



Scotland's Mental  
Health Partnership

# Scotland's Mental Health: It's Time for Action

**Our manifesto for the 2026  
Scottish Parliament election**

# Who we are

Scotland's Mental Health Partnership (SMHP) is made up of seventeen professional bodies and mental health third sector organisations (listed in the appendix). Our members represent, among others, those with lived experience, providers, clinical professionals, carers, community support networks and the wider third sector. Each organisation contributes its direct experience and unique perspective to create an informed collective voice on mental health.



# Our manifesto: a summary

Scotland is facing a mental health emergency.

Mental health is poorer than it was before the pandemic, with stigma and discrimination still prevalent, our supports and services struggling to cope and our workforce under severe pressure.

Implementation of the Mental Health and Wellbeing Strategy, based around our Promote, Prevent, Provide model, has started slowly.

We are therefore calling on the next Scottish Government to take bold and decisive action to address the current crisis and to transform Scotland's mental health in the longer term.

Over the next five years we believe that collaborative action is required across the 3Ps framework to:

- **Promote** better mental health for all through an ambitious public health programme, improving mental health literacy and a refocused national programme to tackle stigma and discrimination.
- **Prevent** mental ill-health in communities most at risk by acting to reduce the major structural inequalities, empowering communities to be part of the change required and acting to increase resources for early intervention and prevention.
- **Provide** a choice of support, care and treatment in the right place and at the right time for all, based on Quality Standards and evidence from data showing outcomes for individuals.

We believe the governance around the Mental Health and Wellbeing Strategy should be strengthened. We need to co-ordinate actions, measure change and bring lived experience leadership into decision making at all levels. Co-ordinated approaches should be delivered across the country, mandating the implementation of national

strategic priorities at a local level across the 3Ps, and a “mental health in all policies” approach introduced across the public sector.

A dedicated Minister for Mental Health and Wellbeing should be appointed to lead this work.

We have set out more specific proposals for action in areas where we believe the next Scottish Government must deliver.

**Scotland’s Mental Health Partnership calls for....**

# Summary of our calls for action:

## 1 Increasing investment in mental health

Significantly increased investment - not as an end in itself, but to achieve better outcomes for our citizens.

Specifically, we call for:

- The proportion of the NHS budget spent on mental health to be substantially increased;
- Funding for the Mental Health Directorate to be increased in real terms in each year of the new Parliament;
- The establishment of an Improving Scotland's Mental Health Fund of at least £20M in each year of the new Parliament; and
- Multi-year funding based on fair funding principles to be introduced for third sector organisations.

## 2 Action area 2: Workforce

Short term investment and immediate action to promote retention and address workforce issues. Longer term work is also needed to scope the design of a future workforce (national and local) to deliver the mental health support and treatment options that will be required, including the embedding and development of non-clinical roles such as peer workers and community link workers.

The introduction of an ethical approach to commissioning for all services across Scotland.

## 3 Action area 3: Community Mental Health Provision

A fundamental shift in the balance of provision from hospitals to communities, including increased resources for primary and community care services.

**4**

## **Tackling Stigma and Discrimination**

Continued investment in a national programme to end stigma and discrimination in Scotland.

**5**

## **Primary Care**

A shift to increase the percentage of total NHS funding invested in primary care services, with a review of all funding streams to channel more spending to the areas of greatest deprivation.

Workforce planning to increase the mental health workforce in primary care, including secure, long-term funding for community link workers. This would enable appropriate access to mental health and wellbeing teams integrated into practices.

Clarity and consistency of support services available for patients in the community who need assessment for compulsory treatment. Psychiatric action plans to be used and for distress to be minimised during the response to psychiatric emergencies.

**6**

## **Independent Advocacy**

An increase in advocacy services across all parts of Scotland to ensure that everyone has access to high quality independent advocacy, including both individual and collective advocacy.

**7**

## **Children and Young People**

A wider range of services, open to all children and young people, including appropriate non-clinical supports.

Co-ordination of work under the Mental Health and Wellbeing Strategy with other national strategic approaches for children and young people.

We support calls for the development of a National Pathway to support the assessment, diagnosis and treatment of neurodevelopmental conditions.

