

Citizen Participation and Public Petitions Committee

4th Meeting, 2021 (Session 6), Wednesday
22 September 2021

PE1871: Full review of mental health services

Note by the Clerk

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; intergraded services working together; first response support and the support available to families affected by suicide.
Webpage	https://petitions.parliament.scot/petitions/PE1871

Introduction

1. This is a new petition that was lodged on 24 May 2021.
2. A SPICe briefing has been prepared to inform the Committee's consideration of the petition and can be found at **Annexe A**.
3. While not a formal requirement, petitioners have the option to collect signatures on their petition. On this occasion, the petitioner elected to collect this information. 1,326 signatures have been received.
4. The Committee seeks views from the Scottish Government on all new petitions before they are formally considered. A response has been received from the Scottish Government and is included at **Annexe B** of this paper.
5. Two submissions have been provided by the petitioner. They are included at **Annexe C**.
6. The petitioner lodged a petition in March 2019 calling for a full review of mental health service provision across the NHS in Scotland, [PE1716](#). The PPC wrote to

and considered submissions from the [then Minister for Mental Health](#), [Royal College of Psychiatrists in Scotland](#), [Chris's House](#), [SAMH](#), [Mental Welfare Commission](#), [Samaritans Scotland](#) and [Health and Social Care Alliance Scotland](#).

7. The PPC agreed to close the petition on 21 November 2019 on the basis that the Scottish Government is undertaking significant work which addresses the action called for in the petition.

Scottish Government submission

8. In its submission, the Scottish Government acknowledges that although the impacts of the Covid-19 pandemic have been wide-ranging, there were “significant issues” in access to mental health services before lockdown.
9. The Mental Health Transition and Recovery Plan, published in October 2020, outlines support for NHS Boards and Integrated Joint Boards. Including a tailored programme of enhanced improvement support for seven NHS Boards with long waiting lists.
10. The submission states that the Scottish Government expects to extend the programme to all Boards that need it over the next 6-12 months. Furthermore, in 12-18 months it expects to see service delivery and reforms from Covid-19 embedded in services as a standard.
11. Highly populated NHS Boards have established 24/7 Mental Health Assessment Units that are immediately available for mental health crises, there are 13 units across Scotland.
12. The submission highlights that the NHS 24 Mental Health Hub has been expanded and if an individual accessing this service does not need emergency clinical intervention, they can be referred to the Distress Brief Intervention (DBI) Programme. The programme will make contact with the person within 24 hours and work with them over a fortnight to help them manage their distress. More than £1 million has been invested towards the expansion of this programme since March 2020.
13. The submission covers care and quality standards, noting that the Scottish Government's Quality and Safety Board for Mental Health Services agreed to prioritise the development of standards for general adult secondary mental health services.
14. On the issue of suicide prevention, the submission highlights completed deliverables arising from the Suicide Prevention Action Plan comprising of the social movement 'United to Prevent Suicide'; an awareness campaign; learning resources and guidance on local prevention.

15. In summer 2021, pilot services to support those bereaved by suicide were due to go live, as will the roll out of timely data on suicide deaths by Public Health Scotland.
16. The submission highlights that the Scottish Government is working to introduce processes to review all deaths by suicide.

Petitioner submission

17. In her first submission, the petitioner tells the story of her partner who took his own life in December 2017 after seeking support eight times in the week prior. She states that risk assessments were completed, however he was determined to be low risk and was “turned away without any safe plans in place or even any medication to ease his symptoms.
18. The petitioner emphasises that this case is not unique and families have united in Scotland to call for a review into mental health services.
19. In response to the Scottish Government’s details of its Suicide Prevention Action Plan, the petitioner notes that the target to reduce suicide death by 20% by 2022 does not appear to be on track. The rate increased by 6% between 2018 and 2019.
20. The SPICe briefing notes that the rate of suicide per 100,00 population was 12.5 in 2017, 14.4 in 2018 and 15.2 in 2019 which indicates that the target is not being met.
21. Family support is noted in the submission as the petitioner reports waiting 12 months to gain support through the NHS for PTSD and grief. When seeking support for family through CAMHS for self-harming, four sessions took place before the individual was redirected to bereavement counselling. They were redirected 10 months ago and have not received any support.
22. In her most recent submission, the petitioner expanded on her story and reiterated concerns about a lack of support provided to her partner. The submission also notes the petitioner’s feeling that there was no review process following the death of her partner.

