



# **AWARENESS, ACTION, ACCOUNTABILITY: TACKLING SCOTLAND'S MENTAL HEALTH EMERGENCY**

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

# FOREWORD

This manifesto has been many months in development and gathers together discussions and debates of many colleagues from among the 1,500 members of the Royal College of Psychiatrists in Scotland. All of us are qualified medical doctors who undertake many years of further training and examinations in the profession of psychiatry, and higher specialty training in the different areas of the field. Our College is not a trade union but a professional body which exists to promote and hallmark the highest standards for the benefit of our patients. We have an interest and concern in the broader field of wellbeing and mental health. Our unique focus, though, is on providing well-evidenced but individually tailored treatment to people who suffer from the more serious and complex mental conditions. We use both biological treatments (usually medications) and psychological approaches (such as talking therapies) within the context of our patients' social situation. Above all, our work takes place within a trusting, confidential relationship.

Around one to one work with patients, we support and advise families and carers, link up with our colleagues in other medical specialties, and lead teams of allied mental health clinicians, including nurses, psychologists and other therapists. As a profession we have pioneered the principle of delivering treatment in the community to people in their own homes, schools and places of work, rather than in hospital wards, whenever this is possible. An important portion of our time is spent on training the next generation of doctors, especially the growing number of trainee psychiatrist who will take over our roles if we can foster their energy and idealism. The news our members and trainees bring from the front line of practice is that this energy and idealism is gradually giving way to burnout and 'moral injury' – the sense that we cannot give our patients the treatment they need because of lack of time and resource. We know that with the best treatments even patients with severe mental disorders can recover to live full lives and participate fully in Scottish life. This takes both expertise, trust and time. When resource is not invested, these patients are often unable to advocate for their own treatment, their lives are significantly shortened, their chronic suffering wastes their potential and damages our society in every way.

College members and staff have worked hard to give a voice to some of the most vulnerable members of society, and to reflect the willingness of psychiatrists to offer expert advice on how to transform Scotland's mental health emergency. Our manifesto is a passionate plea to politicians and to all who vote for them, at this time of both crisis and opportunity.

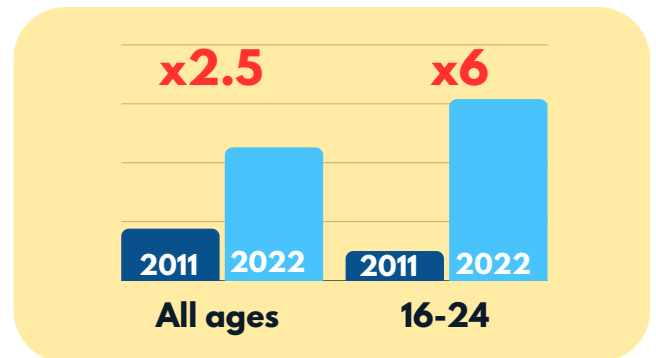
**Dr Jane Morris**  
**RCPsych in Scotland**  
**Chair**



# The current situation

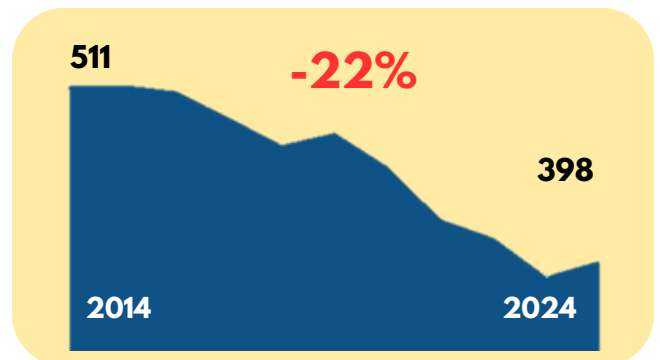
## The need for mental health services has rapidly risen...

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. This upsurge was the largest increase across all health condition types.



## Coupled with a decrease in our psychiatric workforce...

For example, we lost 22% of our permanent general psychiatry consultants between 2014 and 2024. 1 in 4 psychiatry positions are now vacant or filled by locums. Every unfilled post is a missed opportunity to provide timely, compassionate care.



## Yet there has been no corresponding increase in funding...

In 2022/23, no health board met the 10% mental health spending promise. The total spend for Scotland was just 8.53% of the NHS budget - a £238.5m shortfall. This shortfall is equivalent to any one of the following:



1775 MORE  
CONSULTANT  
PSYCHIATRISTS

5,400  
MORE  
NURSES



55,827 MORE  
PATIENTS TREATED  
BY COMMUNITY  
MENTAL HEALTH  
TEAMS

3,272 MORE  
PATIENTS  
TREATED  
THROUGH  
CRISIS  
RESOLUTION



17,112 MORE  
PATIENTS  
TREATED  
THROUGH  
OUTREACH

1084 EXTRA  
ACUTE BEDS





# Scotland is facing a mental health emergency

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As Scotland recovers from the trauma of a world-changing pandemic and subsequent cost of living crisis, the population is in the grip of a mental health emergency - and the warning signs are everywhere.

