Consultation Response by Change Mental Health

Finance and Public Administration Committee: Pre-budget scrutiny 2027-28: the affordability and sustainability of Scotland's tax and spending plans

August 2026

Who We Are

For over 50 years, Change Mental Health has provided transformational support to people across Scotland, ensuring they can access the support they need, when they need it and in a way that works for them. We seek to change society by changing attitudes, fighting stigma and influencing policy to ensure a better quality of life for those affected by mental illness.

Change Mental Health employs more than 160 staff who support over 11,000 people with mental illness each year in Scotland across a variety of local, regional and national services, including: Community Link Workers, Hearing Voices, Distress Brief Intervention, Suicide Bereavement Support Service, National Advice Service, employability services, resource centres, peer-support and talking therapies.

Because many of our services are commissioned through Scottish Government, NHS boards, integration joint boards and local-authority funding arrangements, we see directly how annual budgeting, short-term contracts and fragmented accountability affect preventative provision.

Executive Summary

Change Mental Health recognises the fiscal constraints facing Scotland, coupled with growing demands on services expected to deliver more with less. Whilst we are a mental health charity, we have an acute interest in Scotland's public finances. Many of the services we deliver are funded through a mixture of contracts and agreements with health boards, integration joint boards, local authorities and Scottish Government commissioned programmes.

We firmly believe in the principles of early intervention and prevention, as outlined in the 2011 Christie Commission on the future delivery of public services[1]. Despite enthusiasm and immense political goodwill, it is clear there is work left to be done to fully shift the focus of Scotland's national and local budgets to tackle problems early or prevent them entirely.

Budget holders and decision makers need a better way of calculating risk, predicting savings and evidencing the impact of earlier policy interventions. Early intervention importantly provides better outcomes for individuals and saves public funds in the medium and longer term. Many agree with the need to shift a greater share of resources towards accessible community-based and third-sector support, reducing avoidable reliance on acute and crisis services. The people we support inform us that they want support in their community, pre-crisis, in a non-clinical setting in their community at a time and place that meet their needs.

Commissioners may support shifting resources towards community-based and third-sector mental health provision, but they cannot safely withdraw statutory capacity until alternative support is established, demand has demonstrably reduced and outcomes can be sustained. Budget pressures force binary choices on budget holders to 'cut now, pay more later', where

[1] https://www.gov.scot/publications/commission-future-delivery-public-services/

prevention services are often the ones reduced or eliminated. This approach is financially and morally unsustainable.

Current approaches to data collection, accounting, budgeting and performance management must change so that public bodies can demonstrate how resources have shifted between services and what medium- and long-term outcomes have resulted.

The Preventative Budgeting Tool is a welcome and necessary first step, but budget classification is not the same as evaluation. It must be accompanied by reporting on actual expenditure, outcomes, evidence quality, timescales and cost avoidance. We remain concerned that expenditure could be classified according to its stated purpose without sufficient evidence of its effectiveness, creating an incentive to relabel existing activity rather than change investment or delivery.

Successive governments have promoted preventative approaches through dedicated funds, public-service reform programmes and outcomes frameworks. However, these initiatives did not establish a consistent method of identifying preventative expenditure across portfolios, organisations and financial years. The Government's own 2026 pilot confirms that no comprehensive overview previously existed.[2]

Scotland has spent at least a decade and a half trying to increase preventative activity without being able to say consistently how much it spends on prevention. To govern is to choose, and fiscal constraints make these choices increasingly urgent. Decisions should be based on transparent evidence, made in partnership and designed to strengthen rather than fragment Scotland's public services.

