

SCOTTISH PARLIAMENT CROSS PARTY GROUP ON MENTAL HEALTH

REPORT: PRIORITIES FOR ACCESS TO TREATMENT AND JOINED UP ACCESSIBLE SERVICES IN SCOTLAND

This report was written by SAMH (Scottish Association for Mental Health) 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



Oliver Mundell MSP

Co-Convener

Thank you for taking the time to read our latest report into the Scottish Government's Mental Health Strategy 2017-2027. The Cross Party Group on Mental Health, like so many other groups and organisations, has had to find new ways of working in response to Covid-19 but I hope you will agree that this second thematic report, which was developed following our first virtual meeting, continues to deliver on the group's goals.

Our particular thanks goes to our contributors, members and to our secretariat in equal measure for making this report happen and for sharing so freely of their time and experiences. For some it is easier to make their voice heard digitally but for others this new format can be a challenging learning experience.

With every meeting, I am reminded that mental health is such a personal subject and we are so lucky in the Cross Party Group (CPG) to have a range of experiences both personal and professional. For me this is one of the great strengths of our work. We provide an important forum where everyone can share their views and ideas. Like many members of the group, I still feel we can all do better to make sure that this collaborative and respectful approach is the default when it comes to making new policies in all settings.

Capitalising on the breadth of experience in the group, we have once again tried to capture some of the best practice lessons that can be learned and to offer some practical recommendations that can take us forward.

When it comes to access to treatment, we are right to recognise the progress that has been made but we cannot do so without acknowledging that for many this still proves far more difficult than it should be. Demand is often too great, resources too few or patchy and, definitely from what we hear from the group, it is inconsistent across the country.

For me what came through strongly, whether in our response to the current health pandemic or through the more traditional services we have been used to, is that respecting rights and giving people choice is absolutely key. If we want people to be able to access services, not only do they have to be available, but they also have to meet people's needs and be stigma free.

We have an increasingly strong base to build from, as mental health treatment moves out of the shadows and into the 21st century. But we must do more; we must ensure that we have a system that is joined up and that offers the consistently good access to services that people rightly expect and deserve.

I hope you find our report helpful, constructive and interesting and, as ever, we would be keen to hear your feedback and look forward to seeing you at one of our future meetings.

Oliver Mundell
Co-Covenor, Cross Party Group on Mental Health

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ABOUT THE CROSS PARTY GROUP ON MENTAL HEALTH

The Cross Party Group on Mental Health has 78 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.

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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 and 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. The physical wellbeing of people with mental health problems;
4. Rights, information use, and planning.

In June, the Group published its first interim [report](#) with its findings on the theme of prevention and early intervention. This report is the Group's second interim publication and it explores the theme of access to treatment and joined-up accessible services. With the evidence, this report will seek to establish where progress has been made and where more action is required.

It is worth noting that since the group started its inquiry into the Mental Health Strategy 2017-2027, the world has drastically changed. The findings in this report discuss issues concerning accessibility to treatment and services both before the coronavirus pandemic and throughout it. The report recognises the pandemic has necessarily led to the reconfiguration of mental health treatment and services, many of which were already under significant pressure. It is also anticipated that the effects of the pandemic will lead to an increase in demand for mental health support in Scotland. As such, the Group hopes that these findings will help the Scottish Government, NHS and local authorities to inform their recovery from the coronavirus and the future of mental health support.

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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 access to appropriate, effective and safe treatment and care?
- Is there on-the-ground evidence of Actions 15-26 in the Mental Health Strategy being implemented?
- To what extent will the Strategy ensure better access to safe and effective treatment for people with mental health problems who have higher levels of need, as well as for those who require more general health care? What further action will be needed on this theme?

The call for evidence received responses from six 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). A wide range of members subsequently contributed to the final Report.

Findings from the call for evidence were presented and discussed at a CPG meeting. At the same meeting, the Group heard evidence from an individual with lived experience of both mental health problems and working with people who have mental health problems. For the purposes of this report, the participant has been anonymised.

