the committee received additional details on the suicide prevention strategy, such as information about the outcomes framework and the reporting cycle.

Information about the mental health assessment units is provided in the submission. NHS Forth Valley, NHS Greater Glasgow and Clyde, NHS Lothian and NHS Highland have dedicated units, whereas the remaining health boards have repurposed existing services or resources to provide 24/7 access to a senior clinical decision maker. It is noted that the redesign of urgent care programme will work on improving unplanned access to urgent assessment and care to provide support quickly, at the first time of reaching out and, where possible, close to home.

The recent submission from the Minister for Social Care, Mental Wellbeing and Sport indicates that the first annual report on the suicide prevention strategy outcomes will be published in July 2024.

The petitioner has provided another written submission, which, once again, urges the committee to call for a review of mental health services. She feels that that is the only way to determine what is and is not working. She shares concerns about mental health support falling to the third sector, expressing that that is not appropriate in all cases, particularly for people in crisis. There has been some reaction from the Government in how it has moved forward with the petition's aims.

We are joined by Monica Lennon, who has followed the petition with us through its various iterations. Is there anything that you would like to say to the committee before we consider our next move?

Monica Lennon (Central Scotland) (Lab): Good morning. I thank the committee for its on-going work. It has been helpful to see the recent responses from the Scottish Government. Unfortunately, Karen McKeown cannot be here in person today, but her plea is for the committee to keep the petition open, because, in her view and that of many of my constituents, the situation on the front line and in communities is getting worse, not better.

We all welcome the Scottish Government's on-going interest and commitment. The strategies and frameworks are at a very high level, as they often are, and are fuelled by good intentions, but I am afraid that there is an on-going disconnect, because the resources that we need in our communities for our health services, for local government, which also has a role to play, and for the third sector are not there. The

capacity is not there, training has not been kept up to date and the workforce is burnt out.

I was struck by Karen McKeown's words in one of her submissions when she talked about the time when her partner Luke was in crisis before he died by suicide. She talked about the really hard time that she had in trying to keep him safe. We must consider the impact on family, friends and colleagues.

Luke died at the end of 2017, but, in the few years since then, we have had the pandemic and its impact on citizens in Scotland. Having come through that, people then had to deal and cope with the cost of living crisis. Our public services are on their knees like never before. There needs to be a deep dive into mental health services to understand why so many people are getting to crisis point and why, despite all the good intentions around prevention, the system is not working well enough.

Some voices that could inform that deep dive include those of people with direct experience—those who have been in crisis themselves or have lost loved ones to suicide. We need to hear more directly from those who are on the front line. With respect, I do not mean chief executives and senior people at board level; I mean the people in teams who have caseloads that would simply make your eyes water. Police Scotland also has a big story to tell. Often, when our constituents are in crisis, it is the police who are called and it is police officers in uniform who come to the door. They provide a really important service, but their being called is another sign that the system is not working.

To bring it back to a human level—I am sure that this is familiar to all committee members—I point out that one life lost to suicide is, of course, one too many; we hear too many tragic stories in our own areas of people losing their life. When I go on to my local Facebook groups, I increasingly see neighbours in my community crowdfunding to cover funeral costs for people who have lost their life and have left families behind. I worry about the impact on the children and loved ones who are left behind, because so much trauma is being stored up.

Again, I pay tribute to Karen McKeown. I know from the Government submissions that it is grateful to her for lodging the petition. When the former cabinet secretary, who is now our First Minister, gave evidence to the committee—I have had discussions with him—he was very moved by not just Karen's experience but her commitment to ensuring that we prevent suicides and prevent other families from going through that pain and suffering.

There is more work to be done. I am pleased that the Government is committed to further monitoring and to doing what it can, but the problems in the health service and society started before the pandemic. We need to have conversations that are quite often difficult to hear with people who are on the front line, working in every part of the NHS. I mentioned Police Scotland, but social workers also have important stories and solutions to share. It is not just about stories; it is about trying to find solutions. We know that, for people who experience poor mental health, there is still

a lot of stigma. We know that that interfaces with substance use issues, and parliamentarians care a lot about such issues.