Change Mental Health would welcome action to:

1. Establish and publish a complete preventative-spending baseline, using stable classifications across successive financial years.
2. Report actual expenditure as well as planned allocations, including in-year transfers and final outturn.
3. Connect spending to evidence and outcomes, including the expected timescale for impact and where financial benefits will arise.
4. Create transitional funding for resource shifts, allowing preventative capacity to be built before acute services are reduced.
5. Provide longer-term and more stable funding to community and third-sector providers, so services capable of preventing deterioration are not undermined by annual commissioning cycles.
6. Recognise investment in mental health and sustained employment support as part of Scotland's economic infrastructure, with outcomes measured through retention, suitable and sustained employment and long-term participation rather than job entries alone.

[2] *'Piloting an Approach to Preventative Budgeting in the Scottish Budget', June 2026, Page 2*

Response to 4 questions

We welcome the opportunity to contribute to the debate, and our submission will respond to 4 of the questions posed by the Committee: Q2, Q5, Q6 and Q8.

Q2: What are the biggest risks to the spending plans outlined in the 2026 Scottish Spending Review?

More at once, not more of the same

Many agree Scotland's approach to delivering public services must change. We believe the central risk is not simply insufficient funding but also the potential danger of insufficient institutional capacity to carry out several key workstreams simultaneously to drive a genuine shift of resources towards early intervention and prevention. Government is asking public bodies to meet existing and rising demand, reform services, deliver recurring savings, invest in prevention and protect frontline delivery concurrently. While this may produce longer-term benefits, it creates immediate capacity pressures and conflicting priorities.

For example, the 2026 Spending Review commits to expanding prevention and capacity in community services, whilst directing NHS boards to also find recurring annual savings of at least 3%. NHS boards and local authorities fund Integration Joint Boards, many of which are already experiencing significant financial pressures. With the aggregate IJB funding gap estimated at £449 million in 2025-26[3], it is optimistic to assume that savings requirements will not be borne partly by the community provision needed to reduce demand on acute services.

Waiting lists, crisis presentations and statutory duties take priority, whilst community and prevention services are politically easier to postpone, delay or reduce entirely. Until prevention and acute service spend are understood and analysed as distinct accounting lines, we fear this trend will simply continue at the long-term cost to Scotland's public services and finances.

Parallel workstreams

The long-term objective in mental health is to reduce future demand for acute and crisis services by providing high-quality support earlier, in communities, and at a time, place and pace that meets people where they are. We should expect a transition period while community services are established or expanded, referral pathways change and evidence of outcomes emerge. It remains to be seen if the 2026 Spending Review dedicates enough to this function, given work is still ongoing to identify preventative spend in the first place. Success will depend on funding models that support preventative action today to reduce demand, save costs and improve outcomes for the future.

Pushing costs onto partners

When public bodies report savings, demand and expenditure may simply reappear elsewhere. Savings from one health budget may increase pressure on homelessness services, justice, emergency and acute services, or commissioned third-sector provision. During commissioning, the third-sector is often expected to increase capacity while operating with a reduced budget, placing the onus on the third-sector to reduce services to

[3] https://audit.scot/uploads/2026-02/briefing_260226_IJB_finance_bulletin_2425.pdf

compensate. There is a real risk during Scotland's push for public sector reform and efficiency that difficult decisions are simply left to others with demand persisting and people therefore going without the support they deserve until a crisis hits.

Short-term and unstable funding for Scotland's third-sector

We welcome steps from the Scottish Government to address the collective concerns of the third-sector around long-term funding and formalised partnership working, including the multi-year Fairer Funding pilot[4]. We also back calls from SCVO for work to begin at pace to establish a Third-Sector Partnership, a formal agreement with the government outlining expectations, relationships and best practice.[5]

However, unstable commissioning persists and serves only to undermine partnership working, weaken prevention and increase future costs. Common problems include: one-year contracts that prevent workforce planning, creating difficulties in recruiting; delayed funding decisions; rising referral pressures without corresponding resources; and contracts that do not cover inflation, pay increases or growing operating costs.