**8**

## **Physical Health**

A national improvement programme to tackle the twenty year mortality gap between people with lived experience of severe mental illness and the general public, caused mainly by poor physical health.

**9**

## **Long-Term Health Conditions**

Long-term, sustainable funding pathways for promoting the health and psychological wellbeing of people with long-term conditions.

**10**

## **Employment and Workforce**

A national programme to promote mentally healthy workplaces.

**11**

## **Alignment with Other Strategies**

Action to ensure that the implementation of the Suicide Prevention Strategy and Self-Harm Strategy are fully aligned with the Mental Health and Wellbeing Strategy.

# Introduction

## **Scotland is currently facing a mental health emergency.**

The mental health of Scotland's population is poorer now than it was before the Covid pandemic. We have seen a cost-of-living crisis, curbs on public spending and unprecedented demands on our hard stretched mental health supports and services. The impacts have been severe, leaving many people struggling to cope and staff under immense pressure.

Data shows an unprecedented increase in mental health conditions - the rise from the 2011 Scottish Census to the 2022 Census is higher than for any other condition<sup>1</sup>. This has affected not only general population mental health and wellbeing but has also seen an increase in the number of people with severe mental illness. Tragically the number of people who have died by suicide has increased over the past two years, with 792 probable suicide deaths in Scotland in 2023.<sup>2</sup>

Many people who experience mental health conditions continue to face stigma and discrimination in most areas of their lives<sup>3</sup>. The mortality and morbidity rates for people with severe mental illness remains disproportionately high, with inequalities widening.

While we face many and increasing challenges, this is also an opportunity. It is accepted that more of the same, or less of the same, can't be the solution. The opportunity is therefore to learn from the many innovative and effective services in our communities, often developed and delivered by the third sector, and to invest further in what works.

The Scottish Government and COSLA's Mental Health and Wellbeing Strategy was launched in 2023, based around the 3Ps model - Promote, Prevent, Provide - developed by Scotland's Mental Health Partnership. It has an ambitious vision and a set of outcomes to be achieved that we continue to support.

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<sup>1</sup> Scottish Government [Scotland's Census 2022 - Health, disability and unpaid care | Scotland's Census 2024](#)

<sup>2</sup> NRS [Increase in deaths by suicide - National Records of Scotland \(NRS\) 2024](#)

<sup>3</sup> See Me, Scottish Mental Illness Stigma Survey <https://www.seemescotland.org/stigma-discrimination/stigmastudy> 2022

But implementation of the strategy has started slowly. Many people still cannot access the help, support and treatment they need, and many services are close to breaking point. They are united in crying out for radical change.

**We are therefore calling on the next Scottish Government to take immediate and decisive action. The time for talking and planning has passed. We need bold and ambitious measures that will both address the current crisis and create the conditions to transform Scotland's mental health in the longer term.**



# Our Vision

Over the five years of the next Scottish Parliament, we believe that fundamental changes in both approach and delivery are required to improve Scotland's mental health.

Implementing the Mental Health and Wellbeing Strategy at greater pace will require the new Scottish Government to work differently. An increased focus on collaborative action is desperately needed across all of the 3Ps - Promote, Prevent and Provide - to address the mental health crisis by delivering innovative cross-sector solutions.

We have shown below how we believe the 3Ps can be implemented, linked to the specific actions we set out. We also believe that a better system of strategic governance should be developed in order to improve visibility and accountability. This must include better linkages to locally commissioned and delivered services and supports, both to decrease unwanted variations across the country and to ensure that local decisions are mandated to follow national strategic priorities.

**We must ensure the focus is set firmly on achieving the radical change that will lead to sustainable supports and services that can ultimately deliver better long term mental health outcomes for Scotland's people.**



# The 3Ps Approach

## **PROMOTE**

In order to promote better mental health for the whole population, we are calling for an ambitious public mental health programme to be implemented. This should adopt a life course approach, providing support, information and advice from birth onwards. Information should be provided to enable everyone to support their own wellbeing, to adopt and maintain healthy lifestyles and to create the conditions that will allow wellbeing to thrive.

