



MSP guide to mental health & mental illness 2026

Foreword

Dear Members of the Scottish Parliament, parliamentary and constituency staff,

As we all know, concerns about mental health and mental illness affect every community in Scotland. You, as MSPs and staff, tell us that you regularly encounter the challenges faced by people experiencing mental illness and those who care for them, whether through constituency casework, parliamentary scrutiny or policy development.

In response to your feedback, we have produced this second edition of the well-received guide developed by the Royal College of Psychiatrists in Scotland. From the start of the new parliamentary term, we want to support you in understanding mental health, mental illness and the services that people rely on. We have updated and improved the guide to provide the most relevant practical information, helpful resources and insight into some of the key issues facing people and mental health services today.

This edition of the guide comes at a particularly important time. Scotland is entering a significant period of health and social care reform, creating opportunities to improve services and outcomes for patients. As discussions progress, it is vital that mental health is given the same priority as physical health, and that the voices of people with lived experience, mental health professionals and carers are heard. We know that when governments invest in mental health at every level, from primary prevention through to intensive treatment, life expectancy improves, quality of life benefits and societies flourish in every sphere.

We hope you will find that this guide is a useful resource in supporting your work and helping you champion better mental health care for your constituents. Please do offer us your feedback. We look forward to continuing to work with MSPs from across the political spectrum to improve mental health outcomes for everyone in Scotland.

We are grateful to colleagues at the RCPsych in Wales who developed the idea of providing information for parliamentarians and gave us permission to base this document on their original concept.

Dr Jane Morris
RCPsych in Scotland
Chair



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The Royal College of Psychiatrists in Scotland

As the professional medical body for psychiatry in Scotland, we set standards and promote excellence in psychiatry and mental healthcare.

We lead, represent and support psychiatrists nationally to Government and other agencies, aiming to improve the outcomes of people with mental illness, and the mental health of individuals, their families, and communities.

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Visit www.rcpsych.ac.uk/scotland





Psychiatry and the mental health landscape of Scotland

Mental health and mental illness - what's the difference?

These terms are often used interchangeably, but they mean different things. Understanding the distinction is important when discussing people's experiences, designing services and developing effective policy.

Mental health...

is an element of everyone's overall health. It includes our emotional, psychological and social needs. Mental health can be positive or negative and fluctuates throughout our lives - just like physical health. Whilst everyone has mental health, not everyone will experience mental illness - the two terms mean different things, and this is important when considering policy, service design and funding.

Mental wellbeing...

describes how well we are able to cope with life's challenges and interact with the people and environment around us. Mental wellbeing can be influenced by a range of social, psychological and physical factors. Efforts to improve mental wellbeing are often delivered through public health approaches that aim to support the health of the whole population.

Mental illness...

refers to specific, diagnosable health conditions that can affect our thoughts, emotions, behaviour and perception. They can range in severity and can impact our ability to function, form relationships, work, learn and participate in daily life.

Mental illness develops through a complex interaction of biological, psychological and social factors. Some people may be more vulnerable because of their genetics or early life experiences, while others may become unwell following a particular stressor. Every individual is different.

Treatments for mental illness continue to improve. With the right treatment and support, many people recover fully, while others successfully manage long-term conditions and lead meaningful and fulfilling lives.

Neurodevelopmental conditions...

Neurodevelopmental conditions (NDCs) are a large collection of conditions hypothesised to arise from differences in the average or 'neurotypical' development of the brain and nervous system, often leading to characteristic lifelong styles of cognitive, social, academic, and occupational functioning. These frequently become apparent during childhood and persist throughout a person's life.

Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) are the most common examples of NDCs.

NDCs are developmental conditions, not mental illnesses, and require distinct assessment and support approaches (more on this on page 44).

'Neurodivergent' describes individuals who think differently to those who have 'typical' ways of thinking or processing information. Not all who are neurodivergent experience impairment or have a diagnosis.

Challenging stigma

While public awareness of mental health and wellbeing has increased in recent years, this has not always translated into greater understanding of mental illness. Conversations about mental health, wellbeing, stress and neurodiversity have become more common, yet people living with severe mental illnesses continue to experience significant stigma and discrimination, which is sadly increasing.

Stigma remains a major barrier to recovery. It can prevent people from seeking help, affect the quality of care they receive, limit opportunities in education and employment, and contribute to wider health and social inequalities. Negative attitudes towards people with severe mental illness can sadly also persist within healthcare settings, leading to poorer experiences and outcomes. Reducing stigma requires greater understanding of mental illness, a focus on evidence-based information, and a commitment to ensuring that people experiencing mental illness are always treated with dignity, compassion and respect.

Mental illness and inequalities

People living with severe mental illness (SMI), such as schizophrenia and bipolar disorder, experience some of the poorest health outcomes in Scotland. On average, people with SMI will have a **life expectancy 15-20 years less** than the general population. A common misconception is that suicide is the main reason for this mortality gap. In reality, most of these premature deaths are caused by preventable physical illnesses such as cardiovascular disease, respiratory disease and cancer.

Tragically, compared with the wider population, people with severe mental illness are significantly more likely to develop long-term physical health conditions, including diabetes, heart disease and respiratory illness. As a result, they are more likely to experience avoidable illness, hospital admission and premature death. Similar inequalities are also experienced by people with learning disabilities, who face significant barriers to achieving good physical and mental health outcomes.

The reasons for these inequalities are complex. People with severe mental illness may face barriers to accessing primary healthcare, struggle to attend screening appointments, or find it harder to engage with treatment when experiencing symptoms of mental illness. Lifestyle factors, including smoking, nutrition, potential medication side effects, physical activity levels and harmful alcohol use can also contribute.

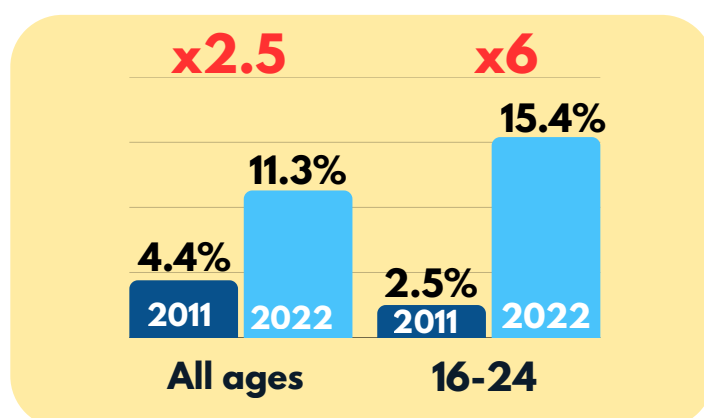
Health inequalities are further shaped by wider social and economic factors. People with severe mental illness are more likely to experience poverty, unemployment, insecure housing, social isolation and discrimination. People experiencing SMI may also have less access to community resources, green spaces and other opportunities that support health and wellbeing.

It is estimated that around **two-thirds of these premature deaths are preventable**. Improving the physical health of people with severe mental illness represents one of the greatest opportunities to reduce health inequalities in Scotland. This requires better access to primary healthcare, proactive health checks and outreach to those at greatest risk, alongside action on the wider determinants of health, including poverty, housing, discrimination and social exclusion.

Current pressures - Scotland's mental health emergency

The need for mental health support has increased significantly in recent decades, particularly among younger people. Scotland is not alone in facing this challenge. Many countries are grappling with rising levels of mental ill health and growing pressure on services, trends that were intensified by the COVID-19 pandemic but began long before it.