Case study: proposed reductions to Edinburgh community mental health services

In 2025, proposals considered by the Edinburgh Integration Joint Board would have reduced funding for community mental health services delivered by Change Mental Health and 11 other third-sector partners through the Thrive programme. Proposals would have threatened Change Mental Health's Edinburgh delivery which supports 640 vulnerable people and employs 17 skilled staff plus volunteers. Had these proposals succeeded, demand would have shifted to more costly acute NHS services, which already reported they were unable to meet present need. Outcomes for individuals would also be significantly worsened, posing a risk to some people's lives.

Beyond individual outcomes, Thrive strengthens Edinburgh's wider mental health system by providing preventative, community-based support before people reach crisis. This helps reduce pressure on GPs, psychological therapies and acute services, while improving coordination between statutory and third-sector partners and delivering wider benefits through greater social connection, independence and community resilience.

By presenting evidence of Thrive's preventative value, including support for more than 4,300 people and a social return of £7.13 for every £1 invested, the campaign secured agreement for the cuts to be deferred while a co-designed investigation into the future shape and sustainability of services was undertaken.

The process illustrated the serious risks of seeking immediate reductions within a system already managing a longstanding structural deficit. Without a fuller assessment of preventative value and cost displacement, similar decisions could increase demand and expenditure elsewhere. We fear similar scenarios could unfold across Scotland if efficiency savings and reforms are mishandled.

Change Mental Health's View

In the view of Change Mental Health, several workstreams must be explored to mitigate these risks, both within the mental health sector and across Scotland's public sector as a whole. These may include: new, continuing or expanded invest-to-save funding; protection of

[4] https://www.gov.scot/news/strengthening-the-third-sector/
[5] https://scvo.scot/p/105405/2026/06/30/first-minister-urged-to-lead-on-delivery-of-third-sector-partnership

preventative budget lines from in-year transfers; assessment of cost displacement across public and third-sector partners and multi-year funding arrangements for services commissioned through the third-sector.

Q5: What actions should the Scottish Government take to grow the tax base and increase labour market participation, productivity, and Scotland's economic growth?

The relationship between mental health and employment

Change Mental Health believes improving the mental health of Scotland's working-age population must be recognised as an important part of economic and fiscal policy. Mental health support is not simply a cost to the health budget: effective early intervention can help people enter employment, remain in work and return following periods of illness. Mental Health UK estimated that poor mental health cost the Scottish economy £8.8 billion in 2019[6]. As this estimate predates the pandemic, it underlines the economic significance of prevention, although an updated assessment would be required to quantify the current cost accurately.

Preventative spend in this area can contribute to a larger and more productive workforce, increased tax revenues and reduced demand on acute services and social security in the long-term.

The DWP found that, among young disabled people not in employment, education or training, the proportion citing mental health as their primary condition had almost doubled to more than four in ten.[7] Research continues to draw a link between economic conditions and mental health, with one study noting:

> *'The decline in the mental health of the young started with a rapid fall among young men around 2008, at the time of the Great Recession and, a few years later, among young women. According to Labour Force Survey statistics analysed for the study, 1.3% of young people in Scotland were depressed in 2000 and 0.6% were depressed in the rest of the UK. By 2023, the figure was 15.7% in Scotland and 7.8% in the rest of the UK.'*[8]

We therefore welcome the commitment in the Scottish Spending Review to invest £270 million in employability support over three years, with the stated aim of supporting more than 22,000 people into work.[9] However, the effectiveness of this investment should not be judged solely by the number of people who enter employment. The Scottish Government should also examine whether employment is appropriate, secure and sustained, and whether people experience improved health, income and quality of life as a result.

Scotland's Employability Support

The scale of the relationship between health and employment is already evident within Scotland's employability services. In the most recent reporting quarter, half of participants in No One Left Behind reported at least one long-term health condition, while mental health mental health has been the most commonly reported condition since data collection began[10].