The petition has been on the committee's books for quite some time, but I know that Karen McKeown and the many people and groups that she is in contact with appreciate it. As we have seen, the experience can differ across the country. We have different models of care. Those are appropriate if they meet local needs, but, too often, people feel as though they are falling through the cracks of a broken system. Basically, there is a postcode lottery across Scotland.

I thank the committee for allowing me to say a few words on behalf of Karen McKeown and my other constituents who have a deep interest in the issue.

The Convener: Thank you very much. I also thank Karen McKeown—we send our best wishes to her.

We have been looking at the petition since 2021. Do colleagues have any thoughts or comments?

David Torrance (Kirkcaldy) (SNP): I wonder whether the committee would consider writing to the Minister for Social Care, Mental Wellbeing and Sport to ask how the mental health assessment units in NHS Forth Valley, NHS Greater Glasgow and Clyde, NHS Lothian and NHS Highland have been evaluated and how the lessons learned have been implemented across health boards. For comparative purposes, we could also ask the minister to set out in detail the journeys for individuals who are seeking support during a mental health crisis in areas with mental health assessment units and in areas with repurposed existing services. In particular, information could be provided about each step in the process—from seeking support to receiving the appropriate care—under both approaches.

The Convener: There might come a point when, in order to advance the aims of the petition, we ask the Health, Social Care and Sport Committee to look at where the petition might go. I think that we should keep the petition open; in the first instance, write to the minister, as suggested; see what the response is; and then consider the best way forward in trying to secure the aims of the petition. Do we agree to that approach?

Members *indicated agreement.*

The Convener: I thank Monica Lennon for her contribution.

Annexe C: Written submissions

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

PE1871/N: Full review of mental health services

I would like to thank the Committee for the opportunity to provide further information on the Mental Health Assessment Units (MHAUs) and the journey through the Mental Health Unscheduled Care (MHUC) pathway to support your consideration of the above petition.

The Scottish Government understands that anyone who has not been in Ms McKeown's position may be unable to fully understand what she and her family have experienced. Through the information that was previously provided by Ms McKeown, I understand why she continues to call for this petition to be considered. Every suicide is an enormous tragedy with a far-reaching impact on family, friends, and the wider community, which is why, in addition to the work on suicide prevention which was outlined in a previous submission, we are fully committed to ensuring that anyone requiring urgent or unplanned mental health support is able to get the right care, in the right place, the first time regardless of when or how they access care.

I would like to begin by providing a point of clarity on the MHAU in NHS Lothian: there are four mental health units that operate at Health and Social Care Partnership level in the NHS Lothian Health Board area. I would like to reassure the Committee that this does not impact on the information included in the 16 March 2023 response.

The User Journey Through the MHUC Pathway

To better explain the Scottish Government's evaluation plans for the MHUC Pathway, including the MHAUs where these are available, I believe it would be better to begin by responding to the Committee's second request regarding clarifying the user-journey journey.

At the onset of the MHUC programme, a roadmap was developed with our stakeholders to provide an overview of the typical pathways that people could follow when accessing unscheduled mental health and wellbeing support. I have included this roadmap in Annex A as a visual aid to the explanation provided below.

As illustrated by the roadmap, there are several potential entry points for people first accessing unscheduled care, various available services to triage and assess those individuals, and a range of onwards referral/care options that an individual may be supported to engage with. The roadmap is not designed to be prescriptive; it covers the critical components required while also recognising that a 'one size fits all' approach would not meet local needs. In summary, the key components that are required to support the delivery of the MHUC objectives are: an in-hours GP service, the NHS 24 Mental Health Hub, a professional-to-professional pathway for the Scottish Ambulance Service (SAS) and Police Scotland, and a Senior Clinical

Decision Maker (SCDM) who is available 24 hours a day, seven days a week and is able to receive referrals from the previously listed services.

For the purpose of comparing the MHAUs to the repurposed existing services, the scenarios below are based on the most straightforward user-journey through the MHUC pathway.

