SCOTTISH PARLIAMENT CROSS-PARTY GROUP ON MENTAL HEALTH

REPORT: PRIORITIES FOR PREVENTION AND EARLY INTERVENTION IN SCOTLAND

This report was written by SAMH in its capacity as Secretariat to the Cross-Party Group on Mental Health. The information in this report was collated through a call for evidence and an oral evidence session. The views expressed reflect the discussions at CPG meetings.

FOREWORD

Emma Harper MSP
Convener

Challenges with mental health have, in some way, affected every life in Scotland. This may be from a young person struggling in school, or a colleague absent from work, or an elderly relative living with dementia. Each of us have seen, and very often have personally experienced, the impact of poor mental health.

Many mental health problems are preventable, and almost all are treatable, so people can either fully recover or manage their conditions successfully and live as healthy, happy and productive lives as possible.

Over the course of the past year, the Mental Health Cross Party Group has been very active in meeting, in taking evidence and scrutinising Scottish Government policy in relation to mental health. This has allowed us to discuss the impact it is having on-the-ground.

The Cross Party Group broadly welcome, and indeed share, the Scottish Government's guiding ambition for mental health; that we must prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems.

Indeed, the Cross-Party Group also welcomed the Scottish Government's commitment to improving wellbeing. This is a commitment which has now been committed to in the Scottish Government's budget. It is important to note that the Scottish Government is the first UK administration to have this commitment and promote investment in people in the national budget.

Throughout the various evidence sessions and meetings which the Cross Party Group has held over the past year, it has been clear that everyone, whether it be clinicians, those with mental health conditions or Government and policy representatives, want to create a Scotland where all stigma and discrimination related to mental health is challenged, and where our collective understanding of how to prevent and treat mental health problems is improved.

We want to see a nation where mental healthcare is person-centred and recognises the life-changing benefits of fast, effective treatment.

Recently in Scotland, mental health services have changed dramatically, with excellent work from the Scottish Government, NHS Board staff, first responders, primary care practitioners, Local Authorities and Third Sector organisations, making life-changing and life-saving interventions every day.

Prevention and early intervention, access to treatment and joined-up accessible services, greater education and emphasis on people's rights, information use and planning, have been key in the renewed approach to mental health in Scotland and it is right that these have been key themes of the Cross Party Group's work.

I hope you find this report, and its findings, helpful and I look forward to the Cross Party Group progressing its work as we scrutinise the future announcements, guidance and proposed approach to supporting people.

The future means we will need to address, discuss and prepare for the impact of the coronavirus pandemic (Covid-19) on mental health services, and on people's mental health. This work will allow us to help inform the Scottish Government on potential steps it can take to best support people in a safe, effective, person centred way in the future.

I would encourage anyone interested to become involved with the Cross Party Group.

Yours sincerely,

Emma Harper MSP

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ABOUT THE CROSS-PARTY GROUP ON MENTAL HEALTH

The Cross-Party Group on Mental Health has over 60 member organisations and individuals from across service delivery, policy and research, and lived experience representation. The Group aims to influence mental health policy and practice by bringing together the mental health sector and community in Scotland.

CPG MSPs

Emma Harper MSP
Convener

James Dornan MSP
Member

Annie Wells MSP
Member

Monica Lennon MSP
Member

Oliver Mundell 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 support across Scotland. Following the next Scottish Parliament election, the strategy will be approaching its fifth year – the half way mark.

The CPG on Mental Health is 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. Rights, information use and planning
4. Data and measurement

This report explores the prevention and early intervention theme, in order to establish where progress has been made and where more investment or additional actions are required.

The CPG started this work before the coronavirus outbreak. While the CPG recognises that the Scottish Government, NHS and local authorities' priorities have changed since the outbreak began, it is felt that the CPG's findings still have value, especially as we look towards Scotland's recovery from coronavirus and the future of mental health support.

Methodology

To gather the views of the CPG members, a call for evidence was issued that asked members to consider:

- what progress has been made in improving prevention and early intervention support services;
- what experiences do members have of the prevention and early intervention actions within the Strategy being implemented; and
- to what extent will the Strategy help to prevent poor mental health and provide early intervention support.

The call for evidence received written responses from 12 members, including from organisations providing direct support, organisations representing the mental health workforce and lived experience representation (the full list of respondents can be found in Appendix 1). Findings from the call for evidence were presented and discussed at a CPG meeting.