We recognise that many of the supports that will lead to better mental health and wellbeing lie outside of health services. We therefore call on an explicit whole government approach to be adopted so that all of the resources available across government, indeed across the wider public and voluntary sectors, can be strategically directed to effect significant change.

Improving mental health literacy across the population and an increased focus on tackling stigma and discrimination are also fundamental to this approach. While greater public discourse on mental health and wellbeing is taking place, lived experience testimony highlights that stigma and discrimination is increasing for people with severe mental illness and also for people who face other forms of discrimination due to personal characteristics, life circumstances, and behaviours.

We know that tackling stigma and discrimination is foundational to improved outcomes for people. A refocused national programme to tackle stigma and discrimination at all levels (structural, institutional, cultural and personal) is needed in order to deliver the vision of the Strategy.

## **PREVENT**

Actions to prevent mental ill health and distress should be focused on the people, communities and groups known to be at highest risk of poor mental health. These include those from minority ethnic communities, LGBTQI+ communities, those living in remote, rural and island areas and people living in poverty.

This must incorporate reducing the major structural inequalities, such as economic insecurity, educational disadvantage and unequal access to the natural environment. More must be done to address the systemic factors that lead to some people being disempowered, marginalised and discriminated against. It is crucial to address the psychological and social factors that have a role in the onset, maintenance and lived experience of mental health conditions and illnesses.

Action is required to empower people within the communities who experience greater inequity in access and experience of services to be part of system and service redesign, improvement and ultimately transformation. This should lead to specific and tailored actions aimed at tackling health inequalities by improving the mental health of these communities.

Prevention must also include sustaining and expanding self-management and peer support initiatives, which have often been under-resourced or funded on short term or pilot models. The recovery approach means that for many people with severe illness, prevention of future symptoms and of repeated crises is the priority.

Many of these supports and services are delivered by third sector organisations and have proven to be very successful. Greater access to a wide range of immediate community-based supports and enhanced delivery of mental health and wellbeing services through primary care will also be necessary. Bringing clinical and non-clinical approaches together, based on individual choice, will be the key to success.

We now need to see action on the longstanding policy ambition of increasing resources for early intervention and prevention. This has long been an aspiration but there is little evidence of any action. We believe specific funding to promote innovation, and a rigorous system of monitoring and reporting spend on prevention are now required.

## **PROVIDE**

Actions are required to ensure that we can provide an appropriate choice of support, care and treatment in the right place, at the right time and from the right professional for those experiencing severe mental ill health in order to enable their recovery. This should include the right to access a range of therapeutic approaches, based on the principle of individual choice. We must make transitions between services work better, with more

collaboration, and implement a 'no wrong door' approach so no one falls between services.

Requirements for access to advocacy, shared decision making and multi-disciplinary collaboration need to be core to future service planning. Using a person-centred and strengths-based approach to definitions and focusing on abilities, rather than deficits and describing barriers is key.

This should include equitable access to specialist crisis services, Distress Brief Intervention, adequately resourced and locally based inpatient services, and also home and community-based provision within both statutory and third sector delivery. Early intervention, care planning based on a whole person approach, access to advocacy and peer support must be key, every time for every person.

The development of Quality Standards across mental health services is welcomed. Everyone should have the right to high quality services regardless of where they live, with supports and services delivered in a way that best meets the needs of local geographies and communities. But much more needs to be done to implement standards consistently across Scotland, including supporting local teams and agencies to monitor and report and to make improvements based on local data, including equalities data, that measures outcomes for individuals.

In our 2021 manifesto we called for a full national roll out of the Distress Brief Intervention programme and we are delighted that this has been achieved. Successive evaluation reports have shown the effectiveness of the DBI approach. We call upon this to be maintained and strengthened across the country with a national co-ordination of local activities to ensure that an appropriate standard of service is maintained in all areas.



### Promote

**better mental health and well being for the whole population**



### Prevent

**mental ill health and distress in communities and groups at highest risk; and**



### Provide

**appropriate choice in the right place and in the right time to those experiencing mental ill health**

# Governance of the Mental Health and Wellbeing Strategy

We remain committed to the implementation of the Strategy but believe that a new and more robust governance approach is required.