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 right 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 the provision of adequate healthcare is determined by the accessibility of healthcare services, including mental health support. Furthermore, the increase in psychological distress and worsening mental health as a result of the coronavirus pandemic, creates an urgent need to increase and improve access to mental health care and support in Scotland. This will likely require additional responses and resources.

Key Findings

- There is emerging evidence of some of the actions within this theme beginning to result in positive outcomes, including: the use of Action 15 funding to recruit mental health professionals into multi-disciplinary teams and the progress in developing perinatal mental health support.
- New mental health initiatives have been established in response to the coronavirus outbreak, increasing access treatment and support, while pre-existing programmes have been expanded.
- The Mental Health Strategy progress reports do not reflect people's experiences of accessing support.
- There is a lack of treatment and support for people who are, most of the time, able to go about their daily lives with a mental health diagnosis, meaning people often turn to the private sector.
- Psychological therapies and counselling are not readily accessible for people with mental health problems, and people lack choice in the type of therapy they receive.
- Children and young people continue to be left without support and the scale of investment in new services may not meet demand.
- People need to be given a choice in how they receive support; digital cannot be the default.
- People continue to experience stigmatising responses when accessing primary care support.
- Mental health services need to adopt an inclusive approach to communication.
- Inequality of access still exists; people who experience deafness; people of all ages with learning disabilities and autism; asylum seekers and refugees; and people with complex or unrecognised diagnoses, all struggle to access treatment and support.

¹ Scottish Human Rights Commission, [Mental Health](#)

² MWC, [Rights in Mind](#)

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

1. Service Gaps and Disconnects
2. Access in the Era of COVID
3. Inequality of Access

Progress and Good Practice

Members of the Cross Party Group on Mental Health highlighted a number of initiatives and areas where progress has been made on improving access to treatment and joined-up accessible services.

In Edinburgh, for example, Thrive Welcome Teams are currently being prototyped in the four localities. These are multi-disciplinary and multi-agency teams that work with individuals to find the right type of support for them. Prototyping of these teams has been funded in part through monies from Action 15 of the Mental Health Strategy.³ Early indications from the prototyping, which began in January 2020, show these teams are supporting improved access to appropriate, effective and safe treatment and care. The flexible and person-centred model has meant that they have been able to offer telephone and digital support, as well as socially-distanced walks when possible, throughout the COVID-19 outbreak. These teams will be fully established in December 2020 and will be open and easy to access for everyone in Edinburgh who is struggling with their mental health.

Progress has also been made in relation to perinatal mental health. In particular, CPG members welcomed the establishment of a Managed Clinical Network and Programme Board, as well as the publication of a Needs Assessment Report. It is hoped this work and associated funding will support the development of services across Scotland in order for specialist support to be available outwith the central belt, especially as many areas in Scotland do not have a community perinatal mental health team.

While people experiencing deafness still face a number of barriers to accessing primary care, members highlighted good practice in Glasgow where there has been more use of Chromebook laptop devices for British Sign Language (BSL) interpreting and electronic notetaking, as well as notetaking services. However, this is not universal in Scotland. There is still a need to build and share good practice to create a more inclusive and diverse approach to communication within mental health services. Nevertheless, awareness of deaf issues has improved.

Outside of the Strategy, members also noted new innovations that have been developed in response to the coronavirus pandemic. It was suggested that the new Mental Health Assessment Centres, the expanded remit of NHS 24 and the greater use of the digital service Near Me have all improved access to consultations, advice and treatment. The expansion of digital services was found to be especially beneficial for rural communities and people who feel safer staying home, as access to services has been made much easier. Work now needs to be done to explore how to improve how these services operate and are embedded in mental health support in the long-term.

³ Action 15: Action 15: increase the workforce to give access to dedicated mental health professionals to all A&Es, all GP practices, every police station custody suite, and to our prisons. Over the next five years increasing additional investment to £35 million for 800 additional mental health workers in those key settings.

