

Citizen Participation and Public Petitions Committee
Wednesday 26 November 2025
18th Meeting, 2025 (Session 6)

PE1871: Full review of mental health services

Introduction

Petitioner Karen McKeown on behalf of Shining lights for change

Petition summary Calling on the Scottish Parliament to urge the Scottish Government to carry out a full review of mental health services in Scotland to include the referral process; crisis support; risk assessments; safe plans; integrated services working together; first response support and the support available to families affected by suicide.

Webpage <https://petitions.parliament.scot/petitions/PE1871>

1. [The Committee last considered this petition at its meeting on 11 September 2024](#). At that meeting, the Committee agreed to write to the Minister for Social Care, Mental Wellbeing and Sport and delegated authority to the Convener to consider the possibility of seeking additional evidence on the workforce issues contained in this petition.
2. The petition summary is included in **Annexe A** and the Official Report of the Committee's last consideration of this petition is at **Annexe B**.
3. The Committee has received new written submissions from the Minister for Social Care, Mental Wellbeing and Sport and the Petitioner which are set out in **Annexe C**.
4. [Written submissions received prior to the Committee's last consideration can be found on the petition's webpage](#).
5. [Further background information about this petition can be found in the SPICe briefing](#) for this petition.
6. [The Scottish Government gave its initial response to the petition on 8 July 2021](#).
7. Every petition collects signatures while it remains under consideration. At the time of writing, 1,471 signatures have been received on this petition.
8. [At its meeting on 24 September 2025, the Committee took evidence on thematic healthcare issues](#) that have been raised in multiple petitions, including this petition.

Action

9. The Committee is invited to consider what action it wishes to take.

CPPP/S6/25/18/6

**Clerks to the Committee
November 2025**

Annexe A: Summary of petition

PE1871: Full review of mental health services

Petitioner

Karen McKeown on behalf of Shining lights for change

Date Lodged

21 June 2021

Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to carry out a full review of mental health services in Scotland to include the referral process; crisis support; risk assessments; safe plans; integrated services working together; first response support and the support available to families affected by suicide.

Previous action

I have contacted my MSP Monica Lennon who raised the issue at first minister questions. I also met with Clare Haughey MSP, then Minister for Mental Health, and raised my concerns.

Background information

My partner Luke Henderson died by suicide in December 2017 after asking for help up to eight times in the week before his death. I feel mental health services and the risk assessment failed Luke in his hour of need.

Luke's situation is not unique and now families are joining together to push for a fit for purpose mental health service. All these families had someone who tried to access mental health service prior to their deaths and were turned away with no help, resulting in them taking their own life.

With so many people slipping through the crack, we want a fit for purpose mental health service to ensure no other families feel this pain.

The review should also look at the process for people who died by suicide and had been in contact with mental health service within seven day prior to their death and support service for families who lost a loved one to suicide.

Annexe B: Extract from Official Report of last consideration of PE1874 on 11 September 2024

The Convener: I am very pleased to say that we are joined, as we have been in the past, by Monica Lennon for consideration of PE1871, which was lodged by Karen McKeown on behalf of the shining lights for change group. The petition calls on the Scottish Parliament to urge the Scottish Government to carry out a full review of mental health services in Scotland, including consideration of the referral process, crisis support, risk assessments, safe plans, how integrated services work together, first-response support and the support that is available to families who have been affected by suicide.

We previously considered the petition on 25 October 2023, when we agreed to write to the Minister for Social Care, Mental Wellbeing and Sport. The minister's response to the committee sets out the journeys for individuals who seek help during a mental health crisis in areas with mental health assessment units and in areas with repurposed existing services. The response states:

“the user journeys are similar ... with the exception of the location”

of the senior clinical decision maker and where

“the specialist mental health assessment is performed.”

The minister's submission highlights the “professional-to-professional pathway” for the Scottish Ambulance Service and Police Scotland in Lanarkshire, which allows them to directly contact senior clinical decision makers, and it states that the changes to mental health unscheduled care have not yet been evaluated.