Actions must be agreed through co-ordinated Delivery Plans and Workforce Plans that are specific and measurable, and tied to better data that measures change from the baseline rather than simply counting tasks completed. Accountability for actions and outcomes must be stronger and with a clearer focus on working in partnership to achieve the outcomes we require. An annual review of the Strategy's implementation should be undertaken, involving stakeholders external to the Leadership Board. Within this, there needs to be a specific focus on data collection around stigma and discrimination.

We call for the next Scottish Government to include a Minister with a portfolio solely dedicated to Mental Health and Wellbeing. Returning to this specific remit will allow the Minister to provide the focused leadership required to drive change, as well as signalling the importance of mental health and wellbeing across the government.

We believe that the views and experiences of people with lived experience of mental health conditions should be fundamental to the delivery of the Strategy. We call upon the next Scottish Government to work with key third sector partners and lived experience led organisations to deliver a programme of work that enables a move from lived experience engagement towards lived experience leadership, fully utilising the skills and knowledge that has been developed. The work of the Suicide Prevention Lived and Living Experience Panel and Youth Advisory Group provide examples of how this could positively impact on strategic delivery.

As a first step we believe that the Mental Health Directorate should expand its professional advisers cohort to include a Lived Experience Advisor and a Third Sector Advisor. Bringing these influences to the heart of government will be crucial to changing the approach to the delivery of the Strategy.

We also believe that better reporting against both Delivery Plans and Workforce Development Plans is required, with greater synergy between the two complementary sets of actions. Data and measurement will be crucial here in order to focus on achieving outcomes rather than the completion of tasks and measurement of inputs. We will also need better cross-sector data integration with non-health sectors (e.g. education, social services, and criminal justice) as these sectors frequently intersect with mental health services.

Much of the direct delivery of mental health services and supports is planned, commissioned and delivered at local level through Health Boards, local authorities and Integration Joint Boards. This has led to differences in approach and those accessing services repeatedly refer to inequity in services across the country. A more uniform implementation approach should be mandated by government, with local areas required to work collaboratively to deliver the key actions of the national strategy in a manner that best suits their local populations and geographies. This should include increasing investment in community based early intervention and prevention supports and services. A balanced provision across the 3Ps must be achieved in all local areas, reversing the current trend in many areas towards disinvestment in community-based services.

To deliver this successfully will require shifting the balance of power to include more lived experience and clinical input in local decision making, introducing multi-year funding agreements for community provision and the development of appropriate reporting and accountability mechanisms.

As most of the work to tackle the social determinants of mental ill health lies outside health services, we renew our call for the introduction of a “mental health in all policies” approach across the public sector.

More could be done to ensure accountability of existing legal frameworks to avoid duplication and ensure continued focus including the Public Sector Equality Duties non-

discriminatory practice. As part of the review of the PSED (underway in Scotland) consideration should be given to extending the duties to have an explicit characteristic on mental health/ illness rather than it sitting under disability.

A framework, including specific action on mental health stigma and discrimination, should be developed with clear criteria to assess the impact of all policies on population mental health and wellbeing- a Mental Health Impact Assessment. This will enable initiatives in areas such as economic development, social security, education, the natural environment, etc., to be aligned with improving mental health and wellbeing and to mitigate harm from policy intervention.

# Our Specific Calls for Action

We believe there are many areas where specific actions will be required to deliver the approach we have outlined. We have set these out in detail below. All are linked to the 3Ps approach as referenced above, with many relating to all three pillars. Taken together these actions will enable a balanced and effective approach to delivering the Strategy.

## Action area 1: Increasing Investment in Mental Health

In order to deliver the ambitious outcomes of the Mental Health and Wellbeing Strategy, we believe there is a need for significantly increased investment across the public and voluntary sectors. But this increased investment must be seen as a means to an end, rather than an end in itself.

