

**Mental health services in Glasgow are in crisis - no more cuts to upcoming budget – Motion as adjusted, approved.**

**14** Councillor Reid-McConnell, seconded by Councillor Anderson, moved that:-

“Council expresses deep concern over the continuous funding cuts to mental health services in Glasgow, leaving the Council, HSCP, Education, third sector and other partners without the adequate resources to respond to the mental health crisis the city is facing. With the Glasgow City Integration Joint Board (IJB) facing another significant projected deficit in the 2026-2027 budget, more must be done to ensure there is a coordinated approach and sufficient funding for Glaswegians to receive the mental health support they require.

Council recalls that the Scottish Government directly cut the IJBs ‘Enhanced mental health framework’ settlement by 5% at the end of 2024. This reduced capacity in both children’s and adult services, at a time where referrals are significant, particularly in terms of those seeking support via the neurodevelopmental pathway. Council notes the recent report by the Royal College of Psychiatrists in Scotland calling for a new nationwide approach to dealing with severe waitlists, reported as over four years in Glasgow for the neurodevelopmental pathway. Not only is this detrimental to the mental health and wellbeing of citizens but the report also highlighted the significant economic cost of the lack of support for those with neurodevelopmental conditions.

Council further notes that the Scottish Government settlement via the Glasgow City Council and the NHS Board led to significant cuts to mental health services in the IJB’s budget for 2025-2026. This included cuts to a range of services including the Sandyford Counselling Service, Lifelink Counselling, the Glasgow Psychological Trauma Service and more, leading to increasing waitlists and those with severe mental illness facing serious delays in support. The reductions in capacity are resulting in those who may have normally met the requirement for referral in both adult and children’s services, no longer able to seek support via community, primary care or specialist mental health services.

Council regrets the recent closure of the Sandyford Counselling Service, despite the demand that was clearly demonstrated by the service’s wait list of 431 people as well as broader statistics around need for counselling support for a range of issues including sexual trauma, health, pregnancy and gender identity. Council agrees that the redirection of such patients to other mental health services, facing their own large waitlists, is unacceptable.

Council notes that in November 2025, the IJB reported a significant overspend in Mental Health services, particularly in acute services, indicating that the reductions in specialist, community and preventative services are simply shifting pressures elsewhere. Council therefore believes there is a need to increase funding for community and specialist services.

Council commends the work that is ongoing in early intervention and prevention, across the HSCP, Council and third sector in our city. In particular, it highlights the role of community links workers (CLWs) who provide support for those who are

facing poor physical and mental health due to social, emotional and economic hardship that may result in support with housing, debt, domestic violence, social prescribing and more. Council highlights that current funding for community links workers and mental health within the 2023-2026 primary care strategy is sitting at less than 50% of what is required to meet the outcomes of the strategy. The impact of poverty on mental health is significant with people from less wealthy areas 2.5 times more likely to take their own life than those from wealthier areas, demonstrating the vital role of financial inclusion within primary care as supported by CLWs and the family wellbeing support streams.

Council welcomes the ongoing efforts to improve mental health support directly within schools and the upcoming conference for young men in January, aiming to tackle the typically low uptake of mental health resources amongst young men. Council recognises the important role of in-school counselling and mental health support in preventing escalation and exacerbation of mental ill-health and relieving pressure on acute services.

As we enter into the festive season and Glasgow's population within temporary accommodation sits at over 4000, Council recognises the severe impact of homelessness on mental health and the importance of services such as the Trauma and Homelessness Team in supporting people over the age of 16 affected by complex trauma, who are homeless or at risk of homelessness and have significant mental health difficulties.

In summary, Council believes that the system is not sufficiently resourced to meet the demand in Glasgow, and that mental health services should be protected. Council also believes there is work to be done to increase partnership and coordination across the city in the face of severe cuts in recent years. Council believes that further action should be taken by both the Scottish Government and UK Government to respond to the scale of the mental health crisis in Glasgow.