To gather the views of people with lived experience who are not represented within the membership, the CPG held an oral evidence session. There were four people with lived experience who provided evidence to the CPG at a meeting, and one person who submitted written evidence as they were unable to attend. Information about the participants has been anonymised for the purposes of this report.

Executive Summary

The evidence presented by members and those with lived experience highlighted where good progress has been made and should continue, and also where refocus is required. The evidence also established where there are gaps within the Strategy that should be addressed.

It is particularly important that these gaps are addressed from the perspective of upholding people's rights. People with mental health problems are at a higher risk of being denied or not being able to access their rights, in particular the rights to: adequate healthcare; adequate standard of living; work opportunities; and participation in communities.[1], [2] Of particular importance within the context of this report is the right to adequate healthcare, as prevention and early intervention support plays a vital role in the prevention of poor mental health and the promotion of good mental health.

Key Findings

- Many schools, colleges and universities are working closely with local government, health services, the third sector and others to improve mental health support.
- Additional perinatal and parenting mental health services have been implemented.
- There has been increased investment in mental health support within primary care and unscheduled care.
- Investment in the Rural Mental Health Forum has helped to increase the support available to rural communities.
- Cuts to services locally often hit mental health services that provide preventative and early intervention support.
- There is not enough focus on the socio-economic determinants of mental ill-health within the Strategy, in particular inter-generational trauma.
- Waiting times are too long, preventing people from accessing support at an earlier opportunity.
- There are problems with recruitment and retention in CAMHS, as well as a lack of early intervention support for children and young people.
- There is not enough emphasis on or investment in mental health support for people who experience deafness, including deaf children and young people.
- The prevention and early intervention theme within the Strategy has a principle focus on children and young people, with much less focus on prevention and early intervention support for adults.

The report explores the key findings in more depth and provides recommendations for the Scottish Government grouped within three priority areas:

1. Upstream Funding
2. Inequalities
3. Lifelong Prevention and Early Intervention

[1] Scottish Human Rights Commission, Mental Health
[2] MWC, Rights in Mind

Progress and Good Practice

A number of Scottish Government initiatives were highlighted by members of the CPG as examples of where progress has been made and there is good practice that should be expanded. These included: the Distress Brief Intervention (DBI) programme; the expansion of counselling across secondary schools, colleges and universities; more staff training taking place in educational settings; the expansion of the Psychology of Parenting Programme (PoPP); and investment in the Rural Mental Health Forum.

The DBI programme is considered to be an effective interventionist support service for people who otherwise would have presented in unscheduled care settings like A&E, or contacted first responders like the Police. The members of the CPG all spoke positively about the programme and emphasised that there is confidence in the model, as is demonstrated by its expansion for people aged 16 and over.[3] It is felt that the collaborative approach of this programme, in particular between Police Scotland, the Scottish Ambulance Service and DBI providers is providing positive outcomes for people with mental health problems. There was general consensus that the DBI programme should be scaled up for national provision.

A number of CPG members also highlighted the good practice taking place in schools, colleges and universities, from learner peer support to capacity building for staff amongst many other initiatives. The introduction of counselling in secondary schools was broadly welcomed, although it was emphasised that it is not a panacea and cannot replace specialist support. Similarly, the roll out of Mental Health First Aid for some staff in schools was broadly seen as positive, but not sufficient to address all needs.

With the additional investment through the Strategy, the Rural Mental Health Forum has increased its capacity and is now working with over 140 organisations reaching half of the total rural population. The Forum is now providing and signposting rural businesses to Mental Health First Aid and Awareness training; working with political stakeholders to ensure rural interests are not sidelined; and creating local partnerships to challenge stigma and take action on mental health.

The Psychology of Parenting Programme (PoPP) and its roll out through the Strategy was welcomed by many CPG members. In particular the expansion of the programme for younger children was welcomed, as there was general consensus that it is never too early to start providing support for children. Similarly the increased investment in the Perinatal and Infant Mental Health Fund was viewed positively.

[3] Since the outbreak of coronavirus DBI has been expanded nationally on a temporary basis.

Upstream Funding

The evidence submitted by CPG members and the subsequent discussions highlighted that there needs to be a shift in funding, to ensure that prevention and early intervention services are sustainable and embedded.

It was highlighted by many members that short funding cycles and short-term contracts mean that services either shut down or providers are changed before they can bed in. This undermines outcomes for communities and prevents providers and third sector organisations from being able to deliver the best possible service.