The reasons for rising need are complex and include a range of social, economic and health factors. The percentage of people reporting mental health conditions more than doubled in Scotland - and increased six-fold in young people - between the 2011 and 2022 Scottish Censuses (see graph below). This was the **largest increase recorded** across all health condition categories.



Scotland's specialist mental health services were developed primarily to support people with the most severe and enduring mental illnesses, such as schizophrenia and bipolar disorder. While those needs remain significant, many more people are now seeking mental health support across a broader spectrum of conditions and levels of need.

Record numbers of people are reaching out for help from an overwhelmed system, yet too many are met with delays or care that comes too late. People are waiting months - and sometimes up to years - for support. Behind every statistic is a person - someone's child, parent, partner, friend - struggling without the care they urgently need.

Addressing these pressures will require action across prevention, early intervention, community support, workforce planning and specialist treatment services. Mental health is one of the most significant public policy challenges facing Scotland today and requires sustained attention across all levels of government.

Mental health reform - integration and fragmentation

Scotland is entering a significant period of health and social care reform. Proposals to reduce Scotland's 14 NHS Boards to two strategic boards, alongside wider changes to health and social care governance, have the potential to reshape how mental health services are planned, managed and delivered.

As these reforms develop, it is essential that the needs of people with mental illness, the mental health workforce and specialist mental health services are fully considered. Organisational structures are not an end in themselves. They should support better patient outcomes, clear accountability, continuity of care, equitable access to services and meaningful clinical leadership.

Through a series of member workshops, the Royal College of Psychiatrists in Scotland has identified a number of key principles that should underpin any future reform. These include ensuring that accountability and authority sit together, that governance follows the patient pathway, that expert clinical voices are involved in decision-making, and that mental health is given parity of esteem within the wider health system.

The College's report, *Mental Health at the Fault Line* (2026), explores the experience of psychiatrists working within integrated health and social care services and highlights lessons that should inform future reform. While local arrangements vary across Scotland, the report identifies common challenges around fragmentation, leadership, accountability and service coordination, and sets out principles to help ensure NHS reform delivers better mental health care for people. You can read an in-depth discussion of this issue, as well as our key principles for NHS reform, in our report '[*Mental Health at the Fault Line*](#)'.



What is psychiatry & how does it sit within the health system?

Psychiatry is the medical specialty dedicated to **understanding, diagnosing, treating and preventing mental illness**. Psychiatrists are medical doctors who work with people experiencing some of the most complex, severe and high-risk mental health conditions.

Consultant psychiatrists are first trained as medical doctors and then undertake around 6 years of specialist training to develop expertise in mental illness, the relationship between physical and mental health, psychological therapies, complex risk assessment, and mental health law. Psychiatrists play an important role across Scotland's mental health system. They work with people of all ages and across a wide range of specialties (listed on page 15).

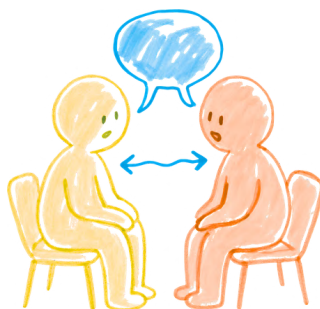
Most people experiencing mental health difficulties are supported in primary care by their GP and the wider primary care team. When a person's needs are more severe, complex or high-risk, they may be referred to specialist mental health services led by psychiatrists. Contrary to common perceptions, most specialist mental health care is delivered in the community (~90%) rather than in hospitals, through outpatient clinics, community teams and home-based treatment where appropriate.

Psychiatrists work as part of multidisciplinary teams alongside mental health nurses, psychologists, occupational therapists, pharmacists, social workers and other professionals. Together, these teams provide assessment, diagnosis, treatment and ongoing support tailored to each person's needs.

Psychiatry takes a 'biopsychosocial' approach, recognising that mental health and mental illness are influenced by a combination of biological, psychological and social factors. This might include physical health, genetics and medication, thoughts, emotions and past experiences; or wider issues such as housing, employment, relationships and poverty. Psychiatrists are uniquely trained to bring these factors together into a shared understanding of a person's difficulties and develop an appropriate treatment plan.

In addition to diagnosing and treating mental illness, psychiatrists can prescribe medication, deliver psychological therapies, identify physical illnesses that may present with psychiatric symptoms, and undertake specific responsibilities under mental health legislation. They play a particularly important role in supporting people experiencing severe mental illness, including crisis situation, managing associated significant risk and supporting those with impaired decision-making capacity around their mental health care.

Psychiatry is one part of a wider mental health system, working alongside primary care, psychological therapies, social care, third-sector organisations and community supports. Together, these services help people recover, manage long-term conditions and live fulfilling lives.



Core Mental Health Standards

The Core Mental Health Standards are national standards for secondary mental health services in Scotland. Developed by the Scottish Government in collaboration with the RCPsych in Scotland and VOX Scotland, who led extensive engagement with people with lived and living experience, families, carers, clinicians, service providers and other stakeholders, the standards set out what people should expect from mental health services.

The standards promote timely access to support, person-centred and trauma-informed care, effective care planning, smooth transitions between services, a skilled workforce, and continuous improvement in quality, safety and accountability.

Our workforce, and why relationships matter

Psychiatry is a broad medical specialty encompassing a range of subspecialties, each with their own specific expertise and training requirements (see page 15). Effective mental health care relies on these specialties working together, alongside General Practice, other medical specialties, social care and wider support services. Strong professional relationships and clear communication help ensure people receive joined-up care and do not fall through gaps between services.

Psychiatry is a truly relational profession, where a **trusting relationship with the patient is part of the treatment**. Understanding a person's experiences, circumstances, strengths and challenges takes time, trust and continuity. This can be particularly important for people with severe mental illness, who may have experienced trauma, stigma, repeated crises or previous difficulties engaging with services. Building trust is not always straightforward, but strong therapeutic relationships improve engagement, support shared decision-making and contribute to better outcomes. This is foundational to psychiatry.

Psychiatrists and their colleagues devote skill, time, expert interpretation and continuity of care to achieving a working alliance and the best patient outcomes.



Specialties in psychiatry

Academic Psychiatry

Academic psychiatrists can be from any specialty and combine clinical work with research, teaching and leadership, helping to improve understanding of mental illness and develop future treatments and services.

Addictions Psychiatry

Diagnosis, treatment, and management of physical and psychological dependencies on substances like alcohol and drugs, as well as behavioral addictions.

Child and Adolescent Mental Health Services (CAMHS)

Assessment and treatment of children and young people, usually up to age 18.

Eating Disorders Psychiatry

Specialist diagnosis, formulation, management, and treatment of eating disorders.

Forensic Psychiatry

Works with people whose contact with the criminal justice system is linked to mental illness, providing assessment, treatment, risk management and advice to courts, prisons and secure services.

General Adult Psychiatry

Assessment and treatment of mental illness in working-age adults, usually between 18 and 65, although age boundaries vary between services and regions.

Intellectual Disability Psychiatry

Specialist assessment and advice regarding mental illness and a psychologically-informed support of people with learning or intellectual disabilities.

Liaison Psychiatry

Based primarily within general hospitals, supporting patients whose physical health conditions are affected by mental health problems, or whose mental health is affected by physical illness.