Action

23. The Committee is invited to consider what action it wishes to take on this petition.

Clerk to the Committee

Annexe

The following submissions are circulated in connection with consideration of the petition at this meeting —

- [PE1871/A Patricia Hewitt submission of 20 June 2021](#)
- [PE1871/E Lynne Dalton submission of 13 September 2021](#)

All written submissions received on the petition can be viewed on the petition [webpage](#).

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; intergraded 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.

Briefing for the Citizen Participation and Public Petitions Committee

Petition Number: [PE1871](#)

Main Petitioner: Karen McKeown on behalf of Shining lights for change

Subject: Full review of mental health services

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; intergraded services working together; first response support and the support available to families affected by suicide.

Background

Suicides in Scotland

There were [833 probable suicides](#) registered in Scotland in 2019. This is an increase from 784 in 2018 and 680 in 2017. Figures for 2020 will be published on 28 July 2021.

Public Health Scotland notes that there is a known link between deprivation and suicide. The probable suicide rate between the years 2015 and 2019 was three times higher in the most deprived areas compared to the least deprived areas.

It is not yet clear what impact the COVID-19 pandemic has had on suicide rates. However, the Scottish Government had commissioned a Scottish sample of the [Tracking the impact of the COVID-19 pandemic on mental health and wellbeing \(COVID-MH\) study](#). The [wave 2 report](#) found that of the (nationally representative) sample 13.3% of people reported suicidal thoughts in the week prior to the survey.

Mental Health Services

Approximately [1 in 4 people experience a mental health problem](#) at some point in their lifetime and at any one time approximately 1 in 6 people have a mental health problem.

Prior to the COVID-19 pandemic there was already high and increasing demand for mental health services in Scotland. This has been exacerbated by COVID-19.

COVID-19 resulted in restrictions to in-person appointments and closure of support services. At the start of the pandemic there was a steep drop in the number of referrals to services including [Child and Adolescent Mental Health Services \(CAMHS\)](#) and [psychological therapies](#).

At the end of March 2021, [22,599 people were waiting to start treatment for psychological therapies](#). Of these [47% had been waiting over 18 weeks](#) for an appointment.

Scottish Government Action

Suicide Strategy

The Scottish Government published [Every Life Matters](#), its suicide prevention action plan, in 2018. This set a target to reduce the rate of suicide by 20% by 2022 (from a 2017 baseline) and includes a number of actions. A [review of the action plan](#) was published in March 2021. The [rate of suicide per 100,000](#) population was 12.5 in 2017, 14.4 in 2018 and 15.2 in 2019.

Mental Health Strategy

The Scottish Government has a [10 year mental health strategy](#) which has 40 actions. In March 2021, the Scottish Government published the [third progress report on the mental health strategy](#).

The Scottish Government has also published a [coronavirus \(COVID-19\): mental health - transition and recovery plan](#). This details what the Scottish Government has been doing to try to

address the mental health challenges in Scotland, and also outlines its commitments and planned next steps.

The [third progress report on the mental health strategy](#) notes that the Scottish Government is considering an earlier review of the Mental Health Strategy over the course of 2021 and that:

“this would be an opportunity to formally outline how the Strategy, and the Transition and Recovery Plan, intersect, and to outline our core set of mental health commitments going forward”.

Review

The Scottish Government has commissioned the [Scottish Mental Health Law Review](#). This [independent review aims](#) to:

“Improve the rights and protections of persons who may be subject to the existing provisions of mental health, incapacity or adult support and protection legislation as a consequence of having a mental disorder, and remove barriers to those caring for their health and welfare.”

The [interim report was published in December 2020](#). [Final recommendations are due in 2022](#).

Scottish Parliament Action

There have been a number of recent debates and statements in the Scottish Parliament on mental health.

- 17 February 2021: [Debate on motion S5M-254138 on mental health](#).
- 1 December 2020: [Debate on motion S5M-23498 on an inquiry into mental health support for young people in Scotland](#).
- 8 October 2020: [Statement on Scotland’s response to the mental health challenge of Covid-19](#).