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.

Our mental health workforce is exhausted, stretched beyond capacity, and unable to provide the continuity and compassion that recovery demands.

We know what needs to be done: the time to act is now.



# Our policy priorities for the 2026 Scottish Parliament election

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1

## **Save lives: reduce the mortality gap**

People in Scotland with severe mental illness and learning disabilities have a life expectancy 15 - 20 years less than the general population; we need a fully funded national strategy to cut this mortality gap at least in half by 2050.

2

## **Invest resources to tackle the emergency**

Scotland needs a legislative guarantee to deliver at least the promised 10% of NHS funding to adult mental health and 1% to CAMHS, together with a fully funded psychiatric workforce plan which is actioned and monitored.

3

## **A national approach to neurodiversity**

Establishment of a fully resourced national neurodiversity pathway so that neurodivergent people can access the right help without having to wait.

4

## **Leadership in mental health**

The next Scottish Government must declare a public health emergency in mental health, with leadership and action to lead us out of this emergency.

5

## **Action on public mental health**

Empower people and limit inequalities through evidence-based actions on social, commercial and environmental factors which influence mental health.

# 1. SAVING LIVES: REDUCE THE MORTALITY GAP

## The current situation

- People with severe mental illness (SMI) living in Scotland have a life expectancy 15-20 years less than the general population. This gap is even wider for those with learning disabilities (LD).
- 2 in 3 of these deaths are from preventable causes - by conditions such as cancer, respiratory, cardiovascular and liver disease.
- 5% of deaths from SMI are from suicide - 95% are due to other causes.
- People with SMI and LD experience significant, persistent and unique barriers to accessing healthcare. General strategies to improve public healthcare access often fail to reach people with SMI and LD - and can even widen inequalities. Tailored approaches are therefore essential.
- The mortality gap continues to widen - despite the fact that overall life expectancy in Scotland has increased over the past 20 years.

**We are calling for the delivery of a fully funded national strategy to cut the mortality gap at least in half by 2050 for people in Scotland with severe mental illness and learning disabilities.**

## We want to see

- A commitment to ensure that access and treatment targets apply equally to mental and physical healthcare.
- To improve health outcomes for individuals with SMI and LD, establish comprehensive data collection processes linked to a targeted outreach programme that facilitates regular physical health checks and timely treatment.
- A national audit of Primary Care and other healthcare provision for people with SMI and LD to ensure that we are reaching those most in need of support.
- Annual reporting of mortality differences to measure progress against the target.

# 2A. INVEST RESOURCES TO TACKLE THE EMERGENCY: FUNDING

## The current situation

- The number of people needing mental health care in Scotland is growing rapidly – but funding has not kept pace. The percentage of people reporting mental health conditions has more than doubled in Scotland and has increased six-fold in young people.
- Despite promises from all major parties in the last Scottish election to deliver 10% of NHS funding to mental health and 1% to CAMHS, funding has in fact moved away from, not towards, the 10% target.
- This underfunding has real life consequences, including: unacceptably long waiting times for treatment, services stretched beyond capacity, and people left without the support they need.
- There is a lack of transparency and accountability (between Health Boards, Integration Joint Boards (IJBs) and Scottish Government) over funding allocation to mental health - which has led to inefficiencies and waste. Furthermore, the mental health sector has experienced disproportionately larger cuts to budgets over the past two years.
- In the year ending March 2024, 34.2% of psychiatric admissions for under-18s were to wards that were not age appropriate (outside NHS specialist CAMHS wards). This is an increase from 30.1% the previous year.

**We are calling for a legislative guarantee to deliver at least the promised 10% of NHS funding to adult mental health and 1% to CAMHS.**

## We want to see

- A full review and restructuring of mental health funding systems to reduce waste, simplify processes, and ensure every pound delivers value for patients.
- Transparent annual reporting of how mental health funding is allocated and spent - with oversight from the Scottish Government.
- Mandatory collection and bi-annual reporting of mental health data - going beyond waiting times to reflect the true scale of demand.
- A commitment (delivered within a year) to ensure that no young person is sent far from home or placed in an adult ward due to lack of appropriate local services. This should be ensured by increased funding for home-based treatment and inpatient care.

# 2B. INVEST RESOURCES TO TACKLE THE EMERGENCY: WORKFORCE

## The current situation

- Workforce shortages mean that people are waiting longer for the critical mental health care that they need. The reduction in permanent psychiatrists means a loss of continuity of care and trusted relationships - which leads to poorer outcomes for people.
- 1 in 4 consultant psychiatrist posts are now either vacant or filled temporarily. Vacancy rates are hitting 40% in some health boards.
- There were 22% fewer permanent general psychiatrists in 2024 than in 2014.
- A fully staffed and appropriately skilled and qualified workforce is essential to provide the safe and high quality care that people deserve.
- Every unfilled post is a missed opportunity to provide timely, compassionate care.
- We are losing large numbers of senior psychiatrists from the NHS due to burnout and 'moral injury'- directly impacting on the quality of care that patients receive.