Medical Psychotherapy

Provides specialist psychotherapeutic assessment and treatment for people with complex or longstanding difficulties.

Neuropsychiatry

Works at the interface between neurology and psychiatry, supporting people whose mental health, behaviour or cognition are affected by neurological or brain disorders.

Old Age Psychiatry

Assessment and treatment of mental illness in older adults, including the psychiatric aspects of dementia and the psychological effects of ageing, physical illness and frailty.

Rehabilitation Psychiatry

Supports people living with severe and enduring mental illness to maximise recovery, increase independence, develop life skills and achieve the best possible quality of life.



How MSPs and their teams can influence change in mental health care

How MSPs can influence mental health policy

MSPs do not need to be mental health experts to improve mental health services and the care of their constituents. By asking informed questions, understanding constituent experience, building relationships with their local psychiatrists, and using parliamentary tools effectively, they can play a significant role in improving outcomes for patients, families and communities.

MSPs are extremely well placed to improve mental health services locally and nationally. While MSPs may not directly manage services, they can influence priorities, budgets, hold decision-makers to account, and ensure that the experience of patients, carers and staff are heard at the highest level of policy-making in Scotland.

The most effective MSPs combine their local intelligence with Scottish Parliament action.

We strongly encourage MSPs and their teams to consider the following actions to improve mental health outcomes for their constituents:

1. In your constituency and region

MSP and staff can:

- Meet with their NHS Board, Health and Social Care Partnership, Integration Joint Board and local authority (see page 20)
- Visit mental health services and meet with psychiatrists in their area. The RCPsychiS team are happy to facilitate introductions
- Build relationships with local psychiatrists, clinicians and service leaders
- Speak with patients, carers, third sector and advocacy organisations
- Monitor local workforce pressures, services changes, waiting times, funding and decision-making structures

The information gathered from this will provide powerful evidence when raising concerns in Holyrood.

2. Meeting with the Cabinet and Ministers

MSPs should raise concerns and local insights directly with the Cabinet and Ministers.

Consider using meetings to raise local:

- Workforce shortages
- Access to specialist care
- Service redesign proposals
- Delayed implementation of national commitments
- Local examples of good practice
- Emerging patient safety concerns

3. Chamber contributions and debates

Chamber contributions and debates provide an opportunity to shape the national conversation on mental health and mental illness.

Contributions are often strongest when they combine local evidence, lived experience and policy solutions. At the RCPsychiS, we are always on hand to help you with gathering evidence and drafting materials.

MSPs should consider contributing via:

- Parliamentary questions to obtain information, share experience and increase transparency
- Motions to raise awareness of important issues and to raise cross-party support
- Contributing to debates with your local experience

4. Committee work

Scottish Parliament committees have significant influence over policy development and are a key vehicle for MSPs to improve the mental health care of their constituents. Committees can examine issues in greater depth than can be achieved through debates or parliamentary questions alone.

MSPs serving on committees should consider:

- Requesting evidence from clinicians, the third sector, lived experience representatives, and professional bodies
- Scrutinising Government commitments, spending and delivery
- Examining the structures through which mental health care is delivered and how this is funded and prioritised
- Investigating barriers to access and quality of care
- Exploring whether national commitments are being delivered locally
- Reading publications from advocacy and lived experience organisations



How MSPs can understand and influence the local picture

As elected representatives, MSPs are uniquely placed to ask questions about the mental health services in their community, and to suggest improvements so that their constituents are best cared for.

Responsibility for mental health services is currently fragmented across multiple organisations. It is likely that these arrangements may change during health and social care reform.

Below are some suggestions of agencies and organisations it may be helpful to meet with in order to do so:

1. NHS Health Boards

NHS Boards employ most of the clinical mental health workforce and are responsible for clinical governance, patient safety and quality assurance.

Consider meeting with the:

- Chair
- Chief Executive
- Medical Director
- Mental Health Director or Lead
- Clinical Directors
- Consultant Psychiatrists
- Nurse Directors

Consider discussing:

- Mental health workforce vacancy rates in your local area
- Recruitment and retention of psychiatrists
- Patient safety concerns and continuity of care
- Waiting times for mental health services locally
- Service pressures locally
- Clinical priorities in your area
- How decisions about mental health are made and which clinical and lived experience representatives are involved to ensure that any choices are best informed by those with expertise and experience

2. Health and Social Care Partnerships (HSCPs)

HSCPs are responsible for the delivery of many adult mental health services on behalf of the Integration Joint Boards (IJBs)

Consider meeting with the:

- Chief Officer or Assistant Chief Officer
- Heads of Adult Mental Health Services
- Operational Managers

Consider discussing:

- Budget decisions and percentage of total spend on mental health services
- Service design/redesign
- Access to community mental health services
- Crisis pathways
- Assessment pathways and any delayed assessments
- Local priorities
- Challenges with integration of health and social care
- How decisions about mental health are made and which clinical and lived experience representatives are involved to ensure that any choices are best informed by those with expertise

3. Integration Joint Boards (IJBs)

IJBs hold delegated budgets and make strategic decisions about how resources are used across integrated services. Funding and service priorities often sit here rather than within NHS Boards.

Consider meeting with the:

- IJB Chair
- Vice Chair
- Chief Finance Officer
- Strategic Planning Leads
- Head of Mental Health (if appointed)

Consider discussing:

- Mental health funding and percentage of spend on mental health services
- Spending priorities
- Investment in the mental health workforce
- Strategic plans
- Outcome and performance measurement
- Accountability arrangements

4. Local authorities

Many of the societal factors which may affect constituents' mental health are the responsibility of local government. Housing, education, social care and family support can all influence the mental health of people living in your constituency.

Consider meeting with the:

- Council leadership
- Directors of Social Work
- Education Leads
- Housing Leads

Consider discussing:

- Preventative approaches
- Children's services
- Housing pressures in your local area
- Social care capacity
- Local family support services

5. Local psychiatrists and clinical leaders

Psychiatrists have a unique overview of the mental health needs of your community. They work in community clinics as well as general hospitals, courts, police stations and prisons. They also interact with GPs, schools, colleges, universities, employers, social work and the DWP. We have a Forum of members dedicated to policy and public affairs. They would be pleased to meet with MSPs and their teams and share their local knowledge and expertise. Please contact us if you would like us to facilitate an introduction to one of your local psychiatrists or topic specialists from the RCPsychiS.

6. Third sector organisations

Many people receive support from charities and community organisations before, alongside, after or instead of NHS mental health services.

Consider meeting with:

- Local charities providing mental health support to your community
- Carer organisations
- Advocacy services
- Recovery services

Consider discussing:

- The experience of people accessing their services
- Referral pathways
- Unmet need in the local area and gaps in provision
- Barriers to access
- Funding and continuity of care
- How they are involved in the development and improvement of local mental health services

7. Constituents

Most importantly, MSPs and their staff should meet with their constituents to understand the local experience when it comes to mental health support. MSPs could consider proactively seeking this experience via a drop in, survey or other way of gathering constituent experience and views.



What good mental health policy looks like

Scotland has no shortage of ambition for mental health. The challenge is ensuring that policies translate into meaningful improvements for people, communities and services.

Good mental health policy is not defined by the number of strategies published or commitments made. It is defined by whether people can access the right support, at the right time, from the right professionals.

Good mental health policy is...