The focus must be on what we do with the money - what outcomes are achieved for people - rather than simply figures in a spreadsheet. We believe there are several areas where new and additional funding is required to achieve the best outcomes, and set out our priorities below:

### **Investment in Mental Health Services**

Meeting the vastly increased need for mental health services will require immediate investment by the new Scottish Government. We therefore call for the proportion of the NHS budget spent on mental health to be substantially increased. We note that at the last election, all major parties committed to a spend of at least 10% on mental health and 1% on child and adolescent mental health services (CAMHS), but this has not been delivered. The current mental health spending figure sits at around 9%<sup>4</sup> in new reporting

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<sup>4</sup> [Scottish health service costs - summary for financial year 2023 to 2024 - Scottish health service costs - Publications - Public Health Scotland](#)

which now includes clinical psychology. However, without this addition, the most recent figure sits at 8.55%.<sup>5</sup> Spending on CAMHS last financial year was just 0.82%.<sup>6</sup>

This additional spend must be tracked, with clear reporting and accountability mechanisms so that there is accountability and transparency, not only of spending but also of outcomes achieved by this increased investment.

### ***Investment in the Mental Health Directorate***

Direct Scottish Government funding supports a wide range of initiatives that enable the implementation of the Strategy. Examples include the Adult and Young People's Communities Mental Health and Wellbeing Funds and the implementation of the Suicide Prevention Strategy. We call for this funding to be increased in real terms in each year of the new Parliament.

### ***Investment in Prevention***

We are clear that what is required is transformation of our mental health system, and this will require new and innovative thinking.

We therefore support the call for the establishment of an Improving Scotland's Mental Health Fund of at least £20M in each year of the new Parliament. This will complement the Communities, Mental Health and Wellbeing Fund and provide a strategic focus across the public and voluntary sectors on innovative prevention approaches, with scope to lever in additional external funding.

As already noted, moves towards a more preventative approach in mental health must involve many separate government directorates and agencies. We therefore call on the Scottish Government to convene a Mental Health Prevention Expenditure Working Group. This should examine how Mental Health Departmental Expenditure Limits can be established across all directorates and report within the first year of the new Parliament. Mental Health Departmental Expenditure Limits should then be implemented by the end of the next Parliamentary session.

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<sup>5</sup> Calculated by our data team.

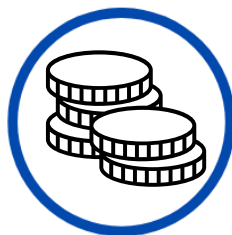
<sup>6</sup> [Scottish health service costs - summary for financial year 2023 to 2024 - Scottish health service costs - Publications - Public Health Scotland](#)

## **Fair Funding for the Third Sector**

Many vital mental health services and supports are delivered by third sector organisations. These are often crucial in achieving or maintaining good mental health for people in Scotland. The third sector is innovative and often best placed to deliver community-based services and supports – this is what people want and often provides the best outcomes.

Yet third sector organisations are very often not valued in a manner that is proportional to their importance and impact on people’s lives. We believe there should be a parity of respect, recognising the value and professionalism that third sector organisations deliver.

We therefore call upon the next Scottish Government to implement a policy of multiyear funding across the sector based on fair funding principles. A more uniform approach to third sector funding should be introduced across the public sector, tied to longer term planning and true partnership between the statutory and voluntary sectors.



## **Action area 2: Workforce**

The mental health workforce (which includes third sector and public sector staff) has been under enormous pressure over recent years.

The increased need for services, greater overall severity of mental health conditions and an unprecedented increase in those seeking support for neurodevelopmental conditions have all been seen during a period when financial difficulties have led to repeated rounds of efficiencies and savings.

Despite the vastly increased need, our workforce has not seen a corresponding growth. This has led to many jobs becoming effectively impossible, increasing stress and burnout and ultimately to staff leaving our services.

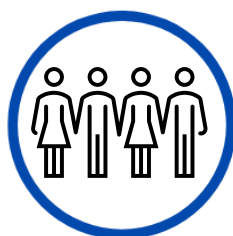
We believe the new Scottish Government should take a twin track approach: developing short term actions to support and expand the workforce across the whole system in

order to meet the current crisis, while also planning for the future workforce (local and national) that will be required to deliver the vision of the Mental Health and Wellbeing Strategy, addressing the new approaches, services and treatments that may be required.

