



# SCOTTISH PARLIAMENT CROSS PARTY GROUP ON MENTAL HEALTH

INQUIRY INTO THE MENTAL HEALTH  
STRATEGY 2017-2027

SUMMARY REPORT

The reports and summary report were written by SAMH (Scottish Association for Mental Health) in its capacity as Secretariat to the Cross-Party Group on Mental Health.  
The information in the reports were collated through calls for evidence and oral evidence sessions.  
The views expressed reflect the discussions at Cross Party Group meetings.

## FOREWORD



**Oliver Mundell MSP**

**Co-Convener**



**Emma Harper MSP**

**Co-Convener**



**Beatrice Wishart MSP**

**Deputy Convener**

Back in 2019, the Cross Party Group on Mental Health (CPG) decided to undertake an inquiry into the Mental Health Strategy 2017-2027. Since then, the world has changed suddenly and dramatically due to the coronavirus pandemic and it is not an understatement to say that everyone's mental health has been affected in some way. Throughout this time, the CPG has provided an invaluable opportunity for members of all political parties, organisations, and individuals with experience to come together and discuss how to improve Scotland's mental health.

While the pandemic has made meeting more challenging, it has certainly not deterred members from continuing to push for change. We would like to sincerely thank members for remaining committed and engaged with the group's work throughout these difficult times.

Initially, the CPG expected that the findings from its inquiry would influence the review of the Strategy due to take place in 2022. However, the pandemic has provoked a much wider conversation about how we can do things differently when it comes to mental health.

We heard about many examples of good practice happening across the country, including new innovations in mental health care created in response to the crisis. Indeed, the Cross Party Group welcomes quick action the Scottish Government has taken throughout 2020, such as the creation of the Clear Your Head campaign and the rapid expansion of the Distress Brief Intervention programme.

However, the inquiry has also highlighted gaps in the Strategy, as well as new challenges caused by the pandemic. Ultimately, the group agrees that preventing poor mental health where possible is the best approach. This requires early intervention and easy access to support, however we found that this was not always people's experience.

Despite the progress made in implementing the Strategy, demand continues to outweigh available support, an issue only exacerbated by the pandemic. Additionally, people with mental health

problems still face challenges in accessing support for their physical health. The CPG also found that more work is needed to fully embed a human rights-based approach in mental health services and law.

This short report is only a summary of our recommendations; we would urge anyone with an interest in mental health in Scotland to read all four reports from the inquiry in full. We hope that our findings will inspire the next Scottish Government to take ambitious action.

Finally, we would like to acknowledge and thank the people who shared their personal experiences with the CPG to inform its inquiry. It is not easy to speak or write about difficult times in our lives, which is why we hold such gratitude for the people who trusted us with their stories. Your contributions have been invaluable and have massively strengthened this inquiry, thank you.

<b>Emma Harper MSP</b>	<b>Oliver Mundell MSP</b>	<b>Beatrice Wishart MSP</b>
<b>Co-Convener</b>	<b>Co-Convener</b>	<b>Deputy Convener</b>

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## ABOUT THE CROSS PARTY GROUP ON MENTAL HEALTH

The Scottish Parliament Cross Party Group on Mental Health has 90 member organisations and individuals, with representation from across service delivery, policy and research, and lived experience. The Group aims to influence mental health policy and practice by bringing together the mental health sector and community in Scotland.

The full membership list can be viewed at [www.parliament.scot/msps/mental-health.aspx](http://www.parliament.scot/msps/mental-health.aspx).

### CPG MSPs

Emma Harper MSP  
Co-Convener

Oliver Mundell MSP  
Co-Convener

Beatrice Wishart MSP  
Deputy Convener

Monica Lennon MSP  
Member

David Torrance MSP  
Member

Alex Cole-Hamilton MSP  
Member

## Introduction

The Mental Health Strategy 2017-27 was the Scottish Government's first 10 year strategy, demonstrating a commitment to try and achieve sustained focus on improving mental health across Scotland. Following the next Scottish Parliament election, the Strategy will be approaching its fifth year, as well as its half way mark. The Cross Party Group on Mental Health has been undertaking a two-year long inquiry into the four different themes within the Strategy:

1. Prevention and early intervention;
2. Access to treatment, and joined up accessible services;
3. The physical wellbeing of people with mental health problems;
4. Rights, information use, and planning.

The CPG has now produced a total of four reports on each of these themes, based on findings from a series of calls for evidence and oral evidence (the full methodology is set out below). In each report, the CPG has put a number of recommendations to the Scottish Government, Integration Authorities and other stakeholders.