1. Evidence-based

Policy should be informed by research evidence, lived experience and clinical expertise. Successful mental health policy is built on a clear understanding of what works, where it works, and who it works for.

2. Equally supportive of prevention and treatment

Supporting good mental wellbeing and preventing mental illness are vital public health objectives. However, prevention alone will not remove the need for specialist care. Even in the healthiest communities, some people will develop severe mental illness and require assessment, treatment and ongoing support.

A strong mental health system therefore invests in both prevention and specialist treatment. These are complementary parts of the same system, not alternatives in competition with one another. Just as we invest in both smoking prevention and cancer treatment, mental health policy must support both population wellbeing and treatment for those who are unwell.

Services work best when people can access the level of support that matches their needs, move smoothly between different levels of care, and receive help from appropriately trained professionals. Achieving this requires sustainable investment, a skilled workforce and effective collaboration across the mental health system.

3. Committed to investment in a skilled and sustainable workforce

Every policy ultimately depends on the people who deliver it. The best strategy or funding commitment will fail if there is not a sustainable workforce with the skills and capacity to deliver it.

4. Grounded in specialist expertise

Mental health care is delivered by multidisciplinary teams, including psychiatrists, nurses, psychologists, occupational therapists, social workers and others. Policy decisions should be informed both by people with experience of delivering and receiving mental health care.

5. Measurable

Policies must have clear objectives, meaningful outcomes and transparent reporting arrangements. Outcomes must be person-centred and focussed on meaningful improvements rather than the number or timing of activities.

6. Rooted in addressing inequalities

Mental illness does not affect everyone equally. People in Scotland with severe mental illness and learning disabilities have a life expectancy 15 - 20 years less than the general population. Policy should seek to reduce these inequalities with urgency.

7. Delivered with clear accountability

One of the challenges facing mental health services is that responsibility is often spread across multiple agencies and organisations. This makes it difficult to identify who is responsible for outcomes and who has the authority to act. Any new policy developments should be accompanied with clear structures of responsibility and accountability.

A mental health policy checklist for MSPs:

When considering a new policy proposal, ask:

- Is it evidence-based?
- Is it supported by people with lived experience and clinicians?
- Can the workforce deliver it?
- Does it improve outcomes for people with severe mental illness?
- How will success be measured?
- Is funding sustainable?
- Does it reduce inequalities?
- Is accountability clear?



**Supporting your
constituents**

Trauma-informed working

Many constituents approaching MSPs will have experienced significant adversity or traumatic events. MSPs and their staff may also have their own experiences of trauma. A trauma-informed approach recognises that people's experiences can affect how they perceive situations, communicate, behave and engage with services.

This does not mean that MSPs or their staff should act as counsellors or therapists. Rather, it means approaching people with empathy, respect and an awareness of past experiences. This includes:

- Understanding that traumatic experiences can have long-lasting effects and may influence how someone responds in particular situations.
- Recognising that many people affected by trauma may never disclose their experiences, while still living with the consequences.
- Being aware that it can be re-traumatising to disclose significant past adversity or traumatic events.
- Listening respectfully and without judgement.
- Being aware that distress may affect communication, decision-making or behaviour, and adapting your approach where appropriate.
- Offering choice and control where possible, while maintaining appropriate professional boundaries.
- Avoiding language or actions that could be perceived as dismissive, blaming or judgmental.
- Focusing on the person's current needs and how you can help address the impact their experiences are having on their daily life.
- Being prepared to signpost people to appropriate support where needed.

Difficult conversations can also affect MSPs and their staff. Hearing about traumatic experiences and distressing situations can be emotionally demanding. It is important to recognise the impact this work can have, take steps to support your own wellbeing, and make use of sources of support when needed (see page 34).

Trauma-informed working benefits both constituents and staff by promoting understanding, dignity and safety. Training in trauma-informed practice is available and recommended across public organisations, not only in hospital settings.

Helping constituents in distress

Most MSPs and their staff will come into contact with constituents in distress.

Whether this is face-to-face, over the phone, through social media, or via written contact in letters or email, the basic rules for helping someone are the same:

During any meeting when a person shows distress:

- Acknowledge their feelings and concerns. If a person is angry, recognise their frustration rather than becoming defensive.
- Listen sensitively and respectfully, without judgement.
- Use open questions (how, what, when, where, who, why) to understand the situation and what support may be needed
- Use a reassuring tone and display responsive body language
- Avoid focusing on negative options or language.
- 'Reflect back' information. Check your understanding by summarising what the person has told you and giving them the opportunity to correct or clarify any misunderstandings. This shows that you have listened to the person.
- Present any advice you give as a series of options. Introduce signposting to allow constituents to make their own choices.

It is also important to consider safety. Before meeting constituents, ensure appropriate arrangements are in place, including access to support from colleagues, clear procedures for lone working, and a suitable environment that allows everyone to feel safe and comfortable.

If attempts to reduce distress are not successful, it may be appropriate to bring the conversation to a close respectfully and arrange to return to the issue later. Continuing a discussion when emotions are escalating can sometimes increase frustration and make it harder to reach a constructive outcome. Taking time to reflect, seek advice from colleagues and consider the most appropriate next steps is often the safest and most effective approach.

What can I do if someone is experiencing a crisis?

If you believe a constituent you are in contact with is experiencing an acute mental health crisis, or expressing suicidal thoughts or feelings, there are several helpful things that you can do:

- Try to remain calm, even though this can be hard to do. Listen respectfully.
- Ask whether there is anyone they would like you to contact on their behalf. This could be a carer, friend or family member or their healthcare professional.
- Suggest that the person contacts their GP if appropriate.
- Suggest the person contacts their local Mental Health Crisis Team.
- Signpost them to the NHS 24 Mental Health Hub by calling 111, which is available 24 hours a day, 7 days a week, for people of all ages experiencing urgent mental health distress or crisis.
- Suggest the Samaritans (116 123) if they would benefit from immediate emotional support.
- Keep a record of what was disclosed and any actions taken, in line with your office procedures and data protection requirements.

If there is an immediate risk to life, serious self-harm, overdose, or another medical emergency, call 999 or direct the person to emergency services immediately.

What should I do if there is a risk of harm?

If you are seriously concerned that someone is at risk of harming themselves, you or others, you should contact the emergency services immediately by dialling 999.

You should explain to the operator that you are concerned about someone's mental health and their safety or the safety of others. The 999 operator may request that an ambulance is dispatched. The police may attend.

Sometimes contacting the emergency services can lead to a person being detained under the Mental Health Act (see glossary). This should not prevent you from taking action, but you may want to read more about what this means for the person involved.

Setting boundaries

Clear boundaries help to ensure that constituents receive appropriate support while protecting the wellbeing of both MSPs and staff. Setting expectations early can help prevent misunderstandings and ensure that people are directed to the services best placed to meet their needs.

It can be helpful to agree:

- How and when a constituent can contact your office.
- What support you and your staff can provide, and what falls outside of your remit.
- How responsibility for casework will be shared between MSPs and staff.
- How your office will respond to challenging or distressing situations.

MSPs and their staff are not expected to diagnose mental illness, assess risk, provide counselling or resolve mental health problems. Your role is to listen, provide appropriate assistance within your remit, and signpost people to relevant sources of support when needed.

Clear boundaries support effective working relationships, help manage expectations and ensure that constituents receive the specialist support they need from the right services.