Members also noted that budget cuts are driving planning decisions at a local level.[4] More often than not this means that non-clinical services are reduced because they are deemed non-essential. One such example would be local independent advocacy services, which have seen cuts to funding despite an increase in demand and a right to independent advocacy within legislation for people with mental health problems. Non-clinical services form a critical part of the network that helps to keep people well and prevent admission to acute care.

As an example, one of the lived experience panel participants noted that there is a lack of informal support for people with Borderline Personality Disorder (BPD)[5] and no outpatient service in their area. The participant spoke of their experience of needing urgent support as a result of their mental health deteriorating and called for more informal support services for people with BPD to help them stay well.

Members emphasised that cuts to funding are not matched by a decrease in demand for community based interventionist and preventative support. It was highlighted that third sector and private providers are often overwhelmed by the demand that they face, with increasing referrals because mainstream NHS services are not available, waiting lists are too long or referrals to specialist services are deemed 'inappropriate'.

This view was backed up by the experience of a lived experience panel participant, who informed the CPG that they now receive psychological therapy privately. This is because waiting lists for psychological therapies are often lengthy and, in most cases, they are time-limited interventions. The participant required more support than NHS psychological therapies could provide and, as such, had to seek out support and pay for it themselves.

It was highlighted that when non-specialist NHS and community services are cut or overwhelmed, it can prevent people from getting support at an earlier opportunity and result in people requiring more specialist support further down the line. This was seen by members to be a particular problem in children and young people's mental health services. A lack of investment in interventionist and preventative support means that children and young people are being referred to CAMHS, a system which is now under significant pressure.

One of the lived experience panel participants had direct experience of this problem. After having been referred to CAMHS because there was little to no support available at an earlier opportunity, including a lack

[4] COSLA, Wellbeing – Invest in Essential Services, January 2020
[5] MWC, Living with Borderline Personality Disorder, November 2018

of support in school, the participant had their referral rejected. It took them a year to ask for help again, during which time they received little to no support from services or the school.

There was general consensus that high quality and universally accessible community based support should play a vital role in embedding prevention and early intervention across Scotland. It was also acknowledged that delivering and scaling up services of this kind will require significant investment and collaboration. Members noted that local decision making can be a good thing, as services can be designed to meet local needs, but national consistency is required.

Another view expressed was that the division between community and clinical services is unhelpful and prevents services from adopting a joined up approach, which was seen as a crucial element of a well-functioning mental health support system. Indeed, as has been discussed, cuts in community based services are seen to be having an adverse effect on clinical services, demonstrating that they are inextricably linked. Despite this experience, the idea that preventative and interventionist services are non-essential persists.

Recommendations

The CPG on Mental Health would like the Scottish Government to:

- Work with Education Scotland, the Children and Young People's Mental Health and Wellbeing Programme Board, children and young people themselves, and other relevant organisations to develop mental health education and ensure that it is embedded within the curriculum.
- Work with Education Scotland to introduce quality indicators specific to mental health for school inspections.
- Consider funding training in counselling, to support the recruitment of counsellors in schools, colleges and universities.
- Undertake a review of the psychological therapies waiting time target and psychological therapy provision in Scotland, to establish why NHS Boards continually fail to meet the target and if people have access to the full range of therapies in the NHS Psychological Therapies Matrix.
- Work with NHS Scotland to expedite the establishment of the Personality Disorder Managed Network and the implementation of support service for people with BPD.
- Develop a national minimum standard through research for the commissioning of psychosocial support services and ensure Integrated Joint Boards receive an appropriate level of funding to guarantee commissioning of these services.
- Work with COSLA to explore how local authorities can bring an end to short-termism in the commissioning process.
- Work with independent advocacy organisations across Scotland to ensure that NHS Boards have strategic advocacy plans in place and increase statutory funding for independent advocacy to meet demand.

The CPG is also calling on the Scottish Intercollegiate Guidance Network (SIGN) to:

- Refresh its guidance on non-pharmaceutical treatment for depression, which was archived in February 2020.

Inequalities

The CPG members are encouraged that the Strategy recognises poverty as the single biggest driver of poor mental health, committing to a cross-sectorial approach in order to address the effect of inequality on Scotland's mental health. Nonetheless, there are gaps within the prevention and early intervention strand of the Strategy that relate to inequalities, which the CPG would like the Scottish Government to address.