[6] https://www.mentalhealth.org.uk/sites/default/files/2022-06/MHF-Investing-in-Prevention-Full-Report.pdf
[7] https://www.gov.uk/government/publications/young-people-and-work-interim-report/young-people-and-work-interim-report
[8] https://www.stir.ac.uk/news/2026/june-2026-news/youth-mental-health-deepening-in-uk-and-labour-market-could-be-to-blame/
[9] https://www.gov.scot/binaries/content/documents/govscot/publications/corporate-report/2026/01/scottish-spending-review-2026/documents/scottish-spending-review-2026/scottish-spending-review-2026/govscot%3Adocument/scottish-spending-review-2026.pdf
[10] https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2026/02/scotlands-devolved-employment-services-no-one-left-behind-statistical-summary-february-2026/documents/nolb-scotlands-devolved-employment-services---

Across the programme, participants with long-term health conditions were less likely to enter employment than those without such conditions - 23% compared with 35% - and took longer on average to do so. These figures demonstrate that health is not a peripheral issue within employability provision, but one of the principal barriers that provision must be equipped to address.

The Scottish Government should consequently strengthen the integration of employability and mental health support. People should not be required to complete a period of treatment or become entirely well before employment support begins. For many people, recovery and participation in suitable employment will take place alongside one another. Employability services should therefore have effective referral relationships with community and statutory mental health services, access to specialist mental health expertise, and the capacity to provide personalised support over a sufficient period.

Case study: specialist employability support in Dumfries and Galloway

Change Mental Health's Employability Support Project in Dumfries and Galloway demonstrates how mental health support and employability provision can reinforce one another. The service provides psychologically informed, person-centred support to adults living with complex and enduring mental illness, helping them rebuild confidence, develop practical and social skills, and progress towards volunteering, education, training or paid work at a pace that reflects their recovery. In 2024-25, 132 people received individualised support; after six months, 92% reported improved confidence and motivation and 94% reported improved skills, recovery and readiness. During just one year, 13 people entered paid employment, 16 secured volunteering placements and 11 progressed into further education.

The project evidenced that employability outcomes cannot be separated from mental wellbeing. For people experiencing anxiety, social isolation, self-harm or enduring mental illness, the first steps towards employment may involve restoring routine, confidence, communication and the ability to participate safely in groups. Equally, appropriate work, education and volunteering can provide purpose, social connection and greater independence, helping people sustain their recovery. Mainstream employability programmes may not always have the flexibility or specialist mental health expertise to accommodate fluctuations and setbacks, despite many referrals originating from health and social care services. Pre-budget decisions should therefore recognise specialist employability support as preventative mental health investment: it helps people move towards and sustain positive destinations while reducing the risk of deterioration and subsequent demand for crisis and statutory services.

Support in the workplace: prevention principles in action

Preventing people from leaving work should receive as much attention as supporting those who are already economically inactive. Early access to community mental health support, psychologically informed workplaces, reasonable adjustments, flexible working and well-managed returns following illness can help people remain connected to employment. This aligns with the Scottish Government's emphasis on prevention in the budget process:

statistical-summary---february-2026/nolb-scotlands-devolved-employment-services---statistical-summary---february-2026/govscot%3Adocument/Scotland%2527s%2BDevolved%2BEmployment%2BServices%2BNOLB%2BStatistical%2BSummary%2B-%2BFebruary%2B2026.pdf

investing early to avoid deteriorating health, prolonged absence and labour-market exit, while retaining skills, experience and productivity within the workforce.

Good work can protect mental health, but only where employment is secure, meaningful and supported by a healthy workplace culture. Change Mental Health works directly with employers to equip managers and staff through training on resilience, burnout and balance, People First Leadership, and Scotland's Mental Health First Aid. This helps workplaces recognise difficulties earlier, hold appropriate conversations, provide adjustments and create conditions in which people can remain well and sustain employment.[11] Particular support is needed for small and medium-sized employers, who may lack dedicated occupational health or human resources capacity, although workplace action must complement rather than replace properly funded clinical and community services.