What should I do if the person becomes angry or abusive?

Though it is rare, very occasionally people may become aggressive or threatening. In this case your first concern should always be your personal safety.

- Acknowledge the anger rather than trying to defend yourself, even if the anger is directed at you or your actions.
- If someone becomes offensive or abusive, politely but assertively interrupt them to state that you find the language or tone unacceptable and request that they moderate it.
- Ensure that you give them a chance to stop being abusive or offensive so that the conversation can continue.
- If they are unwilling or unable to stop being offensive or abusive then explain the extent of your ability to help them. Explain that they are welcome to ring/come back with a relevant query as long as they are not offensive.
- State that you are going to terminate the call and hang up, or ask the person to leave the premises.
- If you feel you are in danger, follow your office guidelines and if necessary call the police.
- Keep a note of what happened, and what you did in case you are asked for this later.

Suggesting that a constituent seeks help for their mental health

It can be difficult to know when to suggest that a constituent seeks additional support for their mental health. Not everyone who is distressed has a mental illness, and feelings of stress, sadness, frustration or anxiety can often be understandable reactions to challenging circumstances. MSPs and their staff are not expected to determine whether someone has a mental health condition. Instead, they can encourage people to consider seeking support when they appear to be struggling to cope, when distress is having a significant impact on their daily life, or when they express concerns about their mental wellbeing.

When raising the subject, it is important to do so sensitively and without making assumptions. Focusing on the person's experiences rather than suggesting they have a mental illness can often be more helpful.

For example, saying:

"It sounds as though you have a lot to cope with at the moment. Have you considered speaking to someone about how this is affecting you?" may feel more supportive than suggesting that the person has a mental health problem.

Where appropriate, constituents can be encouraged to speak to their GP, contact NHS 24 on 111, or access other local sources of support.



Confidentiality and data protection

Information about a constituent's mental health is sensitive personal information and should be handled with care. In most circumstances, an MSP should obtain a constituent's consent before sharing information about their mental health with other individuals or organisations.

In some cases, consent may be implicit where a constituent has approached your office for assistance and it is clear that sharing relevant information is necessary to progress the issue they have asked you to help with. Even in these circumstances, it is good practice to discuss what information will be shared and with whom.

Good practice includes:

- Being clear about what action the constituent is asking you to take on their behalf.
- Explaining what information may need to be shared and why.
- Sharing only information that is relevant and necessary for the purpose of the casework.
- Seeking written consent where possible and recording any verbal consent that is provided.
- Keeping appropriate records of decisions, communications and actions taken.

Constituents may also contact you about concerns relating to a friend, family member or other third party. In these situations, it is important to establish what the individual is seeking from your office and whether the person concerned has given consent for their information to be shared or for the matter to be pursued on their behalf.

There may be exceptional circumstances where information needs to be shared without consent, for example where there are serious concerns about an individual's safety or the safety of others, or where there is a legal obligation to disclose information. Such decisions should be taken carefully and in accordance with relevant legal, parliamentary and organisational guidance.

If you are unsure how to proceed, seek advice from your organisation's data protection lead or legal adviser.



Looking after
yourself whilst
looking out for
others

Protecting MSP and staff wellbeing

We know that, whilst working in politics is extremely rewarding and meaningful, it can also be emotionally demanding and stressful.

MSPs and their staff have highly complex and fast paced roles, regularly involving casework which can be difficult emotionally. Casework can involve people experiencing mental health issues, trauma, bereavement or dealing with other emotionally sensitive situations.

Many constituents will approach their MSP when they feel they have exhausted their options and the tone of the conversation can therefore be challenging from the outset.

While supporting constituents is a core part of parliamentary work, repeated exposure to distressing situations can take a personal toll. Most people will experience periods of stress at work. However, prolonged exposure to intense workloads, difficult casework, upsetting correspondence or public scrutiny can affect anyone's wellbeing and mental health.

You may notice:

- Feeling emotionally exhausted at the end of the day
- Difficulty switching off from work
- Feeling overwhelmed or detached
- Reduced concentration or motivation
- Changes in sleep patterns
- Increased irritability or anxiety
- The feeling of dreading work, or certain aspects of your role

These reactions are common and do not mean that you are failing to cope. In fact, feeling upset & distressed after another person has shared their distress with you is an entirely normal human response. The important thing is to recognise this impact and take active steps to recover and protect your own wellbeing.

It is essential that MSPs and their staff are able to look after their own health and wellbeing in order to be able to continue to support others effectively in their role.

Some practical approaches include:

- Taking regular breaks and monitoring your working hours.
- Eating well, staying hydrated and spending time outdoors during daylight hours where possible.
- Building time into your schedule to recover after difficult conversations, constituency surgeries or particularly challenging pieces of casework.
- Debriefing with trusted colleagues and creating opportunities for team reflection and support.
- Familiarising yourself with any wellbeing, supervision or support structures available through your party or parliamentary workplace.
- Maintaining clear boundaries between work and personal life.
- Limiting exposure to emails, notifications and social media outside of agreed working hours where possible.
- Staying connected with friends, family and activities you enjoy.
- Prioritising sleep, physical activity and social connections.
- Using annual leave and taking time away from work when needed.
- Seeking support early if you begin to notice persistent difficulties with your wellbeing.
- Ensuring you are registered with a GP and accessing support for your own physical or mental health when required.

There is no single approach to maintaining wellbeing. What matters is finding evidence-based strategies that work for you and making them a regular part of your routine.

Looking after your own wellbeing is not only important for you, but helps ensure you can continue to support constituents and colleagues effectively over the long term.



Looking after each other

Good workplace culture is one of the strongest protective factors for wellbeing.

MSP offices may wish to:

- Hold regular wellbeing check-ins
- Debrief after particularly distressing incidents
- Encourage staff to discuss concerns early
- Create clear processes for managing challenging casework
- Promote healthy working practices and work-life balance
- Foster an environment where asking for help, discussing mistakes and learning from experiences is viewed as a strength, not a weakness
- Consider appointing a Mental Health First Aider or Wellbeing Champion with appropriate training
- Encourage mutual support, respect and open communication across the team

Nobody should feel they need to manage difficult experiences alone.



Establishing supportive office practices

It is important to consider the impact of difficult encounters on your own health and the health of your colleagues. A small amount of preliminary work can help create a supportive working atmosphere. As soon as you can, take some time to establish the following in your office:

- **An 'easy reference' job description** – MSPs and staff should agree on what they can and can't help constituents with. Write this down and refer to it if you are asked to do things that seem outside of this remit.
- **A procedure for handling challenging encounters** – This could include when MSPs and staff should intervene in challenging encounters.
- **An agreement to discuss challenging encounters** – An agreement to discuss challenging encounters and debrief with colleagues. Seek reassurance and feedback about the approach you took and the guidance you gave, and in turn provide such reassurance and feedback to your colleagues.
- **A log of repeat correspondence** – your colleagues can refer to this to know what has been said before and by whom. Keeping appropriate records of ongoing or repeat correspondence can ensure consistency and continuity in responses.
- **Contacts in mental health care** – Familiarising yourself with local support services and referral pathways, including NHS, social care, crisis and third-sector services that may be able to support constituents.
- **Establish contact with your local Community Mental Health Team or Service** - They should be available to give information and guidance when you feel a constituent needs more specialist help

Mental health at work

People experiencing mental health difficulties can often continue to thrive at work with the right support. The impact of mental illness varies between individuals, and adjustments should be tailored to the person's circumstances and needs.