Service Gaps and Disconnects

Despite progress made in implementing the Mental Health Strategy 2017-2027, evidence from CPG members indicates that access to appropriate, effective and safe care and treatment is still limited, with gaps in service delivery for particular cohorts of people and disconnects between government announcements and people's experiences.

Notably, people with lived experience of mental health problems told the Group that their day-to-day access to services had not improved. The Group heard that there is a "disconnect" between the progress reports on the Strategy, and what is actually happening when people seek mental health support. One example given referred to the Primary Care Fund of £110 million. People with lived experience told the Group that they hadn't seen any evidence of this money being spent, with the person who provided lived experience testimony highlighting some of the stigmatising responses that people continue to encounter when accessing support in primary care settings.

The CPG agreed that the progress reports published by the Scottish Government should be more accessible to people who have, or are experiencing, mental health problems. Successful outcomes within the progress reports are often measured by highlighting increased funding; the establishment of working groups or review bodies; and the publication of reports. Most of these outcomes lack meaning for people accessing treatment for their mental health, with many people still finding it very hard to access support. People want to know what differences they should be experiencing in their day-to-day lives as a result of funding announcements and policy commitments.

In addition to this, people with lived-experience told the CPG that the Strategy focuses heavily on children and young people, and very little on adults who already have mental health problems. In particular, adults who are high functioning feel there is a lack of support for them to stay well. Most of the commitments within the Strategy that relate to accessing adult support, are focussed on either crisis support or initial contact with mental health services (e.g. primary care, custody suites, national helplines etc.).

The Group was told that this gap in service provision for people who are able to go about their daily lives with a mental health diagnosis or undiagnosed problem, means that those who can afford to do so often turn to the private sector for continued support, typically in the form of psychological therapy. In contrast, the Group heard that people who cannot afford ongoing support from the private sector can experience a deterioration in their mental health, with some people ending up in hospital for care and treatment due to lack of services and the inaccessibility of services that do exist. Clearly there is a need for access points that are not focussed on either crisis intervention or initial contact, but instead provide ongoing support for people who have a diagnosis or have been living with a mental health problem for some time.

In our report on prevention and early intervention, we highlighted the difficulties people face when trying to access psychological therapies due to long waiting times. This problem was again frequently mentioned in the evidence submitted for this report, which showed that, while people highly valued psychological therapies, access to them varies across NHS Health Boards and diagnoses. Furthermore, people with lived-experience told the group that there is a lack of choice in relation to the type of psychological therapy available. They felt that there is a strong emphasis in the Strategy on Cognitive Behavioural Therapy (CBT),

and noted that, despite the good evidence base for CBT, this type of therapy is not suitable for everyone. This focus on CBT is also evident in the Scottish Government's latest Programme for Government, which commits to expanding computerised and internet-enabled CBT, something which the Group does welcome.⁴ However, alongside CBT, people with lived-experience indicated they would like to see increased funding and provision for a wider choice of therapies.

The person who provided oral evidence told the Group that, as someone who is "high functioning and has a mental health diagnosis", they would benefit from regular but flexible contact with someone trained in clinical psychology. The person provided the example of psychological medicine whereby, in some Health Board areas, people with physical health problems (e.g. cancer) can receive psychological support on an ongoing basis. The lack of ongoing psychological support for people who are high functioning and have a mental health diagnosis is an example of the inequality of access that exists between physical and mental health.

The CPG would like to see greater variation and for there to be a range of psychological therapies available, so that people can get the right treatment for them. NHS Education for Scotland is currently reviewing the Psychological Therapies Matrix. This review provides an opportunity to ensure that the NHS is providing evidence based psychology services that meet the needs of the population. It's imperative that the next matrix is designed around these needs, and not on workforce capacity and funding restrictions. Similarly, the Group were concerned again about the latest Child and Adolescent Mental Health Services (CAMHS) waiting times figures, which indicated a third of children and young people were not seen within the 18 week target.⁵ They also show that, despite a 55% decrease in referrals, the rate of rejected referrals increased in the months following lockdown. One member organisation also highlighted the increasing numbers of children and young people who are being detained for compulsory care and treatment, but did not reflect on the cause of this. This underlines the need to consider access to mental health services for young people who have moderate to severe mental health problems. It is important that these young people can access specialist support and care, however this will require a skilled clinical workforce which has greater capacity than is available at present.