Therefore Council requests that the Convener for Health, Care & Caring and Older People writes to both the Scottish and UK Governments to outline the growing demands facing the IJB and mental health provision in Glasgow; the particular needs of Glasgow and its population in terms of mental health care provision; the importance of funding pre-emptive and preventative care as well as specialist services for children, young people and adults. This should also include a request for an urgent review on the funding streams for mental health and associated services; a request to immediately reinstate funding for the Enhanced Mental Health Framework and a commitment to sustaining and increasing the capacity within mental health services within Glasgow in both the short and long term, and reiterating Glasgow's support for the reintroduction of a non domestic rates Public Health Supplement for large retailers, with the option of ringfencing this revenue for prevention-based and community services.

Council further calls for a Mental Health Summit within the next 3-6 months and agrees to convene this with appropriate partners, bringing together stakeholders from across the city including but not limited to those working within Health, Social Care, Education and the third sector, along with those with lived experience."

Councillor Cunningham, seconded by Councillor Andrew, moved as an amendment that:-

- (1) in the heading, delete “are in crisis - no more cuts to upcoming budget”;
- (2) in the first paragraph
  - (i) after “deep concern over the” insert “state of”;
  - (ii) after “deep concern over the” delete “continuous funding cuts” to”;
  - (iii) after “to the mental health” delete “crisis” and replace with “challenge”;  
and
  - (iv) in the fourth line replace “another significant projected” with “a further challenging”;
- (3) after the first paragraph insert the following new paragraph:

“Council recognises that for the purposes of this motion, the term ‘mental health’ or ‘mental ill health’ includes those with a developmental condition such as autism or ADHD and those suffering from debilitating anxiety or depression. Both require to be addressed but the nature of the treatment will reflect the reality of the condition”;
- (4) delete two paragraphs after the fourth paragraph beginning with “Council regrets the recent closure” and “Council notes that November 2025”;
- (5) insert the following two new paragraphs:

“Council regrets that funding issues resulted in the closure of the Sandyford Counselling Service although it notes that the needs of all 400+ people on the waiting list were addressed as part of the closure review. Council also regrets that pressure on budgets has meant that there is currently an overspend in acute mental health services and expresses the hope that this will be addressed as part of the forthcoming budget process.

Council recognises the impact on mental health of a range of issues across the HSCP, Education and Homelessness and that early intervention and community level support are vital in preventing an escalation to a more acute level. Services which address social, emotional and economic hardship, while not immediately focussed on mental health, nevertheless play a vital role in addressing many of the causes of mental as well as physical deterioration”;
- (6) delete the sixth paragraph and replace with the following:

“Council therefore commends the work that is ongoing in early intervention and prevention, across the HSCP, Council and third sector in our city. The impact of poverty on mental health is significant with people from less wealthy areas 2.5 times more likely to take their own life than those from wealthier

areas, demonstrating the vital role of financial inclusion and welfare support services within the city.”;

- (7) at the end of the sixth paragraph 6 delete “within primary care as supported by CLWs and the family wellbeing support streams” and replace with “inclusion and welfare support services within the city”;

- (8) delete paragraphs 9 and 10 and replace with the following:

“In summary, Council believes that the mental health challenge facing Glasgow requires major review and significant funding to address the scale of that challenge. The Council and the HSCP’s current systems not sufficiently resourced to meet the current demand in Glasgow. Council also believes there is work to be done to increase partnership and coordination across the city in the face of cuts in recent years.

Council believes that further action should be taken by both the Scottish Government and UK Government to respond to the scale of the mental health challenge in Glasgow”; and

- (9) delete paragraphs 12 and 13 and replace with the following:

“Council further requests that the Convener for Health, Care and Caring and Older People calls on the Scottish Government to review funding for mental health with a view to sustaining and increasing the capacity within mental health services within Glasgow in both the short and long term and calling on the UK Government to increase funding to the Scottish Government to allow for such an increase.

Council further calls for a Mental Health Summit within the next 3-6 months and looks to the HSCP, Education Services, the third sector and other key stakeholders alongside those with lived experience to chart a way forward for improved services for those in need in the city.”

Councillor McDougall, seconded by Bailie Jenkins, moved as an amendment that:

- (1) after the first paragraph, insert the following new paragraph:

“Council notes that after almost two decades of SNP Government, Scotland faces a mental health emergency, with sustained pressure across NHS services compounding the crisis; key national pledges and standards remain unmet, and Glasgow citizens continue to endure unacceptable waits for assessment and treatment.”;

- (2) after the eighth paragraph, insert the following new paragraph:

“Council further notes that:

- The Scottish Government pledged to invest 10% of the NHS budget in mental health but has failed to meet this target, while ring-fenced mental

health allocations were reduced in 2024/25; national professional bodies warn this has created a “perfect storm”.

