

Cabinet Secretary for Health and Social Care submission of 16 March 2023

PE1871/K: Full review of mental health services

During our session at the Citizen Participation and Public Petitions Committee on 21 December, I promised to write to the Committee with additional detail on the issues raised in relation to the Suicide Prevention Strategy. Specifically, the timescales for implementing and measuring the strategy's outcomes-based approach and how that will enable the strategy's impact to be monitored (including in terms of reducing the number of suicide deaths). I have set that out below, along with some further context on the outcomes approach for suicide prevention that we have taken.

The Committee subsequently wrote to me on 15 February to request further information on a number of other topics, including Mental Health Assessment Units and timescales for the Scottish Government's response to the Mental Health Law Review. I have also included that information below.

Firstly, I would like to express again my gratitude to Karen McKeown for raising this petition and for her very moving testimony. I welcomed our open discussion during the Committee session last December on the important issues surrounding suicide, as well as outlining the Scottish Government's and COSLA's new Suicide Prevention Strategy, [Creating Hope Together](#), and the first three year [action plan](#).

Suicide Prevention - Outcomes Approach

The strategy sets out four long term outcomes, which combine to support the overarching vision 'to reduce the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide'. As raised by committee members, it is critical we understand the impact the strategy is making on achieving this vision on reducing suicide deaths.

In developing the strategy, we reviewed evidence and listened to key suicide prevention stakeholders who advocated for an outcomes based approach which measures impact through a range of bespoke indicators, rather than a single target for reducing suicide deaths. This approach was considered appropriate given the following:

- The complexity of suicide and the need to tackle the social determinants and inequalities which contribute to suicide
- The need to ensure our environment protects against suicide risk and we build communities which are compassionate and responsive to people who have thoughts of suicide
- The need to provide a range of prevention and intervention activities to ensure the right responses are available for people who are suicidal and to give them a sense of hope
- The need to support anyone who is affected by suicide - this includes people living with thoughts of suicide, as well as people supporting someone who is suicidal.

Development and publication of the outcomes framework

The outcomes framework is currently being finalised and is expected to publish in Spring 2023, as part of the overall implementation of the new strategy and action plan.

The initial outcomes framework will set out a suite of indicators for short term outcomes, which will cover the period of the first three year action plan. The indicators for the intermediate and long term outcomes will continue to be developed over the coming year. These outcomes will act as staging points on the journey to delivering the four long term outcomes. Taken together, these outcomes and indicators will provide a robust and transparent way to measure progress towards delivering the four long term outcomes, and importantly, the overarching vision of reducing suicide deaths.

The framework is being developed with technical expertise from Public Health Scotland and the Suicide Prevention Academic Advisory Group. As with all outcome frameworks, we will continue to ensure the outcomes and measures remain robust and relevant, including to reflect new and emerging intelligence, or societal changes. Furthermore, we will ensure our growing knowledge of what works in preventing suicide, including the social determinants and intersectionality of factors which make people more or less likely to be affected by suicide, is reflected in our outcomes and priorities. This knowledge will be gained in many ways, including from the routine evaluation we will carry out across our activities, in addition to lived experience insight, research, and insight from practitioners.

Suicide Prevention – Reporting of impact

A reporting cycle will be put in place to track the action plan's delivery and measure the changes across the short, intermediate and long-term outcomes, which underpin the vision. The national reporting approach (and timescales) will be set out alongside the published outcomes framework.

As set out in the strategy, the refreshed National Suicide Prevention Leadership Group will play an important, independent, advisory role for the new strategy. A key part of that role will include appraising progress reports on outcomes and providing an assessment of progress to Scottish Government and COSLA; with advice on any redirection or reprioritisation considered necessary to drive progress, including to reflect societal changes and pressures.

Committee members asked how we plan to monitor the impact of the new strategy in reducing suicide deaths, given the outcomes based approach. We will of course continue to closely monitor suicide statistics and the National Records of Scotland annual suicide death statistics will remain a public measure of our suicide prevention work.

As highlighted during our session, there are a number of reasons a target can be unhelpful in relation to suicide prevention. These include the inference that a reduction in suicide deaths by a target number is sufficient; that a target does not take account of the many factors affecting suicide; the sense of failure and shame for professionals and families following a suicide death; and the lack of meaningful interpretation at a local level, where the population size can be small and there can be high degrees of annual fluctuation in deaths.