It was felt by CPG members that tackling poverty and inequality at the earliest possible opportunity is the best approach to prevention and early intervention. The general consensus is that the prevention and early intervention strand of the Strategy is not focussed on the earliest possible opportunities for intervention, particularly in relation to inter-generational trauma.

While the expansion of the Psychology of Parenting Programme is welcomed, as is the investment in the Perinatal and Infant Mental Health Fund, it was acknowledged that children younger than 5 are often overlooked in terms of policy responses. This is despite evidence that experiences at this young age can affect a person's health outcomes later in life.[6] Of particular concern is the 20% vacancy rate for Health Visitors, most of which have been vacant for three months.[7]

CPG members want to see a public health response, which proactively tackles the link between inequality and poor mental health and recognises that support for people now can improve the mental health of future generations. In particular, it is felt that more mental health support needs to be available for people who experience trauma and addiction, so that cycles of inter-generational trauma can be prevented and people's health outcomes can be improved.

The CPG heard from someone who had received support from a service in Glasgow, which provides pre and post natal support and support for parents of babies. The participant spoke of how this service had helped them to recognise that their past experiences could affect their relationship with their child and allowed them to bond with their child at the earliest possible opportunity. The CPG would like to see more services like this available across Scotland, particularly in areas with higher levels of deprivation.

Moreover, it was felt that children and young people should be educated about the socio-economic factors that can contribute to poor mental health. Making the links between poverty, inequality and mental health at an early age through education will help ensure that people can better look after their mental health throughout their life, in the same way that we are taught to look after our physical health. This needs to be developed alongside mental health education solutions for children and young people who are not engaged in mainstream schooling, as well as looked after children and those who have experienced secure care.

It was also noted that there is no specialist mental health service for children and young people who experience deafness, despite deaf people having a higher likelihood of experiencing a mental health problem.[8] Indeed, there is very limited mental health support focussed on prevention and early intervention

[6] National Scientific Council on the Developing Child, Establishing a Level Foundation for Life: Mental Health Begins in Early Childhood: Working Paper No. 6, 2008/2012
[7] ISD Scotland, Nursing and Midwifery, September 2019
[8] Scottish Council on Deafness, Statistics

for the deaf community as a whole, and there is no commitment to investment in such services within the Strategy. With over one million people who experience some sort of hearing loss in Scotland,[9] this is a significant gap in the prevention and early intervention agenda.

Similarly there is limited mental health support across Scotland for minority ethnic groups, who experience additional barriers to accessing mental health support. Problems like gaps in data on ethnicity, language, cultural stigma, racism and race related discrimination mean that minority ethnic people in Scotland are less likely to access prevention and early intervention support. This means that minority ethnic people are at a higher risk of acute mental health problems. [10], [11] CPG members highlighted that increased investment in targeted prevention and early intervention support for minority ethnic people is needed.

Finally, it is felt that there is a responsibility on both national and local government to explore how cross-sector and multi-agency working can be realised in practice, to ensure mental health is a consideration that has measurable outcomes across all policy areas. This should be considered alongside approaches to government spending that ensure that services are made available to at risk groups and are designed to meet their needs.

Recommendations

The CPG on Mental Health would like the Scottish Government to:

- Outline a timescale for the implementation of the Health and Care (Staffing) (Scotland) Act and any additional funding allocation associated with implementation.
- Increase Scottish Government funding for Scotland's Alcohol and Drugs Partnerships to ensure that they can deliver sustainable mental health support for people living with addiction.
- Work with Education Scotland, the Children and Young People's Mental Health and Wellbeing Programme Board, children and young people themselves, and other relevant organisations to develop mental health education for schools that addresses the socio-economic factors that contribute to poor mental health outcomes.
- Work with Education Scotland, the Children and Young People's Mental Health and Wellbeing Programme Board, children and young people themselves, and other relevant organisations to explore how mental health education can be made accessible to children and young people not engaged in mainstream schooling.
- Commit to the development and delivery of specialist mental health services (CAMHS) for children and young who experience deafness.
- Ensure that face-to-face counselling in schools and the forthcoming Community Wellbeing Service are both fully accessible across Scotland for children and young people experiencing deafness.
- Increase investment in targeted prevention and early intervention support for minority ethnic people, which seeks to address the additional barriers they face.