It's important to note that the CPG began its inquiry in 2019, before the coronavirus pandemic. Therefore, the evidence received on the first theme of the Strategy – prevention and early intervention – did not take into account the mental health effect of the pandemic. Nonetheless, the findings in the prevention and early intervention report remain of value in the context of Scotland's recovery from the pandemic.

We now know that the pandemic has had an enormous impact on everyone's mental health as well as the delivery of services and treatment. The recommendations in each report aim to influence the Scottish Government and stakeholders as Scotland begins its transition out of the pandemic. The CPG is pleased that the Minister for Mental Health has acknowledged the publication of the four reports (see Appendix 1) and looks forward to engaging further with the Scottish Government in the next Parliamentary session.

This short report provides a summary of the recommendations put to the Scottish Government by the CPG. Following an online consultation with members, these are the recommendations which the CPG would like the next Scottish Government to prioritise. As only a limited number of recommendations have been included, the CPG would strongly encourage the Scottish Government and relevant stakeholders to read all four reports in full when considering the CPG's inquiry; these can all be accessed on [SAMH's website](#).

## Methodology

A total of five calls for evidence were issued to CPG members to gather their views. The first four calls for evidence focused on the respective themes in the Strategy, while the final call for evidence concentrated on data and measurement.

In each call for evidence members were asked to consider:

- What progress had been made on the theme in question?
- Is there on-the-ground evidence of the correlating Actions in the Mental Health Strategy 2017-2027 to that particular theme being implemented?
- To what extent will the Strategy help to improve things related to that theme? What further action will be needed?

Over the course of the inquiry, a total of 37 written responses were submitted (a full list of respondents can be found in Appendix 2). Furthermore, the CPG took oral evidence from eight people with lived experience of mental health problems at CPG meetings throughout 2020/21. In all four reports, the identities of the lived experience speakers have been anonymised.

The evidence provided was collated by SAMH, in its role as Secretariat to the Group, and discussed at length in CPG meetings. All of the evidence received and CPG members' discussions were used to inform the Group's reports and its recommendations.

# Top Recommendations

## Priorities for Prevention and Early Intervention

1. Work with Local Authorities, Integration Authorities and NHS Boards to explore how to prevent short-termism in commissioning and procurement.
2. Work with Education Scotland, children and young people themselves, and other relevant bodies to develop mental health education for schools that addresses the socio-economic factors that contribute to poor mental health outcomes.
3. Work with Education Scotland, children and young people themselves, and other relevant bodies to explore how mental health education can be made accessible to children and young people not engaged in mainstream schooling.
4. Increase investment in targeted prevention and early intervention support for minority ethnic people, which seeks to address the additional barriers they face.
5. Reframe prevention and early intervention in future strategies, so that it is understood in whole life terms.
6. Continue funding See Me Scotland's national programme to tackle mental health stigma and discrimination.

## Priorities for Access to Treatment and Joined-up Accessible Services

1. Work with local authorities to develop concise and accessible route maps, which outline clearly how people can access mental health support, as well as what they can expect from mental health services in their area.
2. Develop a multi-disciplinary, multi-agency mental health workforce plan.
3. Work with NHS Scotland to ensure that people who have appointments cancelled and support withdrawn because of the pandemic are proactively contacted about restarting their treatment.
4. Incorporate the UN Convention for the Rights of People with Disabilities (UNCPRD) into Scots Law.
5. Provide funded BSL and deaf awareness training for mental health professionals at all levels and across Scotland.

## Priorities for the Physical Wellbeing of People with Mental Health Problems

1. Make signing up to Scotland's Mental Health Charter for Physical Activity and Sport a condition of government funding for fitness and sporting organisations, to help tackle mental health stigma and break down barriers to participation.
2. Work with NHS Scotland, **sportscotland**, local authorities and public leisure trusts to reopen facilities closed due to the pandemic in a safe way as soon as possible, targeting resources at communities and people who are at higher risk of poor mental and physical health.
3. Provide sustainable funding to Integration Authorities that ensures all social prescribing opportunities are free for participants.
4. Provide funding for sporting organisations to make them and their facilities more accessible and inclusive for people who face cultural and structural barriers to being active.