The quality and sustainability of employment should therefore be central to preventative budgeting and employability policy. Moving someone into insecure, unsuitable or poorly paid work may deliver a short-term statistical outcome while worsening their mental health and increasing the likelihood of future job loss and demand on public services. Employability programmes should measure outcomes at 13, 26 and 52 weeks and report on pay, hours, security, progression, workplace adjustments and wellbeing. Building on the existing No One Left Behind follow-up measures would allow the Scottish Government to assess whether investment is genuinely preventing ill health and economic inactivity, rather than simply recording initial job starts.

Social Determinants

Action on mental health must also form part of a wider approach to the causes of economic inactivity. Poverty, unsuitable housing, transport barriers, insecure work, caring responsibilities and social isolation can both damage mental health and make participation in employment more difficult. The Scottish Government should therefore ensure that employability, health, housing, transport and anti-poverty policies work towards shared outcomes rather than operating through separate programmes and budgets.

Change Mental Health's View

Change Mental Health recommends that the Scottish Government treat early and community-based mental health support as part of Scotland's economic infrastructure, embed specialist support within employability services, and give equal priority to helping people enter, return to and remain in work. Employability programmes should focus on sustained, suitable employment and provide personalised support for people with severe or multiple health conditions, while employers, particularly smaller organisations, should receive practical help to retain staff experiencing mental illness. Budget decisions should also account for the effects of poverty, housing, transport and insecure work on mental health and labour-market participation. Growing Scotland's tax base requires more than increasing job entry figures: it depends on a healthier workforce, good-quality employment and investment that enables people to participate sustainably.

[11] https://changemh.org/resources/good-workplace-wellbeing-resource/

Q6: Are the planned efficiencies realistic and deliverable at a scale sufficient to make public services sustainable?

Service reductions, productivity or efficiencies?

Change Mental Health recognises that improved efficiency and productivity must form part of sustainable public finances. Public services should reduce unnecessary administration, duplication and spending that does not improve outcomes. However, the Scottish Government has not yet demonstrated that the £1.5 billion of efficiencies identified in the Spending Review can be delivered without reducing access, weakening prevention or shifting costs elsewhere.

It is essential to distinguish genuine efficiencies from productivity improvements and service reductions. A genuine efficiency delivers the same or better outcomes at lower cost, while productivity improvements increase the support delivered from existing resources. Reducing staffing, eligibility, commissioned services or access should not be described as an efficiency unless outcomes are maintained. This is particularly important in health and social care, where NHS boards are expected to deliver recurring savings equivalent to 3% of core funding. Temporary measures such as vacancy controls, delayed spending or reserve use may balance budgets briefly, but do not permanently reduce costs. The Scottish Government should therefore publish how much of each target is recurring and when longer-term reform will replace temporary measures.

The role of digital

Workforce reductions and digital transformation also require scrutiny. Unfilled posts can increase waiting times, workloads, sickness absence and agency costs, while poorly implemented digital systems may create additional costs or exclude people experiencing severe mental illness, poverty or low digital confidence. Accessible non-digital routes must remain available, particularly for people who face the greatest barriers to accessing support.

Moving rather than reducing costs

As set out in response to **Q2**, Change Mental Health is especially concerned that reductions in third-sector grants and contracts may become hidden public-sector costs in future. Cutting community provision does not remove demand; it may instead transfer pressure to families, unpaid carers, charities and more expensive statutory services and crisis services. Public bodies should identify these transfers and distinguish cashable savings, recurring efficiencies, productivity gains and future cost avoidance.

Upfront investment and transition

Reform often requires upfront investment and a period of double-running before savings emerge. Well-planned efficiencies may be achievable through procurement, shared services and reduced duplication, but targets must be based on transparent evidence and accompanied by sufficient investment in prevention and reform. Simply moving demand and costs elsewhere is not sustainable. The Spending Review does not yet clearly identify the capital and revenue funding required to support this transition.