The petitioner's written submission details the information that she received after making freedom of information requests to all Scottish health boards and to NHS 24. Karen found that there is “inconsistency” between health boards in how mental health data is gathered, and she believes that there are

“no clear guidelines on how information is collected and stored.”

She has pursued the matter relentlessly. She believes that front-line staff are experiencing burnout and expresses concern about their wellbeing. She suggests that that contributes to long waiting times and puts a strain on mental health services. She states that there are still many unanswered questions and that only a full review will be able to answer them.

We have quite a full agenda, but I invite Monica Lennon to make some brief comments to the committee before we decide on our next actions.

Monica Lennon (Central Scotland) (Lab): Good morning. I thank the convener for that very helpful summary of the journey that Karen McKeown has been on and of where we are currently. I would like to say that things are improving in addressing Scotland's mental health crisis, but, sadly, they are not.

It is timely that we are meeting today, following world suicide prevention day yesterday. My thoughts are with everyone across Scotland who has lost a loved one to suicide and with those who are struggling today with their mental health. Help is available but, sadly, there is not always enough help when people need it. It is still very difficult to access services.

On the point about data, Karen McKeown and others continue to do their own research and to ask questions. I will not repeat the information in your packs, but the responses to Karen's recent freedom of information request show that there are still gaps in how data is collected.

I have written to NHS Lanarkshire to ask why it is not recording waiting times for adult mental health referrals and on-going waiting times, but I have not had a response. I do not say that to embarrass NHS Lanarkshire. The convener had his finger on the pulse when he talked about Karen's concerns about staff burnout and wellbeing. I will not give a lot of details but, when I recently attended an appointment with a constituent and one of their family members, I was very aware, in the course of that interaction, that the NHS staff involved in trying to help constituents were extremely stressed and burned out.

I support Karen in pushing the Parliament and the Government for an independent review. I heard what the convener said about the demand on the committee's time, but, if the committee had time, it would be good if it could go out and speak to staff on a confidential basis, because I am picking up that staff are afraid to speak out. I know that trade unions are doing an excellent job in supporting staff, but we are not hearing from those on the front line.

We need more data and to help people before they fall into crisis. I recently read in Third Force News that some charity leaders have said that, in Scotland, we now have not a mental health crisis but a scandal, because we know that more action is required.

I want to leave the committee with this. From reading some briefings, I know that the Scottish Government has committed to increasing the suicide prevention budget to £2.8 million by the end of this parliamentary session, but experts say that that is nowhere near enough and that there will be more suicides and more people in crisis. I also hear appeals for an early review of the 10-year national suicide prevention strategy, which is a joint endeavour between the Scottish Government and the Convention of Scottish Local Authorities. There are good things in the strategy but, without resources, we will not see progress.

I continue to urge the committee to do whatever it can to ensure that we get a proper in-depth review of mental health services in Scotland, which should include consideration of what data we do and do not record and proper evaluation. Having more scrutiny and debate in the Parliament can only be a good thing. I know that committees, including the Health, Social Care and Sport Committee, are stretched, but if we do not find space in this parliamentary session to do that work properly and to push the Government further, more of our constituents will lose their lives, and we will have more Karen McKeowns looking to the Parliament and asking what we did.

I thank the convener and other committee members for all their work on the petition over the past three years.

The Convener: Thank you very much. Before we consider what we might do, I will read into the record the words of the petitioner:

“The evidence suggests that there is something not working. We can no longer put a plaster over it, and we need to take dramatic and brave action if we want to see a fit for purpose mental health service. Luke’s death and others like him cannot be in vain and through their legacy we can save future generations. If action is not taken, there is a fear that wait times will continue to get longer, the NHS will continue to lose good staff and mental health services will continue to be inadequate.”

That is a powerful summary, which is worth reflecting on.

Do colleagues have any suggestions about how we might proceed?