[9] Scottish Council on Deafness, Statistics
[1010] BBC Scotland, BME people 'get worse mental health service', 2018
[11] Narinder Bansal, et al., Disparate patterns of hospitalisation reflect unmet needs and persistent ethnic inequalities in mental health care: the Scottish health and ethnicity linkage study, Ethnicity & Health, 2013

Lifelong Prevention and Early Intervention

The CPG agreed that it is important to understand prevention and early intervention in whole life terms, and not just in terms of reaching children and young people to help prevent poor mental health in adult life. CPG members highlighted that, in practice, prevention and early intervention is fundamentally about being able to access help when it is needed, no matter how old someone is, what other health conditions they are living with or where they are living in the country.

However, it was noted that the Strategy is in danger of seeing prevention and early intervention as a narrow concept about age of intervention, rather than about improving a person's quality of life through readily available care and treatment and sustaining that quality of life.

In particular, it was highlighted that people with severe and enduring mental health problems have a reduced life expectancy of 10-20 years.[12] As such, prevention and early intervention must also seek to prevent the premature deaths of people who live their whole life with severe mental health problems, and not just focus on the prevention of poor mental health at a young age.

The Equally Fit campaign[13] is a rights project highlighting this inequality and making recommendations for how health authorities can take steps to address it. However, the campaign has not resulted in the national action that is required to tackle this problem. The CPG would like to see the Strategy go much further in terms of bringing physical and mental health care and treatment together so that early intervention is understood in these terms.

CPG members also highlighted the touch points that can provide opportunities for intervention that are not addressed in the Strategy. In particular the workplace is considered to be an important touch point where intervention can take place, in order to provide people with support at an earlier opportunity.

It was noted that employment has been shown to be a protective factor,[14] but that the current Strategy provides little focus on how workplaces can be supported to play a more proactive role in embedding positive mental health and emotional wellbeing within their operations. Further consideration should also be given to professions where workers are likely to experience higher levels of pressure, including the mental health workforce, and professions that are shown to have an increased risk of suicide.

One of the lived experience panel participants highlighted how their current manager was supportive of them and provided flexibility, which helped them to manage their mental health more effectively. Previously the participant had had negative experiences at work and in higher education, which exacerbated their mental health problems. They noted that when non-stigmatising support is provided by a manager, it can make a big difference to someone's life.

[12] Oxford University, Many mental illnesses reduce life expectancy more than heavy smoking, May 2014
[13] Equally Fit, 2016
[14] Burchell et al., A shorter working week for everyone: How much paid work is needed for mental health and well-being?, November 2019

Two other lived experience panel participants spoke about the mental health stigma they had experienced from colleagues and staff members in the workplace and in school. This clearly demonstrated to the CPG that more work is needed to tackle stigma in these settings and others, including GP surgeries, in order for these early intervention touch points throughout people's lives to be effective.

Greater co-location was also highlighted by CPG members as a means of reaching people, in particular hard to reach and at risk groups. Integrating mental health support and training within settings like benefits agencies, Jobcentres, custody suites, and accident and emergency would help to make effective use of other touch points. CPG members recognise that the 800 additional mental health workers are being deployed in some of these settings, but it was emphasised that other settings should be considered, as should the use of peer support within these settings.

Finally, there was concern raised by CPG members that crisis support is often not followed up with more sustained mental health support, in order to prevent someone from reaching crisis point again. Prevention and early intervention should also been seen through the lens of recovery, and ongoing support should be available to people after they receive crisis support. The DBI programme was highlighted as an example of good practice by many CPG members and, as such, this should be scaled up nationally on a sustainable basis.

Recommendations

The CPG on Mental Health would like the Scottish Government to:

- Reframe prevention and early intervention in future strategies, so that it is understood in whole life terms.
- Undertake an audit of exercise referral schemes in Scotland and ensure that exercise referral schemes are available on a nationwide basis for people with mental health problems.
- Write to all NHS Boards to ask them to accredit their inpatient psychiatric services against the Royal College of Psychiatrists' AIMS Standards, emphasising the importance of access to personal healthy lifestyle interventions and physical health reviews.[15]
- Work with NHS Health Scotland to increase instructor training capacity for Scottish Mental Health First Aid, to ensure dissemination of mental health training across the employment landscape.
- Continue funding See Me, Scotland's national programme to tackle mental health stigma and discrimination.
- Scale up and sustainably fund the DBI programme so that it is available on a nationwide basis.