- Waiting times are extreme: CAMHS waits have stretched to several years for some patients, and adult psychological therapies lists include many thousands waiting over a year.
- Workforce pressures are severe, with 700,000+ NHS staff days lost to mental ill-health since 2020 and thousands of nursing/midwifery vacancies, worsening delays and increasing risk.
- Record NHS waits are pushing more people into private healthcare, undermining the founding principle of treatment free at the point of need.
- Since 2024 the Scottish Government has received substantial additional funding from the UK Labour Government contributing to a record overall settlement since Devolution. Council seeks transparency on how this uplift has been allocated to mental health and social care.”;

(3) after the paragraph beginning with “In Summary”, insert the following:

“Council believes that Glasgow’s HSCP, Education services and third sector partners have a strong record on early intervention and prevention, but that cuts and capacity constraints have driven demand toward crisis and acute pathways. Prevention, primary and community mental health must be prioritised to reduce escalation, speed recovery and avoid higher costs elsewhere.

Council therefore resolves to:

Replace the single “write to governments” paragraph with the following expanded actions:

1. Support the call for no further cuts to mental health services in the 2026/27 planning cycle, and protect third-sector mental health and trauma services which reduce escalation and relieve pressure on acute care.
2. Instruct the Convener for Health, Care & Caring and Older People to write to both the Scottish and UK Governments to:
  - Reinstate the Enhanced Mental Health Framework funding and ring-fence investment so the 10% NHS mental health and 1% CAMHS commitments are delivered within this Parliament;
  - Publish a national recovery plan for CAMHS and adult psychological therapies with time-limited actions to clear long waits, especially the neurodevelopmental pathway, and minimum interim standards for follow-up;
  - Confirm how recent UK consequentials and the wider funding uplift have been allocated to mental health and social care, including pass-through to IJBs and local prevention programmes;
  - Stabilise social care by addressing the structural funding gap facing IJBs and committing to actionable reforms that reduce delayed discharge and support community mental health.

- Reiterate Glasgow's support for the reintroduction of a non-domestic rates Public Health Supplement for large retailers with the option of ring-fencing revenue for prevention-based and community services.
3. Convene, within 3–6 months, a Glasgow Mental Health Summit, bringing together NHS, HSCP, Education, the third sector, Police Scotland, lived-experience representatives and trade unions to agree joint actions on early intervention, digitally-enabled therapies, and neighbourhood-level supports.

Council further agrees to continue constructive, cross-party work with partners and both Governments to ensure Glasgow residents receive timely, effective mental health support and that funding reaches the front line.”

Councillor Reid-McConnell, with the approval of her seconder, accepted the amendments by Councillor Cunningham and Councillor McDougall, resulting in the following adjusted motion:-

“Council expresses deep concern over the state of mental health services in Glasgow, leaving the Council, HSCP, Education, third sector and other partners without the adequate resources to respond to the mental health crisis the city is facing, leaving Glasgow citizens with significant waits for assessment and treatment. With the Glasgow City Integration Joint Board (IJB) facing a further challenging deficit in the 2026-2027 budget, more must be done to ensure there is a coordinated approach and sufficient funding for Glaswegians to receive the mental health support they require.

Council recalls that the Scottish Government directly cut the IJB's 'Enhanced mental health framework' settlement by 5% at the end of 2024. This reduced the capacity in both Child and Adolescent Mental Health services and Adult services, at a time where referrals are significant, particularly in terms of those seeking a diagnosis and support via the neurodevelopmental pathway for ADHD or Autism. Whilst having ADHD or Autism is not a mental health condition, support currently sits within mental health funding streams which are under particular pressure and the Council eagerly awaits the outcomes of the Scottish Parliament's inquiry and recommendations to create a better system for diagnosis and support across Scotland, and will consider how this could improve services in Glasgow. Council notes the recent report by the Royal College of Psychiatrists in Scotland calling for a new nationwide approach to dealing with severe waitlists, reported as over four years in Glasgow for seeking an ADHD diagnosis in Glasgow. Not only is the lack of support detrimental to the mental health and wellbeing of citizens but the report also highlighted the significant economic cost of the lack of support for those with neurodevelopmental conditions.