In the short term, investment is required across the mental health workforce. But action must also be taken to promote retention of existing staff in addition to new recruitment. More action on staff wellbeing and improving conditions of work will ultimately assist in retaining high quality staff.

In the longer term, changes to the mental health workforce will be required to deliver a new approach based on the 3Ps. Work will be required to scope the design of a future workforce, including non-clinical and community-based supports as well as new clinical services and treatments. This should include dedicating funding for training pathways for non-CBT therapists in NHS Scotland. The expansion of peer support and lived experience leadership roles should be included within this work.

The third sector should be equally valued as a key partner that provides many community-based services that are vital to our citizens. We call upon the next Scottish Government to introduce an ethical approach to commissioning for all services across the country, ensuring the principles of ethical commissioning are adopted consistently across all Health Boards and Integration Joint Boards.



### **Action area 3: Community Mental Health Provision**

Much of the implementation of the Mental Health and Wellbeing Strategy, and indeed of wider moves towards a population health approach, involves shifting the balance of provision from hospitals and other acute settings towards community-based supports and services.

We know that the current community mental health provision is varied across the country, with many people waiting too long for support, or indeed not receiving help at all. While the Communities Mental Health and Wellbeing Funds (Adults and Young

People) have been welcome, they do not represent the level of funding required, or offer the strategic approach needed, to improve availability and access to community support for all.

We require a much more systematic and consistent approach to be taken to ensure that the full range of supports and services required (from both statutory and voluntary organisations) can be accessed in all communities, tailored to meet local needs.

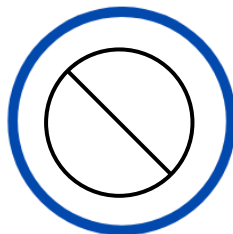
Local access to a choice of psychological supports, self-management, and preventative supports - without the need for referral or waiting lists - is key to this approach. The third sector is best placed to deliver many of these, but this requires sustainable funding. We believe this approach would allow people to access a range and choice of mental health support earlier and thus decrease pressure on statutory services and reduce inappropriate referrals.



## **Action area 4: Tackling Stigma and Discrimination**

Action on stigma and discrimination requires to be driven across all aspects of future Delivery Plans. The key actions identified by an Expert Group on Stigma and Discrimination in 2024 should be reviewed and actions prioritised. An intersectional, human rights-based approach to tackling mental health stigma, discrimination and inequalities is essential to address the significant wellbeing disparity within marginalised communities

We support continued investment into a dedicated national programme to end stigma and discrimination in Scotland at all levels. This should provide leadership, facilitation and support for targeted, measurable action to tackle stigma and discrimination at structural, intuitional, cultural and personal and support levels in order to deliver the vision of the Strategy.



## Action area 5: Primary Care

General practice teams are overwhelmingly the providers of mental health medical care in the community. We need much better recognition and resourcing for the role that primary care plays. Traditionally, one third of all GP consultations have a mental health component, although increasingly GPs report this as an underestimation. The primary care model is for patients being seen quickly in GP practices, with rapid access to relatively brief interventions, earlier in the patient journey, and with far greater numbers having access as a result.

Mental health conditions often present in primary care mixed with, and linked to, physical conditions or stressful social circumstances. GPs and their teams are best placed to help with this holistically, and that demands adequate resourcing. There should be a shift to increase the percentage of total NHS funding to be invested in primary care services, with a review of all funding streams to channel more spending to the areas of greatest deprivation.

Workforce planning is required to increase the mental health workforce in primary care. Community Link Workers too need certainty of long-term funding, as they support patients with housing, benefits, debt, food insecurity, fuel poverty, physical inactivity, loneliness, abuse and much more.

GPs are currently being asked to undertake emergency detentions of patients in the community without appropriate support. Particularly when these patients are already known to mental health services, it would be more appropriate for other mental health professionals to protect patients through other short term emergency measures. There is a huge amount of variation, often with no sector psychiatrist, access to intensive home treatment teams, or retrieval team support. We call for psychiatric action plans to be used and for distress to be minimised during the response to psychiatric emergencies. A psychiatric emergency plan will only be of use if all professionals potentially involved in

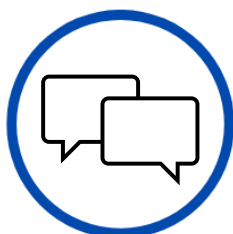
responding to a psychiatric emergency can agree to the content and follow it in practice.