The [Public Petitions Committee has undertaken an inquiry into mental health support available to young people](#).

[The Cross Party Group on Mental Health has also published a report on Priorities for Access to Treatment and Joined Up Accessible Services](#). This included a section on access to mental health services during COVID and highlighted issues around digital and telephone appointments.

In 2018 the then Health and Sport Committee conducted a short inquiry into [suicide prevention in Scotland](#). In evidence the Committee heard from Craig Smith from the Scottish Association for Mental Health that:

“The other very important aspect of the question is crisis care support and continuity of care. It is absolutely unacceptable that someone has to keep asking for help—from different places, from different people—does not get that help and then is pushed further and further into crisis. We need much better crisis care pathways [...]

Getting crisis care right is important. That support for crisis services and crisis pathways will be a key aspect of the suicide prevention strategy. The current approach is unacceptable and we hear about that often from people who use our services. [...] Time and again we hear that the experience of crisis support is not up to standard. It works really well for some people and there are some great crisis services. However, there are other people who continue to face a stigmatised response when they ask for help, either with self-harm or suicidal ideation.”

Following the evidence session, the Convener wrote to the Minister for Mental Health with the [Committee's recommendations](#) and received [a reply on 15 June 2018](#).

Key Organisations

- [Mental Health Foundation Scotland](#)
- [Mental Welfare Commission](#)
- [Royal College of Psychiatrists in Scotland](#)
- [Samaritans Scotland](#)

- [Scottish Association for Mental Health](#)

Lizzy Burgess

Senior Research Specialist, Health and Social Care

15 June 2021

SPICe research specialists are not able to discuss the content of petition briefings with petitioners or other members of the public. However if you have any comments on any petition briefing you can email us at spice@scottish.parliament.uk

Every effort is made to ensure that the information contained in petition briefings is correct at the time of publication. Readers should be aware however that these briefings are not necessarily updated or otherwise amended to reflect subsequent changes.

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Annexe B

Scottish Government submission of 8 July 2021

PE1871/B

Improving access to specialist mental health services

Mental Health remains an absolute priority for the Scottish Government, and we are committed to ensuring that everyone who needs support can get access to services that are appropriate to their needs.

The effects of the Covid-19 pandemic have been wide-ranging – both in terms of effects on individuals and families, but also on our NHS, and we know that some individuals are waiting too long for treatment. However, we acknowledge that simply returning to where we started will not be enough. There were significant issues before the lockdown in terms of access to key services, and the impact of the pandemic is likely to lead to increasing and evolving demand for treatment.

Following close engagement with stakeholders, we published our Mental Health Transition and Recovery Plan in October 2020. This outlines our response to the mental health effects of the Covid-19 pandemic, and is backed by a £120 million Recovery and Renewal fund. The Recovery and Renewal Fund has brought the total anticipated spend on mental health in 2021/22 to in excess of £1.2 billion.

The Transition and Recovery Plan outlines how we will support NHS Boards and Integrated Joint Boards to move beyond the position at the start of the pandemic. As part of this programme of work, the Scottish Government has been engaging closely with NHS Boards to support them to address issues relating to access to services. This includes a tailored programme of enhanced improvement support for seven NHS Boards in which the waiting times for treatment are unacceptably long (Borders, Fife, Forth Valley, Highland, Lanarkshire, Lothian and Tayside). We are now working with Mental Health leads in these Boards to support the development and implementation of local recovery plans and to target investment to improve access to CAMHS and Psychological Therapies.

Over the next 6-12 months, we expect to extend our programme of enhanced improvement support to all Boards that need it. We will ask all Health Boards to provide trajectories to meet the 90% waiting times standard, and use these to monitor and drive improvements. In 12-18 months we would expect to see the new service delivery and reforms arising during Covid-19 embedded in mental health services as standard and starting to make a difference to performance.

Other work to improve access to mental health services and support

NHS Boards with larger populations have established specialist 24/7 Mental Health Assessment Units that are immediately available for mental health crises. There are now 13 of these centres across Scotland, which have received positive feedback from patients, clinicians and Police Scotland.