## Priorities for Rights, Information Use and Planning

1. Fund the improvement of the physical environment in all mental health inpatient settings in Scotland and, additionally, work with NHS Scotland and people with lived experience to create wellbeing spaces in all mental health inpatient settings in Scotland.
2. Increase the proportion of investment in community health and social care to support a preventative approach.
3. Provide direct funding for mental health training and support interventions for public sector employees, as well as grant funding for small/medium sized businesses and not-for-profits.
4. In completing Action 36 and developing mental health standards for the public and private sectors, work with NHS Scotland and others to promote a whole-organisation approach to improving and protecting mental health in the workplace, which should prioritise inclusivity and diversity.
5. Consider how both national and local government can take a more joined up approach to disability, health and employment.

## Priorities for Data & Measurement

1. Ensure researchers are included in the design and implementation of data measurement processes for mental health and, where possible, improve access to data for researchers.
2. Review the collection of mental health data across public sector bodies, to ensure existing resources can reach their full potential.
3. Consider adapting the Quality Indicators for mental health so they can be applied to primary care and third sector settings.
4. Include actions to embed data and intelligence sharing at a national and local level in the next Suicide Prevention Strategy, to support a culture of continuous learning.

## Appendix 1

Minister for Mental Health  
Clare Haughey MSP



Scottish Government  
Riaghaltas na h-Alba  
gov.scot

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Cross Party Group Mental Health

4 March 2021

Cross Party Group on Mental Health,

### Work of the Cross Party Group During the Current Parliament

As we approach the end of this Parliamentary session, I would like to take this opportunity to thank the Cross Party Group for all of its work over this last Parliamentary year. In particular, I want to acknowledge the four reports published by the CPG between June 2020 and March 2021 which have highlighted a range of important issues.

During the pandemic, we have seen a focus on mental health like never before. Mental health remains an absolute priority for this Government, and we will continue to work tirelessly to ensure the right help is available in the right place, at the right time.

As CPG members will know, our Mental Health Transition and Recovery Plan was published in October 2020. It lays out key areas of mental health need that have arisen as a result of COVID-19 and lockdown, and the actions that we are taking in response. The plan is evidence-based and was developed in consultation with a wide range of stakeholders. It contains 107 actions, and we have identified an initial set of 12 key commitments that we are taking forward at pace.

Last month, we announced an additional £120 million for a Mental Health Recovery and Renewal Fund. The Fund is the single largest investment in mental health in the history of devolution, and will ensure full delivery of our Transition and Recovery Plan. In addition, the 2021-22 Budget shows the programme budget for Mental Health Services and Autism combined has been increased from £120.1 million last year to £142.1 million. That represents an increase of nearly 19%.

The total £262.1 million budget for mental health and autism in the coming financial year more than doubles the budget for 2021/22 when compared to 2020, and takes total anticipated spend on mental health in 2021/22 to in excess of £1.2 billion.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See [www.lobbying.scot](http://www.lobbying.scot)

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[www.gov.scot](http://www.gov.scot)



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The clear priority we are placing on mental health will help underpin our continuing work to improve mental health services, as well as ensuring good mental wellbeing at a population level, signposting to help, a comprehensive distress response, and the right help and support in our communities.

I very much hope the CPG continues its good work on mental health into the next Parliamentary session.

Regards,  
*Clare Haughey*

**Clare Haughey**

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## Appendix 2

Call for evidence respondents (some respondents made more than one submission to the inquiry):

- Caps Independent Advocacy (Lothian Voices)
- Deafscotland
- Dr Julie Dunan
- Dr Susan Eley Morris
- FJSS (Fair Justice System for Scotland)
- Health in Mind
- Hunter Watson
- Maurice Frank
- Mellow Parenting
- Mental Health Rights Scotland
- Mental Welfare Commission
- National Deaf Children's Society
- Samaritans
- Scottish Association of Social Work
- Scottish Mental Health Co-operative
- See Me Scotland
- Support in Mind
- Sx/ Waverly Care
- The Prince's Trust
- The Royal College of Occupational Therapists
- The Royal College of Psychiatrists
- The Royal Pharmaceutical Society
- University of Edinburgh - Division of Psychiatry
- Your Voice

## Appendix 3

The following members also contributed to the inquiry:

- British Psychological Society
- CAPS Independent Advocacy (Lothian Voices)
- Children's Health Scotland
- Deafblind Scotland
- Deafscotland
- Dr Elizabeth Kirkham
- Health in Mind
- Mental Health Rights Scotland
- National Rural Mental Health Forum
- Psychiatric Rights Scotland
- RCN Scotland
- Ross Cunningham
- Scottish Association for Social Work
- The Royal College of Psychiatrists
- The Royal Pharmaceutical Society
- University of Edinburgh, Division of Psychiatry
- Waverly Care
- Your Voice