

**Minutes of the Meeting of the Cross Party Group on Mental Health
10th March 2020 6.30 pm
Committee Room 4, Scottish Parliament, Edinburgh**

1. Introduction

Emma Harper MSP opened the meeting of the Group by thanking everyone for being in attendance.

Emma Harper MSP explained that this meeting would seek to explore the prevention and early intervention theme within the strategy. She advised the Group that it would be hearing from people with lived experience, before opening up for discussion.

2. Present and apologies

Present:

MSPs

Emma Harper MSP, Co-Convener
Annie Wells MSP, Deputy Convener
Monica Lennon MSP

Secretariat

Suzanne Martin, SAMH
Carolyn Lochhead, SAMH
Hannah Brisbane, SAMH

Non-MSP attendees

Aileen Bryson, Royal Pharmaceutical Society
Alistair Brown, SASW
Barry Gale, Mental Health Rights Scotland
Chiara Pontillo, See Me Youth Champion
Christine Puckering, MMHS
Collette Robertson, Phoenix Group
David McLaren, CAPS
Dawn Fyfe, Wise Women
Elaine Tomlinson, Police Scotland

Ele Davidson, CAPS
Ewan Law, Rowan Alba
Gillian Eunson, National Lottery Community Fund
Gordon Johnston, Vox Scotland
Hannah Moore, CAPS
Iona Beange, University of Edinburgh, Division of Psychiatry
Jamie Cavanagh
Jan Skirving, CAPS
Janis McDonald, deafscotland
Jessica Smith, NUS Scotland (Think Positive)
Jim Dorman, St Andrew's First Aid
Jim Hume, National Rural Mental Health Forum
John Crichton, Royal College of Psychiatrists in Scotland
John Marr, With Kids
Lauraine Macdonald, British Psychological Society
Lisa Brywater, With Kids
Mairi Gordon, Samaritans Scotland
Matthew Iveson, University of Edinburgh
Mig Coupe, Mindroom Centre
Oliver McLuckie, See Me Consultant Youth Worker
Oluwatoyin Opeloyeru, Individual Capacity
Patricia Rodger, Individual Capacity
Pauline Cavanagh, Partners in Advocacy
Rose McDonald, CAPS
Sam McIntyre, CAPS
Sarah Randell, Teapot Trust
Shona Cardle, Glasgow Children's Hospital Charity
Silence Chihuri, FJSS Group
Soad Nasr, Trapeze Community Psychology/University of Glasgow
Steph Morin, CAPS
Stephanie Mcknight, See Me Youth Champion

Apologies:

MSPs

Oliver Mundell MSP
Jams Dornan MSP

Non-MSPs

Jill Stewart

Julie Dunan

Stephen McLellan, RAMH

Graham Monteith, Human Development Scotland

Risga Summers, NUS Scotland

Wendy Bates, Health in Mind

Victoria Galloway, Befriending

Princes Trust Scotland

Your Voice

3. Previous Minutes of the Group

No changes were requested and the minutes were approved unanimously.

4. Evidence Session

The group heard from a number of individuals who either have lived-experience of prevention and early intervention support and services or work with people who do.

Stephanie McKnight, a See Me Youth Champion, described her experience of being rejected from CAMHS and the distress and difficulties this caused. She informed the group that it took her a year to ask for help again after having her referral rejected, but that she was eventually able to access support from CAMHS. Stephanie also disclosed that she had lost a school friend to suicide and felt that her schools did not provide enough support at this time. She highlighted that, in particular, mental health stigma in schools needs addressed.

Ele Davidson, Collective Advocacy Development Worker at CAPS, shared some of the experiences from people who attend Lothian Voices – a collective advocacy group for people with experience of mental ill-health. She said that one member of the group had gone to their GP after a period of distress. They felt that the receptionist at the GP's surgery was not adequately trained to identify and help with mental health problems which resulted in the receptionist calling the police. The

group member was then arrested and admitted to the Royal Edinburgh Hospital. Ele noted that this represented an incident where an opportunity for prevention had been missed.

Ele spoke of another person who had found it difficult to get a GP appointment for a physical health problem. When the person did get to see a GP, the doctor focused on their mental health believing that this was the cause of the person's physical health symptoms. The person was eventually admitted to hospital because of their physical health problems, after not receiving treatment from the GP. Ele stated that this was a common occurrence amongst other members of the steering group; that physical health symptoms are ignored because of prior or ongoing mental health problems.

Hannah Moore, a delegate from Lothian Voices, spoke of a lack of support for people with Borderline Personality Disorder (BPD). She stated that she had been told by a healthcare professional that support groups are not organised because people wouldn't turn up. She also informed the group that there is no outpatient service for people with BPD. Hannah spoke of being forced to wait in a room for hours by herself, after going to hospital to seek an assessment as she was experiencing psychological distress. Hannah also spoke of the benefits of a yoga class she attends that is run by a specialist self-harm nurse and indicated that other such opportunities should be readily available.

Chiara Pontillo, another See Me Youth Champion, said she had experienced a lack of empathy from GPs. She expressed her disappointment that patients are prescribed medication without first having the opportunity to engage with psychological therapies. She suggested that psychological therapies should not be time limited and told the group that she is paying privately for psychological therapy. Chiara also spoke of a lack of empathy amongst tutors in further/higher education, which resulted in her dropping out of College.

Oliver (Olly) McLuckie, a Consultant Youth Worker with See Me, recounted that in his experience when young people talk about their

mental health with the adults in their life, adults often aren't educated enough to offer adequate support and guidance.