In the first scenario, an individual living in the Greater Glasgow and Clyde Health Board area calls the NHS 24 Mental Health Hub on 111 because they are in crisis. After listening to the Automatic Voice Response system, the individual selects option one for Mental Health and they are connected to a Psychological Wellbeing Practitioner (PWP) who is a specially trained member of staff within the Mental Health Hub's multidisciplinary team. The individual is asked a number of questions which will help the PWP assess the person's psychosocial situation and determine the most appropriate form of support. The PWP may seek input or advice from one of the registered Mental Health Nurses based within the Mental Health Hub before determining the most appropriate care outcome to meet the individual's need. In this scenario, the PWP identifies that a referral for an urgent specialist assessment is needed so they will arrange for a callback from the NHS Greater Glasgow and Clyde MHAU. The individual is told that they should expect a callback from the SCDM in their Health Board within a specified amount of time and they are reassured that they can call the Mental Health Hub back at any time should their situation worsen.

The PWP will email the callback referral and a copy of the individual's psychosocial assessment to a secure mailbox which is monitored 24 hours a day, seven days a week by staff based at the MHAU. After reviewing the information contained in the email, the SCDM will contact the individual and, in this scenario, arranges an appointment for a further assessment at the MHAU. Once the individual arrives at the MHAU, they are seen and assessed by the SCDM and, based on the outcome of the assessment, the SCDM will identify the most appropriate care option. In this example, the person may be referred to the Community Mental Health Team (CMHT), Distress Brief Intervention (DBI), or a specialist secondary mental health service, however several care and support options are available.

In the second scenario, the individual is living in the Fife Health Board area and, likewise, accesses support through the NHS 24 Mental Health Hub. Following the psychosocial assessment, the PWP will send the referral to NHS Fife's Unscheduled Care Assessment Team (UCAT) which is based at the Whyteman's Brae Hospital. Similar to the first example, the SCDM will review the information provided to them and contact the individual to arrange a further assessment. The in-person assessment may either be conducted in the Emergency Department (ED) at the Victoria Hospital or in the Dunnikier Resource Centre located within Whyteman's Brae Hospital, with the location depending on its appropriateness for the individual's presenting concerns. As with the first example, the individual is referred to the most appropriate care option following the completion of the assessment with the SCDM. This may once again be a referral to the CMHT, DBI, or another service more suited to the individual's needs.

As demonstrated by the scenarios above, the user journeys are similar in both Health Boards, with the exception of the location within which the SCDM is based and the specialist mental health assessment is performed. It should be noted that for the purpose of comparing the two models, the assessments in these scenarios were performed in-person but the SCDM based in the MHAU and/or the comparable assessment service may offer a virtual assessment by telephone or Near Me instead if an initial risk assessment determines that those are suitable alternatives to an in-person assessment.

It should also be noted that these scenarios do not reflect the journey of every caller to the NHS 24 Mental Health Hub. The Mental Health Hub will refer a person to the Health Board's SCDM only if they determine that the person requires an urgent specialist mental health assessment or an urgent referral to local specialist mental health services. Where this is not required, the Mental Health Hub may advise a person to contact their GP, signpost them to NHS Inform's self-help guides, refer them to DBI, or even refer them to A&E or 999 if the person's situation is life-threatening.

I also ask the Committee to take into account the local variations in the pathway and provided services, particularly in the remote and rural areas of Scotland. This notwithstanding, all Health Boards have the key components in place to receive referrals and provide urgent mental health assessments and support.

I note in your committee session of 25 October that was reference to the role of Police Scotland as often required to respond when people are in crisis. As noted above, one of the key components is a professional-to-professional pathway for SAS and Police Scotland, allowing them to directly contact the SCDM in their operating Health Board. The aim of this pathway is to provide guidance and support to SAS clinicians and police officers with the decision-making process around managing risk while supporting people in mental health crisis. The SCDM may undertake further triage by telephone while the clinician or police officer are with an individual, and they can advise on whether the person is safe to leave at home or if a person should be brought in for a mental health assessment and where that person should be conveyed to.