Change Mental Health's View

Overall, Change Mental Health does not believe the planned efficiencies have yet been shown to be realistic or deliverable at the scale required to make public services sustainable. Some savings may be achievable through procurement, shared services, reduced

duplication and well-designed digital reform, but these must be clearly distinguished from service reductions, temporary budget measures and the transfer of costs to other parts of the system. The Scottish Government should therefore publish transparent evidence showing which savings are recurring, how they will affect access and outcomes, and whether they rely on reduced staffing, constrained eligibility or cuts to commissioned and third-sector provision.

Efficiency alone will not resolve the underlying pressures facing public services. Sustainable reform requires upfront investment, sufficient workforce capacity and a credible period of transition in which preventative and community-based services can be developed before savings are expected to emerge. Without this, there is a significant risk that short-term reductions will increase unmet need, worsen outcomes and create greater costs for statutory services, families and unpaid carers. The central test should therefore be whether planned changes genuinely reduce demand and improve outcomes over time, rather than simply moving expenditure elsewhere.

People experiencing poor mental health are especially vulnerable to the unintended consequences of short-term savings measures. Where support is withdrawn or access becomes more restrictive, unmet need can grow, resulting in poorer outcomes for individuals and increased demand on acute mental health, health and social care services.

Q8: Preventative spend has been a goal for several years, but the intended outcomes have not been fully achieved. Why do you think this is the case and how might a Preventative Budgeting Tool help track progress with achieving outcomes?

Christie: fifteen years of incomplete progress

Change Mental Health firmly supports the principles of early intervention and prevention set out by the Christie Commission in 2011. Preventing problems from arising or intervening before they escalate can improve people's lives while reducing avoidable demand on acute and crisis services.

Scotland has spent 15 years seeking to increase preventative activity without being able to say consistently how much is being spent on prevention, where that expenditure is directed or whether resources are moving away from reactive services. The Scottish Government's pilot report acknowledges that there has previously been no comprehensive overview of government spending on preventative activity.[12]

This is not to suggest preventative work has not taken place since Christie. Successive governments have established preventative funds, promoted early intervention and embedded prevention within public service reform and outcomes frameworks. However, these commitments have not been supported by a consistent system for identifying preventative expenditure across portfolios, public bodies and financial years.

[12] https://www.gov.scot/binaries/content/documents/govscot/publications/research-and-analysis/2026/06/piloting-approach-identifying-preventative-spend-scottish-budget/documents/piloting-approach-preventative-budgeting-scottish-budget/piloting-approach-preventative-budgeting-scottish-budget/govscot%3Adocument/piloting-approach-preventative-budgeting-scottish-budget.pdf

Short-term pressures
One reason is that annual budgeting naturally prioritises immediate and visible pressures. Hospitals, crisis teams and other statutory services must respond to people who need support now. Preventative activity may generate benefits only over several years, often beyond the period covered by an annual budget, spending review or parliamentary term.

This creates a recurring pattern in which prevention is supported in principle but loses out when budgets are under pressure. Community and third-sector services are often the first areas to experience uncertainty, reduced funding or delayed investment, even where they are intended to reduce future demand on statutory provision.

A question of timing
As we have mentioned in our previous answers, there is also a significant transition problem. Commissioners cannot safely reduce acute or statutory services before effective alternatives have been established and demand has demonstrably fallen. Moving resources upstream may therefore require a period of double-running, during which existing services and new preventative provision are funded simultaneously. Without dedicated transitional or invest-to-save funding, budget holders are effectively being asked to release savings before prevention has had time to work.

Silos persist
Fragmented budgets create a further barrier. The organisation paying for an intervention may not receive the resulting financial benefit. Investment in community mental health support could reduce demand on primary care, emergency departments, social security, housing, policing or employability services. Those benefits may be distributed across several budgets, while the original cost remains with one commissioner.

This can discourage preventative investment even where the overall public-sector benefit is positive. The Scottish Government should therefore develop mechanisms for identifying and sharing costs and benefits across portfolios, NHS boards, integration joint boards, local authorities and other partners.