We have also provided £2.1 million to expand the NHS 24 Mental Health Hub that is now available to the public 24 hours a day, for 7 days a week, and £1.2 million to provide extra capacity for Computerised Cognitive Behavioural Therapy (cCBT).

Additionally, anyone who phones the NHS 24 Mental Health Hub in emotional distress from anywhere in Scotland, who does not need emergency clinical intervention and who is assessed as appropriate for referral, can now be referred to the Distress Brief Intervention (DBI) Programme for further support. A Third Sector provider of DBI will make contact with the person in distress within 24 hours and work with them over a two week period to help them manage their distress. More than £1 million has been invested towards the expansion of the Distress Brief Intervention programme since March 2020.

Primary Care & Infrastructure

We are working with the Redesign of Urgent Care Programme to improve the integration of physical and mental health within the urgent care setting. Our unscheduled care pathways must be easy to access, quick and responsive at the earliest possible point. We are therefore working with partners to ensure that people who present with unscheduled care needs find our various systems easy to access and are supported by a clearer referral pathway to the right intervention, support or treatment. The intention is to build on the progress already made toward providing an unscheduled care response, this will include:

- Embedding mental health unscheduled care pathways for adults, children and young people;
- Continuing to develop Mental Health Assessment Services,
- Establishing Multi-Disciplinary Team test sites to support those with Complex Psychosocial Needs;
- Continuing to develop approaches to support people in distress by continuing the national roll-out of Distress Brief Intervention, including an evaluation.
- Continuing to build mental health capacity within primary care settings with a view to implementing Primary Care Mental Health teams; and
- Further enhancing mental health service delivery through digital innovation.

Mental Health Care & Quality Standards

We are developing quality standards to support general adult secondary mental health services. This is part of a wider ambition to develop a suite of standards for mental health services, building on the work of the existing CAMHS service specification. The Scottish Government's Quality and Safety Board for Mental Health Services agreed to prioritise the development of standards for general adult secondary mental health services as it will have an impact on the largest number of service users. This will allow us to address transitions between inpatient and community services which has been identified as a key area for improvement.

Suicide Prevention

Suicide prevention is a priority for the Scottish Government and we are committed to working with our National Suicide Prevention Leadership Group, COSLA, and partners on delivering the Suicide Prevention Action Plan: Every Life Matters. Many of the key deliverables of the Action Plan have been achieved to date, including the launch of Scotland's social movement: 'United to Prevent Suicide' along with an initial public awareness campaign; production of learning resources to support suicide prevention; and guidance to encourage, inform, and support local suicide prevention approaches.

Pilot services to support those bereaved by suicide will go live this summer, as will the roll out of timely data on suicide deaths by Public Health Scotland, which will provide valuable intelligence to further inform local suicide prevention planning. Through our Action Plan we are working to introduce processes to review all deaths by suicide.

Prevention and early intervention

As well as concentrating on improving specialist services, there is a huge opportunity for the Recovery and Renewal Fund to make a transformational difference in terms of our focus on prevention and early intervention. We are currently considering a range of options for investment of the remainder of the £120 million fund which will focus on wider support for mental health and wellbeing, including Primary Care and Community Services.

Since January, we have provided additional funding to local authorities to deliver locally based mental health and wellbeing support. Over 100 new and enhanced supports and services have been established including primary school councillors in Stirling, family mediation in Dundee and self-harm support in South Ayrshire. Last year we provided £3.75 million to establish these services and have allocated a further £15 million this year to continue their operation. These services offer an alternative to CAMHS for children and young people, where appropriate, by providing support for emotional distress delivered in a community setting.

Annexe C

Petitioner submission of 4 August 2021

PE1871/C Full review of mental health services

I am writing this submission in response to the Scottish Government submission to the petition calling for a review of the mental health services.

In my view, mental health services have been failing individuals and families since before the COVID-19 pandemic so I agree with the Scottish Government submission that services cannot go back to how they were before. However, I have not seen any good services throughout the pandemic and services appear to have worsened.