NHS Lanarkshire introduced the first iteration of this professional-to-professional pathway for Police Scotland in 2019, and their data show that the continued improvements to the support provided to Police Scotland through their local MHUC pathway developments has resulted in an 81% reduction in police conveyance to EDs over a five-year period. This is because the professional-to-professional pathway has enabled the SCDM to assess a person over the telephone and provide them with advice and/or a referral to another service while allowing the person to remain closer to home and avoid attending ED. Although this pathway is not suitable where there is an immediate threat to life, this is progress towards reducing pressures on police officers' time as well as supporting our aims of ensuring that anyone needing urgent mental health support is able to get the right care, in the right place, the first time regardless of when or how they access care.

MHAU Evaluation and Lessons Learned

As mentioned in the letter of 16 March 2023, the MHAUs and the wider changes to the MHUC Pathways (including the repurposing of existing services) were established in 2020 in response to the COVID-19 pandemic and the need to reduce presentations to EDs. Due to the system pressures resulting from the pandemic and the time taken to get each of these components implemented in every health board area, the changes to the MHUC pathways have not yet been evaluated, however I am pleased to inform the Committee that this is currently in development.

The Scottish Government is working with Health Boards and Public Health Scotland (PHS) on taking an evidence based approach to understanding how people are accessing and receiving unplanned mental health care. A core set of data indicators and measures have been identified, and once Health Boards are in a position gather and share this data, the data will measure the impact of the changes to the MHUC pathway to date and identify opportunities for further improvements. The lead-in work will commence in 2024, ensuring that further improvements to unplanned and urgent mental health care are underpinned by robust data.

In addition to the work that the Scottish Government is doing with PHS and the Health Boards, we regularly receive performance data from the NHS 24 Mental Health Hub, including data on the number of calls received, answered, and abandoned, as well as data on the average time to answer a call. NHS 24 also conducted an evaluation of its Mental Health Hub between May and June 2023 by gathering feedback from individuals who sought support for mental health concerns. The survey provided insights on the experiences and perceptions of individuals who used the Mental Health Hub, with the results predominantly indicating a positive perception and highlighting the Mental Health Hub's successful provision of support. Although there were limitations to consider when reviewing the survey results, the Mental Health Hub has already identified eight potential areas for improvement. Unfortunately, the findings from this survey have not yet been published, but I will provide the Committee with a copy once it is.

I am happy to provide the Committee and/or Scottish Parliament with an update on these developments in due course.

The Mental Health and Wellbeing Strategy and Delivery Plan

Lastly, in relation to Ms McKeown's call for a review of Mental Health services, I would like to highlight the new Mental Health and Wellbeing Strategy which was published earlier this year in partnership with the Convention of Scottish Local Authorities (COSLA). The strategy reflects views from more than 18 months of consultation, with a particular focus on the voices of lived experience and the role of inequalities. It details the standard of help people can expect, and outlines that it should be available locally where possible. It also recognises that specialist services are a crucial part of a high-functioning mental health system.

The Strategy seeks to look ahead to ensure that we are doing the right things to meet the changing mental health needs over the coming years, as well as to promote the whole system, whole person approach by helping partners to work

together and removing barriers faced by marginalised groups when accessing services. The first Delivery Plan which accompanies the Strategy describes the work that we, together with our partners, will undertake over the next 18 months to achieve the long-term vision and approach laid out in the Strategy. We recognise that action is needed across portfolios to address the underlying causes of poor mental health, as well as ensuring the provision of the right support for those who need it. This is why the actions in the Plan cover a wide spectrum, from maintaining good mental wellbeing to support in the community, to ensuring that specialist services are available whenever needed.