Christine Puckering shared a letter written by a mother who has accessed support from 3D Drumchapel. In the letter, the mother outlines her positive experience of early intervention at a 3D Drumchapel group. The letter praised the welcoming and friendly staff as well as the content of the group sessions she had engaged in. The mother also wrote that the support she had received had helped her to form a healthy relationship with her daughter.

Ele Davidson shared an experience of another member of the Lothian Voices group who felt that they had been passed around different services that didn't share information with each other. The group member also explained that they had received no help or support after leaving services. On the other hand, according to Ele, members of the Lothian Voices group praised the local area co-ordinators. Ele added that many in the group had not known about local area co-ordinators, as they are not always well connected to mental health services.

Emma Harper MSP asked the lived-experience panel to share any experiences of stigma they had encountered.

Stephanie explained that it had taken her a year to open up to her parents about her mental health problems because she feared that they would blame themselves. She described feelings of self-stigma and told the group of how she wrote down her feelings in different colours to help her understand her feelings better. Eventually, she was able to open up to a teacher who referred her to CAMHS. When the letter from CAMHS with a first appointment arrived at Stephanie's house, her and her family were on holiday and so she missed the opportunity to attend. Stephanie also spoke about the stigma she felt at school which did not change after she lost a friend to suicide.

Steph from Lothian Voices spoke about the increase in awareness of mental health and mental ill-health, but highlighted that many people still struggle to open up. She linked this to stigmatising responses from GPs.

She recounted how one of the first questions asked when seeking mental health support is to establish if a person is in employment. Steph said that this is problematic because it gives people the impression that their mental health can't be that bad if they are in employment. She also noted that most of the people recounting their personal experience had found support through their own efforts, no through the health service.

Hannah Moore spoke about stigma in the workplace. She stated that, as a youth worker, she felt stigma from the parents of the children she works with. She explained her ambition to become a counsellor but fears potential stigma from patients or co-workers because of her Borderline Personality Disorder. Hannah also expressed her disappointment at the portrayal of Borderline Personality Disorder in the media stating that this was usually negative and only in relation to when serious crimes had been committed.

Emma Harper MSP asked what should be done to stop people from having poor mental health again.

Chiara suggested that talking therapies should be more available on the NHS and not time limited. She stated that she would like to see people being able to access these as they would a GP.

Stephanie stated that schools were not providing enough help and need to do more. She spoke of how, in her school is a long waiting list to see a counsellor.

Ele spoke about the importance of more informal peer support, drop-in services and things that are easy to access. She also spoke about the need for better understanding of mental health in workplaces.

Steph stated the need for continuity and linked up services. She would also like to see coping techniques, such as yoga and mindfulness, become more available and accessible.

5. Discussion

Emma Harper MSP thanked the participants and opened up the meeting to a wider discussion.

Patricia Rodger highlighted the mental health mentoring scheme at the University of Edinburgh as an example of good practice.

Ewan Law asked what parents and other adults need to know in order to provide support for young people.

- Christine Puckering replied that people have to be prepared to listen.
- Hannah Moore thinks that there needs to be more places where people can go for help and better signposting to these places.
- Chiara Pontillo highlighted mindfulness classes as being a good way to help young people cope with their mental health problems.

Jim Hume talked about the work being done in rural communities to reduce stigma through the presence of low level, non-clinical services.

John Crichton stated that there was too much emphasis being placed on individual pieces of work and not enough on continuity of care. He expressed his regret that Stephanie had experienced being rejected from CAMHS and made known his desire that nobody should be rejected from CAMHS. He also spoke of the importance of finding a way to manage the multitude of third sector services so that people know what is on offer.

Emma Harper MSP told the group that she thought that mental health first aid training in schools was just as important as teaching children CPR.

Janis McDonald asked if the health system should focus less on normative forms of communication (e.g. verbal communication) and tap into emotion and non-verbal communication.

- Steph Morin agreed and said that we should be more focussed on people's emotional queues and non-verbal communication, rather than relying on verbal communication, which can be difficult for people who are struggling with their mental health.

Rose McDonald, who recounted her experience of being in hospital for surgery, commented that sometimes health systems themselves can create stress and mental distress.

Lauraine McDonald highlighted that the therapeutic relationship is key. She also commented that not everyone has empathy and is able to build a therapeutic relationship easily. Lauraine noted that channels for talking need to be readily available for professionals, as well as people seeking support.

Alistair Brown told the group that in New Zealand it is expected that all healthcare professionals are trauma-informed and trained in delivering therapeutic talking therapies (not psychological therapies). He also explained that in Northern Ireland social workers were present in GP surgeries but that in Scotland there is no social model. He informed the group that social workers are frustrated that they don't have the capacity to build relationships with the people they support.

Barry Gale asked the speakers what they thought the CPG should ask of the Scottish Government.

- Steph mentioned the importance of transitions.
- Ele Davidson stressed that consistency is key and so funding for third sector services and projects needed to be provided for longer than two or three years at a time.
- Stephanie said that the Scottish Government needs to start a conversation to reduce stigma. She also spoke about the fact that some police officers have received mental health training and that members of the public can approach them if they need support. Stephanie wants the Scottish Government to promote this more as she feels it is not widely known by the general public.

Elaine Tomlinson from Police Scotland assured the group that Police Scotland is rolling out training. She spoke about the Distress Brief Intervention (DBI) programme as an example of good practice of early intervention and prevention and the need for the Scottish Government to roll the programme out nationwide.

6. Next Meeting

Emma Harper MSP advised that the next meeting is scheduled for Wednesday the 27th of May at 6pm in the Scottish Parliament.

Suzanne Martin advised that SAMH would circulate the minutes from the meeting.