Examples can include:

- Flexible working arrangements
- Temporary changes to workload
- Amended working hours
- Adjustments to working practices or environments
- Time away from particularly distressing duties where appropriate
- Access to lighter offices
- Reliable meal breaks
- Soundproofing or provision of headphones
- Check ins before going home for the day (especially after busy surgery and/or challenging meetings)
- Regular support & supervision meetings between junior and senior staff
- Mentoring or coaching
- Opportunities for peer support
- Clear communication about expectations and priorities
- Phased returns to work following periods of absence

Early conversations, appropriate support and a willingness to consider reasonable adjustments can help people remain in work, recover more effectively and contribute fully to their role.

Five things every MSP office should do

1. Agree how challenging casework will be managed
2. Build time for debriefing after distressing incidents
3. Encourage staff to take breaks and annual leave
4. Ensure staff know what wellbeing support is available
5. Create a culture where asking for help is welcomed and encouraged



**An overview of
some mental
health conditions**

Anxiety disorders

Anxiety is a normal emotional response to situations that feel threatening, uncertain or stressful. An anxiety disorder is different. It is characterised by persistent, excessive anxiety that causes significant distress or interferes with daily life. Anxiety disorders are common and frequently occur alongside depression and other mental health conditions.

Generalised Anxiety Disorder (GAD)

a persistent and prolonged state of worry or anxiety which can involve racing thoughts, feelings of dread and catastrophising.

Panic disorder

recurrent panic attacks involving intense fear, usually associated with physical symptoms. Such attacks occur in other conditions too.

Phobias

overwhelming, persistent fear with a particular trigger. Extreme avoidance and checking disrupt the course of daily life.

Obsessive Compulsive Disorder (OCD)

persistent, intrusive, unwanted and distressing thoughts (obsessions), with powerful urges to perform repetitive behaviours or mental acts (compulsions). The compulsions initially relieve the anxiety generated by obsession, but in fact perpetuate the cycle.

Post-Traumatic Stress Disorder (PTSD)

a condition that can develop following exposure to traumatic events. Symptoms may include intrusive memories, nightmares, hypervigilance, avoidance and emotional distress.

Complex PTSD (CPTSD) can also develop after serious or long term trauma.

Mood disorders

Also known as 'affective disorders', mood disorders primarily affect a person's emotional state and can significantly impact daily functioning.

Major depressive disorder

Everyone experiences periods of sadness or low mood. Depression is different. It involves persistent symptoms that affect thoughts, emotions, physical health and day-to-day functioning.

Depressive disorders are the most commonly diagnosed mental illnesses. 1 in 5 people will experience depression in their lives.

Symptoms may include:

- Persistent low mood
- Loss of interest or enjoyment in activities
- Low energy and fatigue
- Feelings of guilt, worthlessness or hopelessness
- Changes in appetite and sleep
- Difficulty concentrating or making decisions
- Thoughts of self-harm or suicide

Depression affects people differently and may range from mild to severe.

Many effective treatments are available, including psychological therapies, medication and social support.

Bipolar disorder

Bipolar disorder is characterised by episodes of depression and episodes of intensely elevated mood (known as manic episodes).

Manic episodes may involve:

- Increased energy and activity
- Reduced need for sleep
- Elevated confidence or grandiosity
- Impulsive or risky behaviour
- Irritability
- In some cases, psychotic symptoms

Hypomania involves similar symptoms but to a lesser degree and without psychosis.

Many people also experience mixed episodes in which symptoms of depression and elevated mood occur together.

Bipolar disorder affects around 2% of the population and often begins in adolescence or early adulthood.

Psychosis

Psychosis is an umbrella term describing experiences where a person loses touch with reality.

Psychotic symptoms may include:

- Delusions - fixed beliefs that remain strongly held despite evidence to the contrary
- Hallucinations - seeing, hearing, feeling or otherwise experiencing sensations that are not present in the external world
- Disorganised thinking or speech
- Difficulties distinguishing between what is real and what is not

Psychosis is not a diagnosis in itself. It can occur as part of several conditions including schizophrenia, bipolar disorder, severe depression, postpartum psychosis, physical medical conditions, and substance-related disorders. Some people experience only one episode of psychosis, while others may have recurring episodes throughout their lives. With appropriate treatment and support, many people recover well and lead meaningful lives. Psychosis can affect people of all ages but it usually begins when someone is in their late teens or early adulthood.

There are lots of reasons why someone might experience psychosis:

- Post-partum psychosis can occur after childbirth, especially in people with a personal or family history of psychosis and bipolar disorder.
- Certain drugs, such as cannabis, LSD, cocaine, ecstasy, can lead to a psychotic episode, and some prescription drugs have to be monitored in case they do the same.
- Psychosis can happen when someone has a serious mental illness like severe depression, Schizophrenia, or Bipolar Affective Disorder.
- In vulnerable people, psychosis can result from lack of regular sleep patterns, a lack of exposure to daylight at appropriate times and other major life stressors.

Sometimes it can be challenging to know exactly what causes psychosis, and it may be due to a combination of different factors.

Schizophrenia

Schizophrenia is a severe mental illness that belongs to a group of conditions known as psychotic disorders.

Common symptoms include:

- Hallucinations
- Delusions
- Disorganised thinking and speech
- Difficulties with concentration and memory
- Reduced motivation and energy
- Social withdrawal
- Reduced emotional expression

Schizophrenia does not involve having a split personality, nor does it typically lead to violent behaviour. It is inappropriate to use the word 'schizophrenic' in general conversation to imply a contradiction or any other negative meaning. It is stigmatising to call a person 'a schizophrenic' if they have that diagnosis as it implies the diagnosis describes that person as a whole.

Schizophrenia can significantly affect education, employment, relationships and day-to-day functioning. However, with appropriate treatment and support, many people with schizophrenia recover well or successfully manage their condition over time.

Schizoaffective disorder is a related diagnosis that includes both psychotic symptoms and significant mood symptoms.

Eating disorders

'Eating disorders' are a complex and varied group of mental illnesses which share the hallmarks of disordered eating and/or exercise behaviours.

Anorexia nervosa

is a mental illness characterised by undereating and/or overactivity to try to keep body weight as low as possible.

People with anorexia often experience a distortion of their body image, believing themselves to be overweight, even when they are (often dangerously) underweight.

Anorexia nervosa has the highest death rate of any mental illness and can have impacts that are lifelong.

Anorexia nervosa often causes malnutrition and starvation, which in turn can cause the symptoms of other mental illnesses to occur (such as depression, obsessive compulsive disorder and psychosis).

The treatment of anorexia involves safely providing nutritional support and psychological treatment.

Bulimia nervosa

is a mental illness characterised by a cycle of eating large quantities of food (this is called binge eating) and then trying to get rid of this food (sometimes called purging). People often get rid of food by making themselves sick or by taking laxatives.

Antidepressant medication can help with binge eating and psychological therapy and nutritional support are effective treatments.

It's important to note

- the symptoms of anorexia and bulimia are often mixed
- people may also move from bulimia to anorexia, or may start with anorexic symptoms, but later develop the symptoms of bulimia

Binge eating disorder

People with a binge eating disorder eat large quantities of food whilst feeling out of control (this is called bingeing). Many people with binge eating disorders often attempt to restrict their food intake but do not purge or try to get rid of the food.