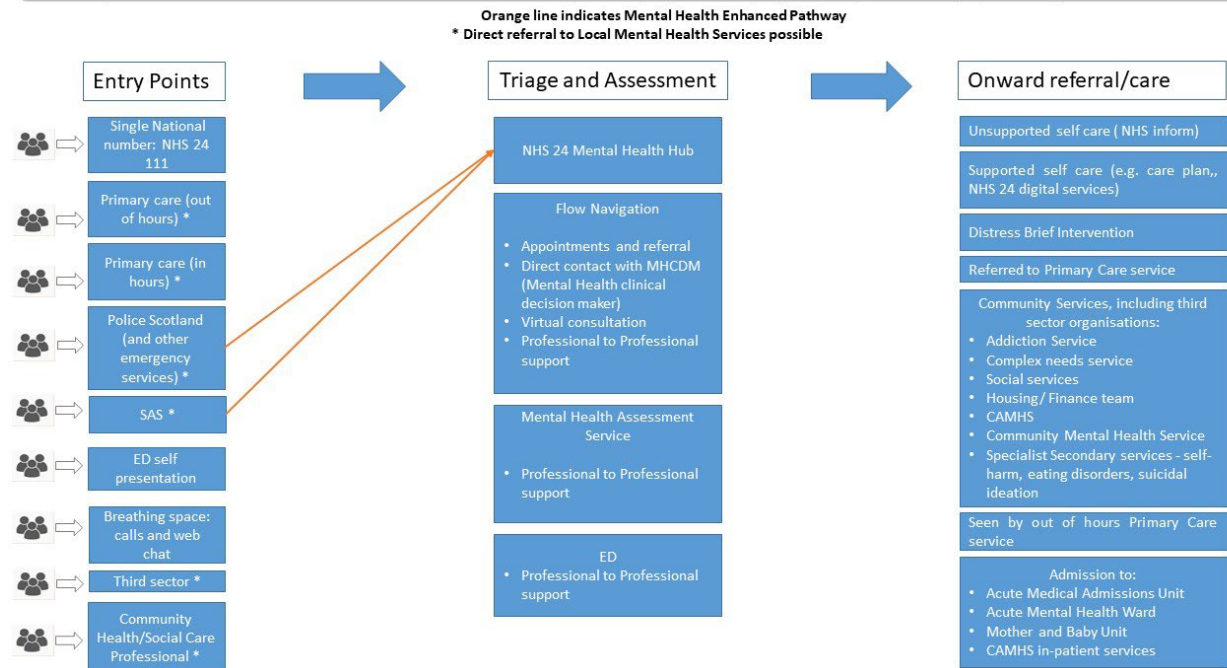
The Plan also includes commitments to build on the success of our community-based supports which benefitted over 45,000 children, young people, and carers in the second half of 2022 alone. It also includes work to improve access to mental health support by developing multi-disciplinary teams around General Practice and by maximising the role of community mental health teams, digital services, and NHS 24.

Together with COSLA, we will establish a new Mental Health and Leadership Board which will include representation from a range of Scottish Government portfolio areas, Local Government, NHS Boards, Integrated Joint Boards, and the Third Sector. The Leadership Board will oversee implementation and oversee progress.

I would like to thank the Committee again for the opportunity to provide further information on the MHUC pathways and the Scottish Government's plans to use an evidence-based approach to our continuous improvement work. I trust that this response was sufficiently comprehensive to support your consideration of the petition.

Maree Todd MSP

Roadmap for Unscheduled Mental Health Presentations: Right Care, Right Place, Right Time, First Time, optimising self care at all times



Petitioner submission of 28 April 2024

PE1871/O: Full review of mental health services

As stated by the Minister’s last submission, an entry route to mental health services in crisis out with office hours is the policy. In October 2023 the HMICS published the thematic review of policing mental health in Scotland. The aim of the report was to review the policies and processes that are in place for police to effectively deal with mental health related calls and if they can meet the need of the demand for the services. There were 14 recommendations put in place.