David Torrance: Would the committee consider writing to the Minister for Social Care, Mental Wellbeing and Sport to seek an update on the mental health assessment unit evaluation; a timeline indicating when the evaluation work will be concluded; a copy of NHS 24’s mental health hub evaluation findings; an explanation of how the minister can be confident that the data that is collected across NHS boards on mental health services is sufficient, consistent and accurate; information on what consideration has been given to the impact of staff wellbeing on service provision and financial sustainability; and, in the light of the petitioner’s view that more training and guidance are required for Police Scotland, an explanation of how the minister can be confident that a professional-to-professional pathway is an adequate approach to improving the first-response support for those seeking mental health services?

The Convener: I will ask the clerks to reflect on whether there is any way that we might be able to solicit independent evidence from practitioners. I do not know how that could be done, but we could reflect on how it might be done. Are colleagues content with the proposals as they stand and to keep the petition open?

Members *indicated agreement.*

The Convener: I thank Monica Lennon, and I thank Karen McKeown for her sustained efforts over the life of the Parliament.

Annexe C: Written submissions

Minister for Social Care, Mental Wellbeing and Sport written submission, 21 October 2024

PE1871/P: Full review of mental health services

I would like to thank the Committee for their letter of 31 October and for the opportunity to provide further information on data consistency, workforce wellbeing and training.

Through the information that was previously provided by Ms McKeown on the traumatic loss she experienced, I understand why she continues to call for this petition to be considered. I would like to reiterate that every suicide is an enormous tragedy with a far-reaching impact on family, friends, and the wider community. In addition to the points addressed below, I remain committed to the work on suicide prevention outlined in previous submissions.

Data to Demonstrate Effectiveness and Consistency

I would like to begin by responding to the efforts made by Ms McKeown to better understand the effectiveness of Scotland's mental health system using the data obtained through Freedom of Information requests, in particular, the points she raised about the importance of data to demonstrate effectiveness and consistency.

I would like to reassure Ms McKeown that we recognise robust data is required to plan, manage and improve services as well as to demonstrate the effectiveness of Scotland's mental health system.

The Scottish Government is working with PHS to publish an online, interactive dashboard containing data from the Mental Health Quality Indicators, incorporating key outputs that report on the Core Mental Health Standards. It is also designed to be a one-stop-shop for data on mental health services in Scotland, with new data sets being added in due course. This will allow for more subnational breakdowns of the data and the addition of data sources to provide a more coherent and comprehensive picture of mental health services in Scotland. The dashboard will provide a publicly available and user friendly portal for accessing information regarding mental health service quality across Scotland.

We have invested significantly in recent years to improve NHS systems to improve the collection and consistency of data on mental health treatments such as psychological therapies and interventions (PT). The Child, Adolescent and Psychological Therapies National Dataset (CAPTND), which Public Health Scotland (PHS) are developing, will provide a comprehensive evidence-base for CAMHS and PT services in Scotland.

Additionally, a programme of work is underway to improve access to primary care data through the implementation of a Primary Care Data and Intelligence Platform. This will make data available from all GP IT systems daily for statistical analysis and reporting, and will include any data captured in relation to mental health.

We also continue to invest in detailed studies, such as the annual Scottish Health Survey, which estimate prevalence of a number of mental health indicators in various population groups and regions of Scotland.

However, I recognise there is still more to be done to improve data. PHS are therefore actively seeking to close data gaps in adult mental health services. Areas such as community mental health, primary care, psychiatry referrals and quality indicators are being prioritised, while data quality improvement and the need to publish more local data at NHS Board and Local Authority level has been recognised. Adult Mental Health provision spans a variety of healthcare providers and statutory organisations. This complex landscape means it will take longer for us to develop data streams that reflect the variety of support that is provided and the range of organisations that provide this support.