## Action area 6: Independent Advocacy

The Scottish Mental Health Law Review<sup>7</sup> called for an increase in the provision of advocacy services. Without access to advocacy, the core mental health standards cannot be implemented successfully, and mental health services will struggle to follow government guidelines and policy, impacting their performance.

The Scottish Government should ensure that independent advocacy is provided across all local areas and there is no postcode lottery for accessing support. Independent advocacy includes provision for one-to-one support and collective advocacy, with local areas having a duty to provide both. Advocacy is essential to ensure people have access to supported decision making and can claim their right to quality services that meet their needs.



## Action area 7: Children and Young People

Much of the attention on young people's mental health centres on CAMHS services. There have been welcome improvements to CAMHS in many areas, but we believe a wider range of options should be made available. This need is demonstrated by the continuing high level of rejected CAMHS referrals. We therefore call on the next Scottish

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<sup>7</sup> Scottish Government

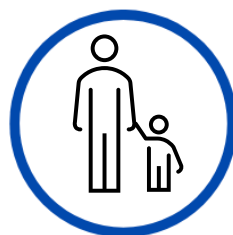
<https://webarchive.nrscotland.gov.uk/20230327160310/https://cms.mentalhealthlawreview.scot/wp-content/uploads/2022/09/SMHLR-FINAL-Report-.pdf> 2022

Government to develop a non-clinical front door that provides a wider range of options for young people, including non-clinical supports, such as Community Link Workers.

There are several different Government strategies and approaches that impact the lives of young people, and we believe there should be greater coordination between them. This would ensure that links are made between work to improve mental health and actions on child poverty, GIRFEC, The Promise, etc., to ensure complementarity and to maximise impact.

We believe that the assessment, diagnosis and treatment of neurodevelopmental conditions requires significant investment to meet the massive level of unmet demand. We support calls for the development of a National Pathway, with links to both clinical and non-clinical support as appropriate. Assessments should be holistic, and needs based (rather than purely diagnostic) and post-assessment support should not be reliant on receiving a diagnosis. Resourcing the roll out of task-sharing models (such as the Mental Health Foundation's Together To Thrive programme<sup>8</sup>) to support parents of children with neurodevelopmental needs should be part of this Pathway.

We believe that the transition from CAMHS to adult services still requires improvement. We call upon the next Scottish Government to introduce a National Transitions Strategy to improve outcomes for children and young people experiencing mental ill health in their transitions to adulthood.



## Action area 8: Physical Health

The current twenty year mortality gap between people with lived experience of severe mental illness and the general public, caused mainly by poor physical health, cannot be allowed to continue. We called for action in our 2021 manifesto, but it appears that this major issue has fallen off the agenda.

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<sup>8</sup> Mental Health Foundation <https://www.mentalhealth.org.uk/our-work/programmes/programmes-families-children-and-young-people/together-thrive>

We therefore call on the next Scottish Government to commit to achieving a substantial reduction in the mortality gap by 2031.

A national improvement programme should be scoped and commissioned to address the wider determinants that lead to poor quality of life for too many. It should include better access to screening for physical illnesses with person-centred interventions following, greater consideration of the side effects of many psychiatric medications, a guarantee of regular physical health checks, and prioritising lifestyle interventions and access to physical wellbeing information and support.



## Action area 9: Long-Term Health Conditions

There is clear synergy between physical and mental health, underscoring the need for close alignment between the Mental Health and Wellbeing Strategy and Population Health Plan.

We therefore call for long-term, sustainable funding pathways for promoting the health and psychological wellbeing of people with Long-Term Conditions (LTCs). This should include work to build the capacity of those supporting the mental health and wellbeing of people living with long term conditions, as successfully piloted by Living Well: Emotional Support Matters<sup>9</sup>, a project jointly managed by the Mental Health Foundation and Health and Social Care Alliance Scotland, increasing partners' capacity to deliver mental wellbeing support for service users through facilitated training and a peer learning network. An independent economic evaluation of Living Well showed that it generated £3.7M of health and wellbeing impacts; a funding to impact ratio of £1:£8.60. The project enhanced the mental health of people with LTCs and of staff and volunteers helping to care for them.

