

# Citizen Participation and Public Petitions Committee

15th Meeting, 2022 (Session 6), Wednesday  
9 November 2022

PE1871: Full review of mental health services

## Note by the Clerk

**Lodged on** 21 June 2021

**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>

## Introduction

1. The Committee last considered this petition at its meeting on [9 March 2022](#). At that meeting, the Committee agreed to invite the petitioner and the Cabinet Secretary for Health and Social Care to give evidence to the Committee at a future meeting.
2. At its meeting, the Committee will take evidence from the petitioner.
3. 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**.
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's initial position on this petition can be found on the [petition's webpage](#).

## **Action**

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

**Clerk to the Committee**

## Annexe A

### PE1871: Full review of mental health services

#### Petitioner

Karen McKeown on behalf of Shining lights for change

#### Date Lodged

21/06/2021

#### 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 PE1871 on 9<sup>th</sup> March 2022

**The Convener:** The Convener: The next continued petition is PE1871, which is on a full review of mental health services. It 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, which should include 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 that have been affected by suicide.

Members might be aware that the petition arose from the petitioner's own experience. The petitioner's partner, Luke, died by suicide in 2017 after asking for mental health support up to eight times in the week before his death. I remember that we were quite affected by the submission when we first considered it.

Once again, Monica Lennon joins us, as she has an interest in the petition. I will come to Monica in a moment.

At the previous consideration of the petition, the committee agreed to write to the Cabinet Secretary for Health and Social Care and key stakeholders. We have received several detailed responses, which I will summarise briefly.

In his response, the cabinet secretary highlights how the Scottish Government plans to improve mental health support across Scotland, including by providing additional funding, improving how systems work together, establishing service standards and investing in community support for adults. In September this year, the Scottish Government and the Convention of Scottish Local Authorities will publish a new suicide prevention strategy, which will be accompanied by an initial action plan. A lived experience panel is being set up so that people with lived experience can advise on and inform mental health policy development.

In its submission, the Scottish Association for Mental Health suggests that almost one in four adults continue to wait longer than four months to access psychological therapies. SAMH's research into service users' experiences of mental health services during the pandemic revealed that more than a quarter of respondents indicated that their specialist treatment and support had stopped altogether because of the pandemic. That has been the experience of my constituents, and I am sure that it has also been the experience of other MSPs' constituents.

The petitioner has provided two further written submissions to the committee. The first summarises a freedom of information request that she made to NHS Lanarkshire, which revealed that 74 per cent of patients were not admitted to hospital after attending accident and emergency for mental health reasons. The second is in response to the cabinet secretary's submission. The petitioner states that, although she welcomes the increased funding, it is crucial to establish how the

funding will be used, noting that a review—the aim of the petition—is “necessary to determine which areas are failing and need reconstructed.” She also suggests that a specialist crisis centre for mental health is needed.

I invite Monica Lennon to comment.

**Monica Lennon (Central Scotland) (Lab):** I thank the committee for having me back. I am grateful for the work that has been done and the submissions that have been made to the committee, and I welcome much of what the cabinet secretary has said. I had a brief chat with Karen McKeown this morning—we are in regular contact—and she is really grateful for the attention that the committee is paying to the petition. She knows that you will understand the issues because of your local experience in helping constituents.

I was struck by some of the comments in the SAMH response. One that stands out is: “recovering and renewing the previous system will not be good enough.”

That is absolutely correct. The Royal College of Psychiatrists has also made some important points. It talks about needing a “radical refresh” of the current mental health strategy and, importantly, about the experience of the workforce, who are already stretched and exhausted. We know that burn-out is a real issue for clinicians and people on the front line in healthcare roles.

I hope that the petition will be kept open and that we will do everything possible to ensure that people do not fall through the gaps. The Government clearly has good intentions, but there are legitimate questions about the additional resource and how it will be used. I go back to the point, which SAMH makes eloquently, that we have to do more than just recover and renew the system. We know that it was far from perfect and, sadly, too many people have fallen into crisis, or deeper into crisis. For many, that has resulted in them losing their lives. We know that suicide can be prevented.

I am here to again offer my support to my very courageous constituent Karen McKeown. Karen has been a real rock to many other people who have found themselves in a similar dark place. Nothing will ever make up for her loss. Karen will not mind me saying that, following Luke’s death, it has been an on-going battle for her and her young children to get support. Karen’s son has autism and her daughter has required on-going support. I want to be honest with the committee, because I represent people who rely on NHS Lanarkshire, that the support is not always there—the waiting times are excruciating. As members know, that is not unique to Lanarkshire.

We have to keep everything on the table. We have to let people right across Scotland know that there is no complacency on the issue. People’s lives are worth more than any amount of money. The points that Karen has made about ensuring that the money and resources get to the right places are important, and we must continue to listen to lived experience, including that of many of the workforce, who have their own mental health issues.

I know that the committee gets a lot of petitions, so I am grateful to you for the time that you have given to this one, which is relevant to everyone in Scotland. I know

that, no matter what happens next, Karen will continue to fight to ensure that the system improves so that no one falls through the gaps. The convener read out the statistics. Karen is beavering away with her own freedom-of-information requests, but we know that, when people present at A and E and do not get the help that they need, it is an appalling missed opportunity. There is space to provide more specialist support in order to try to ensure that we have a trauma-informed support response across the board. Thank you for listening.

**The Convener:** Thank you, Monica. It is extraordinary in many respects, because when I first came to this Parliament in 2007, so much of the discussion that we had in the chamber was about the destigmatisation of mental health. Many of the mental health charities and organisations changed their names to become more accessible, and all of that was designed to destigmatise mental health issues and encourage more people to come forward.

The problem that we have is that, notwithstanding the expansion of services that there has been, people's willingness to come forward with acute mental health conditions that they probably did not come forward with previously means that, in some acute situations, help is just not there. I think that we all assume that it is there, but there is increasing evidence that there is considerable pressure on services.

Do colleagues have comments or suggestions on how we might proceed?

**David Torrance:** The petition is very important, but can I ask that the clerks check the work programme of the Health, Social Care and Sport Committee? If it is going to hold an inquiry on the issue, I would like to pass the petition on to it. The petitioner could also give evidence to that inquiry.

**The Convener:** That seems perfectly sensible. If it does not hold such an inquiry, I will be keen to invite the petitioner to come to this committee. I think that we would also want to hear from the Cabinet Secretary for Health and Social Care about the issue that underlies the petition, which is the need to have a full review of our mental health services. We might also be interested to know the petitioner's view on the recruitment of the lived experience panel that is being established and, potentially, to highlight that as an opportunity for active participation.

As colleagues have no other suggestions, are we content to proceed on that twin track?

**Members** *indicated agreement.*

**The Convener:** I thank Monica Lennon very much. We will keep the petition open and see where we go from here based on any work that might be done elsewhere in the Parliament.