

**Minutes of the Meeting of the Cross Party Group on Mental Health
22nd February 2021 at 5:30pm
Zoom**

1. Introduction

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

Emma Harper MSP outlined that the meeting would be focused on the final theme of the Mental Health Strategy 2017-2027: data and measurement, as well as a discussion about the CPG's proposed work plan for the next parliamentary session.

2. Present and apologies

Present:

MSPs

Emma Harper MSP, Co-Convener
Oliver Mundell MSP, Co-Convener
Beatrice Wishart MSP, Deputy Convener

Secretariat

Suzanne Martin, SAMH
Hannah Brisbane, SAMH

Non-MSP attendees

Aidan Reid, Royal College of Psychiatrists
Alice Paul, Your Voice
Alison Cairns, Bipolar Scotland
Alison Keir, Royal College of Occupational Therapists
Andrew Muir, Psychiatric Rights Scotland
Andrew Love
Barry Gale, Mental Health Rights Scotland
Brian Magee, COSCA
Charlotte Mitchell
David McLaren

Ele Davidson, CAPs Independent Advocacy
Elizabeth Kirkham
Emily Cunningham
Emma Broadhurst, Beat Scotland
Fiona Parington, The Health Agency
Greg Thomas, See Me
Harriette Campbell
Hunter Watson
Ian McCall, Paths for All
James Carter
Jim Dorman, St Andrews First Aid
Lauraine MacDonald, British Psychological Society
Lindsey Young, Scottish Association of Social Work
Lucy Mulvagh, the ALLIANCE
Mairi Gordon, Samaritans
Nelly Whaley, Salvesen Mindroom
Oluwatoyin Opeloyeru
Patricia Rodger, Advocard
Rebecca Crowther, Equality Network
Ross Cunningham
Samantha McIntyre
Steve Mulligan, BACP
Tracey McFall, Partners in Advocacy

Apologies:

Non-MSPs

Breastfeeding Network
Police Scotland
NUS Scotland

3. Previous Minutes of the Group

The minutes from the previous meeting were approved unanimously.

4. Inquiry in the Mental Health Strategy 2017-2027 – Report into rights, information use and planning

Emma Harper MSP thanked members who had provided evidence on the theme of rights and extended a special thanks to the person who gave oral testimony about their experience of compulsory treatment at the previous meeting. The CPG was advised that the fourth interim report will be published at the beginning of March.

Emma Harper MSP proposed that the CPG produces a short summary of the key recommendations for the Scottish Government from the four interim reports ahead of the Scottish Parliament election. Members approved of this suggestion.

5. Inquiry into Mental Health Strategy 2017-2027 – Data and measurement

SAMH gave a presentation which summarised the written evidence received from members on the theme of data and measurement.

Following the presentation, Emma Harper MSP opened the wider discussion on the following questions:

- Do we need national standards for mental health services?
- Is there a better way of monitoring progress for future strategies?
- Do all government strategies need leadership groups, like the National Suicide Prevention Leadership Group?

Hunter Watson noted that the Independent Review of Adult Social Care has been completed and has reported back. Hunter Watson highlighted the importance of taking account of the rights of people with mental health problems, particularly the right to life and the right to not be subjected to inhuman or degrading treatment.

Aidan Reid highlighted that it is important to take account of local need and, as such, national standards may not be the most effective approach. He suggested that a common understanding of good mental health support and a flexible framework for achieving that may be more effective.

Tracey McFall said that we need both national and local standards, and highlighted that national standards are important to holding providers to account. She stated that people who use services need to be at the centre of any standards. She also noted that there is already a lot of existing data at a local level, but it is not used effectively to shape provision, which is what is needed.

Emma Broadhurst pointed out that a lot of mental health services don't gather the same data across Scotland and so it's not always possible to take learning – this is particularly the case for data on eating disorders. Emma also explained that the issue of sharing data between services needs to be explored, particularly in rural and remote areas.

Mairi Gordon reflected that there has been a move to a more preventative model for mental health services. Mairi indicated that the Quality Indicators are a good starting point for this approach but she is not sure that they provide a framework which supports this preventative model. Mairi suggested that this should be looked at in the review of the Mental Health Strategy. Mairi also highlighted that while there has been challenges to data collection during the Covid-19 outbreak, there has also been a lot of innovation.

Patricia Rodger spoke about challenges experienced by people with trauma in accessing services online. Patricia explained that it can be difficult and distressing for these people to engage with video appointments. She also described efforts in the Lothian area to see people face-to-face for walking appointments. On data, Patricia highlighted that people don't often know how to engage in reporting systems and suggested that online engagement during the pandemic might create more opportunities for people report their experience after using a service.

Beatrice Wishart MSP supported Emma Broadhurst's point on data sharing between services. Beatrice noted that this is particular issue for people in island communities who often have to access services on the mainland but receive follow up and ongoing care in their own community.