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<sup>9</sup> Mental Health Foundation <https://www.mentalhealth.org.uk/scotland/node/1966>



## Action area 10: Employment and Workplace

We believe that employers across society, in all sectors, have an important role to play in improving the mental health of their workforce. Research shows that many people living in poverty are actually in employment, and that low paid and unstable employment impacts negatively on mental wellbeing. We also know that work related stress is a major cause of many common mental health conditions.

In recent research by Samaritans<sup>10</sup>, participants facing financial instability emphasised the wide array of complex and sometimes competing feelings and emotions experienced including frustration, anger, fear, panic agitation, depression, anxiety, emptiness and hopelessness that significantly impacted on their ability to cope with their situation.

A national programme to promote mentally healthy workplaces should commence. A wide range of actions should be considered, including addressing in work stigma and discrimination, creating inclusive cultures and behaviours, promoting wellbeing clauses in employment contracts, investigating the use of tax powers to incentivise take up of evidence based mental health and wellbeing programmes and incorporating workplace wellbeing requirements into public procurement processes.



## Action area 11: Alignment with Other Strategies

Work to implement the Suicide Prevention Strategy and the Self-Harm Strategy has been progressed through good partnership working between public and voluntary sector

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<sup>10</sup> Samaritans Scotland, Paid Yesterday, Broke Today <https://www.samaritans.org/samaritans-in-scotland/about-samaritans-scotland/campaigning-change-scotland/paid-yesterday-broke-today/> 2024

organisations. But we believe there is a risk that these improvements are not fully aligned to the delivery of the Mental Health and Wellbeing Strategy.

We note the additional, unnecessary demand that separate policy interventions can make on local support and service providers, and we therefore call upon the next Scottish Government to establish an appropriate governance structure to ensure coordination of actions across these strategic approaches.

Creating Hope Together sets out a vision that, if realised, would reduce deaths by suicide in Scotland. We call on the new Scottish Government to renew efforts to implement the strategy, while providing additional resource to match the ambition of its action plan to ensure its outcomes can be achieved.

We welcome the creation of the Self-Harm Strategy and particularly value the extent to which it was co-produced alongside people with lived and living experience. As we move towards the 2027 end date for the action plan, it is clear that there is insufficient resource to deliver its ambition. We need to see progress on delivery of the Action Plan so that people who self-harm get the support they need.



# Conclusion

**A great deal of work is required to tackle the emergency in Scotland's mental health and also to deliver the longer term change that our people require.**

**We believe we have set out a manifesto of coherent and connected proposals that will enable significant progress to be made on both objectives.**

**We look forward to working in partnership with the next Scottish Government to implement these proposals.**



## Appendix - Our Members

All SMHP members have national remits, focus primarily on mental health and have a level of independence from statutory bodies. Our current members are:

- Bipolar Scotland
- British Psychological Society
- Change Mental Health
- Mental Health Foundation
- Mental Health Nursing Forum (Scotland)
- Penumbra Mental Health
- Royal College of General Practitioners Scotland
- Royal College of Occupational Therapists
- Royal College of Psychiatrists in Scotland
- Samaritans Scotland
- Scottish Action for Mental Health (SAMH)
- Scottish Association of Social Work
- Scottish Independent Advocacy Alliance
- Scottish Recovery Network
- See Me
- UK Council for Psychotherapy
- Voices of Experience (VOX) Scotland
- Mental Welfare Commission for Scotland (observer)

## Our role, purpose and beliefs

The Partnership developed out of a collective desire to offer new perspectives and a progressive vision for mental health in Scotland. We are committed to supporting the mental health and wellbeing of people across Scotland and, in line with Christie Commission<sup>11</sup> recommendations, promote the prevention of mental health issues and early intervention where problems do arise.

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<sup>11</sup> Scottish Government, Christie Commission on the Future Delivery of Public Services  
<http://www.scotland.gov.uk/Resource/Doc/352649/0118638.pdf> 2011