It is clear to the CPG that, while there has been a welcome focus on children and young people's mental health, once again there is a disconnect between investment and what people experience when they try to access support. There is consensus among members, as highlighted in the previous interim report, that earlier access to support is needed for children and young people. A particular concern was also raised regarding insufficient staffing levels across multi-disciplinary and multi-agency teams. These teams were already unable to meet demand before the pandemic and the problem will likely persist, if not worsen, in the aftermath. For example, one in eight psychiatric posts were vacant in the Royal College for Psychiatrist's last CAMHS workforce census; one of the highest vacancy rates across specialties⁶. Furthermore, the number of full and part time positions has fallen by 12.5% between 2017 – when the Mental Health Strategy was

⁴ Scottish Government, [Programme for Government 2020/21](#), September 2020

⁵ ISD Scotland, [Child and Adolescent Mental Health Services \(CAMHS\) waiting times](#), September 2020

⁶ Royal College for Psychiatrists, [Census 2019](#), 2019

introduced – and 2019.⁷ Sufficient staffing is crucial to providing access at the point of need. The CPG is therefore calling for a multidisciplinary, multiagency mental health workforce plan.

In order to meet the unmet demand that existed pre-coronavirus, in addition to likely increasing demand, the Group feels urgent transformational investment in children and young people’s mental health services is required, particularly as CAMHS only receives 0.56% of NHS funding - a figure which has only increased by 0.1% in eight years.^{8,9} One member organisation highlighted the importance of radically increasing funding for CAMHS so that Transition Care Plans (TCPs) can be fully delivered. While the CPG welcomes the roll-out of TCPs, the member organisation explained that these cannot be implemented fully due to a lack of staff capacity, both in CAMHS and the service that the young person is transitioning into. The issues of investment in CAMHS and of recruitment and retention were also raised in our [first interim report](#).

It is worth noting that, while the Scottish Government has committed to the delivery of Community Wellbeing Services for people aged 5 to 24, the annual funding being made available for delivery of these services amounts to less than £500,000 per local authority. The Scottish Government must consider increasing the funding for the delivery of these services, to ensure that children and young people can access them easily and without delay. Without an appropriate level of funding, there is a real risk that these services could end up operating long waiting lists, similar to those experienced in CAMHS.

Recommendations

The CPG would like the Scottish Government to:

- Produce accessible versions of the Mental Health Strategy 2017-2027 progress reports, which outline the changes and improvements people should be experiencing in their day-to-day lives.
- Fund training in counselling and in psychology for people outside of the NHS, to increase the counselling and psychology workforce in Scotland.
- Ensure the length of time a person receives psychological therapies and counselling from the NHS is determined by the patient and practitioner, and remove time-limitations on treatment.
- Work with local health and social care partnerships 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.
- Increase funding to support local authorities in the delivery of the Community Wellbeing Services for 5 to 24 year olds, to take account of the build-up of unmet need as a result of coronavirus and the mental health effects of coronavirus.
- Develop a multi-disciplinary, multi-agency mental health workforce plan.
- Consider developing a national transitions strategy to ensure young people can access the care they need, potentially through the Disabled Children and Young People (Transitions to Adulthood) (Scotland) Bill.

⁷ NHS Education for Scotland, [Child and Adolescent Mental health Services \(CAMHS\) Workforce in Scotland Quarter Ending 30 June 2020](#), 2020

⁸ ISD Scotland, [Cost Book 2018/19 \(Table R300\)](#), 2019

⁹ Clare Haughey, [Written Answer to Question S5W-26493](#), 2019

The CPG would like NHS Education for Scotland to:

- Develop a new Psychological Therapies Matrix based on prevalence of mental health problems, efficacy and the needs of the population, and not on workforce capacity.
- Ensure that the new Psychological Therapies Matrix improves the inclusivity of mental health services, including inclusivity of communication with people who experience deafness or do not have English as a first language.