My partner Luke Henderson took his own life on the 29th December 2017, after trying to gain support 8 times during the week before he took his own life. Risk assessments were carried out and it was determined he was a low risk of suicide despite me voicing my concerns. He was turned away without any safe plans in place or even any medication to ease his symptoms. I was left alone trying to help him as well as raise two children. They did not listen to me, which resulted in Luke taking his own life. Luke's case is not unique, as many others feel the same as I do. Now, families have united from across Scotland to call for a review into mental health services. We want to work together towards a fit for purpose mental health service.

In relation to the suicide prevention action plan, targets do not appear to be on track. Part of the action plan was to reduced suicide death by 20% by 2022. However, in 2019, suicide deaths increased by 6% from 2018. With the stresses from COVID-19, I anticipate that these statistics will be even higher this year once they are released. The action plan looks good on paper but on the front line, I do not think it works. It is good to tell people to speak out and seek help but most the time when people do ask for help, they are not listened to and such pleas seem to fall on deaf ears, which was the case for Luke and many of the families who have joined me in this petition.

Now I will tell you about the lack of support me and my family have received after the death of Luke. I waited 12 months to gain any support though the NHS for PTSD and grief. Following Luke's death, my GP did a referral to mental health services for members of my family and both

referrals were rejected, citing that they required bereavement counselling instead.

Over the last few years things have spiralled out of control to the point one member of my family was suicidal, and another has shown risk taking behaviour. One of them started self-harming and I struggled to get her proper support from CAMHS. When she eventually got seen, she had 4 sessions and told it was bereavement counselling she needed. 10 months have now passed, and she is yet to receives any other support.

My other family member, who has been diagnosed with autism, was seen by CAMHS after he put himself in a very dangerous situation. During lockdown he was only able to see his worker though video link which is no good for him due to his autism. My family have received very little early intervention and only when they had put themselves at risk was a small amount of support giving.

Mental health needs to be top priority. Lessons must be learned from past mistakes in order to ensure the same mistakes are not repeated. There is no shame in admitting the system is broken and needs repaired. I believe that this is the only way we are going to have a fit for purpose mental health service.

Petitioner submission of 10 September 2021

PE1871/D - Full review of mental health services

On the 29th of December 2017 my world was turned upside down. I wake up early hours of the morning to find my partner Luke Henderson took his own life. Saying it was not expected would be a lie.

The weeks leading up to his death Luke was unwell. He had started having visual and audio hallucinations. At a loss of what to do, I first contact the out of hours doctor on the 22nd of December. I was given no help and told to attend A&E which we did the following day. After a very short assessment Luke was send home. We were given no help and we both felt abandoned. On the 24th of December Luke attended the community mental health team. Again, no help was giving after I express my concerns for his mental health and mind set. Over the next few days, I made many calls to out of hour GP and cpn with no success. At this point we were told Luke was told he would need to attend addiction service on the 28th of December if he wanted any help because of past addictions issues.

At this point, I was at breaking point. Luke had not sleep for 3 weeks. Which resulted in me also not sleeping, as I was worried about his mental state and that he might try to take his own life. On the 27th of December, Luke attended A&E again. Once again, we were turned away with nothing to ease his symptoms or any practical help. I was left with no where to turn to for help and Luke couldn't take no more pain. On the 28th of December we went to the addiction service only to find it was a paper filling exercise. We had no help or no support. On the night of the 28th of December, I fel asleep exhausted and when I woke early hour of the 29th of December, I found my partner dead.

Luke was my best friend; he was my life partner, and I cannot express the pain that losing him has caused. Since I have lost Luke, I have dedicated my life to helping change the mental health service for the better. I feel that Luke had slip through the cracks in the mental health service. He was not listened to, and I was not listened to. I knew Luke better than anyone yet when I was telling professionals my concerns I was dismissed. He was acting out of character, and I knew he was unwell. I just wish my concerns were took on board.

I feel there was no review process after Luke died to identify what went wrong after a man repeatedly asked for help just to be turned away. I feel the support for myself and my family after Luke's death has been poor and we have had to turn to amazing local charities.

Mental health shows no discrimination and can happen to anyone. I am pleading with you to please call for a review of the mental health service to ensure no more families feel this pain. I want to make sure no more people manage to slip through the cracks and make sure we have a fit-for-purpose mental health service. Luke's case is not unique and why now families are coming together to call for change.