Stronger evidence base required
Preventative outcomes can also be difficult to evidence. Success may mean that a crisis, hospital admission, loss of employment or another negative outcome did not occur. Unlike acute activity, where appointments, admissions and treatments can be counted, prevention depends on estimating what would otherwise have happened. Evidence may emerge slowly and cannot always be translated into an immediate cashable saving.

This is particularly relevant in mental health. Effective community support may prevent some people reaching crisis, but substantial existing demand may mean that statutory capacity cannot immediately be reduced. Prevention may instead slow the growth of future demand or improve outcomes using existing resources. Such cost avoidance is valuable, but it is different from a saving that can be removed from a budget.

The Scottish Government's Preventative Budgeting Tool is therefore a welcome and necessary development. The tool creates a common method for classifying planned expenditure as preventative, enabling, acute or responsive, or other/general activity. Preventative expenditure can also be divided into primary, secondary and tertiary prevention and linked to National Outcomes and drivers of public-service demand.

However, budget classification is not the same as evaluation. The tool primarily examines planned allocations rather than what was ultimately spent. Its top-down assessments necessarily rely partly on judgement and do not, in their current form, constitute an audited evaluation of effectiveness. The Scottish Government acknowledges that further work is needed on actual expenditure, impact, timescales and the quality of supporting evidence.

The Preventative Budgeting Tool should therefore become part of a broader preventative budgeting and accountability framework.

Change Mental Health's View

Drawing on our experience as a commissioned provider, we believe reporting requirements could be strengthened to support a more strategic and preventative approach to service design and delivery. Annual financial planning and reporting could include:

- opening preventative budget allocations
- revisions made during the financial year
- actual expenditure and final outturn
- whether activity represents primary, secondary or tertiary prevention
- the outcomes and drivers of demand being targeted
- the evidence supporting the intervention
- the expected timescale for benefits
- whether benefits represent cashable savings, increased productivity or cost avoidance
- which organisations bear the costs, and which are expected to receive the benefits.

The framework should use stable definitions to allow meaningful comparison between financial years and should include Scottish Government portfolios, NHS boards, integration joint boards, local authorities and commissioned third-sector provision. There should also be sufficient independent assurance to reduce the risk of existing activity being relabelled as preventative without any meaningful change in investment or delivery.

Fifteen years after the Christie Commission, Scotland needs to move beyond expressing support for prevention and establish the financial and evidential infrastructure required to measure, deliver and evaluate it.

Concluding Remarks

Scotland's fiscal position demands more than short-term reductions or repeated commitments to reform. Public bodies are being asked simultaneously to meet rising demand, deliver recurring savings, redesign services and invest in prevention. These objectives can only be reconciled if the Scottish Government distinguishes genuine efficiencies from service reductions, prevents costs from being displaced onto other public services, third-sector organisations, families and unpaid carers, and provides the transitional investment required to establish new provision before existing capacity is withdrawn. Mental health support must also be recognised as part of Scotland's economic infrastructure:

helping people to enter, remain in and return to suitable employment contributes to stronger communities, a more productive workforce and more sustainable public finances.

The Scottish Government's Preventative Budgeting Tool is a welcome opportunity to place these ambitions on a firmer financial and evidential foundation. However, categorising expenditure according to its intended purpose will not, by itself, demonstrate that prevention is effective or that resources are genuinely shifting away from crisis and acute responses. The tool must be linked to actual expenditure, final outturn, outcomes, evidence quality, delivery timescales and a clear account of where costs are incurred and benefits are realised.

Fifteen years after Christie, the challenge is no longer to secure agreement that prevention is desirable, but to create the funding arrangements, accountability mechanisms and partnerships required to deliver sound outcomes. Change Mental Health stands ready to work with the Scottish Government, Parliament, public bodies and third-sector partners to help build a system that supports people earlier, improves outcomes and avoids the financially and morally unsustainable cycle of cutting now only to pay more later.

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