Access in the Era of COVID

It is important to acknowledge the new ways in which mental health services are currently being delivered in Scotland due to the coronavirus pandemic. The Group found that, generally, access to treatment and services in the pandemic has been challenging. This is supported by research, which found that 45% of people with mental health problems in Scotland felt their treatment had got worse and that their treatment had become less frequent since March.¹⁰

In particular, there has been a drive towards digital and phone access, with the same research indicating that 88% of people have had their support moved to online or phone contact.¹¹ The Group heard various examples of instances where technology created an additional layer of stress and, sometimes, distress for people. Examples included people's appointments being cut short due to data running out, and people lacking privacy in their home to talk about their mental health as part of an online or phone appointment. One person with lived experience told members that some people with mental health problems simply do not want an added layer of complexity to accessing support, as they are working within a system that is already overly complex.

It's important to acknowledge the intersections between mental health and other experiences that can create additional barriers to access, which in some cases, coronavirus has exacerbated. For example, we know that people living in deprived areas are more likely to experience a mental health problem,¹² and that people who experience poverty are more likely to experience digital exclusion.¹³ Similarly, we know that people from minority ethnicities are more likely to live in overcrowded housing¹⁴ and as such, may lack privacy to have conversations about their mental health within their own home. The Group welcomes the increased investment in the Connecting Scotland Programme,¹⁵ which provide free digital resources, data and skills training. However they would like to see people with mental health problems targeted to receive this support.

Despite some concerning testimonies, there was acknowledgement from members and people with lived experience, that innovations in digital and phone access have helped many people. In particular, the Group recognised that such innovations can improve access for some children and young people, including those who are too unwell to travel; those whose health service is distant from their workplace; or who live in remote areas. Similarly, a number of members highlighted the importance of digital and phone access for rural communities. It is not yet clear what the continued role for digital and phone services will be as mental health services become fully operational again, nevertheless the Group emphasised the need for both face-to-face and remote options. It was emphasised that while it is important to expand the ways in which mental health services are delivered so that as many people as possible can access support, people always need to be given a choice.

¹⁰ SAMH, [The impact of the pandemic on mental health services revealed](#), 2020

¹¹ SAMH, [The impact of the pandemic on mental health services revealed](#), 2020

¹² Public Health Scotland, [Mental health and wellbeing](#), June 2020

¹³ The Carnegie Trust, [Digital Participation and Social Justice in Scotland](#), September 2016

¹⁴ The Equality and Human Rights Commission, [Healing a divided Britain](#), August 2016

¹⁵ Scottish Government, [Programme for Government 2020/21](#), September 2020

There have been other changes in how people are accessing mental health support since the outbreak of coronavirus, including significant changes in accessing GP support. The Group heard about how changes to accessing GP support has often proved difficult for people with mental health problems, with some examples noting responses that were stigmatising or lacking empathy. It is important to acknowledge that health professionals themselves have been under significant stress and pressure throughout the coronavirus outbreak.

The Group welcomes the Scottish Government's response to the mental health challenge faced by health and social care staff. In particular, it welcomes the rapid implementation of a wellbeing hub for health and social care staff and the commitment to develop a Health and Social Care Mental Health Network, which will be backed initially by £5 million.¹⁶ Members hope that these initiatives continue beyond the coronavirus pandemic so that health and social care staff can continue to access mental health support, allowing them to support others.

However, efforts do need to be made to make access to primary care support easier, with a particular focus on reducing stigmatising responses from some staff. Members were told about people being given overly long time slots in which they had to be available to take a call from the GP, as well as instances of people being asked to come into the surgery and then told to wait outside, even in poor weather. In one example, someone who had been asked to wait outside in the rain subsequently left, after waiting beyond their appointment time, only to be told that they had been marked down as having missed an appointment. One member who works with people with mental health problems, told the group that many people have left their GP surgeries feeling unheard and, in the worst cases, humiliated.