**To ensure the best possible patient outcomes, we are calling for a fully funded psychiatric workforce plan to be actioned and progress measured.**

## This plan must

- Improve timely access, continuity and quality of care by increasing and retaining the permanent psychiatric workforce to meet patient needs.
- Protect patient safety by ensuring that anyone appointed to a consultant psychiatrist role is fully qualified and appropriately trained.
- Ensure focus on retention and provide equity for people in areas of the country that have historically struggled to attract psychiatrists.



# 3. A NATIONAL APPROACH TO NEURODIVERSITY

## The current situation

- 1 in 5 people in Scotland are neurodivergent - yet our systems are not built to support them. Referrals for neurodevelopmental conditions (NDCs) have increased by up to 800% in recent years, but there is still no national referral or treatment pathway.
- As a result, many people are being diverted into overstretched mental health services, which are not designed to meet their needs. This is putting pressure on both systems - and leaving neurodivergent people without timely or appropriate care.
- In some health boards, waiting times for assessment are now approaching a decade. These delays limit access to essential support, often significantly affecting individuals' wellbeing, daily functioning, and overall quality of life.
- The cost of inaction is high: the Scottish Government estimates over £31 million has been paid in Adult Disability Payments for ADHD alone since 2022. The Mental Health Foundation estimates the lifetime cost of each untreated ADHD case at over £100,000.

**We are calling for a fully resourced national pathway so that neurodivergent people can access the right support without having to wait.**

## We want to see

- Adoption of a needs-based, stepped care approach across the age span - bringing together expertise across education, work, social care, and health.
- Delivery of a 4-tiered national pathway for neurodevelopmental conditions - including online resources, third sector support, and multidisciplinary hubs across Scotland.
- Mandatory data collection and reporting to track the scale of need and ensure services are meeting it.

# 4. LEADERSHIP IN MENTAL HEALTH

## The current situation

- Scotland's mental health services are fragmented - and this is impacting the quality of care that patients are receiving. Health and social care integration has created confusion over who is responsible for what. Leadership and accountability between Health Boards and Integration Joint Boards remains unclear.
- Audit Scotland has highlighted a major gap between strategy and delivery. Money is being wasted through duplicated structures, poor coordination, and ineffective interventions - while patients wait for care.
- Psychiatrists, as senior doctors with extensive expertise in mental health, must be central to reform. Their clinical insight and experience on the ground are essential to ensure services are safe, effective, and targeted to the areas of greatest need.

**We are calling on the next Scottish Government to declare a public health emergency in mental health, with leadership and action to guide us out of this.**

## We want to see

- A clear plan to address fragmentation and improve accountability, ensuring that every pound spent on mental health services delivers maximum value for patients.
- Action proportionate to the scale and seriousness of the public health emergency, with national coordination, oversight, and accountability.
- Psychiatrists involved in all major decisions about mental health services and funding - to ensure resources are directed where they will have the greatest impact.

# 5. ACTION ON PUBLIC MENTAL HEALTH

## The current situation

- Some people are more likely to develop mental health problems because of unfair social determinants. But it also works the other way around - having a mental health condition can make those social challenges even harder. This creates a cycle where both problems feed into each other.
- The World Health Organization recommends “best buys” to reduce the impact of harmful commercial products like tobacco, alcohol, and ultra-processed foods. These are proven, cost-effective actions that save lives and improve mental health
- One third of dementia is due to preventable causes like cardiometabolic disease, hearing loss, late-life depression, physical inactivity, smoking, and social isolation.
- Experiencing adversity in childhood - such as abuse, neglect, poverty, or parental mental illness - contributes to nearly one-third of adult mental health conditions. These early experiences increase the risk of harmful behaviours like smoking, substance misuse, and poor diet, which in turn lead to worse physical and mental health outcomes later in life.

**The next Scottish Government must empower people and limit inequalities through evidence-based actions on social, commercial and environmental factors which influence mental health.**

## We want to see

- Scotland leading the way by adopting the most effective evidence-based public mental health interventions across the life course.
- Targeted perinatal, infant, and early childhood investment to prevent & address childhood adversity.
- Mental health embedded in child poverty strategies - with clear targets and accountability.
- Regulation of commercial determinants that are worsening Scotland’s mental health - including the pricing, availability, and marketing of alcohol, nicotine, and high fat, salt, and sugar (HFSS) products.
- Delivery of clear, evidence-based public guidance to support wellbeing, on areas such as: screen time, social media, exercise, and sleep.
- Strategic focus on evidence-based interventions in mid and late life to prevent dementia.

# About the Royal College of Psychiatrists in Scotland

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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.

We are a Devolved Nation and Council of the Royal College of Psychiatrists. We have around 1,500 Members, Fellows, Affiliates and Pre-Membership Trainees in Scotland.



# Get in touch

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