The first recommendation is that “the Scottish Government should commission a strategic review of the whole system relating to mental health, involving a range of scrutiny bodies”. This is a key piece of evidence that supports carrying out a review of the mental health services. During the review, it was found that police officers had little training to deal with a mental health crisis and the services had seen a high volume of calls for mental health related issues. In recommendation 5, it states “Police Scotland should provide clear guidance and effective training for officers and staff”. The recommendation could be applied to other areas that are at risk of dealing with mental health crisis such as teachers, all A&E staff including general nurses, the fire brigade and the ambulance service. A review would help find the gaps within these services and identify meaningful solutions to building a better mental health service.

I submitted freedom of information requests to all 14-health board in Scotland and to NHS24. I have outlined a few findings.

The first one is the inconsistency of how mental health data is gathered between different health boards. With each response from each health board, they all provided information differently where some health boards were unable to provide information whilst others were not able to provide a response to the same questions. The evidence would suggest there are no clear guidelines on how information is collected and stored. To enable a full evaluation of the impact of mental health services, it would be important to evaluate data such as waiting times, referrals and waiting list numbers. The FOIs have only answered some questions however, the evidence suggests there is more work to be carried out in this area which would support a full review of the mental health services.

Scotland has a population of 5.453 million with 14 health boards. There is a total of 895 adult acute mental health beds throughout the full of Scotland. These beds are used for a wide range of issues from mental health crises, detox beds, medication reviews, or assessment beds. For the number of mental health beds to the population, there is 1 acute mental health bed for every 6,092 people in Scotland. The results show that a total number of patients who attend A&E due to mental health related issues who were admitted to hospital was 13,056 whilst only 1,434 patients were admitted to a mental health bed in 2023. The rest who were admitted were sent to general or medical beds. This shows there is a demand for more mental health beds in comparison to the number of beds available. The evidence supports that there is a bed shortage which could be contributing to a lack of mental health services. A full conclusion cannot be drawn at this time without a full review being carried out to determine to what extent the bed shortages contribute to poor or inadequate mental health services.

The finding shows there is a high demand for mental health service in Scotland with services receiving 243,979 referrals in 2023 to adult services from 11 out of 14 health boards. Only 193,525 referrals were accepted which suggests 50,454 referrals were rejected. Therefore, 50,454 referrals which a GP has assessed individuals as needing the mental health team's input were turned away from getting support. The current waiting list over 11 health boards is 37,912, which on average means it can take 108 weeks for people to get the help they need. Within that time how many of the people waiting to be seen will take their own life? A suicide review takes place in Scotland when a person dies by suicide and has been open to the mental health service or been an inpatient to the services. Not all cases have a suicide review however, in Scotland there have been 99 suicide reviews in 2023 in 11 health boards. Therefore, the results show that there is a high demand for services and a high proportion of suicide deaths have received a suicide review. This could give more evidence that there is a breakdown within services which is resulting in a lack of support which may be impacting suicide statistics.

The NHS would be nothing without the wonderful staff who support the public on a daily basis. The staff provide services from giving care to keeping our hospital clean and safe. During covid we had seen just how much we need the front-line staff that keep our NHS running. A service we pride ourselves for having which provide a universal health care. Within the full of Scotland, the NHS employees 154,544 however, it was reported there was a total of 378,980 sick days were taken due to mental health related issues over a 12 month period across 10 Health Boards. Our front-line staff are having high burn out rates which could be contributing to long

waiting times. This places a bigger strain on the mental health service resulting in high caseloads for workers. An element that must be considered is how much public service money is being spent on bank or agency staff to ensure that wards have safe staff levels. Therefore, it is important to determine what is causing high sickness rates due to mental health. Do staff feel support to carry out their jobs or is there anything that the employer could do to help? All these questions are unable to be answered at this point which only a full review would be able to answer. I urge the committee to call for evidence from staff anonymously. This will ensure staff are able to express their true concerns without fear of backlash. It would give a more open view of the mental health services from the front-line perspective.

The evidence suggests that there is something not working. We can no longer put a plaster over it, and we need to take dramatic and brave action if we want to see a fit for purpose mental health service. Luke's death and others like him cannot be in vain and through their legacy we can save future generations. If action is not taken, there is a fear that wait times will continue to get longer, the NHS will continue to lose good staff and mental health services will continue to be inadequate.