Delivery of suicide prevention work in Scotland

During our discussion there was interest in the progress of specific suicide prevention actions in Scotland, as set out in the previous suicide prevention action plan, *Every Life Matters*. Members may be interested to read the [fourth annual report](#) from the National Suicide Prevention Action Plan, published in October 2022, which provides such detail.

Mental Health Assessment Units

Mental Health Assessment Units (MHAUs) were established as a new unscheduled care service in 2020 in response to the pandemic and the need to reduce presentations to Acute Hospital Emergency Departments (EDs). These units provided an alternative location to assess and support patients who are experiencing mental health distress or crisis

and who require a specialist mental health assessment. They delivered a simpler referral pathway and offered an alternative to of ED for those who presented in mental health distress or crisis.

MHAU Locations

All Health Boards are already providing access to a Senior Clinical Decision Maker (SCDM) 24 hours a day, 7 days a week who will triage and/or assess individuals referred to them by, for example, Police Scotland, NHS 24's Mental Health Hub, and ED – essentially providing the core function of the MHAUs.

NHS Forth Valley, NHS Greater Glasgow and Clyde, NHS Lothian and NHS Highland have dedicated MHAUs (otherwise referred to as MH Assessment Hub in NHS Forth Valley) providing the SCDM role, whereas the remaining Boards have repurposed existing services or resources to provide this function.

MHAU Funding

While there is no funding specifically for Mental Health Assessment Services or MHAUs, these services form part of the critical urgent care response. The Scottish Government made £10 million available in 2021/22 to support the RUC priorities, of which mental health was one, and in 2022/23 we invested £50 million in the Urgent and Unscheduled Care Programme, with RUC being a key part of this work.

To support the vital service that NHS 24's Mental Health Hub is providing, the Scottish Government increased the available funding for the Hub from £2.6 million in 2020/21 to nearly £5 million in 2021/22, with similar financial investment continuing for 2022/23.

Significant investment was also made for the delivery of Action 15 of the Mental Health Strategy 2017-27.

This funding supported the development of an Enhanced Mental Health (EMH) Pathway for those in distress or who have mental health concerns who come into contact with frontline services such as SAS or Police Scotland. This pathway enables emergency calls received by Police Scotland or SAS where callers are identified as requiring mental health advice to be directed to the MH Hub. Funding for the EMH Pathway totalled nearly £5.1 million over the lifetime of Action 15's initiative.

Mental Health Unscheduled Care Pathways

This approach has now been absorbed by the Scottish Government's Mental Health Unscheduled Care programme of work which forms part of the Unscheduled and Urgent Care Collaborative's Redesign of Urgent Care (RUC) programme. Through the RUC programme, we have been working with partners, including Police Scotland and the Scottish Ambulance Service (SAS), on improving the unplanned access to urgent assessment and care so that anyone in need of emergency mental health care receives that support quickly, first time, and, wherever possible, close to home.

This is being facilitated by NHS 24's Mental Health Hub which is accessible through the 111 service and provides a 24/7 compassionate service to anyone requiring mental health and wellbeing support or if they are in distress. Psychological Wellbeing Practitioners (PWP's), who are specially trained staff and are supported by senior clinicians, will triage people using a psychosocial assessment to either help manage their needs or to direct them to the most appropriate form of support.

Should the Mental Health Hub determine that further assessment or urgent referral to local services is required, the Mental Health Hub will refer the person to a Health Board's SCDM for Mental Health. The SCDM will determine the appropriate onward care and support for any incoming referrals and whether that care can be provided closer to home and will arrange for that care to be put in place.

This is creating national and local routes to ensure that people in crisis or distress and those in need of urgent care are assessed and supported regardless of how they access services, and this will minimise the need to attend ED unless that is where the person needs to be cared for.

Mental Health Unscheduled Care Data

Demand for the NHS 24 Mental Health Hub has remained consistently high. Since July 2020, it has responded to over 200,000 calls, and continues to regularly receive over 2,500 calls a week.

The Scottish Government does not hold any data on the referrals to the Health Boards' SCDM. We are in the process of working with Health Boards and Public Health Scotland on developing data indicators to monitor local unscheduled care pathways for mental health, and we will continue to monitor the national data already available.

Review of Mental Health and Incapacity Law in Scotland

Finally, the Committee asked whether the Scottish Government still expects to publish a response to the final report of the Mental Health and Incapacity Law Review before summer recess. I can confirm that the Scottish Government's response should be published in Summer 2023.

I hope this additional information is useful to the Committee.