The Group would like to see significant changes to the way in which GP support is offered to people with mental health problems. As standard practice, GP surgeries need to offer longer appointments for people who want to talk about their mental health and proactively ask about mental health when people book appointments. People who want to talk to their GP about their mental health also need to be offered a choice in how they engage, whether that's over the phone or in person, to account for the digital exclusion and financial insecurity.

Evidence from the Group also suggests that there is a lack of proactive contact with people who had pre-existing support withdrawn. Again, it is important to note that mental health services and professionals have been under significant pressure throughout the pandemic, and the Group is empathetic to the current challenging circumstances. However, many people with mental health problems feel abandoned, having had their support withdrawn, with often limited attempts to reinstate support as lockdown eased and services began to remobilise. The Group strongly feels that the onus to reinstate support that was in place before the outbreak of coronavirus should be on mental health services, and not on individuals.

Despite the concerning testimonies that the Group heard about access, there were also examples of positive experiences, including regular calls from Community Psychiatric Nurses and remote appointments helping people through a challenging period. Indeed, the Group recognises that many people prefer the alternative options that they have been offered since the outbreak of the pandemic. These alternative forms of access

¹⁶ Scottish Government, [Programme for Government 2020/21](#), September 2020

should continue throughout the pandemic period and expanded initiatives like the Distress Brief Intervention (DBI) should be maintained beyond coronavirus. Entirely new initiatives, like the new Mental Health Assessment Centres, should be evaluated, so that their efficacy can be established.

According to the Scottish Government's COVID-19 Mental Health Tracker, over two-thirds of people with pre-existing mental health conditions were experiencing increased psychological distress during Phase 1 of the easing of lockdown measures.¹⁷ This underlines the urgent need for the Scottish Government and NHS Scotland to address problems with service delivery that people with mental health problems told the Group about. The Group welcomes that the Mental Health Transition and Recovery Plan recognises the widening inequalities experienced by people with mental health problems, as well as the expected increase in levels of distress and incidence of mental health disorders.¹⁸ As such, the Cross-Party Group on Mental Health strongly urges the Scottish Government to take account of the recommendations below.

Recommendations

The CPG would like the Scottish Government to:

- Target support through the Connecting Scotland programme towards people with long-term mental health problems.
- As is being done with the DBI programme, work with partners to develop blended models of face-to-face, telephone and digital contact for primary care and mental health services.
- Work with NHS Scotland to ensure that people who have appointments cancelled and support withdrawn because of coronavirus are proactively contacted about restarting their treatment.

The CPG would like NHS Scotland to:

- Explore additional competency-based education for GPs, including possibly extending the length of GP training.
- Standardise 20-minute GP appointments for people wanting to talk about their mental health.

The CPG would like NHS Education for Scotland to:

- Develop mental health training for non-clinical GP staff.

¹⁷ Scottish Government, [Scottish COVID-19 \(SCOVID\) Mental Health Tracker Study: Wave 1 Report](#), 2020

¹⁸ Scottish Government, [Coronavirus \(COVID-19\): mental health - transition and recovery plan](#), 2020

Inequality of Access

As CPG members emphasised, everyone has a right to appropriate treatment. However, evidence suggests that not everyone has equal access, with particular groups of people at a significant disadvantage when it comes to getting mental health support.

The Group heard from one member organisation that people who experience deafness, especially those who require services like electronic notetaking, continue to face a number of barriers to accessing mental health support. There is limited access to specialist services in Sign Language, with adult services overstretched and children's services yet to be developed. Evidence submitted to the Group also explained that hearing loss and/or social isolation increase the risk of someone developing dementia. There needs to be a much more inclusive approach to communication within mental health services, if people who experience deafness are to have equal access to appropriate support.