Emma Harper MSP asked about gathering data relating to minority ethnic people, in particular people whose first language is not English. She noted that Covid guidance had been published in 11 languages. Lucy Mulvagh explained that it is well recognised that there is a dearth of data on these groups, and that this has been brought up at the Scottish Government Mental Health Research Advisory Group. Lucy also noted concerns in the research community about the statistical significance of some of the data, especially if there aren't significant numbers of people participating.

Suzanne Martin highlighted that suicide data is analysed on a five-year basis, due to the small numbers – although she noted that every suicide is a tragedy. She suggested that a similar approach could be taken when analysing data from other populations with small sample sizes.

Mairi Gordon agreed and also suggested that consideration should be given to different levels of data and their value. She suggested that there needs to be a focus on information sharing, rather than just data gathering.

Aidan Reid described a tendency for practitioners not to register ethnicity and so it isn't possible to have full data or the full picture of service gaps. He highlighted that the Royal College of Psychiatrists Scotland is working to address this issue.

Emma Broadhurst pointed to the role of primary care in information sharing, as they are usually the gatekeepers of data. She highlighted that most of the data on people with eating disorders is coming from specialist services, so there is very little information on people with eating disorders that do not require specialist treatment.

Elizabeth Kirkham spoke about opportunities for using wider NHS data, and university researchers' difficulties in accessing this data. Elizabeth indicated that governance structures are often nervous about sharing data.

Hunter Watson referred back to the point on data collection and suicide. Hunter argued that attention should be paid to the use of antidepressants amongst those who have died by suicide, particularly young people. Hunter also spoke about the lack of adequate safeguards for people subject to compulsory treatment, particularly in relation to mental health tribunals.

Ele Davidson noted that data and measurement can sometimes sound like a new thing, but people with lived experience already provide a lot of information about themselves. Ele explained that people with lived experience feel like they are asked the same thing over and over, and so a huge proportion of data is already out there. She highlighted the frustration that people feel in being asked the same questions, but seeing very little change as a result.

Oluwatoyin Opeloyeru highlighted that barriers to access actually prevent data collection on marginalised groups, including minority ethnic people, who are often most at risk of poor mental health. She stated that these barriers need dismantled before data can be gathered.

Emma Harper MSP asked whether the Parliament is impatient when it comes to gathering data. Oliver Mundell MSP argued that the Parliament and Government aren't good at piloting ideas, as often there needs to be a consultation first. Oliver wondered whether it makes more sense to pilot first and then consult.

Hunter Watson argued that worldwide the psychiatric lobby has too much influence which is why there is still forced treatment. Hunter highlighted that the Independent Review of Mental Health Law is looking very carefully at the UN Convention of the Rights of People with Disabilities (UNCRPD). Hunter stated that were the UNCRPD to be incorporated into law then forced treatment would end, unless it had been approved by a court.

Lucy Mulvagh noted that in relation to the experimental approach suggested by Oliver Mundell MSP there would need to be a significant culture change. In particular, a culture which enables and encourages

learning would be necessary. She suggested that at the moment the culture is risk adverse. Lucy spoke about how many organisations and individuals in the sector were initially pleased that the Mental Health Strategy was for ten years, however, many had since reflected that the actions weren't ambitious enough.

David McLaren asked about people with learning disabilities receiving the Covid-19 vaccine. Emma Harper MSP informed David that people with learning disabilities will now be vaccinated as part of Group 6 of the Priority Groups.

6. Work of the CPG in parliamentary session 2021/22

Emma Harper MSP proposed that in the next parliamentary session the CPG conducts a year-long inquiry into the impact of the coronavirus pandemic on mental health. Members agreed to the proposed work plan.

Emma Harper MSP explained that the CPG's conveners would be open to suggestions for sub-themes for meetings to focus on.

The following sub-themes were suggested by members:

- Physical activity and access to outdoor spaces
- LGBT people's mental health
- Children and young people's mental health
- People with pre-existing mental health problems

Lucy Mulvagh also suggested that the work plan could be based on the Scottish Government's Mental Health Transition and Recovery Plan.

7. AOB

Andrew Muir raised concerns about the Independent Review of Scottish Mental Health Law. Andrew explained he and his wife have been prohibited from engaging in the review and asked that the CPG make contact with the review team. Emma Harper MSP suggested that the CPG sends a letter to ask how members of the CPG can feed into the review.

Aidan Reid highlighted that the Scottish Mental Health Partnership has published its manifesto and that there is a parliamentary motion welcoming the launch.

8. Next Meeting

Emma Harper MSP advised that this meeting was the last of the parliamentary session and that the next meeting will be in September. The meeting in September will be the CPG's AGM and SAMH will be in touch to confirm the date closer to the time.