[15] Royal College of Psychiatrists, Standards for Acute Inpatient Services for Working Age Adults, September 2019

Conclusion & Recommendations

The CPG on Mental Health would like to thank all those who contributed to the first part of this inquiry, and helped the members to understand what more is needed to ensure that Scotland's prevention and early intervention agenda is as effective as possible. As a result of the work carried out, the CPG is calling on the Scottish Government to:

1. Work with Education Scotland, the Children and Young People's Mental Health and Wellbeing Programme Board, children and young people themselves and other relevant organisations to develop mental health education and ensure that it is embedded within the curriculum.
2. Work with Education Scotland to introduce quality indicators specific to mental health for school inspections.
3. Consider funding training in counselling, to support the recruitment of counsellors in schools, colleges and universities.
4. Undertake a review of the psychological therapies waiting time target and psychological therapy provision in Scotland.
5. Work with NHS Scotland to expedite the establishment of the Personality Disorder Managed Network and the implementation of support service for people with BPD.
6. Develop a national minimum standard through research for the commissioning of psychosocial support services and ensure Integrated Joint Boards receive an appropriate level of funding to guarantee commissioning of these services.
7. Work with COSLA to explore how local authorities can bring an end to short-termism in the commissioning process.
8. Work with independent advocacy organisations across Scotland to ensure that NHS Boards have strategic advocacy plans in place and increase statutory funding for independent advocacy to meet demand.
9. Outline a timescale for the implementation of the Health and Care (Staffing) (Scotland) Act and any additional funding allocation associated with implementation.
10. Increase Scottish Government funding for Scotland's Alcohol and Drugs Partnerships to ensure that they can deliver sustainable mental health support for people living with addiction.
11. Work with Education Scotland, the Children and Young People's Mental Health and Wellbeing Programme Board, children and young people themselves and other relevant organisations to develop mental health education for schools that addresses the socio-economic factors that contribute to poor mental health outcomes.
12. Work with Education Scotland, the Children and Young People's Mental Health and Wellbeing Programme Board, children and young people themselves and other relevant organisations to explore how mental health education can be made accessible to children and young people not engaged in mainstream schooling.
13. Commit to the development and delivery of specialist mental health services (CAMHS) for children and young who experience deafness.
14. Ensure that face-to-face counselling in schools and the forthcoming Community Wellbeing Service are both fully accessible across Scotland for children and young people experiencing deafness.

15. Increase investment in targeted prevention and early intervention support for minority ethnic people, which seeks to address the additional barriers they face.
16. Reframe prevention and early intervention in future strategies, so that it is understood in whole life terms.
17. Undertake an audit of exercise referral schemes in Scotland and ensure that exercise referral schemes are available on a nationwide basis for people with mental health problems.
18. Write to all NHS Boards to ask them to accredit their inpatient psychiatric services against the Royal College of Psychiatrists' AIMS Standards, emphasising the importance of access to personal healthy lifestyle interventions and physical health reviews.[16]
19. Work with NHS Health Scotland to increase instructor training capacity for Scottish Mental Health First Aid, to ensure dissemination of mental health training across the employment landscape.
20. Continue funding See Me, Scotland's national programme to tackle mental health stigma and discrimination.
21. Scale up and sustainably fund the DBI programme so that it is available on a nationwide basis.

The CPG is also calling on the Scottish Intercollegiate Guidance Network (SIGN) to:

- Refresh its guidance on non-pharmaceutical treatment for depression, which was archived in February 2020.

The Convener of the CPG, Emma Harper MSP, has written to the Minister for Mental Health, Claire Haughey about this report. The CPG hopes to receive a response from the Scottish Government in relation to its recommendations.

The next phase of the inquiry will explore the 'Access to treatment and joined-up accessible services' theme of the Strategy. If you are interested in providing evidence as someone with lived experience, please contact the CPG at publicaffairs@samh.org.uk. If you're an organisation working within the mental health sector, you can attend meetings as an observer or request to join the group as a member by emailing publicaffairs@samh.org.uk.

[16] Royal College of Psychiatrists, Standards for Acute Inpatient Services for Working Age Adults, September 2019

Appendix 1

Call for evidence respondents:

- National Deaf Children's Society
- Support in Mind
- Mellow Parenting
- British Psychological Society
- The Prince's Trust
- The Royal College of Psychiatrists
- Scottish Association of Social Work
- Samaritans
- FJSS (Fair Justice System for Scotland)
- Dr Susan Eley Morris
- Julie Dunan
- Caps Independent Advocacy