There are lots of reasons that someone may feel the urge to binge eat - for example, when dealing with difficult emotions.

Neurodevelopmental conditions (NDCs)

Neurodevelopmental conditions (NDCs) are a large group of conditions thought to affect the way the brain develops and processes information. They are present from early life, although they may not be recognised until adolescence or adulthood. Two common NDCs are:

Autism Spectrum Disorder (ASD/'autism')

Autistic people may experience differences in communication, social interaction, sensory processing and patterns of interests or behaviour.

Attention Deficit Hyperactivity Disorder (ADHD)

ADHD affects attention, activity levels and impulse control. People with ADHD may experience difficulties with concentration, organisation, time management and emotional regulation. ADHD can have a significant impact on education, employment and relationships.

Many neurodevelopmental conditions require support across health, education, social care and employment systems, making them particularly relevant to public policy and constituency casework.

Neurodevelopmental conditions (NDCs) are not mental illnesses. They are lifelong conditions affecting those areas and should be understood, assessed and supported in their own right. However, people with neurodevelopmental conditions are more likely to experience co-occurring mental health difficulties, including anxiety, depression and other mental illnesses. This means that while people with NDCs will benefit from distinct pathways for assessment and support, there must be clear, accessible and well-coordinated links to mental health assessment and support when needed. Individuals and families should be able to move easily between services and receive joined-up care that recognises both their neurodevelopmental needs and any co-occurring mental health conditions.

The RCPsychiS published our comprehensive report '[Multi-system solutions for meeting the needs of autistic people and people with ADHD in Scotland](#)' in 2025, and are working closely with policymakers to bring forward the recommendations as set out in the report.





Glossary of mental health terms

Advocate

A person who helps ensure someone's views, wishes and rights are heard and taken into account, particularly when they find it difficult to speak up for themselves or navigate services.

Advocacy

Supporting people to express their views, understand their rights, access information and services, and make informed choices. People receiving care under the Mental Health (Care and Treatment) (Scotland) Act 2003 have a legal right to independent advocacy, and specialist advocacy services are available in many areas for children and young people.

Collective advocacy brings together people with shared experiences to influence policy, services and decision-making. Unlike individual advocacy, it seeks to ensure the views and priorities of groups of people are heard and acted upon.

Antidepressant medication

A group of medicines commonly used to treat depression, anxiety disorders, obsessive-compulsive disorder and some other mental and physical health conditions. Different types of antidepressants work in different ways and are not used solely to treat depression.

Antipsychotic medication

A general term for medicines commonly used in the treatment of psychosis. Many of them target dopamine pathways in the brain and can be used in the treatment of conditions other than psychosis, such as severe anxiety.

Capacity/mental capacity

The ability to understand information, make decisions and communicate those decisions. Capacity is decision-specific, meaning a person may have capacity to make some decisions but not others.

Having a mental illness does not automatically mean that someone lacks capacity. The Adults with Incapacity (Scotland) Act 2000 provides a legal framework for decision-making on behalf of adults who are unable to make specific decisions for themselves. This could include managing finances, deciding where to live, or what treatment to receive.

Care plan

In Scotland, care planning for mental health follows a person-centred approach based on the Mental Health (Care and Treatment) (Scotland) Act 2003. This personalised plan sets out a person's care, treatment and support needs. Care plans are developed collaboratively and may involve psychiatrists, nurses, psychologists, occupational therapists, social workers and other professionals. A care plan should identify goals, support needs, risks, crisis arrangements and review processes.

Child and Adolescent Mental Health Services (CAMHS)

Specialist mental health services for children and young people, typically up to the age of 18. CAMHS provides assessment, treatment and support for a wide range of mental health conditions and works closely with families, schools and other services.

Community Mental Health Team (CMHT)

A CMHT supports people with mental health problems whilst they live in the community. People may attend clinics or receive visits at home. CMHTs are clinically led by a Consultant Psychiatrist and usually include mental health nurses, psychologists, occupational therapists, social workers and support workers.

Clinical Psychologist

A psychologist who has specialist training in the assessment and treatment of mental health conditions. Clinical psychologists provide psychological assessment and a range of evidence-based therapies, including cognitive behavioural therapy (CBT).

Cognitive Behavioural Therapy (CBT)

A psychological therapy (talking treatment) that emphasises the interactions between our thoughts, feelings, and behaviours. Under the guidance of a therapist, the person uses these connections to feel better and recover. A hallmark of CBT is identifying unhelpful thoughts and assumptions, then tackling them.

Crisis services

Services that provide urgent assessment and support for people experiencing a mental health crisis, including severe distress, suicidal thoughts, psychosis or significant risks to their safety or the safety of others. In Scotland, urgent mental health support can be accessed through NHS 24 by calling 111. Emergency services should be contacted via 999 when there is an immediate risk to life or safety.

General Practitioner (GP)

A doctor working in primary care who is often the first point of contact for people accessing NHS services. GPs provide holistic care and can refer patients to specialist mental health services when further assessment or treatment is required.

Guardianship

A legal arrangement made by a court when a person's ability to make decisions is significantly impaired and ongoing decisions need to be made on their behalf. A guardian may be given powers relating to welfare, finances, or both. Guardianship is governed by the Adults with Incapacity (Scotland) Act 2000.

Mental health

A person's emotional, psychological and social wellbeing. Everyone has mental health, which can fluctuate throughout life.

Mental Health Officer (MHO)

A specially trained social worker with statutory responsibilities under mental health and incapacity legislation, including protecting a person's rights and contributing to decisions about compulsory care and treatment.

Mental illness

A diagnosable health condition that affects a person's thoughts, emotions, behaviour or perception and significantly impacts daily life.

Mental Health (Care and Treatment) (Scotland) Act 2003

This extensive law gives Approved Medical Practitioners (specially trained psychiatrists) the responsibility to deliver compulsory treatment (including hospital admission if necessary) if the person has (or is suspected to have) a mental illness that poses a significant risk to themselves or other people: if treatment is available, if the person's decision-making is affected by the mental illness and if there is no less restrictive option available. This same law contains details of the rights and protections which must be provided by Mental Health Officers (see above).

People sometimes refer to 'being detained' when the compulsory order involves detention in a hospital, and the term 'being sectioned' is also used to refer to the different sections of the Act.

Mental Health Nurse

Mental health nurses are registered nurses who specialise in supporting people with mental health conditions. They work across a range of settings, including hospitals, community mental health teams, GP practices, crisis services and inpatient units. Mental health nurses assess mental health needs, provide therapeutic support, help people manage their recovery, administer and monitor treatment where appropriate, and work closely with individuals, families and other professionals to promote wellbeing and recovery.

Mental Welfare Commission for Scotland (MWC)

See page 52.

Multidisciplinary Team (MDT)

A team of healthcare and social care professionals with different expertise working together to assess, plan and provide care for a patient.

Neurodevelopmental condition

A condition hypothesised to affect how the brain develops and processes information. Neurodevelopmental conditions are typically present from early life, although they may not be recognised until later. Examples include Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD).

Psychiatrist

A medically trained doctor who specialises in mental health problems and is trained to deal with the diagnosis, formulation and treatment of mental illness. Psychiatrists are trained in the 'bio-psycho-social' model. They consider what factors predisposed the individual to fall ill, what the triggers were and what may be maintaining the problem.