Council further notes that the Scottish Government settlement via the Glasgow City Council and the NHS Board, led to significant cuts to mental health services in the IJB's budget for 2025-2026. This included cuts to a range of services including the Sandyford Counselling Service, Lifelink Counselling, the Glasgow Psychological Trauma Service and more, leading to increasing waitlists and those with severe mental illness facing serious delays in support. The reductions in

capacity are resulting in those who may have normally met the requirement for referral in both adult and children's services, no longer able to seek support via community, primary care or specialist mental health services. Additionally, this has added pressure to the IJB workforce, with staff days lost to sickness including mental ill-health, resulting in the use of agency or locum staff, and unfilled vacancies across a variety of posts.

Council notes the recent closure of the Sandyford Counselling Service, directly impacting all 400+ people on the waiting list. Council agrees that the redirection of such patients to other mental health services, facing their own large waitlists, is disappointing. Council also regrets that pressure on budgets caused by an increase in demand has meant that there is currently an overspend in acute mental health services and expresses the hope that this will be addressed as part of the forthcoming budget process.

Council believes that Glasgow's HSCP, Education services and third sector partners have a strong record on early intervention and prevention, but that cuts and capacity constraints will continue to drive demand toward crisis and acute pathways. Prevention, primary and community mental health must be prioritised to reduce escalation, speed recovery and avoid higher costs elsewhere.

Council recognises the impact on mental health of a range of issues and that early intervention and community level support are vital in preventing an escalation to a more acute level. Services which address social, emotional and economic hardship, while not immediately focussed on mental health, nevertheless play a vital role in addressing many of the causes of mental as well as physical deterioration. Council therefore commends the work that is ongoing in early intervention and prevention, across the HSCP, Council and third sector in our city. The impact of poverty on mental health is significant with people from less wealthy areas 2.5 times more likely to die by suicide than those from wealthier areas, demonstrating the vital role of financial inclusion and welfare support services within the city.

Council welcomes the ongoing efforts to improve mental health support directly within schools and the upcoming conference for young men in January, aiming to tackle the typically low uptake of mental health resources amongst young men. Council recognises the important role of in-school counselling and mental health support in preventing escalation and exacerbation of mental ill-health and relieving pressure on acute services.

As we enter into the festive season and Glasgow's population within temporary accommodation sits at over 4000, Council recognises the severe impact of homelessness on mental health and the importance of services such as the Trauma and Homelessness Team in supporting people over the age of 16 affected by complex trauma, who are homeless or at risk of homelessness and have significant mental health difficulties.

In summary, Council believes that the mental health challenge facing Glasgow requires major review and significant funding to address the scale of that challenge. The Council and the HSCP's current systems are not sufficiently

resourced to meet the current demand in Glasgow. Council also believes there is work to be done to increase partnership and coordination across the city in the face of cuts in recent years. Council believes that further action should be taken by both the Scottish Government and UK Government to respond to the scale of the mental health crisis in Glasgow.

Therefore Council requests that the Convener for Health, Care & Caring and Older People writes to both the Scottish and UK Governments to outline the growing demands facing the IJB and mental health provision in Glasgow; the particular needs of Glasgow and its population in terms of mental health care provision; the importance of funding pre-emptive and preventative care as well as specialist services for children, young people and adults.

Council further requests that the Convener for Health, Care and Caring and Older People calls on the Scottish Government to review funding for mental health, including exploring alternative funding streams such as a public health levy, with a view to sustaining and increasing the capacity within mental health services, including third sector services, within Glasgow in both the short and long term. Separately, the Convener is requested to call on the UK Government to increase funding to the Scottish Government to allow for such an increase.

Council further calls for a Mental Health Summit within the next 3-6 months and looks to the HSCP, Education Services, the third sector, Police Scotland, trade unions and other key stakeholders including relevant ministers alongside those with lived experience to chart a way forward for improved services for those in need in the city. Council requests that the Convener provides elected members with an update on the outcomes of the summit including steps to develop a local Mental Health Recovery Plan prior to the summer 2026 recess."

The motion, as adjusted was thereafter unanimously approved.