The Group was also told that there has been little on-the-ground progress concerning services for children and young people with learning disabilities. Although Child and Adolescent Psychiatry (CAP) faculty members of the Royal College of Psychiatrists welcomed developments such as additional clinicians, parenting programmes and school counselling, it was felt that a real need remained for a major upscaling of specialist and bespoke support for this group of young people. CAP faculty members also described mental health services for children and young people with learning disabilities as "patchy" before the pandemic. As such, these services had a low starting point from which to increase provision during the pandemic, at a time when children's distress and the strain families were under increased exponentially.

Another group that experiences barriers to accessing mental health support is asylum seekers and refugees, with one member highlighting that there are no actions related to accessing support which are specific to this group within the Strategy. These barriers include language, not having a permanent residence, having insecure immigration status and cultural stigma.¹⁹ This is a clear gap and, while it is partly addressed by the refugee integration strategy,²⁰ asylum seekers, refugees and people who immigrate to Scotland should see their mental health needs represented within the Mental Health Strategy. The CPG would like any future mental health strategies to specifically address the access needs of asylum seekers, refugees and people who immigrate to Scotland. Moreover, the CPG would like ethnic minority mental health professionals prioritised for recruitment as part of the delivery of the 800 additional mental health workers.

Members of the CPG also acknowledged the findings from the recently published Independent Forensic Mental Health Review: interim report. The findings on women's forensic care were particularly concerning, with the report highlighting a "lack of 'joined-up' thinking and coordination at both national and local levels"²¹. The Group agrees with the report that the lack of high secure provision for women within Scotland is unacceptable. Specifically the Group would like to see the development of a women-only, high-secure

¹⁹ The Equality and Human Rights Commission, [Access to healthcare for people seeking and refused asylum in Great Britain](#), November 2018

²⁰ Scottish Government, [New Scots: refugee integration strategy 2018-2022](#), January 2018

²¹ Scottish Government, [Independent Forensic Mental Health Review: interim report](#), August 2020

facility in Scotland. They would also like to see specific protocol for discharge planning for women, which can be particularly challenging due to a lack of agreed pathways for access.²²

Finally, the Group heard that diagnosis can affect a person's ability to access support. For example, a significant number of people with borderline personality disorder told the Mental Welfare Commission it had taken over five years to receive a diagnosis. They described feeling let down by this aspect of their care, which can create an additional barrier to accessing the treatment and support they need. At the oral evidence session, the Group heard that Complex Post Traumatic Disorder (CPTSD) only received diagnostic recognition in 2018; this meant it was difficult for this person to get the help they needed, and they were often left feeling re-traumatised after not being able to access support. Similarly, people with autism and complex care needs reported mental health assessments being delayed to prioritise more acute mental health disorders. These barriers to receiving a diagnosis can pose significant problems for accessing treatment and support, which can prevent people getting the help they need.

Recommendations

The CPG would like the Scottish Government to:

- Incorporate the UN Convention for the Rights of Disabled People into Scots Law.
- Provide funded BSL and deaf awareness training for mental health professionals at all levels and across Scotland.
- Develop a specialist mental health service for children and young people who experience deafness, and adults who experience deafness.
- Prioritise the recruitment of ethnic minority mental health professionals as part of the delivery of the 800 additional mental health workers promised within the Strategy.
- Address the mental health support access needs of asylum seekers, refugees and people who immigrate to Scotland in future strategies.
- Act on the recommendations from the final report of the independent review into the delivery of forensic services in Scotland when it is published in January 2021, prioritising the development of a high secure facility for women.
- Work with the Personality Disorder Managed Network, to ensure an integrated service response to improve access and outcomes for people with personality disorders.

The CPG would like NHS Scotland to:

- Develop protocols for instances where a young person requires a bed within forensic CAMHS or learning disability CAMHS.
- Prioritise service improvement plans for Learning Disability CAMHS and implement these as soon as possible.
- Establish a national GP registration scheme for asylum seekers, refugees and people who immigrate to Scotland, whereby they can register and receive support at any local practice, regardless of immigration and residency status.