It is important to note also that NHS Boards hold and use significantly more management information, including data on local demand for decision making and service planning, than is collected nationally for publication. This data reflects the local services in that area and is designed to support management of those services within boards. This means that data collected to meet local needs may not always be consistent across all NHS Boards. As we have not been able to validate the data received through the FOI process we are unable to comment on its consistency, however we would welcome any opportunity to review the data received from NHS Boards and to compare it with the data collated nationally.

Attendance at Emergency Departments and Admittance to Mental Health Acute Beds

Ms McKeown advises the data suggests there is a need for more acute mental health beds in Scotland based on comparing the number of acute beds, Emergency Department (ED) attendances, how many people are admitted and where they are admitted to.

As noted in previous submissions, the Mental Health Unscheduled Care improvements, which we continue to progress, are aimed at ensuring that anyone requiring urgent or unplanned mental health support is able to get the right care, in the right place, the first time regardless of when or how they access care. This includes ensuring that people can receive care as close to home as possible and do not have to attend ED to receive that care, unless that is where it can be better provided. When an individual does present at ED, there are many clinical factors that will inform the decision to discharge an individual, including whether it is assessed as safe to do so.

Workforce Wellbeing

Ms McKeown's submission highlights the findings from the Freedom of Information responses pertaining to NHS employee sick leave. I am likewise deeply grateful for the continued strength, determination and courage of our health, social care and social work workforce.

We continue to work with leaders across health, social care and social work, as well as hearing directly from staff, to understand where the current pressures are, and what further actions can be taken to mitigate their impact on staff.

Staff wellbeing is paramount, and it is critical that staff can take rest breaks and leave to which they are entitled, as well as being given time to access wellbeing support, to help avoid burnout. National funding of over £2.5 million has been committed to support the wellbeing of health and care staff in 2024-25. Prioritising these treatment and therapeutic programmes reflects the commitment to offer care and support to those staff most in need.

To complement the support available at a local level, we provide access to a range of national wellbeing resources. Wellbeing resources include the 24/7 compassionate listening service through the National Wellbeing Helpline, The National Wellbeing Hub which offers a range of self-service resources for staff, including peer support resources to help teams support each other, confidential mental health treatment through the Workforce Specialist Service, and access to psychological therapies and interventions through the Workforce Development Programme which supports staff to treat anxiety, depression and improve issues like difficulty sleeping.

Training for the Wider Mental Health and Wellbeing Workforce

Ms McKeown rightly points out that there are many professions who could have a role in supporting an individual's wellbeing who are employed in a wide range of sectors. The Mental Health & Wellbeing Workforce Action Plan, which we published in November 2023 to support the delivery of the joint Scottish Government and COSLA Mental Health and Wellbeing Strategy, defines the wider mental wellbeing workforce as including wider public, third, and independent sectors which, although not directly employed in providing mental health services, support and treatment, play an important role in supporting someone's mental health and wellbeing and can also play a significant role in promoting good mental health for all. Examples include, but are not limited to, employers; health, social work and social care staff; community link workers; peer support, police officers; community group leaders; faith leaders; and school staff.

To support the development of the Workforce Action Plan, a Mental Health and Wellbeing Workforce Education and Training Advisory Group was established in 2023. The Group is chaired by NHS Education for Scotland (NES) and brings together senior leaders from key sectors and organisations to develop a shared understanding of the critical areas where education and training will support the wider ambitions of the Mental Health and Wellbeing Strategy.

The Group is exploring opportunities to increase awareness, uptake and accessibility of existing, reliable mental health training resources and support decision-making on what further resources might be required to best meet the training needs of the wider workforce. This includes the development of an induction training framework for the wider mental health and wellbeing workforce, volunteers and carers. It is our intention that the mental health induction training framework will include promotion of informed level mental health and wellbeing training and resources and will be accessible across sectors.

Whole System Review of Mental Health Services

I would like to end by turning to Ms McKeown's continued call for a full system review of mental health services, in particular, to the reference to a similar recommendation made by His Majesty's Inspectorate of Constabulary of Scotland

(HMICS) following their thematic review of policing and mental health published in October 2023. In addition to the information contained in previous submissions setting out how the Mental Health and Wellbeing Strategy and Delivery Plan seek to promote the whole system, whole person approach by helping partners to work together, I would also like to set out how the Scottish Government is responding to the HMICS recommendations.