They offer a range of treatment, some of which is delivered by the multidisciplinary team. All psychiatrists have training in prescribing and monitoring medication and psychological treatment.

Psychosis

A term used to describe experiences where a person loses touch with reality. Symptoms can include hallucinations, delusions and disorganised thinking. Psychosis can occur as part of several different mental illnesses and also as a consequence of physical illnesses.



Signposting and support

Getting support

GPs are the first point of contact for getting support and help for mental health problems in the NHS.

If you are seriously concerned that someone is at risk of harming themselves, you or others, you should contact the emergency services immediately by dialing 999.

We provide here a list of helplines and websites that may be of use, including in situations of crisis. It's important to highlight that this list isn't exhaustive; additionally a significant number of local initiatives and groups will provide effective support for a significant number of people.

We would recommend familiarising yourself with what is available in constituencies as well, and having those references and contacts close to hand. Most Health and Social Care Partnerships have a directory of resources available - which provide signposting to local health and social care services on a number of matters, including:

- alcohol and drug recovery services
- children's services
- domestic violence services
- mental health services
- rape crisis services
- social care services

ALISS (A Local Information System for Scotland) also provides information on local services and resources:
www.aliss.org

NHS 24

Dedicated mental health advice service, offering support for all age groups through the established 111 call line.

When you phone 111 and choose the mental health option, you'll be connected to the Mental Health Hub to speak to the team of Psychological Wellbeing Practitioners (PWP's). These are specially trained advisers who work in mental health and are supported by Mental Health Nurses (MHN's).

phone 111

Visit www.nhs24.scot

Breathing Space

A confidential out of office hours telephone line for people over 16 experiencing low mood, anxiety or depression.

phone 0800 83 85 87

Visit www.breathingspace.scot

Samaritans

Offer a 24/7 listening service for anyone who needs to talk.

phone 116 123

visit www.samaritans.org

Mental health guides

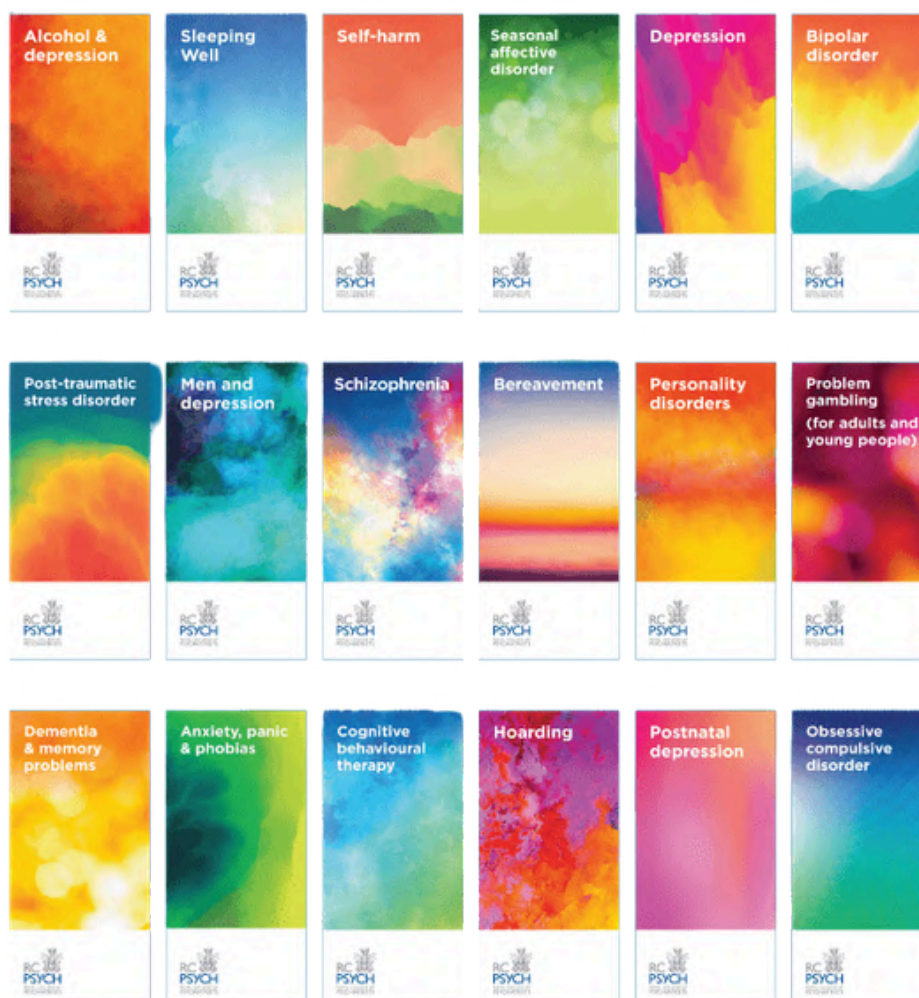
The RCPsych has written a number of [guides](#) that are appropriate to share with constituents who may have queries on the nature or support available for different diagnoses of mental illnesses.

Our mental health information is written by psychiatrists in collaboration with patients and carers.

The information is routinely reviewed and updated.

We've been working with our partners in Clear Global to ensure that our resources are most accessible, and have [translations](#) available in 29 languages.

We are rapidly increasing our library.



<https://www.rcpsych.ac.uk/mental-health>

Mental Welfare Commission

The Mental Welfare Commission is an independent body that protects the rights, dignity, and welfare of people with mental illness, learning disabilities, dementia, or related conditions. It ensures that care services comply with legal and ethical standards, including the Mental Health (Care and Treatment) (Scotland) Act 2003.

MSPs may be contacted by constituents who have concerns about their mental health care, the treatment of a loved one, or issues within mental health services. The Commission can investigate complaints, provide guidance, and intervene where necessary.

The Commission conducts visits to hospitals, care homes, and community settings to monitor how individuals are treated. MSPs and their staff may find these reports useful in assessing whether mental health services in their constituencies are meeting legal and ethical standards.

The Commission provides guidance for professionals, patients, and families on mental health laws and rights. MSPs may use this information to support casework, help constituents access services, and better understand mental health legislation.

MSPs can contact the Commission for briefings, reports, or specific advice on mental health-related issues. They may also refer constituent concerns or request information on mental health service performance in their areas.

The Commission can provide information and advice in relation to rights and good practice to do with:

- Mental health and incapacity law
- Care and treatment

They cannot:

- Give specific legal advice
- Comment on whether diagnosis or medication is correct

Email mwc.enquiries@nhs.scot
Professional advice line [01313138777](tel:01313138777)



With thanks

The Royal College of Psychiatrists in Scotland would like to thank our members for their expertise, advice, review and contributions to the development of this guide. Their knowledge and experience have been invaluable in ensuring that the content is accurate, practical and relevant.

We are also grateful to MSPs and parliamentary staff from the previous session of the Scottish Parliament who provided feedback on earlier versions of this resource. Their insights have helped to shape and improve the guide to better meet the needs of elected representatives and their teams.

Finally, we would like to thank our colleagues at VOX Scotland for reviewing the material contained within this guide. VOX Scotland is a national membership organisation, open to all people in Scotland with lived experience of mental health difficulties, and their perspectives have helped strengthen the guide's focus on the experiences and priorities of those with lived and living experience.

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