²² Scottish Government, [Independent Review into the Delivery of Forensic Mental Health Services Interim Report](#), 2020

Conclusion and Recommendations

The CPG on Mental Health would like to thank all those who gave written and oral evidence to this stage of this inquiry. It is clear that, while some progress has been made in improving access to mental health support, there continues to be gaps in service delivery and inequality of access. Moreover, the substantial move to digital and telephone delivery as a result of coronavirus has proved challenging for many people.

Based on the Group's findings, the CPG on Mental Health is calling on the Scottish Government to:

1. Produce accessible versions of the Mental Health Strategy 2017-2027 progress reports, which outline the changes and improvements people should be experiencing in their day-to-day lives.
2. Fund training in counselling and in psychology for people outside of the NHS, to increase the counselling and psychology workforce in Scotland.
3. Ensure the length of time a person receives psychological therapies and counselling from the NHS is determined by the patient and practitioner, and remove any statutory time-limitations on treatment.
4. 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.
5. Increase funding to support local authorities in the delivery of the Community Wellbeing Services for 5 to 24 year olds, to take account of the build-up of unmet need as a result of the pandemic and the mental health effects of coronavirus.
6. Target support through the Connecting Scotland programme towards people with long-term mental health problems.
7. As is being done with the DBI programme, work with partners to develop blended models of face-to-face, telephone and digital contact for primary care and mental health services.
8. Work with NHS Scotland to ensure that people who have appointments cancelled and support withdrawn because of coronavirus are proactively contacted about restarting their treatment.
9. Incorporate the UN Convention for the Rights of Disabled People into Scots Law.
10. Provide funded BSL and deaf awareness training for mental health professionals at all levels and across Scotland.
11. Develop a specialist mental health service for children and young people who experience deafness, and adults who experience deafness.
12. Prioritise the recruitment of ethnic minority mental health professionals as part of the delivery of the 800 additional mental health workers promised within the Strategy.
13. Address the mental health support access needs of asylum seekers, refugees and people who immigrate to Scotland in future strategies.
14. Act on the recommendations from the final report of the independent review into the delivery of forensic services in Scotland when it is published in January 2021, prioritising the development of a high secure facility for women.
15. Work with the Personality Disorder Managed Network, to ensure an integrated service response to improve access and outcomes for people with personality disorders.

The CPG is calling on NHS Education for Scotland to:

16. Develop a new Psychological Therapies Matrix based on prevalence of mental health problems, efficacy and the needs of the population, and not on workforce capacity.
17. Ensure that the new Psychological Therapies Matrix improves the inclusivity of mental health services, including the inclusivity of communication with people who experience deafness or do not have English as a first language.
18. Develop mental health training for non-clinical GP staff.

The CPG is calling in NHS Scotland to:

19. Develop protocol for instances where a young person requires a bed within forensic CAMHS or learning disability CAMHS.
20. Explore additional competency based education for GPs, including possibly extending the length of GP training.
21. Standardise 20-minute GP appointments for people wanting to talk about their mental health.
22. Develop protocol for instances where a young person requires a bed within forensic CAMHS or learning disability CAMHS.
23. Prioritise service improvement plans for Learning Disability CAMHS and implement these as soon as possible.
24. Establish a national GP registration scheme for asylum seekers, refugees and people who immigrate to Scotland, whereby they can register and receive support at any local practice regardless of immigration and residency status.

The Conveners of the CPG have 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 theme of the physical wellbeing of people with mental health problems theme within 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 are 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.

Appendix 1

Call for evidence respondents:

- Health in Mind
- The Royal College of Psychiatrists
- Caps Independent Advocacy/Lothian Voices
- Deafscotland
- Mental Welfare Commission
- Advocard

Appendix 2

The following organisations contributed to the final report:

British Psychological Society
The Royal College of Psychiatrists

A full list of members of the Cross Party Group on Mental Health can be found on the Scottish Parliament's website [here](#).