We know that individuals experiencing distress or crisis, and who may need unplanned care, can first present at a service that is not best placed to meet their needs; this might be via the police, at a clinical healthcare service, social care, or wider community-based supports and services. Supporting individuals to get the right care they need in a person-centred and trauma-informed way is critical and of high importance for all partners involved.

Since publication of the HMICS Review, the Scottish Government, Scottish Police Authority and Police Scotland have established a Partnership Delivery Group (PDG) to develop and take forward activity relating to the recommendations made. This cross sector groups grounds itself in partnership working across organisational boundaries to identify and deliver interventions that can deliver in a person centred and trauma informed way. There will be two main initial outputs from this work; a Framework for Collaboration and a cross sector owned Action Plan.

The Scottish Government, along with PDG members have developed a draft Framework for Collaboration (FfC) aimed at health, social care, social work, police, SAS, and third sector services setting out principles for a multi-agency collaborative approach to supporting individuals experiencing distress or crisis. The aim for this framework is to promote a whole-system approach through multi-agency working, with an ambition that partners work in a way that minimises service-level boundaries, builds relationships and trust between services to ensure that the individual receives the support they need from the most appropriate agency or provider as soon as is practicable. Work is currently underway with wider stakeholders to refine the draft framework, with the aim of publishing it by the end of the year.

The PDG are also developing an action plan, due for publication by the end of the year, which encompasses the range of activity across partner organisations. This will set out short, medium and longer-term ambitions on mental health and policing and detail how these will be achieved through a series of thematically based actions.

This will build on improvements already made through our collaboration with Police Scotland to improve the support available to them when they come into contact with an individual who needs mental health support. Since 2020-21, the Scottish Government has provided nearly £10m to Police Scotland, NHS 24, and the Scottish Ambulance Service to support the delivery of an Enhanced Mental Health Pathway for those in distress or in need of mental health support. The Pathway enables emergency calls to SAS or Police Scotland control centres, where callers are identified as requiring mental health advice, to be directed to the Mental Health Hub within NHS 24.

In addition, Health Boards in Scotland are providing Police Scotland access to a mental health clinician 24 hours a day, seven days a week. The clinicians provide clinical telephone triage and offer urgent face to face assessments, when needed

I would like to thank the Committee again for the opportunity to provide further information on continued improvement work support people presenting in distress and crisis, workforce training and wellbeing and data. I trust that this response was sufficiently comprehensive to support your consideration of the petition.

MAREE TODD

Petitioner written submission, 18 November 2025

PE1871/Q: Full review of mental health services

Thank you to the Committee for considering petition PE1871, which calls for a full review of the mental health system, and to Maree Todd for the previous submission.

I want to address issues raised in my last submission. Freedom of Information requests from each health board make data publicly accessible. I am willing to meet with Maree and the Committee to share FOI details for 2023 and 2024 to verify my previous submission. Additionally, the NHS Lanarkshire IJB Performance Update from October 22, 2025, shows that only 21.8% of adult mental health consultant outpatients are seen within the 18-week government guideline. This data is not routinely collected or analysed, unlike psychology wait times, which are monitored and meet the 75% of the 90% target. This raises concerns about the lack of data on consultant wait times, making it difficult to fully understand the challenges faced by frontline staff.

While mental health services still need improvement, some progress is being made. Over 80% of staff in Lanarkshire have completed Mental Health Carer Aware training carried out by North Lanarkshire Carer Together as part of Lanarkshire commitment to carer agreement. This is helping nurses better support carers and those they care for. Expanding this model across Scotland could benefit many.

A review of all services would help identify what works and what needs change. I urge the Scottish Government to conduct such a review and allow anonymous input from frontline staff to ensure honest feedback and ongoing improvement.